



## COMMUNITY HEALTH DATA: BENEFITS AND COSTS

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Experts comment on the importance of a community health data system.



What health issues confront New London County?



Health data are not the only information needed to evaluate a community's well-being and plan for the future.

### *A Needed Connecticut Resource*

*Many in Connecticut have expressed the need for a comprehensive, web-based community health data resource that's easy to use.*

Some states, like Missouri, with its Missouri Information for Community Assessment (MICA) website, have not only created such a resource, they are already contemplating a second-generation site (see back page).

"The consequences of not having a data-based, scientific approach to understanding a community's overall health are costly in terms of direct health care expenditures and lost productivity," says Lorenz J. Finison, Ph.D., a principal with SigmaWorks consulting and author of the *Community Health Data Scan for Connecticut*, a statistical report on the health and well-being of state residents.

A case in point is diabetes. "Diabetes is considered part of the metabolic syndrome, an entire family of diseases, including heart disease and stroke, which are impacted by both lifestyle and the health care system," notes Finison. "I consider diabetes a 'marker' condition, in that you can track it throughout the community and health care system. And it has major consequences for health care costs, lost productivity and quality of life.

"The fact that obesity, a major factor in diabetes, has increased from 12.5 percent in 1995 to 21.7 percent in 2007 tells us that we are on the edge of a costly, life-threatening diabetes epidemic," concludes Finison.

If Connecticut had a viable community health data system, it would allow state residents and organizations to track:

- Incidence of diabetes
- Extent of diabetes screening
- Adequacy of care, such as diabetic foot care
- Conditions in communities, including use of after-school exercise programs and similar indicators for adults

Without such a tool, "both businesses and individuals pay for the lack of data that would enable them to mount a serious, broad campaign targeted to those communities most at risk," says Finison.

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## *A Study In Assessing A Community's Health Status*

### *What health issues confront New London County?*

It's a simple question with a complex answer, as discovered by the 17 health and human service partners of the New London County Health Collaborative Community Health Access Management Program (CHAMP) who were seeking the necessary data.



"In the summer of 2006, CHAMP wanted data to establish a baseline to understand New London's health issues and challenges, and address them," says Sue Peters, Senior Vice President for United Community & Family Services in

Norwich and former CHAMP project director (above). That led to a 2007 community health assessment study by the University of New England's Center for Health Policy, Planning and Research (CHPPR).

The CHPPR study identified five priority health issues:

- Risk-factor education and services
- Access to care/safety-net services
- Care for chronic conditions
- Integration of mental health and primary care providers
- Reproductive health

"The assessment also provided specific recommendations for implementation and action related to these issues," she adds.

Actions taken because of the study include securing new grants; educating the community about health priorities; evaluating the need for existing and proposed community programs; and forming a new partnership, the New London County Health Collaborative (NLCHC).

Long-term, it is the goal of NLCHC to implement the remaining study recommendations and update the data so that changes in health status can be monitored and evaluated as programs are added, she notes.

But, as Peters recalls, obtaining the data was not an easy task. "Acquiring the necessary birth, mortality, hospital, infectious disease and cancer data was a hurdle because there's no central repository in Connecticut for health-related data. It was a very time-consuming, complicated, bureaucratic process." Another key hurdle was deciding how to group the data, so the information would be meaningful and easy to use.

Once these hurdles were overcome, the end result was a report that every CHAMP participant reacted to positively. This included the two county hospitals; three federally funded health centers; the Community Action Agency; the county's three full-time health districts; and other organizations in New London County.

"The study and data reflect the issues that the community and study partners knew existed anecdotally and were important to address," says Peters. "Documenting and updating the data will enable us to make a significant difference in the future."

## *Don't Ignore Environmental Data*

*Health data are not the only information needed to evaluate a community's well-being and plan for the future.*

"It's also good to look at data that might not appear to be related, like environmental factors," says Milford Health Director Dennis McBride, M.D., MPH.

