

## EXAMPLES: Rating Size, Seriousness, & Presence of Disparities in the Morbidity and Mortality Data

**Table 1: Scoring Worksheet**

Pink text = data from PRC survey; black text = various sources from secondary workbook

Indicator	Size of Problem <i>% of population affected</i>	Severity of Problem <i>e.g. cost to treat, lives lost, etc.</i>	Score <i>Total from adding size and severity scores</i>	Disparities Noted in Data <i>Note any disparities among different groups (i.e. by race, gender, neighborhood, socio-economic status, educational level, etc.)</i>	Notes
e.g. Teen (15-19) pregnancy rate (2016), 23.9 (per 1,000 women age 15-19)	5	+ 8	= 13	Hispanic pregnancies, 33.7 (per 1,000 Hispanic women age 15-19) African-American, Non-Hispanic, 41.1 (per 1,000 African-American, Non-Hispanic women age 15-19)	All rates are trending down (see graph in presentation)
a. Young teen (15-17) pregnancy rate (2016), NA	1	+ 8	= 9		Continued downward trend in the count; numbers too small to report
b. Teen (15-19) pregnancy rate (2016), NA (per 1,000 women age 15-19)	1	+ 7	= 8		Continued downward trend in the count; numbers too small to report
c. Birth to mothers who smoked prenatally (2016), 18.4% of births	7	+ 5	= 12		Upward trend since 2011; up from 12% in 2015 (see graph in presentation); slightly

						below regional average; well above state average	
d.	Low birth weight (2012-2016), 8.4% of births	6	+	7	=	12	Trending slightly upward from 7.6% (2011-2015)
e.	High blood pressure prevalence (2018), 43%	10	+	5	=	15	96.3% "taking action to control hypertension"
f.	Heart disease prevalence (2018), 7.7%	6	+	7	=	13	
g.	High blood cholesterol (2018), 31.4%	9	+	4	=	13	89.3% "taking action to control high blood cholesterol"
h.	Heart disease mortality trend (2012-2016), 179.2 (per 100,000), n=266	5 [rough approx. 1.3%; #/population]	+	5	=	10	Trending slightly down; #1 cause among 85+; #2 cause for 40-84; #3 cause for 20-39; higher than WNC and NC average.
i.	Cancer mortality trend (2012-2016), 159.8 (age-adjusted), n=244	5 [rough approx. 1.3% pop.]	+	6	=	11	Trending slightly up; #1 cause of death 40-84; #3 cause for 20-39 & 85+; below WNC and NC average; most common site is lung/bronchus (rate 55.6 per 100,000; 89 cases, 2012-2016; mortality rate up for this type); low numbers for breast cancer

j.	Chronic Obstructive Pulmonary Disease (COPD) prevalence (2018), 12.2%	7	+	7	=	14		
k.	Chronic lower respiratory disease mortality (2012-2016), 91.9 (age-adjusted rate per 100,000), n=94	3 [rough approx. 0.4% pop.]	+	6	=	9		Much higher than WNC rate; double state rate
l.	Stroke prevalence (2018), 2.2%	5	+	6	=	11		
m.	Stroke mortality rate (2012-2016) 50.5 (age-adjusted rate per 100,000), n=76	3	+	5	=	8		Stroke mortality has not changed in over 10 years; higher than WNC (42.8), which is also stable
n.	Other injury mortality (2012-2016), 39.3 per 100,000, (n=51) <ul style="list-style-type: none"> <li>Female, 25.3</li> <li>Male, 56.4</li> </ul>	3	+	5	=	8	Significant disparity between males and females across region.	Rate stable from 2011-2015
o.	Diabetes prevalence, ever diagnosed (2018), 14.9%		+		=			Down from 2011 peak. Prevalence trending down across region
p.	Diabetes mortality (2012-2016), 17.5 per 100,000 (n=24)		+		=			Borderline or pre-diabetes, 8.2%
q.	Adult obesity (2013), 24.6%		+		=			Number affected 4,033
r.	Total overweight or obese (2018), 72.3%		+		=			36.5% obese (BMI 30.0 or higher)
s.	[insert local child obesity data]		+		=			
t.	Child (2-17) prevalence obesity, overweight, healthy weight, underweight (2015 -		+		=			Numbers for 2-5 too small. Ranked 93/100 in state. Only children

