



**Colorado childhood
immunization rates:
Policy and practice**

C **H I**
white paper

Colorado Health Institute
Denver, Colorado

Colorado Health Care Data Needs Assessment

1576 Sherman Street, Suite 300
Denver, CO 80203-1728
303.831.4200 tel.
303.831.4247 fax
www.coloradohealthinstitute.org

3 THINGS TO KNOW....

- Childhood immunization rates, chronic disease rates, minority health status indicators and children's health status indicators rank highest among health status indicators that health care providers, policymakers, businesses, governmental agencies, community organizations, and other individuals and groups say are important to have.
- Users of health statistics say available health data often are difficult to understand and/or use in the formats currently available. Even when data are easy to find, they're often difficult or time-consuming to make useful or relevant at the local level.
- Health data users believe a coordinated effort is needed to bring together data stewards and users to jointly address data barriers, gaps and solutions that can facilitate greater accessibility of health and health care data in Colorado.

ACKNOWLEDGMENTS

A number of Colorado Health Institute staff members and interns were involved in this project from developing the survey to creating the report. First of all, Michael Boyson, director of health information, served as project manager. He was assisted by Mark Gray, SAS database administrator, who processed the survey results, analyzed the data and graphed the results. Pamela Hanes, president and CEO, reviewed and commented on the report. Sherry Freeland Walker, communications director, and Kindle Fahlenkamp-Morell, communications associate, were responsible for editorial oversight and graphic design.

Two CHI interns also played parts in the survey. Lori McNeilley designed, managed and collected survey results, and Lisa Smid analyzed and grouped the comments, and helped chart and graph the results.

MESSAGE FROM THE PRESIDENT

The Colorado Health Institute (CHI) began operations about three years ago. Staff hiring began in 2004 to support the core functions associated with CHI's mission, including serving as an information clearinghouse for health and health care data in Colorado, and using these data to inform the policy decision-making process through objective policy analysis and strategic dissemination of reliable and impartial information. In fulfilling this mission, a health data needs assessment survey was circulated in February and March 2005 to get systematic feedback from our constituents about the state of health and health care data in Colorado. This white paper reports our findings.

Of greatest interest to CHI, among the many important findings, is the recommendation that a health data users workgroup or advisory committee be formed and charged with coordinating the many data collection efforts under way around the state. To this end, CHI staff has convened an initial meeting with the state Department of Public Health and Environment to frame what such a workgroup might look like, including its roles and functions with regard to making health and health care data more accessible in Colorado. CHI looks forward to establishing this group in 2006 and welcomes the input and involvement of interested individuals in this important activity.



Pamela Hanes, PhD
President and CEO

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INTRODUCTION

Health and health care data are not just cold statistics. When used appropriately, they can help elected policymakers, providers and other decisionmakers establish and monitor programs that improve the health of Coloradans. The value of health data depends on several critical factors:

- The reliability and accessible of the data;
- Whether the user is able to determine the meaning and appropriateness of the data within the context for which they are being applied; and,
- Whether the user is able to apply the data appropriately to inform health policy program and funding decisions.

Unfortunately, health and health care data are not always easily accessible to the right people, at the right time, for the right reasons.

In spring 2005, the Colorado Health Institute (CHI) conducted an online Health Care Data Needs Assessment survey to assess the importance, availability and accessibility of health and health care-related data in the state. CHI sent notices about the survey to approximately 800 health care providers, policymakers, businesses, governmental agencies, community organizations, and other individuals and groups in the state that use health-related information. The survey was posted on the CHI Web site and survey recipients were asked to encourage their colleagues to respond as well.

Although the survey represents a “convenience sample,” meaning that respondents are not necessarily representative of all users of health-related data in Colorado, it is the largest survey of Colorado decision makers to date on this topic.

KEY QUESTIONS

Respondents were asked to rank four domains of indicators by level of importance (*extremely important to not at all important*) and whether

or not the data were easily accessible (*very accessible to not accessible*). The four domains included:

1. *Health status* – Birth/fertility rates, cancer rates, childhood immunization rates, chronic disease rates, communicable disease rates, mortality rates, sexually transmitted disease rates, substance abuse rates, indicators of children’s health status, behavioral health, injury incidence, and nutritional and exercise measures.
2. *Health system* – Health care workforce, health care financing (Medicare, Medicaid, other public programs) and health information technology.
3. *Health care services* – Costs, availability, quality and utilization of dental care, emergency departments, home health, hospice, inpatient and outpatient hospital, mental health, long-term and physician services.
4. *Population* – Socio-demographic factors including age, education level, employment status, gender, household structure, income level, insurance status and race/ethnicity.

FINDINGS

Survey recipients completed and returned 180 surveys to CHI, with item responses and open-ended comments resulting in the following key findings:

- In the health status indicator domain, childhood immunization rates were ranked most often as *extremely important*, followed closely by chronic disease rates, minority health status indicators and children’s health status indicators.
- Among health service indicators, hospital quality data were most often ranked as extremely important, yet more than one-fourth of respondents said the data are not accessible.
- In the population indicators section, health insurance was most often ranked as extremely important, yet, again, as not accessible.
- Among health system indicators, Medicaid cost data were most often ranked as extremely important, yet 23 percent said the data are not accessible.
- Significant ambivalence was reported within the health policy community as to what health data are available and how to access them.

“For those of us less computer and Internet savvy, unless it is fairly easy to find and access, I’m lost.”

- Available health data often were reported as difficult to understand and/or use in the formats currently available.
- Even when aggregate health data were reported as easy to find, recipients noted they are often difficult or time-

consuming to make useful or relevant at the local level.

“The biggest issue for me is drilling down. When a new topic comes on the scene, the ramp-up time it takes to get solid information about it seems long from a policy-making standpoint.”

- Access to free or low-cost public federal and state health data is often difficult because of legally mandated confidentiality protections and how these privacy protections are interpreted by state agencies.
- Health data retrieved from the Internet or printed reports come primarily from the Colorado Department of Public Health and Environment (CDPHE).

“[The Colorado Health Information Dataset] CoHID is awesome.”

- Private organizations with important health and health care data sometimes retard access through the imposition of high use fees, political agendas and/or public relations protocols.
- A coordinated effort is needed to bring data stewards and users together to jointly address data barriers, gaps and solutions that can facilitate greater accessibility of health and health care data in Colorado.

HEALTH STATUS INDICATORS

IMPORTANCE OF INDICATORS

Respondents were asked to rate the level of importance and the effort required to gain access to data for selected health status indicators. Two of the top 10 health status indicators listed most often as *extremely important* related to children. Almost three-quarters (74%) of respondents ranked childhood immunization rates as *extremely important*, followed by 71 percent that rated a range of children's health status indicators that highly.

“Often it is not that data isn’t available ... the data is there in sets at hospitals or with state health [department], but it is impossible to access the data sets, to get at and explore the numbers.... Mostly what we get is ‘prepackaged data’ with no flexibility to understand and manipulate and get more specific into all of the different factors associated with that data.”

Indicators pertaining to minority health and chronic disease also were seen as *very important*, with 73 percent of respondents listing chronic disease rates (heart disease, diabetes) and 71 percent ranking minority health status indicators as *extremely important*. Two health status indicators in the top 10 related to personal lifestyle behaviors of Coloradans -- seat belt and tobacco use, and substance abuse, both of which were rated as data *extremely important* to have by 60 and 58 percent of respondents respectively.

