

ALIGNING ACTION FOR HEALTHSM

Using Census Tract Data An Introduction to 500 Cities & City Health Dashboard

Our approach

CROSS-SECTOR KNOWLEDGE

Our breadth and depth of experience in government, private, and academic sectors creates fertile ground for innovation and improvement.

TRUSTED PARTNERSHIPS

Collaboration is a must. We have cultivated a network of partners who share our vision and work alongside us to accomplish our mission.

PROVEN SOLUTIONS

Our work is data-driven and evidence-based. The lasting solutions we design are informed by consultation with field experts.

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ADVANCING CHANGE

Healthy Communities Portfolio

- Mission: Building communities that deliver positive health outcomes through improved data capacity and policies that promote vibrant, equitable, and adaptive environments
- Focus: Housing, transportation, economic opportunity, health impacts of climate change, and the built environment

<u>TEAM</u>

- Sandra V. Serna, Associate Director
- Barrie Black, Manager

Data at census-tract level

- Examine geographic-demographic-economic patterns & trends at a more granular level
- Can be a better approximation of what's happening in neighborhoods
- Ability to see trends that may be masked at parish-level
- Paints a narrative of what services/ solutions/ resources are needed where

Locating census-tract level data

- 500 Cities*
- City Health Dashboard*
- Community Commons**
- The Opportunity Atlas

*only available for the largest 500 cities in the U.S. **requires a login



Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™

500 Cities: Local Data for Better Health

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The 500 Cities project is a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation. The purpose of the 500 Cities Project is to provide city- and census tract-level small area estimates for chronic disease risk factors, health outcomes, and clinical preventive service use for the largest 500 cities in the United States. These small area estimates will allow cities and local health departments to better understand the burden and geographic distribution of health-related variables in their jurisdictions, and assist them in planning public health interventions. See bottom of page for the note for data users. Learn more about the 500 Cities Project.

500 Cities https://www.cdc.gov/500cities/



500 Cities in Louisiana



Baton Rouge Kenner

Lake Charles New Orleans

Shreveport



500 Cities Measures

Unhealthy Behaviors
Binge drinking
Current smoking
No physical activity
Obesity
Sleeping < 7 hours

Health Outcomes

Arthritis	Poor physical health
Current asthma	Teeth loss
High blood pressure	High cholesterol
Cancer (except skin)	COPD
Chronic kidney disease	Coronary heart disease
Diagnosed diabetes	Stroke
Poor mental health	

500 Cities Measures (cont'd)

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Prevention

Lack of health insurance	Pap smear
Annual checkup	Colorectal cancer screening
Dentist visits	Cholesterol screening
Taking blood pressure meds	Core preventive services for men (aged ≥65 years)
Mammography	Core preventive services for women (aged ≥65 years)

Get detailed information on each metric at https://www.cdc.gov/500cities/measure-definitions.htm

s/definitions/prevention.htm		
Portfolio Resources 🛛 📙 Terrebonne		
500 Cities: Local Data	for Better H	Health
500 Cities	500 Cities > Measur	re Definitions > Prevention
	Durantian	
Map Books	Prevention	
Measure Definitions -	f 💆 🕂	
Health Outcomes	On this Page	e
Prevention		 of health insurance among adults aged 18–64 years Mammography use among women aged 50–74 years
		tor for routine checkup within the past year among adults Papanicolaou smear use among adult women aged 21–65 years
Unhealthy Behaviors	aged≥18 yea	
Methodology		tist or dental clinic among adults aged ≥18 years aged 50-75 years cine for high blood pressure control among adults aged≥18 • Older adults aged≥65 years who are up to date on a core set of clinical
Programs and Interventions		gh blood pressure preventive services by age and sex
Multimedia	Cholesterol	screening among adults aged≥18 years
FAQs +		Current lack of health insurance among adults aged 18–64 years
Resources	Demographic	All resident adults aged 18-64 years.
Help +	group Numerator	Respondents aged 18-64 years who report having no current health insurance coverage.
Feedback		Respondents aged 10-04 years who report having to current health insurance or having no current health insurance (excluding those who
Contact Us	Denominator	refused to answer, had a missing answer, or answered "don't know/not sure").
Get Email Updates	Measures of frequency	Annual prevalence: crude and age adjusted (standardized by the direct method to the year 2000 standard U.S. population, distribution 22 [1]) with 95% confidence intervals and by demographic characteristics when feasible.
To receive email updates	Time period of case definition	21 (2) with 70% compense men vary and by demographic characterization when reasone. Current.
about this page, enter your email address:	Background	In 2012, approximately 15.4% of U.S. residents did not have health insurance (2). Lack of health insurance varies substantially by income, education, age, race, and ethnicity (2).
What's this? Submit	Significance	Lack of health insurance remains a major determinant of access to necessary health services, including preventive care. Certain socioeconomic conditions, including a lack of health insurance coverage and poverty, are associated with poor health status and chronic disease (3,4).
	Limitations of indicator	Covered health-care procedures and services can vary across insurance and other health plans. Required payments and copayments by patients can vary across insurance and other health plans, thereby affecting the financial ability of patients to receive services. Because individual persons might move in and out of health insurance, this indicator might underestimate the prevalence of a lack of health insurance. All persons aged 265 years are eligible for Medicare.
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Model-based estimates for arthritis among adults aged >=18 years - 2015



