

Connected College Health Network

Frequently Asked Questions

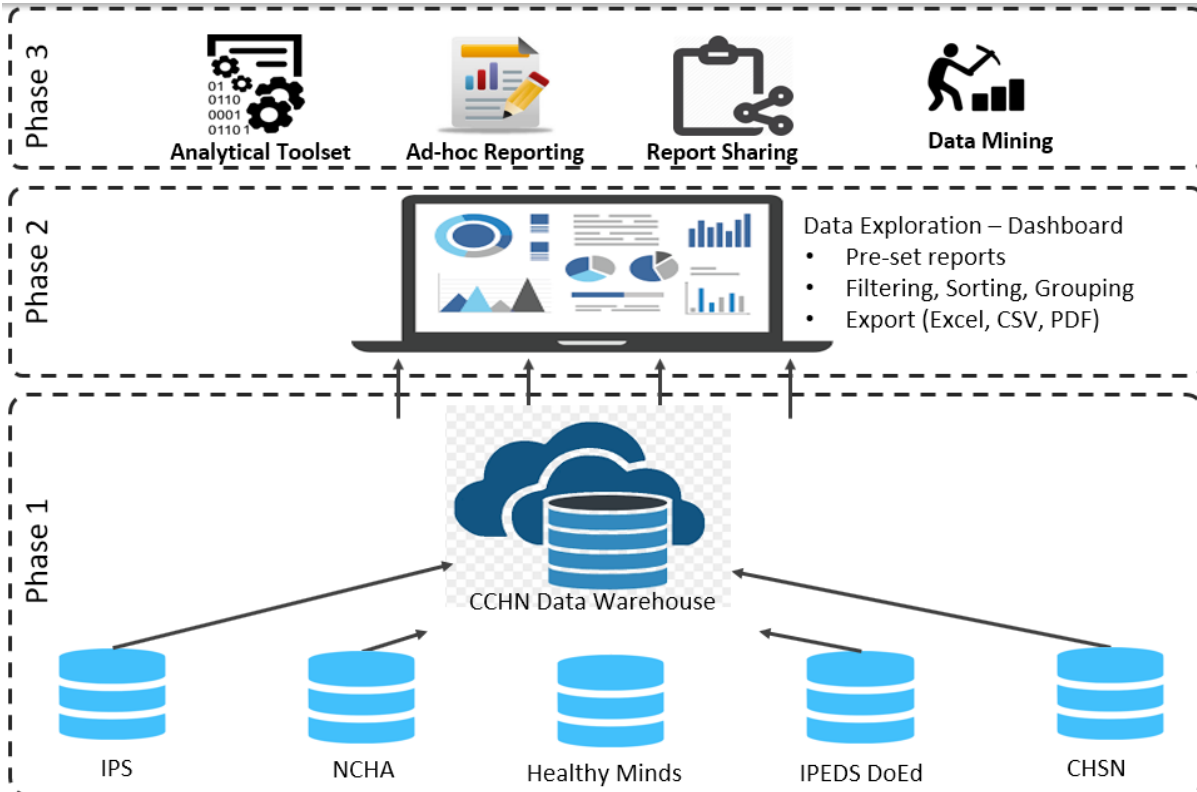
What is the Connected College Health Network (CCHN)?

The Connected College Health Network (CCHN) is a data warehouse established by ACHA that seeks to advance educational achievement and health equity among students by:

- Integrating institutional, clinical and other data sources
- Enabling data-driven decision-making
- Providing access to de-identified student health data to college health leaders
- Delivering a platform of informed healthcare to improve student health outcomes

How does CCHN work?

There are three primary components of CCHN: 1) a group of datasets that are of relevance to college health; 2) basic tools for data exploration; and 3) the linkage and integration of datasets to enable advanced data analysis. These components will be phased in over time (see graphic).



What are the data sources for CCHN?

Initially, CCHN will be created using existing survey and institutional data. A foundation dataset is the ACHA Institutional Profile Survey (IPS). IPS captures data from institutions of higher education regarding the nature of their health and wellness infrastructures and health promotion practices on their campuses. The survey is distributed to institutional members of ACHA, and institutions are asked to update this information annually.

Data from the Integrated Postsecondary Education Data System (IPEDS) will be included in CCHN. IPEDS is a system of surveys conducted by the U.S. Department of Education that provides demographic and academic information for U.S. colleges and universities. IPEDS data is publicly available.

The ACHA National College Health Assessment, National Faculty & Staff Health Assessment, and other select third party surveys will also be added as CCHN datasets. We anticipate including data from the Healthy Minds Network as well. CCHN will be able to include your institution's results from these surveys so that you can conduct queries across multiple data sources.

