



Collecting & Utilizing Reliable, Local Community-Based Health Information

**An Overview of the PHMC
Community Health Data Base
2014**



About PHMC

Public Health Management Corporation (PHMC) is a non-profit public health institute offering a diverse mix of programs and services. For more information: www.phmc.org.

Addictions Services

Health Promotion, Injury Prevention

Criminal Justice Treatment Initiatives

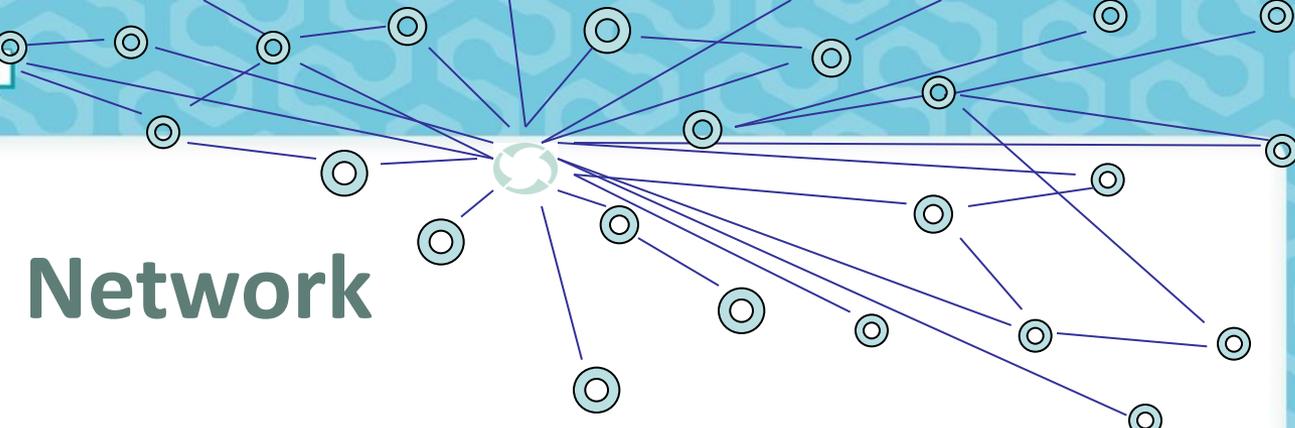
Early Intervention Service for Infants and Toddlers

HIV/AIDS Prevention

Nurse Managed Care

Services to Homeless

Research and Evaluation (R&E)



The CHDB Network

Who participates in the Community Health Data Base?

Foundations – The Pew Charitable Trusts; United Way of Greater Philadelphia and Southern New Jersey; Green Tree Community Health Foundation; North Penn Community Health Foundation; Berks County Community Foundation, Pottstown Area Health and Wellness Foundation and the Thomas Scattergood Foundation.

Members – Hospitals, health systems, managed care organizations, colleges and universities, and government agencies.

Affiliates – more than 350 community-based organizations from across the five-county region.



Data Sources

- I. **Southeastern Pennsylvania Household Health Survey:**
This survey is the CHDB's proprietary data set.
- II. **U.S. Census:** The CHDB provides selected data from the US Census in useful aggregates and incorporates third-party data to provide interim projections.
- III. **Vital Statistics:** Data from the Commonwealth of Pennsylvania formatted to provide epidemiological information on births and deaths.



Strategic Local Research

A wide range of institutions and agencies use the Community Health Data Base for...

Needs assessments

Strategic growth decisions, facility planning

Disease management initiatives

Marketing & outreach

Grantwriting, development, & institutional advancement

Community health programming

Teaching & academic research

Advocacy & public relations



Methodology in Brief: The Household Health Survey



Southeastern Pennsylvania (SEPA) Household Health Survey: Methodology

- Survey began in 1983 (Philadelphia)
- In 1991, expanded to include five-county Southeastern Pennsylvania region
- Since 1994, fielded every other year
- Interviews conducted by telephone using **random digit dial**
- Interviews conducted in over **10,000 households**
 - o Approximately 3,000 additional interviews about selected child conducted with child proxy
 - o Total sample size: about **13,000 adults and children**





Southeastern Pennsylvania (SEPA) Household Health Survey: Methodology

- Geographic Reach
 - o Bucks
 - o Chester
 - o Delaware
 - o Montgomery
 - o Philadelphia



- Adult & child respondents selected using last birthday method
- Oversample of persons 60+ yrs and 75+ yrs
- Interviews in English & Spanish; foreign-language proxy, if needed



Household Health Survey's Gone Mobile!

- Dramatic rise in wireless-only households in recent years
- CHDB introduced a cell phone sampling frame in 2008
 - Philadelphia-only pilot study 300 cell-based interviews
- Cell phone interview expansion in 2010 and 2012
 - 1,000 interviews across 5-county area (2010)
 - 2,000 interviews across 5-county area (2012)
- New challenges:
 - Higher cost due to cell phone number portability, hand-dialing, participant compensation, and high proportion of cell users under 18 years





Putting the Data to Use: **First Steps**



Defining Your Community

Geographic

- Neighborhoods
- Census tracts clusters
- ZIP codes clusters
- Planning Analysis Sections (PAS)
- Health districts
- Suburban townships
- County, region

Demographic

- Any age/age group
- Gender
- Children
- Older adults
- Ethnic and racial groups
- Sexual identity
- Employment and education
- Religious affiliation
- Poverty (Federal Poverty Level)
 - Below & at/above 100% FPL
 - Below & at/above 150% FPL
 - Below & at/above 200% FPL
- Many other demos





