

# Practices and Recommended Strategies to Use County Health Data to Drive Community and Organizational Strategies to Improve Health Outcomes

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Many of us are surrounded, in the places we live, by the essential ingredients for a healthy life, such as adequate housing, public transportation, access to quality health care, and safe places to exercise and play. Unfortunately, for some, these options are either too far away or economically out of reach, which creates major obstacles to the pursuits of better health and quality of life. One way to ensure that resources are used more effectively is to utilize "real time" and objective data to develop strategies to drive business development decisions.

Before government, intermediaries, foundations, nonprofits, health care providers, insurers, hospitals, and community organizations develop strategies to improve health outcomes they first need to understand the baseline and how it compares with other regions. Only through data can we research underlying causes and

understand where to focus our resources and energies.

This can be achieved using County Health Rankings, a resource that provides state- and county-level data on population health statistics for the entire United States to enable the assessment and comparison of health outcomes and quality of life. Public Health Management Corporation's (PHMC's) Community Health Data Base (CHDB) provides an unparalleled set of health data on the status of local community health needs that can be used to develop focused findings. Ultimately, this data can be the catalyst to develop priorities and rationales for strategic planning to address community based health concerns.

This article examines, through case examples, how data can be used to develop strategies, services, and interventions to improve health outcomes. This article also provides a guide on how government, intermediaries, foundations, nonprofits, health care providers, insurers, hospitals, and community organizations should be thinking about using data to inform their services.

## **BACKGROUND**

[County Health Rankings & Roadmaps](#) compares the health of nearly all of the more than 3,000 counties in the United States to other counties within each state, and supports coalition-based approaches to tackling the myriad social, economic, and environmental influences on health. [The Annual County Health Ranking](#) provides a

revealing snapshot of how health is influenced by where we live, learn, work, and play. It also provides a critical starting point for change to occur within communities. [The Roadmaps to Health Coaching](#) is a companion tool that provides help in understanding the data and strategies that communities can use to move from education to action. The program is a collaboration between the Robert Wood Johnson Foundation and the [University of Wisconsin Population Health Institute](#) to measure the progress of building a [Culture of Health](#).

PHMC's Community Health Data Base (CHDB) is one of the largest, local population based household surveys in the country. Established in 1983, the CHDB has been dedicated to community health improvements along with providing objective and timely data to allow for the strategic planning of programs for at-risk populations. The CHDB collects and disseminates data on local residents and serves as a key data resource for health and social service providers. Unlike state and national data, local data more accurately reflects the health status and health care needs of our communities. CHDB data can be analyzed for geographic segments across and within counties where CHDB's Household Health Survey has been conducted. Data are collected from more than 10,000 households (adults, older adults, and children) and the information is available at regional, county, ZIP code, and Census tract levels.

## **CASE EXAMPLE: PHMC's CHDB**

Since the inception of the survey, administered by PHMC with the purpose of helping agencies across the region build programs to support at-risk populations, more than 400 nonprofit organizations in the Community Health Data Base's Member and Affiliate Network have used the data for program planning, grant writing, advocacy, and other initiatives. CHDB data are utilized to improve community health outcomes across its multitude of programs and services.

For the past 37 years, Senior Community Services (SCS) has provided direct services and programming to help older adults remain living in their own homes. Financial support for much of SCS' programming relies on grants, and funders always require data that reflects the need for such programming. In the fall, on a very tight timeframe CHDB provided essential data that helped SCS uncover needs, develop a compelling proposal, and ultimately receive the opportunity to steward a new initiative in Delaware County. Data that reflects the experiences of community members allows users to be certain that their programs are meeting real needs, and provides funders with the evidence and confidence that their dollars are being well-spent where they are most needed.

The National Nurse-Led Care Consortium (NNCC) used CHDB data for a U.S. Department of Health and Human Services Health Center Planning Grant. The funded

project included a needs and feasibility assessment and the planning for a new health center that would serve Northeast Philadelphia, to address waiting times for primary care appointments that routinely stretched to wait times longer than six months. Having in-depth, local, and (easily accessed) data from the CHDB, particularly the Household Health Survey, made NNCC's application stand out, by strengthening by its ability to demonstrate need within the community, and how that need has grown over time. Without access to this crucial data, NNCC would not have had the competitive advantage in competing for project funding, thereby making it very difficult to plan and implement strategies to improve access for vulnerable Pennsylvania communities.

Another PHMC affiliate, the Health Promotion Council of Southeast Pennsylvania (HPC), used data from the SEPA HHS as well as a special survey of adjacent Berks, Lancaster, and Schuylkill Counties to enable them to serve as the primary contractor for tobacco prevention and control services for the wider region and to become the Regional Primary Contractor in Southeastern Pennsylvania. HPC received more than one million dollars to continue the implementation of services, including tobacco dependence treatment, enforcement services, as well as prevention services that impact millions of residents living in the region.

