



Public Health
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Linn County, Iowa

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Evaluation and Use of Public Health Data

PURPOSE

To establish a methodology for public health data to be collected, analyzed, utilized, and disseminated by Linn County Public Health to reflect and improve trends in health issues, environmental public health hazards, and social and economic factors that affect the health of the public.

SCOPE

This policy applies to all Linn County Public Health employees when collecting, analyzing, using and distributing public health data and utilizing data for public health planning and action.

DEFINITIONS

The following definitions applies to the use of the terms referenced in this document

- A. **Confidential Public Health Records:** A record, certificate, report, data, dataset, data sheet or information which is confidential under federal or state law. As a general rule, public health records which contain personally identifiable information of a health-related nature are deemed confidential under Iowa law.
- B. **Health Inequities:** Differences in health between population groups related to unfair, unjust, and avoidable socioeconomic or environmental conditions, public policy, or other socially determined circumstances (Source: Adapted from BARHII, Local Health Department Organizational Self-Assessment for Addressing Health Inequities).
- C. **Linn County Health Profile:** A comprehensive assessment of the health status of Linn County residents through analysis of a variety of public health indicators.
- D. **Public Health Indicators:** Public health indicators are a snapshot of population health status, social determinants of health, and public health system performance. Indicators may include but are not limited to: epidemiologic data, vital statistics, workplace fatality or disease investigation results, cluster identification or investigation results, outbreak investigation results, environmental and occupational public health hazard data, population health or key health indicator data, outbreak after action reports, analysis of hospital data, analysis of not-for-profit organizations' data (for example, poison control center data or child health chart book), health disparities data, environmental data, socioeconomic data, stratified racial and ethnic health disparities data, and community health indicator data.
- E. **Public Health Reports:** Public health reports are written documents that summarize data on one or more

public health issues such as: health behaviors; disease clusters or trends; public health laboratory reports; environmental public health hazards reports; or public health indicators.

- F. **Social Determinants of Health:** *Conditions in the social and physical environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life risks and outcomes. The social environment refers to social, economic, and cultural norms, patterns, beliefs, processes, policies, and institutions that influence the life of an individual or community. The physical environment refers to both the natural and human-made environments and how they affect health. Social Determinants of Health are often referred to as "Root Causes" (Source: Adapted from Healthy People 2020).*

POLICY

Data analysis should be conducted by Linn County Public Health to identify and understand current, emerging, or potential health problems. Each division within Linn County Public Health should identify public health indicators and outcomes to analyze and draw conclusions from available data to inform public health action.

Data Collection

- A. Program specific data is collected by each branch/division to reflect program actions and progress toward set goals
- B. Data related to a variety of priority public health indicators will be collected on an annual basis
- C. Data may be gained from multiple sources to include primary and secondary, quantitative and qualitative data.
- D. When available, data should be collected at the most granular level possible to represent the population of interest. This may include address, census block group or tract, zip code, city, or county.
- E. Comparative data (i.e. local, state, and national) should be collected to establish a benchmark in disease or health status locally against that of larger geographic jurisdictions.

Data Analysis

- A. Where applicable each division, branch or agency-wide will assess progress toward set program and performance goals to inform continuous quality improvement.
- B. Analysis of priority public health indicators should include examination of the root causes of disease including factors related to social determinants of health and health inequities across the different populations served.
- C. Analysis of the agency's priority public health indicators should evaluate local age-adjusted rates against state and national rates, when available.
- D. When calculating public health disease rates, age-adjusted rates should not be calculated when the number of cases is less than 20. Crude-rates may be calculated for cases between 10-19, but should be considered unstable.

Sharing of Public Health Data

- A. Information from confidential public health records may not be released if the denominator or population size is less than 100 or if the numerator or number of cases are less than five. In these cases, data should be broadened to be aggregated across multiple years or a larger age range, if applicable to meet with requirement.

- B. Data reflecting public health disease and health trends will be made available to Linn County Public Health staff, community partners, and community members through public health reports (such as the Linn County Health Profile) and dashboards posted on the Linn County Public Health website.
- C. Alternately, relevant data may be shared with community partners, community members, or internal staff via email, phone, or through a variety of other distribution methods, if requested.
- D. Progress toward agency identified program and performance measures will be communicated to staff through the agency Share Point site in conjunction with the Performance Management System
- E. Reports on emerging public health issues shall be provided at least once every two years.

Data Request

- A. Health data may be requested by Linn County staff, community partners, or community members via email or other methods of communication or through the use of the data request function on the Linn County website.

Public Health Action

- A. Data should be used to recommend and provide strategic vision for public health policy, processes, programs and/or interventions, planning, and resource allocation.

REFERENCES

- A. Public Health Accreditation Board Standards version 1.5
 - 1. Standard 1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.
 - 2. Standard 1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions.
- B. PO-CA-001-01: Developing Community Health Needs Assessment and Health Improvement Plan
- C. Linn County Public Health Policy on Health Equity
- D. PO-PM-002-02: Performance Management Systems
- E. PO-PM-001-04: Quality Improvement

Attachments:

Approval Signatures

Approver	Date
Linn County Public Health Board of Health	5/23/2019
Pramod Dwivedi (Approver): Health Director	5/13/2019
Kim Honn: Administrative Assistant	5/13/2019
Tricia Kitzmann: Community Health Manager	5/2/2019
Tricia Kitzmann: Community Health Manager	4/8/2019
Kaitlin Emrich: Assessment and Health Promotion Manager	4/2/2019