Data 101

COMMUNITY CATALYST

OBJECTIVES

1. Review where we've been
2. Understand what data is (and isn't)
3. Understand different ways to collect data
4. Understand how to use what data has been collected and to share what's missing with hospitals and other community decision-makers

Remember

- Conduct a CHNA at least every three years and make widely available

- Take into account input from persons who represent the broad interests of the community and persons with special knowledge of or expertise in public health

- Additional requirements described in the IRS final rules:

- CHNA must take into account input from:
  - At least one state, local, tribal or regional public health department or equivalent and
  - Members of medically underserved, low-income and minority populations or their representatives and may include input on financial and other barriers to care
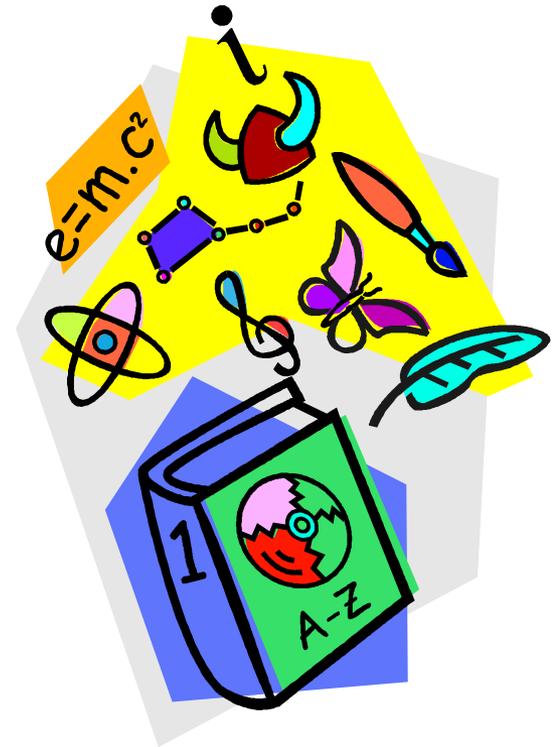
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What is Data?

- Facts or information used usually to calculate, analyze, or plan something

  (Source: Miriam-Webster Dictionary)

- Primary or Secondary

- Quantitative or Qualitative

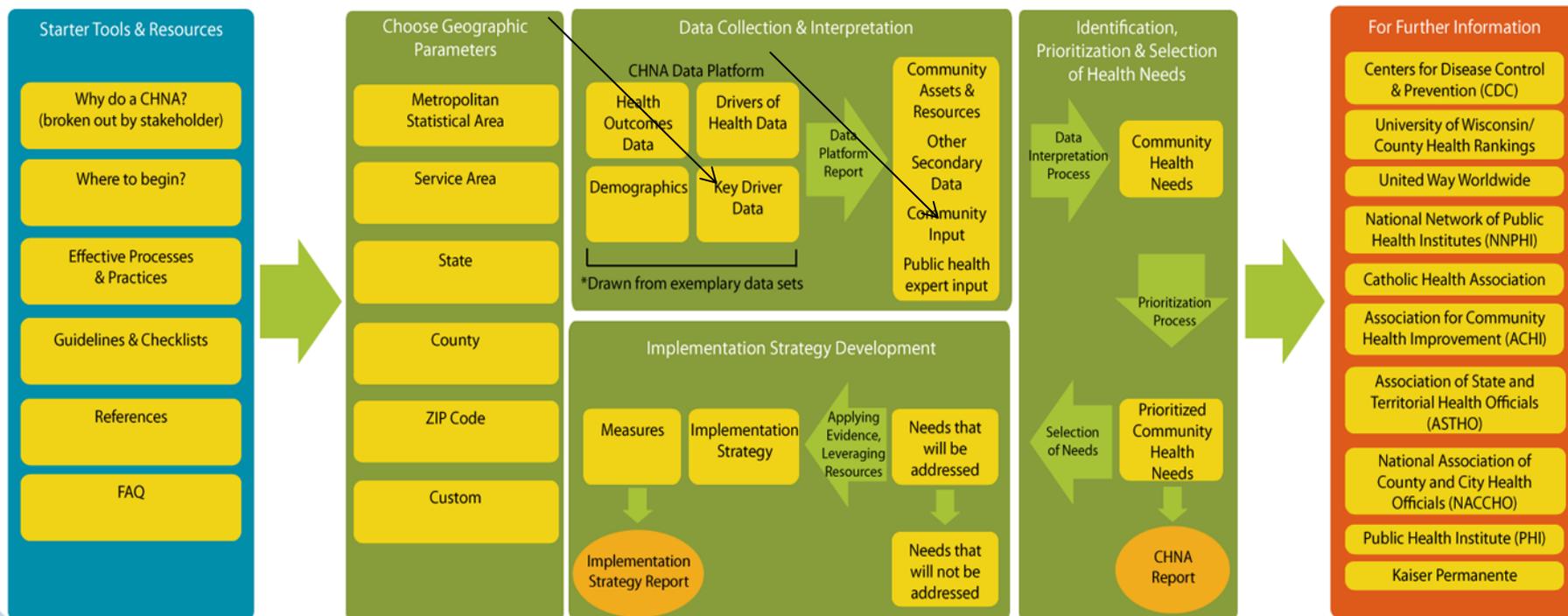- Never really tells the whole story

Facts?

- Who determines

- How measured

- What's missing

Where are Hospitals Getting Their Data?

Source: CHNA.org

What did your hospitals do?

- What did YOUR hospitals compile for data?
  - Secondary data:
  - Primary data:

WHAT CAN'T THE DATA TELL US?

What was missing from your hospital's data collection process?

What about community assets?

- Community assets include:

  – Physical structures/businesses

  – Organizations and associations (both formal and informal)

  – Programs (both formal and informal)

  – A community service (like transportation or daycare)

  – Individuals living in the community

Thank You

Community Catalyst