

VII. HEALTH STATUS MEASUREMENT AND REPORTING

Key Findings of Section VII

- 1. The state of Missouri, St. Louis City and Saint Louis County have the opportunity to improve the system of health measurement and health status reporting to the community.*
- 2. Currently, there is no ongoing, comprehensive source of data and analysis reported to the St. Louis City and Saint Louis County region.*
- 3. The RHC proposes that the St. Louis City and Saint Louis County region report on health status on an annual basis.*

A. Importance of Health Status Reporting

The regular measurement and reporting of health status is important to the health of a region. Communities that measure and report health status are better able to:

- Track patterns and trends in regional health indicators.
- Prioritize diseases, health and social conditions, and public health issues most in need of attention.
- Target efforts to areas and populations most affected by poor health status.
- Demonstrate the need to allocate resources toward regional health improvement.

B. Current Measurement and Reporting in St. Louis

The RHC conducted an assessment of current measurement and reporting of health status in the St. Louis City and County region. The RHC determined that:

- Few organizations are reporting on region-wide health status in St. Louis.
- The reports that are produced tend to fall into one or more of the following categories:
 - Focus on a specific issue, such as a disease.
 - Published at irregular intervals.
 - Provide data that are specific to a jurisdiction or organization.
 - Report on few health indicators.
- The City of St. Louis Department of Health released a comprehensive report on the City's health status in April 2001.
- The State of Missouri is a prime data collector and disseminator of health-related information. The MICA web site allows individuals to analyze data to fit their needs. However, a basic level of expertise is needed to use and interpret the data.
- Demographic and socioeconomic census data are readily available through the Missouri Census Data Center. The data are available at a low level of granularity (census tract). Efforts have been recently completed in Saint Louis County, and are underway in St. Louis City, to aggregate this data into meaningful unit blocks (i.e. neighborhoods, municipalities) for the general public. These analyses have not been published to date.
- Data on health status and behavioral risk factors are readily available at the county and zip code level through the State of Missouri at www.dhss.state.mo.us. This data is often used by "issue specific" groups in their reports to the community. Given the difficulty of small sample sizes, this data has not been translated into unit blocks smaller than zip codes.
- Efforts to obtain and report qualitative information regarding health care services have been sporadic. Several recent reports (discussed in Section V of this report) provide comprehensive information on barriers to access and impressions of the health care system. However, there are no set plans to repeat these studies.
- Data regarding the uninsured population in the region are generally not collected nor reported, and can only reliably be estimated at the county-level using known methods. Past efforts to estimate this number have relied on a proprietary model created by the Lewin consulting group in 2000 using 1997-1999 data.
- There is a lack of intermediate indicator data available at the state and regional levels. Intermediate indicators reflect changes that may lead to shifts in health outcomes, i.e. the rate of people trying to quit smoking or the percent of people advised by their doctors to quit smoking.
- The Missouri Department of Health and Senior Services issues an annual *Buyer's Guide to Managed Care Plans*. The guide reports on quality of care, access to care and member satisfaction indicators for hospital institutions. The purpose of the guide is to allow consumers to make informed choices on health care providers.

C. Provider Impressions of Health Status Measurement and Reporting

In the RHC survey of institutional safety net providers, a number of respondents commented on the need for improved data collection and reporting of health status. (See Appendix 1 for survey methods.) In particular, providers discussed the fragmentation of current measurement efforts. For example, one provider commented:

“Data collection must come from multiple sources and sites, making it difficult to evaluate comprehensive programs and gaps in programs.”

Another provider noted that the current measurement system poses challenges for area-wide planning:

“For area-wide planning, common definitions are the greatest challenge. There is no single source for reporting/collecting data.”

When asked to describe any challenges or barriers in how data are currently collected and reported, another provider responded:

“The lack of community wide coordinated system. The State’s...system is a good start. However, [there should be] a comprehensive MIS [Management Information System] for safety net providers to enter, access and retrieve data.”

D. Health Status Reporting in Other Communities

The RHC also reviewed the measurement efforts of several other communities currently working to improve regional health status (For a listing of communities and more detailed findings, see Appendix 12).

