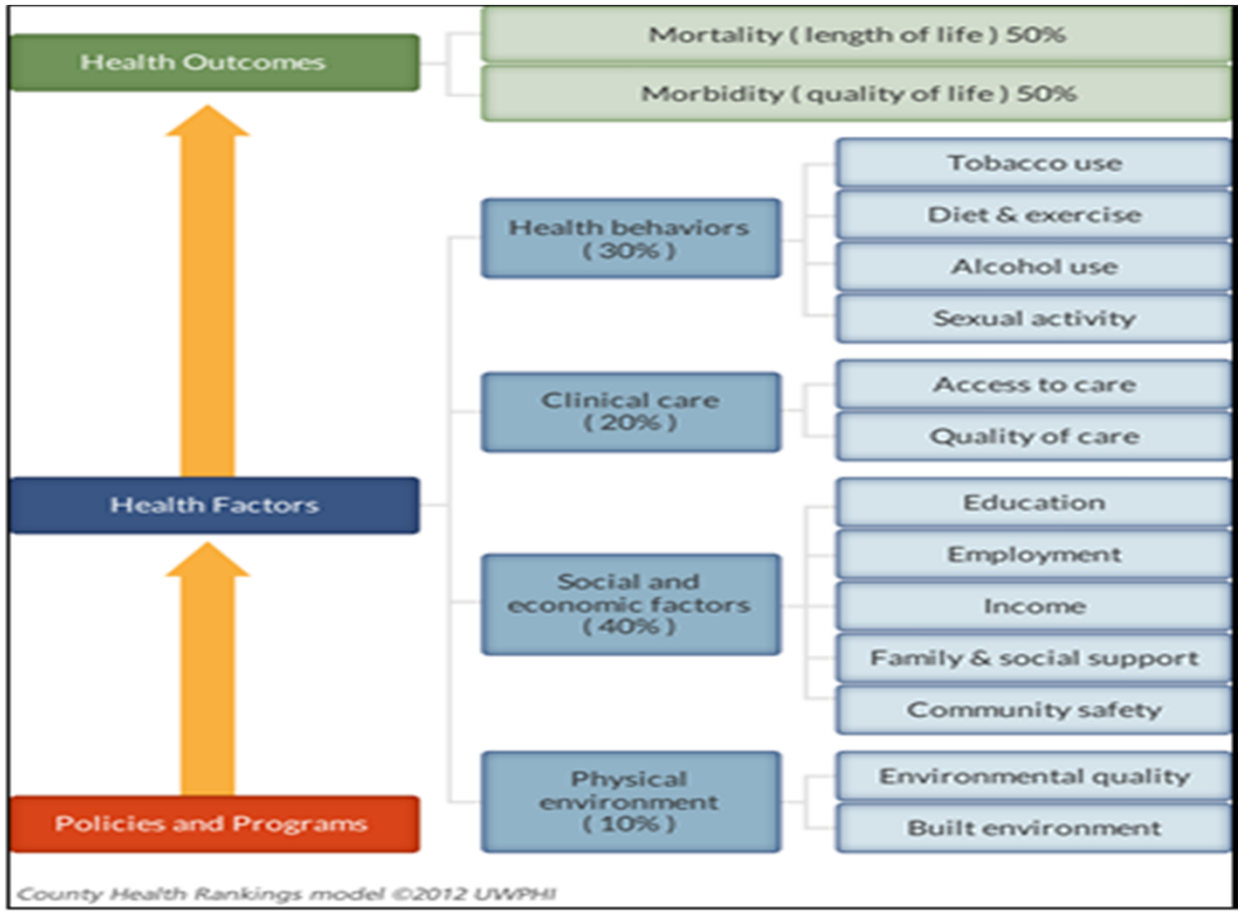
Community Health Indicators:
A Users' Guide

Measuring Achievement of

Better Health in Communities

What is an Indicator?



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

What Makes a Good Indicator?

- Valid
  - Clearly understood connection to the change you want
- Accessible
  - Easy to obtain, use and communicate
- Meaningful
  - Geographically specific
  - Repeatedly measured
- Useful and usable in some way
  - Used across sectors/partners/projects
  - Benchmarks or comparisons