Putting the Data to Use: Household Health Survey Topic Areas and Examples

Health and Well-being Indicators

Adults 18 years of age or older





Health Status

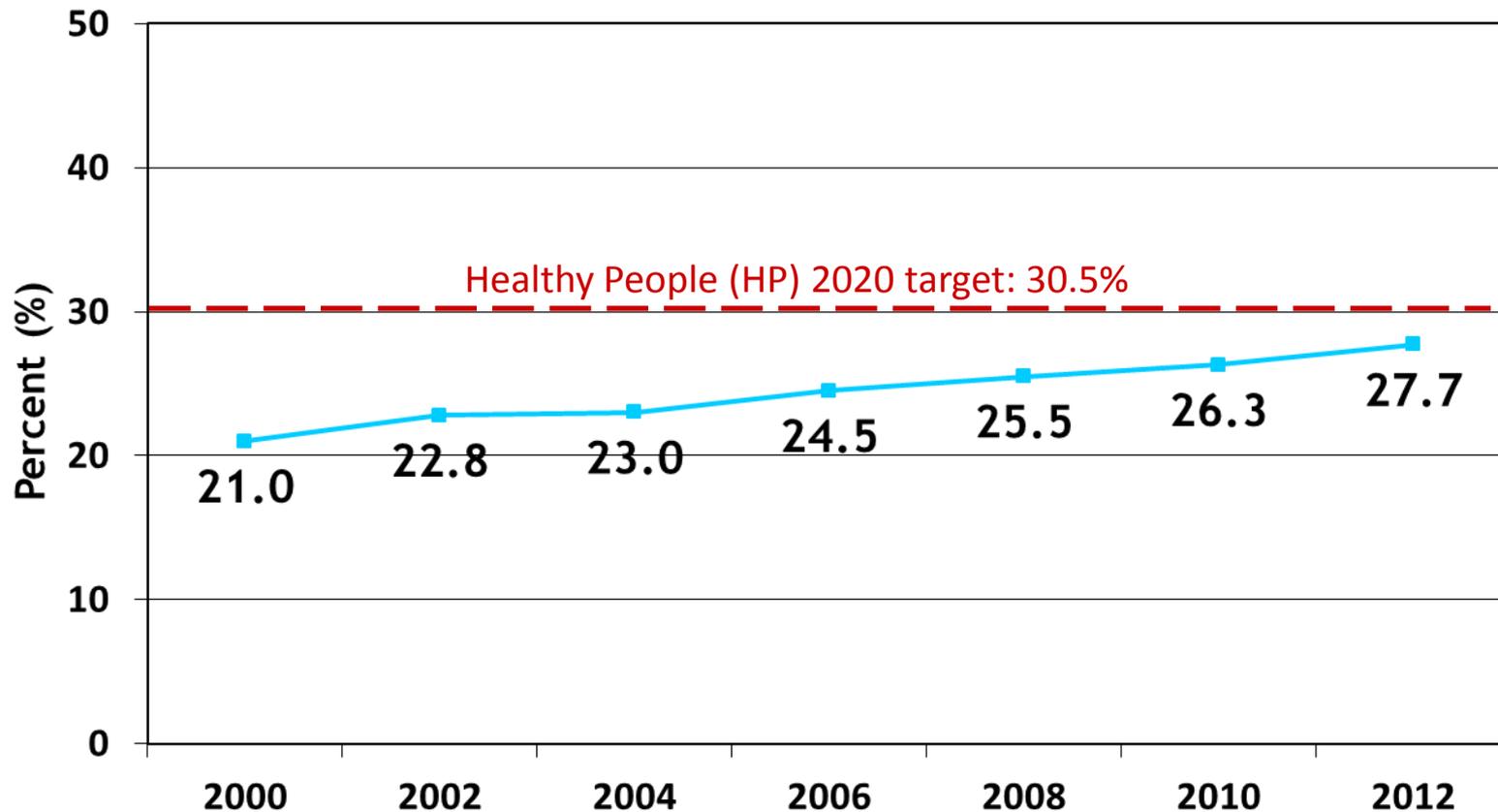
Health Status & Health Conditions

- Self-reported health status
- Disability status
- Chronic health conditions:
 - Asthma,
 - Cancer,
 - Diabetes, and
 - High blood pressure
 - Chronic pain
- Obesity (BMI calculation)



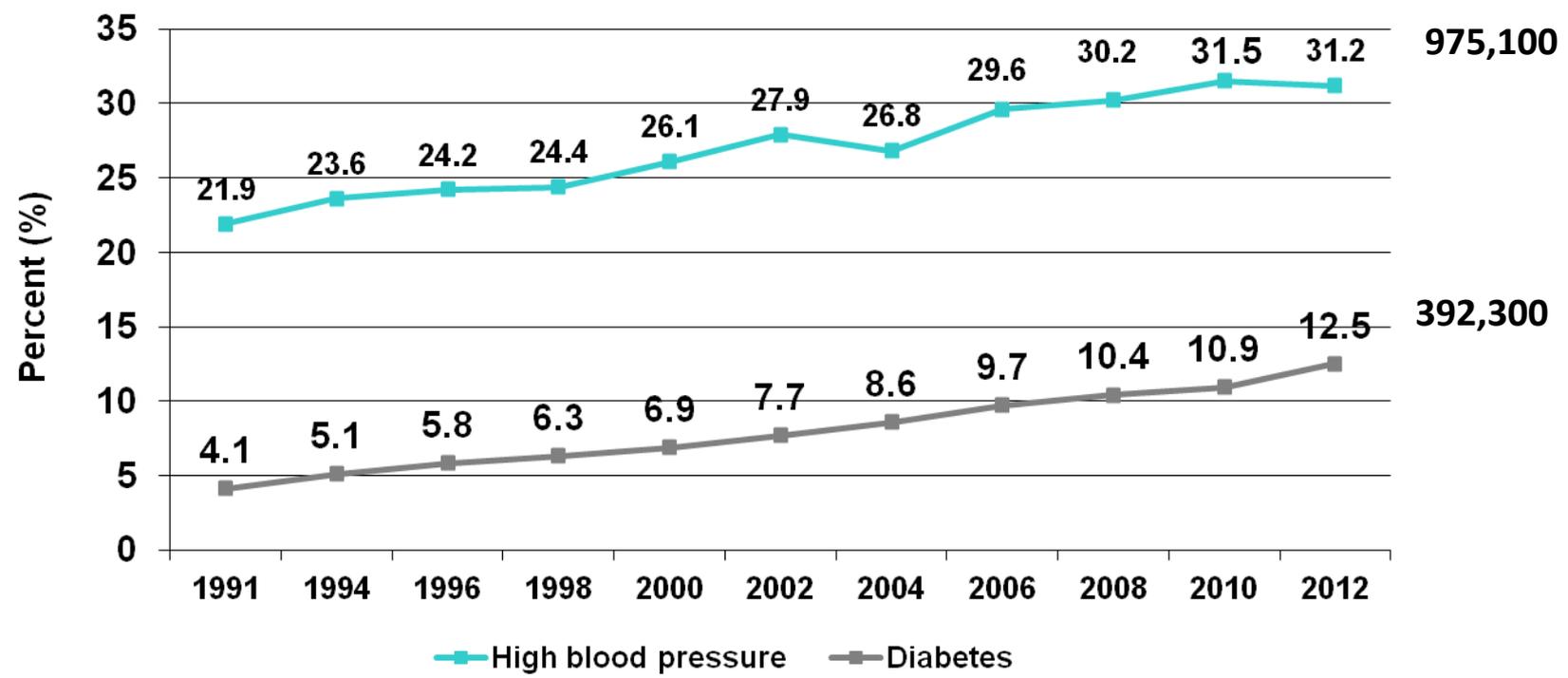


BMI-based Obesity among Adults (20+ yrs), SEPA, 2000-2012



Note: Adult obesity is defined as a score of 30 or greater on the Body Mass Index (BMI).

