

# Health dashboards are breakthrough stars of the pandemic and here to stay

April 25 2022



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An editorial authored by Regenstrief Institute and Indiana University Richard M. Fairbanks School of Public Health research scientists and published in the *American Journal of Public Health* calls for investing in people, processes and technology so health dashboards, so useful and popular during the COVID-19 pandemic, can efficiently and effectively guide public health action in the future, tracking concerns such as

cancer, HIV, traffic injuries or the next emerging public health threat.

"For many years, people have desired to know more—contacting their local or state public health department to, for example, learn about current cancer rates in their county or inquire about disease rates in their state. But typically, public health departments have produced static annual reports based on two- or three-year-old data, which can't answer these questions or provide guidance to those who must make decisions now," said editorial lead author Brian Dixon, Ph.D., MPA, director of public health informatics for Regenstrief Institute and Fairbanks School of Public Health. "There has been quite a bit of interest in modernizing public health reporting to keep the public and [policy makers](#) informed about what's happening in their community. And that's the need that COVID-19 dashboards, for example our [Regenstrief Institute COVID-19 dashboard](#) and many state dashboards, with their visualizations of timely data, often by location, age, race and sex, on such things as hospitalizations, emergency visits, ICU admits, hospital mortality, testing and vaccine uptake, have so clearly met."

As the editorial noted, "The COVID-19 pandemic let dashboards out of the bag, and there is no going back. Now that we understand their potential, we need to invest in public health such that local, state, and [federal agencies](#) are equipped to develop, deploy, and maintain dashboards for emerging health threats and many other critical activities they do to advance population health. This means investing not just in software tools for dashboards but also in the systems, processes, and people that support dashboarding activities. Only then can dashboards achieve their goal of visualizing information so that decision-makers can effectively guide [public health](#) action and the public can understand health trends and why they should support recommended actions."

"Software and computers can be purchased but it will take more than software and hardware to produce dashboards to inform those who need

to know about disease and injury in their community, state or nation," said Dr. Dixon. "Public [health](#) departments have to move away from human data entry coupled with faxed paper-based processes to automated, timely acquisition of accurate and complete sets of electronic data. In addition to experts in investigating patterns and causes of disease and injury, these typically poorly funded groups have to attract and retain individuals who understand the data and can manage it to create the constantly updating maps, charts and infographics that we all want to see. Highly trained epidemiologists and data scientists, often called informaticians, will be needed to collect, store and analyze complex data and to devise and manage dashboards across diseases and processes."

Authors of "Dashboards Are Trendy, Visible Components of Data Management in Public Health: Sustaining Their Use After the Pandemic Requires a Broader View" in addition to Dr. Dixon are Shandy Dearth, MPH, and Thomas J. Duszynski, Ph.D., MPH, of the IU Fairbanks School of Public Health and Shaun J. Grannis, M.D., M.S., of the Regenstrief Institute and IU School of Medicine.

**More information:** Brian E. Dixon et al, Dashboards Are Trendy, Visible Components of Data Management in Public Health: Sustaining Their Use After the Pandemic Requires a Broader View, *American Journal of Public Health* (2022). [DOI: 10.2105/AJPH.2022.306849](https://doi.org/10.2105/AJPH.2022.306849)

Provided by Regenstrief Institute

Citation: Health dashboards are breakthrough stars of the pandemic and here to stay (2022, April 25) retrieved 27 April 2024 from <https://medicalxpress.com/news/2022-04-health-dashboards-breakthrough-stars-pandemic.html>

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