The RHC found that there are a number of coordinated, effective reporting practices used in other communities that could be adopted in St. Louis. Several of these practices include:

- Data sharing and collaboration in data collection across systems, including state, city, county, health departments, and providers.
- The collection and reporting of a comprehensive list of health indicators that can be tracked over time to evaluate progress.
- The comparison of health outcomes to benchmarks such as the state, nation, and Healthy People 2010 goals (national health objectives established by the Department of Health and Human Services)
- The reporting of data at the zip code level.

E. Proposal for Health Status Reporting

Based on a review of measurement and reporting in the St. Louis region and other communities, the RHC proposes that the region measure and report health status for the City and County on an annual basis. The proposed reporting framework and health indicators are discussed below.

Proposed Reporting Framework

- *Key Indicators*

A concise list of key indicators reported for St. Louis City, Saint Louis County and the City/County region by black, white and overall population. The list focuses on disparities, outcomes and access. It provides readers with a quick overview of where the region stands in terms of health as a community. Each of the indicators is compared to the State of Missouri, the nation, and Healthy People 2010 Targets. Each indicator is also plotted on a line chart to show the basis for monitoring future trends.

- *Comprehensive Indicators*

A comprehensive list of indicators reported for St. Louis City, Saint Louis County and the City/County region by black, white and overall population. These are also reported by zip code, with maps of the region that show zip code outcomes by quartile. The intent is to provide information for community members who want a more detailed understanding of citizen health in the region. Each of the indicators is compared to the State of Missouri, the nation, and Healthy People 2010 Targets (where applicable). Each indicator is also plotted on a line chart to show trends by year for black, white and overall population.

- *Summary Statistic*

Provides a summary score for zip codes in the St. Louis region based on the comprehensive indicators. The statistic will help the community identify areas of highest need.

F. Selection of Proposed Health Indicators

The RHC proposes the indicators in the tables below be reported on an annual basis. The proposed key indicators and comprehensive indicators are below:

KEY INDICATORS

DISPARITIES AND OUTCOMES	
1	INFANT MORTALITY
2	BREAST CANCER—RATIO OF EARLY STAGE TO LATE STAGE DIAGNOSIS
3	HEART DISEASE MORTALITY
4	DIABETES MORTALITY
5	HIV INFECTION INCIDENCE
6	LEAD POISONING SCREENED PREVALENCE RATE—AGE 0-5
7	ADULT SMOKING RATE (BRFSS)*
8	SUICIDE
9	OBESITY (BMI)* (BRFSS)*
ACCESS TO CARE	
1	PREVENTABLE HOSPITALIZATIONS
2	BIRTHS WITHOUT EARLY PRENATAL CARE (1ST TRIMESTER)

* Data not available at zip code level. Available as an aggregate for the 7-county region.

COMPREHENSIVE INDICATORS

INDICATOR	
DEMOGRAPHIC	
1	POPULATION CHANGE (1990-2000)
2	· AGE 0-4
3	· AGE 5-14
4	· AGE 15-44 FEMALE
5	· AGE 15-44 MALE
6	· AGE 65+
7	RACIAL POLARIZATION
8	OVERALL POPULATION
9	BIRTH RATE PER 1,000 POPULATION
10	DEATH RATE PER 1,000 POPULATION
11	FERTILITY RATE

SOCIOECONOMIC	
12	AVERAGE HOUSEHOLD INCOME
13	PERSONS LIVING BELOW POVERTY
14	FEMALE HEADED HOUSEHOLDS
15	ADULTS 25% YEARS WITHOUT A HIGH SCHOOL DEGREE
16	UNEMPLOYED PERSONS

ACCESS	
17	PREVENTABLE HOSPITALIZATIONS
18	EMERGENCY ROOM VISITS

UNINSURED POPULATION	
19	UNINSURED PERSONS (ESTIMATE)

MEDICAID POPULATION (MC+)	
20	MEDICAID MC+ ELIGIBLE PERSONS

MEDICAID POPULATION (TRADITIONAL)	
21	TRADITIONAL MEDICAID ELIGIBLE PERSONS

HEALTH STATUS INDICATORS	
22	BREAST CANCER—RATIO OF EARLY STAGE TO LATE STAGE DIAGNOSES
23	HOSPITAL ADMISSION RATES

COMPREHENSIVE INDICATORS (CONTINUED)

