AHS Community Profiles of Health and Well-Being Frequently Asked Questions

What are the AHS Community Profiles of Health and Well-being and how should they be used?

The AHS Community Profiles are a tool for communities to access data about changing conditions over time to drive planning that will improve well-being.

The data included in each Profile is intended to help tell a story. The first set of Profiles – "Equitable Access," "Resilient Communities," and "Economic Opportunity" – emerged from what we heard was most important across communities, and what we know to be priorities for the legislature and the Agency of Human Services.

What does "community" mean? By which geographies are indicators available?

The Agency of Human Services uses the term "community" in this project to stand for a group of people united by the interests in well-being for a particular geographic region.

The Profiles demonstrate trends by County, AHS District, and Hospital Service Area. The ability to disaggregate indicators by sub-state geographies is limited by the data set and method of collection, and there are some indicators that cannot be displayed at every geographic level. For more information about common Vermont geographies, please see the Vermont Department of Health's geographic webmap below, which displays towns associated with counties, districts and hospital services areas. There is also a link to a listing of the same information.

VDH Geographic Webmap

List of VT cities and towns associated with County, AHS District Office and Hospital Service Area

How were the indicators selected?

For the Profiles to be meaningful, the Agency of Human Services needs to understand what is useful and relevant to communities.

AHS hosted regional workshops throughout the Spring and Summer of 2017 to solicit input directly from communities to inform the creation of the Profiles. Vermont community stakeholders provided abundant feedback—over 600 suggested measures were put forward! This input was used to shape the first set of three Community Profiles and will inform future iterations of the tool as indicator availability is revisited.

The first set of Profiles represent population indicators that met feasibility, sustainability, relevance, and quality criteria. These and additional Profiles are intended to expand over time to include more, and in some cases, better and more current data.

Though we are proud of what has been produced here, current technology and resource constraints do somewhat limit the scope of the first set of Profiles. Moving forward, it is our intention to build relationships with partner agencies and departments outside of the Agency of Human Services who are invested in this vision and can commit to contributing indicator data.

How often will the indicators be updated?

AHS will update indicator data in the AHS Community Profiles at least annually on a rolling basis, according to the frequency of different data sources. The Agency intends for the AHS Community Profiles to be updated as data becomes available and promoted annually.

Can I create a custom Community Profile?

Currently, it is not possible for a user to customize a Community Profile. Each Community Profile is comprised of sets of indicators that are topically related to one another. The first three Profiles – "Equitable Access," "Resilient Communities," and "Economic Opportunity" – include indicator sets curated by AHS, informed by input from regional workshops about what would be most useful, at the county, AHS District, and Hospital Service Area level. Customization is limited by data, resource, and staff constraints.

Can I download the graphs and data from the Community Profiles?

Yes! Viewers can download trends on a graph right from a profile as an image that can be embedded in documents or on other sites. Viewers can also embed a unique link to different Profile views right in an email to share with colleagues. See the "Share & Print" button on the bottom left of the data dashboard.

While we encourage you to use the profiles in many ways, they function best as an interactive webpage rather than static images. When you download a graph or map, please include the weblink so viewers can learn more.

What is the difference between the Profiles and other online data platforms?

The AHS Community Profiles of Health and Well-Being are not the only place you can go to find data, but they are a resource designed to be especially helpful for community collaboration and collective impact work managed by partner organizations in social and health services.

Other online platforms, like Building Bright Futures' Vermont Insights (http://vermontinsights.org/), may provide a more specific lens into how a target population is affected by a particular service system.

Within AHS alone there are several other data platforms to explore. The Vermont Department of Health's Social Vulnerability Index (see below), for instance, focuses on a smaller set of indicators displayed by census tract. AHS Scorecards managed by each Department demonstrate population indicators at the statewide level, as well as performance measure data related to particular programs and services.

VDH Social Vulnerability Index

Example Scorecards:

Department of Health
Department of Mental Health
Department for Children and Families

What is the difference between the Profiles and the AHS Scorecards?

The primary difference between the AHS Scorecards and AHS Community Profiles is that Scorecards are built to demonstrate trends about the performance of *programs and services* across Vermont over time, while the Profiles are built to demonstrate trends over time about *whole populations* and conditions in specific geographic areas.

AHS Scorecards support Agency efforts to be transparent about managing, communicating, and improving the performance of our *programs and services* in alignment with what we want for whole populations at a *statewide level*. While viewers will find population indicator trends on the AHS Scorecards, they will not be at sub-state geographic levels.

AHS Community Profiles support the *local* collaborative work of communities, community organizations, and AHS local programs and services in improving conditions of well-being over time.

	AHS Community Profiles	AHS Scorecards
Geography	Statewide and regional trend data	Statewide trend data only (as of 2018)
Data	Population-level data	Population and performance-level data
Context	Statistical comparisons where applicable	Narrative context on the story behind the curve
Intended use	Planning, assessments, and grant writing by	Accountability and transparency by decision
	local, cross sector collaborative groups,	makers; identifying opportunities for quality
	community health needs assessments,	improvement; display the link between program
	collective impact projects	performance and population outcomes

