



Why: The Need for a **Centralized Source** of Local Population Health Data

- Population research is cost-prohibitive for most organizations
- Organizations must often preserve resources for direct services
- Technical research capacity is not available at most organizations



Why: Examples of Data in Action

Senior Community Services

For the past 37 years, Senior Community Services (SCS) has provided direct services and programming to help older adults remain living in their own homes. Financial support for much of SCS' programming relies on grants, and funders always require data reflecting the need for such programming.

“In the fall, on a very tight timeframe...PHMC provided essential data that helped SCS uncover needs, develop a compelling proposal, and ultimately receive the opportunity to steward a new initiative in Delaware County. PHMC's professional and technical assistance was top notch. SCS' relationship with PHMC is invaluable. The Philadelphia region is very fortunate to have such a resource.”



Why: Examples of Data in Action

National Nursing Center Consortium

“We used [The SEPA HHS] in a proposal for a U.S. Department of Health and Human Services Health Center Planning Grant we co-wrote with [The Philadelphia Department of Public Health]. The project that was funded included a needs and feasibility assessment and planning for a new health center that would serve NE Philadelphia, where waiting times for primary care appointments routinely stretch to more than 6 months.”

*“**Having in-depth, local, and easily accessed data from the CHDB, particularly the Household Health Survey made our application stand out, as it was clear we had already produced a clear understanding of the need in the community, and how that need has changed over time. Without access to this data, we would not be able to compete for such project funding, making it very difficult to plan strategies to improve access for vulnerable Pennsylvania communities.**”*

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Recovery Prevalence and Health Profile of People in Recovery: Results of a Southeastern Pennsylvania Survey on the Resolution of Alcohol and Other Drug Problems

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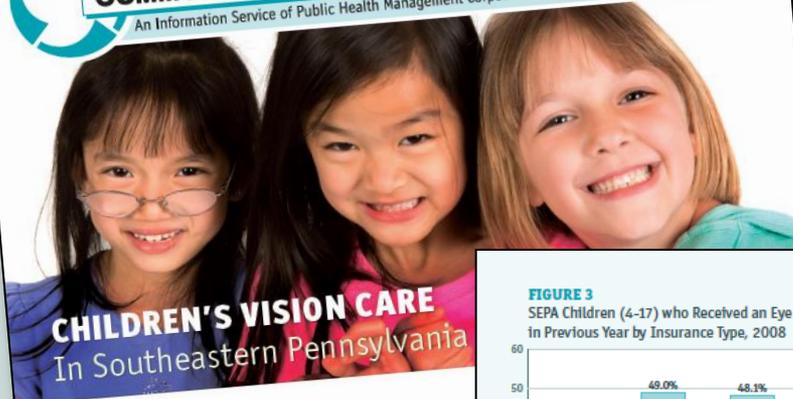
Abstract—The emergence of recovery as an organizing construct for behavioral health and the resulting push to increase the recovery orientation of addiction treatment have raised questions about the prevalence of substance use disorder (SUD) remission/recovery within the population. The present study reports findings on recovery-related questions imbedded in a health survey conducted in Philadelphia and four adjacent counties in Southeastern Pennsylvania. Results reveal an adult recovery prevalence rate (9.4%) comparable to rates found in other studies, but key measures of physical, emotional, and social health of adults in recovery suggest that more assertive, sustained, and community-based approaches to recovery management than traditional episodic professional intervention are needed.

Keywords—recovery, recovery management, recovery prevalence, recovery profile, remission

