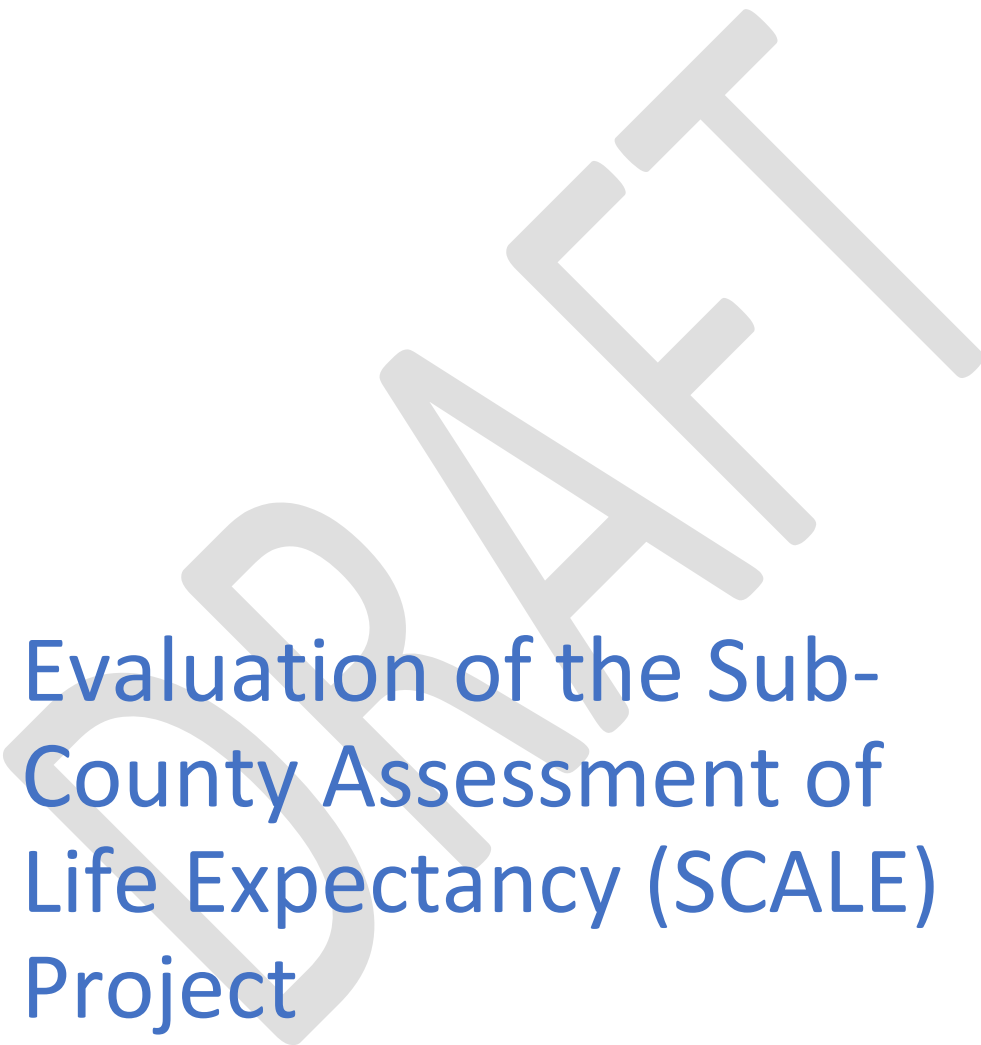




Evaluation of the Sub-County Assessment of Life Expectancy (SCALE) Project

DRAFT FINAL REPORT OUTLINE, MARCH 2018

FIERRO CONSULTING, INC.

A. Introduction

1. Background of the SCALE Project

We will describe the key drivers behind the SCALE Project and the original intention of initiating SCALE. In addition, we will discuss (in brief) the phases of development of this project and products to date (including those from earlier evaluation efforts). The intention of this section of the report is to provide the contextual backdrop of SCALE for readers who may not be familiar with the project.

2. Purpose/intent of the evaluation documented in this report

We will include a description of the purpose of the evaluation presented in this report, specifically to respond to the question: “What is the potential public health utility of small-area life expectancy estimates?” It is likely that we will include an overview of the document either in this section or a section immediately following to explain how we interpreted and respond to this question throughout the remaining sections.

B. Utility of sub-county life expectancy estimates

1. Intended uses of sub-county life expectancy estimates

There are several potential uses of sub-county life expectancy estimates. In this section, we will outline some of the potential end-users of such estimates and outline the ways in which informing these end-users about health disparities through sub-county life expectancy estimates can produce actions potentially beneficial to public health. We may provide a conceptual map or logic model connecting the production and dissemination of sub-county life expectancy estimates to public health action.