In a later phase of CCHN, we expect to integrate student clinical data from electronic health records. Initially, this will include basic diagnosis and visit data (e.g., ICD-10 and CPT codes) via the College Health Surveillance Network (CHSN), currently administered by the University of Virginia. Eventually, additional de-identified clinical data from electronic health records (EHR) may be imported into CCHN through direct linkages or in near real-time, depending on the EHR system in use.

Potential future data sources include billing and claims data, emergency department visits and hospital admissions, etc.

Who can join CCHN?

Any institutional member of ACHA may join CCHN and contribute data. Only institutions that contribute data will be able to access data.

What are the benefits of CCHN participation?

Improving the health and well-being of our students takes a community. By contributing data to CCHN, you not only help your campus gather critical benchmarking data for its own health and wellness services, but together we create a national data set that can be used to monitor trends in college health, provide important public health surveillance, and assess how our services foster academic success and achievement.

By collecting this information, together we can:

- Benchmark health and wellness services and programs with other institutions
- Learn how health and wellness programs and structures may impact academic retention and graduation rates
- Improve the overall quality of care by providing data that can be used to power campus-level quality improvement efforts

Who will have access to CCHN data?

Access to the CCHN system will be controlled by role-based permissions assigned to unique individual log on credentials. Each institution will further control user access to their own institutional data, for example, by designating additional users when appropriate.

ACHA members (institutional, individual and sustaining) will have different levels of access to CCHN.

Institutions that contribute data will be able to query and report on their own data, and will also have access to de-identified, aggregated data from other institutions through dashboards and reports.

Institutions will only be identifiable to other users for select IPS data elements marked “open”, as described below. No other data will be identifiable at the institutional level. All other data elements will be de-identified and only shared in aggregate. ACHA warrants that it will ensure data cell-size will remain large enough in order to avoid identification through other means.

Researchers, who must be ACHA members, can request access to de-identified information. Data requests are made to ACHA and adjudicated by a Data Governance Committee.

Sustaining members of ACHA, which represent other nonprofits, government agencies, or for-profit entities, may be granted limited access to de-identified information. Data requests are made to ACHA and are adjudicated by a Data Governance Committee.

Prepared reports that summarize data or study findings in CCHN may be made publicly available by ACHA and could be published in the medical literature or media. Non-members will not be granted direct access to CCHN datasets or reporting tools.

What does an “Open” data field mean on the IPS?

Within the IPS, there are certain data elements marked “Open”. These fields ask for information that is not considered sensitive or protected and is generally publicly available. A field marked “Open” means that other CCHN participant institutions can see your answers to these questions; the results are identifiable by school. It is intended that access to this information will provide an important benefit by allowing members to consult and network with one another based on their responses to these questions. For example, ACHA members are often interested in which institutions have tobacco-free policies on their campuses. A list of IPS open data fields is available [here](#).

Items *not* marked as open will not be identifiable at the institution level and can only be viewed as part of an aggregated, de-identified pool of data in queries or reports.

Institutions cannot opt-out of providing open data elements. If you feel that this information is miscategorized and should be considered private, please contact ACHA CCHN staff.

How will your information be used?

We believe that sharing information can help us reach our collective goal to improve student health and wellness. First and foremost, data submitted will be used primarily by institutions of higher education to benchmark and improve their campus health and wellness programs.

Researchers will be able to use this data to uncover new insights into how health and wellness program design, delivery and outputs impact student health outcomes and ultimately student success and achievement.

De-identified data, through a limited data set request, will also be available to the other select groups, including non-profit organizations, research organizations, medical investigators, regulatory agencies, pharmaceutical, biotech/ biomedical, or other companies in order to inform their work and ensure that other programs and services accurately reflect and support the unique needs and realities of the college health and wellness population.

How will my personal contact information be used and disclosed?

Your personal contact information will only be used by CCHN staff to follow up with you about your data. Your contact information will not be shared with third parties.

How much time will this take?

Participating in IPS is the most data intensive part of joining CCHN and your campus structure will vary. We estimate it may take between one hour to several hours of work depending on how accessible some of the data is on your campus and the number of stakeholders required to fill it out. If you have all the information ready, the IPS data entry alone should take about 30 minutes to complete. Annual updates will presumably take much less time.

How can we continue to stay involved with CCHN in the future?

Part of joining the CCHN is the value of participating in a network of schools to share knowledge and resources. Even if you don't see a direct benefit from submitting data, there might be another school that will benefit immensely from the information you provide. Additionally, we hope you will make an annual commitment to update the IPS for your school. If your institution participates in other ACHA survey projects (like NCHA), those datasets can be added to your access and pool of data. If you use an EHR, consider contributing clinical data as those datasets come on line in the future.

Can you withdraw if you change your mind?

If you no longer wish to participate in CCHN, you can cease participation at any time. Previously submitted data will remain in the CCHN to advance the field of college health and well-being.

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