Quantitative Data Blob Overview:

The CSA uses quantitative methods to collect data, including demographics, health status, SDOH, health equity indicators, and across all these variables, existing inequities. Quantitative data helps ensure all voices are included, specifically organizations that work with historically marginalized communities and people experiencing inequities. This information can help explore the demographics, dynamics, and hierarchies of power within your community related to race, class, gender, and other demographics.

The Quantitative Data Blob is intended to collect partner data that can help us better understand the community. We are asking that our partners provide any data including surveys, observations (ex. walking audits), secondary and surveillance data. Data may cover areas such as health status, disease/ Injury, health behaviors, social determinants of health, neighborhood and built environment, economic stability, social and community context, healthcare access and quality, education access and quality, systems of power, privilege, and oppression. This data must be cleaned and formatted into an Excel spreadsheet and submitted through a form. Additionally, data may not include personal identifiable information and must be allowed to be shared publicly. If there are formats other than excel, please contact staff on how to submit. Our staff will work towards organizing the partner data and providing relevant information through our website so it can be used by the community. When determining what data to provide, please review the following guidance below. These are questions that we wish to answer throughout the MiThrive Community Health Needs Assessment.

The MiThrive Community Health Assessment Guiding Questions:

- What does health equity look like in our community?

- How equitable are the health outcomes in our community?

- What are the sub-populations within our community that have higher health risks or poor health outcomes?

- What are the contributing structural and social factors that lead to higher health risks or poorer health outcomes of certain populations within our community?

The Community Status Assessment seeks to understand the following:

- What does the status of your community look like, including health, socioeconomic, environmental, and quality-of-life outcomes?

- What populations experience inequities across health, socioeconomic, environmental, and quality-of-life outcomes?

- How do systems influence outcomes?

Additionally, review some potential quantitative data collection methods and think back to what information your organization has collected. Below are some examples of qualitative data collection methods.

Type	Method	Description
Community	Surveys/ Feedback Forms*	Surveys gather quantitative data that can be summarized as a percent or number to understand an issue. Most surveys are developed as a questionnaire with closed-ended questions (e.g., yes or no). Surveys can include some open-ended questions to get more information from the participant (e.g., understanding how or why).
Observational	Observations*	Observational methods are designed to gather data by observing, watching, or listening. For example, a walk audit of a neighborhood could be designed to understand how community members experience sidewalks, public transportation, public spaces, public safety, and more. Like a survey, a walk audit would be designed with closed-ended questions or statements. Unlike a survey, the observer is the participant and records data from their observations.
Secondary Data	Publicly Available Secondary Data/ Dashboards	This method involves compiling or extracting publicly available data from data dashboards and partner websites (e.g., Community Connections). Secondary data are abundant in public health and availability has improved with the advent of data dashboards and online data centers. Anyone may access publicly available secondary data at any time and for free. **Please inform us if your organization has data available on your website or on a dashboard**
Surveillance	Surveillance Data from Health Systems*	Requesting de-identified data from state, city, county, or Tribal health departments, health systems (including hospitals) is another option when the data you need is not available from public data dashboards. This form of data

		can be used to compile descriptive statistics (e.g., prevalence, count, or incidence of a condition) or to conduct statistical analysis (e.g., predictive modeling) to look for patterns of disease or exposure and identify risk and protective factors.

*The MiThrive Team is open to having discussions on the best way for your organization to be included in data sharing for the Community Health Assessment. Please reach out with questions.

Data will be managed by MiThrive core team. After reviewing the submission, data will be integrated onto the MiThrive Community Dashboard. Questions can be directed to mithrive@northernmichiganchir.org.