



# Building Leadership for Health

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Leading Information for Health

# Notes for Course Leaders

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- This is a toolkit for you to develop your own course
  - The slides are discussion points not a lecture
  - You should involve your own experts in health information to relate this to your current information strategy
  - You should seek local examples of good practice
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# Leading Information and Communications for Health: Agenda

- Introduction - 10 mins
- Learning objectives – 10 mins
- Information Management for Health discussion 30 mins
- Coffee 15 mins
- Case study and feed back- 90 mins
- Lunch 45 mins
- Leading Communications for Health discussion -25 mins
- Case study and feedback 90 mins
- Coffee 15 mins
- Information for Health, Experience in Other countries -30 mins
- Reflections learning logs and feedback– 25 mins

# Introductions and Learning Objectives

- The group learning objective is to
  - Develop a shared understanding of how to use information and communication to improve health
- What problems have you found in using current health information systems and communicating with the public?
- What have found to work best in this field?
- What do you hope to learn from this day?

# Information is central to the Public Health Management Cycle : Discuss

- Analyse the health situation and identify problems.
- Set (quantitative) outcome goals or targets
- Examine and choose approaches to reach the goals. (applying evidence based public health),
- Set intermediary goals or targets, give time frame
- Plan and carry out activities to reach the goals
- Assess achievement of intermediary and outcome goals,
- Check if the goals are met. If not, or if goals have to be modified, recycle.

# Information: a resources for health

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- Information is a vital resource for health
  - Information management requires
    - Definition of information needs
    - Bringing people together to use information
    - Ensuring people can use IT appropriately
    - Ensuring the quality of information
  - This is an important task of health leadership
  - Discuss your role in information management ?
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# Health Information

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- Includes information
    - To enable people to protect their own health
    - About conditions which determine health
    - About the need for health services
    - About the performance of health services
    - About clinical practice and medicine
  - These are all vital resources for health
    - List examples of each type of information
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# Information to enable people to protect their health

- Used by families and communities
- Includes: hygiene, diet and lifestyle information
- Also information on how to use health services
- Provided through schools, outreach workers, community groups and h.e. programmes.
- Discuss: “How can health leaders improve the availability and use of information for health and what are the benefits?”

