Data Standards: A Local Health Department Perspective

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We Are All Balkan-ers

- We maintain the same information, differently
  - Birth and death certificates
  - HIV, other STD, TB, other communicable disease
  - Population health surveys
  - National programs (Healthy Start, Ryan White, …)
  - Tobacco prevention, food safety, laboratory, water quality, food & healthcare licensing, …
- Can’t share tools, so we re-invent the wheel
- I haven’t found field or dataset standards

Need for a Core Set of PH Measures

- Producing statistics is manageable; Providing good context is harder
  - Rankings get attention
    - "What aren't we better?"
  - Compare city to city, not city to state or US
- No thing is perfect. Nothing is worse.
  - HDs must monitor their population's health
  - With no core set, I make up my own
  - An informed panel's core set would be better

Data Sharing Policy: It's a jungle out there

- Confidentiality rules vary by disease
  - Communicable Disease, Cancer, HIV, WIC, …

  → Most conservative common denominator
- Research vs. Public Health use
  - PH often not considered in legislative language
  - "Research" data sharing rules are applied
- Competency in data handling for privacy protection
  - Research has Human Subject certification

Have Talent & Tools. Need Time.

- Standards Development
  - LHDs can offer good participants
  - Standards development is intensive
  - Those staff have critical roles in the LHD
  - LHDs can't afford their pro bono participation
- Readiness for Standards
  - Ready: large health departments
  - Able: medium health departments
    - A question of priority, ROI

Implications

- De-Balkanize: Promote collaboration via funding carrot & stick
- Core measures: Endorse a set
- Data-sharing policy jungle: promote model data-sharing policies
- Talent & Tools but no Time: Fund participation