Understanding your

Community Health Status Reports –

The Overview and The Details

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The **Community Health Status Report Overview** (CHSR - Overview) and **Community Health Status Report Details** (CHSR - Details) are designed to help local Maternal Child and Adolescent Health (MCAH) jurisdictions by summarizing for your review data from required and other Health Status Indicators. These data should be used for completing your local Title V Needs Assessment. Local jurisdictions are also encouraged to use additional local data as available to help you understand the particular needs and status of your local MCAH population.
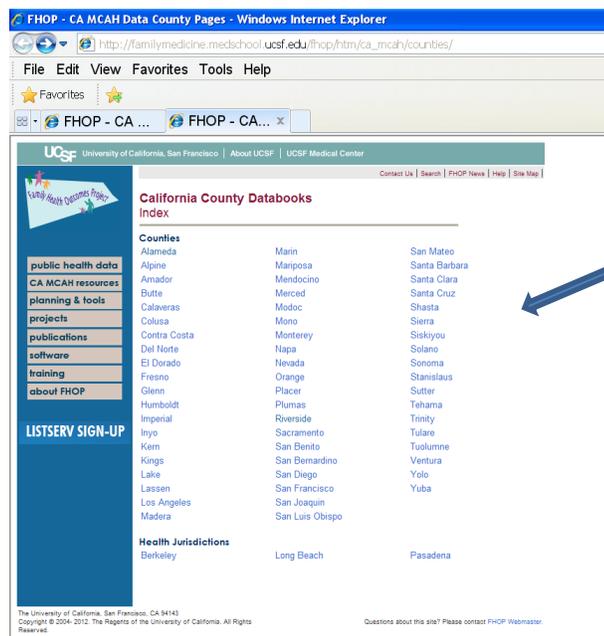
FHOP prepared data for the CHSRs with input from MCAH and the local MCAH jurisdictions and conducted the analyses summarized in the CHSR Details. There are a number of reasons why FHOP prepared the statistics in the CHSR Details for the local and state indicators. The first is to assure uniformity in the definitions of the numerator and denominator for each indicator in the CHSR Details. The second is to assure uniformity in the way indicators are calculated. This generates uniform statistics that allow counties to compare themselves to each other and the state. It also is intended to minimize the resources local jurisdictions need to allocate to generate local statistics, and provide local analysts with the opportunity to concentrate more effort on in-depth analyses of problems identified by the indicator statistics.

You will notice that the indicator values that come from the CHSR Details and are also in the CHSR Overview are three year aggregates for the earliest and most recent periods for which data are available. Three-year aggregates allow for more uniform assessment of both small and large jurisdictions and result in narrower confidence intervals with a greater accuracy in assessing differences when comparing rates.

1.   Accessing and Downloading your Community Health Status Reports – Overview and Details

Your jurisdiction's CHSRs are available in the password-protected section of the Family Health Outcomes Project (FHOP) website accessible through the following link:
http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties.

and you will be taken to this page:

2.a Click on the CHSR Overview to open it

OR

2.b. Click on the CHSR Details to open it

3. Enter your user name and password. If you do not have your username and password, email FHOP at fhop@fcm.ucsf.edu to request them.

4. Save your CHSR overview on your computer. By default, we have saved these files as 1997-2003 excel files as some counties do not have a more recent version of excel.

2. Community Health Status Report Overview

The **CHSR Overview** provides a snapshot with the most recent data available for a variety of MCAH indicators that were selected to reflect the Maternal Child Adolescent Health Program scope of work goals. Additional data on demographics, the social and environmental determinants of health are also included to provide a context for the understanding the health of your MCAH population. The CHSR Overview is organized into the following sections

1. Access to and Utilization of Care Indicators (Goal 1)
2. Maternal and Women Health Indicators (Goal 2)
3. Infant Health Indicators (Goal 3)
4. Nutrition and Physical Activity Indicators (Goal 4)
5. Child/Adolescent Health Indicators (Goals 5 & 6)
6. Population Demographics
7. Socio-Economic Health Determinants
8. Environmental Health Determinants

Data from the CHSR Overview come from a variety of sources and include data from birth certificates and death certificates, hospital discharge records, surveillance data, census data, survey data, and program data. The source of the data, type of data and availability overtime, as well as other logistical and budget constraints, influence the extent to which the data in the CHSR Overview has been statistically analyzed and the slight variations in the layout of the form.