MATERNAL AND CHILD HEALTH	
24	INFANT MORTALITY
25	BIRTHS WITHOUT EARLY PRENATAL CARE (1 ST TRIMESTER)
26	TEEN BIRTHS (AGES 10-14)
27	TEEN BIRTHS (AGES 10-17)
28	BIRTHS TO WOMEN MORE THAN 34 YEARS OLD
29	LOW BIRTH WEIGHT (LESS THAN 2500 GRAMS OR 5.5 POUNDS)
30	VERY LOW BIRTH WEIGHT (LESS THAN 1500 GRAMS OR 3.3 POUNDS)
31	LEAD POISONING PERCENT TESTED (AGE 0-5)
32	LEAD POISONING SCREENED PREVALENCE RATE (AGE 0-5)
33	ASTHMA HOSPITALIZATIONS
34	BIRTH-MEDICAID
35	BIRTH-WIC
36	BIRTH-FOOD STAMPS
37	BIRTH-SMOKING
38	BIRTH-ALCOHOL
39	BIRTH-EDUCATION

MORTALITY (AGE-ADJUSTED)	
40	LEADING CAUSES OF DEATH
41	OVERALL MORTALITY
42	LIFE EXPECTANCY
43	HEART DISEASE
44	CVA (STROKE)
45	COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)
46	CANCER
47	BREAST CANCER
48	PROSTATE CANCER
49	LUNG CANCER
50	DIABETES
51	HOMICIDE
52	SUICIDE
53	MOTOR VEHICLE ACCIDENT
54	NON-MOTOR VEHICLE ACCIDENT
55	OVERALL ACCIDENT
56	INFLUENZA AND PNEUMONIA

COMPREHENSIVE INDICATORS (CONTINUED)

INFECTIOUS DISEASE	
57	HIV INFECTION INCIDENCE
58	AIDS INCIDENCE
59	GONORRHEA RATES (NA BY RACE)
60	SYPHILIS RATES
61	TUBERCULOSIS CASES PER 100,000
62	AIDS MORTALITY
63	CHLAMYDIA (NA BY RACE)
64	HEPATITIS A
65	HEPATITIS B
66	HEPATITIS C
ENVIRONMENTAL	
67	POSSIBLE ENVIRONMENTAL INDICATORS (E.G. AIR QUALITY)

ADDITIONAL COMPREHENSIVE INDICATORS FOR SUBSEQUENT YEARS

The following indicators are not currently available at the zip code level on an annual basis. While these indicators are often difficult to track, they give useful insight into behavior that affects health outcomes. The RHC proposes that these indicators be tracked in future years if and as the data becomes more readily available.

1	ADOLESCENT HEAVY AND BINGE DRINKING IN PAST 30 DAYS
2	ADULT HEAVY AND BINGE DRINKING IN PAST 30 DAYS
3	ADULT ILLICIT DRUG USE IN PAST 30 DAYS
4	OBESITY (BMI)
5	RATE OF PHYSICAL ACTIVITY
6	RATE OF 5 OR MORE SERVINGS OF FRUIT AND VEGETABLES

Criteria

The RHC relied on the following criteria in the selection of proposed health indicators:

1. Data are already aggregated on at least a zip code basis (the RHC made several exceptions to this criterion, in cases where members believed the indicator was important enough to report on at least a regional level).
2. Data can be tracked over time.
3. Data are comparable to health data from other communities, and State & National data.
4. Data are statistically reliable, clinically valid and sustainable over time.
5. Indicators reflect a broad definition of Community Health and are consistent with the mission and focus of the Regional Health Commission's activities.
6. Procedural measures and behavioral measures can be correlated to health status.
7. Data are comprehensive enough to satisfy the individual reporting needs of the St. Louis City and Saint Louis County Departments of Health.

Resources

The RHC consulted the following resources in developing the proposed list of indicators:

- Healthy People 2010 Leading Health Indicators ^{7.1}
- *Public Health: Understanding Our Needs*, City of St. Louis Department of Health ^{7.2}
- *Strategic Plan 2000-2005: 2003 Update*, State of Missouri Department of Health and Human Services ^{7.3}
- RHC findings regarding health outcomes and disparities in St. Louis City and County
- The Centers for Disease Control and Prevention's (CDC) consensus set of health status indicators ^{7.4}
- City of St. Louis Department of Health
- Saint Louis County Department of Health
- State of Missouri