Chronic Health Conditions Among Adults (18+), Southeastern Pennsylvania, 1991-2012



¹ NOTE: Beginning in the 2004 survey, the wording of the question about high blood pressure and diabetes was changed slightly. Respondents were asked if they EVER had high blood pressure or diabetes. In past survey years, respondents were asked if they currently have high blood pressure or diabetes.

Source: PHMC's Community Health Data Base, 1991-2012 Southeastern Pennsylvania Household Health Surveys.



Disease Prevention & Access to Care

Disease Prevention

Routine Screening and Exams

- Dental visit
- Blood pressure reading
- HIV testing
- Colonoscopy/Sigmoidoscopy (50+ yrs)
- Pap smear
- Clinical breast exam
- Mammogram (40+ yrs)
- Prostate (45+ yrs)





Disease Prevention & Access to Care

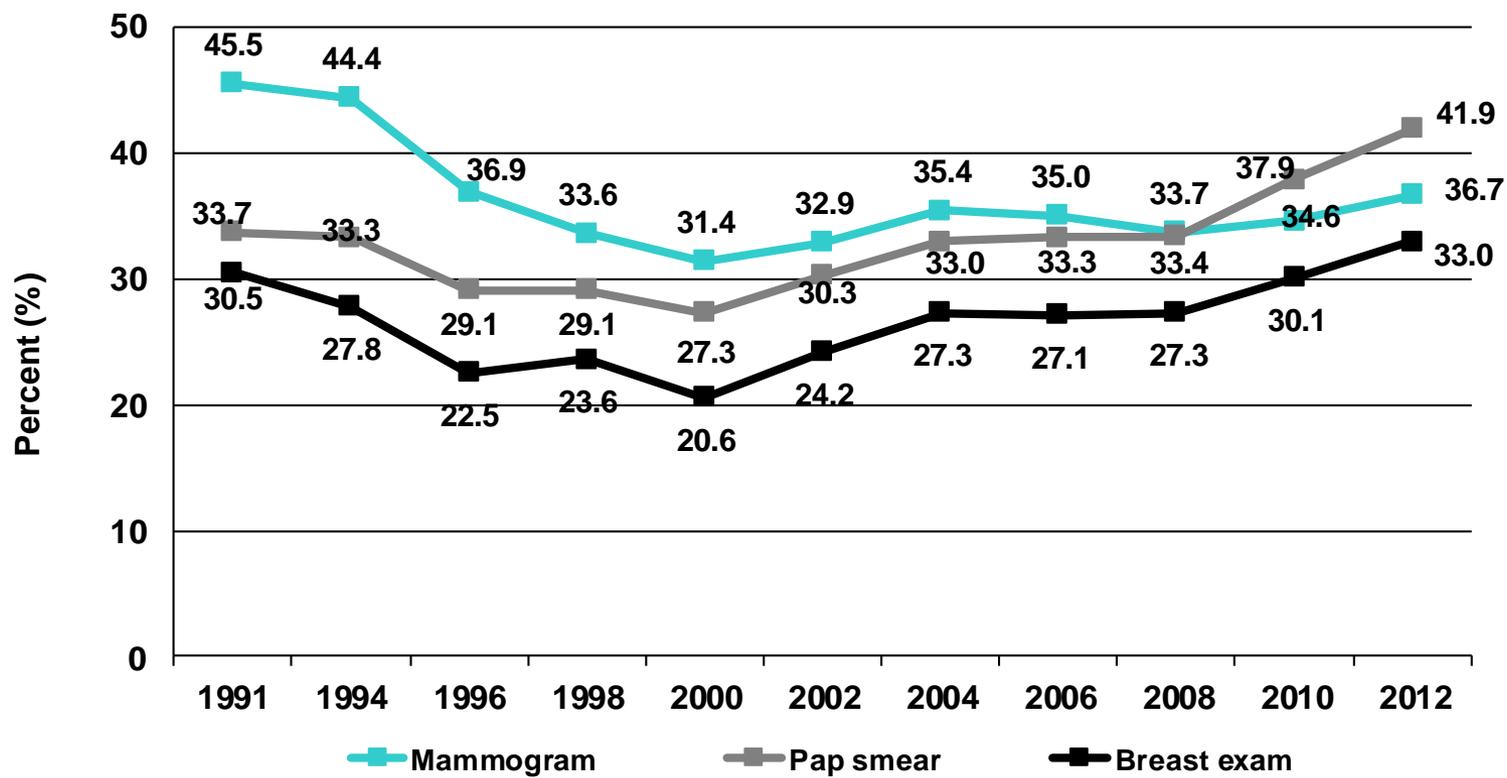
Access to Care

Source and Utilization

- Regular source of care
- Setting of regular care
- Number of medical visits in past year
- Use of retail clinics
- Hospital preference
- Transportation barrier to healthcare
- Language barrier to healthcare
- Unable to seek healthcare due to cost
- Unable to fill prescription due to cost



Women (18+) Who Did Not Receive Selected Cancer Screenings in the Past Year, Southeastern Pennsylvania, 1991-2012



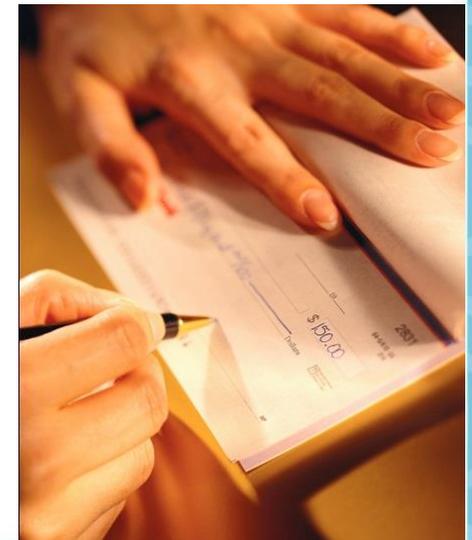
Notes: ¹ Mammogram asked of female adult respondents 40 years of age and older.
² Pap smear and breast exam asked of female adult respondents 18 years of age and older.

