COMMUNITY HEALTH PROFILE
A Brief Overview

- **Target Area Selection: Community Health Profile**
  - Chosen by the Modernization Workgroup
  - Factors:
    - Upcoming Community Health Needs Assessment and Health Improvement Plan process
    - Data Warehouse Project
      - Location for a variety of health data to be stored that can be accessed by the public
      - Need for standardized reports to assess health status
Reason for Improvement

- In January 2009, an external site review was conducted to determine the Iowa Department of Public Health’s (IDPH) ability to meet the Iowa Public Health Standards. During this review, it was identified that a lack of data pertaining to health status and outcomes was an issue.

<table>
<thead>
<tr>
<th>Community Assessment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># Criteria</td>
<td>16</td>
</tr>
<tr>
<td># Met (%)</td>
<td>10 (62.5%)</td>
</tr>
<tr>
<td># Not Met (%)</td>
<td>6 (37.5%)</td>
</tr>
</tbody>
</table>

- The lack of available data also impacts the ability of local public health departments to obtain and analyze data.
Methodology: Plan-Do-Study-Act (PDSA)

- PLAN
  - Identified underlying causes ~ Root Cause Analysis
PLAN

- Identified potential solutions
  - Develop the layout of a common profile *
  - Select indicators and identify data sets for where data can be obtained*

* Both solutions included receiving assistance from local public health agencies in developing the profile.

- Developed an aim statement - Between April 1 and August 15, 2009, IDPH will develop a common community health profile layout and will select indicators to include in the profile.
From PLAN to DO

- **PLAN**
  - Developed an improvement theory - if a common community health profile is available to both state and local health departments, then fewer resources will be needed to collect data for planning, and monitoring improvement in health outcomes.

- **DO**
  - Tested the theory using a mini-collaborative made up of state and local representatives.
DO: Mini-Collaborative

Mini-Collaborative

(Mini-collaborative - a group of multi-disciplinary teams from multiple organizations that come together to improve a process, service, or program)

- State-level members – IDPH staff
- Local-level members – Data Warehouse Lead User Group members
DO: Mini-Collaborative Participants

Local-level Members

- Lisa Swanson – Black Hawk County Health Department
- Sheri Bowen – Mills County Public Health
- JaNan Less – Scott County Health Department
- Kevin Grieme and Sara Wester – Siouxland District Health Department
- Jennifer Ellis – Webster County Health Department
- Linda Klehm – Wright County Health Department
DO: Mini-Collaborative Work

Each mini-collaborative member was asked to complete the following as a part of the project:

- Form a quality improvement team;
- Use the Plan-Do-Study-Act (PDSA) methodology;
  - Identify health indicators to include in a health profile
  - Develop a layout of the snapshot (a way to show data that makes sense to a variety of users)
- Create a storyboard to show project progress; and
- Develop a presentation to share findings with other collaborative members.
Initial Mini-Collaborative Timeline

- State mini-collaborative formed
- Local collaborative kick-off meeting
- Local mini-collaborative formed
- Local-level work begins
- State-level work begins
- State-level meetings (indicators)
- Combined mini-collaborative wrap-up meeting
- State-level meeting (design)
- State-level meeting (feasibility)
- Local-level work completed
- Draft profile developed
- Profile Feedback period
- Anticipated state-level completion date

Dates:
- March 2009
- April 2009
- May 2009
- June 2009
- July 2009
- August 2009
- September 2009
- October 2009
DO: Mini-Collaborative Work

Mini-collaborative Launch
- State-level work – began in March 2009
- Local-level work – began in April 2009

Health Profile Meeting
- Combined state and local members to develop a county health snapshot – July 2009

Feedback from Public Health Professionals
- Surveyed local public health administrators and local environmental health administrators – February 2010
DO: Mini-Collaborative Work

- In July 2009, collaborative members met to share their QI storyboards and draft health profiles.
- Members reviewed and discussed proposed indicators to determine the content of the county health snapshot.
- Discussion also took place around the way data should be displayed in the snapshot.
DO: County Health Snapshot

2009 Woodbury County Health Snapshot

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health Status</td>
<td>22%</td>
<td>20%</td>
<td>21%</td>
<td>20%</td>
<td>21%</td>
</tr>
</tbody>
</table>

**COMPONENT AREAS**

**PREVENTING HEALTHY BEHAVIORS**

- Overweight/obese (%)
  - 2006: 25%
  - 2007: 24%
  - 2008: 23%
  - 2009: 22%
  - 2010: 21%

- Physical inactivity (%)
  - 2006: 35%
  - 2007: 34%
  - 2008: 33%
  - 2009: 32%
  - 2010: 31%

**PREVENT THE SPREAD OF DISEASE**

- Sexually transmitted disease (STDs)
  - 2006: 20%
  - 2007: 19%
  - 2008: 18%
  - 2009: 17%
  - 2010: 16%

**PROTECT AGAINST ENVIRONMENTAL HAZARDS**

- Lead poisoned children
  - 2006: 0.5%
  - 2007: 0.4%
  - 2008: 0.3%
  - 2009: 0.2%
  - 2010: 0.1%

**SCHOOL-RELATED CONDITIONS**

- No. of school days missed
  - 2006: 9%
  - 2007: 8%
  - 2008: 7%
  - 2009: 6%
  - 2010: 5%

**SCHOOL-RELATED CONDITIONS - Health Professional Shortages**

- Physicians, Mental Health Practitioners
  - 2006: 206
  - 2007: 205
  - 2008: 204
  - 2009: 203

- Dental, Mental Health Practitioners, RNs
  - 2006: 203
  - 2007: 202
  - 2008: 201

**EDUCATION**

- High school graduation rate
  - 2006: 75%
  - 2007: 74%
  - 2008: 73%
  - 2009: 72%
  - 2010: 71%

- College attendance rate
  - 2006: 40%
  - 2007: 39%
  - 2008: 38%
  - 2009: 37%
  - 2010: 36%

**SOCIOECONOMIC FACTORS**

- Population below poverty level (%)
  - 2006: 10%
  - 2007: 9%
  - 2008: 8%
  - 2009: 7%
  - 2010: 6%

- Children in poverty (%)
  - 2006: 20%
  - 2007: 19%
  - 2008: 18%
  - 2009: 17%
  - 2010: 16%

- Percentage of single-person households (% of U.S. households)
  - 2006: 23%
  - 2007: 22%
  - 2008: 21%
  - 2009: 20%
  - 2010: 19%

- Percentage of people below the poverty level (% of people below the poverty level)
  - 2006: 15%
  - 2007: 14%
  - 2008: 13%
  - 2009: 12%
  - 2010: 11%

- Percentage of people below the poverty level (% of people below the poverty level)
  - 2006: 10%
  - 2007: 9%
  - 2008: 8%
  - 2009: 7%
  - 2010: 6%

- Percentage of people below the poverty level (% of people below the poverty level)
  - 2006: 5%
  - 2007: 4%
  - 2008: 3%
  - 2009: 2%
  - 2010: 1%

Information contained in this document was compiled using the Iowa Department of Public Health's Data Warehouse.
STUDY

- In an effort to share the work of the mini-collaborative and provide a feedback mechanism for other public health professionals, a survey was distributed in January 2010.
- Seventy people responded to the survey. Respondents provided helpful feedback to make the snapshot useful for health planning purposes.
ACT

- Recommendations made by collaborative members and feedback from the survey were used to develop a final snapshot.
- A feasibility review was completed in February 2010.
- A Part of the Data Warehouse
  - The county health snapshot will be incorporated into IDPH’s Data Warehouse. County-level data will be available once the Data Warehouse is launched.