



Caribbean
Public Health
Agency



CARPHA

Preventing disease
Promoting and protecting health

Data Quality, Timeliness & Decision Making:

Angela Hinds,

Health Information and Data Analysis, CARPHA

Sacha Wallace-Sankarsingh.

Laboratory Services and Networks, CARPHA



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Timely, Quality Data.....

.....Why is this important ???

High quality data **effectively satisfies** its **intended use** in decision making and planning



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POOR DATA QUALITY COSTS

To American businesses:

Six Hundred Billion Dollars Annually

Source: the Data Warehousing Institute, USA

To public health, it may lead to

- ✓ Ill health
- ✓ Temporary/permanent loss of quality of life
- ✓ Ultimately, premature loss of life
- ✓ Poor planning and budgeting



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How does poor data quality affect you

- May miss a potential public health problem
- Inaccurate description/picture of a public health problem
- Unable to share data as agreed to by the government in international forums or for donor agreements
- Regional data is affected by the absence of country data
- Insufficient data to substantiate certain donor funding

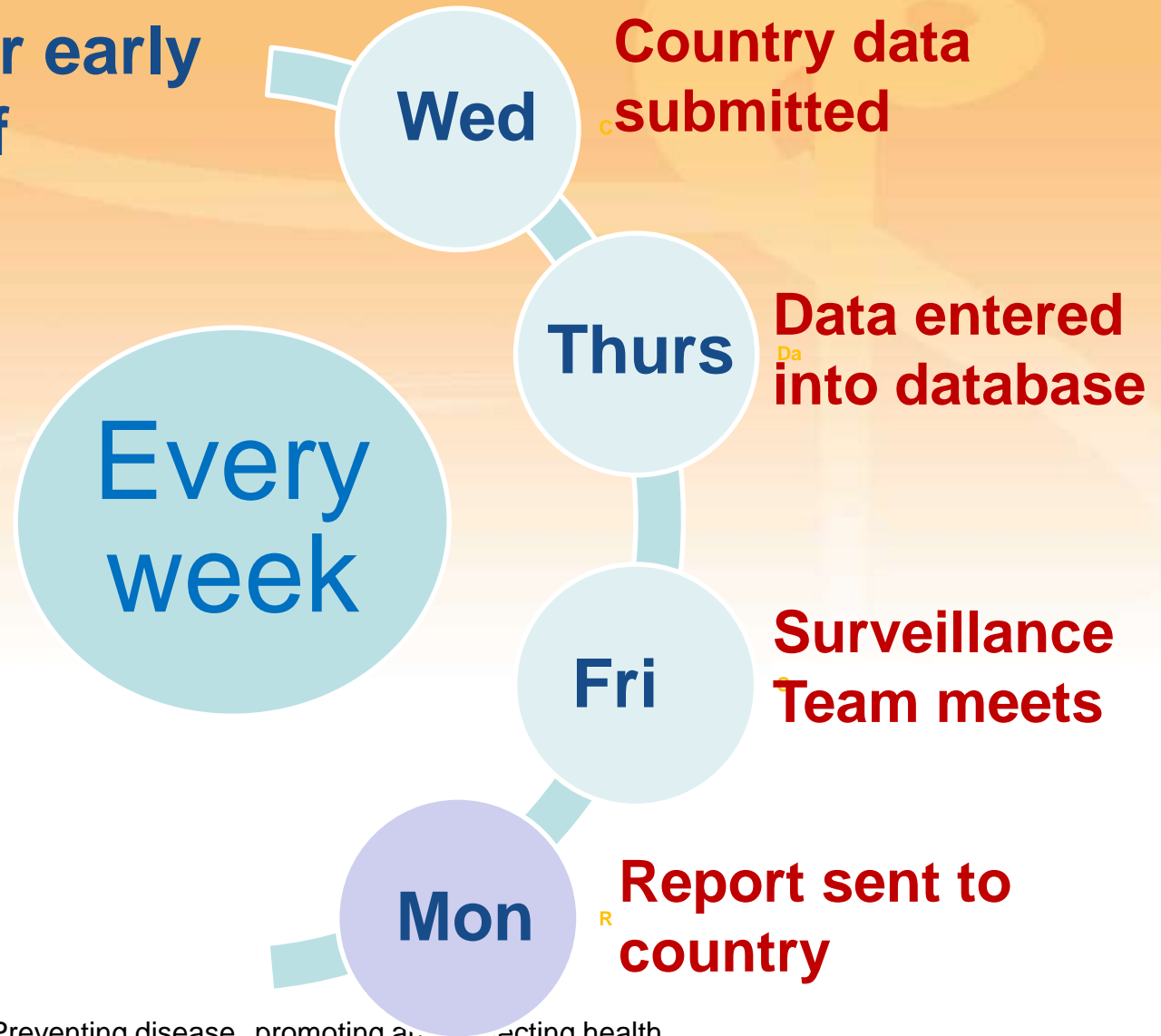
HEALTH INFORMATION SENT TO CARPHA



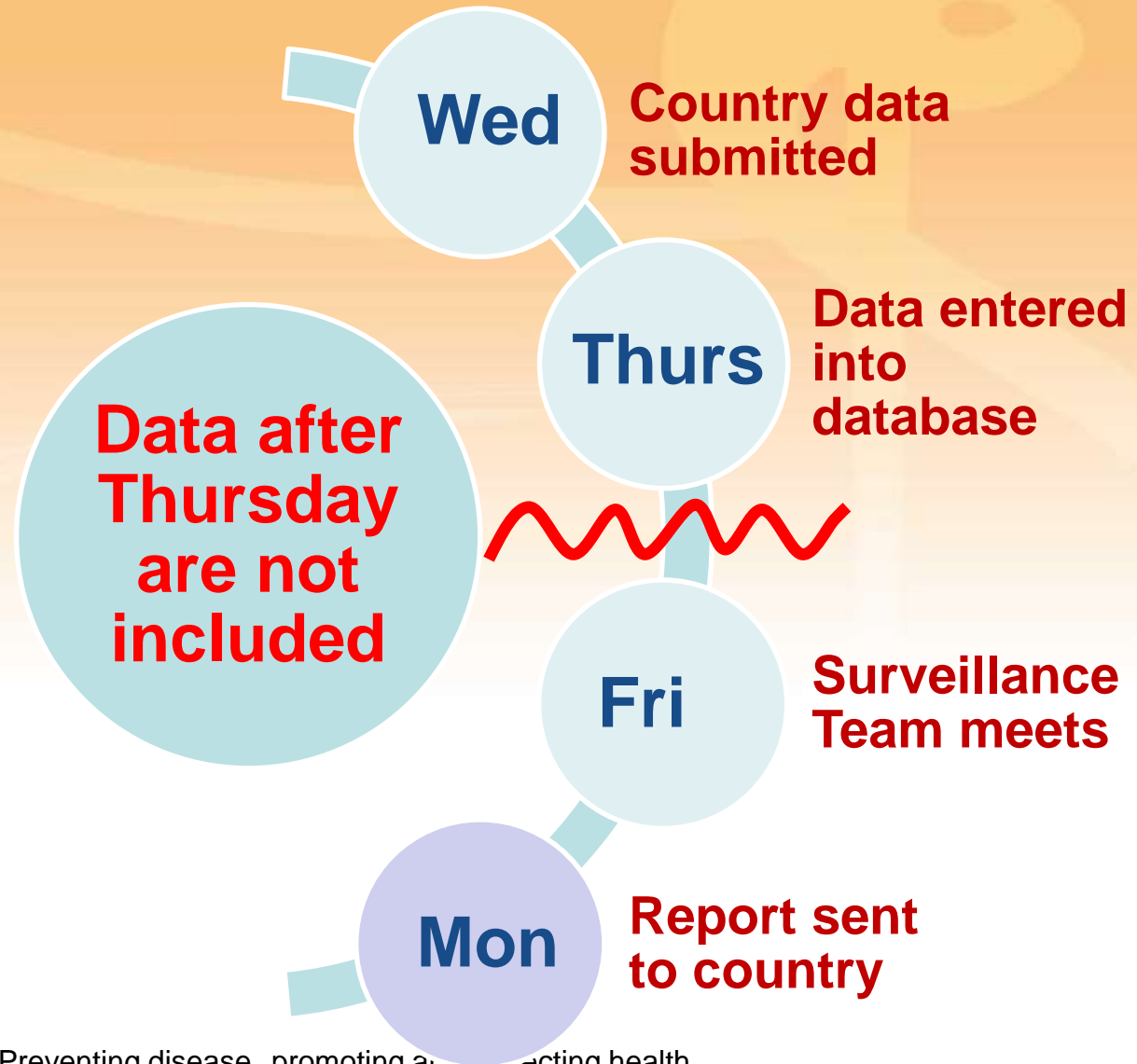
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Syndromic Surveillance

