

Community Health Indicators: A Users' Guide



What this Guide is and who it is for

The Community Health Indicators Users' Guide (Guide) is for community members and community-based organizations to use as they make plans to improve health, and as they measure changes over time. A background in health or statistics is not required to explore and, we hope, use these resources.

The Guide is comprised of:

- an overview of the types of health indicators and data that are readily available on the web and how to use them;
- short, annotated links to sites dealing with specific health topics;
- longer reviews of twenty recommended resources for health indicators; and
- information on how to work with and communicate health indicators with mapping tools.

Readers should feel free to skip to the section or page they are interested in by using the Table of Contents below.

Help us improve the Guide!

We have made every effort to be as accurate as possible, yet even if we have succeeded, a compilation like this needs continuous updating. Help us improve the Guide by letting us know of any corrections, suggestions or comments. We hope you will find these resources useful.

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1 Introduction and Purpose

This guide is an invitation to join with others to find out what is known about your community's health. We hope that it helps you come to a shared understanding of your community's health, how it can improve, and how you can measure progress. The guide includes easily accessible sources for health indicators, and tips about how to make the most of them.

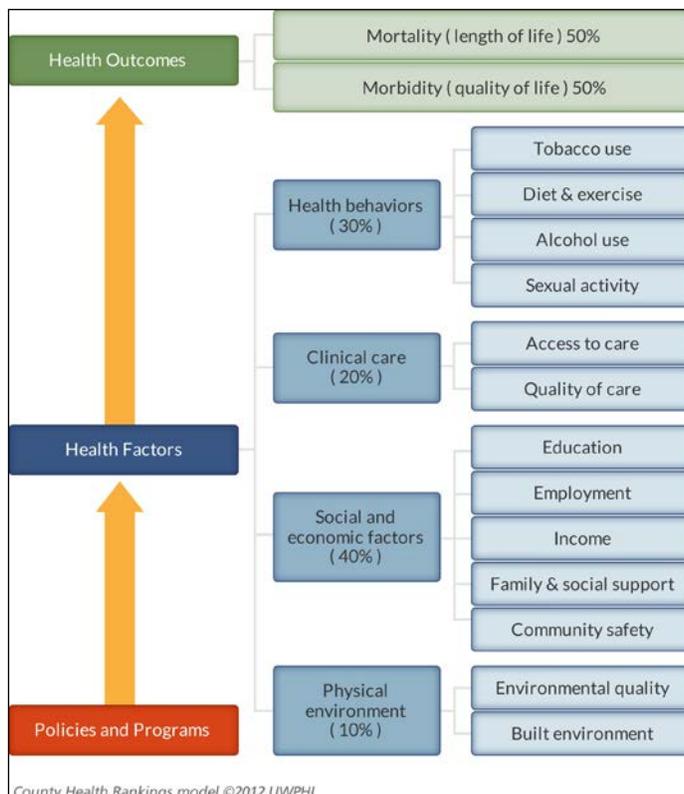
1.1 What is a health indicator?

An indicator is something that can be used to help measure and communicate about whether we are reaching our goals. Indicators represent ideas about what things matter and how they lead to desired results. We use indicators to track how things are changing over time, measure how we compare with our neighbors or similar communities, test how we stack up against ideal goals, and monitor how different parts of our communities are doing compared to one another.

Health goals include:

- good individual health outcomes
- knowing how to stay well and the ability to act on that knowledge
- communities that make it easier to be healthy
- a fair system that makes it possible for everyone to achieve the same degree of health, and
- enough of the right kind of care for good health.

Health indicators take many different approaches to measuring and tracking each of these goals. The table below, from the University of Wisconsin's **County Health Rankings**, shows what they track and how they weight each factor to come up with a single composite measure of overall county health.



Source: University of Wisconsin Population Health Institute. County Health Rankings 2012. Accessible at www.countyhealthrankings.org.

More about indicators: From the National Library of Medicine (NLM): *Health Indicators: a 4-Part Webinar Series* (2010), with **County Health Rankings** and **Community Health Status Indicators** <http://www.nlm.nih.gov/nichsr/healthindicators/>

1.2 Why indicators matter and what we looked for

Indicators are useful because they anchor the conversation. Once people agree on what counts and how to measure progress towards goals, indicators help the community keep itself on track so it can know when to celebrate successes.

Communities can use this guide to help **choose issue(s)** to address, to come to a shared understanding of how improvement can be measured (**indicators**) and come to agreement about what changes in the indicators will point to success (**benchmarks**). The guide includes some resources for **communicating** what the indicators measure.

No single resource has everything. This guide is designed for regular people—not planners, not professors, not medical staff—as they look for ways to improve health across their entire community, particularly for people with the greatest needs. The resources were chosen and reviewed paying attention to the following principles:

- Indicators that are easy to get, use and understand
- Indicators that are geographically specific and are measured repeatedly over time
- Information about access to insurance and services
- Measures of individual health and community activity and capacity
- Information about other sectors that affect health such as education and economic development

2 Definitions and Concepts

2.1 Types of indicators and health data

Commonly used health indicators capture information about health and the things that contribute to health. **Population health** indicators measure things related to an entire defined group of people or a sample of individuals within the group (in contrast to **health care** indicators, which measure what happens to people who actually access the health system). This guide talks about data, or **indicator data** – the actual measurements that make up an indicator – and **indicator sets** – indicators that are grouped together because they are related in some way or come from the same source. **Indicator collections** bring together indicators from many different sources. This guide has pointers to **indicator resources**—where to get your indicator data. Some resources gather various indicators in one place, and some are a collection of links to primary sources.

Types of health indicators and examples of data sources include:

- **Health status**—how healthy people are and why they are sick. Example: morbidity (sickness) and mortality (death) data. Health status data may be estimated for an entire population, or may summarize information about people who entered the health system, leading to the paradox that health status in a community may appear to dip temporarily when an underserved group gets better access to needed care.
- **Health behavior**—habits around things like food, drink, rest, exercise, risky behavior and social connection. Example: Behavioral Risk Factor Surveillance System (BRFSS.)
- **Health care**—what kind of care and how much care people use, how they pay for care, what it costs and where and how they get it. Example: Insurance claims, hospital discharge data.
- **Health care resources**—availability and characteristics of doctors, hospitals and other health care resources for the community. Example: Area Resource Files, quality scorecards.
- **Health policy environment**—community factors and policies intended to keep people healthy—for example, tobacco use policies, nutritional school lunch menus and walking clubs.
- **Other community factors**—also called social determinants of health. Other factors that affect individuals' health and communities' ability to improve the health of their members include: education, economic activity, poverty and public programs to alleviate poverty, transportation, and the built environment. Example: Census data on income, education and employment.
- **Environment**—includes water and air quality, recreational resources, pollution and effects of climate change. Example: Public Health Tracking Network.

These categories can overlap.

2.2 Where do health indicators come from?

Health indicators are collected in a variety of ways, at different times, from different geographic areas, using different methods and for a variety of reasons. Understanding where the numbers came from and why and how they were collected can help you decide which indicators to use. There are advantages and disadvantages to each of the ways data are collected.

“Data is” or “data are”? Some editors point out that “data” is a plural noun: a single piece of data is a datum. They insist on “data are.” Yet many people say “data is.” APA style says, “data are” but usage does seem to be changing. Whichever you choose, be consistent.

2.3 Counting, measuring, and estimating

What do you want to know? Why does it matter? Keep asking this question as you choose your source of information. A number by itself doesn't mean anything. Instead, consider making comparisons: with a standard (for example, Healthy People 2020 objectives); with the US or Maine overall, or other communities similar to your own; or with yourself over time. Some resources include rankings among states or counties.

2.4 What can and can't be measured

Quantitative and qualitative data. There is a saying, "Not everything that counts can be counted, and not everything that can be counted counts." Both kinds of information are important. Numbers allow comparisons among groups and measure trends over time. Stories show how things connect to one another. "Social math" (defined in section 3.1) presents numbers in a way that tells a story.

- **Quantitative data** refers to information that can be put in numbers: how many, how much, how long. It includes counts, measurements, rankings and estimates.
- **Qualitative or descriptive data** capture complex situations where reducing to a number can lose too much information. They can be pictures, stories and interviews. They are NOT data about quality.

Sources of Quantitative Data include surveys, administrative data, biometric and other measurements:

- **Administrative data.** Information is automatically collected in the course of operating a health system or program. Information that is collected for a specific purpose or is generated in conjunction with another activity can also be aggregated to learn more about the community's health. Examples of administrative data that are used this way include insurance claims, medical records, hospital discharge information, prescription records, and medical license information. Many public programs collect data, for example: the number of Medicaid recipients; count of children receiving subsidized lunches; crime data; or volume of substance abuse services. Administrative data may be hard to get, incomplete or collected inconsistently in different locations.
- **Vital statistics and disease reporting.** Birth and death (including fetal death) records are Vital Statistics. All deaths, with causes, and births are recorded through state and national vital records systems, making it the most complete and universal population health indicator. Some other medical events are routinely counted: certain communicable diseases are automatically reported to the state or national health department; information about cancer is reported to cancer registries and information on automobile crashes is gathered by the Bureau of Motor Vehicles.

Hospitals and health systems collect information to treat patients that may also be used to follow community-level trends. Disease registries track care for patients with conditions such as diabetes, in order to improve care. Individual health records contain clinical data, although rules

protecting patient and doctor privacy restrict secondary use of this data. Maine is at the forefront of efforts to extract population health information from electronic health records.

- **Biometrics: measuring change.** The gold standard for scoring clinical change is to directly measure changes such as weight, blood pressure or cholesterol levels. Many wellness programs collect this information on participants. When using this kind of data, always check whether it was measured directly (National Health and Nutrition Examination Survey (NHANES)) or whether people reported their own information to the best of their recollection as part of a survey (Behavioral Risk Factors Surveillance System (BRFSS), National Health Interview Survey (NHIS.))
- **Surveys.** Some of the best known indicators come from surveys—questions asked periodically of selected people. Examples include the BRFSS. The Decennial Census asks all US residents once every ten years some basic demographic questions. The census also collects more detailed information from a smaller portion of the population and administers other surveys, including the American Community Survey (ACS) and the Current Population Survey (CPS).

In addition to the federal government and states, some surveys are collected regularly by national groups such as the American Hospital Association. In ongoing nationwide surveys, questions are carefully tested and are only changed after careful testing so that results can be compared from year to year and across the country. Some surveys are administered statewide, or locally. The large hospital systems in Maine collaborated to support a statewide survey, called One Maine, as part of their required Community Health Needs Assessment (CHNA). This survey was designed to allow comparison among counties and public health districts. In some cases, data may be organized by hospital service area (HSA).

2.5 Questions to ask about data: Who collected it, where, when, and why?

Always consider the source of the data. The best sources will describe where, how and why the information was collected. Careful data collection takes a lot of effort. Answers must be checked for errors and missing responses. Complex formulas are used to weight the results to take into account who answered (and who refused to take the survey) and how closely they resemble the group as a whole. There is often a trade-off between high quality and getting information fast.

- **Who collected it?** Most health data that are produced on a regular basis are collected for governmental agencies or large provider groups such as the Hospital Association. Academic and research groups often conduct one-time studies that can be very useful for better understanding routinely-collected data. In addition, some nonprofit groups provide periodic reports, usually by bringing together data from a variety of other sources: these include the County Health Rankings, produced by the University of Wisconsin for the Robert Wood Johnson Foundation; and the Kids Count reports funded by the Annie E. Casey Foundation and produced, in Maine, by the Maine Children's Alliance.
- **Who is the information about?** Survey results are affected by when and how questions are asked. By phone? An estimated 1/3 of households use cell phone only. In person? Calls to homes at mid-day or in the evening? Other things to notice: Does a survey of youth include

dropouts and home-schooled students? Is a survey offered in translation for people who are not at ease in English? Information about health care based on insurance claims likely leave out uninsured individuals.

- **Where is it collected?** National surveys provide data nationally, by state and in some cases by county, and sometimes by region or metropolitan area. Because only two (Bangor and Portland) or three (add Lewiston-Auburn) metropolitan areas are recognized in Maine, Maine data are often shown by Maine's 16 Counties, sometimes combined into eight public health districts (each made up of one or more counties.) Some data sources can't be broken down by county. Some geographic categories don't mesh easily with one another. Information about how people use hospitals and quality of care they provide may be organized by hospital service area (HSA). Towns are defined by zip code in most administrative data. However, the Census defines towns by census districts, which do not always match up with zip codes. If that isn't complicated enough, both zip code and HSA areas change from time to time.
- **When was the information gathered?** Expect a year or two between the time the data are collected and when they are made public. Depending on the topic, even five-year-old data may be useful, and census data will age up to ten or twelve years before being replaced (given a couple of years for processing). But if there has been a big change in policy or populations in the area that interests you, look for data collected after the change. If there are seasonal variations—e.g., employment, flu—note whether and how adjustments are made to account for predictable variation.
- **How often is it collected?** Don't steer by the rear view mirror, that is, don't use one-time information as an indicator if you want to measure changes. Is the indicator measured at regular intervals? Is there a community benchmark that can be used to track improvement? How will the community know if there has been change? In addition to one-time measurements that can be compared against standards to help set priorities, some of the indicators a community chooses should be available often enough to help guide action.
- **Why was it collected?** Purpose shapes information. For example, cancer registries provide the most accurate count and description of patients whose data are in this system, while death certificates may miss some cases especially if there are multiple causes of death. Another example: schools count the number of students receiving free and reduced meals in order to manage programs that subsidize these meals. These program data are sometimes used to compare child poverty levels across communities. However community norms, different grade levels from school to school and whether there are other nearby meal options also affect how many students use the program.

More... You can find a few definitions and links to glossaries for even more detail at the end of this document.

3 Ways to use indicators...or, I've got this data. What do I do now?

Collecting data to measure health indicators and using the information to guide change is a circular process. The first step might be to learn what kind of information exists, especially information that shows how the community compares with other communities. The findings are likely to raise as many questions as they answer:

- Why these results?
- How do the various things being measured affect one another?
- What is important that hasn't been measured? Is there a way to measure those things too?

3.1 Turning data into information

Finding numbers that tell a story is only the first step. Equally as important: finding ways to understand the human meaning of the indicators. In addition to pointing to areas for action, indicators are used to explain and convince.

Number, pictures, maps, words

People absorb information in different ways. Some people like numbers, some like pictures (including graphs or maps) and some understand best through stories. Many indicator sets include tools for showing the information in a variety of ways.

- **Stories and pictures.** If a community has unusually high numbers of smokers in middle school, interviews with some of the affected students about why they smoke, or pictures of children at the average age when they start smoking may bring home the point more strongly than just the numbers.

On the other hand, a single example doesn't prove a case. A story and picture need to be backed up with numbers that show what is going on.

- **Charts** can show trends over time. Is there room for change, or has there been steady improvement already, suggesting that only the hardest cases are left?
- **Comparisons.** How does this community compare with similar ones? With the state? With national objectives?
- **Social math** is a special kind of comparison that involves relating data to things that we already understand. An example: "The tobacco industry spends more money promoting smoking in a week than the entire federal government spends on preventing smoking in a year."
- **Maps** can be used to show how different things are related in places, for example, healthy weight and proximity of schools to fresh food outlets or fast food joints.

3.2 Who is your audience?

Keep in mind the size and make-up of the group. Don't use Power Points with small groups, for example. An audience that is passionate about sports might get excited about competition and respond well to rankings. People who think in terms of community may like seeing information on a map or social network diagrams.

When planning a presentation, consider what different groups are likely to care about most, and start with those numbers. Some of this is obvious. Some depends on your insight. For example:

- **Parents:** Data about children and schools
- **Business community:** Data about avoidable costs/avoidable conditions
- **Seniors:** Availability of transportation and services

Listen to the audience. The questions they ask can send you in search of other data, or start you on a shared journey to explore what is behind the findings. They may have insights about unfamiliar connections, for example, how changing patterns of land ownership are affecting outdoor recreation.

3.3 From Data to Action

Agreeing on what to change is the first step. Indicators also help guide action. Consider:

- What can be done that would cause a change in this indicator?
- How much improvement is possible? How can it be measured?
- What steps will it take?
- Can the steps be measured too?

Finally, when planning for change, remember to choose indicators that can be used to measure when you have achieved your goals.

This guide includes links to some tools that can help with mapping, communications and estimating the impact of changes in indicators.

4 Annotated Links

This report provides detailed reviews of 19 recommended resources. Below are links to other resources that we didn't review in as much depth in the interest of brevity. These include additional Maine state agencies' pointers to reports and data; sites narrowly-focused on one condition or population (or indexes that take you to these locations); national-level indicator resources; sources that are challenging to use and require additional interpretation; material that has not been updated recently; and a couple of promising resources that are still works in progress.