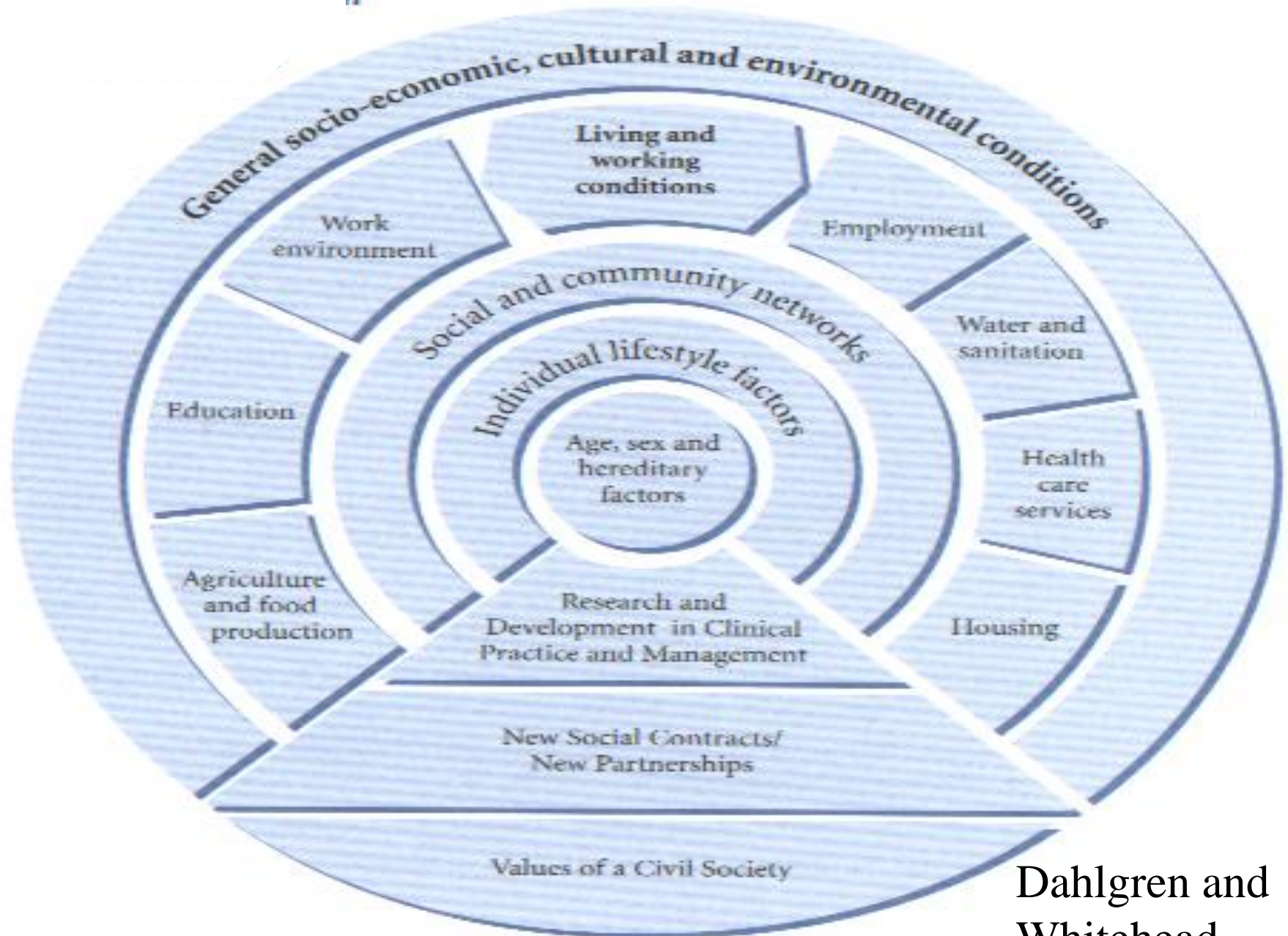


# What information do you have about the determinants of health?

- Review the chart on the following slide
- Discuss what information do you have, and what do you know about these factors?
- Does this affect you as a health leader?
- What can you do about these factors?
  - Make representations to other agencies
  - Take into account in health plans ?

# The determinants of health

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Dahlgren and  
Whitehead

# Information about health needs

## ● Demographic data e.g.

- Age/ sex
- Ethnicity

## ● Vital statistics e.g.

- Births
- Deaths + causes

## ● Determinants of health e.g.

- Housing/diet/employment
- Poverty/ employment

## ● Access e.g.

- Referral rates by area
- Travel times

## ● Demand e.g.

- Waiting times
- Complaints and satisfaction

## ● Wellness e.g.

- Smoking, diet, alcohol, sex, violence, addictions
- Activity levels
- Social capital

## ● Morbidity e.g.

- Activity rates consultations etc
- Chronic illness
- Disability
- Mental illness

Do you have access to this information, how do you use it?

# Information about health system performance:

- Health risk
    - Risk of death under 65
    - Impact of prevention
  - Health activity
    - Primary care attendances
    - Hospital activity
    - Self care and informal care
  - Quality
    - Inspected standards
    - Patient experience
  - Equity
    - Equity gap
    - Access
    - Cost to users
  - Health Outcomes
    - Mortality, morbidity, life expectancy
    - Deaths and discharges from hospital
    - 5/10 year survival
  - Finance
    - Expenditure on prevention/treatment /care
    - Cost per case (DRG)
    - Cost to users
  - Economic
    - Cost / DALY (Disability Adjusted Life Year) saved
    - Health improvement
    - Health expenditure as % GDP
- Performance is the sum of these factors and more, how do you bring this together to make an overall judgement?

# Evidence based medicine

- Evidence based information includes
  - Local standards
    - Formularies
    - Protocols
  - International standards
    - Internet
    - EU and WHO sources
- Evidence based practice requires clinical teams to rethink their practice.
  - Discuss how you will achieve this.

