

MINUTES

Public Health Alliance Data Committee
October 2, 2013



Call highlights:

Wrap-up of the PHA SoCal Pilot of the HCI Project:

- Links to final versions of indicators for review are in [Appendix A "Summary of Participant Feedback"](#) below.
- **Please submit any comments you have on the revised indicators/narrative to Carla, Neil and Dulce by Friday 10/11/13 COB.**
- PHA Staff and Chair will develop a strategy for documenting data gaps and coordination opportunities exposed by the HCI pilot process.

Call Attendees:

Participant	Organization
Alice Tolar	LA Metro
Dan Gallagher	SANDAG
Danyte Mockus	Riverside
Deirdre Browner	County of San Diego
Dulce Bustamante	CDPH
Evie Trevino	San Bernardino County Department of Public Health
Katherine Lee	American Lung Association
Neil Maizlish	CDPH
Ping Chang	SCAG
Rye Baerg	Safe Routes to School National Partnership
Susan Klein-Rothschild	Santa Barbara
Trav Ichninose	Orange County
Carla Blackmar	Public Health Alliance of Southern California

Minutes:

1. **Welcome/ Introductions**— Danyte Mockus
2. **Alliance and Data Committee Process Update**
 - **Updates from 9/27/13 Leadership Council Meeting:**
Leadership Council reiterated the importance of regional chronic disease data, particularly the importance of better information on regional chronic disease costs.

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Interest in pursuing improved tracking of food production, packing and distribution in Southern California—may be a future data committee topic.

- **HCI PHA SoCal Pilot Timeline and Next Steps**

We are hoping to wrap up the review of the indicators reviewed by the SoCal PHA HCI pilot by 10/11 so that they can be reviewed by CDPH in preparation for posting on the CDPH HCI webpage.

Please see status update on indicators in Appendix 1 below.

In some cases data limitations (with Board of Equalization, Center for Neighborhood Technology) meant that indicators of interest were not available for review within the scope of the PHA SoCal pilot. Neil has indicated that if progress is made toward acquiring this data, that Neil and Dulce will return to the group with those indicators.

Neil mentioned that this is exactly what happened with the BARHII pilot. Living Wage was one of their chosen indicators, but the data only became available after their pilot had concluded. Neil and Dulce built out this indicator and were able to route it to BARHII for review. Carla will send the Living Wage indicator around for review by PHA SoCal as well.

The PHA SoCal Pilot has revealed a number of areas where data collection and coordination could be improved. PHA SoCal staff envisions drafting some documentation around the data gaps and coordination opportunities that came out of this process.

➤ **NEXT STEPS:**

- *Carla will forward links to the final narratives/indicators. Please submit any comments you have on the revised indicators/narrative to Carla, Neil and Dulce by Friday 10/11/13 COB.*
- *PHA Staff and Chair will develop a strategy for documenting data gaps and coordination opportunities exposed by the HCI pilot process.*

3. **Feedback on Indicator 3:** Number and rate of collisions by severity and mode.

- **Discussion on the pros/cons of using VMT vs. Trips as the denominator:** Rye noted that walking and biking trips are not as long, wondered if this skews the data so that it appears that walking and biking are not significant modes compared to automotive modes.

Neil noted that in this case, VMT for modes allows this indicator to measure exposure—how likely is an injuries occurs per mile traveled on each mode.

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The option of the *per capita* denominator allows this data to be characterized in terms of total risk for the population. This is not as good a measure of risk.

Automotive miles traveled for this indicator is from Indicator 4, which is the CALTRANS VMT per road segment collected by sensor—this measure of miles traveled may make *less* sense in the abstract, but it is logical in the context of this indicator because it is VMT by occurrence.

Trav and Evie both noted that this is a very usable file.

Trav appreciated the flexibility of the dataset, and the ability to use this to measure indicators suggested in Healthy People 2020.