4.1 Indicator Collections: A place to start

Several organizations have pulled together collections of indicators from many different places to serve as a starting point for groups that want to improve their community's health. Each has different strengths. Since the first edition of Community Health Indicators, many of the collections are working together to coordinate their data for seamless integration.

Collections Reviewed. We recommend you get started with one of the collections reviewed in depth. [County Health Rankings \(CHR\)](#) combines an easy-to-use interface with a great deal of county-level detail for those who want to dig deeper, supporting tools, and a community of users. This could be the only source you need to get started. The [Community Health Status Indicators \(CHSI\)](#) is not as rich and flexible but produces a detailed booklet of county data with one click and is now organized to be used with and complement CHR.

Two important indicator collections created in Maine for differing reasons and with complementary strengths—Hospitals' Community Health Needs Assessment (CHNA) part of a mandatory planning process for hospitals, and the Maine State Health Assessment (SHA), required by the state for population health planning purposes, have been combined into the single [Shared Health Needs Assessment & Planning Process \(SHNAPP\)](#) <http://www.maine.gov/SHNAPP/>. There are a number of reports produced from the Shared Community Health Needs Assessment (CHNA) <http://www.maine.gov/dhhs/mecdc/phdata/SHNAPP/>

[Community Health Needs Assessment](#) (CHNA), part of a mandatory planning process for hospitals. The 2014 CHNA by Eastern Maine Health Systems (EMHS) gives county-level assessments based on a shared One Maine CHNA from 2011, and community stakeholder surveys and County Health Ranking data from 2014. SHNAPP also replaces the Maine CDC's collection of resources for public health planning. Past editions can be accessed through the [Maine State Health Assessment](#) (SHA) which provides information on the health of Maine people for 167 public health indicators (data points) across 22 health topics. This resource takes a population perspective.

Three widely used national collections with state-level detail are also complementary. [Kaiser State Health Facts](#) emphasizes financing, access and system reform. The [Commonwealth Fund System Scorecards](#) compare states on quality, cost and access, including specialized reports on long term care and low income groups. The [CDC Chronic Disease Indicators](#) site allows state-level comparisons of public health indicators.

More indicator collections: If you want to dig further, we've pointed you to some more collections at the city, state and national level.

City of Portland-HHS See what indicators Maine's largest city uses, and what information they collect for themselves. [Frequently Used Data Sources](#) (includes air quality and housing); [Public Health Annual Reports](#); [Disease Data](#); [County Health Assessments](#); and a variety of reports on [social service needs and services](#) provided including reports on services and needs for the homeless, refugees, seniors and others in need of various services. Not all these data will be available for smaller communities.

Cumberland County published detailed compilations of indicators at the sub-county level for 2011. <http://www.portlandmaine.gov/DocumentCenter/Home/View/1293>

Maine DHHS Center for Disease Control and Prevention Data and Reports

<http://www.maine.gov/dhhs/mecdc/navtabs/data.shtm> Quick access to documents, reports, images, and other information published by the Maine Center for Disease Control and Prevention. Everything from Asthma to Zoonoses (animal-borne diseases like rabies), with stops for cancer, diabetes, and HIV/AIDS. Includes multiple years. Data are organized by topic and by year and include links to outside resources. Useful starting point to drill down to Maine data. Be sure to note the dates; while these are the most recent data and reports, many are fairly old.

Maine DHHS Office of Substance Abuse and Mental Health Services Data and Research

<http://www.maine.gov/dhhs/samhs/osa/data/index.htm> SAMHS gathers data from multiple sources to inform planning and resource allocation decisions. These include: [Community Epidemiology Surveillance Network \(CESN\)](#); [Maine Integrated Youth Health Survey \(MIYHS\)](#) - 2009-Present; [Maine Youth Drug and Alcohol Use Survey \(MYDAUS\)](#); [Prescription Monitoring Program \(PMP\)](#); and [Treatment Data System \(TDS\)](#). Each of these sources includes district-level summaries, tables or tools; some of the data are at a more local geographic level. The explanations in *the Substance Abuse Trends* reports can be used to provide context to these data. Other OSA reports can be found at <http://www.maine.gov/dhhs/samhs/osa/data/pubrpts.htm>

FastStats A to Z <http://www.cdc.gov/nchs/fastats/default.htm>. US CDC National Center for Health Statistics. The FastStats site provides quick access to statistics on topics of public health importance and is organized alphabetically. Links are provided to publications that include the statistics presented, to sources of more data, and to related web pages.

Partners in Information Access for the Public Health Workforce

http://phpartners.org/health_stats.html is a collaboration of U.S. government agencies, public health organizations, and health sciences libraries which provides timely, convenient access to selected public health resources on the Internet. See in particular county and local health data, http://phpartners.org/health_stats.html#County%20and%20Local%20Health%20Data

US CDC Surveys and Data Collection Systems <http://www.cdc.gov/nchs/surveys.htm> Some NCHS data systems and surveys are ongoing annual systems while others are conducted periodically.

Overview of seven health and family surveys administered by NCHS including NHANES, NHIS, NVIS and SLAITS.

Health Indicators Warehouse <http://www.healthindicators.gov/Indicators/> An ambitious project, worth keeping an eye on, but not easy to use at this time. “Access to high quality data improves understanding of a community’s health status and determinants, and facilitates the prioritization of interventions. The purpose of the HIW is to: Provide a single, user-friendly, source for national, state, and community health indicators; Meet needs of multiple population health initiatives; Facilitate harmonization of indicators across initiatives; Link indicators with evidence-based interventions; Serve as the data hub for the HHS Community Health Data Initiative, a flagship HHS open government initiative to release data; encourage innovative application development; and catalyze change to improve community health.”

United Health’s **America’s Health Rankings** <http://www.americashealthrankings.org/ME> ranks states against one another and shows trends over time for a large collection of indicators. The site is developing a library of action resources to encourage advocacy.

Trust for America’s Health **Key Health Data** compares public health systems at the state level on the basis of structure, performance and outcomes. Maine’s data can be viewed at <http://healthyamericans.org/states/?stateid=ME#section=4,year=2013.code=undefined>

4.2 Populations: Health across the life span and health equity for all

Some resources focus on particular populations. They may focus on a particular stage of life, such as childhood or old age. Others focus on groups at risk for unequal health or care, due to factors such as race, sexual orientation, poverty or rurality. Groups that receive their care in a different system, such as veterans or prisoners, or that have other obstacles such as homeless persons, are the focus of other resources. The collections in section 4.1 above also include some information about specific groups.

Population Resources Reviewed. [Kids Count/Maine Children’s Alliance](#) is one of the most complete age-specific resources available, and is a good example of how health and other factors can be brought together to give a rounded picture of one group’s needs and assets. Infants, children and adolescents are the subject of the [Maine Integrated Youth Health Survey \(MIYHS\)](#), and [Youth Risk Behavior Survey \(YRBS\)](#). [PRAMS](#) surveys pregnancies and births.

More resources for specific populations. If you want to dig further, here are links to sources for more information on veterans, mothers and children, seniors, minorities (including Franco-Americans and immigrants), persons with minority sexual orientations, prisoners and homeless persons.

VETERANS: The National Center for Veterans Analysis and Statistics (NCVAS)

<http://www.va.gov/vetdata/index.asp> supports planning, analysis, and decision-making activities through the collection, validation, analysis, and dissemination of key statistics on Veteran population and VA programs.

WOMEN AND CHILDREN: Maternal and Child Health Block Grants. Reports of expenditures by types of individuals served and by type of service show how States spent MCH partnership funds. These summaries display data collected across several reporting years of Title V by both State and national totals. <https://perf-data.hrsa.gov/MCHB/TVISReports/Snapshot/SnapShot.aspx?statecode=ME>

The Maine five-year needs assessment from 2011 includes county-level detail and a great deal of information on all aspects of family health. <https://perf-data.hrsa.gov/MCHB/TVISReports/Documents/NeedsAssessments/2011/ME-NeedsAssessment.pdf>

Child and Adolescent Health Measurement Initiative “The mission of the [Data Resource Center for Child and Adolescent Health](#) (DRC) is to advance the effective use of public data on the status of children’s health and health-related services for children, youth and families in the United States. The DRC does this by providing hands-on access to national, state, and regional data findings from large population-based surveys. Data are collected from parents and thus contribute a much needed voice in the drive to improve the quality of health care for children and youth.” Includes data for children with special health care needs. For more data see Annie E. Casey Foundation and Maine Children’s Alliance review.

Women and Girls: 2015 Report on the Status of Women & Girls in Maine

<http://www.maine.gov/sos/womens-comm/2-2015WCReport.pdf>

SENIORS: Maine’s State Plan on Aging 2012

http://www.maine4a.org/image_upload/State%20Plan%202012-2016%20FINAL%281%29.pdf

Chartbook on aging and disability trends and need in Maine, 2012

http://www.maine4a.org/document_upload/Chartbook%20LTC%20Needs%20Assessment%202012%20%282%29.pdf

The **John T. Gorman Foundation** provides a series of reports and resources on vulnerable populations in Maine, including children, families and seniors <http://www.jtgfoundation.org/resources-and-publications/> including a 2015 study of poverty among seniors in Maine <http://www.jtgfoundation.org/uploads/images/resources/IB-Mattingly-Schaefer-Poverty-Seniors-web.pdf>

The State of Aging and Health in America This [report series and interactive data website](#) provide the most current data on 27 key indicators of older adult health at the national and state levels, as well as calls to action, state success stories, and other resources. Other resources from CDC on healthy aging at <http://www.cdc.gov/aging/data/index.htm>

Aging stats.gov. http://www.agingstats.gov/agingstatsdotnet/main_site/default.aspx *Older Americans 2012: Key Indicators of Well-Being* is one in a series of periodic reports to the Nation on the condition of older adults in the United States. In this report, 37 indicators depict the well-being of older Americans in the areas of demographic characteristics, economic circumstances, health status, health risks and behaviors, and cost and use of health care services. This year’s report also includes a

special feature on the end of life. Data tables from the book may be downloaded at http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/Data_2012.aspx Description of data resources is at http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/Resources.aspx. The *Administration on Aging Profile of Older Americans (2014)* is available online only at http://www.aoa.acl.gov/Aging_Statistics/Profile/index.aspx

RACIAL, ETHNIC, NATIONAL AND GENDER MINORITIES: Health Disparities Profiles

http://www.healthstatus2020.com/owh/disparities/ChartBookData_search.asp State-level reports. However, the site notes that “Maine’s racial distribution is unique in that no non-white population group comprises much more than one percent of the state’s total population, and limited data are available for these groups.” PDF fact sheet for Maine at <http://www.healthstatus2020.com/owh/PDF/FactSheetsv3/Maine.pdf>. Maine’s office of Health Disparities lists some resources at <http://www.maine.gov/dhhs/mecdc/phdata/health-disparities/uw-statistics.htm>. A 2012 report for the John T. Gorman Foundation documented various dimensions of need in Maine <http://www.itgfoundation.org/uploads/JTGF%20Carsey%20Report%201%20Demographic%20Profile%20of%20Maine%20June%202012.pdf>.

Division of Local Public Health - Tribal District <http://www.maine.gov/dhhs/mecdc/local-public-health/tribal/index.shtml> **Waponahki Tribal health assessment data** are not publicly available at this time. Older data are available at Health Status and Needs Assessment of Native Americans in Maine (Kuehnert, 2000) <http://www.maine.gov/dhhs/mecdc/files/nar/nar.htm>. The final report of the Maine Wabanaki-State Child Welfare Truth & Reconciliation Commission can be accessed at <http://www.mainewabanakitrc.org/report/>. There are some specialized resources around tobacco use for Maine Tribes at http://www.tobaccofreemaine.org/channels/special_populations/native_americans.php.

Immigration Policy Center <http://www.immigrationpolicy.org/just-facts/new-americans-maine> Fact sheets and infographics on “New Americans” in Maine. **Federation for American Immigration Reform (FAIR)** (a group that seeks more restrictive immigration policies) has more details at <http://www.fairus.org/states/maine> **Migration Policy Institute (MPI)** also has details of changes in immigration in Maine. <http://www.migrationinformation.org/datahub/state.cfm?ID=me>. Where are Maine’s refugees from? <http://www.maine.gov/dhhs/oma/data.html>.

Franco-Americans in Maine: Statistics from the American Community Survey (2012)

<http://www.maine.gov/legis/opla/JamesMyallFATFReport.pdf> A legislatively requested analysis of the Franco-American population in Maine from data collected by the United States Census Bureau.

Gays, Lesbians, and Bisexuals in Maine: A behavioral and health profile 2011

<http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/documents/CDC-SummiReport.pdf> Based on BRFSS and YRBS data, “The purpose of this report is two-fold: to provide the first population-based demographic, behavioral, and health profile of adolescents who have had same-sex sexual contact and adults who identify as gay, lesbian or bisexual; to examine disparities that may exist among the GLB population with regards to health risk behaviors and outcomes.”

OTHERS: Prison (Jail) health. *Prevalence of Mental Health and Substance Abuse Challenges in Maine's County Jails (2012)* <http://www.maine.gov/dhhs/QI/snaphots/Volume-4-Issue-1.doc> state-level overview.

Maine Housing Authority research <http://www.mainehousing.org/policy-research/research-reports#PIT> includes reports on homeless individuals in Maine at points in time. <http://www.mainehousing.org/docs/default-source/housing-reports/2015-point-in-time---statewide.pdf>

4.3 Specific health conditions

Information about the state of health and factors that affect health are the starting point for action. In addition to summaries in the collections, a number of resources are available for digging deeper. Many of these are produced by advocates for persons with specific health problems.

Health conditions resources reviewed. Most of the detailed information on health conditions comes from one of two sources, both of which are reviewed. [Vital Statistics](#) are the source of information about death rates by cause. Most information about health behavior such as smoking, diet and exercise comes from the [Behavioral Risk Factor Surveillance System, or BRFSS](#). Several collections focus on chronic diseases, most notably CDC Chronic Disease Indicators and the [Maine CDC Public Health Indicator Tables for HMPs/DCCs](#). Persons with behavioral health needs including (despite the name) mental health treatment are represented in [Substance Abuse Trends](#) in Maine.

More resources for specific health conditions. Conditions cited below include diabetes, cardiovascular disease and cancer, behavioral health, oral health, poisoning and injuries. We have included resources related to disabilities and persons with disabilities in this section, although they could just as well be included with populations, above.

Maine CDC's Cardiovascular Health Program <http://mainehearthealth.org/resources/data-reports>
Includes statewide data, a report on disparities, and health district fact sheets.

Diabetes Data and Trends <http://www.maine.gov/dhhs/mecdc/population-health/dcp/statistics.htm>
Maine surveillance data. Includes downloadable tables with county-level estimates for some indicators.

Maine Cancer Registry <http://www.maine.gov/dhhs/mecdc/population-health/mcr/reports/index.htm>
The MCR regularly produces a standard report on the rates of new cancers (called incidence) and deaths (mortality) in Maine citizens by site (part of the body), gender, year and county.

NSDUHs <http://archive.samhsa.gov/data/NSDUH/substate2k12/toc.aspx> National Surveys on Drug Use and Health. Sub-state estimates for 25 measures of substance use and mental disorders based on the combined 2010-2012 National Surveys on Drug Use and Health (NSDUH) are provided. NSDUH is an ongoing survey of the civilian, non-institutionalized population of the United States aged

12 years or older. All estimates presented here are based on a small area estimation (SAE) methodology in which sub-state level NSDUH data are combined with county and census block group/tract-level data from the State.

SAMHDA. <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/index.jsp> Other data and tools on substance abuse and mental health can be found at the Substance Abuse and Mental Health Data Archive. SAMHDA promotes the access and use of SAMHSA's substance abuse and mental health data by providing public-use data files and documentation for download and on line analysis tools to support a better understanding of this critical area of public health.

Northern New England Poison Center <http://www.nnepc.org/statistics/data-reports> Every month, the NNEPC provides updated case counts for key poisoning indicators. These reports are designed to alert public health professionals of increases in certain types of poisonings and poison information calls.

WISQARS™ <http://www.cdc.gov/injury/wisqars/index.html> (**Web-based Injury Statistics Query and Reporting System**) is an interactive database system that provides customized reports of injury-related data.