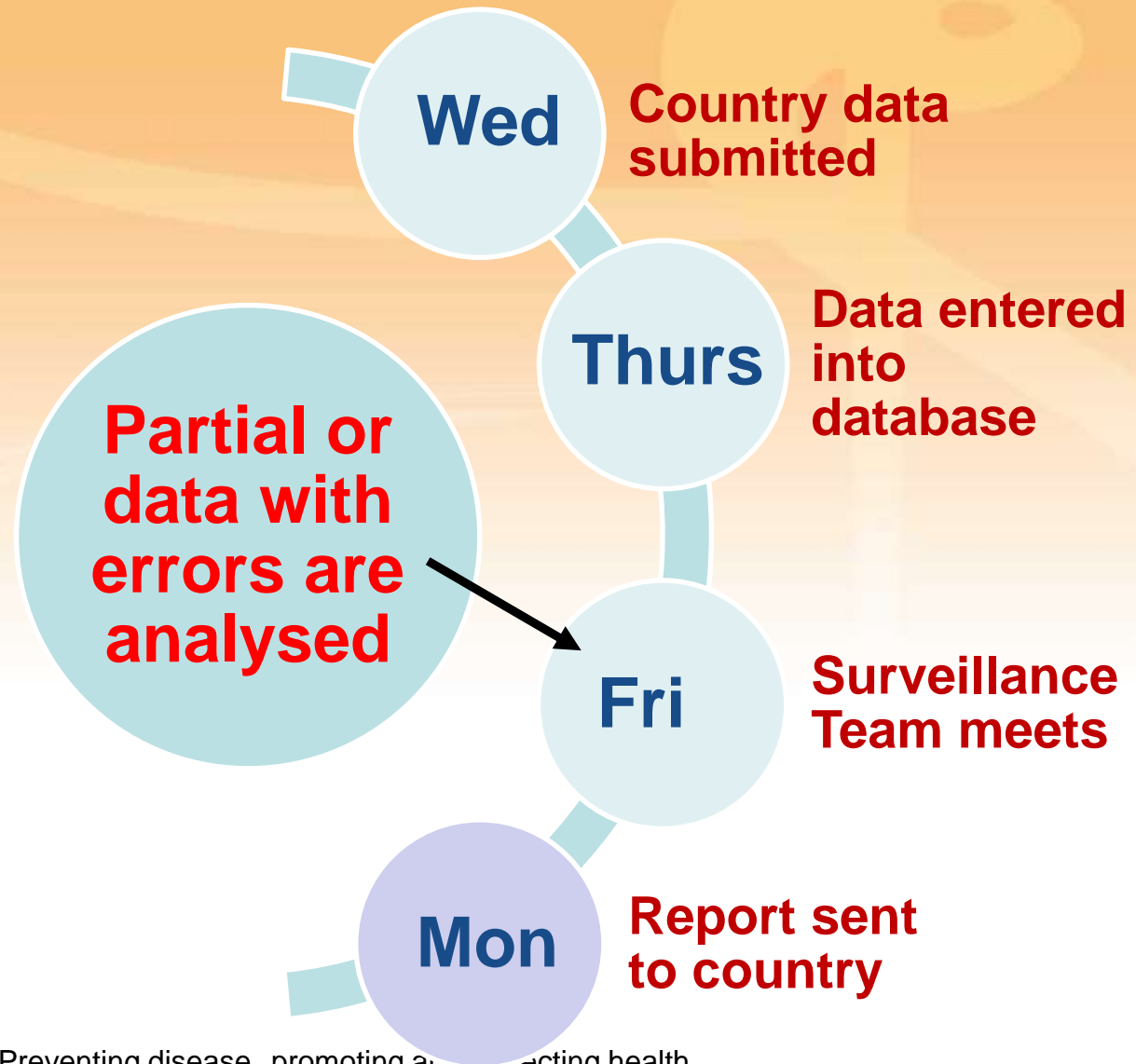
Primarily for early detection of outbreaks



