**For the cutoffs, there will be a help button right next to them… At least I think so, I submitted a help document to Michael a couple of days ago so assume the text will be used. If so, we don’t need the cutoff text in the tab as the help text is more detailed. It’s also better if you give an explanation right next to where the control will be used, instead of in the text tab where it might be overlooked.**

**Tab descriptions**

**MAPS**

This map displays the geographic distribution of disease burden among counties and communities across California. Data at the community and the census tract levels are aggregated to 5-year intervals.

Users can select either the state as a whole or zoom to a specific county for subcounty detail. Users can select from various measures of mortality to assess burden of disease. Selecting the “State-based cutpoints” option allows for comparisons based on the statewide distribution instead of just within the county.

The interactive map allows for zooming in and out to see streets or other geographically identifying locations. Also, the interactive map has a “pop-up” which display information for the geography selected.

The static is better for using in an external presentation. The Place Names option displays county and community names.

**RANK CONDITIONS**

This tab displays cause-of-death rankings for either a selected county or the whole state. The figure shows the ranking based on five different measures, and can be sorted based on any of these measures. Different insights can be gained by ranking on different measures (e.g. ranking on the number of deaths or “age-adjusted death rates” shows the more “typical” ranking of most systems; ranking on mean age at death shows the conditions that impact young people the most, and ranking on SMR show those conditions for which a county has particularly high rates compared to the State average). The “How Many” button determines how many causes of death to display on the graph.

**RANK CONDITIONS TABLE**

This is a tabular version of the Rank Conditions tab, providing for a more granular examination of specific numbers or rates., Users can sort the table on any of the measures and can use the search window allows users to quickly find a specific condition.

**RANK CONDITIONS BY SEX** (work in progress – awaiting further development of the tab)

This tab ranks causes within a selected geography separately for males and females. It can highlight conditions that appear to be a leading cause of death for one sex but not the other.

**RANK COUNTIES/COMMUNITIES**

This tab displays the ranked order of counties in California or the communities within a selected county for a selected condition.These rankings highlight places where a particular condition is the highest as well as highlighting geographical disparities of the condition. Years of life lost and number of deaths will tend to be highest in areas with the largest populations, whereas rate measures adjust for population size.Note that higher ranking counties or communities may not be meaningfully higher from a statistical perspective; examining the confidence intervals will help determine if there is a meaningful difference or not.

Note: In the current version, confidence intervals are only displayed for the crude death rate but will be available soon for all measures.

**TREND**

This graph displays the trend over time for a particular condition within a selected geography, separately for males, females, and the total population. Reviewing the trend over time is important for understanding which problems are improving and which are getting worse.

Note: Because the data for the communities and census tract are currently aggregated for 5 years, those data are not available currently in the trend tab.

**SOCIAL DETERMINANTS OF HEALTH ASSOCIATIONS**

This scatter plot displays the correlation of a selected social determinant measure with a selected condition. Each dot maps the value of the social determinant measure against the value of the condition measure for one geographic unit (county, community, or census tract). Because this association is “ecologic” (correlation of geographic units, not of individuals), it is particularly important in this tab to look at measures that take into account the size and age distribution of the population, such as age-adjusted YLL rate and age-adjusted death rate. While correlations do not indicate causation, they are a potentially important way to understand the differential roles of some social determinants of health on disease outcomes.

(Needs to be added)In the current version, the colors represent the regions of the state – the colors represent the rurality levels of the places represented by the dots

Note: Currently this tab only displays one variable, but the display and analysis in this tab will be expanded to include multiple variables simultaneously.

**HOME PAGE**

Hi Michael,

I've attached my input on the CCB homepage text. Reviewing the app structure I looked at four sections where explanatory text could be included.

1.) Top header

2.) Column Above the"Fold" (the approximate content visible on the initial screen before scrolling)

3.) Column Below the "Fold" (below that, some scrolling needed)

4.) Graphic panel (the large section to the right of the column above/below the graphics)

I've attached recommendations for which content I would prioritize for each section, but these could be juggled/cut.  It also made me think that at some point we may need to consider a more detailed "about" page.