Maine Oral Health Maps (2011) These maps are intended to provide a visual picture of Maine's dental professional resources (dentists and dental hygienists), dental clinics, and selected preventive programs, including school-based oral health programs and community water fluoridation. <http://www.maine.gov/dhhs/mecdc/population-health/odh/maps.shtml>. Other reports are at <http://www.maine.gov/dhhs/mecdc/population-health/odh/news.shtml>

Local Disability Data for Planners (county-level data with 3-year pooled American Community Survey data 2005-2007) http://disabilityplanningdata.com/site/state_population_table.php?state=maine

SSI recipients by State and County http://www.ssa.gov/policy/docs/statcomps/ssi_sc/index.html Federal expenditures only; state and local supplements not included. Other data from social security may be found at http://www.socialsecurity.gov/policy/docs/progdesc/ssi_st_asst/index.html. A 2011 Maine report is at http://www.socialsecurity.gov/policy/docs/progdesc/ssi_st_asst/2011/me.html

Disability Status Reports <http://www.disabilitystatistics.org/> The disability statistics interactive search tool allows several different data sources to be queried for a wide range of information on disabilities, including state-level data on Social Determinants of Health.

4.4 Social Determinants of Health

The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, live, work and age, including the health system.”

Resources reviewed. The principal source for information about Americans is the U.S. Census. The [Decennial Census, American Community Survey \(ACS\) and Current Population Survey \(CPS\)](#) are the

source for population statistics including age, gender and income in other sources. In addition to the decennial Census, the other census surveys collect more detailed information about how Americans live from smaller samples. The [Maine Economics and Demographics Program](#) provides Census data including annual estimates, by town, and a wealth of economic and labor data as well. Information about air and water mesh with health data in the [Maine Tracking Network/National Environmental Public Health Tracking Network](#).

More resources for social determinants. Indicators include individual factors such as employment, education, income and insurance coverage, as well as community-level factors including policies, environment, transportation and public safety. Several sites offer town profiles from all these sources and more, including information about housing, weather and community resources.

Maine Department of Labor, and DOL Center for Workforce Research and Information

<http://www.maine.gov/labor/cwri/> has a large number of reports, by state, county and labor market areas, on employment, workplace characteristics, and other issues, such as workers with disabilities <http://www.maine.gov/labor/cwri/publications/Word/Snapshot2012MaineWorkersWithDisabilities.docx> and workplace safety and health http://www.maine.gov/labor/labor_stats/index.html.

Maine Department of Education Data Center <http://www.maine.gov/doe/data/student.html>

Geographically detailed information can be collected here. For example, free and reduced lunch https://portal.maine.gov/sfsr/sfsrdev.ed534.ed534_parameters is a proxy for economic well-being. Test scores, special education, and graduation data may also be of interest. <http://www.maine.gov/education/enroll/index.shtml> Average yearly progress of schools <http://www.maine.gov/education/pressreleases/ayp/fy2013/ayp201213.xls> points to community investment. <http://www.maine.gov/education/enroll/demog/historical/ethnicity.htm> Student ethnicity by school is a sensitive indicator of the location of minority populations.

Uniform Crime Report http://www.maine.gov/dps/cim/crime_in_maine/cim.htm The Uniform Crime Reporting (UCR) Program is a nationwide cooperative effort of over 16,000 city, county and state law enforcement agencies voluntarily reporting data on crime brought to their attention. The monthly contributions of Maine's 150 law enforcement agencies represent the initial step in establishing an efficient statewide criminal justice information system (CJIS).

Maine Statistical Analysis Center (SAC) <http://muskie.usm.maine.edu/justiceresearch/> A partnership between the USM Muskie School of Public Service and the Maine Department of Corrections, SAC collaborates with numerous community-based and governmental agencies. County data at <http://muskie.usm.maine.edu/justiceresearch/datacenter.html#county>. The 2014 Maine Crime and Justice Data Book is particularly detailed http://muskie.usm.maine.edu/justiceresearch/Publications/DataBook2014/2014_Maine_Crime_and_Justice_Databook.pdf.

Maine Department of Transportation Data <http://www.maine.gov/mdot/safety/publications/index.htm> Crash data may be requested directly from the department for detailed analysis.

EPA My Environment <http://www.epa.gov/myenvironment> produces reports on environmental health factors—air, water, energy and others—by geographical area. It returns information at town or at county level. This might help a community identify problem areas. The Maine DEP also has GIS files on a wide variety of topics available for download <http://www.maine.gov/dep/gis/datamaps/index.html>.

USDA Economic Research Service <http://www.ers.usda.gov/data-products/county-level-data-sets.aspx> Socioeconomic indicators like the poverty rate, population change, unemployment rate, and education levels vary across the nation. ERS has compiled the latest data on these measures into a mapping and data display/download application that allows users to identify and compare States and counties on these indicators. Their *Food Environment Atlas* <http://www.ers.usda.gov/data-products/food-environment-atlas.aspx> displays county-level data related to number and proximity of food resources and other indicators of nutrition and fitness as a map, or data can be downloaded in Excel. The Atlas currently includes over 160 indicators of the food environment: *Food Choices--* Indicators of the community's access to and acquisition of healthy, affordable food; *Health and Well-Being--* Indicators of the community's success in maintaining healthy diets; and *Community Characteristics* including natural amenities; and recreation and fitness centers. The Atlas of Rural and Small-Town America may be of interest as well. <http://www.ers.usda.gov/data-products/atlas-of-rural-and-small-town-america.aspx>.

The University of New Hampshire's Carsey School **Northern New England Indicators** site has county level data on demographics, poverty, housing, employment, education, health and crime and safety at <http://nne-indicators.unh.edu/>.

MuniNet <http://www.muninetguide.com/states/maine/> aggregates a number of indicators by town, and can be an excellent start for pulling together a mix of economic and community information from member communities." MuniNet Guide is an on line resource specializing in municipal matters, including urban affairs, public finance, and municipal bonds. Our content and data focuses on a variety of topic areas pertaining to the public sector: municipal bonds, state and local government, demographics, economic trends, education, employment, healthcare, housing and real estate, transportation, and utilities."

City-Data.com www.city-data.com/. Their listings include "stats about residents (race, income, ancestries, education, employment...), geographical data, state profiles, crime data, registered sex offenders, cost of living, housing, religions, businesses, local news links ... political contributions, city government finances and employment, weather, tornadoes, earthquakes, hospitals, schools, libraries, houses, airports, radio and TV stations, zip codes, area codes, air pollution, latest unemployment data, time zones, water systems and their health and monitoring violations, comparisons to averages, local poverty details...car accidents, fires, bridge conditions, cell phone and other towers, mortgage data..."

Maine.gov DataShare <http://www.maine.gov/cgi-bin/data/index.pl> provides a catalog of public data that includes access to "raw" data in CSV (comma-separated) and/or KML (keyhole markup language) formats. Datasets are searchable by category, agency, and keywords. Not all the links are live.

4.5 *Payment and Finance*

Who pays for health care, who has coverage, and how adequate is that coverage? These are difficult questions to answer because we don't have a single system for paying for care.

Resources reviewed. Kaiser State Health Facts has very detailed state-level information about coverage from various sources. One Maine Community Health Needs Assessment included a survey with this question. Information about what the payments buy can be found in the SHNAPP and in [Maine Health Data Organization/Maine Health Management Coalition/CompareMaine](#).

More resources for payment and finance. Estimating coverage can require complicated estimation. Although individual payers and providers are interested in knowing what they spend and what things cost, only the federal government has both collected and shared that kind of data, including information on insurance coverage and expenditures.

Small Area Health Insurance Estimates <http://www.census.gov/did/www/sahie/> The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health insurance coverage for states and all counties. Also, **Census data related to health insurance: sources explained and compared** <http://www.census.gov/hhes/www/hlthins/about/index.html>

MEPS http://meps.ahrq.gov/mepsweb/data_stats/MEPSnet/C.jsp The Medical Expenditure Panel Survey, which began in 1996, is a set of large-scale surveys of families and individuals, their medical providers (doctors, hospitals, pharmacies, etc.), and employers across the United States. MEPS collects data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers. MEPS currently has two major components: the [Household Component](#) and the [Insurance Component](#). The Household Component provides data from individual households and their members, which are supplemented by data from their medical providers. The Insurance Component is a separate survey of employers that provides data on employer-based health insurance.

CMS data dashboards Reports and data may be accessed at the CMS Data Navigator, <http://dnav.cms.gov/>. Look in particular under "Statistics, trends and reports" and "Research" in the bottom right corner.

State Health Care Spending reports, an initiative of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation tracks seven major areas of state health care spending—Medicaid, the Children's Health Insurance Program, substance abuse treatment, mental health services, prison health care, active state government employee health insurance, and retired state government employee health insurance, to provide a comprehensive examination of each of these health programs that states fund. The project is concurrently releasing state-by-state data on 20 key health indicators to complement the programmatic spending analysis.

4.6 Delivery system

The health **care** system includes institutions and individuals that treat patients in various settings. There are growing efforts to define and track information about the quality and process of this care.

Resources reviewed. [HRSA- Health Resources County Comparison Tool and Area Resources File](#) is one of the oldest compilations of indicators. It includes detailed data on providers and related factors collected from many sources. One Maine Community Health Needs Assessment includes a great deal of information about capacity in Maine.

More resources for delivery system indicators. These include sources for information on the supply of various professionals, as well as information about types of care that hospitals provide.

Maine CDC Health Workforce Forum has several reports on supply, wages and distribution of health professionals in Maine. <http://www.mainehealthworkforceforum.org/index.php/resources/reports> “The Maine Health Workforce Forum was established in 2005 by the Maine Legislature to address Maine’s current and projected workforce needs. The Forum is a statewide group of public and private sector stakeholders committed to ensuring a sufficient supply and qualified health and long term care workforce in Maine. Membership in the Forum is open and voluntary and includes: employers, representatives of health professional associations, licensing boards, educational institutions, and Maine Departments of Health and Human Services, Labor and Education, and the Center for Disease Control and Prevention.”

Licensure in Medicine Bulk Data Download Service, Maine Board of Licensure in Medicine https://www.maine.gov/cgi-bin/online/mblm_bulk/index.pl Listing of licensed physicians, physicians’ assistants etc., with some information about location, specialty and training. There is a \$50.00 flat processing fee to use this service plus \$0.05 per record.

ALMS: Agency Licensure Management System provides listings of a number of medical and dental professions at <http://pfr.informe.org/ALMSOnline/ALMSQuery/SearchIndividual.aspx>. It included listings of other health professionals, notably dentists, with some information about licensure, specialty and location. Use “search for Individual” and Professional and Financial Regulation, then select professional board under agency for medical, dentistry or nursing, or Office of Prof and Occ reg (for more professions). Specify state and county/ies. A number of different occupations are listed here. Do note whether license was renewed and at what date; data requests can specify active license only. Not all persons with current licenses actually are practicing full, or part time in the state.

Nursing workforce State of Maine minimum data set. <http://www.usm.maine.edu/nursing/nursing-workforce-data-state-maine> USM’s Muskie School analyzes state of Maine nursing data.

Healthcare Cost and Utilization Project (HCUP) <http://hcupnet.ahrq.gov> “HCUPnet is an online query system that gives you instant access to the largest set of all-payer health care databases that are publicly available. Using HCUPnet’s easy step-by-step query system, you can generate tables and graphs on national and regional statistics and trends for community hospitals in the U.S. In addition,

community hospital data are available for those States that have agreed to participate in HCUPnet.” This resource compiles Maine Health Data Organization data and similar data from other states.

Dartmouth Atlas <http://www.dartmouthatlas.org/> For more than 20 years, the Dartmouth Atlas Project has documented glaring variations in how medical resources are distributed and used in the United States. The project uses Medicare data to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians. This research has helped policymakers, the media, health care analysts and others improve their understanding of our health care system and forms the foundation for many of the ongoing efforts to improve health and health systems across America. Data are available by county, primary care and hospital service areas, and hospital referral areas.

Health Centers in Maine <http://www.nachc.com/state-healthcare-data.cfm?State=ME> National Association of Community Health Centers fact sheets about health centers and shortage areas in Maine. Includes fact sheets and infographics.

5 Tools for working with indicators

5.1 Mapping tools

Mapping tools that create visual displays of health information can help visualize geographic dimension of needs and assets and the connections among factors.

Community Commons <http://www.communitycommons.org/> “An interactive mapping, networking, and learning utility for the healthy, sustainable, and livable communities’ movement.” The Commons provides members with access to over 7,000 of the most comprehensive and current GIS data layers ranging from national to point level. A full list of these indicators and their sources is at <http://maps.communitycommons.org/viewer/datalist.aspx>. Community Commons includes report templates and toolkits for mapping community needs and assets for CHNAs, and a [vulnerable populations footprint](#) to identify areas within the community of concentrated need as measured by educational attainment and poverty.

The Commons provides guidebooks and [webinars](#) to help you understand the basics of web-based GIS mapping and “how you and your community can use maps to tell your story and inspire action towards healthier, whole communities. Requires registration and some investment of effort to operate.

“I think it’s more than a mapping tool (although that is what I use it for). It’s like a dashboard or the county rankings that brings together many different sources of data. I particularly like it because you can drill down further than most data warehouses and it combines so many different, varied databases. It is free access to all – you need to register but there is no cost or anything involved.” (Michelle Mitchell-Partnerships for Health)

Health Landscape <http://www.healthlandscape.org/Community-HealthView.cfm> is an interactive web atlas that brings together various sources of health, socio-economic and environmental information in a convenient, central location to help answer questions about and improve health and healthcare. HealthLandscape.org serves as the platform for all of Health Landscape's mapping tools. These include a number of resources related to primary care workforce and community health centers and several tools for mapping health system quality indicators. [The Population Health Mapper](#) <http://www.healthlandscape.org/populationhealth> is based on indicators recommended by the USCDC http://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf and shows how county-level performance compares to national benchmarks. The **Social Determinants of Health (SDOH) Mapper** <http://www.healthlandscape.org/SDOH/map.cfm> is a cold-spotting tool that can assist in identifying these areas of need. The Mapper contains several census tract-level social determinants of health indicators, which are grouped into four main categories (Education, Demographics, Language Use & Linguistic Isolation, and Income & Poverty), that can be layered based on thresholds set by the user.

The **Medicare Data Portal** at <http://www.healthlandscape.org/medicaredataportal> includes CMS data on Medicare spending related to several chronic conditions.

Chronic Disease GIS Exchange <http://www.cdc.gov/dhdsp/maps/gisx/> “This site is designed for public health managers, community leaders, GIS users, epidemiologists, and others interested in using GIS to prevent heart disease, stroke, and other chronic diseases. The intent is to provide a forum for sharing specific examples, ideas and techniques for using GIS to document geographic disparities, inform policy and program development, and build partnerships.”

Google mapmaker <http://www.google.com/mapmaker> and **MapQuest Mapbuilder** <http://features.mapquest.com/mapbuilder/> can be used to create and share custom maps that show locations of resources and assets in a community.

5.2 Guides for Communication

To move from knowledge to action requires clear communication. Fortunately, there are a number of tools that can help you share the information you discover about your community.

Ozioma: Local Health Data <http://hcrlweb.gwb.wustl.edu/ozioma> Resource for messaging, with an emphasis on cancer. “Search for health information from the most trusted sites in one place—National Cancer Institute, Centers for Disease Control, American Cancer Society and more than 70 other reliable sources; View your search results as easy-to-understand sentences crafted by a team of communication and public health experts. The data translation is done for you! Create compelling communication with ease by pasting or downloading health data sentences with attributed sources to include in your press releases, news stories, reports, grants or policy briefs.” Click on their “Source Index” for links to these non-governmental and governmental sources. Ozioma was developed by the Health Communication Research Laboratory (HCRL) with funding from the National Cancer Institute.

Sustainable Communities on line <http://www.sustainable.org/creating-community/inventories-and-indicators?start=10>, provides links to some examples of how communities use indicators related to resource use. “Preparation of a community resource inventory and the identification of local indicators are important in order to measure progress toward sustainability. Here are examples of what communities are doing.”

CDC’s Healthy Communities Program Your tax dollars at work. This site <http://www.cdc.gov/healthycommunitiesprogram/overview/index.htm> includes a number of tools and training materials for community members interested in learning, strategizing and communicating about chronic diseases in their communities. In particular, the 2009 **Media Access Guide** <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/mediaaccessguide.pdf> has valuable guidance on everything from press releases and writing letters to the editor to tracking media impressions. They also offer a toolkit on communication via **Social Media** http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/SocialMediaToolkit_BM.pdf

Framing information so it is meaningful to the intended audience is a key skill. The CDC’s **Framing Guide for Communication about Injury** <http://www.cdc.gov/injury/pdfs/cdcframingguide-a.pdf> includes guidance in how to identify and effectively communicate with those you want to reach.