CHDB also has been utilized by local government and by regional health care organizations. The CHDB's 2010 and

2012 Southeastern Pennsylvania Household Health Surveys (SEPA HHS) were adapted to include additional questions on tobacco use and physical activity to accompany work done by the Philadelphia Department of Public Health (PDPH) under funding from the American Recovery and Reinvestment Act. This local partnership with government provided baseline planning data for a range of public health and social service initiatives. In 2012 PDPH also used CHDB data on electronic cigarette use to support and advance its anti-smoking efforts.

CHDB data has also been used by the Office of the Mayor of Philadelphia and the Philadelphia City Council to support legislation against secondhand smoke in restaurants and bars, and later, all public places. CHDB data were also used as part of a hearing to ban smoking in public restaurants. The data were used to highlight the impact of secondhand smoke and to show the negative health effects. CHDB data showed the high percentage of smokers in the City who were exposing non-smokers to secondhand smoke, including the number of adults and children whose asthma or heart disease could be aggravated by exposure to secondhand smoke in public places. CHDB data also showed how many non-smoking adults and children, especially children with asthma, were exposed to secondhand smoke in their homes by living with a smoker. The smoking ban was put into effect across the City of Philadelphia soon after the hearing. The CHDB was also used to measure sugary beverage

consumption in support of a City Council bill to tax sugary beverages as an unhealthy food. The bill was passed, with the proceeds of the tax going to fund the City's schools, among other efforts.

The CHDB has also been utilized as part of the accreditation process for public health departments in the City of Philadelphia and the State of Delaware. These assessments are used to ensure that they are on-target in meeting the needs of vulnerable populations and to help establish clear and needed deliverables. The Philadelphia Department of Public Health also used CDHB data in its campaign to reduce salt consumption and increase awareness of the role of salt in high blood pressure.

In 2012, and again in 2015, the CHDB data were used by the majority of Philadelphia area hospitals and healthcare systems to meet federal requirements as part of the Affordable Care Act (ACA) and to help the hospital and health systems to think more strategically about their resources and planning of effective and targeted programs. The data has been used to plan health education programs, increase cancer screening utilization, disease management, and expand the delivery of health care services. CHDB has completed more than 50 Community Health Needs Assessments that identify unmet health needs across the region and are used as the foundation for community health improvement plans and three to five-year strategic planning for these institutions.

As a result of their CHNA, a hospital in Montgomery County adopted support for cancer and heart disease prevention programs, including screening and health education outreach, as a primary focus area. The Hospital assessment showed a lack of resource awareness regarding heart disease and cancer education in their service area, so the hospital increased their emphasis on social media and technology solutions to complement traditional outlets of information sharing. They increased their audience on popular social media channels like Facebook, Twitter, and LinkedIn by nearly 50 percent, with more than 136,000 impressions in the first few months of Fiscal Year 2016.

A previous needs assessment for a hospital in Bucks County used data from PHMC's Household Health Survey to identify binge drinking as a priority community health need. Thus, the ER now operates a Crisis Service that operates from 7 a.m. to 11 p.m., seven days a week. It is staffed by Crisis Workers from the Penn Foundation, a behavioral health care provider, that provides assessments for drug and alcohol treatment and behavioral health for inpatients and outpatients of all ages. In addition, the hospital now hosts weekly Alcoholics Anonymous meetings year-round, open to all community members in its Community Health Education Center.

## **RECOMMENDED STRATEGIES TO USE DATA**

# TO IMPROVE HEALTH OUTCOMES

We have provided five recommended strategies for how government, intermediaries, hospitals and health systems, insurers, foundations, nonprofits, and community organizations can use this data to inform their own strategies and adapt programs and services leading to improve health outcomes:

- Identify medically underserved populations in a small community within a larger service area to target interventions geographically with the purpose of directing financial and program resources to those most in need;
- Use data to overlay the negative impact of local environment on populations and develop a multifaceted intervention approach that addresses potential underlying issues affecting health;
- Identify population subgroups, such as underserved racial and ethnic minorities, to develop culturally relevant programming reflecting needs different from the majority population of the local area;
- Present the size and characteristics of a population subgroup, such as the uninsured, in order to develop a service product tailored to their needs, such as low cost insurance; and
- Compare local health behaviors, such as smoking, over time in order to identify whether programming that addresses these behaviors is successful or not,

and in which locations, and among which population subgroups.

## **SUMMARY**

In conclusion, the social impact of the CHR and CHDB is strong and has the potential for replication in other geographic areas to improve health status at the community level by identification, outreach, and treatment for residents of communities who have previously had no or only episodic contact with health care.

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