Source: PHMC's Community Health Data Base, 1991-2012 Southeastern Pennsylvania Household Health Surveys

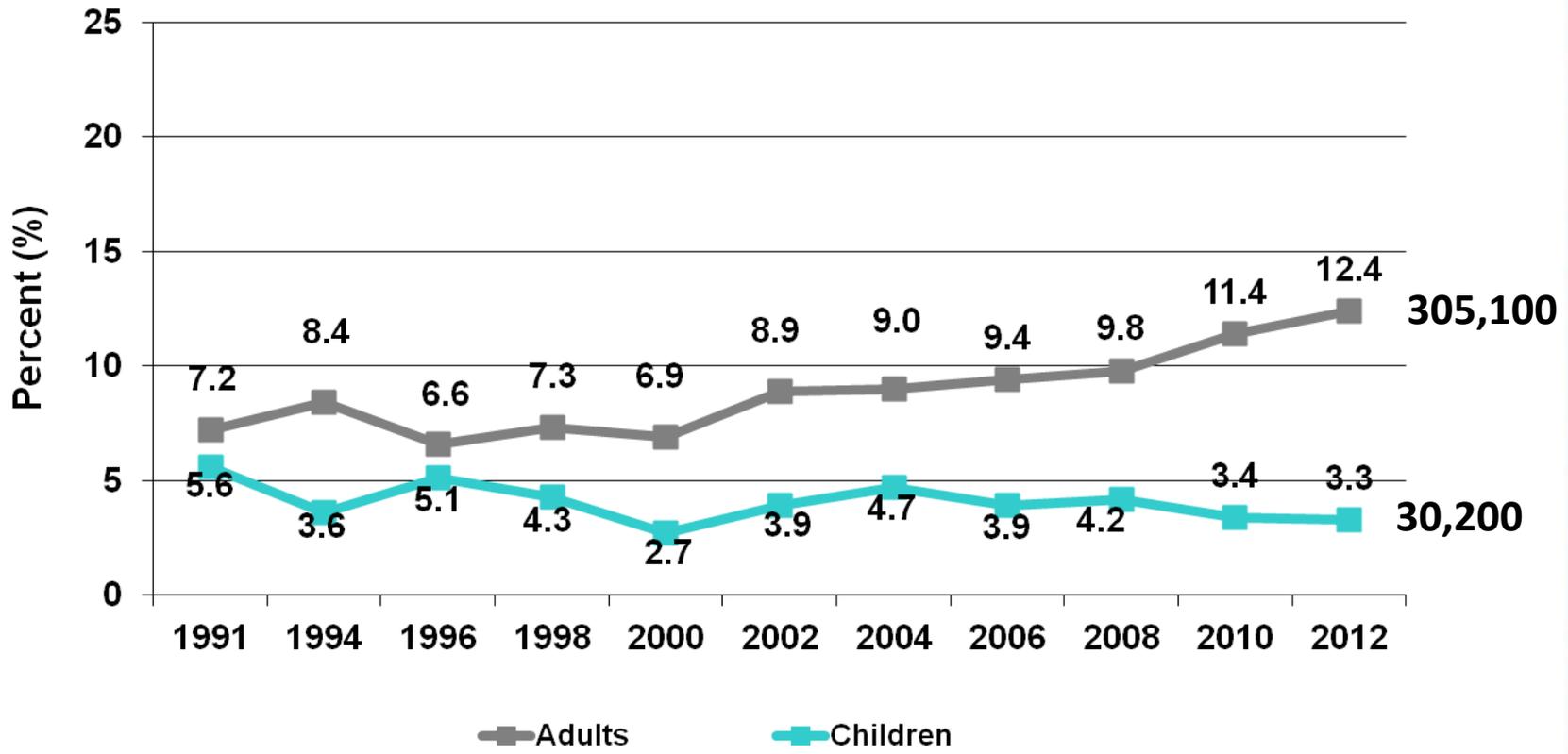


Health Insurance

- Current source(s) of health coverage
- Among insured:
 - Name of insurer
 - Uninsured at any point in past year
- Among uninsured:
 - Length of time without health insurance
 - Primary reason for lack of coverage
 - Visited ER due to lack of health insurance
- Coverage for prescription drugs; dental care



Uninsured Adults (18-64) and Children (0-17), Southeastern Pennsylvania, 1991-2012



Source: PHMC's Community Health Data Base, 1991-2012 Southeastern Pennsylvania Household Health Surveys.