Social Math The practice of making large numbers comprehensible and compelling by placing them in a **social** context that provides meaning. A clear introduction and prevention case study can be found at the Frameworks Institute <http://www.frameworksinstitute.org/ezine40.html> <http://www.frameworksinstitute.org/blogs/alumni/tag/social-math/>. A nice overview and introduction is available from media consultant **ImpactMax** at <http://impactmax.wordpress.com/2009/06/15/social-math-yes-data-can-tell-stories-too/>.

5.3 Tools for estimating impacts

The County Health Calculator <http://countyhealthcalculator.org/> Use the calculator to see how education and income affect health outcomes. Not very nuanced; uses one formula with local data nationally.

The **economic impact of chronic disease** by state, <http://www.chronicdiseaseimpact.com/>. Like the CHC, this is a simple formula applied in the same way across the US.” Over 162 million cases of seven common chronic diseases — cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions — were reported in The United States in 2003. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers. Map shows how states compare based on the prevalence of the seven common chronic diseases.” Graphics are fun and fast. The 2014 update <http://www.milkeninstitute.org/publications/view/618> finds actual costs were even greater than predicted.

Return on Investment Calculators Return on Investment (ROI) is a way of summarizing the value of a change. It is a calculation of the economic benefit of an investment in health. Be aware of when a calculator was created, since dollar and impact assumptions quickly get out of date.

Community Health Systems Development Return on Investment Calculator

<http://ruralhealthlink.org/Resources/ROI Calculator.aspx> is designed for rural grantees and generates estimates for over ten kinds of programs including hypertension, diabetes and coronary heart disease management, smoking cessation and oral health.

An ROI tool from the **Association of State and Territorial Health Officers** was tested out here in Maine. <http://www.astho.org/Accreditation-and-Performance/Estimating-Return-on-Investment-for-Public-Health-Improvements/>

<http://www.chcsroi.org/> Center for Health Care Strategies’ Return-on-Investment Forecasting Calculator (ROI Calculator). This tool enables policy makers and program administrators from Medicaid, health plans, and other health care organizations to evaluate the net financial benefits of initiatives designed to improve health care quality and reduce costs. Two modules allow Medicaid stakeholders to develop ROI forecasts for initiatives designed to improve health care quality and reduce costs.

6 More definitions and glossaries

This section is for the reader who wants an introduction to how numbers from the past about part of the population can be used to talk about the entire community and the future. Others can skip it.

- **Estimation.** Information about some people is used to understand the group they are in. Most data do not come from every single person in a group. Instead, estimates are based on part of the whole—a **sample**. A good sample includes a variety of people who differ from one another in things that may affect the result (such as age, sex, education, income and ethnicity) in a way that mirrors the whole group they represent. The right **sample size** depends on how much **variability** there is in what you are measuring, sometimes expressed as **standard deviation** from the **mean** (average). When estimating quantities, for example health care spending, the wider the difference among results, the larger the sample needs to be before an estimate can be made with **confidence**. Because this is an estimate, not a measure, the proper way to talk about these values is as a **confidence interval**, a range within which the true value probably falls. **Statistical significance** is a numerical way of saying just how likely it is that an estimate is accurate rather than being due to the luck of the draw (**error**) when the sample was taken.
- **Prediction.** Information about the past is used to predict the future. Just as with estimation, prediction is more reliable when changes from year to year are small or follow a consistent pattern, such as steady growth.
- **Small numbers problem.** Health data estimates may be based on very small numbers from a given community. That makes it hard to estimate accurately about uncommon things for smaller communities. To **protect privacy**, on the one hand, while using enough data for confidence on the other, estimates based on a small number of observations are usually **adjusted** in some way: several years of data are combined (**multi-year averaging**), population subgroups are combined into larger groups; identifiable information is hidden; or an average from a larger area, perhaps **weighted** by age and income in the smaller area, is substituted for the actual sample from an area. Sometimes this is documented in notes below a table.

6.1 Glossaries

There are many resources on the internet—and in communities—for persons who want to learn more about using data and about the math behind making estimates and projections about a community's health based on partial information. The list below is just a sample of what is available.

<http://healthindicators.gov/Resources/Glossary> is maintained by USCDC as part of its Health Indicators Warehouse.

A glossary with many survey-related terms can be found at <http://www.marketresearchterms.com/a.php>

New York State has a good, brief glossary of terms related to community health statistics at <http://www.health.ny.gov/statistics/chac/glossary.htm>.

7 Reviews of nineteen of the best resources

There are so many good resources available that it's hard to limit the number to nineteen, but we have selected the resources below for a more in-depth review because they contain Maine detail, provide flexible tools for presentation, are the original data source for many other sites, or contain great depth of information. Don't forget to look at the sources within each resource for a deeper dive!

7.1 *County Health Rankings and Roadmaps (CHR)*

Creator:	Robert Wood Johnson Foundation, the University of Wisconsin Population Health Institute, and Community Catalyst, a national advocacy organization
Date Created:	2015 (Compilations back to 2010 are available. Data sources vary as to when collected. Many are given as 3-year averages to allow for county-level comparisons.)
Updating:	Yearly
Thumbnail Review:	Best distillation. Recommended starting point for other exploration. User friendly for all audiences. Most useable for a variety of purposes with the least additional effort. Roadmap tools identify resources and strategies.
Official Statement of Purpose:	“Much of what influences our health happens outside of the doctor’s office—in our schools, workplaces and neighborhoods. The County Health Rankings & Roadmaps program helps communities create solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that we know affect health, such as education and income. Having health insurance and quality health care are important to our health, but we need leadership and action beyond health care. Ranking the health of nearly every county in the nation, the County Health Rankings illustrate what we know when it comes to what’s making people sick or healthy. The County Health Roadmaps show what we can do to create healthier places to live, learn, work and play. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The Rankings, based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.”
Geographic Detail:	County
Population Data:	Age (below 18 or over 65); race; Hispanic; English proficiency; rural; gender; social and economic factors including median income, high housing costs, eligibility for school lunch and homicide rates. Most demographic data are under "additional measures," below the ranking factors. Comparisons on % of children in poverty, % of high school graduates.
Program Interest:	Well balanced set of indicators including health outcomes (mortality and morbidity) and health factors: health behavior including tobacco use, diet and exercise, alcohol use and sexual activity; clinical care--both access and quality; social and economic factors including education, employment, income, family and social support and community safety; and physical environment including air quality and built environment. Other measurements without rankings include access to healthy foods, commuting alone, health care costs, dentists and mental health providers, unable to see doctor due to costs, uninsured adults, and diabetes and HIV prevalence rates.
Combinable:	Can view ranks or measures. Data for all counties is available in measures, permitting

	counties to be combined manually.
Comparable:	Yes, can compare with up to six (6) other counties, tool suggests other “peer counties” based on demographic characteristics. Explains how and when comparisons can be made with counties in other states. Graphics show directions of trends.
Where to Find:	Online – http://www.countyhealthrankings.org
Cost:	Free
How to Get Data:	No application; accessible online.
Related Tools:	Yes, highly interactive, includes information on trends as well as error margins that can be used to assess statistical significance. Clicking on a factor drills down to a description, brief overview of literature, description of policies and programs that can improve rankings ("What Works for Health"), and list of potential community partners. Drilling down on what works includes evidence ratings for various approaches. The Roadmaps to Health Action Center provides tools to help groups work together to create healthier places to live, learn, work and play. Lists 350 related tools and resources at http://www.countyhealthrankings.org/resources?f[0]=field_resource_type%3A108
Training:	– Webinar series http://www.countyhealthrankings.org/webinars/all . A step-by step guide http://www.countyhealthrankings.org/using-the-rankings-data and information and user guides throughout website, such as blog posts and webinars, to help users understand data and put it into practice. Personal coaching is also available at http://www.countyhealthrankings.org/roadmaps/roadmaps-to-health-coaching
File Format:	Data can be explored and compared on website through an easy to use interface and is also available to download through Excel.
Notes on User Friendliness:	Resource includes a great deal of information in an intuitive, user-friendly format. More detail on almost any item can be obtained by clicking to drill down. Roadmap tool gives suggestions for what practical actions a person can take to improve their communities' health. Examples include guides for applying for community health grants and guides to writing public health op-ed.
Other Notes:	National benchmark is based on the 90th percentile of counties for a given health indicator. This is an ambitious benchmark for comparison, and users should not be surprised if benchmarks are not met in the majority of indicators for the majority of counties.
Limitations:	Compares counties within state but not across states. No data on prenatal care, limited data on the physical environment (i.e. - water quality). Cannot be used to analyze disparities within counties or by populations not easily mapped onto county lines (racial/ethnic minorities, LGBT, etc.).
List of Tables:	Health Outcomes (two indicators) Health Factors (13 indicators in four categories) Policies and Programs Clickable graphics on indicators and actions provide easy navigation at http://www.countyhealthrankings.org/our-approach

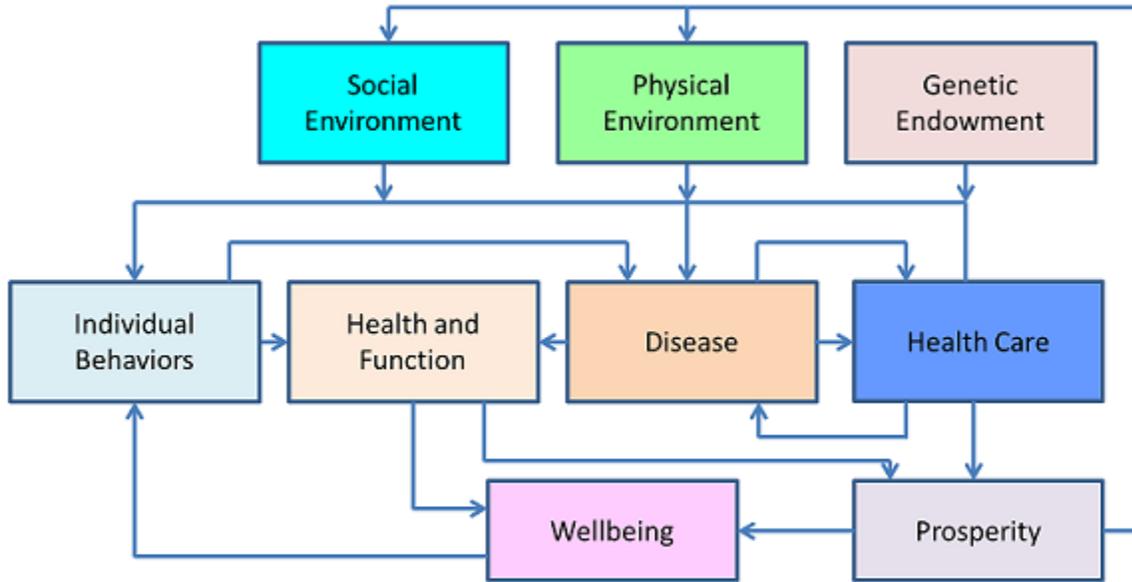
7.2 Community Health Status Indicators (CHSI)

Creator:	Community Health Status Indicators Project, a public-private partnership among a variety of federal agencies including the Department of Health and Human Services, Environmental Protection Agency, Census Bureau, and Department of Labor.
Date Created:	2015
Updating:	Yearly Versions have been available online since 2008.
Thumbnail Review:	Large amount of data from many sources with an emphasis on community health. Ready-made brochures for Mobilizing for Action through Planning and Partnerships (MAPP) process. Not as current as some other sources. Most versatile for selecting comparable counties. Graphic comparison with peer counties.
Official Statement of Purpose:	<p>Promoting healthier communities is greatly enhanced by information on the health status of the population and information on a range of modifiable factors that have the potential to influence health outcomes. The Community Health Status Indicators (CHSI) 2015 is an online web application that produces health status profiles for each of the 3,143 counties in the United States and the District of Columbia. Each county profile contains indicators of health outcomes (mortality and morbidity); indicators on factors selected based on evidence that they potentially have an important influence on population health status (e.g., health care access and quality, health behaviors, social factors, physical environment); health outcome indicators stratified by subpopulations (e.g., race and ethnicity); important demographic characteristics; and <i>HP 2020</i> targets.</p> <p>A key feature of CHSI 2015 is the ability for users to compare the value of each indicator with those of demographically similar “peer counties,” as well as to the U.S. as a whole, and to <i>HP 2020</i> targets.</p>
Geographic Detail:	County. Census tract where available, for example, vulnerable populations.
Population Data:	Race, ethnicity, income, education, other vulnerable populations (major depressive disorder, recent drug use, work disabilities). Tract Maps and Indicators by age group, sex, and race/ethnicity to identify potential health disparities.
Program Interest:	Access to and utilization of healthcare services, birth and death measures, vulnerable populations, risk-factors for premature deaths, communicable diseases, and environmental health. “The final set of indicators were required to meet the following criteria: the indicators were considered important to public health, were actionable, were regularly reported, and were available for at least two-thirds of U.S. counties. Additionally, all health factor indicators included in CHSI 2015 were required to be supported by a body of scientific literature establishing their association with population health outcomes and identifying plausible mechanisms and pathways for those associations.”
Combinable:	Data and weights are available for combining manually. Each CHSI 2015 indicator is accompanied by information describing the significance (importance) of the indicator, source and years of the data, methodology for creating the indicator, and important limitations, where applicable. This information can be found by clicking the “Description” tab for the indicator when viewing county-level results.

Comparable:	US rate 2005-2011, Peer counties with similar characteristics, and Healthy People 2020 targets. Shows range of comparison county results. Summary Comparison Page - "at a glance" graphic of how a county compares to its peers for all indicators. Distribution Bar Charts of each indicator value benchmarked against peer counties, all U.S. counties, and <i>HP 2020</i> objectives, where applicable.
Where to Find:	Online – http://wwwn.cdc.gov/CommunityHealth/ and Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics http://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf
Cost:	Free
How to Get Data:	No application needed; accessible online.
Related Tools:	Printable summary page. Designed to complement County Health Rankings. Comparison with selected counties. The National Association of County and City Health Officials (NACCHO) includes suggestions for using CHSI for communication with media and in planning including MAPP and Community Health Assessment. (http://www.naccho.org/topics/infrastructure/CHSI/index.cfm) Related resources can be found at http://wwwn.cdc.gov/CommunityHealth/info/Resource
Training:	Overview of how to use the report at http://wwwn.cdc.gov/CommunityHealth/info/HowtoUseReport . The CHSI report is accompanied by a companion document entitled " Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics " http://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf This document gives detailed descriptions on data estimations, definitions, caveats, methodology, and sources.
File Format:	Excel and CSV, zip file. The complete CHSI Dataset can be downloaded for research and analysis purposes.
Notes on User Friendliness:	Uses a number of interesting formats for displaying county health data and comparing to the US and peer counties.
Other Notes:	Information is displayed in set formats. Data can be downloaded for additional manipulation if desired but dataset is challenging for general users.
Limitations:	The estimates presented in the report rely on various data sources, methods, and calculations. The estimates are consistent across the CHSI reports, but the calculations may not correlate with other established methods for analyses of the same data.
List of Tables:	<ul style="list-style-type: none"> Mortality Morbidity Health Care Access and Quality Health Behaviors Social Factors Physical Environment Environmental Health Preventive Services Use Risk Factors for Premature Death Access to Care

Indicators organized on Determinants of Health Framework

Evans and Stoddart Framework of Determinants of Health



Source: Evans R.G. & Stoddart, G.I. (1990). Producing health, consuming health care. Soc Sci Med. 31(12), 1347-1363

7.3 Maine Shared Health Needs Assessment and Planning Process (SHNAPP)

Creator:	Maine Shared Health Needs Assessment and Planning Process (SHNAPP) is a collaborative of Central Maine Healthcare, Eastern Maine Healthcare Systems, MaineGeneral Health, MaineHealth and the Maine Center for Disease Control and Prevention. It succeeds and replaces One Maine Health, a collaborative of EMHS, MaineHealth, and MaineGeneral, that produced a previous statewide CHNA
Date Created:	2016. (Preliminary materials available in 2015) The previous statewide CHNA was produced by One Health in 2011, and interim updates have also been created in 2013 and 2014. (EMHS CHNA also available for 2001 and 2007)
Updating:	Interim updates in three years, full updating every six years
Thumbnail Review:	The document provides a reference for more than 160 indicators and 33 survey questions covering many topics. It does not explore any individual topic in-depth. The definitions and sources for each indicator discussed in the report are found at the end in the data sources section. SHNAPP also features stakeholder surveys and community prioritization input, and is designed to be used to elicit further community input.

The shared CHNA has several reports and datasets for public use.

County - Level Maine Shared Community Health Needs Assessment Reports summarize the data and provide insights into regional findings. These reports explore the priorities, challenges, and resources for each county and contain both summary and detailed tables.

