



- NJSHAD is a website
- NJSHAD provides access to public health datasets, statistics, and information on the health status of New Jerseyans.

NJHealth Background ▶ NJSHAD is based on Utah's Indicator-Based Information System for Public Health (IBIS-PH) ▶ All credit goes to the brilliant minds of those involved in the origins of IBIS-PH ▶ IBIS-EPHT states: Kentucky's Environmental Public Health Tracking Network ► Kentucky ▶ New Jersey **NEW MEXICO** ENVIRONMENTA ▶ New Mexico **Public Health** PUBLIC HEALTH TRACKING Tracking + EPHT UTAH DEPARTMENT OF HEALTH ▶ Utah Other IBIS states/tribes: AK, AZ, HI, MT, NC, USET

- Talk about features available in all IBIS systems
- All credit goes to the brilliant minds of those involved in the origins of IBIS-PH
- A lot of my slides are dense with text but they're just screenshots. You don't have to try to read the words. They're just images that happen to be a bunch of words.

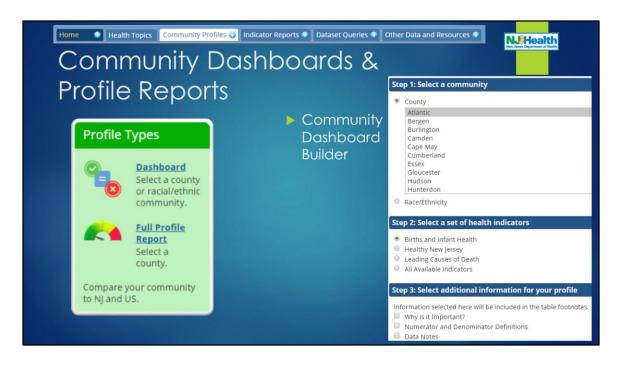
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• Order of today's presentation = order of menu items on website



- 22 Topics
- Many links to other parts of DOH, other data sources, federal data, etc. ...



THREE EASY STEPS TO MAKE YOUR DASHBOARD!

Public Health Indicator	Community Data			Comparison Values			
	Count / Rate	Confidence Interval*	Compared to NJ	New Jersey	United States	•	Indicator name Ni Health
Teen Birth Rates, 2015 (Live Births per 1,000 Females Aged 15-17 Years)						•	Data year
The number of resident live births to females in a specific age group per 1,000 females in the age group.	13.5	(12.4 - 14.7)		5.2	9.9	•	Definition
First Trimester Prenatal Care, 2015 (Percentage of Live Births)						•	Community rate
Number of live births to pregnant women who received prenatal care in the first trimester as a		(68.3% -		73.6%	74 70	•	Confidence interval
percentage of the total number of live births. Preterm Births, 2015 (Percentage of Live Births) Percent of live born infants born before 37	68.8%	69.4%)		73.6%	71.7%		Better – The Same – Worse than the NJ total
weeks of gestation based on obstetric estimate Preterm is synonymous with premature. Infants born at or after 37 weeks of pregnancy are called full term. Most pregnancies last around 40 weeks.	9.7%	(9.4% - 10.1%)		9.6%	9.6%		NJ value US value
Low Birth Weight, 2015 (Percentage of Live Births) Percent of live-born infants delivered with a birth weight of less than 2,500 grams (about 5 lbs, 8 oz)	7.6%	(7.3% - 8.0%)	②	8.1%	8.1%	0	BETTER than state total
Low-Risk Cesarean Deliveries, 2015 (Percentage of Low-Risk Births) The low-risk cesarean delivery rate is the percentage of cesarean deliveries among nulliparous (first birth), term (37 completed weeks or more, based on the obstetric estimate), singleton (one fetus), vertex (head		(29.7% -	В			E	ABOUT THE SAME (no statistically significant difference)
first) births Infant Mortality Rate, 2014	30.7%	31.796)		31.0%	25.8%	6	WORSE than state total
(Deaths per 1,000 Live Births) Rate of death occurring under 1 year of age in a given year per 1,000 live births in the same year	4.7	(3.9 - 5.5)		4.4	5.8	W	

- Ta-da!
- Explain the parts of the dashboard.



Explain gauge: excellent vs reason for concern – how determined
 Description of the Gauge

Excellent = The county's value on this indicator is BETTER than the state value, and the difference IS statistically significant.

Watch = The county's value is BETTER than state value, but the difference IS NOT statistically significant.

Improvement Needed = The county's value on this indicator is WORSE than the state value, but the difference IS NOT statistically significant.