2. Examples of use from pre-SCALE projects

There are a few examples of efforts that pre-date the SCALE project which highlight the potential power of using sub-county life expectancy estimates for improving public health. In this section, we are considering highlighting three efforts – two national (Public Health Seattle King County and Virginia Commonwealth University) and one international (Public Health England) to describe, at least in brief, the traction that sub-county life expectancy estimates can have. To the extent possible, we will align our descriptions of these cases with the specific intended uses and intended users described under bullet B1 above.

a. United States

i. Public Health Seattle King County

In this section we will aim to synthesize and present what Amy Laurent shared during the 2018 SCALE Annual Meeting in Claremont, CA. Primary outcomes we are likely to outline in this example include the use of sub-county life expectancy estimates in combination with the social determinants of health for driving community conversations and subsequent funding of public health efforts to reduce health disparities. Inclusion of this example is dependent upon permission from Amy Laurent and others as needed from Seattle King County.

ii. Virginia Commonwealth University

The example shared by Derrek Chapman at the 2018 SCALE Annual Meeting in Claremont, CA provides a solid case for raising awareness and stimulating conversations in communities about health inequities through sub-county life expectancy estimates. We would likely leverage the specific information Derrek shared regarding the uptake of VCU's maps/messaging regarding disparities in life expectancy by the national and local media and the potential value-add of such uptake in improving public health. Inclusion of this example is dependent upon permission from Derrek Chapman and others as needed from VCU.

b. Public Health England

During the 2018 SCALE Annual Meeting, Paul Johnston presented a compelling case for the longevity of sub-county life expectancy estimates in driving public health conversations at a local and national level. Furthermore, he highlighted the ability of sub-county life expectancy estimates in weathering the "storms" of shifts in political administrations. In this section, we will aim to summarize a few of the highlights from Paul's presentation. Inclusion of this example is dependent upon permission from Paul and others, as needed, within Public Health England.

C. SCALE cases

In this section we will describe and share lessons learned from two SCALE cases – Shelby County, TN and Florida. The idea is to identify instances where the production of sub-county life expectancy estimates from this project specifically have been disseminated and describe how such dissemination efforts have been received by the audiences.

1. Methods examining "use" within the context of SCALE

We will explain how we selected Shelby Co., TN and Florida as cases for this section of the report. Specifically, we will explain that these were purposefully selected since they are two locations that were able to disseminate sub-county life expectancy estimates within the timeframe of the SCALE project. We will also describe (here or within each case) how we worked with the points of contact to identify organizations to speak with as part of this evaluation (i.e., emphasis on identifying those who they know had used the estimates in some manner). Assuming we are able to, we will also describe how we made contact with others who have been part of SCALE since its inception and obtained insights about the extent to which they have used the sub-county life expectancy estimates calculated through this project.

2. Dissemination of estimates by SCALE participants

To the extent possible, we will work to obtain an estimate of how many of the SCALE project participants have progressed to sharing their estimates and for those who haven't, what the primary barriers have been to doing so.

3. SCALE "use" cases

a. Shelby County, TN

Shelby County provides an example for how local-level health departments may make use of sub-county life expectancy estimates. We will highlight the breadth

in the types of organizations that expressed interest in this work and describe the types of conversations sharing sub-county life expectancy estimates stimulated among/within these groups.

b. Florida

Florida provides an example of the potential utility of sub-county life expectancy estimates at the level of a state health department. Specifically, Florida has provided example sub-county life expectancy maps to a subset of their county health departments. We report out on our follow-up conversations with a purposive sample of these county health departments to share insights about how the sub-county life expectancy estimates have been used to date.

c. Common themes/lessons learned

In this section we will describe common themes that emerge from the Shelby Co., TN and Florida cases.

D. Opportunities for expanding the utility of sub-county life expectancy estimates

Throughout the course of this project, participants have shared and discussed several approaches that may expand the potential utility of sub-county life expectancy estimates for taking public health action. Examples include, but are not limited to—healthy life expectancy/disability-free life expectancy, analyses leveraging sub-county life expectancy and the economic hardship index, examination of positive deviants. In this section we will share insights from SCALE participants who have engaged deeply in the project about which of these approaches may hold the most potential for furthering the utility of sub-county life expectancy estimates and briefly highlight some of these possible approaches.

E. Conclusions, key messages for the utility of sub-county life expectancy estimates

In this final section, we will summarize key insights provided through the evaluation data regarding the potential utility of sub-county life expectancy estimates and key considerations in improving utility.