

**Dr. David Gregorio**

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**The Health of State Public Health Statistics**

Dr. Gregorio discussed the sources and availability of individual and public health data in the State of Connecticut and the issues surrounding access to such data. He began by noting that public health was “decidedly underrepresented” at the conference.

**Health Information** is separated into two categories: individual health information and public health information. Individual health information includes biographical information about individual patients such as the patient’s health history, illness episodes, medical care provider, insurance coverage and treatment options. Public health information includes historical information about populations of people such as their general health status, incidence and prevalence rates, medical care delivery systems, health care finance and disease control strategies. Both types of data incur data issues of confidentiality and consent, as well as analytical issues of generalizability, continuity and hidden arguments.

**Current Health Data Sources: Annual Registration Report of Vital Statistics** includes births, deaths, marriages and divorces. Connecticut has 150 years of these reports. **Immunization and Infectious Disease Reporting** by sources such as the Connecticut Immunization Registry and Tracking System (CIRTS), Infectious Disease Registry, STD Registry, Lyme Disease Registry and Food-Borne Illness Registry. **Chronic Disease Reporting** by the Connecticut Tumor Registry (CTR) which is the oldest and most complete registry in the United States and second in the world. Other areas of reporting include lead poisoning surveillance, occupational diseases, disorders and birth defects surveillance. **Health Behavior Surveillance Systems** such as the Behavioral Risk Factor Surveillance System, Mother and Child Health Indicators (collects birth weights, prenatal care, birth outcomes), Family Health Indicators (pregnancy prevention activities), and Connecticut Health Check (a periodic survey of students in grades 6-12). **Other Areas of Data** include mental health and addictions, lab services, professional licensure and regulation, health care facilities and medical care utilization.

**Spatial Locators** for the data vary according to the type of data. Some public health data, such as the tumor registry, is linked to street addresses. For personal data, issues of consent are major barriers—rules about accessing the data are evolving and becoming “much more stringent” than they have been in the past.

**A conference participant noted** that there is a need for socioeconomic statistics to link to public health profiles. In response, Fred Carstensen noted that income inequality, not income level, is linked to the condition of the public health profile.

**In response to a question from a conference participant,** Dr. Gregorio noted that overall, Connecticut is “not at the top or bottom” of any health indicator. From a national perspective, the State of Connecticut does quite well, however, Dr. Gregorio noted that there are “very dramatic pockets of disadvantage which are reflected in compromised health status.” Public health researchers are most interested not in the medical causes of death, but in the underlying behavioral ones, and in that respect, there are “less than satisfactory levels of behavior than we would like to see, and some serious pockets of concern in Connecticut. Also, there are newly growing morbidities, such as neglect and interpersonal abuse.