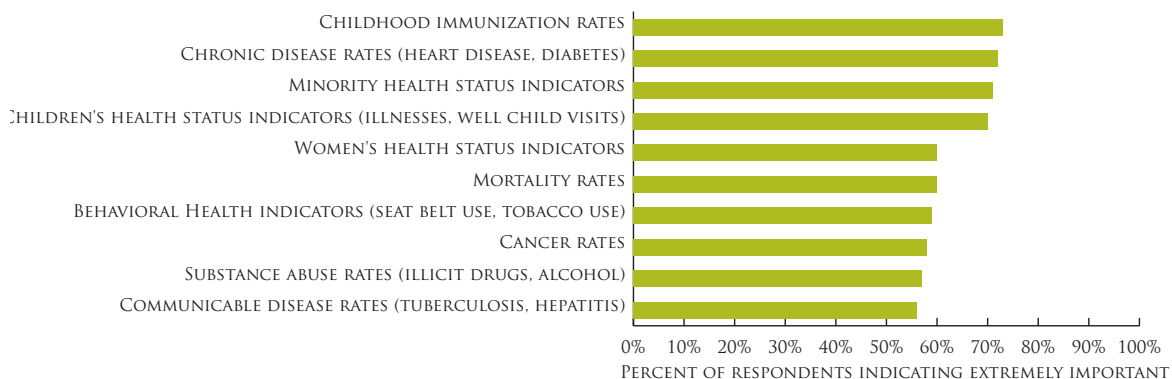
Graph 1 below displays the top 10 rated health status indicators by percent of respondents rating them as *extremely important*.

ACCESSIBILITY OF INDICATORS

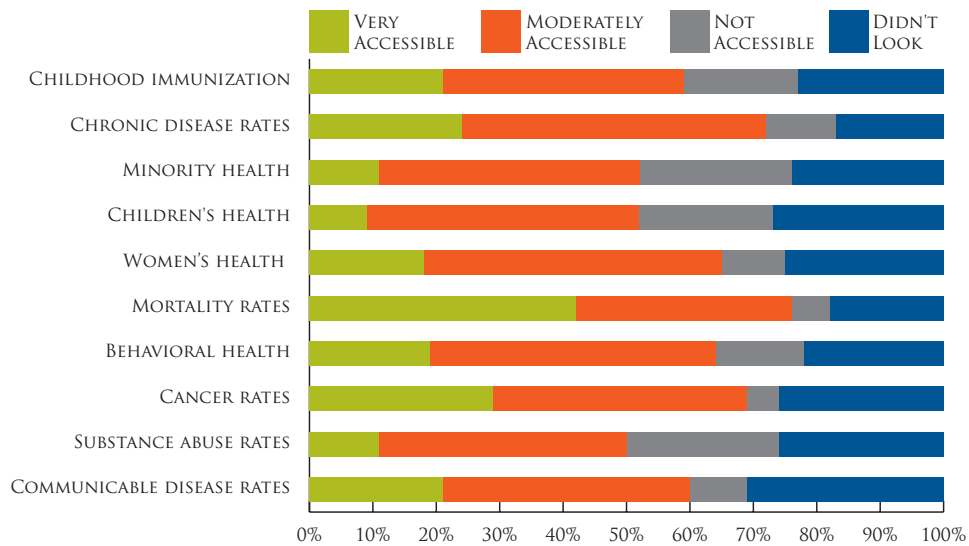
Respondents were asked to rate the accessibility of the listed health status indicators from *very accessible* to *not accessible*. Graph 2 displays respondent ratings of the indicators most often mentioned as *extremely important*. Of the top 10 indicators ranked by importance, mortality rates were most likely to be rated as *extremely accessible* (42 percent). Nutrition/exercise indicators, minority health status and substance abuse rates were most often rated as *not accessible* (30 percent, 24 percent and 24 percent, respectively).

In written comments, several respondents noted that it is often difficult to gain access to reliable indicators that measure the health status of Coloradans. One reason cited was

Graph 1: Top 10 health status indicators



Graph 2: Health status indicators accessibility



the unwillingness of agencies and organizations to release their data so that reliable composite measures can be developed.

“Access to information is difficult due to lack of marketing, inconsistency in format and collection standards, outdated information, lack of information on sensitive topics (drug use, illegal activity), cost to access databases, password-restricted databases and ... agencies’ unwillingness to release data.”

Several respondents reported that they felt data simply were not available, while others noted that data are either too difficult to obtain or are not useful when they get them.

The level at which data are provided was another problem cited. Almost two-thirds of respondents who rated health status indicators as *not accessible* did so because the data were not available at the desired level of specificity, such as race, gender or geographic region.

More than 44 percent of respondents indicated they would like to see more county-level data.

“When data is available, it is not always available by county, by race/ethnicity, by gender. If I want to find behavioral or other indicators for Denver by race and gender, it is not easily available without a special request which costs money.”

Additional written comments suggested that respondents want health status indicators to be expanded in various ways, including the availability of more age cohort data from infancy to older age; more geographic regions delineated, including neighborhood, census tract and legislative districts; and more specific population group data such as individuals with disabilities or those living below 200 percent of the federal poverty level.

Other write-in comments suggested that specific groups are being overlooked or misrepresented and that more data are needed about these groups, including the lesbian/gay/bisexual/transgender community; children in various

socio-economic groups; health indicators at sub-state regional levels; and racial and ethnic groups that are less visible from a data tracking perspective in the state such as Asian/Pacific Islanders. A general lack of data about minorities and rural areas was noted, with these data cited as non-existent or difficult to find.

HEALTH SYSTEM INDICATORS

IMPORTANCE OF INDICATORS

In addition to health status indicators, the survey asked respondents to rank by importance and accessibility various measures related to health systems. These indicators included: the health professions workforce, public health care financing (Medicare and Medicaid), financing of other public programs and health information technology.

Medicaid financing data were rated as *extremely important* by 75 percent of respondents (see Graph 3). The second most frequently selected financing indicator of high importance was Medicare financing (66 percent), while other public health programs were selected by 64 percent of respondents as extremely important.

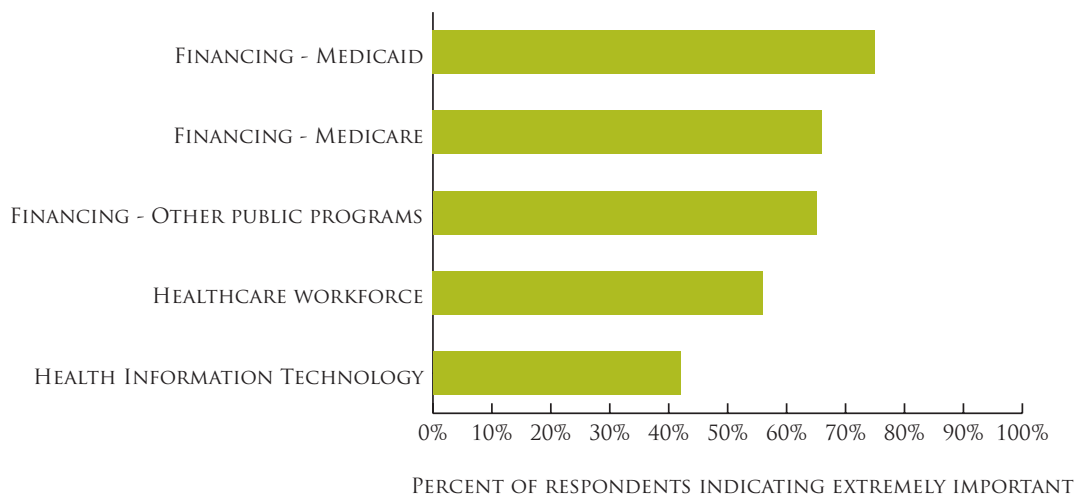
ACCESSIBILITY OF INDICATORS

As with the health status indicators, respondents were asked to rate the accessibility of health systems indicators from *very accessible* to *not accessible*. Graph 4 illustrates the perceived accessibility of the listed health system indicators. Only 17 percent of respondents rated the health systems indicators as *very accessible* and that was for the accessibility of Medicare financing data. On the other hand, Medicaid data, rated at the very top of the *extremely important* list, was ranked *not accessible* by almost one-fourth of respondents.

