

## FREQUENTLY ASKED QUESTIONS

[GENERAL](#)

[DATA AND SOURCING](#)

[GEOGRAPHIES](#)

### GENERAL

#### What is DATA2GOHEALTH.NYC?

DATA2GOHEALTH.NYC is a free, easy-to-use data tool you can use on your phone or computer. It brings together an unprecedented selection of federal, state, and city data on a broad range of issues critical to the health and well-being of all New Yorkers. The tool includes over 300 indicators for New York City neighborhoods, covering demographics, health determinants, health outcomes, and health-care systems. Over 100 of these indicators are available by census tract or neighborhood tabulation area (NTA), and about half are available by community district.

#### How does it work?

To begin, go to [data2gohealth.nyc](http://data2gohealth.nyc) and select a location within NYC by entering an address or dropping a pin. Select a category from the menu or select “Everything.” All the health data that are relevant to your selected location will then appear on the screen. You can refine the geography or the health issue (see more below in this FAQ). For an overview, check out [this tutorial](#). If you still have questions or encounter any issues, we can help you navigate the tool. Reach out to us at [contact@measureofamerica.org](mailto:contact@measureofamerica.org).

#### Who funded this project?

The Leona M. and Harry B. Helmsley Charitable Trust funded this project. It builds upon the successful DATA2GO.NYC tool, which was the first project the Helmsley Charitable Trust funded through its New York City Regional Grants Program in 2015.

#### What are the social determinants of health?

The social determinants of health are defined by the World Health Organization as “the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces; economics, social policies, and

politics.” Central to this framework is the idea that while doctors and medicines are critical once we fall ill or are injured, the main drivers of health disparities between groups lie not in the health-care system but in the conditions of people’s daily lives. Safe neighborhoods, clean air, full-service grocery stores, healthy school lunches, places to exercise safely, educational equality, employment that offers security, dignity, and agency; these and other things like them are key to keeping people healthy.

**New York City and many organizations already make a great deal of data public. What value does DATA2GOHEALTH add?**

Lots of great online data tools exist. But many are the product of one-time-only efforts, focus on just one issue or sector, are limited to specific data sources or citywide data that isn’t useful for neighborhoods, or are tricky for regular people to navigate. In addition, different indicators are available using different geographic boundaries, time periods, definitions, interfaces, and methodologies. This variety makes comparisons very challenging.

DATA2GOHEALTH.NYC is:

**Intuitive and easy to use.** It’s designed to provide access to official government data for “data civilians”—people who need accurate, up-to-date information but lack advanced statistical and research training.

**Comprehensive and multisectoral.** DATA2GOHEALTH includes data from different sectors. We cover **demographics** like race and household composition; **health determinants** such as behavior and housing; **health outcomes** like rates of different cancers, preventable diabetes complications, injuries due to violence, and leading causes of death; and **health-care systems**, including insurance coverage and neighborhood services.

**Informed by a holistic vision.** A unique blend of datasets, interactive maps, and curated groupings of data helps users see social and economic realities in the interconnected way in which people actually experience them.

**Sustainable.** DATA2GOHEALTH provides a snapshot of current realities, and data will be updated annually for four years.

**Transparent and rigorous.** DATA2GOHEALTH is an impartial, independent source for methodologically sound, reliable, fully sourced data.

**Customizable.** DATA2GOHEALTH allows users to tailor the set of indicators they see on their screens based on the neighborhood issues that are important to them. Users can select specific populations or health issues as well as different geographic levels.

**Useful to experts.** DATA2GOHEALTH allows the pros to access underlying data and primary source material in spreadsheet form with detailed sourcing and methodological notes.

### Who is DATA2GOHEALTH for?

Anyone can use DATA2GOHEALTH! It is a **free** tool available to everyone with a passion for understanding and improving the amazing city we call home. It was designed with the needs of some specific users in mind:

**Decision-makers in and outside NYC government**, who can access a comprehensive picture of human health, neighborhood by neighborhood.

**Foundations, philanthropists, and service-delivery organizations**, who can pinpoint health needs and service gaps, establish baselines, and track change to gauge the impact of their investments and programs.

**Communities and community-based organizations**, which can create and print customized maps, data visualizations, and comparisons for program development, fundraising, and advocacy without expending resources on costly and time-consuming in-house data collection and analysis.

**Teachers and students**, who can easily access data for analyzing their communities, how their communities compare to others, and how issues interact to shape people’s everyday health and long-term prospects.

**Researchers**, who can download clean, well-sourced, accurate datasets for hundreds of indicators.

### Who created DATA2GOHEALTH?

DATA2GOHEALTH (like its sister tool, DATA2GO.NYC) was created by Measure of America, a project of the nonprofit Social Science Research Council, and the designer Rosten Woo. It was developed by Codie Joseph See.

**Measure of America** is a nonpartisan research and advocacy initiative of the **Social Science Research Council**. We breathe life into numbers, providing easy-to-use yet methodologically sound tools for understanding well-being and opportunity in America. We work with partners to **measure what matters** and believe that everyone deserves the chance to live a freely chosen, flourishing life.

