

A belated Happy New Year from your MICA trainers, Andy Hunter and Becca Mickels. If you are like us, the beginning of the New Year often leads to personal resolutions for life and health improvements. Most resolutions focus on some type of behavior change – eating less, exercising more, etc. The recently released 2011 County-Level Study (CLS) can help you determine the prevalence of certain health-related behaviors in your community.

Funded through the Missouri Foundation for Health and managed by the DHSS Office of Epidemiology, the Missouri County-Level Study provides county-specific prevalence estimates of chronic diseases, conditions, and risk factors. For the 2011 CLS, 47,261 adults were interviewed via randomly selected landline telephone numbers. Additionally, 4,882 randomly selected adult cell phone-only users were interviewed.

You may have viewed 2003 or 2007 CLS data on the DHSS website in the past. The 2011 CLS data were weighted using a new methodology. Because of the new weighting method, previous CLS data cannot be compared to 2011 data unless they are reweighted. In the near future, 2007-2011 Comparison Community Data Profiles will be made available on the DHSS website.

In the meantime, you can review some of the new indicators available through the 2011 CLS. The Health and Preventive Practices Profile includes indicators on diseases and conditions such as cancer, COPD, arthritis, depressive disorders, kidney disease, and vision impairment. New risk factor indicators cover use of community facilities for physical activity, use of neighborhood sidewalks, access to bicycle lanes, and neighborhood safety. Returning indicators on the Health and Preventive Practices and the tobacco-related Profiles provide data on various health screenings, tobacco use, and tobacco cessation attempts.

The 2011 CLS Profiles also include a new tab that reports the education level of respondents (shown below). Please note that in the CLS Profiles series, the Number of Respondents is the number of survey respondents who answered the indicator question, not an estimate of the total number of people affected by the indicator. For example, in the screenshot below, 6,016 adult Missouri residents with less than a high school education were asked if they had high blood pressure. It was then estimated that 45.7 percent of adult Missourians with less than a high school education had ever been told that they had high blood pressure.

County Level Study 2011 - Health & Preventive Practices for Missouri Adults

[County-level Study Home](#) [Select a different geographical area](#) [Main profile page](#) [Age-adjusted weighted percent](#) [Print Profile](#)

Indicator	Less than High School		High School or GED		Some post High School		College Graduate	
	Number of Respondents	Prevalence (%)						
Fair or poor general health status	6,015	41.1	20,239	23.3	12,569	15.8	11,123	8.5
Activity limitation	6,019	37.9	20,212	25.2	12,566	22.5	11,113	15.9
No health-care coverage - Ages 18-64	2,655	39.1	11,083	29.6	8,356	23.1	8,067	9.2
Could not get needed medical care in past 12 months	6,031	14.1	20,272	8.7	12,596	9.8	11,147	4.9
Did not get medical care because of cost or no insurance - among those who needed medical care but could not get it in the past 12 months	583	74.1	1,200	67.7	1,054	74.9	513	68.4
Did not get medical care because of lack of transportation - among those who needed medical care but could not get it in the past 12 months	583	4.7	1,200	1.9	1,054	1.9	513	1.3
Did not get medical care because of other reasons - among those who need medical care but could not get it in the past 12 months	583	21.1	1,200	30.4	1,054	23.3	513	30.4
High Blood Pressure	6,016	45.7	20,233	37.6	12,565	32.2	11,113	25.6
Ever had blood cholesterol checked - among age 35 and older	5,298	83.8	18,344	87.0	10,795	91.0	9,603	94.4
Has high cholesterol - among age 35 and older who have had cholesterol checked	4,575	53.6	16,253	47.6	9,907	43.2	8,969	38.5
Current asthma	5,996	15.7	20,212	9.4	12,539	10.3	11,097	7.8
Ever told had Cancer	6,048	11.1	20,292	10.1	12,590	8.2	11,143	8.9

* = Percents are not provided for indicators with less than 50 respondents.

[Print Profile](#)

From the Missouri Profile, a map can be viewed by clicking on the icon of the shape of Missouri in the far right column labeled Download Indicator Data, as shown below. The color-coded map highlights clusters of counties with high and low rates. Users can download data for all geographies by clicking on the Excel or PDF icons immediately to the left of the map option.

