



# Community Health Dashboard Information

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## Introduction

This document was created to give a brief overview of the Broomfield community health dashboards. The metrics provided here are a subset of indicators used in the 2024 community health assessment. This assessment drives the 2025-2029 Community Health Improvement Plan.

## Data Sources

Data used in the community health assessment comes from a wide range of sources at the national, state and local levels. You can find the data source listed at the bottom of each data visualization. Please note the following:

- 1) Not all data sources are on the same collection cycle. Data may be collected on an annual basis or odd/even years. As such, not all data will be updated at the same intervals. Broomfield Public Health and Environment staff aim to provide updates in mid-summer and/or mid-winter depending on data availability.
- 2) Similarly, not all variables are collected every year even if the survey is administered on an annual basis. Therefore, metrics coming from the same data source may be presented in a every other year format, while others are available on an annual basis.
- 3) There are three geographic groupings of data available on this dashboard - Colorado, Health Statistic Region 16 and Broomfield.
  - a) **Colorado** = reflects events or experiences that occurred across the state or



- combines data from residents across Colorado
- b) **Health Statistic Region 16 (HSR16)** = Colorado's Health Statistics Regions are groups of counties or individual counties that the Colorado Department of Public Health and Environment (CDPHE) uses to publish public health data. HSRs were developed using demographic and statistical criteria. CDPHE uses surveys that are geographically sampled to ensure reliable estimates for each HSR. However, some HSRs may not have reported data due to sample size. HSR16 comprises Broomfield and Boulder counties.
  - c) **Broomfield** = reflects experiences that occurred within Broomfield or by residents in the City and County of Broomfield

## Data Interpretation

Data on this dashboard are primarily presented as rates and percentages with confidence intervals.

### Rates

Rates are used to allow comparisons between populations of different sizes. For example, the rate of breast cancer across the state versus the rate of breast cancer among residents of Broomfield.

The values displayed on the dashboards as **crude rates** represent the sum of the number of events among residents divided by the population within the same category. For example, the crude rate of any fatal opioid overdose in Broomfield County is the sum of the number of deaths for the category divided by the sum of the resident population in Broomfield, resulting often in a small fraction. Common practice in the public health field is to multiply the resulting fraction by 1,000 or 100,000 to get the crude rate of drug overdose deaths per 1,000 or 100,000 residents. A crude rate is the actual observed rate.

**Age-adjusted rates** represent what the rates would be if the time periods or the different geographies had the same composition of ages. Therefore, age-adjusted rates help users fairly compare rates across different geographies or periods of time, when age is associated with an outcome, such as overdose, and when the underlying age distribution in the different geographies or time periods vary. An age-adjusted rate is an artificial rate, that is, a weighted average of the age-specific (crude) rates. Yet the comparison of two age-adjusted rates can tell users that a difference in the two rates is not due to changes in the underlying age distribution in each time period or in the two geographies and not due to changes in the population sizes.



NOTE: If you are comparing rates across multiple data sources, please take into consideration that the calculated rate is based on population estimates which may vary depending on the point in time that the estimate was made and the underlying data source (i.e. American Community Survey vs the Colorado State Demographer's Office).

## Percentages

Percentages represent the number of people who gave each answer as a proportion of the number of people who answered the question. For example, if 100 people answered a survey and 70 reported having received the recommended cancer screening, we would say 70% of respondents received the recommended cancer screening.

## Confidence Intervals

A confidence interval indicates the range of values that represent the possible true values of the rate or estimate in a population for a given indicator. Confidence intervals reflect the margin of error. The width of a confidence interval depends on the size and variability of the data.

When a population reports more deaths due to drug overdose and the sample size is large, the confidence interval will be narrow, indicating a more precise estimate. Conversely, with smaller populations or smaller sample sizes, the number of drug overdose deaths will typically have greater variability, leading to a wider confidence interval.

Confidence intervals allow statistical comparisons across groups. When two confidence intervals overlap, it is unlikely that a difference in the estimated rate between the comparison groups truly exists in the population. If the confidence intervals do not overlap, it may indicate a likely difference in the two rates truly exists. [View this short video](#) for more explanation on confidence intervals.

## How are the Dashboards Organized

Data is organized using the BARHII Framework of Equity, developed by the Bay Area Regional Health Inequities Initiative, is a public health model that emphasizes the root causes of health inequities and is central to our approach. It helps us understand the root causes of health inequities and guides our data collection and analysis efforts. It categorizes factors influencing health into three main buckets: *Social Determinants of Health, Health Behaviors, and Health Outcomes*.



- *Social Determinants of Health* include factors like economic stability, education, neighborhood and built environment, and social and community context. Factors that influence the conditions in which people are born, grow, live, work, and age.
- *Health Behaviors* refer to individual actions that impact health, such as diet, exercise, and substance use.
- *Health Outcomes* are the end results of these determinants and behaviors, including indicators like mortality rates, chronic disease prevalence, and quality of life.

## Navigating the Dashboards

### Health Dashboards



### Socioeconomic Status Maps

More details on navigating and interpreting these maps can be found [here](#).



## Socioeconomic Map Orientation

Years available for Socioeconomic map    Years available for Socioeconomic map    Years available for both maps to display them together

More information about the maps and how to read them

Layers menu

Legend

Dataset Source

## Other Data Resources

View other data resources on our website under [Data and Reports](#).

## Feedback

[Feedback can be provided using this form](#)

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