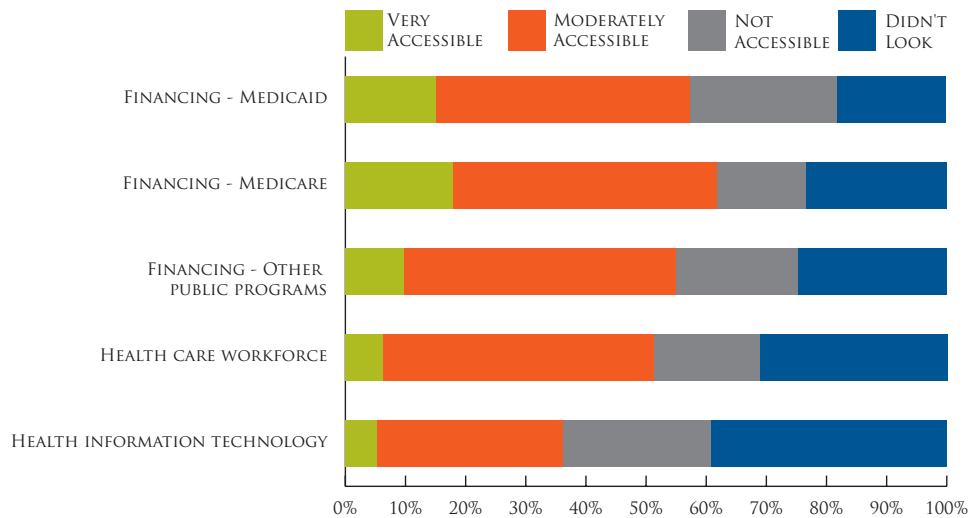
Eleven respondents provided write-in comments about accessibility of health system indicators, including the difficulty in obtaining health systems' data due to the costs of the data and/or privacy issues. Other write-in comments suggested that data on cost and quality of health care services simply don't exist.

“Access to data in some categories is not publicly known or available in a way that folks can understand [the data]. Medicare and Medicaid information is too confusing for the general public.”

Graph 3: Health systems indicators ranked by importance



Graph 4: Health systems indicators accessibility



More than half of the respondents reported they could not locate a database that contained the indicator for which they were looking. For those who could find the data, more than one-third reported they could not access the data at the level they needed it. As with health status indicators, almost half of the respondents said the system data they needed were not available at the desired level such as race, gender or geographic region. Several respondents noted they would like to see age reported in increments of two to five years.

“We used to be able to obtain Medicaid and CHP+ enrollment and eligibility data by county, but [the Department of Health Care Policy and Financing] is now suppressing the data into regions for ‘privacy reasons,’ citing HIPAA. This is frustrating to our statewide advocates who would like to have a picture of who is or is not being served in their counties.”

In addition, respondents said that health system data should include costs of care measures by

geographic region as well as information about provider supply and practice characteristics, such as the number of physicians taking Medicaid patients, the availability of school health services and information about physician supply.

HEALTH CARE SERVICES INDICATORS

IMPORTANCE OF INDICATORS

Listed health care services indicators focused on the costs of care, geographic availability, quality, and utilization of health care services for nine types of health care services:

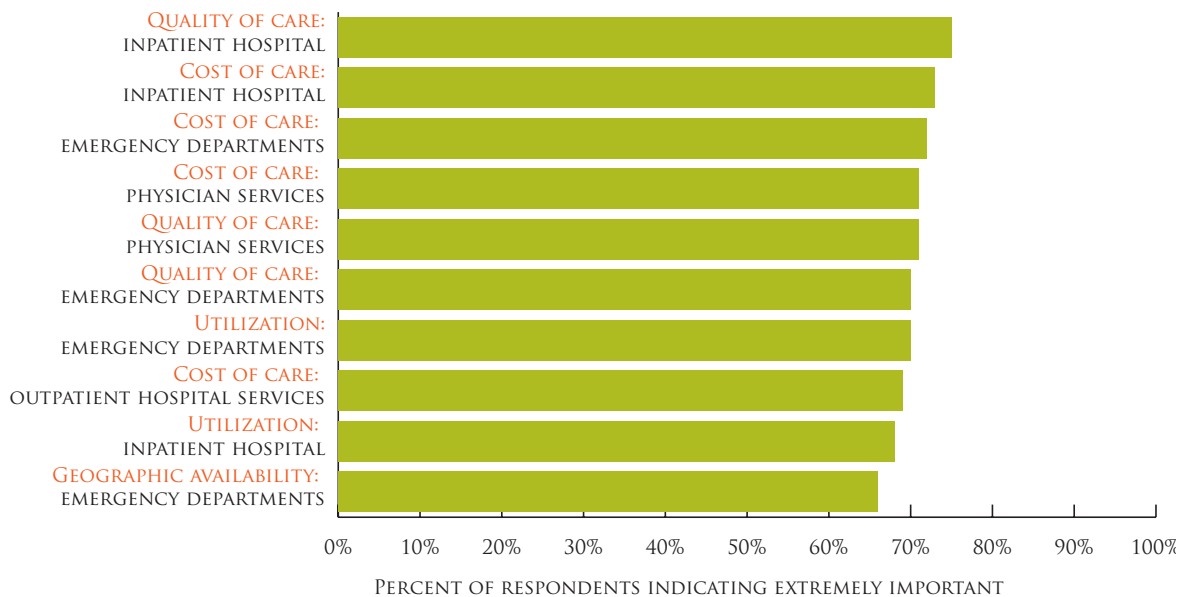
- Dental health
- Emergency departments
- Home health
- Hospice
- Inpatient hospital
- Outpatient hospital
- Mental health
- Long-term care
- Physicians.

Seven indicators rated as *extremely important* in this category had to do with the quality and costs of care. Three-quarters of respon-

