



Connecticut Health
FOUNDATION



Policy Brief

Improving Connecticut's Community Health Data

September 2008

IN SUMMARY

- Connecticut needs to make community health data more publicly available.
- Community health data are collected by many state agencies but are not readily accessible in a customer/user-friendly format common to all.
- Community health data need a single, easy-to-use, web-based entry point.

SCOPE OF STUDY

The recommendations of this Connecticut community health data study are based on:

- Comparing the timeliness, accessibility and quality of Connecticut's online community health data to eight other benchmark states
- Reviewing literature on community health data organizations and foundations, and on health data quality
- Conducting 15 focus-group discussions involving 140 persons representing government, community-based organizations, businesses, foundations and public access specialists, such as local and state librarians
- Interviewing 60 individuals who are key community health data sources

OVERVIEW

Why is it important for Connecticut policy- and decision-makers, businesses and other groups to understand that:

- Diabetes is causing costly premature disability and death, and the percentage of adults affected varies by race, ethnicity and type of community
- High-cost emergency room use is greater in some types of communities — even after factoring in race and ethnicity differences
- Disabilities restricting a person's ability to work are much higher in some types of communities

It's important for these groups to understand, because examples like these are indicators of the health of Connecticut's communities and they have potential consequences, including long-term health care costs and reduced productivity. But Connecticut communities can't readily determine effective responses because they lack a vital planning tool — a comprehensive, easy-to use, web-based community health data resource.

PLANNING FOR THE FUTURE

Connecticut communities need a comprehensive, easy-to-use, web-based community health data resource so governmental planners, businesses, community-based groups, advocacy organizations, foundations, hospitals, insurance companies, managed care organizations, legislators and others can:

- Accurately assess a community's overall health
- Develop effective response programs to meet identified needs
- Track long-term progress
- Strategically plan for a community's future

Without such a community health data resource, the ability of Connecticut communities to meet their present and future health needs is greatly diminished.



DEFINING COMMUNITY AND ANSWERING QUESTIONS

Measures for Towns and Groups of Towns

Community is defined in many ways to answer many different questions, which a well-functioning community health data resource could answer. For example:

- Are more teenage girls in Regional High School District 4 (serving Chester, Deep River and Essex) giving birth now than five years ago?
- Are residents in the United Way of New Britain and Berlin region more or less likely to experience family violence than residents in the Greater Waterbury region?
- Are school suspensions and expulsions increasing or decreasing in the Greater Danbury area?

Answering Complex Questions

How can an advocate, strategic planner, educator or legislator get an overall picture of community health in a particular geographic area?

A good community health data resource requires compiling different types of data, from different agencies, to answer complex questions. Measuring the risks from childhood obesity, for example, requires data about weight, nutritional status, eating and exercise habits, as well as numbers of new and early onset diabetes cases.

These data, along with environmental and school data, for instance, may help local and state government leaders focus on the link between public investment in recreational space and time, and physical activity; and the consequences for youth. Eventually, these data can help evaluate the return on investment in health education and recreational programs.

REQUIREMENTS

Creating this resource will require that:

- State government, business, private funders and community-based groups collaborate to make health data more available and useful to community data users.
- Community data users are mobilized to advocate for these data and trained to better use them.
- A long-term strategy is developed to sustain improvement in community health data.

COMMUNITY HEALTH DATA'S IMPORTANCE

Health data's importance becomes clearer with the realization that they can be used to plan programs and policies to impact a community's health status and, eventually, its economic vitality.

Determining a community's health encompasses:

- Measuring disease levels, the ability to perform activities of daily living, and quality of life
- The influence of factors such as health risk, individual behavior, the environment, and health care availability and use

These factors vary by race, ethnicity and type of community.

The May 2007 Connecticut Health Foundation (CT Health) *Community Health Data Scan for Connecticut*, for example, reports that while the 2000-2004 black* teen birth rate in three major urban areas was 61.7 per 1,000 teens, it was only 9.5 per 1,000 black teens in 75 rural towns. These results show that a stereotyping reaction to teen birth rates, especially among black teens, based on statewide rates would not be appropriate. In addition, high-risk behavior is not a threat just to people of color. White young adults 18-24 have higher levels of binge drinking (42 percent) than Hispanic* (23 percent) and black (10 percent) young adults.

Recognizing that ethnic and racial differences depend in part on the type of community is critical for effective policy and program development, and for avoiding stereotypes.

Health data strengthens the ability of communities and state policy-makers to meet several key goals, including:

- Answering questions objectively about community health
- Targeting programs to groups and communities with the highest risk
- Fostering results-based accountability

These goals, however, cannot be achieved without high-quality, well-organized, timely and accessible community health data.

*U.S. Census Bureau uses the terms black and African-American interchangeably, as well as Hispanic and Latino.

LESSONS LEARNED

Connecticut lacks sufficient collaboration among state agencies and recognition of its various communities as data users. This study has determined, however, that state government staff is skilled in data collection and analysis, and is experimenting with interactive data systems.

There is widespread agreement that cross-agency data collaboration is important. This agreement has taken organizational form, for example, in the Connecticut Strategic Prevention Framework — State Epidemiological Workgroup and the Interagency Substance Abuse Data Group. Additionally, through a CT Health data improvement grant to the Connecticut Department of Public Health, a nascent statewide network of researchers and policy analysts focused on measuring health disparities-related data is under development.

