



Project Newsletter

Iowa Public Health Tracking

June 2013

In this Issue:

- Iowa Public Health Tracking Project Update (Pg. 1)
- SNEAK PEAK – County Health Snapshot Reports (Pg. 2)
- Principles of Public Sector Data Management (Pg. 3)
- Sortable Stats 2.0 (Pg. 3)
- Welcome to new IPHT team members! (Pg. 4)

Project Update and Planning

- Our name has changed! The Data Warehouse program will now be the Iowa Public Health Tracking program. We will be transitioning to our new name over the summer with the launch of the replacement system.
- Early construction of the new solution is nearly complete! We are preparing to move into the testing phase of the project in the beginning of June. Public release of the new system is slated for July.
- The data management team is preparing a training schedule for the summer targeted to local public health agency users, non-profit organization staff seeking health data, and hospital users. The sessions will be in-person training with a focus on data available through the new system and confidential release of data. Trainings will be conducted in-person in six regions of the state and are slated for this fall.
- The Public Health Tracking Coordinator, Meg Harris, held a session on Principles of Public Sector Data Management at the Iowa Governor’s Conference on Public Health. If you missed the session, the presentation is available on the Data Warehouse website. Check it out!
- To learn more about the Data Warehouse System Replacement Project and view project updates, visit our website at: <http://www.idph.state.ia.us/dwh/Updates.aspx>

Project milestones:

- November 2012 - Data Warehouse System Replacement Project contract signed with Microsoft and Infusion
- November 2012 - Project kick-off at IDPH
- January 2013 - SharePoint 2013 Installation
- February 2013 – Dashboard Construction Begins

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County Health Snapshot Reports

The Data Warehouse Replacement Project includes updated County Health Snapshot reports. The snapshots provide an overview of key health indicators for local communities. They contain county-level measures that are organized into eight categories. The categories are asthma, cancer, health behaviors and outcomes, heart disease and other chronic conditions, infectious disease, mortality and injury prevention, population statistics and reproductive outcomes. The updated county health snapshots include almost forty new chronic disease indicators in addition to all of the indicators in the existing snapshots.

There will be two different reports available in the Data Warehouse replacement system. One of the reports is a multi-year county health snapshot. This report has a similar format to the previous county health snapshot report in the current Data Warehouse. It will display multiple years of data for a single county. The data will be for the most current year available and the two years prior. The state values for the current year will also be included.

	Polk County [Year]			State of Iowa [Year]
Health Behaviors and Outcomes				
General Health Status (% of people reporting fair/poor health)	11 [2007]	11 [2008]	11 [2009]	12 [2009]

The second report available is the multi-county health snapshot. Instead of multiple years for a single county, this report displays data for multiple counties in a single year. A user may select up to six counties to be displayed in the report. The selected counties are compared to the state values as well. All of the data will be for the most current year available. Both the multi-year and multi-county health snapshot reports will be available for export in pdf or csv format.

	Adair	Adams	Allamakee	Appanoose	Audubon	Benton	State of Iowa
Health Behaviors and Outcomes							
General Health Status (% of people reporting fair/poor health)	8.5	20.1	14.7	25.1	8.4	14.0	12.2

Note: All images were taken from a prototype and are subject to final revision.

Principles of Public Sector Data Management

Principles of data governance are prevalent in private sector companies where data is critical to operations. Despite the criticality of data to evidence-based public health action and evaluation, appropriate management of data in the public sector has been largely absent until recently. In 2011, the Iowa Department of Public Health (IDPH) began a data governance initiative that identified weaknesses in data management and provided recommendations for improving integrity and use of data. In addition, a data warehouse system replacement project brought forth new methods for storing and accessing data. IDPH partnered with Microsoft Consulting Services, and through that partnership will develop a cutting edge platform for access to health data using SharePoint 2013. The presentation will highlight the key components of starting a data governance program in a public institution, including examples of what worked and what did not in the IDPH experience. It will also include a discussion on the options for data management solutions, the importance of intra and inter-agency integration and uses of shared resources in the ever-changing world of information technology. The entire presentation is available on the Data Warehouse website at <http://www.idph.state.ia.us/dwh/Updates.aspx>.

Sortable Stats 2.0

The Sortable Stats 2.0 application is provided by the Centers for Disease Control and Prevention. It allows users to compare multiple health outcomes over time throughout the United States and its territories. The site shows data for all fifty states, which can also be divided into ten federal regions. The site also displays national averages and data for Washington D.C. and the nine U.S. territories. There are four different indicator groups: Death Rates, Health Burdens, Risk Factors, and Preventive Services. The indicators can be viewed in five different formats including Summary, Indicator, Detail, Map, and Demographics.

The first viewing format is the Summary view. It displays all of the different indicators for the selected group. The second format is the Indicator view, which shows only one indicator at a time. Through this view, the indicators are displayed by demographics, such as race, age, and gender. There is also a trend option to see how a particular indicator has changed from 2000-2009. Both the Summary and Indicator viewing formats display indicators for every state, region and territory.

The third format, the Detail view, displays every indicator for one selected state or territory. The state values are compared to a regional range and national value. Additional demographic and trend data is displayed in tables and graphs for a selected indicator. The trend data is available from 2000-2009. All of the demographic and trend data is also compared to a national average.

The fourth viewing format, the Map view, shows a map of the United States with values for a selected indicator. The map can show all fifty states, the federal regions, or a chart of the U.S. territories. Depending on the indicator, the map will show either a rate or a total value.

Last is the Demographics view, which shows population data for each state or region as well as the nation. The population measures can be displayed by race/ethnicity, gender, and age groups. This option also shows a pie graph with the national results for each category.

The Sortable Stats 2.0 is a great site for comparing information between states or between different regions of the nation. There is a lot of information on the site and it can be displayed in five different viewing formats, making the information easy to interpret. Also, all of the tables and graphs displayed by the site are available for export.

Welcome to the team!

The Iowa Public Health Tracking (IPHT) team is excited to welcome two new members. Allison Peel is a Master of Public Health student at Des Moines University. She will be completing her capstone experience as the IPHT intern this summer. Allison is also an employee at General Dynamics. She has extensive data management experience and will be working on the development of user guides and other training materials for the Iowa Public Health Tracking Portal.

Brittany Perkins is a recent graduate of Drake University. She earned a B.S. in Health Sciences and is interested in pursuing a career in public health. This year Brittany will be leading IPHT communications. Last summer, Brittany worked in Vital Records as the Research and Ethics Review Committee intern.