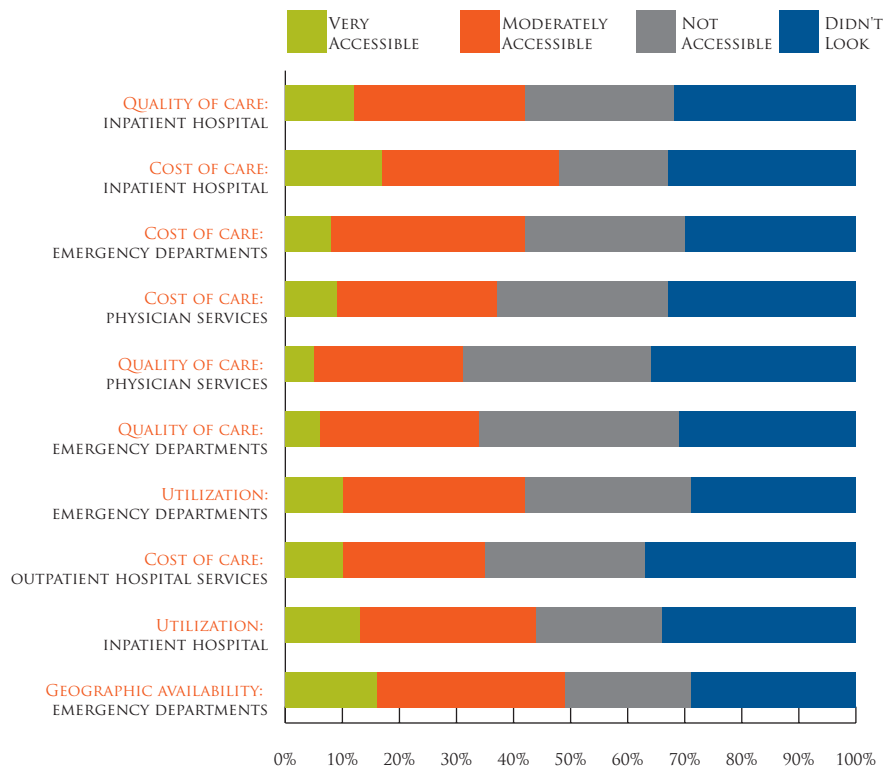
dents said data on quality of inpatient hospital services, and 72 percent said data on quality of physician services were *extremely important*. Eight of the top 10 health care service indica-

tors ranked as *extremely important* related to hospitals, either inpatient, outpatient or emergency departments.

Graph 5: Top 10 health care services indicators



Graph 6: Health care services indicator accessibility



ACCESSIBILITY OF INDICATORS

Respondents were asked to rate the accessibility of health care service indicators from *very accessible* to *not accessible*. Graph 6 displays the finding that almost one-fourth of all respondents rated quality and utilization data as *not accessible* for both inpatient hospital and physician services. In fact, all of the data indicators rated *extremely important* were also ranked as *not accessible* more often than they were ranked *very accessible*.

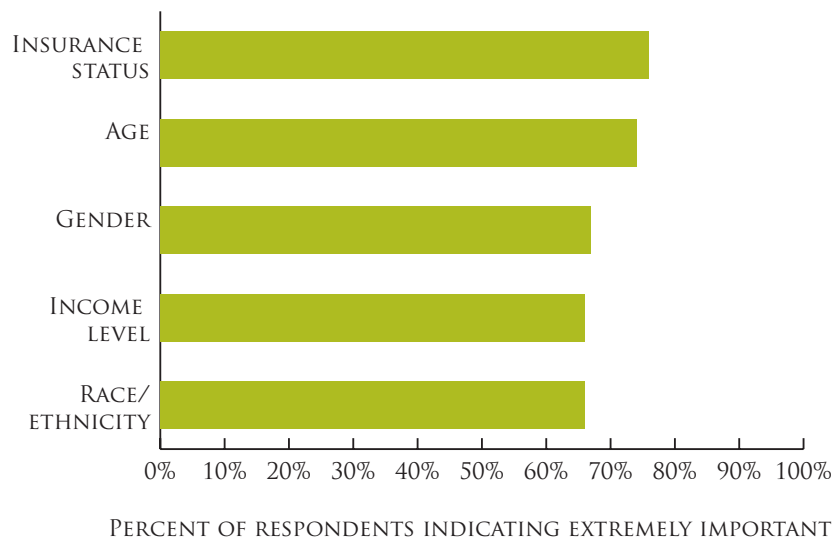
Several respondents noted, "...there are no consistent measures of cost and quality across providers and no way to access that information."

POPULATION INDICATORS

IMPORTANCE OF INDICATORS

Respondents were asked to rate the importance and availability of selected population indicators (see Graph 7). Insurance status most often was ranked as *extremely important*, yet the hardest to access. Several respondents expressed interest in having more age categories for selected population indicators, in particular for race, income and employment status.

Graph 7: Top 5 ranked population indicators



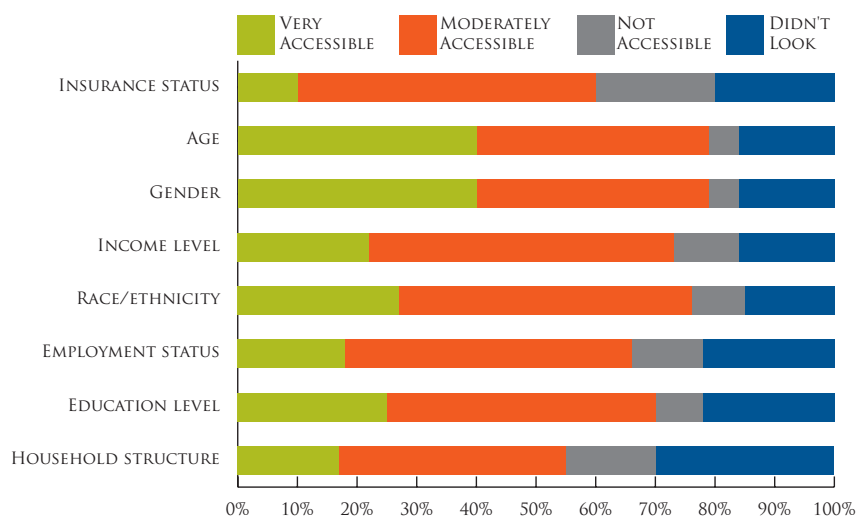
“Currently, you get demographic data from the Census [Bureau] and health data from [the Department of Public Health and the Environment], but it would be useful if there were a database that aligned the two without going to different sources.”

ACCESSIBILITY OF INDICATORS

Graph 8 illustrates that age was perceived to be the most accessible population indicator, yet several respondents noted the age variable needs to be refined to include age cohorts beyond 65+ years and presented by five-year increments. Gender was also perceived to be highly accessible, but again, several respondents noted that gender data need to be available in relation to other factors such as age and ethnicity.

Several respondents reported a desire to have population data routinely reported by geographic region (such as county and census tract) and at more discrete income levels. One respondent remarked that race and ethnicity categories are not reliable and that new indicators are needed.

Graph 8: Accessibility to Colorado population indicators



OPTIONS AND OPPORTUNITIES FOR DATA IMPROVEMENT

Improvements are constantly being made in the availability of health and health care data, particularly those available on the Internet. These changes, however, were reported to be insufficient to fill the data gaps identified in Colorado and their overall accessibility.

A consensus across the wide variety of data users who responded to the survey was that improvement is needed in making existing health data easier to obtain and that data gaps needed to be filled. Both survey findings and open-ended comments suggest the state's capacity to support data collection and dissemination should be strengthened. One option suggested by numerous respondents was the creation of a health data advisory panel comprising data stewards (holders of databases), people with specialized knowledge of database management, and state and local data users. This advisory panel should be responsible for the following activities:

- Standardizing data definitions and health indicator development so that measures are uniform from one data-

set to the other and one Web site to another;

- Enhancing the coordination of and communication among data stewards to avoid competing data definitions;
- Facilitating marketing and communication between data stewards and local data users;
- Building local data use capacity through skills training, technical assistance and a toolkit on how to access and use health data;
- Identifying opportunities to facilitate data sharing among organizations;
- Sharing best practices and lessons learned about database, indicator and Web site development, and end user communication strategies that make data more accessible;

“The most fundamental problem is the data-hoarding that occurs... Knowledge is power. Knowledge shared is power dispersed....”

- Providing input on the developing CHI health database inventory of health and health care datasets that pertain to Colorado (www.coloradohealthinstitute.org); and
- Developing strategies to fill important data gaps.

access to existing health data and help develop strategies for filling data gaps, please contact Michael Boyson, director of health information, at 303.831.4200, ext. 207, or email him at: info@coloradohealthinstitute.org.