	NC-PedNESS), Overweight 12.6%, Obese 19.3%, Healthy weight 64%, Underweight 4.2%					seen in WIC, Child health clinics and some school health centers.	
u.	Unintentional poisoning by medication/drug rate (2009-2013), 7 per 100,000, n=11		+	=		Lower than NC or WNC	
v.	[insert local NCDETECT data]		+	=			
w.	Chlamydia rate, 257.7 per 100,000, n=55		+	=		2015 & 2016 rates up significantly from earlier years. Lower than WNC and much lower than NC. #s of syphylis cases on the rise in WNC (low numbers in county but rising)	
x.	Experience "Fair" or "Poor" overall health (2018), 19.1%	8	+	3	=	11	Slightly higher than WNC (17.3%) or WNC (18.3%)
y.	Limited in activities in some way due to a physical, mental, or emotional problem (2018), 31.9%	9	+	3	=	12	Similar to WNC (30.7%); higher than NC (21.6%)
z.	>7 days of poor mental health in the past month, 17.0%	8	+	4	=	12	Slightly lower than WNC (18.7%)
aa.	"Always" or "Usually" get needed social/emotional support, 82.9%	7 (rated the 17.1% who do not)	+	2	=	9	Positive highlight. Higher than WNC (75.3%)
bb.	Dissatisfied or very dissatisfied with life (2018), 4.9%	3	+	3	=	6	Lower than WNC (10.5%)

cc.	Asthma prevalence (2018), 6.7%	5	+	2	=	7	Lower than WNC (11.4%)
-----	-----------------------------------	---	---	---	---	---	---------------------------

**Notes:**

- Did not include Sexual Assault data, because it was one year only
- Did not include Domestic Violence data, because it is a service system performance measure and “how much”
- Low numbers for Alzheimer mortality (n=38, 2012-2016)
- Low numbers for diabetes mortality (n=24, 2012-2016); could be trending slightly upward; lower than NC and WNC average
- Low numbers for pneumoflu mortality (n=30, 2012-2016); slightly higher than state and WNC average
- Suicide mortality rates in WNC are trending upward. County rates are unstable/based on too low numbers (n=19, 2012-2016)
- Adult obesity not included – most recent data from 2013. Holding steady from 2012. 4,033 people affected
- Fall-related deaths – small numbers (n=2)
- Health insurance rates continue to be high in the county, region and state (since started rising in 2013-2014); local and regional rates lag slightly behind NC

**Table 2: Rubric for Scoring Health Data on Size and Severity**

<b>Rating</b>	<b>Size of Problem</b> <i>% of population affected</i>	<b>Severity of Problem</b> <i>e.g. cost to treat, lives lost, etc.</i>
9 or 10	> 25%	Very serious (e.g. Ebola)
7 or 8	10% - 24.9%	Relatively serious
5 or 6	1% - 9.9%	Serious
3 or 4	0.1% - 0.9%	Moderately serious
1 or 2	0.01% - 0.09%	Relatively not serious
0	<0.01%	Not serious (e.g. teen acne)
<b>Guiding Considerations</b>	<ul style="list-style-type: none"> <li>Based on 2018 Community Health Assessment survey data and secondary workbook data.</li> </ul>	<ul style="list-style-type: none"> <li>Does it require immediate attention?</li> <li>Is there public demand?</li> <li>What is the economic impact?</li> <li>What is the impact on quality of life?</li> <li>Is there a high hospitalization rate?</li> </ul>

This tool was modified by WNC Health Network, based on the Hanlon Method. Source: NACCHO, Guide to Prioritization Techniques, 2013, <https://www.naccho.org/uploads/downloadable-resources/Guide-to-Prioritization-Techniques.pdf>

**Table 3: Indicators in Rank Order Based on Size & Severity**

LIST INDICATORS IN RANK ORDER BASED ON SIZE & SEVERITY*		Score	Notes
1	High blood pressure prevalence (2018), 43%		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

\*The rank order may not directly reflect the scores in the scoring worksheet. The scorer may move indicators up in the ranking if significant disparities are present.

## Data Development

List opportunities for improved data or data you would like to have but that aren't currently available.

- Check with Jo Bradley about SES or Male/Female disparities for top 10 indicators
- 
- 
- 

## What Else Do We Need to Know

What information or research would support your team to make recommendations on an indicator "short list."

- 
- 
- 

## Story Behind the Curve

As your team discusses the data, you can capture their insights into what's helping and hurting the numbers (this can be used in moving from priority indicators to strategies and then actions)

- 
- 
-