

17-04

STATEMENT OF POLICY

Local Public Health Informatics

The National Association of County and City Health Officials (NACCHO) supports national, state, and local efforts to strengthen and sustain informatics capabilities at local health departments to provide efficient public health services and improve public health activities.¹ These activities support the essential public health functions such as the prevention and control of communicable diseases (assessment); setting guidelines for transparent collection, storage, and sharing of data (policy development); and support for population-based health programs (assurance).

NACCHO supports comprehensive and sustainable local health department informatics programs and services that ensure collection, analysis, and dissemination of complete, timely, and accurate information. This will drive public health programs to make better decisions that will ultimately improve population health. A sustained funding stream must come from Congress and the Office of the National Coordinator for Health Information Technology (ONC) for public health infrastructure and workforce development for local health departments to ensure sufficient technology and workforce capacity to engage in these efforts.

To ensure successful local health department informatics programs, NACCHO recommends the following:

Infrastructure

- **Interoperability**

- NACCHO supports local health department involvement with state and federal partners to improve interoperability across health information systems. Interoperability is the ability of two or more systems to exchange information effectively and to use the information that has been exchanged.
- NACCHO encourages ONC and the Centers for Disease Control and Prevention (CDC) to support the development of interoperable information systems to support business processes of local health departments.
 - Systems must support the improvement of population health.
- NACCHO supports the development of information systems that support bi-directional communication with clinical care facilities and local health departments.

- **Privacy and Security**

- NACCHO recognizes the need to increase the capacity of local health departments to protect privacy and security.



- NACCHO recognizes the need for secure use and exchange of health information for public health purposes.
 - NACCHO supports local health departments' involvement in local, regional, state, and federal efforts that support health information exchanges (HIEs) to ensure the information exchanged is secure, private, and permits authorized use and access for public health purposes.
- NACCHO recommends that state and federal officials make every attempt to harmonize laws that address health information and privacy, including accommodation of existing legal mandates for local health department access to identifiable health information to prevent disease and stop outbreaks.

Workforce Development

- NACCHO supports cross-sectional training of public health workers at all levels (local, state, and national) to become competent in informatics and recommends that at least half of informatics training be directed at staff actively working at local public health agencies.
- Local health departments should partner with schools of public health to ensure that informatics is a part of the curricula for students pursuing Masters of Public Health (MPH) and Doctorates of Public Health (DrPH) degrees.

Governance

- NACCHO supports local health departments working with state and national partners on creating and participating on governance structures regarding informatics initiatives such as electronic case reporting and electronic health record adoption and implementation. Governance structures can facilitate the creation of standards and the rapid dissemination of their use.
- NACCHO encourages all local health departments to reach out to active and on-going informatics initiatives and programs and offer to sit on their existing governance committees to ensure that the local health department perspective is heard and understood.

Justification

A solid public health informatics infrastructure will allow public health to successfully operate in the 21st century.² Local health department professionals increasingly rely on information technology and data systems to assess community health, provide preventive services, perform treatment and follow-up procedures, evaluate the effectiveness of preventive services and programs, and identify resources for improving health initiatives within their communities. As public health issues become more complex, there is a need for the public health workforce to be trained and competent in these emerging technologies to improve information gathering, analysis, and distribution. Relying on outdated systems will expose local health departments to cumbersome inefficiencies and unnecessary risks. Systems that do not talk to each other, (i.e., are not interoperable) will lead to delays in providing public health services. These delays will cost local health departments in both time and money. Downstream, they will increase the public's morbidity and mortality. Additionally, the right to privacy must be respected. It is the responsibility of everyone to ensure that security and confidentiality are maintained. Disharmony among state and federal laws creates uncertainty about best practices, which in turn disincentives securely sharing data and information to protect the public. Without harmonization, local health departments will be unable

to balance their mission to promote and protect the public's welfare against the need to protect the public's privacy.

Local health department professionals rely on information technology and data systems to assess community health, monitor for disease, identify population health needs, and create effective policy to address those needs. As such, demand for professionals who can effectively communicate data and information to peers and the public is growing. Only with substantial investment in the current and future workforce by CDC, ONC, and other national partners will local health departments be able to meet this need in the present and beyond.³

Currently, many MPH and DrPH students are not exposed to informatics in their degree program. A partnership between schools of public health and local health departments will be mutually beneficial. Schools can provide local health departments with the most up-to-date research and training on informatics theory and science, while local health departments can provide mentorship to students so that they can receive applied experience in informatics prior to joining the workforce. It is critical that MPH and DrPH understand how local health department informatics works because the collection of information is performed at the local level.

National initiatives are strengthened by local involvement and increased local control.⁴ Because most of the data and information collected happens at the local level, it is imperative that local health departments be involved in determining the rules, standards, and structure of national initiatives.

NACCHO supports national initiatives that are governed with local health department feedback at the highest levels. Initiatives without such feedback will not be supported by NACCHO unless significant value to local health departments can be assessed. Having local feedback and support from the earliest stages will ensure that national initiatives provide local health departments with enough value to warrant the investment of time and personnel. Initiatives with local health department feedback become much more efficient and improve their ability to capture funding support.

A fully integrated public health information system must meet the needs of the public health professionals collecting information necessary for public health practice. It is important that critical infrastructure issues such as interoperability and privacy and security as well as issues related to workforce and governance represent local public health interests and that local public health officials are able to participate in national conversations around these areas to improve the overall health of communities across the United States.

References

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2. Yasnoff, W.A., Overhage M., Humphreys, B. L., & LaVenture, M. (2001). A National Agenda for Public Health Informatics. *Journal of the American Medical Informatics Association*, 8(6): 535-545.
3. Miller, C., Ishikawa, C., DeLeon, M., Huang, M., Ising, A. and Bakota, E. (2015). Joint Recommendations for the Public Health Informatics Infrastructure. *Journal of Public Health Management and Practice*, 21(5): 516-518.

4. Bakota, E., Arnold, R., and Yang, B. (2016). Investigating Informatics Activity, Control, and Training Needs in Large, Medium, and Small Health Departments. *Journal of Public Health Management and Practice*, 22(Suppl 6): S63-S68.

Record of Action

Proposed by NACCHO Public Health Informatics Workgroup

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