2.1. What does your CHSR Overview Tell You?

Domain and Indicator 	Domains are broad topic areas such as access to and utilization of care that reflect MCAH goals, and the indicators are specific data measures within domains.
Time Period	What year(s) the data is from. For the indicators that FHOP has analyzed, rates reported are based on 3-year averages. Three-year averages allow for more uniform assessment of both small and large jurisdictions and result in narrower confidence intervals with a greater accuracy in assessing differences when comparing rates.
Local Rate and 95% Confidence Interval	The local rate for the specified time period, along with the lower and upper bounds of the 95% confidence interval when available. The confidence interval is the range in which we are 95% certain the true rate falls. Cautions should be used in interpreting rates with very large confidence intervals. For some indicators, due to county level rates being unstable for many counties, regional data are reported instead of county level data. The **+** symbols appears next to rates that are regional rates.

Domain and Indicator table image:

	Community He
Domain and Indicator	
1. Access to and Utilization of Care Indicators	
1-A	Uninsured per 100 population age 0 to 18	20
1-B	Uninsured per 100 female population age 18 to 64	20
1-C	Medi-Cal insured deliveries per 100 live births	20
	Prenatal care in the first trimester per 100	

Time Period table image:

	Period	Rat
rs		
	2009-2011	10.
	2009-2011	20.9
	2009-2011	68.8

Local Rate and 95% Confidence Interval table image:

	Local		
		95% Conf. Int	
	Rate	Lower	Upper
1	10.1	9.4	10.8
1	20.9	20.2	21.7
1	68.8	63.7	73.4
1	57.9	52.5	63.0
2	89.3+	(86.6 - 92.0)	

State Rate and 95% Confidence Interval	The same as above but for the state as a whole
<table><tr><th></th><th colspan="3">State</th></tr><tr><th></th><th></th><th colspan="2">95% Conf. Int</th></tr><tr><th></th><th>Rate</th><th>Lower</th><th>Upper</th></tr><tr><td></td><td>9.3</td><td>9.3</td><td>9.4</td></tr><tr><td></td><td>22.1</td><td>22.1</td><td>22.2</td></tr><tr><td></td><td>47.2</td><td>47.1</td><td>47.3</td></tr><tr><td></td><td>83.3</td><td>83.2</td><td>83.4</td></tr></table>	

Local compared to State	For some indicators, analyses have been done comparing the local rate to the state rate. Color coded arrows indicate if the local is doing better or worse than the state and if the local rates are higher or lower.
Local compared to State ⇑ 🔵 ⇑ ⇩	• 🔵 🔵 **Blue circled arrows** are used when a decreasing or increasing rate is moving in the desired direction. • ⇩ ⇧ **Red hollow arrows** are used when a decreasing or increasing rate is moving away from the desired direction. • ⇧ ⇩ **Black hollow arrows** are used when a decreasing or increasing rate has no common understanding. (See ***Note**) • ⇔ **Black hollow arrow pointing in both directions** is used to signify that there is no statistically significant difference in the rate between the local and state. • NA = indicates that the comparison is not available

3. Indicators not analyzed by FHOP

Data for indicators identified at the bottom of this section came from resources outside of FHOP. Layouts and data elements varied enormously from indicator to indicator. FHOP and MCAH retrieved the source files from the internet or in some cases directly from the organizations that prepare them.

