

Public health informatics in a rural county: Efficiency, redundancy, and bureaucracy

Public health informatics in our country is

1. Disjointed
2. Overlapping
3. Territorial

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm>

Goal in U.S. by 2012 electronic medical record with each piece of data into one integrated network entered one time

What about other places?

Action areas National eHealth strategy Sweden

1. Bringing laws and regulations into line
2. Creating common information structure
3. Creating a common technical infrastructure
4. Facilitating interoperable, supportive ICT systems.
5. Facilitating access to information across organizational boundaries.
6. Making information and services easily accessible to citizens.

What about a rural county?

Methods

Local agencies surveyed by phone and in person in fall 2006

- County health department
- Hospital
- Public health clinic
- Sheriff & police
- Emergency preparedness
- Fire



Description of Jackson County, Indiana

- 43,000 people
- 12 townships
- Fire department in each township
 - Paid in town of Seymour
 - Volunteer in rural areas
- 4 school districts
- 4 municipalities
 - o 2 cities
 - o 2 towns
- 2 libraries
- County health department

Weblink: <http://icdhofindiana.tripod.com/>

Results: IT Systems

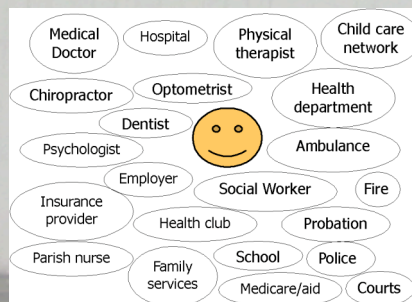
- Three 911 emergency call systems
 - County - sheriff
 - City- Seymour
 - State police
- Electronic medical record
 - only at hospital
 - clinic access, online, but paper, no input
- Immunization records
- Environmental health



Children and Hoosier

Immunization Registry Program

- In 2005 - 71% of the children <6 with 2+ immunizations
- Locally PH nurses input data
 - School nurses have **read-only access**
 - Only a few local family practices input their immunization records
 - Local nurses **mail** immunization records of the month for known patients
 - Local social service agencies have information **faxed**



Results

- Immunizations
 - Local health department
 - State Department of Health (ISDH) online
- Cancer registry
 - Local hospital using their electronic medical record system to ISDH
- Fire
 1. Township fire chief's file online monthly incidence using Firehouse software to Office of State Fire Marshall
 2. Indiana State Department of Homeland Security- Fire & Building Services
- Reportable disease
 1. Local health department downloads form from the state website
 2. Filled out and faxed to state health dept.
 3. Machine-read and entered into database

Limitations

- only local
- 1 person per entity type interviewed
- Assessment, policy development & assurance unaddressed

Conclusion

- Overlap
- Undersharing of information
- Duplicate work
 - Paper
 - Electronic
 - Fax

Funding source/branch of government creates silos.

How do IT silos improve public health?

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