



CMS and HealthACORN™ – helping you understand the future needs of your community.

Capita Membership Services has now integrated HealthACORN™ in CMS, our new membership management platform launched in summer 2010.

HealthACORN™ will provide a more comprehensive understanding of your local community's current and future health needs through an analysis of diet, illness, exercise characteristics and demographic characteristics.

Combining HealthACORN™ with your membership strategy can work to improve membership engagement as well as promoting key health messages for your community, for example:

- linking membership engagement to promote health in the local community
- targeting membership and health events exactly where they are needed/wanted
- identifying local health trends and the resources required to manage them

CMS appends the high level HealthACORN™ profile by ward, giving you valuable insight into the health of your catchment - you can then design member extracts/reports on specific trends and classifications.

Unique to CMS is the ability to automatically view these results on a map, instantly giving you a better understanding of how these health groups are distributed across your catchment area.

Healthacorn		Public Membership Catchment Area				CACI	
Profile	Base	%	% Z-Score	Index 0	100	200	
<b>1. Existing Problems</b>							
1.1 Older couples; traditional diets, cardiac issues	20	0.4	4,992	0.5	-2	72	
1.2 Disadvantaged elderly, poor diet, chronic health	16	0.3	2,613	0.3	0	96	
1.3 Vulnerable disadvantaged, smokers with high levels of obesity	16	0.3	2,135	0.2	1	118	
1.4 Post industrial pensioners with poor diet, illness	99	1.7	11,196	1.2	3	129	
1.5 Deprived neighbourhoods with poor diet, smokers	47	0.8	8,767	1.0	-1	84	
1.6 Elderly with associated health issues	117	2.0	21,444	2.4	-2	86	
1.7 Home owning pensioners; traditional diets	106	1.9	16,039	1.8	0	104	
1.8 Disadvantaged neighbourhoods with poor diet & severe health issues	214	3.7	32,013	3.6	1	105	
<b>2. Future Problems</b>							
2.1 Poor single parent families with lifestyle related illnesses	38	0.7	5,777	0.6	0	103	
2.2 Multi-ethnic, high smoking, high fast food consumption	64	1.1	9,022	1.0	1	112	
2.3 Urban estates with sedentary lifestyle & low fruit & veg consumption	116	2.0	14,084	1.6	3	130	
2.4 Deprived multi-ethnic estates, smokers and overweight	114	2.0	20,476	2.3	-1	88	
2.5 Disadvantaged multi-ethnic young adults, with high levels of smoking	79	1.4	15,077	1.7	-2	82	
<b>3. Possible Future Concerns</b>							
3.1 Less affluent neighbourhoods, high fast food, sedentary lifestyles	228	4.0	43,975	4.9	-3	92	
3.2 Affluent healthy pensioners dining out	364	6.4	38,446	4.3	9	149	
3.3 Home owning older couples, high levels of fat & confectionery	465	8.1	65,993	7.3	2	111	
3.4 Affluent professionals, high alcohol consumption, dining out	622	10.9	75,122	8.4	7	130	
3.5 Low income families with some smokers	207	3.6	40,608	4.5	-3	80	
3.6 Affluent families with some dietary concerns	454	7.9	71,238	7.9	0	100	
<b>4. Healthy</b>							
4.1 Young mobile population with good health and diet	199	3.5	46,246	5.1	-6	68	
4.2 Younger affluent, healthy professionals	377	6.6	55,642	6.2	1	107	
4.3 Students and young professionals, living well	207	3.6	46,661	5.2	-5	70	
4.4 Towns and villages with average health and diet	436	7.6	78,261	8.7	-3	88	
4.5 Mixed communities with better than average health	474	8.3	70,128	7.8	1	106	
4.6 Affluent towns and villages with excellent health and diet	635	11.1	103,087	11.5	-1	97	
Unclassified	28	0.5	7,029	0.8	-3	63	
<b>Total (excl. Unclassified)</b>			<b>5,714</b>			<b>898,442</b>	

Bespoke analysis is also available via your Relationship Manager.

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