

Frequently Asked Questions About the Healthy Aging Data Reports

Healthyagingdatareports.org

- **Where do you get the data from?**

We analyze data from many sources. Estimates of community-level indicators of physical/mental health, chronic disease prevalence, access to care, wellness and prevention health behaviors, service utilization, and nutrition and diet were derived from two major data sources: the Medicare Master Beneficiary Summary File (2014-2015) and the Behavioral Risk Factor Surveillance System (2011-2016). Population composition measures were drawn from the Five-Year American Community Survey (2012-2016) produced by the U.S. Census Bureau. (These major data sources, and other data sources used for other community, safety, and economic variables, are more fully described in the Technical Documentation.)

- **What do the B, W, and * mean on my Community Profile?**

We use those to note community rates that are **Better**, **Worse**, or ***** Different than the state rate. Reading through a six-page community profile with 166 indicators can be daunting. We flag rates that are significantly different than the state rate to call your attention to them. Indicators that are significantly different than the state rate may be priority areas of focus in your initial discussions.

- **My community has a lot of W's noted, I don't know where to begin!**

The first step is understanding, so just reading your community profile is progress. The next step is to talk, brainstorm, and engage with others in your community. Then think about your community, what's happening, what are the resources that you could pull in to help? Libraries, planning department staff, civic groups, faith communities, and elected officials all may have something to contribute. As your community works together you can prioritize issues to focus on. Generally, I recommend starting with a winnable battle. Something that can be improved in a short time. Then when you have some progress and momentum you can shift to tackling the bigger issues. Draw on the many resources available statewide through the NH Alliance for Healthy Aging, AARP, and Councils on Aging.

- **Why don't you have any information on _____?**

While we are proud to produce the most comprehensive report on healthy aging reported at the local level available in the nation, we recognize that there are important indicators that we do not yet report. That is because we rely on existing sources of data and for some key indicators we have not been able to find good data yet. We are always seeking to improve the Data Reports and if you have ideas or suggestions for indicators please send them to beth.dugan@umb.edu. We may be able to include your suggestions in a future version of the Data Report.

- **My geography is rusty, why don't you include the names of the communities on the pdf maps of indicators?**

We don't include the names of communities in the [pdf maps](#) because the size font would be so small it would not be legible. To find your community's rate you could look on the 2nd page of the map, and consult the alphabetical list of communities with rates or the 3rd page which has a list of communities ranked highest to lowest. If you are really stuck, another solution is to hover your mouse over a community in the [interactive webmap](#) at healthyagingdatareports.org and the name/rate/rank will be displayed.

- **The rate reported is higher than one I saw from another source, why?**

Rates are statistical estimates so it is possible that the other rate was estimated from a different data source or used different methods. For the chronic disease indicators that we calculate from Medicare data we calculate the rate of people age 65+ who have ever been diagnosed with the condition. Some other reports calculate only those who are currently diagnosed. We think the "ever" diagnosed approach is better because it is similar to information collected in large national surveys "asking if a doctor ever told you you have condition ____?" From a clinical standpoint we think it makes more sense to understand if the condition has ever been diagnosed, because even if the condition is resolved now, the consequences to the body and overall health have been accrued.