State - Level Maine Shared Community Health Needs Assessment Report includes information on each health issue, including analysis of sub - populations. The report includes state summaries and detailed tables.

Summary tables for each public health district, each county, and the cities of Portland and Bangor and the combined cities of Lewiston/Auburn.

Detailed Tables with each indicator, by subpopulation, region, and year, are available on the Maine CDC website and may be downloaded at www.maine.gov/SHNAPP

Official Statement of Purpose: The goal is to create a framework and approach for a shared Community Health Needs Assessment (CHNA) that can: address community benefit reporting needs of hospitals; support state and local public health accreditation efforts, and provide valuable population health assessment data for various organizations concerned with the health of Maine's communities and citizens.

With the passing of "The Patient Protection and Affordable Care Act" in 2010, all 501(c)(3) hospitals (not-for-profit or non-profit hospitals) must conduct a community health needs assessment (CHNA) process to meet the U.S. Department of Treasury and Internal Revenue Service (IRS) rules. In addition, state public health departments seeking accreditation conduct a needs assessment process. SHNAPP is designed to support both public health needs assessment and hospital CHNA.

The overall goal of the Maine SHNAPP is to "turn data into action" by conducting a shared community health improvement planning process for stakeholders across the

state. The collaborative assessment and planning effort is intended to ultimately lead to the implementation of comprehensive strategies for community health improvement. As part of the larger project, the Maine SHNAPP has pooled its resources to conduct this Shared Community Health Needs Assessment (Shared CHNA) to inform community benefit reporting needs of hospitals, support state and local public health accreditation efforts, and provide valuable population health assessment data for use in prioritizing and planning for community health improvement.

This assessment builds on the earlier One Maine 2011 CHNA that was developed by the University of New England and the University of Southern Maine, as well as the 2012 Maine State Health Assessment that was developed by the Maine DHHS. This Shared CHNA includes a large set of statistics on health status and risk factors from existing surveillance and health data sets. It differs from earlier assessments in two ways. First, it includes input from a broad set of stakeholders from across the state from the 2015 SHNAPP Stakeholders' Survey and second, it does not include the household telephone survey conducted specifically for the One Maine effort

Geographic Detail:	County, one of three major municipal areas, or public health district. Results can also be viewed by health status issue. There is a single state-level report that describes the assessment of health needs among the population of Maine as compared to the nation. There are 16 county-level reports to describe the health needs of the county. There are a series of summary data reports. Each county has a longer summary report outlining each of the quantitative indicators comparing the county to Maine and the US (where data are available) and a shorter summary report containing a smaller number of indicators (subset) with the same comparisons. Both sets of summary reports show trends of movement in indicators where the data are available. For Maine Public Health Districts with more than one county, reports have been created showing tables of data for the multiple counties in the district. Finally, there are summary data tables for the urban areas of Bangor, Portland, and Lewiston/Auburn.
Population Data:	Detailed tables include breakdown by three age groups (0-17, 18-64, 65+) and by M/F. Summary demographic factors include education, income, employment, rurality, family status and disability. Health-related demographics include insurance status and overall health status and several measures of realized access to care. Includes details on mental health and substance abuse use and self-reported mental health status. Sections on reproductive health and child health.
Program Interest:	Indicators are computed from an extensive set of health-related data and a community household telephone survey. The Shared CHNA reports include comprehensive epidemiological-based health profiles organized by health domain or condition cardiovascular health, respiratory health, cancer health, and diabetes, as well as sections on mental health, substance abuse and reproductive health, oral health, workplace health. Indicators for most domains are further organized by risk factors, prevalence (or incidence) of disease or condition, care management indicators and care outcomes. The analysis of indicators within each domain provides information to identify, and subsequently explore, which aspects of the health care delivery system may be over- or under-performing for that particular domain (e.g. primary prevention, secondary prevention)
Combinable:	Uses County Health Rankings for county-level ranking summaries.
Comparable:	Data tables and cross-tabs may be downloaded for additional comparisons.
Where to Find:	Reports are available online at Shared Health Needs Assessment & Planning Process (SHNAPP) http://www.maine.gov/SHNAPP/ and

<http://www.maine.gov/dhhs/mecdc/phdata/SHNAPP/> Details about the process and indicator selection may be found at <https://www.maine.gov/dhhs/mecdc/phdata/SHNAPP-Resources.aspx> Past CHNA reports include 2014 reports for much of the state archived at <http://www.emhs.org/Community-Benefit/CHNA.aspx>. MaineHealth lists a 2013 report <http://www.mainehealth.org/chna>.

Cost: Report is free.

How to Get Data: From original sources listed at end of each report and through state of Maine CDC. Data are available at State of Maine web site www.maine.gov/SHNAPP.

Related Tools: Report is used in conjunction with hospitals and public health organizations' community planning activities.

Training: [Training](#) is ongoing across the state, and groups are being recruited to use the SHNAPP to develop priorities.

File Format: Report and tables available as PDF and Exce. Data tables, including some indicators not included in the reports are downloadable.

Notes on User Friendliness: County-state comparisons are color coded to permit quick ID of assets and deficiencies.

Other Notes: This collaboration between public health and health system planning is a new activity for both and will likely evolve as the project is fully implemented.

Limitations: SHNAPP is a new ongoing process. This review will be updated as more elements come on line.

List of Tables: SHNAPP Report includes the following sections:
Demographics and Socio-Economic Factors
Access to Health Care/Quality
General Health and Mortality
Disease Incidence and Prevalence
Risk Factors and Social Determinants
Stakeholder Priorities of Health Issues

The SHNAPP data includes the following domains [number of variables]
Demographics [5]; SES measures [7]; General Health Status [4]; Mortality [4]; Access [5]; Oral Health [3]; Maternal and Child Health/Reproductive Health [5]; Children with Special Needs [1]; Intentional Injury [9]; Unintentional Injury [7]; Health Care Quality [2]; Environmental Health [4]; Chronic Disease/Cardiovascular Health [10]; Respiratory [7]; Cancer [19]; Diabetes [10]; Infectious Disease [8]; Immunization [6]; STD/HIV [6]; Occupational Health [2]; Emergency Preparedness [1]; Substance Abuse [14]; Mental Health [8]; Tobacco Use [4]; Physical Activity, Nutrition, & Weight [10];

All 168 indicators for 2016 are available at <http://www.maine.gov/dhhs/mecdc/phdata/SHNAPP/sha-details.shtml>

7.4 Maine CDC Public Health Indicators – By District

Creator:	Maine Department of Health and Human Services, CDC
Date Created:	2012 State Health Assessment 2010 Public Health Indicators
Updating:	Starting with 2016 these are combined with CHNA in SHNAPP
Thumbnail Review:	Collection of indicators for community health planning, with emphasis on public health. Created as a baseline for HMPs and district-level discussions. Public health infrastructure and needs indicators make it a good complementary tool to use with CHNA. Currently being combined with CHNA process into unified Shared CHNA.
Official Statement of Purpose:	The Maine State Health Assessment (SHA) provides information on the health of Maine people for 167 public health indicators (data points) across 22 health topics. The SHA includes a narrative summary of the findings, which also includes further information on its development. This website will be updated with new data as it becomes available. In addition, data on Healthy Maine 2020 objectives is also available.
Geographic Detail:	Where available, comparison to the US rate or number, data by Maine's eight geographic public health districts, and data by county
Population Data:	Data by gender, and by age, race and ethnicity (Hispanic & non-Hispanic), by sexual orientation, by income and education level. 2010 reports include detailed population data with more than 22 demographic indicators including detailed census data, Franco-American population, income and disability status and rurality, and veterans' status.
Program Interest:	168 indicators from a variety of sources, including detailed indicators for: maternal/child health; overall health/wellness and behaviors; chronic disease including rates of incidence, preventive and curative treatment and mortality; environmental health; infectious disease including reportable disease rates and vaccination; injury and violence; substance abuse and mental health; access to care; public health preparedness; and estimates for cost savings give a 10% reduction in preventable hospitalizations for a number of conditions.
Combinable:	Once you have found the topic you are interested in, you can choose among reports, fact sheets, tables, maps and graphics.
Comparable:	167 indicators in 22 topic areas provide an overview of the health status of Maine people. Wherever possible, the data is also presented by county, public health district, sex, age, race, ethnicity, and sexual orientation, and for a limited number of indicators, by income and educational status. Trends for up to ten years are also provided.
Where to Find:	Online – 2012 http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml 2010 - Health district focus http://www.maine.gov/dhhs/mecdc/phdata/district-health-indicators.htm . Additional materials and associated reports can be accessed at http://www.maine.gov/dhhs/mecdc/phdata/index.htm .
Cost:	Free
How to Get Data:	Reports are primarily issued by statewide programs specific to a category (e.g. cancer) or a population (e.g. adolescents) and are available as complete documents for you to download and/or print. They may or may not offer information available by state plus sub-state geographic areas, e.g. service regions, health districts, counties, etc.
Related Tools:	Cost savings estimates available here can be a starting point for estimating economic impacts.

Training:	HMPs and districts have received training on these in the past.
File Format:	Most data are provided in tables in PDF and MS Excel, or in rich text format (RTF).
Notes on User Friendliness:	Material is organized in tables allowing easy comparison of public health districts. District profiles can be downloaded.
Other Notes:	N/A
Limitations:	No longer current. To be replaced in 2016 by SHNAPP.
List of Tables:	Access , Cancer , Cardiovascular Health , Demographics , Diabetes , District Data , Emergency Preparedness , Environmental Health , General Health Status and Mortality , Health Care Quality , Immunization , Infectious Diseases including STDs , Injury, Intentional , Injury, Unintentional , Maternal and Child Health , Mental Health , Occupational Health , Oral Health , Physical Activity , Nutrition and Weight , Respiratory Health , Socio-Economic Status , Substance Abuse , Tobacco Use ,

7.5 Kaiser State Health Facts

Creator:	The Kaiser Family Foundation. The Kaiser Family Foundation is a non-profit, private operating foundation focusing on the major health care issues facing the U.S., as well as the U.S. role in global health policy. The Foundation serves as a non-partisan source of facts, information, and analysis for policymakers, the media, the health care community, and the public.
Date Created:	2015
Updating:	Continuously. Data presented on statehealthfacts.org are updated or added as new data become available. The update schedule varies from topic to topic and is based on the availability of data from both public and private sources. (Can subscribe to update notices). Some historical data are archived.
Thumbnail Review:	State comparisons of access and cost and policies related to health. Best single resource for state level comparisons of information on access, coverage and care, including Medicaid policies and impacts, with great flexibility in creating customized charts and comparisons with either measures or rankings.
Official Statement of Purpose:	Statehealthfacts.org is a project of the Henry J. Kaiser Family Foundation and is designed to provide free, up-to-date and easy-to-use health data for all 50 states. State Health Facts is comprised of more than 800 health indicators and provides users with the ability to map, rank, trend, and download data. Data come from a variety of public and private sources, including Kaiser Family Foundation reports, public websites, government surveys and reports, and private organizations, and is linked to both the Kaiser Family Foundation website (www.kff.org) and Kaiser Health News (http://www.kaiserhealthnews.org/).
Geographic Detail:	State and U.S.
Population Data:	Includes 800 indicators: lots of census data, also family structure, citizenship status including of children; poverty, income, geography (including cost of living variation), employment characteristics, public assistance program participation rates, state budget and fiscal indicators including tax collections, rates of incarceration, homelessness, immigrants and veterans; state political indicators. In addition to demographics has categories related to women's health and minority health.
Program Interest:	Other categories include health status, health coverage and the uninsured, Medicaid, Medicare, SCHIP, health costs and budgets, health insurance and managed care, providers and service use, and HIV/AIDS. Health reform is a major focus and the site allows comparison among states in implementing various components of the Affordable Care Act. Public health is not a focus but some variables related to behaviors and prevention are in the "health status indicators" tables.
Combinable:	Regions
Comparable:	Can compare with another state or all 50, or the U.S. Can group by census region. Can sort by measure, rank or state.
Where to Find:	Online only. Dynamic site. www.statehealthfacts.org
Cost:	Free
How to Get Data:	Available online. Can subscribe to RSS feed or e-mail for updates.
Related Tools:	State profiles can be downloaded. 50-state information may be viewed as rankings, measurement (count or percentage) tables, graphs and maps. States can be

compared to US or one other state. Each topic includes links to related resources including state contacts and Kaiser issue publications. Trend graphs can be generated and can compare regions for some indicators.

Training:

An extensive collection of educational materials was archived in 2013 at <http://kff.org/archived-kaiseredu-org-tutorials/> These provide good basic background in a variety of topics:

Costs and Spending
Delivery Systems
Global Health
Health and Government
Health Reform
HIV/AIDS
Insurance
Medicaid/SCHIP
Medicare
Minority Health
Women's Health

File Format:

Can be viewed and downloaded as graphs, maps, Excel and Word files.

Notes on User Friendliness:

Very detailed information can be displayed in a number of different formats. Lots of supporting resources.

Other Notes:

Please cite data as follows: "The Kaiser Family Foundation, statehealthfacts.org. Data Source: ..., accessed Month, Day, Year" The data source may be cited using the reference that appears under the data for each topic on this website under "Source." For example, "The Kaiser Family Foundation, statehealthfacts.org. Data Source: Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State -- U.S., National Immunization Survey, Q3/2006-Q2/2007. National Immunization Program, Centers for Disease Control and Prevention, accessed October 1, 2008."

Limitations:

State-level only. Not much public health information: focus on access and financing. Takes a while to learn to navigate. Note the date of underlying data – some is quite old.

List of Tables:

Detailed data in the following categories: [Demographics and the Economy](#), [Health Costs & Budgets](#), [Health Coverage & Uninsured](#), [Health Insurance & Managed Care](#), [Health Reform](#), [Health Status](#), [HIV/AIDS](#), [Medicaid & CHIP](#), [Medicare](#), [Minority Health](#), [Providers & Service Use](#), [Women's Health](#),

7.6 Commonwealth Fund Health System Scorecards

Creator:	The Commonwealth Fund
Date Created:	Various by topic, most recent 2014
Updating:	Every two years, alternating with a national scorecard for use in international comparisons.
Thumbnail Review:	State comparisons of clinical quality and costs. Effort to rank states by quality is designed to drive clinical quality improvements. Performance data can complement Kaiser web site, but the interface may be challenging to navigate. Emphasis on clinical care indicators.
Official Statement of Purpose:	Focused on identifying opportunities to improve. The Commonwealth Fund's State Scorecard on Health System Performance assesses states' performance on health care relative to achievable benchmarks for 42 indicators of access, quality, costs, and health outcomes. The State Scorecard released by the Commission on a High Performance Health System in June 2007 was the first-ever multidimensional assessment of state-by-state health system performance. Overview of 2014 report at http://www.commonwealthfund.org/publications/fund-reports/2014/apr/2014-state-scorecard
Geographic Detail:	State and U.S.
Population Data:	Equity dimension includes differences in performance associated with patients' income level (nine indicators) or race or ethnicity (10 indicators) that span the four other dimensions of performance.
Program Interest:	Scorecard on State Health System Performance, 2014 uses 42 performance metrics in the following categories: Access and affordability Prevention & Treatment Potentially avoidable Hospital Use & Costs Healthy Lives Additional reports on Long-Term Supports and Services, 2014; State Health System Performance for Low-Income Populations, 2013; Local Health System Performance, 2012
Combinable:	Public use data files in excel.
Comparable:	Use comparison tool to select years, performance indicators, and states and then generate custom tables, maps and bar charts. http://datacenter.commonwealthfund.org/#ind=1/sc=1 Time series data available on most indicators.
Where to Find:	Online or in publications http://www.commonwealthfund.org/publications/health-system-scorecards . State scorecard, child health, long term care and local scorecards (for Maine: Portland and Bangor hospital access regions) can be accessed at http://datacenter.commonwealthfund.org/ . Related report can be accessed at http://www.commonwealthfund.org/publications/fund-reports/2014/apr/2014-state-scorecard
Cost:	Free
How to Get Data:	Download
Related Tools:	Comparison tool to select years, performance indicators, and states and then generate

custom tables and bar charts. US Health system data center can be used to create maps comparing various variables
<http://datacenter.commonwealthfund.org/#ind=1/sc=1>

Training:

No

File Format:

PDF report, maps, chartpack, and data tables; PPT chartpack, and Excel. Comparisons can be created and then bookmarked or downloaded as Excel files.

