Members of the APCD Advisory group,

I am a PhD candidate in economics at Yale University and previously served as deputy policy director in the Office of Governor Ned Lamont. I am familiar and interested in the success of the APCD as both a professional economist and because of my experience working on healthcare policy on behalf of the Governor and the state. I am submitting these comments on the proposed APCD Strategic Plan in my private capacity.

The nature of governing and policymaking today requires that state agencies collect, analyze, and act on big data. The Office of Health Strategy was created in part to serve as the data collection and analytical hub for health policy within state government. Below I make several comments and recommendations regarding the APCD Strategic Plan; however, I also want to recognize that the draft Strategic Plan is worthwhile and represents an important step forward from the status quo.

1. OHS should join P20 WIN so that researchers and policymakers can better understand the socioeconomic factors that drive health outcomes. The linking of socioeconomic data with health data is a new frontier for research and is an imperative for improving policymaking, especially regarding social determinants of health.
2. OHS should improve the universe of data collected for the APCD, especially regarding dental and vision claims and claims paid through workers compensation.
3. OHS should use the APCD to create visualizations and analyses of small area health use and outcomes. The richness of the APCD contrasts with the data used to generate key measures like the Social Vulnerability Index, which was widely relied upon during the COVID public health emergency by policymakers.

As a health economist, I have become used to reading research papers that data from the APCDs in Massachusetts, California, and Utah. Path dependence drives further research in these states since researchers generally use data from states that they know data has been made available before. In order for the research community to conduct innovative and policy-relevant research using the CT APCD, significant efforts must be undertaken to attract researchers who otherwise will use data from other states. These efforts should include:

1. A reduced cost structure for research that the OHS believes is in the public interest.
2. Annual RFPs distributed widely to researchers both in CT and outside the state to generate high-quality, policy-relevant research proposals. The RFP process can include a "road show" such as a lunch presentation by OHS officials to researchers at UConn and Yale.
3. Creating a standing data use agreement with Yale University and UConn/UConn Health. Faculty and students who know that the mechanics of the data use process have been standardized will be incentivized to use CT APCD data over data from other states.
4. Releasing public use datafiles will support future research as researchers will be able to use the deidentified data to assess whether the CT APCD holds relevant data for their research projects.

Thank you for your consideration of my comments, and thank you for the work you do on behalf of the state.

Mohit Agrawal