County Level Study 2011 - Tobacco Cessation for Missouri Adults

[County-level Study Home](#) [Select a different geographical area](#) [Main profile page](#) [Age-adjusted weighted percent](#) [Print Profile](#)

Indicator	Number of Respondents	Prevalence (%)	95% CI		Download Indicator Data
			Lower	Upper	
Current cigarette smokers who made a quit attempt in past year	9,321	53.1	51.1	55.1	
Current smokers who made a quit attempt in past year and used medication in last quit attempt	4,611	28.6	26.0	31.1	
Current smokers who intend to quit in next 6 months	8,772	63.0	61.0	65.0	
Current smokers who believe they can successfully quit	8,892	77.4	75.8	79.0	
Current smokers who are aware of telephone quitline services	9,285	44.0	42.0	45.9	
Current smokers who are aware of cessation counseling services other than quitlines	9,261	40.3	38.3	42.3	
Current smokers with health insurance that helps pay for cessation counseling or medications	4,309	46.7	43.6	49.7	
Current smokers who had seen, read or heard ads about quitting smoking within the past 30 days	9,178	74.1	72.3	75.9	
Asked about smoking by health care professional in past year	38,685	74.6	73.6	75.5	
Current smokers who had seen a health care professional in past year and were advised to quit smoking by health care professional	6,411	72.4	70.2	74.6	
Asked about smoking by dentist among those who have visited a dentist in past year	27,413	38.8	37.5	40.0	
Current smokers who have visited a dentist in past year and were advised to quit smoking by a dentist	3,968	40.9	37.8	43.9	
Smokeless tobacco users who have visited a dentist in past year asked about smokeless tobacco use by dentist in past year	27,733	25.6	24.5	26.8	
Smokeless tobacco users who have visited a dentist in past year advised by a dentist to quit using smokeless tobacco in past year	803	53.7	46.8	60.6	
Strongly disagree or disagree quitting will not benefit long time smokers	0	*	*	*	
Overall prevalence	47,228	80.5	79.7	81.3	

* = Percents are not provided for indicators with less than 50 respondents.

[Print Profile](#)

CLS data are available for all 115 counties, the state, the seven BRFSS regions, and Kansas City (shown below). Please note that some geographies may not contain as many tabs as are available on the state Profiles due to small sample sizes. For example, the Kansas City Profile includes only the All and Race tabs.

County Level Study 2011 - Tobacco Use for Kansas City Adults

[County-level Study Home](#) [Select a different geographical area](#) [Main profile page](#) [Age-adjusted weighted percent](#) [Print Profile](#)

All	Race						
Indicator	Number of Respondents	Prevalence (%)	95% CI Lower	95% CI Upper	Regional Significance	State Significance	
Current cigarette smoking	650	26.4	20.7	32.0	N/S	N/S	
Former cigarette smoking	650	17.9	13.5	22.3	L	L	
Current smokeless tobacco use	649	2.1	0.3	3.9	N/S	L	
Current use of other tobacco products	650	6.1	2.8	9.4	N/S	N/S	
Believe smoking cigarettes causes:							
Heart attack	568	73.5	66.7	80.3	N/S	N/S	
Colon cancer	477	39.0	31.7	46.2	N/S	N/S	
Stroke	545	68.6	61.6	75.6	N/S	N/S	
Low-birth weight	538	83.7	77.7	89.6	N/S	N/S	
Impotence	387	52.2	43.8	60.6	N/S	N/S	

* = Percents are not provided for indicators with less than 50 respondents.

[Print Profile](#)

Population by Race Added for Nine Counties

As mentioned in the previous newsletter, 2010 Census data were incorporated into the MICAs and Profiles during summer 2012. These changes affected Population MICA and all MICAs and Profiles that use population as the denominator for rate calculations (i.e., most death- and hospital-related topics but not most birth-related topics).

After analyzing changing demographic trends in the state, we decided to expand the number of counties with population race detail available. Previously, MICA users could only obtain rates by race for the ten counties with the largest African American populations and Kansas City. This feature has been expanded to include 19 counties and Kansas City. The nine new counties include a mix of rural, mid-size, and suburban areas. Population files were developed back to 2001 for these new geographies. This addition addresses an identified concern, as several users have requested more data related to race. Here is a complete listing of all geographies for which race is now available. The recently added counties are shown in bold.

Boone	New Madrid
Buchanan	Pemiscot
Cape Girardeau	Platte
Cass	Pulaski
Clay	St. Charles County
Cole	St. Louis County
Dunklin	St. Louis City
Greene	Scott
Jackson	Kansas City
Jasper	State of Missouri
Mississippi	

Public Health Spotlight



This quarter we welcome a new Research Analyst III, Becky Chitima-Matsiga. Becky has accepted Becca's old position. She will be working with WIC data and assisting with MICA trainings and other data dissemination activities. Becky completed her Master of Public Health degree at Saint Louis University and has a Master of Science in Plant Pathology from the University of Missouri – Columbia. She previously conducted research in various departments at the University of Missouri and interned with the Columbia/Boone County Health Department in the past. She has also co-authored several medical articles. We welcome Becky to the BHCADD team!