“Data on health disparities is a high-priority item. We have all kinds of data on sickness, but little for policy makers to change the present ‘un-care’ system to include all people.”

Several respondents suggested the need for a comprehensive statewide online data resource and an annual report on the state of health and health care data in Colorado. Others noted that access to existing databases and online resources needs to be improved. In either scenario, there are many opportunities to improve access to existing health information in Colorado and to begin to develop a statewide strategy to fill data gaps.

“We need a Dewey Decimal System for the information that is available; that is a service CHI could perform. If you would catalogue what is available, then you could track what folks are looking for and the limitations in the datasets.”

This data needs assessment was designed to further CHI’s commitment to becoming a centralized data clearinghouse in Colorado and to identify, prioritize and fill gaps in the data being collected and made available for public use. If you would be interested in serving on a data advisory committee or workgroup to improve

APPENDIX A: METHODS

SCOPE OF WORK

Before designing and administering the survey, CHI staff completed a scan of available Colorado data and identified data gaps by completing the following activities:

- Developed a five-state matrix of California, Colorado, Oregon, Utah and Washington to examine the state data currently available at the federal level and to identify what is available for and about Colorado;
- Reviewed the literature for examples of database assessments or health indicators assessments that have been completed in other states;
- Designed and tested an online survey assessment tool (see Appendix C);
- Identified health organizations and data users throughout the state from whom to solicit and encourage participation;
- Solicited survey participation through e-mails, organization newsletters and information provided on CHI's Web site from February 15 to March 18, 2005; and
- Tabulated and produced a summary report of findings with descriptive frequencies and cross tabulations using SAS and Perseus Survey software (see Appendix B for cross tabulation results).

LITERATURE AND SOURCES REVIEWED

CHI staff synthesized information from multiple sources on health and health care datasets and inventories. Data identified as being publicly available were inventoried and noted with all known access restrictions. A primary objective of this review was to aggregate information about successful strategies used by other states to organize health care data and make it accessible to a broad range of users.

INSTRUMENT DEVELOPMENT

Survey questions were based on the various measures identified through Web-based research and the literature review. The final survey instrument was developed based on cognitive testing of drafts with potential data users throughout the state.

SURVEY AUDIENCE

The mailing list was gleaned from the CHI contact database. This list includes health policy experts, provider and community groups, government agencies and advocacy groups. The CHI contact database originally came from the three supporting foundations – Caring for Colorado Foundation, Rose Community Foundation and The Colorado Trust – and was supplemented by other CHI contacts and lists of attendees at various CHI-sponsored meetings. Additionally, individuals receiving the invitation to participate were encouraged to invite colleagues to respond to the survey on posted on the CHI Web site.

DATA COLLECTION PERIOD

The survey was uploaded onto the CHI Web site on Tuesday, February 15, 2005, and taken down on March 18, 2005. CHI sent two e-mail reminders at the beginning of the third and fourth weeks of survey administration.

RESPONSE RATE

Because survey administration was Internet-based on the CHI Web site, and therefore open to any interested person, a precise response rate cannot be calculated. Of the more than 800 individuals invited to participate, taking into account a documented undeliverable rate of 8-10 percent, the 180 surveys returned roughly equates to a 26 percent return rate. This represents a very gross estimate of the response to the survey and should be interpreted with caution.

ORGANIZATIONAL PROFILE OF RESPONDENTS

More than 27 percent of respondents identified themselves as being from the public health sector, the largest single group of respondents. Twenty-three percent identified themselves as health care providers, and community-based organizations were represented by 20 percent of the respondents.

Slightly more than one-half of respondents (56 percent) rated their ability to search for health care data as being at an intermediate level.

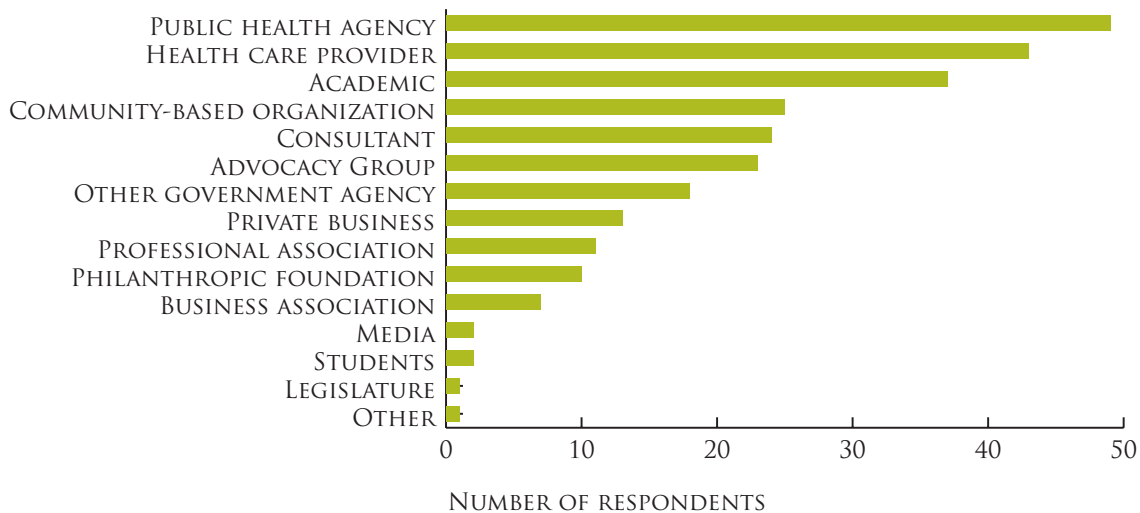
Only 16 percent rated themselves as beginners, while the remaining 26 percent characterized their data retrieval skills as advanced.

Nearly 90 percent of respondents reported using the Internet to obtain health data, followed by public-use databases, publications and data clearinghouses. Nearly one-third (30 percent) reported using private or proprietary databases to get health and health care information.

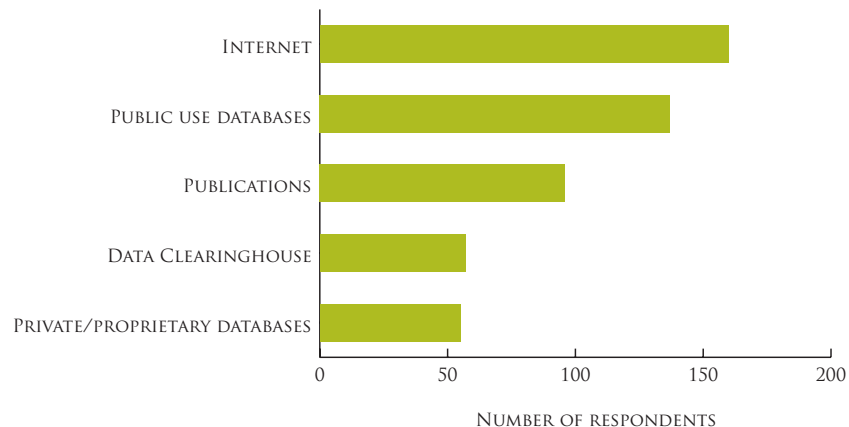
LIMITATIONS OF THE ASSESSMENT

Because CHI used an existing in-house mailing list and solicited participation from various organizations, the survey results are not representative of the opinions of Colorado's health and health care decision makers.

