

Health data systems:
Where do we go from here?
(If anywhere?)

45th PIHOA Meeting, Honolulu
April 18th, 2008

■ Objective:

- To more clearly identify PIHOA's appropriate role in the development of health data systems in the USAPI
- To identify next steps

Timeline

2005:

- Health Information Technology Identified as Priority in 2005 – 2009 Strategic plan.
- Surveillance Working Group develops surveillance strategy in Guam, endorsed by board
- Plan also proposes staff position for “Health Data and Information Technologist”

2007

- June: Health data systems advisory group meets to outline key issues.
- After June: PIHOA develops discussion draft of health data systems initiative.
- Conference call for CHC IT grant
- November: Data working group makes recommendations and reviews discussion draft. Presentation on WHO Health Metrics Network

2008

- What now?

2005 Surveillance Strategy:

Mike O'Leary, Mark Durand, et al . .

[PIHOA Final Surveillance Committee
Strategy\(3-06\).doc](#)

June 2007 Advisory Group

Meeting purpose: Identify first steps toward developing a multi-year project focused improving health data systems in the USAPI.

Participants: John Gilmatam, Greg Dever, Sitaleki Finau, Mark Durand, Sela Panapasa. Kristen McCall, John Walmsley, Michael Epp

June 2007 Advisory Group Highlights

Find a framework for understanding health data

- Complex issue, amorphous, cross sectoral
- WHO Health Metrics Network

June 2007 Advisory Group Highlights

Focus initially on human resources

- Data literacy / HRH is key: “The people who ask for data often don’t know what they want, and they don’t seem able to predict what they’re going to get from the data: These are the people who drive the process of data collection.”
- Need for training at all levels
- Technology is important, but it should not come first
- Garbage in, garbage out

June 2007 Advisory Group Highlights

Know the difference between standards, standardization, and harmonization

- Big difference between standards and standardization. Standards are essential and often achievable; standardization can be unrealistic, politically problematic and difficult to sell.
- Difference between harmonization and standardization: Harmonization focuses on the development of shared data standards, objectives, and complementary processes; while standardization focuses more on regulating the format of data inputs and outputs
- We need to work with the CDC, WHO, SPC for data harmonization
- Ethnical questions important: Who owns the data:?

June 2007 Advisory Group Highlights

Ensure that local data needs are clearly and effectively addressed; local needs should serve as the starting point for data collection and analysis.

- Current data needs tend to be driven by funding sources
- Data must be put to local use
- Handling and analysis of data should emanate from islands; external entities should build on this core.
- Little consideration of those who collect data; little networking across islands.
- More focus on users: There needs to be a focus on the users: who is using what, when, where ,why and how? And what capacity do they have?
- There is a rationale for national-level involvement in the development of data systems:

June 2007 Advisory Group Highlights

A national, state or territorial framework can provide standards, foster harmonization and even provide a central database across local agencies that collect common and/or relatable data. Such a framework is founded upon state, national or territorial priorities but also provides a coherent context for accommodating the special data needs of programs and funders. It serves as a “central nervous system” or venue for evaluating what’s important nationally. It asks first what data do we ALWAYS need given our priorities and then, secondarily, what do special projects and funders need and how do we meet and fund such needs within our framework (for example, within the context of existing surveys currently being planned)?

June 2007 Advisory Group Recommendations

- Adopt a coherent framework for understanding and developing health data systems`
- Provide public health training in the collection, analysis and use of health data and information.
- Support public health training; emphasize on-site, foundational college programs.
- Integrate workforce needs for health data systems into local and regional HRH planning

June 2007 Advisory Group Recommendations

- Advocate for funding agencies to put resources into supporting foundational training rather than conducting ad hoc workshops.
- Assist jurisdictions with establishing coherent standards
- At a regional level, consider setting standards for outside agencies that request district-level data
- Advocate for data harmonization
- Assist jurisdictions with leveraging appropriate technology
- Develop and endorse a process for designing, funding, and providing training and technical assistance,