Several pieces still need some work - but I think it'd be good to begin with this and determine next steps.  Probably worth having Scott -- the soul of brevity -- take a pass through it once we concur on the material.

I'm also open to any edits you'd like to make to this content - although I would like to review the final text before we go live(-er).

Katey - some of this may be useful as you're developing communications - although we wouldn't need all of it.

Thanks,

Julie

1. Top Header:

**Welcome to the Beta-Test Version of the CCB!**

*Beta-testing in progress October-November 2018*

Share your feedback!

1. Above the fold (column):  (need to know)

The California Community Burden of Disease Engine (CCB) is a tool to explore data on burden of disease in multiple levels of geographic granularity in order to answer and generate questions, both simple and complex, about intersection between health disparities and place.

This tool is designed for use by CDPH programs, local health departments, and community partners for epidemiologic analysis and to provide systematic scientific insight to inform public heath planning, evaluation and action.

The CCB currently displays 15 years of California statewide, county, community, and census tract condition-specific mortality burden, using a range of measures, with interactive rankings, charts, maps and trend visualizations. The list of conditions is based on the Global Burden of Disease system, modified for local public health priorities. The CCB also includes a limited set of social determinants data and describes their correlations with death outcomes, as a pilot for more robust functionality in this area.

**Share your feedback!**

Help us improve the CCB by taking a short survey.

1. Below the fold (column): (utilities and details)

Find a bug or have a question?

DEFINITIONS

YLL: Years of Life Lost

SMR: Standard Mortality Ratio (Local Rate/State Rate)

Community: Medical Service Study Areas (MSSA)

LINKS

California Death Data

California Health and Human Service Agency Open Data Portal

American Community Survey

Healthy Places Index

OHE

Let’s Get Healthy California

Developed in R-Shiny

Version: 0.5.X

1. Graphic panel: (expanded “about” content)

[Above graphics]

California Community Burden of Disease and Cost Engine (CCB)

*Exploring the intersection between health disparities and place*

*Exploring burden of disease through the lens of place*

*An emerging  toolset for epidemiologic analysis and scientific insight*

[GRAPHICS]

[Below graphics]

**Coming Soon:**

The CCB is very much a work in progress- and is intended to be an evolving toolset developing new content and functionality in response to the needs of public health practitioners. Here are a few examples of upcoming development and data integration enhancements:

* Expanded range of social determinants data
* Hospital discharge and emergency department data
* Cost data based on hospital discharge
* Enhanced user interface
* Automated report generation
* And more !!!!
* Our team will also be using the feedback gathered through this beta-testing window to prioritize future enhancements.

**Another great project of the CDPH Fusion Center!**The CCB is one of the ways the Fusion Center is working to explore the lens of place and its impact on health disparities.  The CCB is an initiative of the Fusion Center implemented with participation from a crosscutting technical team, with representatives from multiple CDPH programs.

This platform is also a pilot component of the CDPH Ecosystem of Data Sharing, leveraging a rich multi-level data set/system for modeling and predictive analytics and demonstrating automated and integrated data processing, analytics, and visualization. The project employs nimble modular development, with the goal to share tools/resources with outside partners (counties and other states).

**The Community Burden of Disease System** (System/Application/Project/Initiative) - (CBDS/A/I/P)

The CCB is the California State implementation piloting the Community Burden of Disease System (CBDS). The code and system are written and structured to be useable by states and counties throughout the United States—with any state or county using their own structured input file of events (e.g. deaths), and the CBD system supplying underlying population data, social determinants of health data, and all the processing, calculations, and tools to generate a range of interactive displays of multiple rate and count measures.

Technical notes:

At the county level, data are displayed separately for each year, and at the community or census-tract level are displayed only for the most recent five-year period (combined). Data for some conditions with very few deaths and/or with other sensitivity considerations are suppressed in this release.