Syndromic Surveillance



Syndromic Surveillance



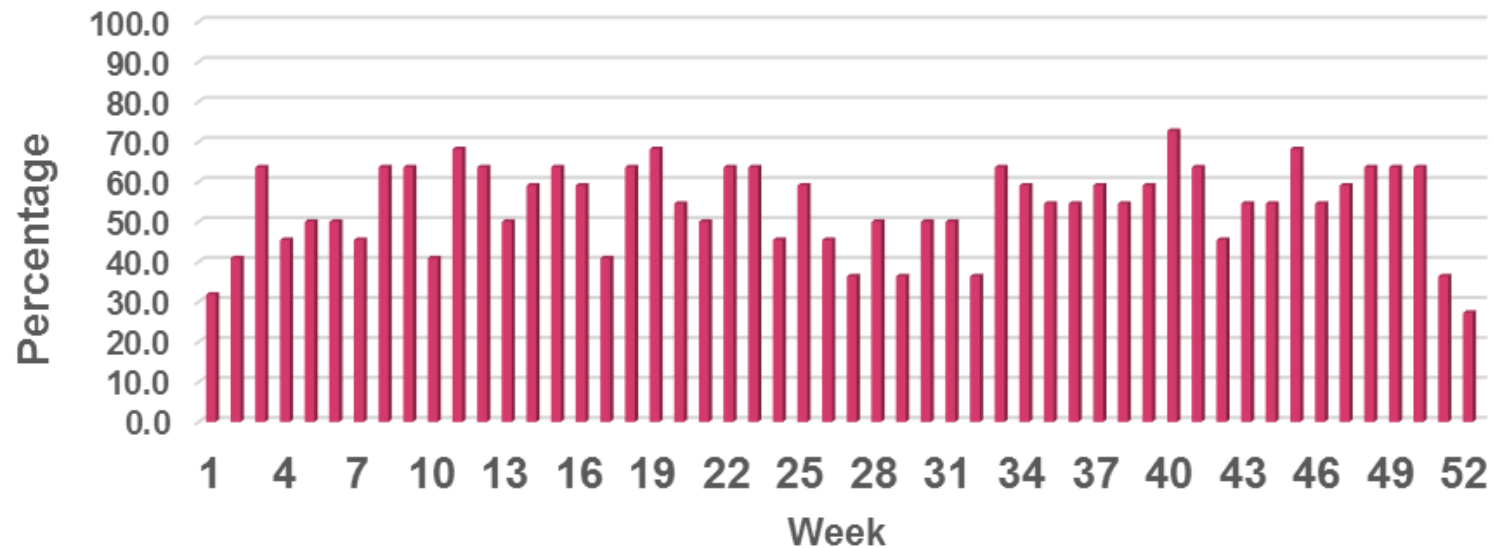
Syndromic Surveillance

At the Team meeting



Over 30% of reports are late every week

Percentage of Syndromic Reports Submitted by CMS on time, 2013



Four Weekly Surveillance

Well done!

- Age group categorized
- Tallies across much improved
- Data entered on the correct disease line

Some work is needed

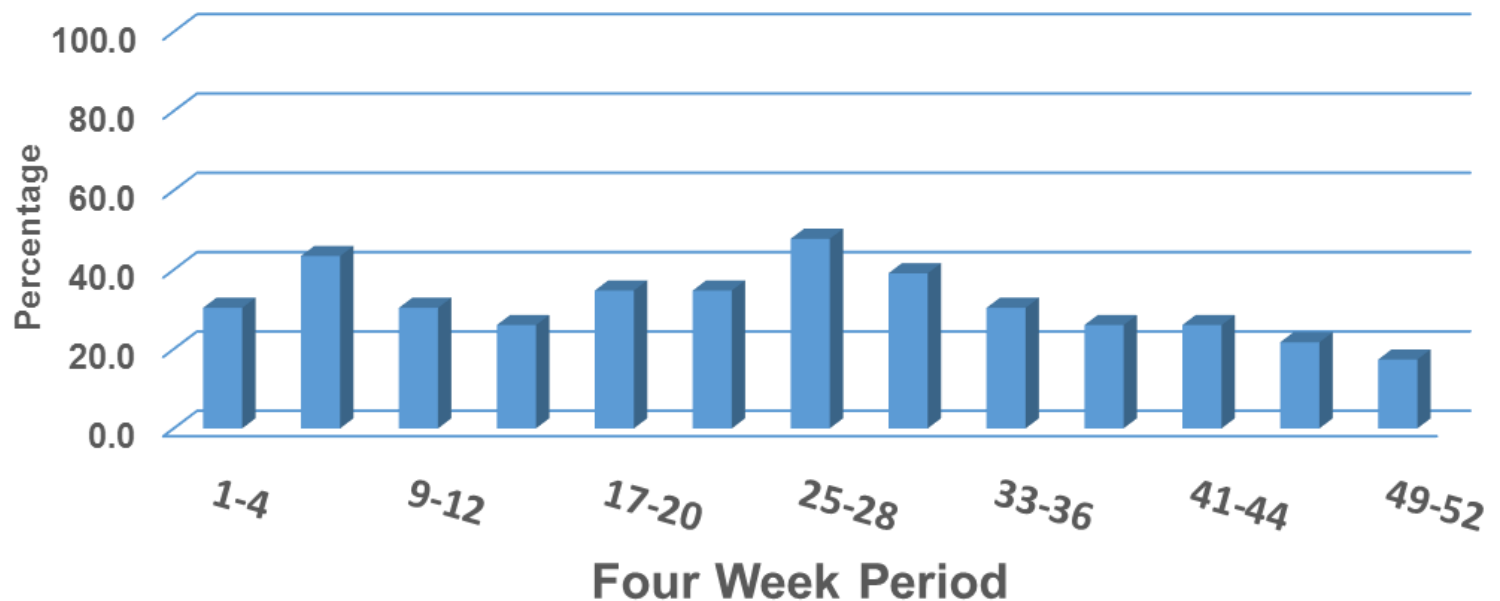
- Timeliness
- Updates need to be detailed



