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Converting Big Data into Public Health

March 4, 2015



A collaborative work including Dr. Isaac Fung examines [public health applications of big data](#) and the increased need for collaboration and communication between big data scientists and public health practitioners. In a letter to *Science*, Dr. Fung and his collaborators suggest that big data scientists and public health practitioners must forge better relationships if the vision for public health applications of big data is to be realized. Outreach programs, self-learning modules and textbooks that are designed for users without a programming background will help public health practitioners to pick up skills for big data analysis. In their letter, Dr. Fung and his team uses CDC's Ebola Response model as an example of a successful communication tool through which technical experts can communicate to policy makers a powerful message and facilitate resource mobilization and prompt action. Consultation with the intended audience helps ensure that the product meets their needs. Likewise, big data analyses should help public health practitioners

inform policy-makers about their policy options and how they should communicate to the general public on public health issues.

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Evaluation of Diverse Community Asthma Interventions

March 4, 2015

A collaborative study including Dr. Stuart Tedders, Dr. Simone Charles, and Dr. Raymona Lawrence, [evaluated community asthma management programs](#). The five year study was led by Dr. Lynn Woodhouse, the past associate dean and interim dean of JPHCOPH, currently a Senior Research Scientist at the University of Florida College of Medicine in Jacksonville, FL. The challenge of evaluating community asthma management programs is complicated by balancing the emphasis on health outcomes with the need to build community process capacity for conducting and monitoring evidence-based programs. The evaluation of a Georgia Childhood Asthma Management Program, a Healthcare Georgia Foundation-supported initiative for multiple diverse programs and settings, provides an example of an approach and the results that address this challenge.

A “developmental evaluation” approach was applied, using mixed methods of quantitative and qualitative data collection and analysis, to assess the progress of community asthma prevention programs in building community within the context of: where the community is starting, community-level systems changes, and the community’s progress toward becoming more outcome measurement oriented and evidence based. Initial evaluation efforts revealed extensive mobilization of community assets to manage childhood asthma. However, there were minimal planned efforts to assess health outcomes and systems changes, and the lack of a logic model-based program design linking evidence-based practices to outcomes. Following developmental technical assistance within evaluation efforts, all programs developed logic models, linking practices to outcomes with data collection processes to assess progress toward achieving the selected outcomes. This developmental approach across diverse projects and communities, along with a quality improvement benchmarking approach to outcomes, created a focus on health status outcome improvement. Specifically, this approach complemented an emphasis on an improved community process capacity to identify, implement, and monitor evidence-based asthma practices that could be used within each community setting.

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