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.
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
  - Approximately 3,000 additional interviews about selected child conducted with child proxy
  - Total sample size: about 13,000 adults and children

Photo source: http://www.thebestdigital.com/cell-phone-stereotypes.html
Southeastern Pennsylvania (SEPA) Household Health Survey: Methodology

- **Geographic Reach**
  - Bucks
  - Chester
  - Delaware
  - Montgomery
  - 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
  o Philadelphia-only pilot study 300 cell-based interviews

• Cell phone interview expansion in 2010 and 2012
  o 1,000 interviews across 5-county area (2010)
  o 2,000 interviews across 5-county area (2012)

• New challenges:
  o 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

- 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

Healthy People (HP) 2020 target: 30.5%

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

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

Disease Prevention & Access to Care

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

**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

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:
  o Name of insurer
  o Uninsured at any point in past year

• Among uninsured:
  o Length of time without health insurance
  o Primary reason for lack of coverage
    o 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

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

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

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

Percentage of Adults with Low Social Capital
- 17.8% - 25.9%
- 26.0% - 34.0%
- 34.1% - 42.1%

Data Source: PHMC’s Community Health Data Base, 2010 Southeastern Pennsylvania Household Health Survey.
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

Data Source: 2012 SEPA Household Health Survey. Public Health Management Corporation, Community Health Data Base.
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

Percent (%)

Data Source: 2012 SEPA Household Health Survey. Public Health Management Corporation, Community Health Data Base.
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

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate Per 100,000 Population</th>
</tr>
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<tbody>
<tr>
<td>PA</td>
<td>203.2</td>
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<tr>
<td>SEPA</td>
<td>195.7</td>
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<tr>
<td>Bucks</td>
<td>168.2</td>
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<tr>
<td>Chester</td>
<td>185.8</td>
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<tr>
<td>Delaware</td>
<td>200.2</td>
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<tr>
<td>Montgomery</td>
<td>166.7</td>
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<tr>
<td>Philadelphia</td>
<td>232.2</td>
</tr>
</tbody>
</table>

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.