BIG CITIES HEALTH COALITION

ALAMEDA COUNTY (OAKLAND)

AUSTIN

BALTIMORE

BOSTON

CHICAGO

CLEVELAND

COLUMBUS

DALLAS COUNTY

DENVER

DETROIT

HOUSTON

KANSAS CITY

LONG BEACH

LOS ANGELES COUNTY

MARICOPA COUNTY (PHOENIX)

MARION COUNTY (INDIANAPOLIS)

MECKLENBURG COUNTY (CHARLOTTE)

MIAMI-DADE COUNTY (MIAMI)

MINNEAPOLIS

MULTNOMAH COUNTY (PORTLAND)

NEW YORK CITY

PHILADELPHIA

SAN ANTONIO

SAN DIEGO COUNTY

SAN FRANCISCO

SANTA CLARA COUNTY (SAN JOSE)

SEATTLE - KING COUNTY (SEATTLE)

SOUTHERN NV HEALTH DIST. (LAS VEGAS)

TARRANT COUNTY (FORT WORTH)

WASHINGTON, D.C.

The Department of Health and Human Services, Office of the National Coordinator for Health Information Technology
Federal Health IT Strategic Plan: Public Comments

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The Big Cities Health Coalition (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the nearly 62 million people they serve.

On behalf of our members, whose health departments promote and protect the health and safety of nearly 62 million Americans, the Big Cities Health Coalition (BCHC) is pleased to submit the following in response to the Federal Health IT Strategic Plan.

While empowering individuals is an important aspiration, we believe that there are other critical gaps to close in the Federal Health IT strategy and appreciate that the Plan highlights the need for increased coordination across sectors.

Goal #3: Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation brings light to a critically important, often forgotten part of the 'big data,' and that is the ability to look across data sets at the health of the population. It is essential to specifically focus on public health data and measures when considering the health of the nation.

So much of what affects our health happens outside the four walls of a doctor's office; in fact, medical care only accounts for 10-20% of the modifiable contributors to healthy outcomes for a population.[1] Thus, those clinical health services are important and necessary, but they are not sufficient to improve health outcomes. Likewise, data that only considers the health of individuals does not serve the goal of system level measures, which, again, are critical to addressing the health of the public. That is why the work of governmental public health departments is critical. They work each day to create the environments and systems that allow their residents to get and stay healthy and safe, which requires accurate and timely data. These data are often gathered in collaboration with healthcare systems and can be analyzed by those systems or the health department. In those communities where health systems lead data collection efforts, these data must be shared with health departments in a usable format to allow them to look across the community as a whole.

Local governmental public health agencies are on the front lines in their communities. For example, when there is a disease outbreak, supporting communities to create healthier environments, or hot spotting emergent or routine health-related challenges. As such, we recommend adding "local" to strategy four under *Objective 3a: Support appropriate use of health and human services data across federal- and state-level systems to enable population health planning, analysis of quality and patient outcomes across care setting and programs, and clinical research*.

The absence of "local" implies that population health planning occurs without the involvement of local-level systems, which is neither true and nor should it ever be true. While state and federal partners often provide big-picture thinking, local health departments truly know their communities, their needs, and how to best reach those most vulnerable, such as those most at risk of dying from opioid-related overdose or those most at being exposed to COVID-19. Unfortunately, local health departments often lack 'big data' to support what they learn on the ground, a critical gap in the system as a whole.

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[1] Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135.

Local data, i.e. at the city level, are incredibly hard to gather. It is resource intensive to collect, and, in a top down approach, is often an afterthought. In addition, having key health data available at the level of political jurisdictions is incredibly important to give locally elected leaders information about their population. This is a shift in how we think about data, which are primarily available at the state and, often, the county level. While data do need to be able to be disaggregated to look at local jurisdictions, definitions also need to be consistent at the national, state, and local levels so that comparisons can be made, and disparities addressed. Hyperlocal data allow local health departments to identify who is most impacted and actively work to react and prevent disease. One area where this has been particularly problematic is in how chronic conditions and outcomes are captured and by whom, when they are not standardized reportable conditions. Additionally, improved data-sharing -across jurisdictions and from the state and federal level down to locals- would immensely improve prevention efforts and help to illustrate which programs work well and which less well, leading to more efficient use of resources.

We appreciate that *Objective 1c: Integrate health and human services information* highlights the needs for greater understanding of the social determinants of health. Data are needed to support this understanding. The "traditional" public health data that we collect are not sufficient, and this is an area ripe for cross-sector collaboration.

Finally, we would also suggest that structural racism and one's socioeconomic and/or ethnicity play an outsized role in the health of population as a whole and needs to be seriously considered with data to support anecdotal evidence. We continue to see large disparities in health status, particularly in our large urban areas despite a focus on reducing them. As a country, we need to do a better job of addressing these structural barriers, and we need to start by having the right data to paint the picture. We recommend that this Strategic Plan include a focus on collecting data to reduce disparities, particularly as they relate to local efforts.

Thank you for the opportunity to provide the perspective of our members who make data-driven decisions on a daily basis, and please do not hesitate to reach out to Chrissie Juliano, BCHC Executive Director, with questions (Juliano@bigcitieshealth.org or 301-664-2989).