Upcoming MICA Trainings

Course 1: Introduction to Profiles and MICA and *Course 2: Health Data Analysis* will be offered on the DHSS campus in the Wild Birch Conference Room, 930 Wildwood Drive, Jefferson City, MO, on the dates listed below. These courses are designed for administrators, program managers, health educators, program planners, or other staff who need to understand and present data to inform policy or decision making related to priority health issues. Course 2 builds upon Course 1, so attendance on both days would be most appropriate, depending on your interest level and prior experience with the tools.

The courses will run from 9:00 until 4:30 with an hour built in for lunch. Please e-mail both Andrew Hunter (Andrew.Hunter@health.mo.gov) and Becca Mickels (Becca.Mickels@health.mo.gov) and let us know which course(s) you would like to attend. DHSS employees will be given preference for these sessions until Friday, January 18 for the February session and until Friday, February 8 for the March session. Other interested persons will be accepted after these dates. If you are a non-DHSS employee who would like to attend, you may contact us early to be placed on a waitlist until the open enrollment period begins. We also plan to offer sessions for LPHAs throughout the state this summer. All sessions are contingent upon an adequate number of registrants. We reserve the right to cancel or consolidate sessions due to low enrollment.

Introduction to Profiles and MICA – February 7, March 5
Health Data Analysis – February 8, March 6

A more detailed description of each course is included below.

Course 1: Introduction to Profiles and MICA

This course includes a review of the basic statistics used in the Community Data Profiles and MICA, as well as hands-on demonstrations of the trend line, graphing, download, and other features. Multiple exercises allow participants to practice the skills covered. (This course was first offered in 2009 as Community Health Assessment and Intervention Planning.)

Course 2: Health Data Analysis

The Health Data Analysis course explains the process of using Profiles and MICA data to generate other statistics, such as percentage change and years of potential life lost. It also provides communication strategies and examples of how to clearly communicate health data through a variety of presentation formats, such as tables, charts, maps, and narrative. These strategies can be applied to grant proposals, health assessments, newsletters, health education materials, presentations, and other publications. During class, instructors will guide participants through creation of a sample community health assessment document.

NOTE: Course 1 is NOT a requirement for enrollment in Course 2, but some prior experience with Profiles/MICA is strongly recommended. The features of the Profiles/MICA tools will be covered in Course 1, while Course 2 will focus primarily on using the tools to analyze and present data.

Please note that each of these courses will count for **six contact hours** toward re-accreditation through **MICH** or **six DHSS Human Resources credit hours**.

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**Summer 2013 MICA Trainings**

In the near future we will begin scheduling the Summer 2013 MICA Trainings. If you would like us to schedule a training session in your area or are willing to host a training session, please contact Andy or Becca as soon as possible.

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GIS Trainings

We have received several questions about GIS training opportunities. Two GIS courses will be offered at DHSS during 2013. These courses are open to both DHSS employees and LPHA staff.

Introduction to GIS in Public Health covers some of the GIS projects that have been completed at DHSS. Fundamental GIS concepts are discussed, and the participant is introduced to ArcGIS. Basic skills using this program are covered. The dates for Introduction to GIS in Public Health are: **March 13, June 19, September 18, and December 10**. The time for the courses is **8:30 a.m. – 4:30 p.m.**

Applied GIS in Public Health provides hands-on examples of GIS applications in the Public Health field. Participants will use skills learned in Introduction to GIS in Public Health as well

as new techniques, such as spatial joining and buffering, to complete exercises from a variety of settings. Participants must have completed Introduction to GIS in Public Health prior to taking this course. The dates for Applied GIS in Public Health are: **May 15 and October 9**. The time for the courses is **9 a.m. – 4:30 p.m.**

To learn how to register, please visit the GIS Training website at <http://health.mo.gov/data/gis/training.php>.

Data Updates

Several of the Profiles and Data MICAs have been updated since the publication of the last newsletter.

Death MICA – through 2010

Emergency Room MICA – through 2010

Hospital Discharges, Charges and Days of Care MICA – through 2010

Injury MICA – through 2010

Inpatient Hospitalization MICA – through 2010

Medicaid MICA – through November 2012

Pregnancies MICA – through 2010

TANF (Temporary Assistance for Needy Families) MICA – through November 2012

County-Level Study Profiles Series – 2011 data

Kansas City Definition Change: A methodology change has been made to hospital discharge and emergency room data for Kansas City. For data years 2010 and later, the Kansas City geography is defined using census tracts instead of ZIP codes. Our analysis indicates that this will more accurately reflect the actual city boundaries, since neither ZIP codes nor census tracts provide a perfect match and hospital records do not contain the inside/outside city limits field reported on birth and death records. For years prior to 2010, the older ZIP-based definition is still in place. This change only impacts hospital and emergency room data.

Recent/Upcoming Events



Andy (shown here) and our new Research Analyst III, Becky Chitima-Matsiga, hosted an exhibit during the Missouri Consolidated School Health Conference at the Lodge of the Four Seasons in Lake Ozark on November 30. We never know who will stop by our table – this time it was Andy's mom, Linda Hunter.

