

SECONDARY DATA COLLECTION

The South Dakota Good & Healthy Community Health Needs Assessment and Improvement Planning Toolkit data collection methods are largely focused on accessing local data from secondary data sources. As compared to primary data that is collected firsthand, secondary data is qualitative and/or quantitative data that already exists and was previously collected by another person, organization, institution, etc., for a different purpose, such as reporting or research. Secondary data review is a cost-effective data collection method, compared to primary data collection, and often can provide comprehensive information to support data collection needs.

Secondary versus Primary Data

“Secondary data complements, but does not replace primary data collection and should be the starting place for any data collection.”

(McCaston, 1998)¹

Secondary data is an important source of information and can provide valuable knowledge and insight into a broad range of issues. Collecting information about different community aspects will help explain factors that influence the community’s health. Types of secondary data can often be categorized by specific area or population, such as Demographics, Health Behaviors, Social Determinants of Health, or Environmental Factors.

ADVANTAGES AND DISADVANTAGES

There are some benefits of secondary data collection versus primary data collection. Secondary data collection accesses existing information, which is less time-consuming than primary data collection, and is likely reliable and valid data that was collected by an experienced statistician or researcher. Persons with limited technical data training are able to collect secondary data with ease. A secondary data review may also garner a comprehensive database and provide the necessary information to understand the health of a community. Resource-limited communities or workgroups can utilize secondary data collection as their method of accessing community health data, which is cost-effective.

Secondary data does have some limitations in its quality. Data sources can occasionally conflict with one another, however reviewing the data source and citation, along with seeking consultation from a local expert and/or the South Dakota Community Health Experts, can help resolve any issues.

WHEN SHOULD SECONDARY DATA BE COLLECTED AND USED?

- If data is available and accessible from quality sources, utilizing secondary data will strengthen your information.
- If data is relevant to the information being sought.
- Accessing secondary data expedites the data collection process and provides information to communities and/or workgroups who lack the resources necessary to gather primary data.

SECONDARY DATA COLLECTION PROCESS

Steps to collecting secondary data include:

1. Determine what the purpose of the data collection is and what type of information is necessary to collect to meet that purpose.
2. Determine who would likely have collected the information you are seeking.
3. Identify what data sources are available to gather the necessary information. There are multiple data sources available, depending on the purpose of the data collection.

SECONDARY DATA SOURCES

Sources of secondary data can exist almost anywhere that information is collected and is available for national, state, county, and sub-county/local levels. Some of the most common sources are:

- Public records from governmental agencies
- Research organizations
- Health and human service organizations
- School systems and education departments
- Academic and similar institutions
- Business and industry

National data sources relevant to the CHNA process often include information on health outcomes and health factors collected by government agencies, and departments. Local and state data is also available from national data sources, depending on the data collection methodology. An example of national data sources with local data is the *American Community Survey*, an ongoing survey conducted by the United States Census Bureau that provides community data annually about topics such as race, family and relationships, education, and veteran status.

Secondary data is also available from various data sources that collect state-level data regarding specific focus areas, such as the *Behavior Risk Factor Surveillance System* (BRFSS), which collects information regarding the health behavior and risks for states, their counties, and some local data. In South Dakota, the Department of Health has health data and statistics available on various state specific health related issues, including the *South Dakota Cancer Registry, Vital Statistics, and the BRFSS report*.

Local secondary data sources provide an opportunity to gather sub-county or local level data that is often unavailable from national and state level data sources. Local data can be collected from a variety of sources, depending on the purpose of the data collection. Collecting local data provides valuable information to help provide a clearer picture of the community's health status. Examples of local secondary data sources include public school systems, library, civic organizations, local employers, or law enforcement agencies. The key is to determine what local data will add to the current CHNA data and current knowledge of the community.

SECONDARY DATA MEASURES

There are a variety of measures to consider for the CHNA process. According to the CDC, some of the most frequently recommended health indicators and determinants associated with analyzing a community health needs assessment regarding chronic disease include²:

- Health Outcomes
 - Mortality (i.e. Leading Causes of Death, Infant Mortality)
 - Morbidity (i.e. Obesity, Low Birthweight, Hospital Utilization, Cancer Rates, Overall Health Status)
- Health Care: Access & Quality (i.e. Health Insurance Coverage, Provider Rates)
- Health Behaviors (i.e. Tobacco/Smoking, Physical Activity, Smoking, Immunizations and Screenings)
- Social Environment (i.e. Demographics: Age, Gender, Race/Ethnicity, Income, Employment Status, Educational Attainment, Poverty, Foreign Born, Homeless, Language Spoken at Home, Marital Status, Social Support)
- Physical Environment (i.e. Housing)

Health Indicators, are also secondary data measures that health outcomes and determinants mentioned above fall under. Refer to the *Identifying Health Indicators* section for more information about health indicators and the CHNA process. Data collected for your primary health indicators and/or secondary health indicators should be used to support your CHNA data collection process and contribute to developing a comprehensive understanding of the health of your community regarding chronic disease prevention and control.

Tools and Templates

South Dakota Good & Healthy Community Secondary Data Sources – This list includes data sources to assist with collecting secondary data, including local, state, national, and other resources to support secondary data collection.

Resources

Community Health Indicators

Healthy Carolinians Community Assessment Guide Book. North Carolina Department of Health and Human Services.

- Phase 4: Analyze and Interpret County Data

Collecting and Using Archival Data. The Community Toolbox, University of Kansas

References

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