Notes on User Friendliness:

N/

Other Notes:

N/A

Limitations:

N/A

List of Tables:

Access and affordability
Prevention and treatment
Potentially avoidable Hospital Use & Costs
Healthy Lives

7.7 CDC Chronic Disease Indicators

Creator:	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion
Date Created:	Varies by indicator, mostly 2012 and 2013
Updating:	Ongoing. Can subscribe to receive periodic updates. Available online since 2001.
Thumbnail Review:	State comparisons of chronic disease indicators. Clean, rapid interface with carefully selected and documented indicators is a model of how to do this. Designed to assure comparability across states. Comfortable entry-point to the CDC chronic disease site.
Official Statement of Purpose:	The Chronic Disease Indicators (CDI) is a cross-cutting set of 124 indicators that were developed by consensus (process began in 1999) and that allows states, territories and large metropolitan areas to uniformly define, collect, and report chronic disease data that are important to public health practice. Available for states, territories and large metropolitan areas. In addition to providing access to indicator data, the CDI website serves as a gateway to additional information and data resources. The Council of State and Territorial Epidemiologists (CSTE) originally worked with epidemiologists and chronic disease program directors at the state and federal level to select, prioritize, and define 73 chronic disease indicators. In 2012-13, CDC, CSTE, and NACDD collaborated on a series of reviews that were informed by subject-matter expert opinion to make recommendations for updating CDI. The goal of this review was to ensure that CDI is responsive to the expanded scope and priorities of chronic disease prevention programs in state health departments. A total of 201 individual measures are included for the 124 indicators, many of which overlap multiple chronic disease topic areas or are specific to a certain sex or age group.
Geographic Detail:	State, territory and large metropolitan area (none in Maine).
Population Data:	New topics include disability, mental health, older adults, reproductive health, and school health
Program Interest:	124 indicators in the following 18 topic groups: alcohol; arthritis; asthma; cancer; cardiovascular disease; chronic kidney disease; chronic obstructive pulmonary disease; diabetes; immunization; nutrition, physical activity, and weight status; oral health; tobacco; overarching conditions.
Combinable:	N/A
Comparable:	Other states and metropolitan areas, other states in the region, U.S. Multiple comparisons allowed. Can generate a report with up to 12 comparisons.
Where to Find:	Online - http://www.cdc.gov/cdi/ . More details at http://www.cdc.gov/cdi/overview.html .
Cost:	Free
How to Get Data:	Online
Related Tools:	Click through for definitions and data sources. Confidence intervals included for measures. Where additional detailed data exist, link connects to these sources (for example, county level diabetes data).
Training:	Links to additional resources, definitions and supporting organizations. Links lead to pages that include tools and training related to specific topics.

File Format:	Download text files or other format such as Excel as selected, or manipulate online at data portal https://chronicdata.cdc.gov/health-area/chronic-disease-indicators .
Notes on User Friendliness:	Straightforward. The definition for each indicator includes a hyperlink to additional information and data resources.
Other Notes:	For each indicator consistent methods for conducting analyses were established to provide data that can be compared across geographic areas. Surveillance data are available for the majority of states and large metropolitan areas. A comprehensive definition was established, comprising the following elements: Demographic group, Numerator, Denominator, Measures of frequency, Time period for case definition, Background, Significance, Limitations of indicator, Data resources, Limitations of data resources, Healthy People 2010 objectives. Important indicators are related to diseases/conditions with substantial public health burden. Indicators are consistent with Healthy People 2010 measures where possible.
Limitations:	N/A
List of Tables:	N/A

7.8 Kids Count

Creator:	Annie E. Casey Foundation/Maine Children's Alliance
Date Created:	Varies with indicator, most recent are 2013. National report updated 2015.
Updating:	Annual, since 2000
Thumbnail Review:	Terrific, highly usable source of a variety of health and social well-being indicators. Has extensive amounts of information presented so they are extremely easy to look at and re-use in lots of different ways. How kids fare tells a lot about the community.
Official Statement of Purpose:	Maine KIDS COUNT, a project of the Maine Children's Alliance, is part of the national KIDS COUNT network, a state-by-state effort funded by the Annie E. Casey Foundation to track the well-being of children across the United States. By providing high-quality data and trend analysis, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children — and to raise the visibility of children's issues through a nonpartisan, evidence-based lens. The Foundation also maintains the KIDS COUNT Data Center, which uses the best available data to measure the educational, social, economic, and physical well-being of children. The Data Center features hundreds of indicators with more than four million data points. Users of the site are able to view national, congressional district, county, school district and city data from across the country.
Geographic Detail:	County, Congressional district and state.
Population Data:	Children. Demographic indicators include age, race and ethnicity, nativity, employment and income, public assistance, housing, education including test scores and achievement, disability and family structure. This resource is particularly rich in describing the family and economic environment.
Program Interest:	For Maine: Access profiles for many ME locations; rankings, maps, or trend graphs by topic; and raw data. Includes over 100 measures of child well-being, including the community-level data formerly in Community-Level Information on Kids (CLIKS). Across all states: All aspects of child well-being. KIDS COUNT index includes child-level indicators across four domains: (1) Economic Well-Being, (2) Education, (3) Health, and (4) Family and Community. 16 indicators in National comparison: economic well-being; children in poverty; children whose parents lack secure employment; children living in households with a high housing cost burden; teens not in school and not working; education - children not attending preschool, fourth graders not proficient in reading, eighth graders not proficient in math, high school students not graduating on time; health - low-birth weight babies, children without health insurance, child and teen deaths per 100,000, teens who abuse alcohol or drugs; family and community - children in single-parent families, children in families where the head lacks a high school diploma, children living in high-poverty areas, Teen births per 1,000.
Combinable:	Manually only.
Comparable:	Can compare across states or counties, and counties to state and U.S.; can view most recent 5 years or all years, allowing trends graphing, data can be shown as map, bar and line graphs.
Where to Find:	Online as data, presentations and links to all years, sources and trends http://datacenter.kidscount.org/data/bystate/Default.aspx?state=ME . A PDF of the 2013 data book for Maine and county brochures is available at

<http://www.mekids.org/2013-maine-kids-count-data-book.php>

Cost:	Free
How to Get Data:	Online
Related Tools:	Indicators can be viewed as map, graph, and ranked list as well as downloaded. Charts can be shared via social media, downloaded or printed.
Training:	How-to guides and FAQs at http://datacenter.kidscount.org/help/how-toDefinitions , data sources and footnotes given for each indicator.
File Format:	Can be downloaded as Excel. Graphics, charts and tables can be copied and pasted, saved or added to sites with a single click. PDF reports.
Notes on User Friendliness:	Extraordinary user-friendly site. Combines rich detail and rigorous documentation with extremely easy navigation, simplifying graphics and maps.
Other Notes:	Easy to show trends because most data lists 5 years or more.
Limitations:	N/A
List of Tables:	Major topic areas: Demographics, Economic Well-Being, Education, Family & Community, Health, Safety & Risky Behaviors

7.9 *Statewide Epidemiology Surveillance Workgroup (SEOW) Data Dashboard and Substance Abuse Trends in Maine*

Creator:	Maine Office of Substance Abuse and Mental Health Services, Community Epidemiology Surveillance Network, Maine Department of Health and Human Services
Date Created:	2015 July; data are most recent available per indicator
Updating:	Annually, profiles by Public Health District available 2011 to 2014 and other reports on line to 1996.
Thumbnail Review:	Comprehensive report brings together detailed information from a wide variety of sources, making them available in a very readable report for use by public health districts. Includes tables, data and explanations.
Official Statement of Purpose:	<p>About the SEOW Data Dashboard: Since 2011, Maine's Office of Substance Abuse and Mental Health Services has supported a Statewide Epidemiology Surveillance Workgroup (SEOW) to make data available for substance abuse prevention planning across a wide spectrum of audiences. Specifically, the SEOW has the following primary objectives:</p> <ul style="list-style-type: none"> To identify substance abuse patterns or populations; To establish substance abuse trends; To detect emerging substances; To provide information for policy development and program planning. <p>In 2013, the state received a supplemental grant to expand the work of the SEOW, including the development of a web-based interactive data dashboard system to track progress in reducing underage and high risk drinking, marijuana use and prescription drug misuse, building on the data structure and content developed for the original SEOW project. This dashboard has been designed with the SEOW objectives in mind to provide a snapshot of the current status of a particular substance, show longer-term trends, focus on a particular population or to make special comparisons. To accommodate these diverse needs, the indicators included in this dashboard can be searched in multiple ways: by the substance, target population, or major category (e.g., consumption, consequence). It is the hope of Maine's SEOW that this dashboard will help communities in building their capacity to address their needs and prevention priorities through data-driven decision-making and evaluation.</p> <p>Finally, the report monitors many of the factors that contribute to substance use, such as access and perceptions of harm, as well as the common negative consequences such as crime, car crashes and overdose deaths. The epidemiological profiles contain data on alcohol and other drug use frequencies, trends, and consequences related to drug and alcohol use. A few data points on tobacco and mental health rates are also included. There are eight public health districts in Maine. For more information about each district, go to the Office of Local Public Health website.</p>
Geographic Detail:	Public health district, state, county.
Population Data:	Population demographics, youth, general population. 2015 fact sheet includes report on substance abuse among LBGQT youth.
Program Interest:	Five major types of indicators are included: self-reported substance consumption, consequences of substance use, factors contributing to substance use, indicators about mental health and substance abuse, and treatment admissions.
Combinable:	No

Comparable:	N/A
Where to Find:	Dashboard at http://www.maineosew.com/ – HMP profiles at http://www.maine.gov/dhhs/samhs/osa/data/profiles.htm . Other data at http://www.maine.gov/dhhs/samhs/osa/data/datastats.htm and reports at http://www.maine.gov/dhhs/samhs/osa/ . SEOW dashboard allows tailored reports by group, indicator and geographical area. http://www.maineosew.com/#/indicators
Cost:	Free
How to Get Data:	Download
Related Tools:	A number of related resources including other state of Maine dashboards at http://www.maineosew.com/#/additionalresources
Training:	Each indicator includes a description, with source and why it is important as well as comparison with Maine. How-to videos for using dashboards are at http://www.maineosew.com/#/videos
File Format:	PDF or MS Word. Dashboard can be exported to Excel.
Notes on User Friendliness:	Easy to use. Clearly laid out and easy to navigate.
Other Notes:	Privacy and small sample size are issues in getting more granular data. Some indicators are based on multiple years or combined districts.
Limitations:	N/A
List of Tables:	N/A

7.10 *Maine Economics and Demographics Program*

Creator:	The Governor's Office of Policy and Management hosts the Maine Economic and Demographics Program, formerly at the Maine State Planning Office
Date Created:	Varies by resource. Compilation tool created 2009.
Updating:	Ongoing. Also a resource for historical census data for Maine.
Thumbnail Review:	One-stop shopping for regional employment, business, housing and other economic data for Maine. Useful tools for selecting information for specific areas. Historical data permits trends graphing.
Official Statement of Purpose:	"The Maine State Data Center has provided this to access economic and demographic data for Maine. The selection menus will allow you to choose the data, geographies, and time periods you're interested in. We've included commonly requested data about population, demographics, housing, retail sales, and employment. As new data are released, this site will be updated. Please note that the Office of Policy and Management does not collect any of this data itself, but instead has assembled it from various sources, including: U.S. Census Bureau; U.S. Bureau of Economic Analysis; Maine Housing; Maine Department of Labor; Maine Office of Data, Research, and Vital Statistics; Maine Revenue Services."
Geographic Detail:	Varies with underlying source. Includes state, counties, labor market areas and municipalities.
Population Data:	Census and labor force factors.
Program Interest:	Demographic and economic determinants. Range of economic and demographic resources are accessible in a readily combinable format through this site. In addition, it links to the following resources for quick access to more information: American FactFinder; Maine Center for Workforce Research and Information (CWRI); Maine Public Health Data; Maine Education Data; Maine Housing Facts; CenStats Databases; Consumer Price Index; Gross Domestic Product.
Combinable:	Use "build your own spreadsheet" tab to access data on multiple variables at the same time. Site is designed to invite combining data from multiple resources.
Comparable:	User can customize and request data from multiple counties and/or towns as well as multiple years.
Where to Find:	Online - http://econ.maine.gov/ .
Cost:	Free
How to Get Data:	Create and download tables or datasheets.
Related Tools:	The system includes a tool for selecting specific communities and data points. "The Comprehensive Plan tab contains data specifically designed for use by towns in the comprehensive planning process. The Commonly Requested Data tab contains several tables each containing frequently requested data on a particular topic. The Build Your Own Spreadsheet tab allows you to choose only those data elements, geographies, and time periods you want. "
Training:	N/A Description of available Census state data sources at http://www.maine.gov/economist/census/
File Format:	Sites with a single click. PDF reports. Download datasheets in CSV format.

Notes on User Friendliness: Fairly simple but requires familiarity with dashboards.

Other Notes: N/A

Limitations: N/A

List of Tables: N/A

7.11 Maine Tracking Network/Environmental Public Health Tracking Network

Creator:	Maine Center for Disease Control & Prevention, Division of Environmental Health
Date Created:	Varies by topic.
Updating:	Continuously as indicators are updated. For example: Lyme disease, 2014. Air quality, 2008.
Thumbnail Review:	Excellent for accessing a number of environmentally-related health indicators, including air and water quality as well as lead, together with related health indicators.
Official Statement of Purpose:	<p>The National Environmental Public Health Tracking Network (EPHTN) is a tool that brings together and standardizes a national body of environmental and health data. It is a project of the federal Centers for Disease Control and Prevention (CDC) which makes available for the first time nationally consistent, standardized data and measures on environmental hazards, exposure, and health outcomes. Funded by Congress, the Tracking Network is CDC's response to calls for better understanding of how the environment affects people's health.</p> <p>With funding from the federal CDC, the Maine Center for Disease Control and Prevention (ME-CDC) developed and implemented the Maine Tracking Network, as well as contributed to the development of the National network. The Maine Tracking Network has three overarching aims: Develop information technology and informatics systems needed to allow for the analysis, visualization, and reporting of environmental public health data and information via a web-based portal; Generate useful information and indicators from environmental public health tracking data for display on both the national and state portals; Build a network of environmental public health partners and stakeholders who will inform, contribute to, and use available data from the Tracking Network for public health action. The Maine Tracking Network is a partner in the National Environmental Public Health Tracking Network. This network is a collection of states and one city all with funding from the U.S. CDC to develop their own state tracking networks.</p>
Geographic Detail:	State, county, public health district, some city/town. Geocoding data included
Population Data:	All. Age groups in 10 year cohorts or other categories depending on data source.
Program Interest:	As a starting point for development of nationally consistent data, CDC identified the following information to be available on the national and state networks by 2010: Adverse Birth Outcomes (selected types); Air quality measures; Asthma hospitalizations and Emergency Department encounters; Birth Defects (selected types); Cancer (selected types); Carbon Monoxide poisonings; Childhood Lead screenings and elevated blood levels; Drinking water (selected contaminants); Heart attack (myocardial infarction) hospitalizations.
Combinable:	Geocoding for some of the data
Comparable:	Very flexible charts and maps, including ability to create side-by-side maps. Can compare age and geographic groups and view trends over time.
Where to Find:	Online. https://data.mainepublichealth.gov/tracking/home Data portal and training accessed through that site.
Cost:	Free
How to Get Data:	Online. Can create own tables. Some limited access data requires login and

permission from State of Maine. Portal may activate security software protection that may need to be overridden manually.

