



**Testimony of the Connecticut Children's Medical Center
to the Public Health Committee regarding
HB 7376, An Act Establishing the Connecticut Health Information Network
March 14, 2007**

Senator Handley, Representative Sayers, members of the Public Health Committee, thank you for the opportunity to speak with you today. My name is Georgine Burke, and I am Director of Research Operations and head of the Child Health Data Center at the Connecticut Children's Medical Center. I am here to speak in support of **7376, An Act Establishing the Connecticut Health Information Network**. Through the introduction of these and several other bills this year, this committee and the leadership in both houses have demonstrated a strong commitment to creating a better health care system for Connecticut's children and establishing the infrastructure that will promote and facilitate health improvements.

As a scientist and child advocate for the past 30 years, I have experienced first hand the need for better data about Connecticut's children. Although we collect volumes of data, without linkages among various systems we are challenged to turn these data into information that can lead to improvements in the health of children and families in the state. A frequently heard truism about Connecticut is that we are data rich but information poor.

There are a number of worthy efforts currently ongoing, such as the State Department of Health's project to link child health and nutrition data. However, we need to do more. Children live in families, whether families of birth or foster families, and it is the family environment that is most important and critical to child well-being. In our current situation, we can access some health data about a child and, usually from another agency or source, data about the parent or family but we cannot put them together. For example, consider an infant born in a Connecticut hospital who has no record of well-child visits in

the first year of life. Outreach workers have not been able to locate the birth mother, despite repeated attempts and many dollars spent. The mother, well known to the mental health system in a neighboring town, has placed the child with a relative who has no health insurance and is unaware of the HUSKY program. Without data linkages across agencies and institutions, this picture cannot be fully drawn and thus, opportunities to connect the infant with health care are lost or delayed.

The research and policy implications of linked data sets are clear. We would improve our capacity to estimate both risk and protective factors, target areas for focused efforts and follow children and families to examine long term outcomes of those programs and the effectiveness of dollars spent. Imagine tracking low birthweight infants through the preschool years and beyond and the evidence this would provide to answer so many of the questions about developmental delay, school readiness, and school performance that frustrate us today.

Advances in technology allow us to go beyond imagination. The Connecticut Health Information Network will use this new technology to accomplish data linkages while protecting privacy and complying with State and Federal regulations. I ask for your support for this bill to bring Connecticut to the table along with the relatively small number of innovative and progressive states who are leaping ahead in social policy, evidence-based practice and public health achievements. We have the capacity, intelligence and resources to join them. Let's not wait any longer.