November 2007 Working Group

45th PIHOA meeting: *“Toward Improving USAPI Health Data Systems, Regionally and Locally”*

- Objective: Recommend next steps
- Participants: Deb Atwood, B. Atwood, Clifford Chang, David Haut, William Jackson, Paul Jarris, Esther Muna, Neal Palafox, Sela Panapasa, Joe Santos, Anthony Santarsiero, Joseph Villagomez, Peter Judicpa

November 2007 Working Group Recommendations

- Assist each USAPI with identifying top three health priorities
- Negotiate the top three regional health priorities
- Assist the USAPIs with evaluating their reporting, data needs and infrastructure relevant to top three priorities.
- Research and evaluate standardized data-related tools that might be of use to the USAPI (for example, health-cost analysis tools that help develop profiles of “national health accounts”)

November 2007 Working Group Recommendations

- Conduct training in public health data management targeting professional and paraprofessional staff
- Integrate health information management into PIHOA's regional plan for Human Resources for Health.
- Identify and train health data focal points in each USAPI.
- Support the secondary data analysis of the US Territory vital events data 1994-2004.

Discussion Draft for Regional Strategy

- Developed fall 2007
- Distributed widely
- Input mostly by T.A. and Senior Subordinates

Discussion Draft for Regional Strategy

Another four pronged approach (!):

- Implement regional surveillance strategy developed in 2005 (review to find what's still relevant)
- Assist each of ten sites with identifying priorities and developing marketable, short-term plans for submission as grant/TA proposals
- Provide training in collection, analysis and use of health data and information
- Convene regional meeting to focus on resource sharing and dissemination, harmonization, standards, and econom

Discussion Draft for Regional Strategy

- 1 Develop effective regional disease surveillance systems for the USAPI (implement revised 2005 strategy)** through a one-year consultancy focusing on improving epidemiological capacity of the health workforce; standardizing health status indicators for a regional minimum data set; developing systems for the collection of necessary primary, secondary and tertiary data; initiating systems and protocols that ensure a schedule of effective and accurate reporting, both locally and regionally; and facilitating an advisory group of USAPI health data leaders to ensure the development of responsive systems. (\$50,000)

Discussion Draft for Regional Strategy

2 Assist ten sites in the USAPI with developing and marketing one year action plans that address local priority areas. Activities to include identifying top data systems priorities, assessing their capacity for participating in regional surveillance, developing two year action-plans for focused improvements, and marketing technical assistance requests to the Department of Interior and other funding sources to underwrite the costs of executing local action plans. (\$20,000 per site)

Discussion Draft for Regional Strategy

3 Provide essential public health training in the collection, analysis and use of health data and information on the local and regional levels, through a training contract with a USAPI community college, effectively supporting concurrent efforts to increase the capacity of the local education sector to conduct in-country public health training. (\$100,000)

Discussion Draft for Regional Strategy

- 4 Foster harmonization and resource sharing through a regional meeting of USAPI health data professionals, focused on creating the agreements, intersecting systems, standardizations, and common functionality for a regional surveillance system; in addition, the participants will identify key opportunities to strategically coordinate health data systems development across jurisdictions, to achieve economies of scale, develop common advocacy agenda, and improve the harmonization and compatibility of data systems across the USAPI. 20 participants, two from each site plus 3 facilitators. (\$60,000)**

BACK TO: November 2007

Working Group

Recommendations (concept paper)

- Integrate the above recommendations into the concept paper.
- Incorporate quality assurance.
- Increase the budget. It is not adequate.
- Leverage current funding from the CDC (available through the USDA graduate school) to increase overall resources available for data systems development.

Resources

- DOI: Talk of asking PIHOA to resume data matrix (I assume this would come with funds)
- HRSA: Primary Care Office, is data focused (\$150,000 to \$300,000 annually)
- HRSA: IT Grants
- Many funding sources for IT

Questions

- What is an appropriate role for PIHOA at this stage?
- What should be our next steps, particularly if resources are likely to accrue?