Carla noted that accident both per mile and per VMT appear much higher in rural areas and areas of low population density, and asked if this trend was borne out by research. Neil and Dulce noted the same thing, and confirmed that the literature does support the fact that rural areas have higher injury rates on almost every external cause.

4. Discussion of Indicator 5—Percent of population located within ½ mile of transit stop.

- **Background on indicator:** We agreed to align definition with the SB 375 transit priority area definition.
- **Comments on Narrative and Graphs**
 - Neil noted that minority groups tend to have higher transit access.
 - Dan Gallagher says that there is an overlap between the areas of high transit access and the areas that SANDAG considers to be “communities of concern.”
 - Trav noted that there seems to be an urbanization/ population density effect that seems to be appearing in this data. Trav was wondering if we could look at disparities controlling for urbanization.

Neil noted that in this indicator uses the SF1 file for the Census (used for redistricting), the data *should* be pretty accurate with 100% enumeration. The SF1 file is preferable to the ACS population data, which tends to underrepresent minorities at a small geographic level.

Trav noted that the higher access for racial/ethnic minorities shown in this data may primarily reflect the fact that, in urbanized areas, these groups tend to live in denser, older neighborhoods with better transit access. He wondered if there was a way to control for this effect.

Neil noted that that we know these places best, and that we should use the data to research questions that may be arising on this call.

5. What are the useful cutoffs for Indicator 9, *Percent of population aged 16 years or older by time walking and biking to work.*

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- **What should the cutoff be (see [detailed question, Indicator 9](#) below)?**
 - Deirdre suggested it could be helpful to look at a frequency distribution before deciding on cutoff
 - Rye suggested that a lot of people (especially in LA) bike at least half an hour, so he is in favor of the longer cutoff
 - Alice suggested that in the narrative, it could be good to focus on the *benefits* of physical activity to CD reduction (along the lines of what Neil has done with the ITHIM study.)

➤ **NEXT STEPS:**

- *Please view the frequency distribution at:*
<https://www.dropbox.com/sh/uhb0kxinwowkmjj/mfgLs4wVQ2>
- *Response from PHA SoCal is requested by Friday 10/11.*

6. **Wrap Up/ Next Call:** Our next call is scheduled on 11/5 from 2-3pm

Appendix A



SUMMARY OF PARTICIPANT FEEDBACK

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PUBLIC HEALTH ALLIANCE OF SOUTHERN CALIFORNIA DATA COMMITTEE PILOT PROJECT

Indicator #1: Neighborhood Completeness Index (<½ mile radius for 8 out of 11 common public services and 9 of 12 common retail services)

This indicator is dependent on data from the Board of Equalization. To this point the BOE has not made this data available. If progress is made later, Neil and Dulce will return to PHA SoCal to work on this indicator.

Indicator #2: Percent of households within ½ mile of a full-service grocery store, fresh produce market, or store with fresh produce

This indicator is dependent on data from the Board of Equalization. To this point the BOE has not made this data available. If progress is made later, Neil and Dulce will return to PHA SoCal to work on this indicator.

Indicator #3: Annual number of fatal and severe road traffic injuries per population and per miles traveled by transport mode

Indicator available for review on Dropbox at: https://www.dropbox.com/s/trfa08q3okk4ctz/HCI_RoadTrafficInjuries_753_SoCA_R4_CA-9-12-13.zip
See notes on discussion, [Item 2](#) above.

You can listen to the discussion on this indicator by going to the recording at <http://stme.in/xawqzPBZ6> Discussion starts at 25:00.