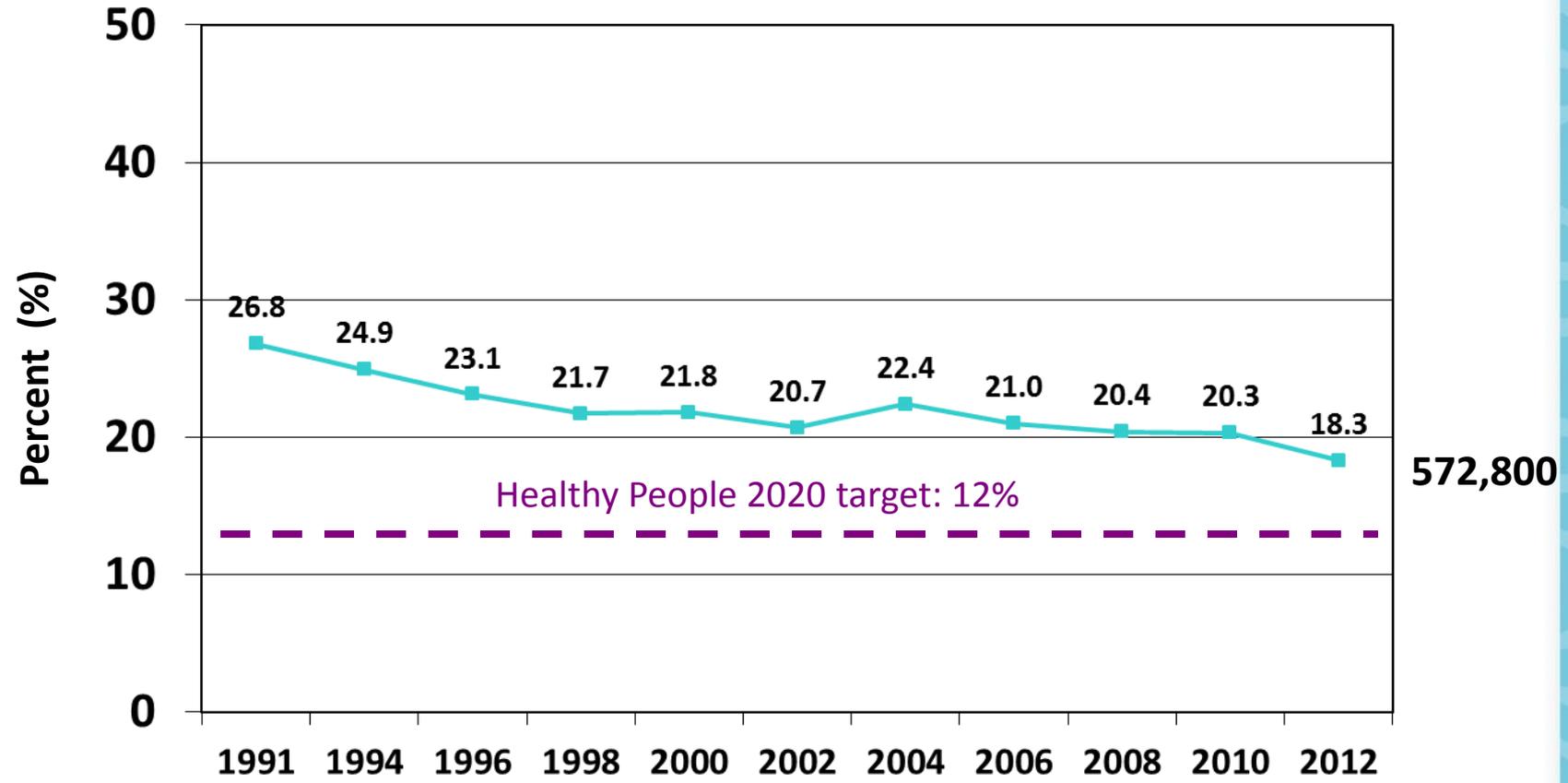
Personal Health Behaviors



- Smoking status, frequency
- Smoking quit method & duration of cessation
- Exposure to second hand smoke
- Use of other tobacco products
- Substance Abuse
- Medication labeling
- Number of servings of fruits & vegetables
- Fast food consumption
- Exercise frequency
- Problem gambling behavior
- Screen time (Computer/TV)



Cigarette Smoking among Adults (18+ yrs), SEPA, 1991-2012



Note: Beginning with the 2004 survey, the wording of the smoking question was changed slightly. Instead of asking respondents if they currently smoke, as was asked in previous survey years, respondents were asked if they smoke every day, some days or not at all.



Mental & Behavioral Health & Environment

Mental & Behavioral Health

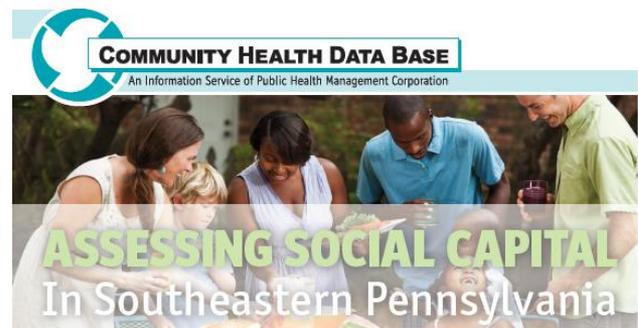
- Diagnosed mental health condition
- Receiving treatment for mental health condition
- Level of stress in past year
- In recovery from alcohol or other drug addiction
- Friend/family in recovery
- Attitudes about recovery

Food Access, Housing, & Neighborhood

- Safety
- Access to fresh produce
- Access to outdoor space or park
- Cut or skipped meal due to cost
- Use of neighborhood recreational facilities
- Housing costs
- Rent or own home

Social Capital

- Involvement in local groups & organizations
- Neighbors have worked together
- Community improvement
- Sense of belonging to community
- Feelings of trust in community



Can where you live have an impact on your physical or mental health? For more than a decade, health researchers in the US^{1,2} and other countries^{3,4} have been examining the concept of social capital or the relationship between community connectedness and health outcomes. Over the years, health researchers have documented associations between low social capital and negative health outcomes such as self-reported fair or poor health^{5,6} and higher mortality rates.⁷

which, as noted, is strongly correlated with negative health outcomes and other health disparities.⁸ This Brief presents information from PHMC's 2010 Household Health Survey on social capital among adults 18 years of age and older residing in the five-county SEPA region of Berks, Chester, Delaware, Montgomery, and Philadelphia Counties.

Since 2002, PHMC's Southeastern Pennsylvania (SEPA) Household Health Survey has included questions allowing us to look at social capital of the communities in which people live. Most recently the 2010 SEPA Household Health Survey included five variables, based on questions successfully utilized in prior studies, measuring social capital: 1) number of groups the respondent currently participates in; 2) respondent's perception as to whether neighbors are willing to help each other; 3) respondent's perception as to whether neighbors ever worked together to improve their community; 4) respondent's feeling of belonging to the neighborhood; and 5) respondent's perception as to whether people in the neighborhood can be trusted.