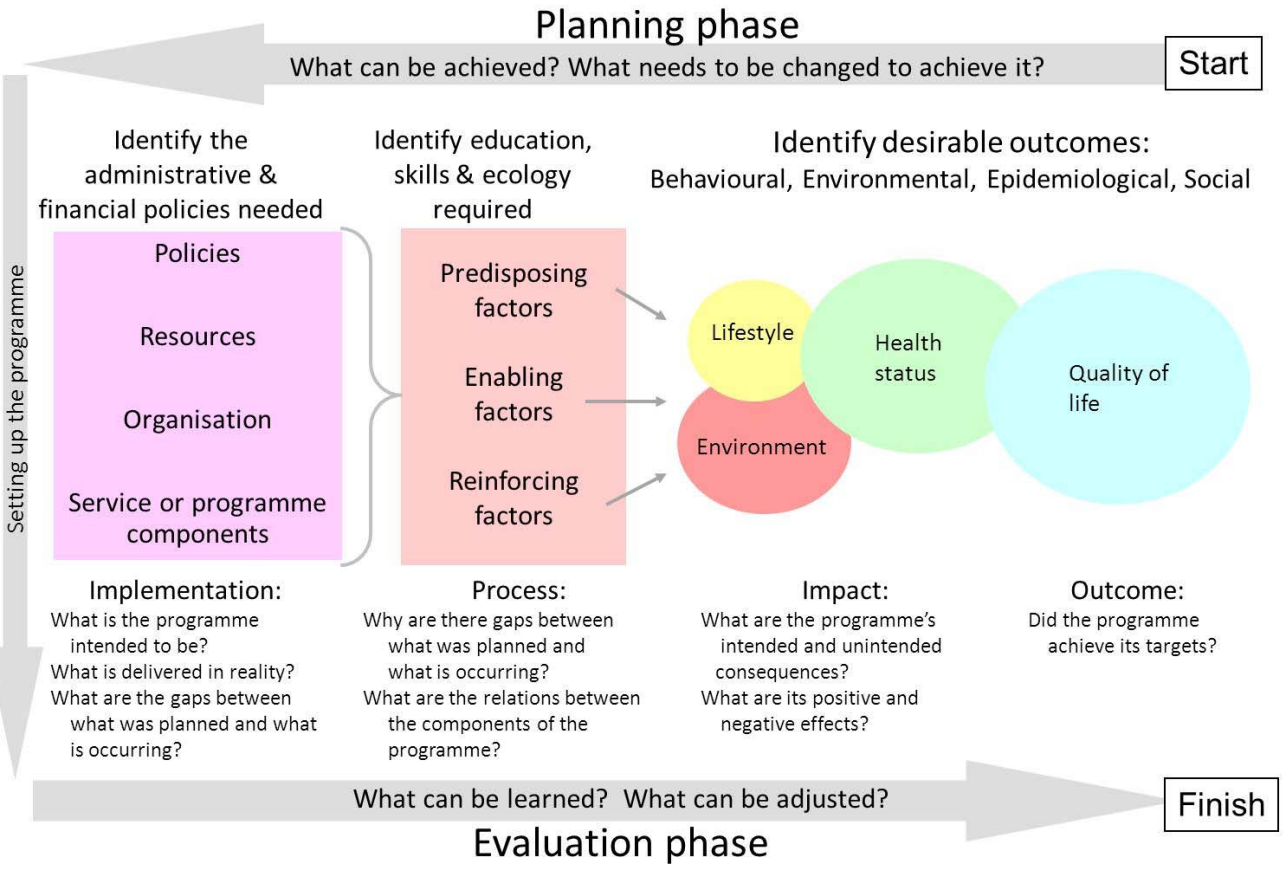
Commonly Used Health Indicators & *Examples of Data Sources*

- **Health status**— *Morbidity (sickness) and mortality (death) data.*
- **Health behavior**—*Behavioral Risk Factor Surveillance System (BRFSS.)*
- **Health care**— *MHDO Insurance claims, hospital discharge data.*
- **Health care resources**— *Area Resource Files, quality scorecards.*
- **Health policy environment**— *Community factors and policies*
- **Other community factors**— *Census data on income, education and employment.*
- **Environment**— *Public Health Tracking Network.*

Data Types

- Quantitative or Qualitative
- Administrative data
  - Operating data
  - Routinely collected program data
  - Innovative use of proxies: Ca stage, ruptured appendix
- Vital statistics and disease reporting
- Biometrics
- Surveys
  - National or statewide
  - Ad hoc

Where Does the Indicator Fit?



Adapted from: Green L. http://www.lgreen.net/precede.htm (Accessed May, 2009)

From Data to Action

- Where are we starting?
- What can be done to create change?
- What outside factors might confuse the result?
- How much improvement is possible?
  - How can it be measured?
- What steps will it take?
  - Can the steps be measured too?
- Will partners share data?

Some Strategies

- Lucky you: an indicator exists
  - Find and use existing source
- No one measures it
  - Find a proxy that changes when it changes
  - Are you sure? Check with your partners for other data
- It isn't measured regularly/consistently/at our level
  - Find a baseline to identify/compare and measure the size of your own problem
  - Supplement with baseline and follow-up using THEIR method/survey

Using the Guide 1: Access to Care

- 4.1 Get to know the basics
  - County Health Rankings (7.1)
  - SHNAPP (7.3)
- BRFSS (always check it) (7.12)
- 4.4 Payment and Finance
  - Information about coverage and usual source of care
- 4.5 Delivery system
  - Health centers in Maine

Using the Guide II: Substance Abuse Prevention/Treatment

- 4.3 Specific Health Conditions
  - BRFSS (7.12)
  - SEOW/ substance Abuse Trends (7.9)
- 4.2 Specific populations
  - Youth (MIYHS 7.14)
- 4.4 Social Determinants
  - Uniform Crime Report

Using the Guide III: Social Isolation/Integration

- Identify possible proxy measures
  - Specific health indicators
  - Employment, education, transportation
  - Community-level disparities or deficits
- If you are doing your own data collection, use existing tools
- What do partners track?

Using the Guide: Etc.

- Mental health
  - Collections –SAMHS sources (4.1)
  - Specific Health Conditions (4.3)
- Healthy Food
  - BRFSS (7.12)
  - Social Determinants (4.4)
    - USDA products

Questions?

- FMI contact

  Kala Ladenheim via Charles Dwyer

kala@mainehealthpolicy.info,

include MeHAF /ABHC in subject line

Is this source right for you?
What to ask

- Who collects it?
- Who is it about?
- Where is it collected?
- When (how often) is it collected?
- Why is it collected?
- How easy will it be to use for your purpose?