- 1-E Had a doctor visit in the last year per 100 children age 0 to 17
- 1-F Had a doctor visit in the last year per 100 females age 18 and over
- 1-G Dental visit in the past year per 100 children age 3 to 11
- 1-H Medicaid/CHIP enrollees who receive any dental service per 100 enrollees age 1 to 20
- 2-H Any smoking during the 1st or 3rd trimester per 100 females with live births
- 2-I Current smoker per 100 females 18 and older
- 2-J Binge drinking in the last year per 100 females age 18 and older

4-A	Overweight children per 100 population age 2 to 5 enrolled in CHDP
4-B	Overweight and obese public school students per 100 population in grades 5, 7, 9, & 11
4-C	Obesity per 100 females age 15 to 44
4-D	Daily folic acid use in the month before pregnancy per 100 females delivering a live birth
4-E	Exclusive in-hospital breastfeeding per 100 females delivering a live birth
5-K	Reported cases of chlamydia per 100,000 female population age 15 to 24
7-E	Single mothers living in poverty per 100 single mothers
7-F	Children receiving free or reduced price meals at school per 100 students
7-G	High school dropout per 100 students in grades 9-12
8-A	Number of days with ozone above regulatory standards
8-B	Smoking in households with children < 5 per 100 enrolled in CHDP

Indicators 2H and 4D are from the Maternal Infant Health Assessment and these data have been analyzed by the state MCAH Epidemiology Section to compare local or county regions to the state.

3.1 Using Confidence Intervals to determine if your local rates differ significantly from state rates

Most evaluations of progress are based on evaluating confidence intervals. For indicators that have rates where the 95% confidence interval was calculated, *there is a statistically significant difference between two rates if the confidence intervals for both rates do not overlap. If confidence intervals overlap, rates are not significantly different from each other*. A jurisdiction may have a rate of 15 and the state a rate of and 25, which may seem like the jurisdiction is doing better. However, if confidence intervals overlap, the rates are not significantly different. To do this analysis, we urge attention to confidence intervals rather than rates.

4. Community Health Status Report Details

The **CHSR Details** contains two worksheets, or tabs: County and State. The County tab name identifies your jurisdiction. If the County tab has the name of another jurisdiction, please notify FHOP immediately, as there will have been an error in posting the data to the website.

The CHRS Details allows jurisdictions to more easily review changes in indicator values over time, compare local and state values, assess trends in local and state values, and measure progress toward meeting the Healthy People (HP) 2020 objective.

4.1 What does your CHSR Details Tell You?

Local Period Start and Local Period End

Local Period Start			
		95% Conf. Int	
Period	Rate	Lower	Upper
2000-2002	10.0	9.8	10.2
2000-2002	6.8	6.6	7.0
2000-2002	1.2	1.1	1.3

The next two major column sets, Local Period Start and Local Period End, each contain the same types of information. For the 27 required indicators, cells in these columns have been filled in for you, so you do not have to do any of the calculations. You will only need to calculate rates and confidence intervals for the optional indicators you choose to add.

- *Period* refers to the 3-year interval for which a given statistic is calculated.

- *Rate* refers to the value obtained after dividing the numerator by the denominator and multiplying by the appropriate scale (100; 1,000; 10,000, etc).

- *Lower* refers to the lower 95% confidence limit (LCL) for the reported rate. These are not the same statistic as the 3-year standard error values from the relevant Databook table.

- *Upper* refers to the upper 95% confidence limit (UCL) for the reported rate. These are not the same as the standard error values from the relevant Databook table.

After evaluation, a jurisdiction may seem to have a problem with a certain indicator. In deciding whether a **problem is important enough to develop a program, it is important to understand prevalence. Be sure the** number of events supports developing a program. To make that assessment, it will be necessary to unhide columns containing the numerator and denominator.
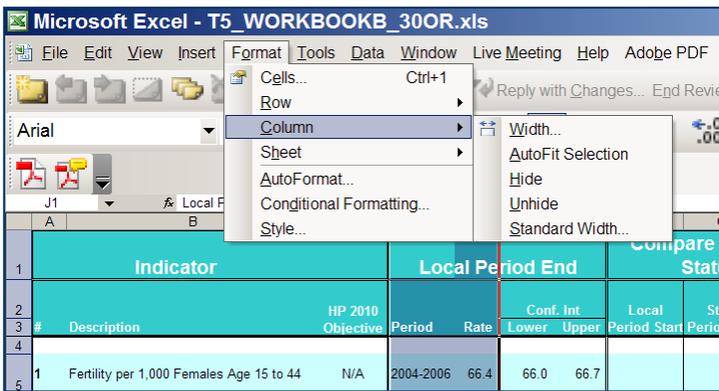
HINT: FHOP hid columns E, F, K, and L to facilitate viewing. These columns contain numerators and denominators for each three-year period. To unhide these, select the columns headed period and rate. Then click on *Format*, *Column*, *Unhide* as shown in the picture on the left.

