Evaluation of the Sub-County Assessment of Life Expectancy (SCALE) Project

KEY EVALUATION-RELATED MESSAGES AND CONSIDERATIONS FROM THE 2018 SCALE ANNUAL MEETING; MARCH 30, 2018

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Introduction

In early March 2018, twenty-two individuals convened in Claremont, CA over one and a half days to discuss the collective progress made to date in calculating, disseminating, and using sub-county life expectancy (LE) estimates. Individuals present for this meeting shared respective experiences from the United States and England and shared perspectives from the federal, state, and local levels of government. The status and outcomes of projects relating to sub-county LE were shared for three efforts based in the U.S. – (1) The Sub-County Assessment of Life Expectancy (SCALE) Project currently funded by the U.S. Centers for Disease Control and Prevention, (2) The USA LEEP Project currently funded by the Robert Wood Johnson Foundation, and (3) Several projects completed by Virginia Commonwealth University's (VCU) Center on Society and Health. In addition, two representatives from Public Health England shared information about the historical development of small-area LE estimates in their country.

Reflections and Potential Implications for the SCALE Evaluation

The current evaluation focuses on responding to the question, "What is the potential public health utility of small-area life expectancy estimates?" In this section, we leverage some key discussions from the March meeting to consider the role of this evaluation in informing future efforts related to sub-county LE estimates as well as specific items we may wish to garner more insights on through the evaluation data collection efforts.

1. **Learning lessons from pre-SCALE efforts.** Several speakers at the March 2018 meeting shared insights from initiatives that took place prior to the SCALE project (e.g., Alameda County, Public Health England, Public Health – Seattle & King County, VCU). The narratives shared by participants regarding these projects often highlighted how the estimates were disseminated to and used by target audiences. Highlighting these insights in the final evaluation may help stakeholders of the final evaluation report better understand what factors to take into consideration when they are attempting to facilitate the utility of sub-county LE estimates.

2. **Identification of future indicators and analytic approaches to enhance the utility of SCALE LE estimates.** Throughout the meeting, there was rich discussion about methodological considerations in calculating accurate and reliable sub-county LE estimates. In addition to these conversations, presenters and attendees frequently referred to indicators beyond sub-county LE (e.g., healthy LE, disability-free LE, social determinants of health, economic hardship index) and specific analyses (e.g., positive deviant analyses) that may expand the potential utility of sub-county LE estimates for taking public health action. The evaluation may help to identify which of these indicators and analytic approaches SCALE participants envision will be most helpful in driving public health action. To the extent

possible, the evaluation might highlight those indicators/analyses envisioned as highest priority by participants who have been consistent contributors to the SCALE project.

3. **Identification of next steps related to visualization and messaging.** The SCALE project has continued conversations in recent years about methods for visualizing sub-county LE estimates. It is clear that this is a persistent and continued interest among SCALE participants. During the March meeting presenters shared several examples of information technology platforms they are using to disseminate sub-county LE estimates and potentially associated indicators as well as approaches for visually depicting sub-county LE estimates. Examples include but are not limited to Public Health England's Public Health Outcomes Framework, Public Health-Seattle & King County's Community Health Indicators, and static reports and briefs visually depicting sub-county LE estimates in ways that resonate with various target audiences (e.g., along traffic corridors, subway stops, sports team statistics, by geographic units corresponding with political boundaries). How sub-county LE estimates are presented has the potential to facilitate or impede use of such estimates by the intended target audiences. To the extent possible, the evaluation might seek to improve our understanding of what routes SCALE participants feel would be most feasible to pursue and which avenues potential end-users may find most informative.

4. **Opportunity to further encourage the evaluation stakeholders to consider how they can facilitate use of the sub-county LE estimates among intended target audiences.** To date the majority of conversations in the SCALE project have emphasized methodology. This is a natural, appropriate, and important starting point. As the project finalizes conversations related to methodology, and documents the lessons learned for other epidemiologists and biostatisticians to consider, the dialogue has the potential to shift to other topics of importance. Based upon conversations at the March meeting, an important next step is to focus specifically on understanding who the intended target audiences are for the sub-county LE estimates and the anticipated uses of such estimates for facilitating positive public health actions. The current evaluation can foster movement in this direction among the stakeholders of the final evaluation report by beginning to frame possible intended target audiences for sub-county LE estimates and potential short, mid, and long-term outcomes that these intended target audiences may facilitate by using the sub-county LE estimates. As noted by Paul Johnston of Public Health England, a decrease in the inequality gap in small-area LE is the "long-term game." The "short-term game" is represented by other outcome indicators such as changes in dialogue, including the language used by intended target audiences (e.g., movement from deficit to asset-based language in the public health community). The current evaluation should, to the extent possible, include a section that aims to stimulate dialogue about what a potential logic model for sub-county LE estimates might include.