Related Tools:	Make your own customized data reports as tables, charts or maps; View pre-made data reports for selected environmental hazards and health effects; Compare health and environmental data by public health districts or counties; Link to other state and national resources and materials.
Training:	Select “about the data” for information about the indicator and how to interpret the measures. In person and webinar training available. https://data.mainepublichealth.gov/tracking/training
File Format:	Customized tables, charts and maps. PDF or Excel generated for downloading.
Notes on User Friendliness:	Attractive interface. Tabs at top and menus on side create customized indicators.
Other Notes:	N/A
Limitations:	Note dates. Much of the data is old.
List of Tables:	Air Quality Asthma Birth Defects Birth Outcomes Cancer . Carbon Monoxide Poisoning Heat Illness Lead Poisoning Lyme Disease Myocardial Infarction (Heart Attack) Private Well Water Public Water Supply

7.12 Behavioral Risk Factor Surveillance System (BRFSS)

Creator:	Maine Center for Disease Control & Prevention, Division of Public Health Systems, U.S. CDC Office of Surveillance, Epidemiology, and Laboratory Services
Date Created:	Ongoing. Most recent data at CDC portal 2013. Maine CDC survey from 2014 available.
Updating:	Annually with data available back to 2002
Thumbnail Review:	This US CDC-funded ongoing telephone survey, administered in Maine by the Maine CDC, is the gold standard for public health data. Source of most data on chronic disease risk factors. Because questions are all tested and allow comparisons across time and place, BRFSS questions are often used to oversample populations and may be used in other surveys. State can add its own questions.
Official Statement of Purpose:	The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. Since 1987 Maine BRFSS has provided state-specific information about health issues such as asthma, diabetes, health care access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and many more. Federal, state and local health officials and researchers use this information to track health risks, identify emerging problems, prevent disease, and improve treatment. Each year over 6,500 Maine adult, non-institutionalized residents are called.
Geographic Detail:	State, county, 4 metro+ areas in Maine (Lewiston-Auburn, Augusta-Waterville, Portland and Bangor). State data may be available in more granular form based on analysis of surveys done in Maine; for example, BRFSS is source for most county and public health district-level behavioral data used in indicator collections such as CHSI, CHR and CHNA.
Population Data:	Includes questions about income, caregiver status, disability, Adverse Childhood Experience (ACES), mental health and substance abuse, cancer survivorship, health status, coverage, satisfaction, violence, veterans status.
Program Interest:	Chronic disease, behavior, environment.
Combinable:	Query page https://data.mainepublichealth.gov/brfss/ allows single data requests including information by public health district. Detailed requests call for multiple queries or require complex manipulation of full data set, not readily doable without statistical expertise. Summaries and analyses are produced by many organizations.
Comparable:	Among states and metropolitan areas. Query tool allows queries by district. State analyses comparing county and public health districts have been done in other indicator collections (CHSI, CHR, CHNA, Maine CDC Public Health Indicators, etc.). CDI tool can be used to make multi-state comparisons. A change in weighting methodology in 2011 means trends are best traced after this date. For more on this see http://www.maine.gov/dhhs/mecdc/phdata/SHNAPP/documents/FAQs-CE-Events-Metrics.pdf .
Where to Find:	Online - http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/brfss/ and national BRFSS – http://www.cdc.gov/brfss/ .
Cost:	Free
How to Get Data:	Download. Full data sets available at CDC and Maine CDC. http://www.cdc.gov/brfss/annual_data/annual_2014.html Maine DRVS makes full Maine survey

data available for studies on application. Contact Melissa.Damren@maine.gov.

Related Tools:	Multiple tools at National site. Includes maps (and downloadable GIS formatted data); Web-enabled analysis tool ("WEAT"), chronic diseases indicator (CDI), etc. 2001-2006 supplementary environmental information from the AQS (air quality survey) is available for metropolitan areas. Weighting methodology and calculated variables documented.
Training:	CDC has a variety of training materials, for using and administering BRFSS, at http://www.cdc.gov/brfss/data_documentation/index.htm . Extensive documentation of tools, data sources and survey administration.
File Format:	Excel, CSV, GIS data, graphs and maps, PDFs, RTF, zipped; ASCII, SAS transport formats, variable layout and documentation files to permit import to other formats. SPSS (.sav) and multiple versions of SAS also available.
Notes on User Friendliness:	Federal resource is little confusing to get to but relatively easy to use for state and metro-level info. State query page useful for public health district data. County-level data might better be accessed from County Health Indicators collection.
Other Notes:	N/A
Limitations:	N/A

List of Tables:

General Health: [Health Status](#), [Mental Health](#), [Health Care Access](#), [Oral Health](#), [Disability](#)
Chronic diseases [Diabetes](#), [Cardiovascular](#), [Asthma](#), [Arthritis](#)
Behavioral risk factors [Weight Control](#), [Tobacco Use](#), [Alcohol-Drug Use](#),
Prevention activities [Cancer Prevention](#), [Women's Health](#), [Nutrition](#), [Physical Activity](#),
[Immunization](#)
Health districts
Sexual violence

7.13 Pregnancy Risk Assessment Monitoring System (PRAMS)

Creator:	Maine Center for Disease Control & Prevention, Division of Public Health Systems, U.S. CDC Office of Surveillance, Epidemiology, and Laboratory Services
Date Created:	2012
Updating:	Annually since 1999
Thumbnail Review:	This is the best source for data related to maternal factors and outcomes and allows comparisons to be made among mothers according to various demographic factors. Excellent information but available at the state level only.
Official Statement of Purpose:	<p>Pregnancy Risk Assessment Monitoring System (PRAMS) is an on-going, population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences before, during, and after pregnancy among women who have recently given birth to a live infant. Data are collected monthly from women using a mail/telephone survey. The PRAMS survey is mailed to a sample of approximately 125 women each month. Women complete the surveys and return them to the Office of Data, Research, and Vital Statistics. The data are ultimately grouped together to provide information for the entire state of Maine.</p> <p>PRAMS provides data to the Maine Center for Disease Control and Prevention, the U.S. Centers for Disease Control and Prevention, and to other public and private agencies and organizations to: Describe the maternal behaviors during pregnancy and early infancy; Guide the development, implementation, and evaluation of intervention programs aimed at improving maternal and infant health in Maine; Examine prenatal care access and prenatal care quality issues and their relationship to poor birth outcomes in Maine; Monitor changes in the health care system (managed care and Medicaid reform) on the delivery of prenatal care, routine well baby care, and sick baby care; Examine the characteristics and behaviors of women who report unintentional or mistimed pregnancies.</p>
Geographic Detail:	State, US
Population Data:	Obstetric patients. Data permits stratification on outcomes vs. a number of demographic factors: age, race, ethnicity, income, WIC and Medicaid participation, education, income, marital status, low birth weight.
Program Interest:	Feelings about pregnancy; obstetrics history; multi-vitamin use/folic acid; prenatal care; barriers to care; topics covered during care; maternal health; smoking and drinking; psychosocial support and stress; breastfeeding; health care coverage before pregnancy, during pregnancy, and at delivery; oral health; home safety and prevention; contraception.
Combinable:	N/A
Comparable:	State (40 participating states), national (participating). The system indexes 54 variables by topic for selection as the outcome variable in the analyses. In addition, there are 12 control variables for use in breaking out or stratifying the requested analysis—only one break-out variable at a time may be specified. Analyses can display a single state and year, a single state for all available years, or all available states for a single year. With all available states for a single year, no further break-outs are possible.
Where to Find:	Online - http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/prams/index.shtml . More at http://www.cdc.gov/prams/ . Data are available

through PRAMStat (CDC's PRAMS Online Data Platform) - <http://www.cdc.gov/prams/pramstat/index.html>.

Cost: Free

How to Get Data: Maine PRAMS Coordinator – Maine.Prams@maine.gov – (207) 287-5469. Online reports. Confidentiality restricts access to data.

Related Tools: PRAMStat is an online data platform developed to provide public access to over 250 maternal and child health indicators from the Pregnancy Risk Assessment Monitoring System (PRAMS). Users have the ability to explore data from a single state or select a topic and compare data across states. PRAMStat contains PRAMS data from 2000 through 2011. Data from 2000 through 2006 are provided for PRAMS state and year combinations that achieved at least a 70% response rate; data from 2007 through 2011 are provided for PRAMS state and year combinations that achieve at least a 65% response rate. As additional years of data are weighted, they will be added to the system.

Training: Detailed documentation and success stories at CDC website.

File Format: Multiple formats available, weighting variables available for data files. Queries can be generated online and tables, graphs and charts can be copied.

Notes on User Friendliness: N/A

Other Notes: N/A

Limitations: Relatively small sample.

List of Tables:

- Preconception Health and Family Planning
- Prenatal care
- Alcohol and Tobacco Use
- Stress and Abuse
- Breastfeeding
- Sleep environment
- Dental health
- Postpartum care
- Delivery

7.14 *Maine Integrated Youth Health Survey (MIYHS) And Youth Risk Behavior Surveillance System (YRBSS)*

Creator:	The MIYHS is the result of collaboration between the Maine Department of Health and Human Services (Maine Center for Disease Control and the Office of Substance Abuse) and the Maine Department of Education.
Date Created:	2013 MIYHS, YRBSS
Updating:	Every 2 years (odd years) (both) from 2009
Thumbnail Review:	Excellent information but be cautious about generalizing from it. Check who and how many actually took part in the community.
Official Statement of Purpose:	The purpose of the Maine Integrated Youth Health Survey (MIYHS) is to assess the health status of Maine's youth, as well as the positive and negative attitudes and behaviors that influence healthy development. Its purpose is to quantify the health of Kindergarten and Grade 3 students through parent interviews, and the health-related behaviors and attitudes of 5th through 12th graders by direct student survey. The MIYHS represents the collaborative effort of the Maine Center for Disease Control and Office of Substance Abuse in the Department of Health and Human Services, and the Department of Education. It replaces the Youth Risk Behavior Survey (YRBS), the Maine Youth Drug and Alcohol Use Survey (MYDAUS), the Youth Tobacco Survey (YTS) and the Maine Child's Health Survey, and incorporates questions from Search Institute's Assets survey. Data from the MIYHS can be used to plan and evaluate prevention programs and to provide the basis for grant applications. The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults (see below). YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.
Geographic Detail:	(MIYHS) Highlight reports by county and public health district; also some releases to school administrative unit (SAU) and school. (YRBSS) State and national.
Population Data:	Children and adolescents. Detail by race/ethnicity, sex, grade, or site.
Program Interest:	MIYHS - Topics include substance use, bullying and violence, unintentional injuries, sexual behavior, health status (including oral health) and disabilities, physical activity, weight control and nutrition, suicide/depression, and developmental assets. YRBSS - behaviors that contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; inadequate physical activity; prevalence of obesity and asthma among youth and young adults.
Combinable:	MIYHS follows the YRBSS methodology so that results can be compared to national and state YRBSS data. MIYHS replaced MYDAUS in 2009.
Comparable:	Can stratify by sex, race and grade.
Where to Find:	Online - https://data.mainepublichealth.gov/miyhs/ to access data, reports and related and predecessor surveys and reports.
Cost:	Free. Requires permission/access via school superintendent for local data.
How to Get Data:	Local data can only be searched with password provided by the school. To protect confidentiality, data release is controlled. The rule states, "Schools and SAUs that participate

in the MIYHS will receive any of their aggregated data that follow suppression rules ... Superintendents and SAU-level contacts will receive data for the individual schools in that SAU. Principals and school-level contacts will receive their school's data. These data will be released in pre-formatted reports whenever possible. Because of the possibility that disaggregated school or SAU data could identify individual students, it will only be available to internal users, and external users who have written superintendent permission, sign a MIYHS Confidentiality Agreement and get IRB approval."

Related Tools:	Youth Online lets you analyze national and state Youth Risk Behavior Surveillance System (YRBSS) data from 1991 - 2011. Data from high school and middle school surveys are included. You can filter and sort on the basis of race/ethnicity, sex, grade, or site, create customized tables and graphs, and perform statistical tests by site and health topic - https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=ME . Tools for SAS and SPSS import - for statisticians only! http://www.cdc.gov/healthyyouth/data/yrbs/data.htm .
Training:	CDC has tools for school and adolescent health at http://www.cdc.gov/healthyyouth/tools/index.htm .
File Format:	MIYHS: PDF, Word and Excel versions of reports and tables. YRBSS data files available as Access or ACII. Download charts, tables, maps.
Notes on User Friendliness:	N/A
Other Notes:	"Because of the numerous methodological changes in MIYHS from previous student surveys, we discourage making comparisons to other data, including comparisons with the National YRBS and other national survey, as well as comparisons to previous year's data from the MYDAUS and Maine YRBS. As resources allow, additional analyses are being done to examine these comparisons closely, and resulting reports will be posted."
Limitations:	Only youth in schools. Schools choose to participate and individuals/parents choose as well, making it an unscientific sample. Results are tilted by who takes part ("selection bias").
List of Tables:	Federal Youth Risk Behavior Surveillance System (YRBSS) monitors the following six types of behavioral risk factors: Behaviors that contribute to unintentional injuries and violence Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection Alcohol and other drug use Tobacco use Unhealthy dietary behaviors Inadequate physical activity YRBSS also measures the prevalence of obesity and asthma among youth and young adults.

7.15 Decennial Census – American Community Survey (ACS) and Current Population Survey (CPS)

Creator:	U.S. Census
Date Created:	2010, 2000 for some data; 2013
Updating:	Decennial Census every 10 years. Data is released in waves following the census. ACS is annual. CPS is collected monthly in waves with annual data releases.
Thumbnail Review:	Not a sample survey, the decennial survey is an attempted enumeration, counting every single person in the U.S. The essential source for information. Census population counts and characteristics form the basis for combining and weighting other data. If you can handle the files it is worth downloading the files to keep handy for reference even if they don't get used much.
Official Statement of Purpose:	The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. The American Community Survey (ACS) is an ongoing statistical survey that samples a small percentage of the population every year -- giving communities the information they need to plan investments and services. The Current Population Survey (CPS), sponsored jointly by the U.S. Census Bureau and the U.S. Bureau of Labor Statistics (BLS), is the primary source of labor force statistics for the population of the United States. The CPS is the source of numerous high-profile economic statistics, including the national unemployment rate, and provides data on a wide range of issues relating to employment and earnings. The CPS also collects extensive demographic data that complement and enhance our understanding of labor market conditions in the nation overall, among many different population groups, in the states and in sub-state areas. This is a major source of information about insurance coverage and its connection to employment.
Geographic Detail:	Ultimate detail down to census tracts, blocks. ACS includes zips as well as towns, counties, states and various other geographic entities.
Population Data:	Decennial Census: All populations, most detailed source for most demographic information including language, housing, family structure, detailed work characteristics, citizenship status, as well as the more usual demographics (age, sex, race, ethnicity, education and income). Does not include data on sexual minorities and health-related characteristics except disability.
Program Interest:	CPS: The Current Population Survey (CPS) is a monthly survey of households conducted by the Bureau of Census for the Bureau of Labor Statistics. It provides a comprehensive body of data on the labor force, employment, unemployment, persons not in the labor force, hours of work, earnings, and other demographic and labor force characteristics. ACS: annual survey of age, sex, race, family and relationships, income and benefits, health insurance, education, veteran status, disabilities, where you work and how you get there, where you live and how much you pay for some essentials.
Combinable:	Census data may be used to create keys for combining other units. For example, for standardized weighting by age and sex.
Comparable:	Because of high level of geographical detail, the basic population data in decennial census allows various sorts of comparisons and tabulations.
Where to Find:	Online at U.S. Census; http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml American Factfinder provides a portal to multiple data sets. More information on data and access to data

sets at <http://www.census.gov/> as well as for specific surveys--CPS <http://www.census.gov/cps/data/> and ACS <http://www.census.gov/programs-surveys/acs/>

Also at Maine State Office of Policy and Management – <http://www.maine.gov/economist/census/index.shtml>

Cost: Free

How to Get Data: Quick facts at <http://quickfacts.census.gov/qfd/states/23000.html>. Maine data also may be obtained from the Maine State Office of Policy and Management (see above) – <http://www.maine.gov/economist/census/index.shtml> Data can be accessed at various places in the Census site.
To download detailed tables for further manipulation, American Factfinder <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml> is probably the most user-friendly tool for navigating Census material. Select state and county, ask for more geographic detail and select the items you want.

Related Tools: A collection of related data tools is at <http://thedataweb.rm.census.gov/ProductsServices.html> DataWeb's DataFerret allows retrieval of data from various sources in government – “This free web application enables users to create tables, graphs and maps to visualize analytical results, as well as for use in documents and presentations without installing expensive statistical or mapping software. <http://dataferrett.census.gov/> but can be challenging to use. American Factfinder described above includes mapping tools.
A number of visualization options are available. Extensive array of mapping essentials such as GIS Census TIGER files, shapefiles for GIS use, and Google boundary files are at <http://www.census.gov/geo/maps-data/data/tiger.html> Explore other resources from the dropdown menus for Geography and Data at the top of the Census page.

Training: Classes, online and in-person, listed at <http://www.census.gov/mso/www/training/>.

File Format: PDF tables, CSV, text and Excel files for download, and a wide variety of mapping and graphics formats.

Notes on User Friendliness: Exhaustive and exhausting, excellent tools. Find one you like and stick with it. Recommendations: Maine Planning Office will add some local studies; and American FactFinder or Quickfacts.

Other Notes: The most extensively supported and used data resource. This is the foundation for all other population-based data collection.

