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 (LHDs) to provide efficient public health services and improve public health activities.[1] These activities support essential public health functions such as surveillance and assessment for the prevention and control of chronic diseases ; setting guidelines for transparent collection, storage, and sharing of data (policy development); and support for population-based health programs (assurance) that work towards reduction and prevention of major causes of morbidity and mortality (e.g., "e.g. obesity, adverse childhood experiences, environmental exposures, and social determinants of health).

NACCHO supports comprehensive and sustainable LHD 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 the United States Congress, Centers for Disease Control and Prevention (CDC), and the Office of the National Coordinator for Health Information Technology (ONC) for public health infrastructure and workforce development for LHDs to ensure sufficient technology and workforce capacity to engage in these efforts.

To ensure successful LHDs informatics programs, NACCHO recommends the following:

Infrastructure
- **Interoperability**
  - NACCHO supports LHD 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 CDC to support the development of interoperable information systems to support business processes of LHDs and the involvement of LHDs in national conversations around initiatives such as the United States Core Data for Interoperability (USCDI/USCDI+), Trusted Exchange Framework and Common Agreement (TEFCA), Health Level Seven International (HL7), and Fast Healthcare Interoperability Resources (FHIR).

- Systems must support the improvement of population health, public health emergency response, communicable disease investigations and other public health functions.
- Systems must support chronic disease surveillance improvement via interoperability efforts in addition to core traditional public health functions listed above.
    - NACCHO supports the development of information systems that support bi-directional communications and health information exchanges (HIEs) with clinical care facilities and LHDs.
- **Privacy and Security**
    - NACCHO recognizes the need to increase the capacity of LHDs to protect privacy and security.
    - NACCHO recognizes the need for secure use and exchange of health information for public health purposes.
        - NACCHO supports LHD's 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 encourages LHDs to identify, evaluate, adopt, and adhere to security protocols and guidelines that they find suitable, including federal National Institute of Standards & Technology (NIST) standards for security protocols.
    - 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 LHD access to identifiable health information to prevent and mitigate 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.
- LHDs should partner with schools and programs of public health to ensure that informatics is a part of the curricula for students pursuing undergraduate, masters and doctoral level degrees in public health.
    - In addition to collaboration with undergraduate, masters and doctoral programs, we also encourage partnerships with information technology (IT) and data science related programs to enhance awareness of public health and public health informatics.

Governance
- NACCHO supports LHDs collaborating with state and national partners to establish governance frameworks for informatics initiatives. These frameworks include data governance, project management, and change management, for various initiatives including electronic case reporting and electronic health record adoption and implementation. Effective governance structures aid in establishing standards and streamlining their adoption.

- NACCHO encourages all LHDs to engage with active and on-going informatics initiatives and programs and offer to sit on their existing governance committees to ensure that the LHD perspective is heard and understood.

<u>Justification</u>

A solid public health informatics infrastructure will allow public health to successfully operate in the 21st century.[2] LHD professionals increasingly rely on information technology and data systems to assess community health, provide preventive services, perform diagnostic, 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 LHDs to cumbersome inefficiencies and unnecessary risks. Systems that do not communicate with each other, (i.e., are not interoperable) will lead to delays in providing public health services. These delays will cost LHDs 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, LHDs will be unable to balance their mission to promote and protect the public's welfare against the need to protect the public's privacy.

LHD 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 LHDs be able to meet this need in the present and beyond.[3]

Currently, many undergraduate, masters and doctoral level public health students are not exposed to informatics in their degree program. A partnership between schools of public health and LHDs will be mutually beneficial. Schools can provide LHDs with the most up-to-date research and training on informatics theory and science, while LHDs can provide mentorship to students so that they can receive applied experience in informatics prior to joining the workforce. It is also important to collaborate with other programs in higher-level educational programs, such as IT, data science, and data analytics, to expose students on how information technology can be leveraged to inform public health. It is critical that the future public health workforce understands how LHD 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 LHDs be involved in determining the rules, standards, and structure of national initiatives.

NACCHO supports national initiatives that are governed with LHD feedback at the highest levels. Initiatives without such feedback will not be supported by NACCHO unless significant value to LHDs can be assessed. Having local feedback and support from the earliest stages will ensure that national initiatives provide LHDs with enough value to warrant the investment of time and personnel. Initiatives with LHD 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, privacy, and security as well as issues related to workforce and governance represent local public health interests. Local public health officials must be included in national conversations around these areas to improve the overall health of communities across the United States.

References
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Record of Action
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