



October, 2005

***The NLM-RWJF Informatics Partnership***  
**Remembering our past, looking toward the future**

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**Editor's note:** *The following article was adapted from a speech by Dr. David Ross, Executive Director of the Public Health Informatics Institute, to The Robert Wood Johnson Foundation/National Library of Medicine public health informatics fellows at the AMIA Annual Symposium in Washington, D.C., October 2005.*

Storytelling

*The facts we gather – and the ways in*





health informatics. Large investments are now being made to bring about national interoperability in data and in functional coordination. As a country, we are beginning to recognize that public health makes a difference, and that difference is largely in our information and how we use it.

To make informatics effective we must:

- generate health information backed by solid science.
- build a basis for reliable and valid data through semantic consistency, standardized vocabularies, and data structures.
- develop applications that function within the realities of public health agency boundary conditions. That means we must start with well-conceived business processes and rigorous requirements definitions, coupled with organizational and financial strategies that yield enterprise, systemic capability.

### **Information that prevents harm**

One morning in 1992 a colleague at CDC arrived at the office with an eye-opening story. Arriving home after work the previous night, she was greeted by agents from the Georgia Bureau of Investigation (GBI). By purchasing a number of grow lights for her greenhouse, she had triggered a Georgia drug law that requires retail outlets to inform the GBI of grow light sales to a single customer that exceed a reporting threshold.

This requirement sounds like the notifiable disease reporting scenario. If law enforcement can

*We should view useful, usable information as the equivalent of life-saving medicine or therapy – that is, information that prevents harm.*

- Public health does not have competitors driving its organizations to excellence. We have leaders who administer budgets given to them, often with a mission that exceeds the allotted resources.
- As a monopoly, public health often finds that it's more convenient to control turf than to solve the health problem.

The incentives to change and adopt innovation come more from legislatures than from those who need to change their organizations to accommodate innovation. This disconnect explains a lot about the behavior of public health organizations. They implement informatics innovations within a narrow scope because that is the universe they can control. Implementing enterprise information systems requires those who control the departmental activities to work together, to collaborate. This is an unnatural act, usually among non-consenting adults.

### **Informatics: A catalyst for change**

Informatics is about change, and to be an active catalyst for change we must recognize and understand the conflict inherent in the mission of public health and the way it is organized and funded.

Here is my prescription for the future of public health informatics. These are the same principles that guide the Public Health Informatics Institute:

1. Enterprise solutions must build on a collaboratively constructed willingness to identify the problem to be solved with an information solution. That is, the people who need to adopt technologies must understand the health problem and see the connection between it and the informatics support offered.
2. The business processes that underlie ~~the~~ work must be uncovered and analyzed to

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