SOCIAL CAPITAL AND DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

In Southeastern Pennsylvania (SEPA), one-quarter of adults (24.8%) have low social capital or do not feel connected to their neighbors and do not participate in community activities; this percentage represents approximately 632,000 adults in the region. Over one-half of SEPA adults (55.8% or approximately 1,425,000 adults) feel only somewhat connected to their neighbors and may or may not participate in community activities. Nearly one-third of adults in the region (19.4% or approximately 497,000 adults) have high social capital or feel very connected to their neighbors and support their community through various civic efforts (Figure 1). Data from the 2002 SEPA Household Health Survey show a similar pattern, where 26.2% of adults had low social capital, 54.1% had medium social capital, and 19.6% had high social capital.⁹

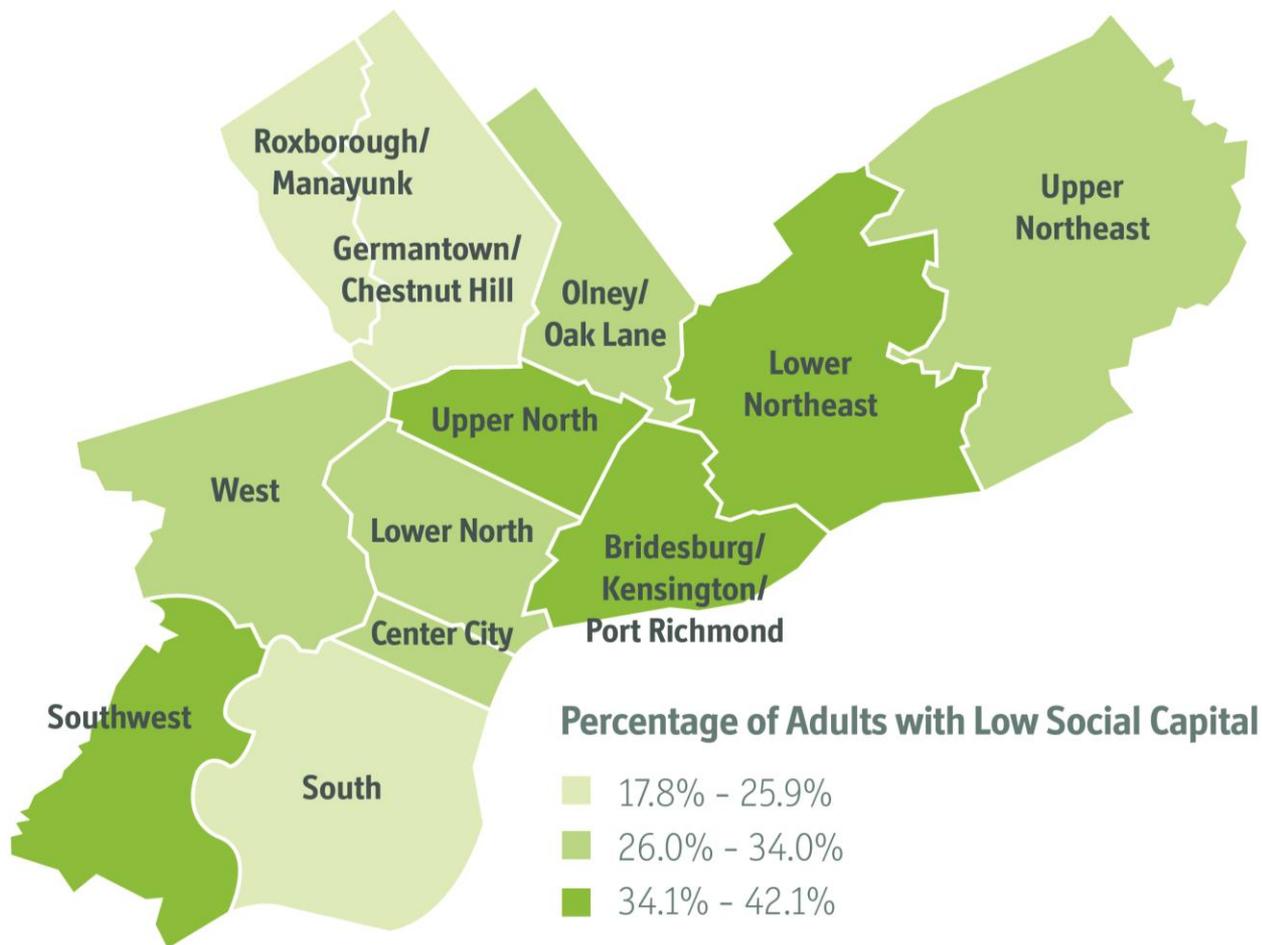
A social capital index, with scores ranging from 1 to 10, was created by recoding these five variables so each item could have a maximum score of two. An individual with a combined index score of 1-4 was deemed as having "low" social capital, a score of 5-7 as "medium" social capital, and a score of 8-10 as "high" social capital.¹⁰

Levels of social capital in SEPA vary by demographic and socio-economic sub-groups. Young adults are the most likely age group to have low social capital. Two in five young adults 18-30 years (40.3%) have low social capital, compared with adults 30-44 years (25.9%), adults 45-59 years (20.5%), and adults 60 years and older (18.8%) (Figure 2). We observed a similar pattern in 2002, where social capital increased with increasing age group.

The purpose of this Brief is to increase the understanding of the relationship between social capital and demographic and socio-economic characteristics across communities as well as between social capital and health in the SEPA region. In particular, this Brief focuses on adults with low social capital,



Adults with Low Social Capital by Planning Analysis Section, Philadelphia, 2010





Health and Well-being Indicators

Older Adults (60 years of age or older)