Eight benchmark states studied (Florida, Massachusetts, Missouri, Ohio, Pennsylvania, South Carolina, Utah and Virginia) illustrate the following characteristics:

- Ease of locating data on state government websites
- Easy use of web-based data
- Responsiveness to user needs
- Good documentation of data characteristics
- Consistency in community identification

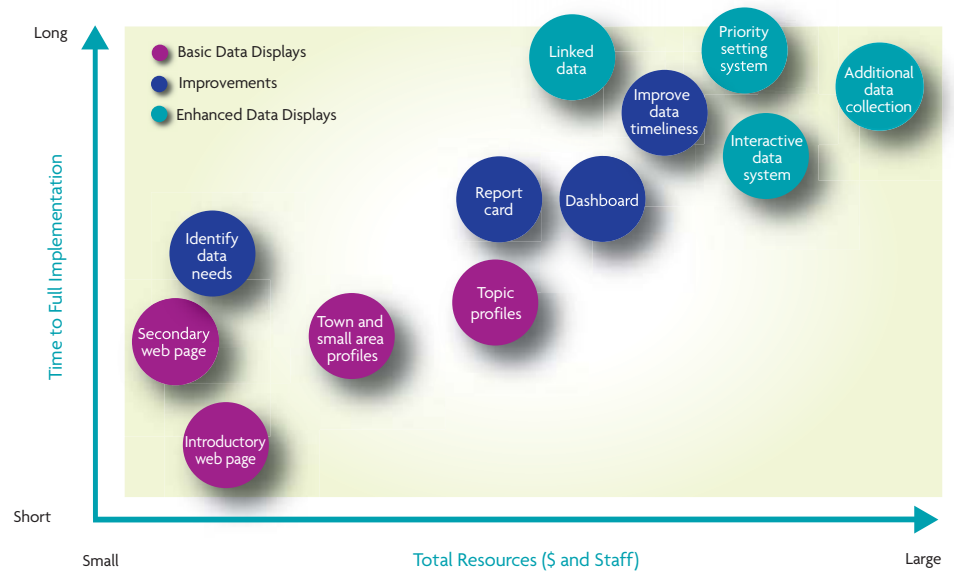
Improved collaboration and recognition of communities as data customers/users will help Connecticut achieve the same standards as these states.

DEVELOPING GOOD ONLINE DATA

An online community health data website should be inviting; make it easy to locate data; answer user questions; be flexible enough to use regardless of expertise; and make data downloads easy.

Contributors should be able to maintain and update data easily; expand data; transfer the website to other platforms; maintain confidentiality; and be free of errors.

Data Displays and Improvements



STRATEGY FOR IMPROVEMENT

Connecticut must commit to making community health data publicly accessible, regardless of which agency or program collects the information. A recommended three-tiered approach begins with basic data displays, and incorporates improvements and enhanced data displays (see the above chart).

Basic data displays required to launch the improvement process include:

- **Community health data introductory web page:** A unified, easy-to-find entrance to community health data
- **Community health summaries:** For towns; small operational areas (health districts or United Way regions); types of communities (urban, suburban, rural areas); and neighborhoods in the largest cities (where possible)


- **Data by topic:** For key populations (children, adolescents, elderly, mothers, persons of color) and health conditions (diabetes, oral health, teen births, smoking)
- **Secondary web pages:** To clarify definitions, and provide other resources and links to appropriate agency websites

Creating and implementing basic data displays will provide a rapid payoff with a small investment and can be started immediately. None of these displays — involving unlinked data — will create confidentiality problems.

These data displays also can be developed for every Connecticut community within two years. Careful planning and organization will be required to sustain them over time.

Basic data displays, improvements and enhanced data displays will enable data users (e.g., directors of community-based programs, legislators) to develop more effective programs and policies that will help communities to:

- Reduce disease levels and their causes (e.g., diabetes, obesity-related issues)
- Foster ability to better perform activities of daily living (e.g., work, travel) and enrich the quality of life (e.g., engage in community activities through improved mass transit)



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MORE INFORMATION

This brief is available on our website at www.cthealth.org or by calling 860.224.2200.

Visit our website for *Connecticut Health Data Scan for Connecticut* web page updates and Issue 2 of our newsletter, about community health data.

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KEY PARTNERS IN DEVELOPING AND SUSTAINING IMPROVEMENTS

Improving Connecticut's community health data will require an ongoing partnership of state agencies, business and private-sector organizations, such as foundations and community-based groups. To be effective, this partnership must be directed toward mobilizing data users.

The resulting better-organized, user-friendly, web-based community health data will reduce the need for state agency personnel to fulfill many individual data requests, according to many focus group respondents. Additionally, the cost-savings achieved can help sustain and expand data improvements.

State, Local Government: State agencies' knowledge and expertise about community health data cannot be duplicated. Also, only government can regulate collecting and reporting data. State government must continue to improve agency data collaboration and state agencies must see communities, including local governments, as valued health data users.

Business: A fully developed community health data resource would enable Connecticut businesses to better compete by providing the knowledge base to begin reducing health care costs and increasing workforce availability and productivity.

Private Funders: They have the flexibility to make a significant contribution to the research and development phase of community data improvements, understanding that maintenance must remain a state government function.

Community-based Organizations and Advocates: These constituencies can play a central role in advocating for health data and maximizing its use.



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