Measure of America’s hallmark is the American Human Development Index, a composite measure of health, education, and earnings indicators based on a time-tested model developed at the United Nations and used in countries around the world. Measure of America was founded in 2007, and the

project joined the Social Science Research Council in 2008. For more information, please see our website at [www.measureofamerica.org](http://www.measureofamerica.org).

Rosten Woo is an artist, designer, and writer living in Los Angeles. He produces artworks and educational projects about complicated systems and group decision-making. Visit [rostenwoo.biz](http://rostenwoo.biz).

Codie Joseph See's expertise is in geospatial technologies and cartography. Codie has worked for state and city cartography and GIS offices in his home state of Wisconsin.

An Advisory Committee of over 20 leading NYC health policymakers and thinkers has been involved from the start to make sure DATA2GOHEALTH builds on, rather than duplicates, existing tools and that it benefits from expertise across health sectors.

### What are some practical uses for DATA2GOHEALTH?

DATA2GOHEALTH has virtually unlimited possibilities! Here are a few examples of how people might use the tool:

**Health service providers** could investigate the number of elderly residents in a specific neighborhood and the lack of certain health-related services. The elderly are more vulnerable to heat-related conditions, and providing the right services to keep them cool when temperatures skyrocket is crucial for good health.

**Community organizers** could review their neighborhood data and present specific indicators of interest at a community meeting to support their case for shifting priorities or creating new programs.

**Staff at nonprofit organizations** working on preventing diabetes complications could use the tool to see where the greatest needs for their services are, as well as where health-care services might be lacking. With this information, they could identify potential partners for joint outreach and programming.

**NYC government agencies and policymakers** could use the data to better understand the needs of residents, inform policymaking and ensure that services reach the most vulnerable.

**Community-based organizations** could download infographics and maps related to their service area to include with grant applications or public information materials.

**Teachers** could use the data to better understand the out-of-classroom challenges their students face.

What are some practical ways YOU are using the tool? Let us know! [contact@measureofamerica.org](mailto:contact@measureofamerica.org).

### How were the indicators chosen from all the datasets available?

DATA2GOHEALTH focuses on important health outcomes and the social determinants of health. Given the myriad factors that affect a healthy life—from housing conditions and violence to schools, exercise, and food access—we built the dataset behind DATA2GOHEALTH to be as expansive as possible within a social determinants of health framework. If you see something missing, tell us: [contact@measureofamerica.org](mailto:contact@measureofamerica.org). Please keep in mind that we are able to include only those datasets that will be collected regularly and meet a high standard of accuracy, rigor, and transparency.

### Can I add my own indicators to DATA2GOHEALTH?

We love crowdsourcing, too! But DATA2GOHEALTH was not built in a way that allows others to add to it. We would, however, love to hear your ideas for new indicators to include. If the data are collected by a public entity, university, or other provider of high-quality data and are either already available by one of our standard geographies—or can be geocoded to one of them—we would be happy to consider adding them to DATA2GOHEALTH. We are already working on new additions for the near future. Please email us at [contact@measureofamerica.org](mailto:contact@measureofamerica.org) with your suggestion.

### What are Tags and Vulnerable Populations, and how does that work?

The Tags and Vulnerable Populations feature allows users to view the indicators in a different way, grouped by health issues or groups of people. When one of these is selected, you'll see a display of all indicators from across the main categories shown together.

### How should students and researchers cite DATA2GO.HEALTH in projects and papers?

Thanks for asking! The suggested attribution is: Measure of America, Social Science Research Council. 2018. DATA2GOHEALTH.NYC. [www.data2gohealth.nyc](http://www.data2gohealth.nyc).

### Are there plans to adapt DATA2GO for other cities?

We would love to take DATA2GO and DATA2GOHEALTH to other cities. We encourage foundations, business groups, government entities, and others interested in a DATA2GO for their town to get in touch with us at [contact@measureofamerica.org](mailto:contact@measureofamerica.org). See [www.cottagedata2go.org](http://www.cottagedata2go.org) for an example of a modified DATA2GO site we created with Cottage Health for Santa Barbara County, California.

### Can DATA2GOHEALTH be used on smartphones and tablets?

Yes! Mobile versions of DATA2GOHEALTH are available with all the functionality of the desktop version. No need to download an app; just go to the website in your mobile or tablet browser.

## DATA AND SOURCING

### Can I download the data on DATA2GOHEALTH?

Yes! We have made nearly the entire dataset behind DATA2GOHEALTH, and all of our data tools, available to the public. Just choose the download option.

### How were the datasets available in DATA2GOHEALTH produced?

Measure of America staff undertook nearly a year of work, involving negotiations, calculations, geocoding, statistical exercises, and number checking, to arrive at a user-friendly dataset. DATA2GOHEALTH was built with the needs and skills of a data layperson in mind. While experts can put raw data into forms that they can analyze, most people don't have the skills or software for this task. In DATA2GOHEALTH, much of the raw data were converted into rates to make the indicators more meaningful for analysis and more reliable for comparisons. It's not very useful to compare the number of stroke hospitalizations in one neighborhood to the number in another when the total population size in each is very different. For this, a rate per 100,000 residents does the trick. Some indicators, such as the disconnected youth rate, are calculated by Measure of America. For questions regarding specific indicators, please ask us at [contact@measureofamerica.org](mailto:contact@measureofamerica.org).