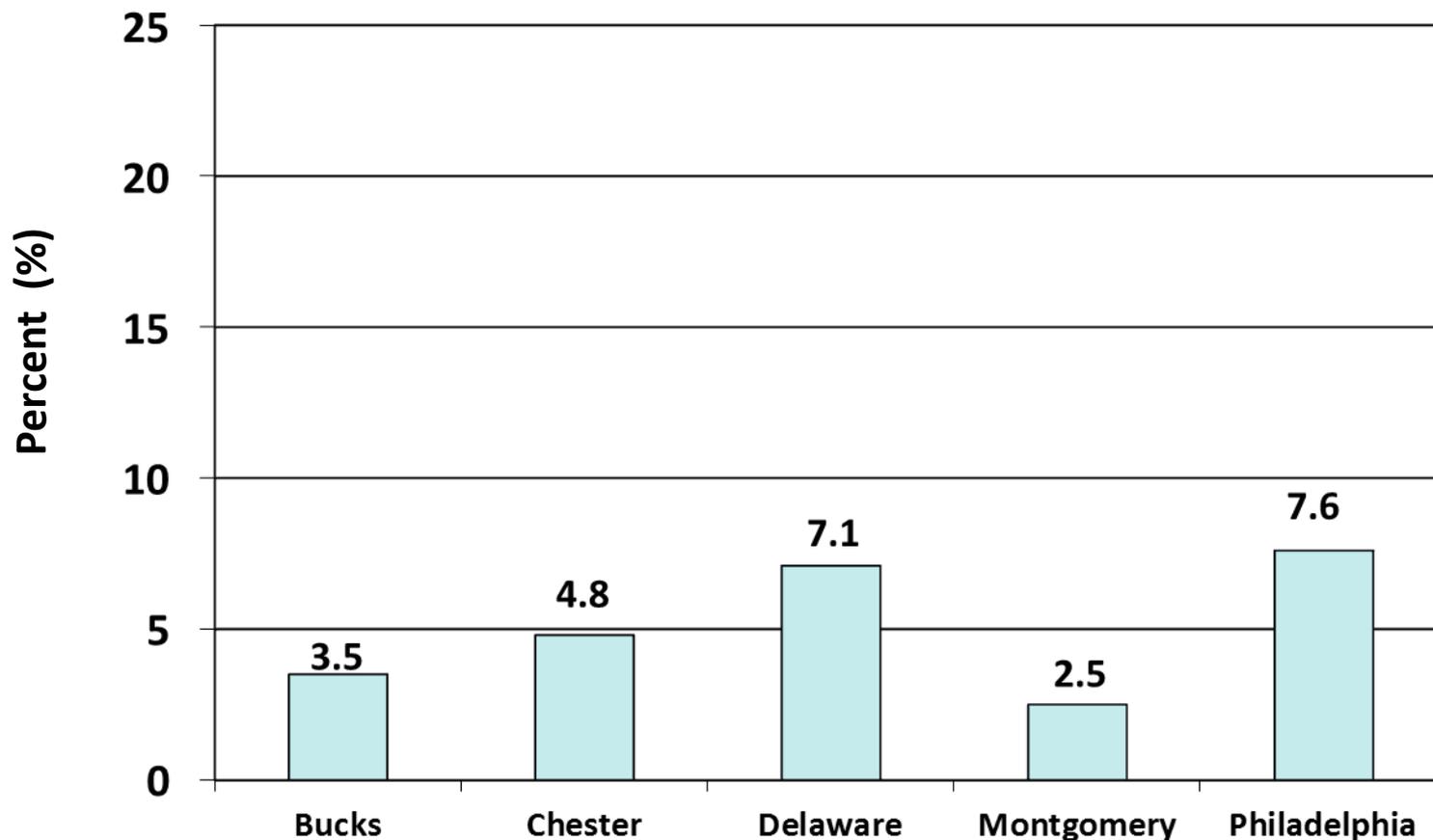
Older Adult Supplement (Ages 60+ yrs)

- Housing repairs needed
- Use of aids
- 10-item depression scale
- Use of formal in-home care & payment
- Falls within past year
- Instrumental Activities of Daily Living (IADL) limitations
 - i.e., using phone, shopping, walking, meal prep, cleaning, handling money, etc.
- Activities of Daily (ADL) limitations
 - i.e., bathing, grooming, eating, etc.
- Use of informal help with IADL & ADL
- Social supports & services:
 - contact with friends and relatives; familiarity, use, and need for activities at senior center, food programs, transportation, PACE/prescription drug assistance, senior helpline