Graph 9: Organization types represented by respondents (check all that apply)



Graph 10: Most common data sources (check all that apply)



APPENDIX B: SURVEY FINDINGS

HEALTH STATUS

LEVEL OF IMPORTANCE OF HEALTH STATUS INDICATORS

Health Status Indicators	Total Respondents	Rank of Importance	Extremely Important	Somewhat Important	Not At All Important	Don't Know
Birth/fertility rates	170	11	48% n = 82	40% n = 69	6% n = 11	6% n = 10
Cancer rates	165	8	58% n = 97	33% n = 55	4% n = 7	5% n = 8
Children's health status indicators (illnesses, well child visits)	166	4	70% n = 118	21% n = 35	4% n = 7	5% n = 8
Childhood immunization rates	168	1	73% n = 124	18% n = 31	4% n = 7	5% n = 8
Men's health status indicators	169	15	41% n = 70	46% n = 78	5% n = 9	8% n = 14
Minority health status indicators	168	3	71% n = 120	21% n = 36	5% n = 8	4% n = 6
Women's health status indicators (pregnancy, reproductive health)	170	5	60% n = 104	32% n = 55	5% n = 8	3% n = 5
Behavioral health indicators (seatbelt use, tobacco use)	170	7	59% n = 102	32% n = 55	5% n = 9	3% n = 6
Chronic disease rates (heart disease, diabetes)	169	2	72% n = 123	23% n = 39	2% n = 4	3% n = 5
Communicable disease rates (tuberculosis, hepatitis)	169	10	56% n = 96	35% n = 60	5% n = 8	4% n = 7
Injury incidence (motor vehicle, firearms, unintentional)	169	14	43% n = 74	44% n = 76	8% n = 14	4% n = 7
Mortality rates	164	6	60% n = 99	33% n = 55	4% n = 6	4% n = 6
Nutrition/exercise indicators	166	13	45% n = 76	42% n = 70	8% n = 13	5% n = 9
Sexually transmitted disease rates	164	12	49% n = 81	37% n = 62	8% n = 14	5% n = 9
Substance abuse rates (illicit drugs, alcohol)	168	9	57% n = 97	34% n = 57	7% n = 12	2% n = 4

DATA ACCESSIBILITY OF HEALTH STATUS INDICATORS

Health Status Indicators	Total Respondents	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
Birth/fertility rates	166	42% n= 70	31% n=52	3% n = 5	23% n =39
Cancer rates	163	29% n= 47	40% n=66	5% n = 8	26% n =42
Children's health status indicators (illnesses, well child visits)	163	9% n = 14	44% n=71	21% n = 34	27% n =44
Childhood immunization rates	166	21% n= 35	38% n=63	18% n = 30	23% n =38
Men's health status indicators	167	8% n = 13	34% n=56	22% n = 36	37% n =62
Minority health status indicators	165	11% n= 18	41% n=68	24% n = 40	24% n =39
Women's health status indicators (pregnancy, reproductive health)	166	18% n= 30	48% n=79	10% n = 16	25% n =41
Behavioral health indicators (seatbelt use, tobacco use)	168	19% n= 32	45% n=75	14% n = 23	23% n =38
Chronic disease rates (heart disease, diabetes)	166	25% n= 41	48% n=79	11% n = 18	17% n =28
Communicable disease rates (tuberculosis, hepatitis)	166	22% n= 36	39% n=64	9% n = 15	31% n =51
Injury incidence (motor vehicle, firearms, unintentional)	166	20% n= 33	45% n=74	11% n = 18	25% n =41
Mortality rates	163	42% n= 69	34% n=56	5% n = 8	18% n =30
Nutrition/exercise indicators	164	7% n = 12	33% n=54	30% n = 50	29% n =48
Sexually transmitted disease rates	165	22% n= 36	41% n=67	8% n = 14	29% n =48
Substance abuse rates (illicit drugs, alcohol)	168	11% n= 19	39% n=65	24% n = 40	26% n =44

HEALTH STATUS

LEVEL OF IMPORTANCE OF HEALTH SYSTEM INDICATORS

Health System Indicators	Total Respondents	Rank of Importance	Extremely Important	Somewhat Important	Not At All Important	Don't Know
Health care workforce	169	4	56% n = 94	35% n = 59	2% n = 3	8% n = 13
Health care financing - Medicare	169	2	66% n = 112	25% n = 43	1% n = 2	7% n = 12
Health care financing - Medicaid	169	1	75% n = 127	21% n = 35	1% n = 2	3% n = 5
Health care financing - Other public programs	161	3	65% n = 104	28% n = 45	2% n = 3	6% n = 9
Health information technology	162	5	42% n = 68	36% n = 58	7% n = 12	15% n = 24

DATA ACCESSIBILITY OF HEALTH SYSTEM INDICATORS

Health System Indicators	Total Respondents	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
Health care workforce	162	6% n = 10	45% n = 73	18% n = 29	31% n = 50
Health care financing - Medicare	159	18% n = 29	44% n = 70	14% n = 23	23% n = 37
Health care financing - Medicaid	161	16% n = 26	42% n = 67	24% n = 39	18% n = 29
Health care financing - Other public programs	155	10% n = 15	46% n = 71	20% n = 31	25% n = 38
Health information technology	157	5% n = 8	31% n = 48	25% n = 39	39% n = 62

LEVEL OF IMPORTANCE OF HEALTH SERVICES INDICATORS

Health Services Indicators	Total Respondents	Rank of Importance	Extremely Important	Somewhat Important	Not At All Important	Don't Know
DENTAL HEALTH SERVICES						
Cost of care	168	25	48% n = 81	33% n = 55	8% n = 13	11% n = 19
Geographic availability	166	30	46% n = 77	37% n = 62	6% n = 10	10% n = 17
Quality of care	166	27	48% n = 80	34% n = 56	7% n = 12	11% n = 18
Utilization of services	159	34	41% n = 65	41% n = 65	8% n = 13	10% n = 16
EMERGENCY ROOM SERVICES						
Cost of care	167	2	72% n = 120	21% n = 35	2% n = 3	5% n = 9
Geographic availability	167	9	66% n = 111	27% n = 45	2% n = 3	5% n = 8
Quality of care	165	4	70% n = 116	24% n = 39	1% n = 1	5% n = 9
Utilization of services	164	5	70% n = 115	23% n = 37	2% n = 3	5% n = 9
HOME HEALTH SERVICES						
Cost of care	164	24	54% n = 88	33% n = 54	4% n = 7	9% n = 15
Geographic availability	163	29	48% n = 79	39% n = 63	4% n = 7	9% n = 14
Quality of care	160	23	57% n = 91	29% n = 47	5% n = 8	9% n = 14
Utilization of services	160	32	43% n = 69	43% n = 68	4% n = 7	10% n = 16
HOSPICE SERVICES						
Cost of care	160	32	43% n = 69	36% n = 57	11% n = 17	11% n = 17
Geographic availability	162	31	46% n = 74	33% n = 54	10% n = 17	10% n = 17
Quality of care	161	27	50% n = 80	30% n = 48	10% n = 16	11% n = 17
Utilization of services	163	35	36% n = 59	40% n = 65	10% n = 17	13% n = 22
INPATIENT HOSPITAL SERVICES						
Cost of care	164	2	73% n = 120	21% n = 35	1% n = 1	5% n = 8
Geographic availability	164	16	65% n = 106	29% n = 48	1% n = 2	5% n = 8
Quality of care	164	1	75% n = 123	19% n = 31	1% n = 2	5% n = 8
Utilization of services	164	9	68% n = 111	27% n = 44	1% n = 1	5% n = 8

