Data Access: Planning Phase

NCVHS Full Committee Meeting
January 9, 2018
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

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

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<th>Process Owner</th>
<th>HHS Data Access Issues</th>
<th>2018 Q1</th>
<th>2018 Q2</th>
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<th>2018 Q4</th>
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| Pop Health    | **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 |