Need Transportation Services among Older Adults (60+ yrs) by SEPA County, 2012





Health and Well-being Indicators

Children 0-17 years of age



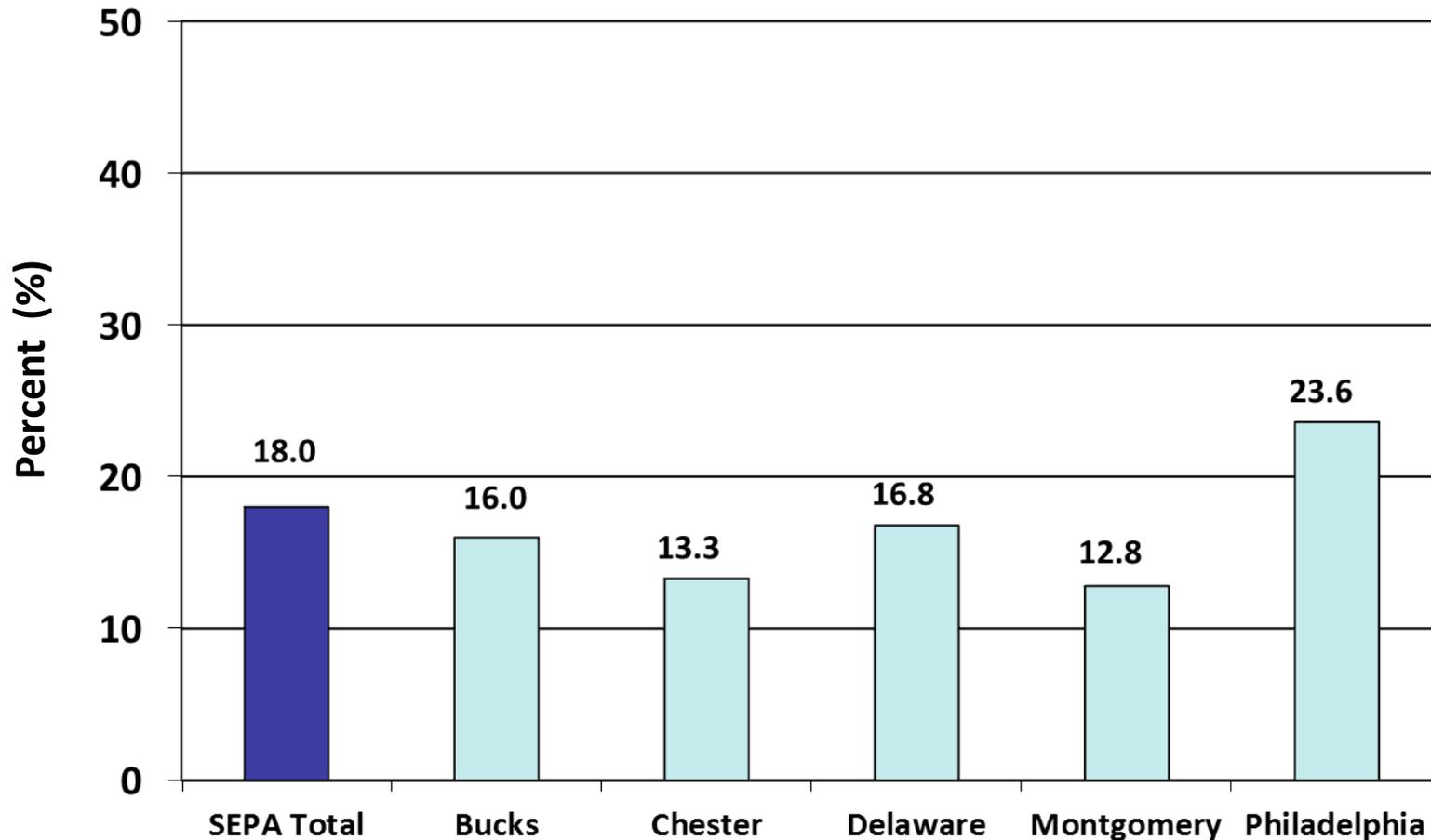
Major Health and Well-being Indicators

- **Health Status**
 - General health status; BMI (height & weight)
- **Health Conditions**
 - Chronic health condition; Asthma
- **Health Insurance**
 - Insurance; Type of insurance
- **Access to Care**
 - Regular source of care; Place of care; Cost barriers to care
- **Dental Care (4-17 yrs)**
 - Dental visit within past 12 months
- **Physical Activity (3-17 yrs)**
 - Physical activity (30+ minutes)
- **Nutrition (3-17 yrs)**
 - Fruit & vegetable servings (typical day)





Children (0-17 yrs) with Asthma by SEPA County, 2012





New Questions in 2012

Chronic
Pain

Cancer

Caregiving

Screen
Time

Medication
Labeling

Substance
Abuse

Child's
Safety

Medical
Visits

Nearby
Parks

Second
Hand
Smoke

Retail
Clinics

Hospital
Preference

Early
Childhood
Education

Health
Information
Sources



CHNA Methods

Conducted the 2012 SEPA Household Health Survey.

Examined U.S. Census and Vital Statistics information.

Held community meetings in each county and, when needed, in specific locations.

Developed asset maps for each county.



Community Health Needs Assessment Findings for SEPA

VITAL STATISTICS

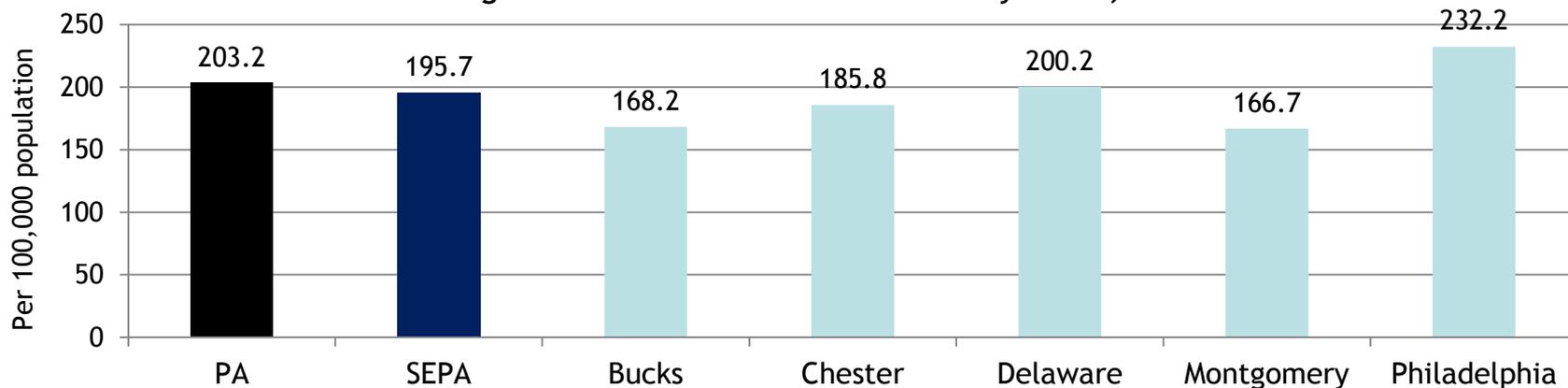


Vital Statistics: Mortality

Summary Findings of Leading Cause of Death

- **Heart disease** is the leading cause of death in approximately two-thirds of hospital service areas.
 - Heart disease is the leading cause of death in the U.S.
- **Cancer** is the leading cause of death in the remaining one-third of hospital service areas.

Average Annualized Heart Disease Mortality Rates , 2005-2008



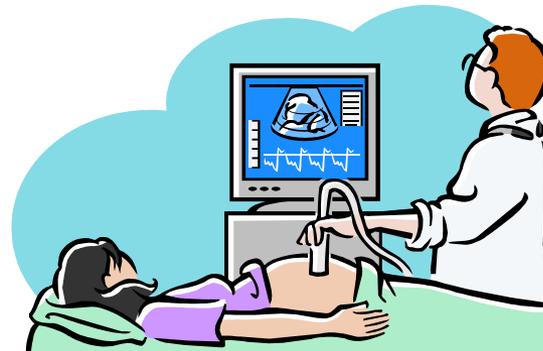
Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.



Vital Statistics: Birth Outcomes

Summary Findings of Late or No Pre-natal Care

- In more than eight in 10 hospital service areas, the percentage of women receiving late or no pre-natal care **does not** meet the Healthy People 2020 target goal (22.1%)
 - Late pre-natal care is defined as beginning care after the first trimester of pregnancy





Community Health Needs Assessment Findings for SEPA

COMMUNITY MEETINGS



Community Meetings

Unmet Health Education Needs

- For children, education and treatment for asthma, poor nutrition, and obesity;
- For adults, education and treatment for obesity, diabetes, and hypertension;
- Education on management of chronic diseases: especially diabetes and hypertension; and
- Health education on the importance of health screenings, especially cancer.



Community Meetings

Unmet Health Care Needs

- Primary and specialty care for the uninsured, Medicaid, and undocumented populations;
- Behavioral health services for low income populations and linkages between behavioral health and primary care;
- Prenatal care for teens and hospital-based OB/GYN services for low income women; and
- Dental care for low income adults and children.



Community Meetings

Unmet Ancillary Health Care Needs

- Patient navigators or case workers/management specialists;
- Prescriptions, vision care, and hearing aids for low income populations, especially older adults;
- Language services for non-English speakers, mostly for Asian and Latino populations; and
- Transportation, particularly for older adults.