HEALTH SERVICES

Health Services Indicators	Total Respondents	Rank of Importance	Extremely Important	Somewhat Important	Not At All Important	Don't Know
LEVEL OF IMPORTANCE CONTINUED...						
OUTPATIENT HOSPITAL SERVICES						
Cost of care	162	8	69% n = 112	26% n = 42	1% n = 1	4% n = 7
Geographic availability	159	17	65% n = 104	28% n = 45	2% n = 3	4% n = 7
Quality of care	160	12	68% n = 109	26% n = 41	2% n = 3	4% n = 7
Utilization of services	160	20	61% n = 98	33% n = 52	1% n = 2	5% n = 8
MENTAL HEALTH SERVICES						
Cost of care	162	13	67% n = 108	27% n = 43	2% n = 3	5% n = 8
Geographic availability	164	13	66% n = 108	26% n = 43	2% n = 3	6% n = 10
Quality of care	163	15	66% n = 107	26% n = 42	2% n = 4	6% n = 10
Utilization of services	165	18	61% n = 100	30% n = 50	1% n = 2	8% n = 13
LONG TERM SERVICES						
Cost of care	160	21	59% n = 95	28% n = 44	5% n = 8	8% n = 13
Geographic availability	160	25	51% n = 81	36% n = 58	5% n = 8	8% n = 13
Quality of care	158	22	58% n = 92	29% n = 46	6% n = 9	7% n = 11
Utilization of services	157	33	43% n = 68	43% n = 67	6% n = 10	8% n = 12
PHYSICIAN SERVICES						
Cost of care	162	5	71% n = 115	22% n = 35	2% n = 3	6% n = 9
Geographic availability	162	11	68% n = 110	26% n = 42	1% n = 2	5% n = 8
Quality of care	160	7	71% n = 114	22% n = 35	2% n = 3	5% n = 8
Utilization of services	159	19	62% n = 99	30% n = 47	3% n = 4	6% n = 9

DATA ACCESSIBILITY OF HEALTH SERVICES INDICATORS

Health Services Indicators	Total Respondents	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
DENTAL HEALTH SERVICES					
Cost of care	158	6% n = 9	24% n= 38	28% n=45	42% n=66
Geographic availability	156	8% n = 12	33% n= 51	21% n=33	38% n=60
Quality of care	157	4% n = 7	17% n= 26	38% n=60	41% n=64
Utilization of services	152	4% n = 6	24% n= 37	30% n=46	41% n=63
EMERGENCY ROOM SERVICES					
Cost of care	160	8% n = 12	34% n= 55	28% n=44	31% n=49
Geographic availability	158	16% n = 25	34% n= 53	22% n=34	29% n=46
Quality of care	155	6% n = 10	28% n= 43	35% n=55	30% =47
Utilization of services	157	10% n = 16	32% n= 50	29% n=46	29% n=45
HOME HEALTH SERVICES					
Cost of care	152	5% n = 8	26% n= 39	20% n=31	49% n=74
Geographic availability	151	7% n = 11	28% n= 42	17% n=26	48% n=72
Quality of care	149	5% n = 7	21% n= 31	26% n=39	48% n=72
Utilization of services	151	4% n = 6	24% n= 36	25% n=37	48% n=72
HOSPICE SERVICES					
Cost of care	151	4% n = 6	25% n= 38	19% n=28	52% n=79
Geographic availability	149	7% n = 10	30% n= 45	14% n=21	49% n=73
Quality of care	149	3% n = 5	22% n= 33	23% n=34	52% n=77
Utilization of services	148	4% n = 6	23% n= 34	21% n=31	52% n=77
INPATIENT HOSPITAL SERVICES					
Cost of care	156	17% n = 26	31% n= 48	19% n=29	34% n=53
Geographic availability	154	21% n = 32	34% n= 52	14% n=22	31% n=48
Quality of care	155	12% n = 18	30% n= 46	26% n=40	33% n=51
Utilization of services	157	13% n = 21	31% n= 49	22% n=34	34% n=53
OUTPATIENT HOSPITAL SERVICES					
Cost of care	154	10% n = 16	25% n= 39	27% n=42	37% n=57
Geographic availability	154	15% n = 23	30% n= 46	19% n=30	36% n=55
Quality of care	155	8% n = 13	23% n= 36	30% n=47	38% n=59
Utilization of services	154	10% n = 16	24% n= 37	28% n=43	38% n=58
MENTAL HEALTH SERVICES					
Cost of care	153	7% n = 11	27% n= 41	28% n=43	38% n=58
Geographic availability	156	6% n = 10	30% n= 47	29% n=45	35% n=54
Quality of care	156	5% n = 8	18% n= 28	38% n=60	38% n=60
Utilization of services	155	7% n = 11	24% n= 37	33% n=51	36% n=56

HEALTH SERVICES

Health Services Indicators	Total Re- spondents	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
LEVEL OF ACCESSIBILITY CONTINUED...					
LONG TERM SERVICES					
Cost of care	150	9% n = 13	26% n= 39	21% n=31	45% n=67
Geographic availability	152	11% n = 16	26% n= 40	17% n=26	46% n=70
Quality of care	152	7% n = 10	24% n= 36	26% n=40	43% n=66
Utilization of services	149	6% n = 9	21% n= 32	26% n=38	47% n=70
PHYSICIAN SERVICES					
Cost of care	152	9% n = 13	28% n= 42	30% n=45	34% n=52
Geographic availability	153	10% n = 16	37% n= 56	21% n=32	32% n=49
Quality of care	154	5% n = 8	26% n= 40	32% n=50	36% n=56
Utilization of services	150	5% n = 7	35% n= 52	24% n=36	37% n=55

LEVEL OF IMPORTANCE OF DEMOGRAPHICS INDICATORS

Population Indicators	Total Respondents	Rank of Importance	Extremely Important	Somewhat Important	Not At All Important	Don't Know
Age	171	2	74% n = 127	25% n = 42	1% n = 1	1% n = 1
Education level	171	7	49% n = 84	45% n = 77	5% n = 8	1% n = 2
Employment status	170	6	53% n = 90	44% n = 74	2% n = 3	2% n = 3
Gender	165	3	67% n = 110	30% n = 50	2% n = 4	1% n = 1
Household structure	167	8	40% n = 66	51% n = 86	5% n = 9	4% n = 6
Income level	169	4	66% n = 111	32% n = 54	2% n = 3	1% n = 1
Insurance status	171	1	76% n = 130	20% n = 34	2% n = 3	2% n = 4
Race/ethnicity	173	4	66% n = 115	24% n = 41	5% n = 8	5% n = 9

LEVEL OF ACCESSIBILITY OF DEMOGRAPHICS INDICATORS

Population Indicators	Total Respondents	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
Age	166	40% n = 67	39% n = 65	5% n = 9	15% n = 25
Education level	166	25% n = 42	45% n = 75	8% n = 14	21% n = 35
Employment status	164	18% n = 30	48% n = 78	12% n = 20	22% n = 36
Gender	166	40% n = 66	39% n = 65	5% n = 9	16% n = 26
Household structure	165	17% n = 28	38% n = 63	15% n = 25	30% n = 49
Income level	167	22% n = 36	51% n = 85	11% n = 18	17% n = 28
Insurance status	167	10% n = 17	50% n = 84	20% n = 33	20% n = 33
Race/ethnicity	164	27% n = 45	49% n = 81	9% n = 14	15% n = 24

APPENDIX C

SURVEY INSTRUMENT

Introduction

The Colorado Health Institute (CHI) invites you to participate in its Data Needs Assessment Survey. The mission of CHI is to advance the overall health of the people of Colorado by serving as an independent and impartial source of reliable and relevant health-related information for sound decision-making.

