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STATEMENT OF POLICY
ePublic Health Workforce

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Policy

The National Association of County and City Health Officials (NACCHO) supports training public health workers to become competent in ePublic Health. ePublic Health encompasses the innovative technologies used to influence policy, standards, practice, and governance and to protect and improve the public's health.

NACCHO encourages local health departments (LHDs) to collaborate with state, federal, academic, and other public health entities to develop appropriate training in ePublic Health competencies for a knowledgeable and skilled public health workforce.[1]

NACCHO supports expanding and strengthening ePublic Health training for future workforce capacity through schools of public health, competency based continuing education programs, and distance learning. NACCHO also supports improving specialty training through degree and certificate programs, fellowships or internships (short term) at LHDs that have an established PH informatics practice to better equip public health professionals with skills to perform ePublic Health in practical settings.

Also, at least half of informatics training should be directed toward staff already working in public health agencies. This training should be structured in a way that makes it easy for public health agency staff to participate without leaving their position at their agency.

Justification

Local public health professionals increasingly rely on information technology and data systems to assess community health, provide preventive services, perform 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 ePublic Health workforce to be trained and competent in these emerging technologies to improve information gathering, analysis, and distribution.[2]

A recent survey assessing informatics training for the LHD workforce revealed that more than 60 percent of LHDs provided training in basic computer applications.[3] The study also noted that most LHD officials felt that there was an important need to have their employees properly trained in public health informatics.[4] This is important because there is a demand for public health professionals to communicate information within programs, between the clinical sector, and across jurisdictional boundaries.[5]

Computer and communication infrastructure and systems have been slow to develop in LHDs, largely due to lack of financial resources to build and maintain these systems. This is a critical issue because information gathering is performed at the local level. Public health professionals need to have the training and expertise to effectively implement public health information systems.[6] Through many national initiatives, LHDs are working with state, private, and other public health partners to institute public health information networks, Health Information Exchanges (HIEs), Regional Health Information Organizations (RHIOs), surveillance, and other data sharing efforts to assess community health, improve public health programs, link clinical information to private practitioners and partners, and renew preventive healthcare services. The emergence of public health challenges in communities has raised awareness about the need for health professionals to be trained in ePublic Health to better manage population health trends and monitor emerging infections. Government health authorities are partnering with academic and other research entities to develop professional competencies and provide trainings in the field. This is important for defining the skill sets today's public health informatics professionals need. Trainings range from general information about public health informatics to specialized skills on knowledge management for managers, decision-makers, and high-level health officials.[7]

Many training programs require substantial amounts of time away from the trainees with their health agency, or require a substantial after-hours commitment. This is a significant barrier to participation by most public health agency staff.

References

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2. Yasnoff, William A. et al,. (2001). "A National Agenda for Public Health Informatics Summarized Recommendations from the 2001 AMIA Spring Congress." Journal of the American Medical Informatics Association. 2001 Nov–Dec; 8(6): 535–545. Available at www.pubmedcentral.nih.gov/articlerender.fcgi?artid=130064.
3. The National Association of County and City Health Officials. (2007). Informatics at Local Health Departments: Findings from the 2005 National Profile of Local HealthDepartment Study. Available at www.naccho.org/topics/infrastructure/profile/upload/LHD_Informatics-final.pdf.
4. Ibid.
5. Ibid.
6. Yasnoff, William A. et al., "A National Agenda for Public Health Informatics Summarized Recommendations from the 2001 AMIA Spring Congress." Journal of the American Informatics Association. 2001 Nov–Dec; 8(6): 535–545. Also available at www.pubmedcentral.nih.gov/articlerender.fcgi?artid=130064.
7. Ibid.

Record of Action

Proposed by ePublic Health Workgroup
Adopted by NACCHO Board of Directors July 11, 2007
Updated July 2012