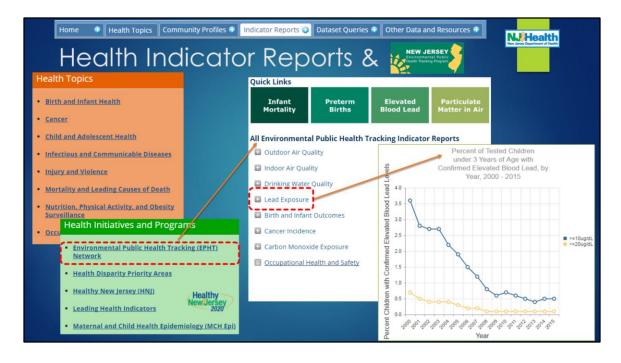
Reason for Concern = The county's value on this indicator is WORSE than the state value, and the difference IS statistically significant.

The county value is considered statistically significantly different from the state value if the state value is outside the range of the county's 95% confidence interval. If the county's data or 95% confidence interval information is not available, a blank gauge image will be displayed with the message, "missing information."

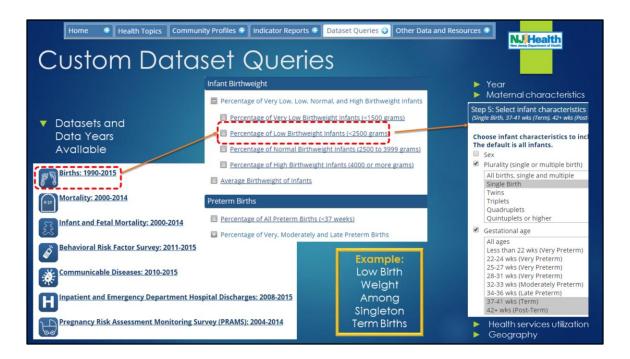
NOTE: The labels used on the gauge graphic are meant to describe the county's status in plain language.

The placement of the gauge needle is based solely on the statistical difference between the county and state values.

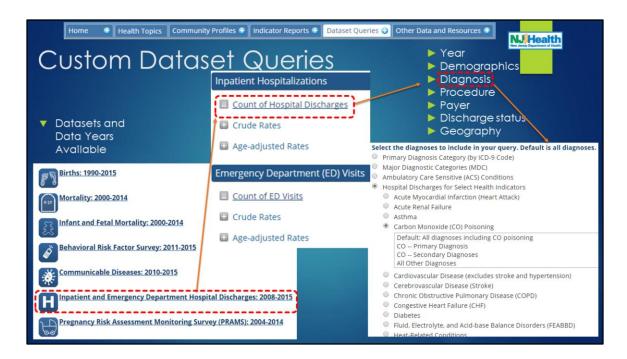
When selecting priority health issues to work on, a county should take into account additional factors such as how much improvement could be made, the U.S. value, the statistical stability of the county number, the severity of the health condition, and whether the difference is clinically significant.



- · Over 200 health indicator reports are online
- · Alphabetical list or...
- Categorized lists, including EPHT indicators
- Click on a category and you'll get a list of related reports
- Click on one to get the indicator report
- · Indicators include
 - One or more "views" = graph + data table
 - Why it's important, definition, numerator, denominator
 - · How we're doing, What we're doing, How we compare to the US
 - · Related indicators
 - Healthy People objective
 - · Links for more info, services, resources, etc.



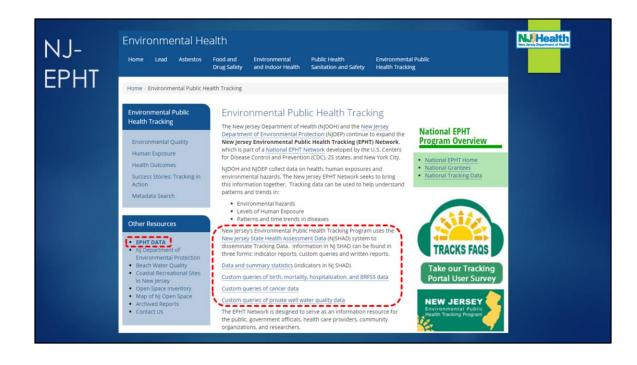
- This is if you want detailed statistics, filtered or cross-tabulated, municipality-level, etc.
- Choose dataset (we're going to be adding more but these 9 are what we have right now) – UT and NM have many more to choose from
- Choose measure (count, rate, percentage, etc.)
- Choose filters and how you want the data displayed
- Maternal characteristics: age, race, marital status, etc.
- · Health services: PNC onset, method of delivery, attendant at delivery, etc.
- Geo: Utah and NM have health districts



- This is if you want detailed statistics, filtered or cross-tabulated, municipality-level, etc.
- Choose dataset (we're going to be adding more but this is what we have right now)
- Choose measure (count, rate, percentage, etc.)
- Choose filters and how you want the data displayed



· Go to NJ EPHT website





- I will make my slides available for posting of the NAPHSIS member website after the annual meeting adjourns
- Questions?