One example, he notes, is diabetes. "Obesity, food and exercise are all health-related factors in the development of type 2 diabetes. So, if we're examining the issue of exercise, we also should look at the community. Is the environment conducive to walking? Does the community environment make it easy to incorporate other forms of exercise into a person's daily living?"

Food and the environment also can go hand-in-hand, notes McBride. "Easy access to whole foods, like fresh fruits and vegetables, is important for everyone, especially those

who are diabetic or at risk of diabetes. Are these foods available nearby or does the need to travel a distance create a barrier? Are these foods affordable or will their prices incline individuals to purchase other foods that are not as healthful?" These types of environmental factors might make those who most need these foods less likely to obtain them.



Still another important non-health data source is the Geographic Information System (GIS), a very powerful tool that local health departments are just beginning to employ, notes McBride. "With data, 'where' is often just as important as 'what' in evaluating the information."

GIS enables local health departments to focus on parts of their towns or communities. "This helps us pinpoint geographic, socioeconomic and environmental factors influencing a community's health," he says.

Despite the amount of data being collected statewide, communities can't directly access environmental data and other non-health-related information, like domestic violence and automobile accidents. "Being able to link to those types of data sets would enable local health departments to draw health-related conclusions that could lead to solutions, like accident prevention and safety programs, and support programs for domestic violence victims."

The link between health and non-health data becomes even clearer with the realization that communities also are related, not isolated, says McBride. "We need to be able to evaluate and compare communities with similar issues and demographics, so we can understand the bigger picture."

McBride adds that "The decisions we make as to which programs we need to start or stop will be effective only if they are based on complete and accurate data." That is why a web-based health data resource that's easily accessible by community decision-makers is essential for Connecticut's long-term well-being.

"Creating such a resource will take support from state agencies and academic partners, as well as public health practitioners and business," says McBride. "We'll also need community advocates to ensure the data are usable."



## Ask the Experts

CT Health News asked **Daniel J. Friedman, Ph.D.**, and **Tanya Court** about the importance of a community health data system and the issues involved.

**Friedman** is a consultant providing population and public health information services to national, state and local governments, and foundations in the U.S. and Canada. He also helps health departments develop web-based information strategies.

**Court** is director of public policy and programs for the Business Council of Fairfield County. Previously, she was executive director of Connecticut's South Western Regional Planning Agency.

### *What is the level of interest in community health data and web-based data resources?*

Friedman: Nationally, interest has grown exponentially since the Institute of Medicine's 1988 report on *The Future of Public Health*, which emphasized assessment as one of three core public health functions. Growth of the web has enabled future-focused state health departments to make more data more easily available to the public. The Centers for Disease Control and Prevention, Robert Wood Johnson Foundation and others have actively supported use of the web for community health assessment.

Court: Although interest is strong in Connecticut, a comprehensive web-based resource does not exist, which means state residents, policy-makers and researchers cannot easily locate the most rudimentary data about the health of our communities. So, the basic needs for community health data remain unmet.

### *What constitutes "good" community health data?*

Friedman: Data that are accurate, timely, easily accessible, understood by the public and widely used. Amassing piles of unanalyzed data is a waste of time for health departments.

Court: Good community health data provide information that enables public- and private-sector leaders, policy-makers and citizens to improve

community and individual health. Data cover the needs for policy-making, priority-setting, planning and evaluating improvement efforts, and support reduced disparities.

### *What enables some communities to use community health data better than others?*

Friedman: One factor is availability of data that are relevant to the individual community's needs. Those needs may include data that compare two similar communities; data for specific community groups, such as teens or minorities; and data that address a community's health problems. Another factor is involvement of individuals trained in community health assessment.

Court: The essentials are leadership that supports the collection, use and provision of community health data; adequate financial resources; and a well-trained staff.

### *What major changes have occurred in community health data in the past decade?*

Friedman: The web! Ten years ago, about four state health departments provided public access to community health data on the web. Now, more than half of all states do.

Court: Technology has made it easier to access community health data quickly.