Model-based estimates for no leisure-time physical activity among adults aged >=18 years - 2015



Model-based estimates for arthritis among adults aged >=18 years - 2015

The census tracts where both issues have the highest prevalence are circled in red!





City Health Dashboard https://www.cityhealthdashboard.com/



City Health Dashboard Measures

Physical Environment		Clinical Care		
Walkability	Lead exposure risk index	Chine	Primary care physicians (per 100,000 population)	
Park access	Limited access to healthy foods	Core preventive services (adults		
Air pollution – particulate matter		aged ≥65 years)		
Health Behaviors		Prenatal care	Lack of health insurance	
Binge drinking	Smoking	Dental visits		
Physical inactivity	Teen births			

City Health Dashboard Measures (cont'd)

Social Economic Factors			
High school graduation	Racial ethnic diversity		
Income inequality	Neighborhood racial/ ethnic segregation		
3 rd grade reading proficiency	Children in poverty		
Violent crime	Absenteeism		
Unemployment	Excessive housing cost		

City Health Dashboard Measures (cont'd)

Health Outcomes					
Breast Cancer Deaths 🛈	SELECT	Cardiovascular Disease Deaths 🛈	>	Colorectal Cancer Deaths 🛈	>
Diabetes ①	>	Frequent Mental Distress 🛈	>	Frequent Physical Distress 🛈	>
High Blood Pressure 🛈	>	Life Expectancy 🛈	>	Low Birthweight 🛈	>
Obesity 🛈	>	Opioid Overdose Deaths 🛈	>	Premature Deaths (All Causes) 🛈	>
Click on the arrows	to get mo	ore detail about each metric!			



This scatterplot, which is automatically generated when you select 2 metrics under the Compare Across Metric tab, shows the strong relationship between lack of leisure-time physical activity and frequent poor health by census tract in New Orleans.



Want to share or learn from others?

City Health Dashboard has a page just for that! Let them know how you are using the data.

🖬 Stories and News City Health Da 🗙 🕂		– 6 ×
← → C ☆ 🔒 https://www.cityhea	althdashboard.com/stories	☆ 🚱 :
🗰 Apps 💪 Google 📕 365 Login 📙 Imp	ported 📙 Portfolio Resources 📙 Terrebonne	
MENU	City Health DASHBOARD	
	Stories and News	
	Learn how other communities have successfully woven health into their decision-making around issues such as education, access to affordable housing, and unemployment. This section includes new articles on how cities are using the Dashboard, posts from the City Health Dashboard team, and feature stories that show how cities are building healthier communities.	
	Do you have a story to share? Tell us about it!	
	Find stories for:	
	Select a story type Select a metric Select a city	
	Meet the Dashboard: Dr. Lorna Thorpe, Primary Investigator	
	We are excited to introduce Dr. Lorna Thorpe, co-Primary Investigator of City Health Dashboard. Dr. Thorpe is a Professor of Epidemiology at NYU Published on: Oct. 11, 2018	
Y	By: Miriam Gofine	
f	Story type: Blog	
	Behind the Metric: Education	
SUBS CRIBE	Behind the Education Metrics: Building Blocks for a Healthy Community About the Metrics People with more education live longer, Published on: Sep. 27, 2018	
SUB	By: Jessica Athens	
Type here to search	Story type: Bloa	ENG ■
		10/18/2018 🕚

Thank you!

Sandra Verónica Serna, MPH p: 504.301.9848 e: sserna@lphi.org LinkedIn: https://www.linkedin.com/in/sandravserna

Barrie Black, MPH p: 504.301.9852 e: ablack@lphi.org