Data Access: Planning Phase

NCVHS Full Committee Meeting

January 9, 2018

Background

Four CDC Health Data Systems: CHSI, HIW, HDI and BRFSS

- Community Health Status Indicators (CHSI)
- HHS Health Indicators Warehouse (HIW)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Health Data Interactive (HDI)

Community Health Status Indicators (CHSI)

- HRSA late 1990s – cooperative effort, funding to Public Health Foundation, ASTHO and NACCHO
- Public health profiles for all 3,143 counties in the United States
- Launched 2000; Unplugged 2003
- Public health community lobbied for return, reopened CDC in August 2012
- >300 measures, Census Tract level, 78 core measures, Mortality by age, race, gender; 7 SDOH measures at Census Tract level, Standard errors for all estimates, Means and range for peer counties, Peer counties can be viewed one by one
- Shuttered August, 2017 (21 core measures no longer publicly available)
- County Health Rankings (**CHR**) do not cover range of data in CHSI
  - 29 core measures, No standard errors available, No CT data available, No mortality data stratified by race, ethnicity, or gender.

HHS Health Indicators Warehouse (HIW)

- **HIW** maintained BRFSS data, along with data from numerous other sources
- Rolling 7-year averages to track slow/gradual changing rates, e.g., heart disease, cancer mortality over time
- Decommissioned on June 30, 2016
- Loss of both **CHSI** and **HIW**, 7-year rolling BRFSS estimates no longer generated by CDC
- Could still be helpful to County Health Rankings (**CHR**)

Behavioral Risk Factor Surveillance System (BRFSS)

- Regular BRFSS data users say they can no longer support their tools
- **CHR** continued need of BRFSS data; **CHR** website indicates new data are modeled but average user may not appreciate the extent of the standard error issue
- **500 Cities** includes city-level and census tract data for approximately one-third of the U.S. population in most populated cities
  - Modeled estimates 28 BRFSS measures of health outcomes, behaviors, and services
  - Does not cover most U.S. counties or include social or environmental determinants of health
  - Because indicators are modeled, estimates cannot track change or monitor intervention impact
  - Recently published evaluation of 10 of the 28 modeled estimates for Boston reported that 4 of 10 significantly overestimated the prevalence compared to direct estimates (binge drinking, obesity, frequent mental distress, and frequent physical distress)

Behavioral Risk Factor Surveillance System (BRFSS)

- **CHR** website lists 3 limitations including, “the confidence intervals constructed from these methods appear much smaller than confidence intervals reported for direct survey methods in previous years.“
- Statement lacks clarity about meaning for data quality/reliability
- Loss of 7 year rolling averages is important to data-users
  - Policymap, Community Commons, and Opportunity360 use these data to populate proprietary tools; concerned that BRFSS modeled estimates may not be reliable
  - For example, the 500 Cities estimates smoking rates in one Atlanta census tract is 12%, but the modeled data estimate in Opportunity360 it is 21%

Health Data Interactive (HDI)

- Interactive tables on the health and wellbeing of the US population:
  - Pre-tabulated measures by several covariates: Age, Race and ethnicity, gender, year, AND Geographic location, Income, Urbanicity (when available)
  - Standard errors, upper and lower bounds of 95% confidence interval for users who wanted to perform additional statistical tests
- The HDI project closed July 2016
- See link for details: https://www.cdc.gov/nchs/ppt/nchs2015/Gorina_Monday_WhiteOakA_A1.pdf

Concerns about Data Access

- Data access taken away, unclear why; is data infrastructure too costly to create or maintain?
- Data moved into Research Data Centers (RDCs) with goal to allow linkage of publicly available data with restricted data for research; feedback: it has locked up previously permissible data use (eg, NHIS and MEPS)
- Data removed due to political concerns/beliefs (climate, prison)
- **It is impeding commerce -** Entrepreneurs need reliably available data

Committee Questions

- Which data are no longer available?
  - Which data are no longer provided reliably?
  - Which data are more difficult to access?
- Which communities need these data, and why?
  - How were data previously used?
  - What decisions and activities did these data support?
  - Which commercial interests are affected?

Data Access

Next Steps

Workplan

	2018 Q1	2018 Q2	2018 Q3	2018 Q4	Process Owner
HHS Data Access Issues	• **Fact-finding activity**: ▪ What data are no longer available? ▪ Who was using it – what for? ▪ What do they need, can't get? ▪ Available from another source? ▪ Obtain perspectives from data users and stakeholders	• Develop preliminary Summary of Findings • Present Summary at May FC meeting for input • Revise as needed • Visit with HHS Data Council to present Summary of Findings	• Scope next steps		**Pop Health**