Limitations: N/A

List of Tables: N/A

7.16 Health Resources County Comparison Tool/Area Resource File

Creator:	U.S. Health Resources and Services Administration
Date Created:	2015 but data sources vary in date
Updating:	Multiple sources from various time periods. Combined ARF released annually, tables show what years are available for each measure.
Thumbnail Review:	Very detailed, including historical data on resources for medical care.
Official Statement of Purpose:	<p>The basic county-specific Area Resource File (ARF) is the nucleus of the overall ARF System. It is a database containing more than 6,000 variables for each of the nation's counties. ARF contains data on health facilities, health professions, and measures of resource scarcity, health status, economic activity, health training programs, and socioeconomic and environmental characteristics. In addition, the basic file contains geographic codes and descriptors which enable it to be linked to many other files and to aggregate counties into various geographic groupings. The Area Resource File is a collection of data from more than 50 sources, including: American Medical Association, American Hospital Association, US Census Bureau, Centers for Medicare & Medicaid Services, Bureau of Labor Statistics, and National Center for Health Statistics.</p> <p>The Health Resources County Comparison Tool (HRCCT) is intended to enable local health planners, administrators and researchers to compare health status indicators and available health resources for their county (or county equivalents) to peer counties nationwide. Peer counties are those that are similar in population size, density, age distribution, and poverty. The tool links health resource data from the Area Resource File with Community Health Status Indicators (CHSI) data. The ability to directly compare similar counties may assist analysts and health planners in identifying areas in which they lack vital community resources to address health problems.</p>
Geographic Detail:	State and county for all; the basic ARF is maintained at the county level. Many different geographic codes are included on the file including: FIPS state code, metropolitan-micropolitan statistical area codes, urban/rural continuum code, typology codes, economic area codes, and region codes so that the data can be easily aggregated to other geographic levels. Effective with the 2001 release of the ARF, all independent cities and Alaska boroughs/census areas are available for 1992 and later data.
Population Data:	Demographics include age, race, and sex for the census year populations as well as total population for intervening years. Also included are data on mortality, infant mortality, natality statistics, and Medicare and Medicaid eligibles. New measures include: Veteran Statistics - including disability, employment, education and expenditures; Disabled population; Health insurance coverage - by income to poverty ratio for total population as well as for children and the elderly; Medicare Advantage Payment Rates based on ACA star ratings (effective in 2012); Medicare Fee for Service beneficiaries, costs and service utilization; and Measures of persistent and deep poverty. Economic data include: civilian employment and unemployment; total, per capita, and median income; housing statistics; and distribution of families and individuals by income groups. Environment includes land area, population and housing density. Codes and Classifications includes geographic descriptors such as metropolitan/micropolitan statistical areas; urban/rural continuum codes, ERS typology codes, federal regions, census county group codes, census contiguous county codes, health professions shortage areas. Comparison tool allows matching to other counties

by age, income and minority population.

Program Interest:	Health Care Professions - Includes extensive data for the most current year of physicians by detailed specialty and major professional activity, gender, and graduation location; and the most current data available for other major health professions. Aggregate physician data are available from 1970 to the present, with more detailed specialty data available for some five year intervals. Health Professions Training - Includes most current data for number of schools, enrollments, and graduates for major health professions. MD Schools, DO Schools, Dental Schools, Dental Auxiliary Schools, Veterinarian Schools, Pharmacy Schools, Optometry Schools, Podiatry Schools, RN Schools, and LPN/LVN Schools. Historic data are also carried. Hospitals and Health Care Facilities includes current and historic information on the characteristics of and services offered by hospitals. Statistics include number of admissions, inpatient days, outpatient visits, beds by type, number of personnel by category, etc. Data regarding nursing homes are included. Other health facilities statistics are available on home health agencies, hospices, ambulatory surgery centers, CMHCs, and more. Hospital utilization rates, admissions, inpatient days, outpatient visits, emergency room visits and discharges. Hospital expenditure data and Medicare reimbursement data.
Combinable:	The basic county file contains geographic codes and descriptors which enable it to be linked to many other files and to aggregate counties into various geographic groupings.
Comparable:	Health Resources Comparison Tools (HRCT) The county HRCT identifies similar counties for the user, and permits refinement of counties selected based on key demographic indicators. Selection criterion (income, minority, or over 65) to be used for identifying peer or comparable counties Compare with Multiple Counties permits selection of up to three additional counties to compare to the initial county of interest. The state HRCT provides comparison of selected state health resources and indicators of health care demand for up to five states selected by the user.
Where to Find:	Online – http://ahrf.hrsa.gov/index.htm . County comparison tool is http://ahrf.hrsa.gov/arfdashboard/HrctIntro.aspx
Cost:	Free for download
How to Get Data:	Files may be downloaded free at http://ahrf.hrsa.gov/download.htm
Related Tools:	ARF Access System - The AHRF Access System is an Access database using Microsoft Access. Though Microsoft Access is required, no knowledge of MS Access is needed. This version has a built-in user friendly front-end that enables the user to extract the desired data in Access or Excel formats. You can also access the data in MS Access tables directly. The AHRF Access carries more historic data than the AHRF ASCII file. A mapping tool to access mapped data is also available at http://ahrf.hrsa.gov/arfdashboard/ArfGeo.aspx
Training:	Unknown. FAQs at http://ahrf.hrsa.gov/faqs.htm
File Format:	ASCII and Access
Notes on User Friendliness:	The Access tool is fairly straightforward but can be slow to load initially. Huge data set, nor for the faint of heart.
Other Notes:	N/A

Limitations:

Pay attention to year of data since multiple sources are used and information is not always recent.

List of Tables:

Health facilities, health care professions, measures of resource scarcity, health status, economic activity, health training programs, and socioeconomic and environmental characteristics, as well as census, population and environment.

7.17 *Maine Environmental Indicators Surveys*

Creator:	Center for Community and Public Health, University of New England, Market Decisions, for Maine CDC
Date Created:	2015 - Schools.
Updating:	Intermittently, with topics that vary in response to evolving evaluation needs. Includes municipality maps at 3-4 year intervals back to 2001
Thumbnail Review:	Environmental data that are not otherwise available provides a good background for action.
Official Statement of Purpose:	There are two primary objectives for the Healthy Maine Partnerships (HMP) environmental indicator surveys: (1) Conduct surveillance of key policies and environments that support the overall HMP goals and objectives addressing tobacco, physical activity, nutrition, cardiovascular disease and other chronic diseases in Maine; and (2) Track progress on local-level policies and environments, statewide – providing a picture of progress for both HMP and non-HMP initiated work across a particular setting. Purposes of the data collection effort: To measure policy and environmental changes that support healthy lifestyles at the community level throughout the state; To give the local Partnerships a means to assess their community status on the priorities set by the state level HMP Programs; To give the local Partnerships a tool to use to establish the health promotion conversation with local officials and other community members as well as to enlist more support for the work of the Partnership.
Geographic Detail:	Statewide, public health district. Varies by survey. Maps may be easiest source for geographic detail.
Population Data:	Various surveys with different focus: municipalities, small business, schools, hospitals, etc.
Program Interest:	Original survey 2001: municipal tobacco policies (2 indicators), community access to public buildings for physical activity (1 indicator), access to locally grown fruits and vegetables (2 indicators), and community committees addressing walking and biking (1 indicator). Municipality survey 2011: tobacco use policy indicators; physical activity and nutrition policies and environments; cancer prevention/sun safe policies and structures; municipal healthcare indicators; emergency medical services indicators; Healthy Maine Partnership & Healthy Maine Works awareness.
Combinable:	No
Comparable:	Only as included in reports.
Where to Find:	Municipal surveys-maps and reports - http://www.hmpgranteesresources.org/content/evaluation Small business survey report (2008-2009) http://www.hmpgranteesresources.org/sites/default/files/file/26_%20Appendix%209%20-%202009%20ME%20Small%20Biz%20EI_Final%20Report%2008_03_09.pdf . EI maps -
Cost:	Free
How to Get Data:	Download

Related Tools:	No
Training:	Not directly although some HMP resource materials relate to these.
File Format:	PDF
Notes on User Friendliness:	Interesting material with varying levels of granularity.
Other Notes:	Complements Knowledge-based Information Technology (KIT) data by including non-HMP activity. Survey questions might be useful for communities to use.
Limitations:	Irregular data collection. Not clear how to interpret results at local level.
List of Tables:	N/A

7.18 *Maine Health Data Organization/Maine Health Management Coalition/CompareMaine*

Creator:	Maine Health Data Organization
Date Created:	2015
Updating:	Quarterly as data are available and cleaned.
Thumbnail Review:	Detailed cost, charges, and quality indicators for hospitals in Maine, based on discharge records, quality surveys and insurance claims. Sometimes challenging to use.
Official Statement of Purpose:	Maine Health Data Organization (MHDO) was established by the Maine Legislature in 1996 as an independent executive agency to collect clinical and financial health care information and to exercise responsible stewardship in making this information accessible to the public. The Legislature provided the Organization with a mandate to create and maintain a uniform objective, accurate and comprehensive health care information databases and to develop and implement data collection policies and procedures for the collection, processing, storage, and analysis of clinical, financial and restructuring data. Maine was one of the first states in the country to develop a database of hospital inpatient records, which cover 100 percent of all patients discharged from its acute care and psychiatric hospitals. The MHDO currently has over three million hospital discharge records for the years 1980 to the present and are available for research. The continuous collection over an extended period of time makes Maine's hospital inpatient database one of the most useful in the country for the study of long-term trends in disease and utilization patterns.
Geographic Detail:	Hospital service area and zip code can be combined with distance in searches for most indicators.
Population Data:	In discharge data sets. Cost information is based on insured claims only and does not include Medicare or Medicaid. Inpatient, outpatient and ED data includes all payers and the uninsured.
Program Interest:	<p>CompareMaine shows average cost of over 200 procedures at over 170 healthcare facilities and hospitals. The information used to calculate the average cost is from claims data collected by MHDO (as required by law) from all licensed health plans in the State and third-party administrators. The cost data on this site come from a review of over 25 million claims from 49 health insurance plans that covered health services provided in Maine from January 1, 2014 through March 31, 2015 from the State of Maine's all-payer claims database (APCD). However, because these analyses are based on claims data, they do not reflect payments for procedures and services provided to uninsured people. At this time, these analyses also do not include people with Medicare or Medicaid (MaineCare). After these claims were excluded, a total of 10,064,227 claims from 47 payers remained in analysis.</p> <p>Financial Data - 2005 through 2013 hospital financial data as reported by Maine's non-governmental hospitals.</p> <p>Quality Data - ratings based on Maine's inpatient data for hospital quality, costs of care, procedure utilization, and rates of diseases. Includes a link to the MONAHRQ website (Hospital Financial Data, Quality Health Care). Maine is the only state in the country to have a complete hospital outpatient database (records are generated for every visit and for all services provided). Since 1998, over two million outpatient visit records and eight million detailed records have been collected each year. The emergency department database was established in 2002 due to the increasing interest from researchers and policy makers in services provided at hospital emergency departments for the growing uninsured and underinsured patient population. This database is a subset of the inpatient and outpatient databases and is available beginning with 1999 data.</p>

Combinable:	N/A
Comparable:	Among hospitals or hospital service areas.
Where to Find:	Online or contact the agency for full data sets - https://mhdo.maine.gov/
Cost:	Free online. Costs vary for data sets, by type of purchaser, from several hundred to several thousand dollars for extracts or full data sets.
How to Get Data:	Online. In addition, underlying data sets can be purchased or commissioned at https://mhdo.maine.gov/data_rqst_process.htm . The inpatient origin report, for example, published each six months, lists all discharges by hospital and residence of patient.
Related Tools:	CompareMaine, http://www.comparemaine.org/ allowing individuals to compare costs and quality by hospital for 100s of procedures launched in 2015. Website includes a variety of tools for statewide comparisons and comparisons in many areas. For example: tables for comparison of price by payer in a given geographic area, Maine HealthCost Cost Compare https://mhdo.maine.gov/healthcost2014/CostCompare and the MONAHRQ Hospital Quality Ratings Website https://mhdo.maine.gov/monahrqIntro.htm
Training:	Video tutorial on the CompareMaine website
File Format:	Financial data is PDFs; cost and quality data accessed through tables and maps.
Notes on User Friendliness:	It is easy to get lost on the site, but once the right tables are found they are easy to use and rich with data.
Other Notes:	N/A
Limitations:	
List of Tables:	N/A

7.19 Vital Statistics

Creator:	Maine Department of Health and Human Services, Division of Public Health Systems, Maine Center for Disease Control & Prevention, U.S. CDC National Vital Statistics System
Date Created:	2013
Updating:	Annually, with historical data on line to at least 1999. Vital statistics now accessed through the national site. Roughly 2 year lag.
Thumbnail Review:	The source of primary birth and death information for in-depth data users but not very accessible. Other indicator sets present this data in a more usable context (NCHA, CHR). Vital statistics are the most fundamental yardstick and allow comparability across very different groups, even international comparisons.
Official Statement of Purpose:	<p>“Data, Research and Vital Statistics (DRVS) administers Maine's vital statistics system and provides quantitative information for surveillance, planning, policy development, program management and evaluation. It produces detailed population estimates for use within and outside the Department of Health and Human Services and compiles data on health status and health resources. These functions are accomplished through the development and implementation of data collection, data processing and analytical activities. The office provides technical assistance and consultation on survey procedures and statistical analysis to other agencies in the Department of Health and Human Services. The National Vital Statistics System is the oldest and most successful example of inter-governmental data sharing in Public Health. These data are provided through contracts between NCHS and vital registration systems operated in the various jurisdictions legally responsible for the registration of vital events – births, deaths, marriages, divorces, and fetal deaths.”</p> <p>“VitalStats [is] a collection of vital statistics products including tables, data files, and reports that allow users to access and examine vital statistics and population data interactively. Use U.S. DVS prebuilt tables and reports for quick access to statistics. Use the data files to create tables from over 100 variables. Customize the tables and create charts, graphs, and maps. You can even export the data for use offline or in another format.”</p>
Geographic Detail:	Municipalities in Maine; surveys by state and sub-areas depending on sample. Because of changing privacy laws, US NCHS public use micro-data files no longer include geographic identifiers.
Population Data:	Mothers, general population, providers, deaths.
Program Interest:	Conducts surveys and maintains data sets including PRAMS (pregnancy and birth outcomes), BRFSS (behavioral risk factors), CODES (vehicular crashes), health professionals surveys and birth and death records.
Combinable:	Varies.
Comparable:	U.S. Vital Statistics include tables for all states and U.S.
Where to Find:	Online; contact DRVS for full electronic files for some resources. Current data most accessible at US-NCHS site - http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/data/index.html#vital . Current totals are found at http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm

Cost:	Free
How to Get Data:	For more information and to obtain data, contact Maine.ODRVS@maine.gov . Build and download custom tables at http://www.cdc.gov/nchs/VitalStats.htm . Downloadable U.S. data file (national or sometimes state level) available at http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm .
Related Tools:	NCHS site includes links to related reports and instructions for producing vital records. It also provides links to a variety of national health surveys. http://www.cdc.gov/nchs/data_access/ftp_data.htm
Training:	Quick guides on U.S. Vital Stats page. For example: Quick Guide: Calculating Rates and Percents [PDF - 70 KB] - http://205.207.175.93/Vitalstats/TableViewer/document.aspx?ReportId=255 and Getting started-Vital Statistics http://205.207.175.93/Vitalstats/TableViewer/document.aspx?ReportId=254
File Format:	PDF; downloadable files in Excel or CSV.
Notes on User Friendliness:	N/A
Other Notes:	U.S. Vital Statistics pages include interesting collection of chart views for ready-made population tables – http://www.cdc.gov/nchs/VitalStats.htm .
Limitations:	Limits on geographic specificity. Some data is available sooner at the state level, but in Maine staffing shortages have led to backlog.
List of Tables:	N/A

8 Acknowledgements

The idea for the Guide came about as a result of MeHAF's experience with grantees in the *Achieving Better Health in Communities (ABHC)* program. A premise of the ABHC program is that improving health of individuals and groups requires more than the delivery of medical care. People need resources and support within their communities to sustain and improve health. They also need tools and ways to understand where their communities are in relation to specific indicators of health, and how to measure and track changes and improvements in those indicators over time.

MCD Public Health compiled the original Guide under a contract with MeHAF. The 2015 update was done by Maine Health Policy dot Info. Any inaccuracies in the document are the responsibility of the contractor. It reflects the objectives of MeHAF to support and improve the health of all Maine people, especially those with less access or greater needs. This guide is a work in progress. Please let us know which resources you like and why. Let us know about other sources you find useful, and give us your own take on which ones are best for various purposes.

The Maine Health Access Foundation (MeHAF) is the state's largest private, nonprofit health care foundations. MeHAF's mission is to promote access to quality health care, especially for those who are uninsured and underserved, and improve the health of everyone in Maine. MeHAF makes approximately \$4 million in grants annually to organizations in Maine to advance its mission.