National Committee on Vital and Health Statistics
Hearing on Public Health Data Standards
November 12, 2013

Testimony of Dr. Marcus Cheatham for the Joint Public Health Informatics Task Force

The Joint Public Health Informatics Taskforce (JPHIT) is a collaboration of public health associations committed to improving population health through informatics, health IT and information exchange. JPHIT represents governmental public health within the US, and its Board of Directors is comprised of executive level leaders of public health professional associations at the national, state and local levels: ASTHO, NACCHO, AIRA, APHL, CSTE, ISDS, NAACR, NAHDO, NAPHSIS and PHDSC. Virtually all the panelists participating in the morning session today are JPHIT Board members or participate regularly in JPHIT activities.

As a consortium of membership associations, JPHIT plays a unique role related to standards. Created in 2008, JPHIT provides a forum that enables coordinated and collaborative development and implementation of public health informatics priorities, a unified voice on national informatics policy issues, and a focus for improving performance of the public health system through informatics. JPHIT itself is not funded or staffed to be a standards development organization. Instead, it helps to coordinate the standards development work of the member associations, and also brings together federal, academic, non-profit and vendor organizations. Since its inception, JPHIT has created and communicated consensus positions on issues such as Meaningful Use, created a vision for the future of standards and interoperability (jphit.org/resources/), placed public health representatives on national health IT advisory committees, and tackled many other issues.

I am a full-time local health officer. I and my JPHIT Co-Chair, Dr. William Hacker, retired state health officer from Kentucky, chair JPHIT to ensure that it focuses on projects of practical, operational importance to public health. In our work we see every day the critical role standards play in enabling public health to be successful. Speaking for myself, my state, Michigan has an outstanding immunization registry and a great disease surveillance system. These systems link my jurisdiction to our neighbors and the State. At this very moment, as we speak, my staff are using these systems to partner with the State to work on projects to drive up immunization rates and to investigate outbreaks (we just learned of a new meningitis case). It took many years to build these systems, but the payoff has been enormous. Many of the organizations you will hear from today played important roles in building them. The budget and staffing of my department have been cut steadily for many years, but

our productivity has not been reduced because we have been able to leverage technology, the most important pieces of which are standards based.

As I read through the draft testimonies of the associations, one thing jumped out at me. Most of them emphasize that the greatest barrier to successful development and implementation of standards is the human factor. I am sure you will hear this theme, too. Where do we find the time and talent to do the work of developing standards? Public health is not staffed and funded to do standards development work. In fact the public health workforce continues to shrink.

Efforts have been made to train the public health workforce on informatics and to increase the supply of people with the required skills. Under the Affordable Care Act some community colleges developed informatics programs, and universities and non-profits have created informatics curricula. But public health has not been able to hire many of those who were trained.

Clearly we cannot expect staffing levels in public health to change any time soon. So we continue to search for innovative ways to improve the skill of the workforce, and alternative ways of collaborating on standards development that enable a constrained public health system to participate. There are now efforts to enable public health staff to train in place although the accessibility of these is not yet clear. As the associations testify you will hear about experiments in doing standards development work under conditions of scarcity like the Meaningful Use Task Force, the ISDS led effort on syndromic surveillance, and the Public Health Reporting Initiative. These examples should be studied for what they can teach us about the possibility of making progress with limited resources.