Four Weekly Surveillance

Over 55% of reports late

Percentage of Four Weekly Reports Submitted on Time by CMS, 2013



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Four Weekly - Amendments page

AMENDMENTS FOR PREVIOUS FOUR WEEK PERIODS																		
Four Week Period	Disease (Please list)	Laboratory Confirmed cases														Unknown Age or Gender	lab confirmed	Su d c
		< 1		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65+				
		M	F	M	F	M	F	M	F	M	F	M	F	M	F			
####	Dengue	3		1		5				2		11						

Enter the final totals for the period

This will be further discussed in the Session on revision of forms



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HIV/AIDS/STI

YEARLY...Long time to collect
this data

**Data still
submitted
very late
WHY?**

- **STI** - **12 countries**
- **AIDS** - **6 countries**
- **HIV** - **5 countries**

NCDs Minimum Dataset

**No reports
received
since 2012**

**Of those submitted, many
indicators were missing.**

**This will be further
discussed in the NCD
group session**



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Annual Totals

- Annual totals on what was collected during the year are returned to member states for validation
 - Long process
 - Necessary to sync our database with those of member states

**2013
validation
reports from
12 countries**

❖ Validations show disparities between CARPHA and member states' data

❖ *Remember*, CARPHA's data is shared with the public, inclusive of the non-validated

In-country Challenges

We KNOW

- You depend on the cooperation of other departments
- Departments are challenged with financial and human resources.
- The process is manpower-intensive.

So.....



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Communicate the issues to us

» Call us

» Email us

» Return our phone calls

**We can advocate and work with you
towards a solution**



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We seem to flee from our Challenges



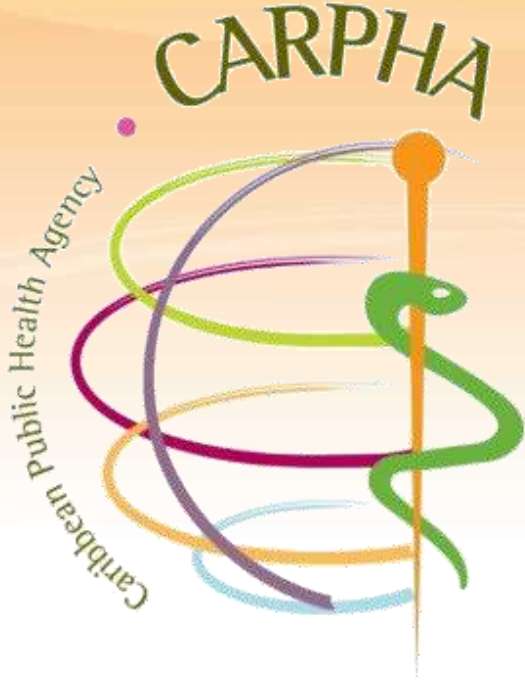
Let's work together!



Questions

- **Appropriate Amount of Data:** Are we asking for too much data? Or for data that is not readily available?
- **Timeliness:** What is affecting timeliness? Frequency of some reports, is it unreasonable given the in-country resources?
- **Value-Added:** Are these data requests in-line with in-country requirements or is it just for CARPHA

CARPHA Thanks You



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