### *What has enabled some states to succeed with community health data?*

Friedman: Successful states recognize that the community is the health department's data customer. They have senior management support for enabling communities to easily access data and they have stable leadership among those responsible for communicating this data.

Court: They've overcome barriers, such as lack of leadership and lack of collaboration across agencies.

## *Benefits and Costs* (Continued from front page)

Instead, Connecticut is trapped by "data silos," organizations structured so available information cannot be shared easily, he notes. Among these organizations are the departments of Public Health, Education, Social Services, Children and Families, and the Office of Health Care Access, as well as hospitals, health maintenance organizations and community health centers.

"We don't have a central access point where a community activist, policy-maker or foundation can obtain all the diabetes-relevant data — or data on any other community health topic. We need one-stop shopping for community health data. And creating one would not require matching individual medical records, which raises privacy concerns. Instead, it requires thoughtful provision of data at the community level, in a way that resolves the problem of data access," says Finison.

"Once we can examine all the risk factors in communities, as well as their assets, we'll know better how to keep people from making unnecessary emergency room visits and help eliminate suffering from preventable disease. But as long as we think health data are only about a particular sector or agency, we will not be able to get a handle on the overall picture of health in our communities."

## Using The Community Health Data Scan

One indication of interest in Connecticut health-related data is the increasing use of the *Community Health Data Scan for Connecticut*, by Lorenz J. Finison, Ph.D., a principal with SigmaWorks consulting, posted on the Connecticut Health Foundation website ([cthealth.org](http://cthealth.org)).

Issued in March 2007, the report makes health-related data readily available to help community activists, nongovernmental organizations and governmental agencies develop broad coalitions that can confront barriers to community progress.

Since the data was posted on the website in May 2007, visits to the site's data scan section have increased from about 1,000 per month to more than 2,500.



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## Missouri Develops An Easy-To-Use Health Data Resource

As demand by the Missouri Department of Health and Senior Services for local community health assessments increased in the late 1990s, so did realization that these data had to become more easily accessible. The result was MICA, the Missouri Information for Community Assessment interactive, web-based tool — and an excellent example of the type of data resource that could benefit Connecticut.

MICA lets community-level decision-makers and other users query information from 20 databases, including births, pregnancies, deaths, hospital discharges, emergency department visits and cancer incidence. “Users can display and download tables about health conditions, risk factors and other health indicators,” says Susan Elder, chief, Bureau of Health Informatics, Missouri Department of Health and Senior Services. “They can do this by different demographics and other variables for specific geographic areas, like a county or region, or statewide.”

Originally introduced in 1998, MICA is easy for non-technical users to operate, a key characteristic for any interactive, web-based data query tool. “MICA takes the user through a one-page, step-by-step process that uses drop-down menus, radio buttons and scrolling text boxes,” notes Elder. And it’s fast. Tables and maps are created in seconds and are easy to download. A tutorial also is available to guide users.

“MICA was the result of receiving numerous requests for data, to which we did not have

an easy way to respond,” recalls Garland Land, executive director of the National Association for Public Health Statistics and Information Systems, and former director of the Missouri Center for Health Information Management and Epidemiology (CHIME). “We formed an advisory committee that included representatives from areas such as public health, the Missouri Hospital Association, academia and business. The committee had to determine what data and geographic detail should be included and resolve issues, such as ensuring confidentiality.”

The end-product is a vital community resource. “MICA is an important tool for local public health staff, state health program and analytic staff,” says Elder. “Other state agencies also use MICA, as well as teachers, students and researchers.”

Keeping MICA updated is the responsibility of about a dozen research analysts, as well as application developers and information technologists, who are funded by a “patch-quilt” of sources, notes Elder, including the Centers for Disease Control and Prevention, block grants and various health department programs.

MICA’s success has generated interest for possible implementation in more than 10 other states, including Connecticut, and all have received MICA application training.

Looking ahead, work is progressing on what Elder describes as MICA II.



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