### Where do the data come from?

Most of the indicators available in DATA2GOHEALTH are from federal, state, or city public sources. A few were obtained from nonprofit sources such as the Food Bank for New York City and the NYU City Health Dashboard. The source of each and every indicator in DATA2GOHEALTH can be found by tapping the multicolored histogram or data visualization for any indicator.

### Can you compare data from different time periods—for example, data from just 2016 to data that is an average from 2012 through 2016?

Ideally, all data in DATA2GOHEALTH would come from the exact same time period. However, it is not realistic to expect the many different agencies and organizations across the wide variety of sectors

included in DATA2GOHEALTH to conduct uniform survey data collection. DATA2GOHEALTH was created in part to provide these data in geographical units to enable such comparisons. All data included are the most recent available as of the fall of 2018. While there may be some minor methodological issues in comparing slightly different periods, we believe that these potential issues are far outweighed by the power of uniform geographies within DATA2GOHEALTH.

### Why do some data show up as n/a?

Health data require certain privacy considerations that are not always necessary with more general datasets. Data will appear as “not applicable” (n/a) if a value is not available or statistically reliable for that specific indicator at that specific geography.

## GEOGRAPHIES

### What geographic areas are available in DATA2GOHEALTH?

Because health data is so vast and collected by many different agencies and sources, we’ve compiled data for a number of distinct geographic levels:

NYC

The five boroughs

59 community districts OR 55 public use microdata areas OR 42 United Hospital Fund areas. These are all noted as CDs, PUMAs, or UHF areas.

188 neighborhood tabulation areas (NTAs)

2,166 census tracts

City- and borough-level data are available for almost all of the indicators in DATA2GOHEALTH. The CD-, UHF-, and NTA-level data primarily come from city agencies, particularly the Department of Health and Mental Hygiene. PUMA- and census-tract-level data primarily come from the US Census Bureau.

*The default for the tool is to display all data at the smallest available geography. The user can toggle geographies on and off, but we recommend using the default setting of all geographies turned on.*

### What are community districts? PUMAs?? UHFs???

Community districts, PUMAs, and UHFs, oh my. **Community districts** correspond to community boards. The 59 NYC community districts roughly line up with neighborhoods or groups of neighborhoods, and NYC community boards have limited authority over planning and some types of local expenditure. The names of neighborhoods within community districts are not officially designated, and the names used in

DATA2GOHEALTH do not include all known neighborhood names within the various districts. City Council districts are separate geographical units. They are not present in DATA2GOHEALTH. Twelve areas fall outside community district boundaries, comprising the two NYC airports and ten large parks/recreation areas, including Central Park and Flushing Meadows. For these areas, called “Joint Interest Areas” by the Department of City Planning of NYC, no data are available. For details, please see <http://www.NYC.gov/html/dcp/html/lucds/cdstart.shtml>.

**PUMAs are public use microdata areas**, as defined by the US Census Bureau. PUMAs generally correspond to the 59 community districts of NYC. However, eight community districts’ populations are too small, so the Census Bureau has combined them into four separate PUMAs. These combined community districts comprise the following PUMAs: Manhattan 1 & 2, Manhattan 4 & 5, Bronx 1 & 2, and Bronx 3 & 6. This makes a total of 55 PUMAs across the city. To see how these geographies interact, please see [http://www.NYC.gov/html/dcp/pdf/census/puma\\_cd\\_map.pdf](http://www.NYC.gov/html/dcp/pdf/census/puma_cd_map.pdf).

**UHF—United Hospital Fund areas**—are yet another geography that was created to approximate community districts. These consist of adjoining zip code groupings, and there are 42 of them across the city. Some health data are aggregated in such a way that a few of the UHF neighborhoods are combined, due to smaller populations. The NYC Department of Health and Mental Hygiene will sometimes report these data for what they refer to as UHF34 (34 total neighborhoods, due to combining), but all the data in DATA2GOHEALTH correspond to the 42 UHF neighborhoods. To see a map of UHF areas, please see <http://a816-dohbesp.nyc.gov/IndicatorPublic/EPHTPDF/uhf42.pdf>.

### What are census tracts and NTAs?

**Census tracts** are small, relatively permanent subdivisions of a county (or NYC borough) that are updated after each decennial census conducted by the US Census Bureau. Tracts have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. Tracts usually cover a contiguous area and generally follow identifiable features. There are approximately 2,168 census tracts in NYC. For accurate analysis, tracts with total populations under 100 people (or no people at all) are suppressed entirely from the dataset. They are notated with gray on the maps. Suppressed tracts include bodies of water, industrial areas, cemeteries, and parkland.

**Neighborhood tabulation areas (NTAs)** were created by the NYC Department of City Planning. They are groupings of adjacent census tracts and fit within PUMAs (see above). They are a useful summary-level geography for use with census and other data and are a good compromise between the very detailed data for census tracts and the broad strokes of community districts and PUMAs. There are 188 NTAs in NYC. For more, [see here](#).