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Indicator #3: Annual number of fatal and severe road traffic injuries per population and per miles traveled by transport mode (ct'd)

Feedback	Response
<p>Narrative (Evelyn Trevino –San Bernardino County- comments via E-mail, 9-30-13)</p>	
<p>I really like the “Road Traffic Injuries” indicators; and I like all of the data presentations in the document (maps, graphs, and table). This is very useful information for my work! I have a couple of suggestions to the narrative on pages 1 and 2:</p> <p>Page 1: 3. Why is this important to health? Transportation accidents are the 2nd leading cause of death in California for people under the age of 45 and account for an average of 4,018 deaths per year (2006-2010). Risks of injury in traffic collisions are greatest for motorcyclists, pedestrians, and bicyclists and lowest for bus and rail passengers. Minority communities bear a disproportionate share of pedestrian-car fatalities; Native American male pedestrians experience 4 times the death rate as Whites or Asian pedestrians, and African-Americans and Latinos experience twice the rate as Whites or Asians.</p>	<p>All the corrections suggested were incorporated into the narrative.</p>
<p>Remove “)” symbol after “2008-2009” (middle of paragraph that begins with “Numerator”)</p>	
<p>Under 5. “Strengths and Limitations”, 3rd line of paragraph, change “were” to “where”</p>	
<p>Narrative (PHASC Data Committee comments via Conference Call, 10-1-13)</p>	

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Discussion on the pros/cons of using VMT vs. Trips as the denominator.	VMT data from CALTRANS is available; however it is not possible to disaggregate data by motorized mode. The numerator (injuries, SWITERS) and the denominator (miles traveled, CLATTRANS) are both by occurrence.
What could be the contributing factors for higher injury rates in rural areas?	Higher injury rates in rural areas have been documented in the past (Susan Baker). Although rural areas have lower population densities, the driving speed might be higher and as a consequence, the severity of the injuries is also higher.
What does the data mean from the policy standpoint?	These types of data could have an impact in resource allocation.
Data file (Excel)	
No corrections suggested.	

Indicator #4: Percent of residents aged 16 years and older mode of transportation to work

Indicator available for review on Dropbox at: https://www.dropbox.com/s/56j95gtlxb7jknd/Transportation2Work_42.zip

Feedback (PHASC Data Committee comments via Conference Call, 8-6-13)	Response
Narrative	
Add the website of other projects using the indicator.	It was added.
Include a brief summary of what works to address change, best practices, and next steps.	The final report of the project will address these topics.
Include discussion of shortcomings of the dataset: availability and resolvability. Carla Blackmar provided a document with a discussion on the limitations and opportunities to improve the indicator.	The HCI project narratives are designed to be informative but brief and with a minimum amount of technical details. It was decided to not include the detailed information on limitations and opportunities provided by Carla Blackmar. However, we will use the information Carla provided to address these issues in the final report of the project in a section dedicated to "data gaps." Some of Carla's comments were incorporated to the <i>Limitations</i> section of the narrative:

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	<p>“The denominator of the indicator is limited to individuals with paid work. Commute trips to school were not included. Only the principal mode based on daily frequency or longest distance was used in the case of multi-modal trips on the same day or during the sample week. Commute trips to work tend to be longer distance and more likely to be made by automotive means, thus this indicator might depict a higher automotive mode share than if other type of trips were included. Race/ ethnicity data was not available for census tracts. Margin of error was not available for the year 2000. Taxicab was included in public transportation in 2000, but not for other years.”</p>
<p>Consider including information on how to interpret the RSE and examples on how to do analysis comparing geographies, years, etc.</p>	<p>This will be part of the final report of the project that will include a "How to" chapter. The BARHII data committee is also preparing a guide entitled "Applying Social Determinants of Health Indicator Data for Advancing Health Equity: A Guide for Local Health Department Epidemiologists and Public Health Professionals" and some of the indicator data will be used in this manual, so it will also be a source of information on how to use the indicator data files.</p>
<p>Maps, graphs:</p> <ul style="list-style-type: none"> • improve titles (too long) • improve font size in legends (too small) • order of magnitude (start with the “red” category) • include graphs that show all modes of transportation 	<p>We have incorporated all of these recommendations.</p> <p>There are new maps and graphs in the narrative.</p>
<p>Data file (Excel)</p>	
<p>Consider including a “data map” of what is available in the Excel dataset.</p>	<p>We incorporated a new tab in the file: “Guide2Numerator-Denominator,” that provides an overview of the data available.</p>

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Indicator #5: Percent of population residing within ½ mile of a major transit stop

- Indicator available for review on Dropbox at: https://www.dropbox.com/s/h7o5jmzdbz6exyx/RailFerryBus_51.zip
- See notes on discussion, [Item 3](#) above.
- You can listen to the discussion on this indicator by going to the recording at <http://stme.in/xawqzPBZ6> Discussion starts at 65:30.