Q&A

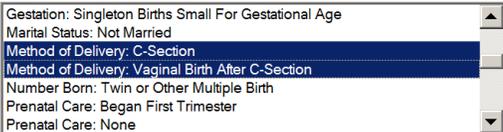
Following the announcement of several national initiatives to reduce the use of elective caesarean sections, we received multiple data requests related to caesarean section rates in Missouri. C-section rates are available through the Delivery Profile, the Birth MICA, and the WIC Postpartum MICA.

The **Caesarean Section** indicator has already been computed on the Delivery Profile tables. A five-year rate is provided. The trend line feature can be used to see how the rate has changed since the 1991-1993 time period.

On the Birth MICA, users must choose **Method of Delivery: C-Section** from the indicator list in Step Six (shown below). A related indicator on **Vaginal Birth After C-Section (VBAC)** is also available. Similarly, users of the WIC Postpartum MICA can select **Delivery type – caesarean section** from Step Six to obtain numbers and rates. The time period under review can be customized in Step Four of both the Birth MICA and the WIC Postpartum MICA. To display individual years, users must select “Year” as either the row variable in Step One or the column variable in Step Two.

Step Six
Select an indicator variable (default: Live Births).

This list contains selected maternal and infant indicators. Once the table is produced by major indicator, you are allowed to "drill down". "Drill down" allows you to look at more specific levels that make up these major indicators. A table with multiple indicators may have all cells suppressed if confidentiality rules apply to just one of the indicators.



Gestation: Singleton Births Small For Gestational Age
Marital Status: Not Married
Method of Delivery: C-Section
Method of Delivery: Vaginal Birth After C-Section
Number Born: Twin or Other Multiple Birth
Prenatal Care: Began First Trimester
Prenatal Care: None

Practice Exercise

Many of you have asked for additional exercises so that you can practice the skills you learned at the MICA trainings. Here is a chance for you to do so. If you would like to check your work, a possible answer is posted on the DHSS website. A link to the answer is provided at the bottom of this section.

You are researching the use of caesarean sections in Missouri. You would like to determine which mothers are at highest risk for a caesarean delivery. Use the Birth MICA to complete the following tables and determine which demographic groups are at significantly higher risk for caesarean deliveries based on 2009 data.

	Number	Rate	95% Confidence Interval
Whites			
African Americans			
American Indians/Alaskan			

Natives			
Asians/Native Hawaiians/Pacific Islanders			
Groups at significantly higher risk:			

	Number	Rate	95% Confidence Interval
Hispanic			
Non-Hispanic			
Group at significantly higher risk:			

	Number	Rate	95% Confidence Interval
10-14			
15-17			
18-19			
20-24			
25-29			
30-34			
35-39			
40+			
All Ages			
Groups at significantly higher risk:			

	Number	Rate	95% Confidence Interval
Married			
Not married			
Group at significantly higher risk:			

Visit <http://health.mo.gov/data/mica/MICA/solutions.html> to check the solution.

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**About the MICA User Group Newsletter**

The MICA User Group Newsletter was created in response to user requests for communication on updates to the MICA system, descriptions of new features, additional practice exercises,

announcements of training opportunities, and any other new information about data that might help them perform their jobs more efficiently.

Newsletters will be published on a quarterly basis. If you have ideas for content, please send them to [Andrew.Hunter@health.mo.gov](mailto:Andrew.Hunter@health.mo.gov) or [Becca.Mickels@health.mo.gov](mailto:Becca.Mickels@health.mo.gov). We would especially like to feature stories describing your success at completing projects or obtaining grants using the MICA tools as well as interviews with public health professionals about your duties and how you use MICA to accomplish them.

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### **How to Sign Up or Opt Out**

If you have enjoyed this newsletter, please feel free to share it with your colleagues and community partners. We encourage them to sign up for the MICA User Group by sending an e-mail to [Andrew.Hunter@health.mo.gov](mailto:Andrew.Hunter@health.mo.gov) or [Becca.Mickels@health.mo.gov](mailto:Becca.Mickels@health.mo.gov) with the subject line MICA User Group. This will let us know to send newsletters to them directly so they do not miss any information. Also, we may occasionally distribute time-sensitive information on topics such as training opportunities via e-mail if the newsletter is not scheduled for publication prior to a registration deadline. Finally, the MICA User Group list helps us track the types of organizations using the tools, which is one of our performance measures.

If you would like to opt out of the MICA User Group, please send an e-mail with Unsubscribe in the subject line to [Becca.Mickels@health.mo.gov](mailto:Becca.Mickels@health.mo.gov). PLEASE NOTE: Depending on your position title, you may still receive other types of e-mail messages from us. For example, we are requested to send training information to all LPHA Administrators, even if they have unsubscribed from the MICA User Group.

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