After work is completed, we recommend rehiding these columns.

- *Numer(ator)* refers to the *total number of events* in the reference period. This column is filled in for all indicators. Note that small numbers are reported. *(Hidden column)*

- *Denom(inator)* refers to the *total number of people* in the population in the reference period. *(Hidden column)*

Local Period End Compared To

This set of columns is intended to evaluate how the jurisdiction is doing, comparing its local end rate to its period start rate, to the State period end rate, and to the HP 2020 objective.

Local Period Start. This comparison summarizes how your jurisdiction's <u>Local Period End</u> compared to the <u>Local Period Start</u>.

State Period End. This comparison summarizes how your jurisdiction's <u>Local Period End</u> compared to the <u>State Period End</u> on the State tab.

Symbols used:

- ⊕ ⊖ **Blue circled arrows** are used when a decreasing or increasing rate is moving in the desired direction.
- ⇩ ⇧ **Red hollow arrows** are used when a decreasing or increasing rate is moving away from the desired direction.
- ⇧ ⇩ **Black hollow arrows** are used when a decreasing or increasing rate has no common understanding. (See ***Note**)
- ⇔ **Black hollow arrow pointing in both directions** is used to signify that there is no statistically significant difference in the rate between the local and state.
- If you had no events in your Local Period End, select the 0 events indicator ✺.

- ✪ **Circled Blue Star - Objective Met.** HP2020 objective is met. Hooray!

Local Trend Line, Non-Linear Explain

If the indicator trend is improving when it goes down (e.g., low birthweight), you will see the blue downward circle ⊕. If the indicator trend is worsening when it goes down (e.g., children with health insurance), you will see the red downward arrow ⇩.

If there is a non-linear trend, for example the rate decreased significantly for a while but then was essential flat, you will see the non-linear trend symbol 〰⇨. You can find out more about the trend by examining your corresponding MCAH Indicator Spreadsheet.

Comment Explain
From 1995-2003, the rate decreased significantly (-1.85, P-value = 0.000) and was essentially flat thereafter (-0.11, P-value 0.870).

You can use the "Comment-Explain." Box to write in a describe your non-linear trend. You can add more detail in the written report if you think it is needed. Examples of what might be discussed further in the written report are whether certain race/ethnic groups have higher or lower rates such that they affect your total rate, an analysis of whether sufficient numbers are available to develop an intervention, etc. Text will wrap in this cell. If you want to make the column wider, feel free to do so.

If the trend was linear and non-significant, you will see the non-significant symbol ⇔

If your jurisdiction had too few events to calculate a trend line, you will see this box symbol ☐

*Note: Some indicators have no commonly understood definition of progress. Examples include fertility, hospital admissions with mental health diagnoses, and domestic violence. Some people think rising fertility is desirable while others believe rising fertility is undesirable. Some people think a high rate of mental health hospital admissions means people are getting appropriate care for an acute psychiatric episode. Others interpret a high rate to mean that the community has inadequate local outpatient care to prevent admissions. A low rate could mean that people are getting adequate care in community programs, that they are allowed to roam the streets without care, or that they are incarcerated for loitering and are not eligible for hospitalization. Similarly, we are not sure whether a high domestic violence rate reflects good outreach at the local level or whether rates truly are high or low. For these indicators, **black hollow arrows** are used when a decreasing or increasing rate or trend has no common understanding. ⇧ ⇩

5. Support

If you have further questions about the use of this Workbook, please contact Jennifer Rienks or Ruth Long at Fhop

fhop@fcm.ucsf.edu
415-476-5283

6. Table Indicator of Data Sources (coming soon)