INTRODUCTION

White 2008a; 2007c; 2007d; 2007e; 2007f; 2007g; 2007h; 2007i; 2007j; 2007k; 2007l; 2007m; 2007n; 2007o; 2007p; 2007q; 2007r; 2007s; 2007t; 2007u; 2007v; 2007w; 2007x; 2007y; 2007z; 2008a; 2008b; 2008c; 2008d; 2008e; 2008f; 2008g; 2008h; 2008i; 2008j; 2008k; 2008l; 2008m; 2008n; 2008o; 2008p; 2008q; 2008r; 2008s; 2008t; 2008u; 2008v; 2008w; 2008x; 2008y; 2008z; 2009a; 2009b; 2009c; 2009d; 2009e; 2009f; 2009g; 2009h; 2009i; 2009j; 2009k; 2009l; 2009m; 2009n; 2009o; 2009p; 2009q; 2009r; 2009s; 2009t; 2009u; 2009v; 2009w; 2009x; 2009y; 2009z; 2010a; 2010b; 2010c; 2010d; 2010e; 2010f; 2010g; 2010h; 2010i; 2010j; 2010k; 2010l; 2010m; 2010n; 2010o; 2010p; 2010q; 2010r; 2010s; 2010t; 2010u; 2010v; 2010w; 2010x; 2010y; 2010z; 2011a; 2011b; 2011c; 2011d; 2011e; 2011f; 2011g; 2011h; 2011i; 2011j; 2011k; 2011l; 2011m; 2011n; 2011o; 2011p; 2011q; 2011r; 2011s; 2011t; 2011u; 2011v; 2011w; 2011x; 2011y; 2011z; 2012a; 2012b; 2012c; 2012d; 2012e; 2012f; 2012g; 2012h; 2012i; 2012j; 2012k; 2012l; 2012m; 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COMMUNITY HEALTH DATA BASE
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CHILDREN'S VISION CARE
In Southeastern Pennsylvania

A child's eyesight is critically important to his or her academic achievement and dependent upon his or her eyesight.¹ However, many children experience vision impairment and contribute to developmental disabilities.² Despite the importance of vision care, there is limited research about the prevalence of vision impairment among children in Southeastern Pennsylvania.

While eye health care professionals agree that children should be screened for vision impairments, recommendations regarding when and how often children should be examined vary. Disagreement among eye health professionals has contributed to different screening practices.



The Southeastern Pennsylvania Household Health Data Base (CHDB). The survey covers the region from 2008 to 2010. It has been conducted 11 times at the county level. The survey's geographic reach to include all 17 counties in the region. For more information on CHDB go to www.phmc.org. PHMC is a nonprofit public health institution that works with other community-based organizations to improve the health of the region.

This report was made possible by the support of the following organizations: The Hospital and Higher Education Facilities Authority, and CHDB. PHMC is a United Way of Southeastern Pennsylvania community partner.

FIGURE 3
SEPA Children (4-17) who Received an Eye Exam in Previous Year by Insurance Type, 2008

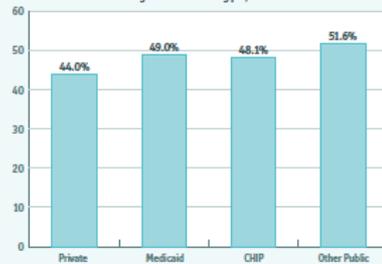


FIGURE 4
Frequency of Eyeglasses Use Among SEPA Children (4-17) who were Prescribed Eyeglasses, 2008



Source: PHMC's Community Health Data Base, 2008 Southeastern Pennsylvania Household Health Survey

COMMUNITY HEALTH DATA BASE

An Information Service of Public Health Management Corporation



CHILDREN'S ACCESS TO DENTAL CARE
In Southeastern Pennsylvania

While children's oral health has improved over the past few decades, largely due to effective prevention and control measures, children are vulnerable to the negative and lifelong effects of tooth decay. Tooth decay affects children in the United States more than any other chronic illness; it is five times as common as asthma and seven times as common as hay fever.¹ Nationwide, tooth decay is on the rise among 2-5 year olds² and by the age of 17, three in four adolescents have experienced tooth decay.³

According to the 2000 Surgeon General's Report, Oral Health in America, the burden of oral diseases amounts to a silent epidemic, particularly impacting low-income children and children of color.⁴ In addition, tooth decay can have far-reaching impacts on a child's life: more than 51 million school hours are lost each year because of dental-related illness. The good news is that the majority of tooth decay is preventable. However, insufficient access to care is a central barrier to improving the oral health of the most vulnerable children. For example, having health insurance is an important predictor of visiting a dentist, even for those without dental insurance.⁴

In order to address children's access to dental care and disparities in oral health, access to care must be considered at the local level. This Community Health Data Base Brief examines access to dental care for children within the five-county Southeastern Pennsylvania (SEPA) region, including Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties. The Brief uses information from the 2008 Southeastern Pennsylvania Household Health Survey, a random digit dialed telephone survey of 10,000 households in the region, conducted from June to October 2008, which includes nearly 3,000 interviews about the health and health care of a selected child in the household. This analysis focuses on children 4-17 years of age.



**For more information about the
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