# Information quality

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- Information must be
    - Relevant i.e. it must tell you what you need to know
    - Accurate – enough, no information can be 100%
    - Timely - available when you need to take decisions
    - Secure – confidential personal health information
  - Is your health information **RATS**?
  - Discuss
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# Improving health information: Discussion

- Information needs should be defined in relation to each decision process e.g.
  - For health planning
  - For budget setting
  - For service management
- In each case you should define:
  - Information you need, when, to what accuracy
- The keys to information management are
  - Define your needs and set standards realistically
  - Define responsibility for each element of information
  - Make sure that the information producer is involved

# An Information Strategy for Health

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- National and regional information strategies for health provide the basis for leadership
  - A strategy sets the direction and priorities for the development and use of information
  - It also establishes the standards and technical architecture necessary for integration.
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# Case Study: Food & environmental health safety

## Given facts:

According to recent research exposure of the general public to plasticisers like DEHP is higher than assumed before. Children are specially at risk.

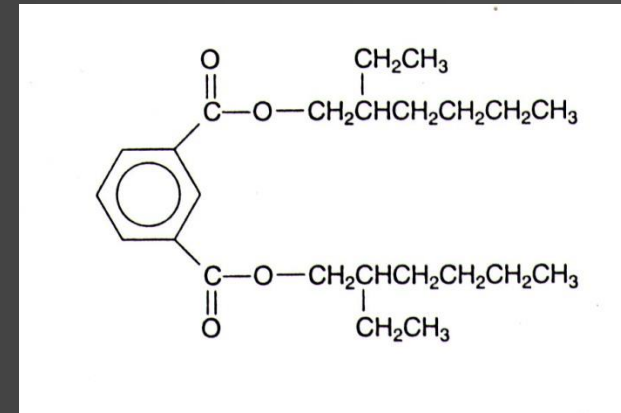
Common sources of DEHP are plastic materials in the household (toys!) and possibly also food.

A special exposure situation occurs in hospitals (DEHP-containing tubes are used for infusions and blood transfusions)

# Food & environmental health safety (continued)

## Additional information:

- DEHP = diethylhexyl phthalate
- Acute toxicity is low
- DEHP is not genotoxic
- A dose-dependent effect on the reproductive system of male animals has been observed
- Low estrogenic, but high antiandrogenic potential
- Young animals are more sensitive than adult ones



# Food & environmental health safety (continued)

## Problem definition:

- How to review the toxicological data for DEHP
- How would you estimate daily DEHP uptake in children & adults via the oral & inhalative route(s)
- Suggest a suitable method for biomonitoring
- Evaluate the children's exposure situation
- Develop recommendations for teachers and parents
- Develop a risk communication strategy

# Food & environmental health safety (continued)

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## ■ Working Session

- Appoint a chair and reporter
  - Review the questions on your own for 5 minutes
  - Brainstorm your suggestions for 15 minutes
  - Review proposals and form an action plan 15 minutes
  - Prepare your communication strategy 10 minutes
  - Give a 5 minute presentation of your proposals
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# Leading Communications for Health

- Health role in communications for health
  - Providing expert guidance
  - Using statistical information
  - Drawing on specialist knowledge
  - Integrating information from many different sources
- And also
  - Listening to local concerns
  - Talking with groups and individuals
  - Helping people move from knowledge to action

Discuss: What special skills are required to lead communication for health

# Leading Communications for Health

## ■ Some lessons from experience

- Define the problem
  - To get a clear view of the information you need
- Gather as much as possible include
  - Policy, Statistics, Expert knowledge, Incident information
- Question your sources, are they
  - Relevant, Up to date, Accurate, Complete
- Listen to and understand what others want to know
  - The concern of local people – what concerns them?
  - Local political leaders – what should they do about it ?
  - Journalists – what story are they after ?

# Case Study on Communications

- Over the weekend a friend of the Mayor who is a GP complained about the heavy workload due to many patients with lung problems.

