



UCLA CENTER FOR HEALTH POLICY RESEARCH
The Health DATA List Serve
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Thinking Globally, Acting Locally ... with Data!

In seeking health data for planning or advocacy, local groups are often frustrated to find only national or state level data when local data are needed. When you encounter this problem there are several options for creating local estimates. Two different approaches discussed below are (1) using proxy data and (2) extrapolating national or state data to the local level.

Proxy data

“Proxy” data are information that can substitute for the data you need because it is closely related to your issue. For example, you may need recent child poverty data for your neighborhood. Since free school lunches are limited to low-income children, you could take the number of children receiving free lunches as an indicator or proxy of the poverty level of the neighborhood. Similarly, you could use the number of reported gonorrhea infections as a proxy of risk behavior for all sexually transmitted diseases. These data do not give you a precise number or rate of your problem, but the data provide useful comparisons between communities, such as, “Childhood poverty in our neighborhood may be much higher than the city average, as shown by our higher rate of free school lunches.”

Extrapolating from existing data

Extrapolating involves taking a national or state pattern of a problem and applying that pattern to your local area. Diabetes, for example, is a condition that needs on-going medical care. We know that there are large differences by race and age in the rates of diabetes. To estimate the number of persons with diabetes in your community based on national trends (you could also take state or county data if you have access to it), you can take the following steps:

1) Identify the diabetes rate (percent with diabetes) using the national data source. Obtain the rate for subgroups where there is variation (e.g. race, sex, age, income) For example, the diabetes rate for Latinos nationally is .02 for age 18-44, .143 for age 45-64, and .204 for age 65 and over.

[Source: National Health Interview Survey, Table 8 at
http://www.cdc.gov/nchs/fastats/pdf/sr10_209.pdf]

2) Identify the number in the population for the same subgroups locally. For example, say your community has 30,000 Latinos ages 18-44, 11000 ages 45-64, and 2000 ages 65 and over.

3) Multiply the national rates by the local numbers and add them up. The result is rate time number or $.02 \times 30000$ (ages 18-44) = 600, plus $.143 \times 11000$ (ages 45-64)=1573, plus $.205 \times 2000$ (ages 65 and over)=410, for a total *estimate* of 2583 Latinos with diabetes in your community.

Remember that neither of these methods provides “precise” data on your topic, but they do offer ways to generate useful estimates that can be used in program planning and policy advocacy.

Health DATA Internet Quick Picks

The California Department of Health Services collects a considerable amount of county-level data. On their web site (<http://www.dhs.ca.gov>) are data on reportable diseases, births, deaths, reasons for hospitalizations, tobacco control, and more. Local health departments also commonly publish this information for their areas. For gonorrhea data in Los Angeles see <http://lapublichealth.org/wwwfiles/ph/dcp/std/stdmorb2001.pdf>

Ed Data collects information on all public schools in California and publishes academic performance, demographic and other data. For information on free school lunches go to <http://www.ed-data.k12.ca.us/>, pick a school, then under “select report” choose school comparisons.

AskCHIS, an online tool for accessing local data from the California Health Interview Survey, lets you select the health topic, geographic area, and population of interest and produce your results in tables and graphs. Go to the UCLA Center for Health Policy Research website at <http://www.healthpolicy.ucla.edu/> and select California Health Interview Survey.