

Health Data Literacy Training-II

Module 2- Using and Presenting Data



Acknowledgements

Funding for this training was provided by the American Indian/Alaska Native Health Disparities Grant Program through the Office of Minority Health.

(Grant # AIAMP120015)

The Urban Indian Health Institute

Mission: To support the health and well-being of urban Indian communities through information, scientific inquiry and technology.

- Established in the year 2000
- Division of the Seattle Indian Health Board
- Conduct a variety of public health and research projects from surveillance to training
- Fill a gap in information
- Serving urban American Indians/Alaska Natives (Al/ANs) nationwide
- One of twelve Tribal Epidemiology Centers



Urban Indian Health Organizations (UIHO)



Demystifying Data: Eliminating AI/AN Health Disparities

- Through Information, Partnership and Training, this work aims to increase awareness of health disparities and improve the health and well-being of urban Al/ANs
- Health data literacy training seeks to increase the capacity of UIHOs to use data to address health status priorities



Training background

Previous in-person training / materials

- 1) The importance of health data for urban AI/ANs
- 2) Limitations of data for urban AI/ANs and addressing them
- 3) Commonly used epidemiologic concepts
- 4) Effective communication and presentation of health data
- 5) Plans for using health data in your agency
- Response to evaluation by UIHOs



Training Goals

- Module 1: Accessing Data
 - Learn how to locate and export data on AI/ANs
- Module 2: Using and Presenting Data
 - Learn how to use data output for making graphs for presentations or reports.
 - Learn how to interpret the data for
 - a grant or presentation.



Training Outline

- Review Module 1
- Refresher on Epi Concepts
- Options for Presenting Data
- Demonstration in Excel
- Interpretations
- Summary





Review of Module 1



Data access limitations

- Data not shown for group of interest (ex. County-level, AI/ANs)
- Data is grouped into "Other" category because of small sample size
- Access to data sources may be difficult (ex. proposal time, cost, etc.)





How to use imperfect data

- Area of analysis
- Consider comparison group
- Alternative source



CDC WONDER – Data access example



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Save Data Output

Ways to save the data output

1) Screen shot (computer picture) by pressing Alt+PrtSc (or Fn+Alt+PrtSc), then paste .jpg file into a Word document.

2) Download output into text file. Import downloaded data into Excel or other program to analyze.

*Step-by-step instructions on #2 on data export page:

http://wonder.cdc.gov/wonder/help/DataExport.html



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Import Text file to Excel (Pt. 1)

- 1) Open an Excel document.
- 2) Click on the "Data" tab at top of screen.
- 3) Click on "Import from text".
- 4) Locate the Text file that we saved.
- 5) Click on the file.
- 6) Click "Import".



Import Text file to Excel (Pt. 2)

"Text Import Wizard"- keep the default choices.

7) Keep "Delimited" file type and click "Next".

8) Keep "Tab" delimiters and click "Next".

9) Keep "General" as column data format and click "Finish".

10) Keep "Existing worksheet" and click "Ok".



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	Primary and Secondary Syphilis	310	White	21	106-3	Female	F	4	1251578	0.32
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Gender: All										
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State: Michigan (26)										
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Prevalence and Incidence

 Prevalence is the total number of persons living with a disease at any given time.

-Old Cases + New Cases

 Incidence is the number of new cases of a disease in a defined population during a specified time period (usually a year).

Reference: Urban Indian Health Institute. (2009). *Demystifying Data for Health Professionals Training*. Seattle, WA: Seattle Indian Health Board.



Prevalence vs. Incidence





Reference: http://www.bioestadistica-roche.com/index.php?op=libro&mid=4&cont=65



Rate per 100,000

Disease	Race/Ethnicity	Gender	STD Cases	Population	Rate
Chlamydia	AI/AN	Female	221	15040	1469.41

STD cases = 221 = 0.0146941Population 15,040

0.0146941 * 100,000 = 1,469.41



Relative Risk

- Relative Risk (RR) measures the strength of an association between two groups (an exposed and non-exposed group). Risk ratios and rate ratios are examples of RR.
- RR = <u>Risk/Rate of Group of Interest</u> Risk/Rate of Comparison Group

Reference: http://sphweb.bumc.bu.edu/otlt/MPH-Modules/EP/EP713_Association/EP713_Association3.html#



Options for Presenting Data

- Tables
- Line charts
- Pie charts
- Bar charts



Table

Characteristic	Rad Number of O Percent	P-value	
	AI/AN (N=299)	NH-Whites (N=3173)	
At risk for unintended pregnancy ¹ No Yes Total	91 30.4% [24.0, 37.6] 208 69.6% [62.4, 76.0] 299	952 29.6% [27.4, 31.9] 2221 70.4% [68.1, 72.6] 3173	0.82
Ever had an unintended pregnancy No (intended) Yes (unwanted/mistimed) Total	155 69.3% [61.3, 76.3] 61 30.7% [23.7, 38.7] 216	1441 79.2% [76.9, 81.4] 483 20.8% [18.6, 23.1] 1924	0.01
Unintended pregnancy status Mistimed (Too soon) Intended (Right time, later, didn't care) Unwanted Total	50 24.8% [18.7, 32.2] 155 69.3% [61.3, 76.3] 11 5.9% [2.7, 12.4] 216	358 15.9% [14.0, 17.9] 1441 79.2% [76.9, 81.4] 125 4.9% [4.1, 5.9] 1924	0.03

Al/AN= American Indian/Alaska Native; NH-whites= non-Hispanic whites; CI= confidence interval

¹ At risk of unintended pregnancy defined as all current contraceptors (ie women who are using contraception in the month of the interview) plus women who have had sex in the last 3 months but are not current contraceptors





Line Chart

Figure 3: Average Duration of Diabetes among Audited Urban Patients with Diabetes, 2010-2014





Pie Chart

Figure 4: Body Mass Index Categories among Audited Urban Patients with Diabetes, 2014





Bar Chart

Figure 4: Highest level of educational attainment of the population 25 years, 2005-2009, SIHB service area



Source: U.S. Census Bureau, American Community Survey



STD by disease and race 15-19 year olds, 2009-2013, MI State



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Interpretation for Single Group

"The incidence of chlamydia in Al/AN females aged 15-19 years in Michigan for 2009-2013 was 1,470 cases per 100,000 people."



Interpretation for Comparing

Relative Risk = 1,469.41 = 1.3(RR) 1,141.84

"For females aged 15-19 years in Michigan for 2009-2013, the risk of developing chlamydia for AI/ANs was 1.3 times the risk for whites."

-OR-

"For females aged 15-19 years in Michigan for 2009-2013, there was an increased 30% risk of developing chlamydia for AI/ANs, compared to whites."



Overall Interpretation of Graph

"In Michigan for 2009-2013, the incidence of chlamydia and gonorrhea was higher for AI/AN aged 15-19 years, compared to whites. Among the four groups, AI/AN females were at the greatest risk of developing chlamydia and gonorrhea."



Summary

- Presentation of data is almost as important as the data itself
- Go back to the main question of "What message am I trying to send?"
- Remember that the data is someone's story.



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