The purpose of the survey is to assess the importance, availability and the accessibility of health and health care-related data in order to identify those data that are either difficult to access or do not exist. We are seeking input from Coloradans who use health-related data. **Please feel free to encourage your colleagues to participate.** It will take approximately 10 to 15 minutes to complete this 5-page survey. Your voice and opinions are important to the success of this survey, which will be posted through **March 18, 2005.**

At the bottom of each page there are two boxes: “Next” will bring you to the next page and “Reset” erases all answers on the page. If you choose to reset answers, it will not affect any pages previously completed. On the last page you will see a box to “Submit Survey,” please click here when you have finished the survey. This will send us your response. You may exit the survey at any time prior to clicking on “Submit Survey,” however, your responses will be lost.

There are five tables where you will be asked to rate the level of importance and the accessibility of the specified indicators. Please consider both the availability and the accessibility of data in this rating.

Please note that the contact information will only be used for survey question follow-up and distribution of the survey results. Responses will remain anonymous.

If you have questions about the survey, please contact Lori McNeilley by phone at: 303.831.4200, ext. 215 or by e-mail to: mcneilleyl@coloradohealthinstitute.org.

Thank you in advance for your time and interest. We appreciate your participation.

Please rate the level of importance and the effort required to gain access to data for the following Health Status indicators.

LEVEL OF IMPORTANCE

	Extremely Important	Somewhat Important	Not At All Important	Don't Know
Birth/fertility rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's health status indicators (illnesses, well child visits)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childhood immunization rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men's health status indicators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minority health status indicators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's health status indicators (pregnancy, reproductive health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral health indicators (seatbelt use, tobacco use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic disease rates (heart disease, diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicable disease rates (tuberculosis, hepatitis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury incidence (motor vehicle, firearms, unintentional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mortality rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition/exercise indicators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted disease rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse rates (illicit drugs, alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCESSIBILITY OF DATA

	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
Birth/fertility rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's health status indicators (illnesses, well child visits)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childhood immunization rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men's health status indicators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minority health status indicators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
Women's health status indicators (pregnancy, reproductive health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral health indicators (seatbelt use, tobacco use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic disease rates (heart disease, diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicable disease rates (tuberculosis, hepatitis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury incidence (motor vehicle, firearms, unintentional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mortality rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition/exercise indicators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted disease rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse rates (illicit drugs, alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the Health Status indicators where accessibility was rated low or not accessible, indicate whether the following were reasons for the difficulty experienced.

	Yes	No
Could not locate a database containing the indicators sought	<input type="radio"/>	<input type="radio"/>
Could not access data within existing databases	<input type="radio"/>	<input type="radio"/>
Data were not available at the desired level (race, gender, geographic area, etc.)	<input type="radio"/>	<input type="radio"/>

Other reason for difficulty _____

If you indicated that data were not available at the desired level, please indicate at which level you were seeking. (check all that apply)

- Race/ethnicity
- Gender
- State level
- County level
- Zip code level
- Other _____

Additional comments about your ability to find Health Status indicators are welcome.

Please rate the level of importance and the effort required to gain access to data for the following Health System indicators.

LEVEL OF IMPORTANCE

	Extremely Important	Somewhat Important	Not At All Important	Don't Know
Health care workforce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care financing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Medicare				
- Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Other public programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health information technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCESSIBILITY OF DATA

	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
Health care workforce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care financing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Medicare				
- Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Other public programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health information technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the level of importance and the effort required to gain access to data for the following Health Care Services.

LEVEL OF IMPORTANCE

	Extremely Important	Somewhat Important	Not At All Important	Don't Know
DENTAL HEALTH SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Extremely Important	Somewhat Important	Not At All Important	Don't Know
EMERGENCY ROOM SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOME HEALTH SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOSPICE SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INPATIENT HOSPITAL SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OUTPATIENT HOSPITAL SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MENTAL HEALTH SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Extremely Important	Somewhat Important	Not At All Important	Don't Know
LONG-TERM SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHYSICIAN SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCESSIBILITY OF DATA

	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
DENTAL HEALTH SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMERGENCY ROOM SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOME HEALTH SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOSPICE SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INPATIENT HOSPITAL SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OUTPATIENT HOSPITAL SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MENTAL HEALTH SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LONG-TERM SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHYSICIAN SERVICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Cost of care				
- Geographic availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Utilization of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the Health System/Health Care Services indicators where accessibility was rated low or not accessible, indicate whether the following were reasons for the difficulty experienced.

	Yes	No
Could not locate a database containing the indicators sought	<input type="radio"/>	<input type="radio"/>
Could not access data within existing databases	<input type="radio"/>	<input type="radio"/>
Data were not available at the desired level (race, gender, geographic area, etc.)	<input type="radio"/>	<input type="radio"/>

Other reason for difficulty _____

If you indicated that data were not available at the desired level, please indicate at which level you were seeking. (check all that apply)

- Race/ethnicity
- Gender
- State level
- County level
- Zip code level
- Other _____

Additional comments about your ability to find Health System/Health Care Services data are welcome.

Please rate the level of importance and the effort required to gain access to data for the following Colorado population indicators.

LEVEL OF IMPORTANCE

	Extremely Important	Somewhat Important	Not At All Important	Don't Know
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCESSIBILITY OF DATA

	Very Accessible	Moderately Accessible	Not Accessible	Didn't Look
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the population indicators where accessibility was rated low or not accessible, indicate whether the following were reasons for the difficulty experienced.

	Yes	No
Could not locate a database containing the indicators sought	<input type="radio"/>	<input type="radio"/>
Could not access data within existing databases	<input type="radio"/>	<input type="radio"/>
Data were not available at the desired level (race, gender, geographic area, etc.)	<input type="radio"/>	<input type="radio"/>

Other reason for difficulty _____

If you indicated that data were not available at the desired level, please indicate at which level you were seeking. (check all that apply)

- State level
- County level
- Zip code level
- Other _____

Additional comments about your ability to find Colorado population data are welcome.

How would you rate your ability to search for health care data?

- Beginner
- Intermediate
- Advanced

Where do you most commonly go to search for health care data? (check all that apply)

- Data clearinghouse
- Newspaper
- Private/proprietary databases
- Public use databases
- Publications
- Internet
- Other

What type of organization do you represent? (check all that apply)

- Academic
- Advocacy group
- Business association
- Community-based organization
- Consultant
- Health care provider
- Legislature
- Philanthropic foundation
- Private business
- Professional association
- Public health agency, e.g.: state, county, city
- Other government agency, e.g.: state, county, city
- Other _____

Contact Information (optional)

Name _____

Organization _____

City _____

State _____

Zip Code _____

Phone _____

**EMail _____

**This e-mail address will be used to notify you of the survey results.

Thank you for participating in this important survey.

Your input is welcome. Please provide us any comments you have about this survey, how we might improve it or any other suggestions relating to health data needs, sources and availability.

The Colorado Health Institute (CHI) is an independent, nonprofit health policy and research organization based in Denver. It was established in 2002 by Caring for Colorado Foundation, The Colorado Trust and Rose Community Foundation. CHI's mission is to advance the overall health of the people of Colorado by serving as an independent and impartial source of reliable and relevant data for informed decision-making.





Colorado Health Institute
1576 Sherman St., Ste. 300
Denver, CO 80203-1278
303.831.4200
303.821.4247 fax
www.coloradohealthinstitute.org