Feedback	Response
<p>Narrative (Tom King –SANDAG- comments via email, 10-1-13)</p> <p>I have just looked at the report and generally have no major issue with it other than wishing we had the same criteria of defining high quality transit as the other two agencies...if we were able to easily identify stops with a combined frequency of 15 minutes or better, we would have surely scored higher on the tables. A couple of potential edits I spotted were:</p> <ul style="list-style-type: none"> •Map 1 might be better titled if changed from “Cities and Towns” to Census Places or whatever the official boundary files that were used. •Map 3 listing SANDAG as the source when it should be SCAG. •Table 1 lists Census block groups as a source...is that true? Should that be blocks or census tracts? <p>Overall, I found the document easy to understand and it served as a good reminder that this could be a useful measurement for scoring our long range</p>	<p>Hi, Tom, and thanks for your comments. The source of the population data is the 100% 2010 Census enumeration file at the census block level. If the centroid of the block fell inside the buffer boundary, the entire block was counted as in. You are correct that the boundary files was Census places. I am reluctant to use the term “Census Designated Place” instead of something like “cities and towns”, because most users will find the latter term more familiar and understandable. We are developing a technical manual that goes into this type of detail for the data aficionados.</p> <p>If and when you have the opportunity to provide a file that has the combined frequency of 15 minutes or better, we will be glad to re-run our analysis and update the results. Let me know if that is on the horizon. Thanks again for all your support. Neil.</p> <p><i>Note: the analysis was updated to include new data from MTC (Bay Area) for 2012 instead of modeled data for 2040. 2012 data was provided by Dave Vautin.</i></p>

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transit scenarios.	
Narrative (PHASC Data Committee comments via Conference Call, 10-1-13)	
Discussion on the equity aspects of transit access. African Americans and Latinos have higher access than other ethnic groups.	The figures presented capture information about minority populations/communities of concern. Is the data reflecting urbanization? Should disparities be controlled for urbanization? Results make sense: Latinos live in denser communities, have better access.
Data file (Excel)	
No corrections suggested.	

Indicator #6: Percent of household income spent on travel

This indicator is dependent on data from the Center for Neighborhood Technology. Ping Chang of SCAG and Neil are both working to get this data. If the data becomes available, Neil will return to the group with this indicator.

Indicator #7: Retail Food Environment Index

This indicator will be available soon for the year 2009 based on data published by the Division of Nutrition, Physical Activity, and Obesity (DNPAO) from the Centers for Disease Control and Prevention (CDC). The CDC published a Modified Retail Food Environment Index (mRFEI) constructed as the percentage of healthy food retailers in all census tracts (2000 Census) in the United States. For California we will report the Census Tract mRFEI and we calculated population weighted averages (by race/ethnicity) for places, counties, regions, and the state. The data file has been completed and the narrative will be completed soon.

Unfortunately CDC has no plan to update this index, and there were concerns about the accuracy of their data at a local level. This index could also be created using BOE data, or data from InfoUSA or another paid source. There are not currently funds to acquire data from a paid source, and the BOE data has not been forthcoming. If there is an advance on getting this data, Neil could return to the group with information on this indicator.