## **Monday morning:**

- Several patient died of a mysterious disease. Many patients have been admitted to hospitals with patient suffering from severe lung problems.
- Initial investigation shows it may be Legionella . All had attended an international flower market. There were thousands of visitors to this. The market reopened on Monday morning.

## **Meeting**

- A meeting with the mayor later on Monday.
- Present: Mayor, Deputy Mayor, Director of Public Health , Director of the hospital.
- The press and TV are waiting outside the office for information.
- A deputation of the relatives of the patients admitted to hospital is also waiting.

# Case Study on Communications

## ■ Form a team to deal with the crisis

Appoint chair, spokesman and medical expert

- Review and identify the problems
- Identify the information you will need
- Identify who you need to communicate with
- What will they want/need to know
- What are your key messages
- Prepare to speak to each group
- Establish a simple communications strategy
  - In what order will you see them
  - What will you listen for
  - What will you communicate
  - How will you run the meetings



# Case Study on Communications

- Role play the meetings
  - Mayor and other local officers
  - International and local press (hounds)
  - Relatives and community leaders
- Give them a hard time life is not easy in these cases !
- Evaluate how they managed
  - Did they address the concerns?
  - Did they listen?
  - Did they handle the difficult situation well?

# What actually happened?

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- In real life this was the worst case of Legionella in the Netherlands with a high death toll.
  - It resulted from a device on show at the market which gave off a fine mist.
  - Communications were not well handled the mayor was hounded out of office and others lost their jobs.
  - Because they did not think carefully enough about how to handle the problem and the communications with the victims, public and media
  - We hope you did better!
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# Public Health Internet Sources 1



- [www.who.int](http://www.who.int) a vast amount of PH information
- [www.euro.who.int/hen](http://www.euro.who.int/hen) Health Evidence network
- [www.cdc.gov](http://www.cdc.gov) the worlds largest PH resource
- [http://www.oecd.org/topic/0,2686,en\\_2649\\_37407\\_1\\_1\\_1\\_1\\_37407,00.html](http://www.oecd.org/topic/0,2686,en_2649_37407_1_1_1_1_37407,00.html) comparative PH information
- <http://www.healthinternetnetwork.net/> the health internetnetwork low cost access
- Exercise try using these sites or others to find out about DEHP

# Public Health

## Internet Sources 2



- <http://www.healthpolicymonitor.org/index.jsp> The Health Policy Monitor supported by Bertelsmann Foundation
- [www.efc.be](http://www.efc.be) contacts with foundation funding
- [www.eea.eu.int](http://www.eea.eu.int) European Environmental Agency
- <http://www.cochrane.org/index0.htm> The Cochrane Collaboration data base of evidence based research
- Exercise please add other sites you have found helpful and prepare a list of the sites you would suggest should be on your “Favourites” list

# National Electronic Library for Health

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- Access to information resources on
    - Guidelines, protocols and reviews of evidence
    - Summaries and appraisals of evidence
    - Specialist libraries
    - Resources for patients
    - Search facility of accredited sources
  - For public via telephone and internet/ DiTV
  - For Doctors through their computers
  - Try it at <http://www.nelh.nhs.uk/default.asp>
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# Global Information for Health



- HINARI Access to Research Initiative
    - Elibrary, books, teaching aids, CDs
    - Presentation here website <http://www.who.int/hinari/en/>
  - EGranary digital library for Africa - the internet in a box
    - Teaching and research resources on a 280 Gig hard drive
    - Find out more at <http://www.widernet.org/egranary/>
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# Reflect on information for health in your country

- Is there a strategy for information for health?
- What are main sources of information for health?
- What is the quality of health information?
- Is best use made of technical possibilities?
- Who has best access to information for health?
- Who has worst access to information for health?
- What can be done to improve this?

# Reflections and Feedback

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- Please discuss and write down
  - What you have learnt that you found helpful
  - What you will do differently as a result of today
  - What you will improve when you give this course



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Thank you



# Module Contributed by Graham Lister



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- Case study provided by Mathius Otto PhD DSc administrator of [www.uminfo.de](http://www.uminfo.de) German public health Information System D-49 084 Osnabrück