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Indicator #8: Annual miles traveled by occurrence and mode

- Indicator available for review on Dropbox at: https://www.dropbox.com/s/mp1oe51omod632b/MilesByOccurrence_39.zip

Feedback (PHASC Data Committee comments via Conference Call, 9-3-13)	Response
Narrative	
<p>DC Members expressed concern that this data was possibly misleading when presented at city level as visualized in map 1. Because the number is VMT per capita, cities without much population, but which might have a thoroughfare in them, appear significantly above the state average in VMT per capita. Similarly, the map does not show areas where residents commute a long way (i.e., Hisperia, Victorville in the Antelope Valley in San Bernardino) have significant populations, but less <i>through</i> miles (being an endpoint and not en route), and therefore appear to be below the state VMT per capita average. Evy Trevino noted that as a result this data does not reflect the realities of these cities, where almost everyone commutes long distances out of the city to work.</p>	<p>We agree with these concerns. The place level map using “Miles per Capita” was removed. New maps at the county level for Annual Vehicle Miles Traveled per Capita (Map 1) and Annual Vehicle Miles per Square Mile (Map2) were included in the narrative.</p> <p>A place level map was created using “Annual Miles Traveled (numerator only)” (Map 3), in order to highlight the through miles.</p> <p>The following text was included in the Limitations section: “The annual miles traveled data is by occurrence and the population data is by residence; because of this discrepancy it is not recommended to construct this indicator for cities since it could result in misleading outcomes (for example, cities with small populations but high through mileage could show an overestimated annual miles per capita rate).”</p>
<p>Members agreed that this dataset may still be useful at a county level, and possibly as a sheer VMT number (without the population denominator) by City over time.</p>	<p>The data on miles traveled (numerator) for each geography is available for the users in the data file.</p>
<p>Carla would possibly like to have the name of the indicator changed to reflect the occurrence-based nature of this dataset, so that the casual</p>	<p>Old name: Annual miles traveled per capita by mode</p> <p>New name: Annual miles traveled by occurrence by mode</p>

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<p>reader does not confuse it with the more typical residence-based methodology and misinterpret the data as a result.</p>	
<p>Data file (Excel)</p>	
<p>Ping Chang suggested that this dataset was best viewed at a County level and was not meaningful at a city basis. It can tell you something about capacity on the facility and congestion (getting back to the reason this data is collected). Ping suggested that if the goal of the indicator was to measure impacts from VMT on communities, that it might make more sense to do VMT per square land mile.</p>	<p>A second denominator, area in square miles by geography, was included in the data file.</p> <p>The indicator was not calculated for cities/towns (geotype=PL) due to possible misleading outcomes.</p>
<p>Most recent draft version of files</p>	<p>T:\HCI\Data\MilesByOccurrence_39\HCI_MilesByOccurrence_39_Narrative_and_examples_10-3-13_v2.pdf</p> <p>T:\HCI\Data\MilesByOccurrence_39\Output\HCI_MilesByOccurrence_39_CA_CO_PL_RE-10-3-13.xlsx</p>

Indicator #9: Percent of population aged 16 years or older by time walking and biking to work

- A request for feedback was sent to the PHASC Data Committee (see item 1, question, below).
- The Committee members requested to see a frequency distribution of the data in order to provide feedback. Frequency Distribution is available on dropbox at: <https://www.dropbox.com/sh/uhb0kxinwowkmjj/mfgLs4wVQ2>

Question: Based on the time intervals provided by the American Community Survey for walking to work one way (10 or less minutes, 10-14 min, 15-19 min, 20-24 min, 25-29 min, 30-34 min, 35-44 min, 45-59 min, 60 or more min), what threshold, if any, of daily minutes walking should we use to construct the indicator?

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- Percentage of people 16 years or older that walks ≥ 10 minutes/day to work (least restrictive)?
- Percentage of people 16 years or older that walks between 10-29 minutes/day to work?
- Percentage of people 16 years or older that walks ≥ 15 minutes/day to work (meets U.S. Surgeon General Recommendations if walking qualifies as moderate or vigorous exercise)?
- Percentage of people 16 years or older that walks between 15-39 minutes/day to work (more restrictive)?

Note: to obtain standard errors from the ACS we will need to pool standard errors across time intervals. Selecting a threshold that requires pooling across the least number of intervals would be preferable.