Department Data Assessment

Alabama Department of Public Health

The "What"

The Alabama Department of Public Health (ADPH) recognized that valuable public health data were dispersed across numerous programs, databases, and business processes with limited visibility into what data existed, where it was stored, and how it could be leveraged across the department. This made it difficult to identify opportunities for collaboration, integrate data sources, reduce duplicative data collection, and support comprehensive surveillance for chronic diseases and other public health priorities.

To address this challenge, ADPH conducted a Departmental Data Assessment (DDA) project. Through structured discussions with programs across the department, the project documented the data each program collects, maintains, and uses. Information gathered included surveillance types, disease domains, funding information, data elements, data dictionaries, system documentation, and business processes. The project also mapped relationships between systems to identify where data were shared, integrated, or remained siloed. Based on these findings, the project produced department-wide modernization recommendations as well as tailored recommendations for individual programs to improve interoperability, streamline data collection, and strengthen data governance.

This approach was selected because modernization efforts are most successful when organizations first understand their existing data landscape. Creating a comprehensive inventory provides the foundation needed to prioritize integration efforts, eliminate redundancies, and make strategic investments that benefit multiple programs rather than individual systems.

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The "So What"

The DDA project created the first comprehensive inventory of data assets across ADPH, to provide leadership and programs with a clear understanding of where information exists and how systems interact. The resulting data map identified opportunities to connect isolated systems, leverage existing data resources, and reduce duplicative data collection across programs.

For chronic disease programs, the inventory provides a new way to identify data sources that extend beyond traditional surveillance systems. Programs can now discover where information related to conditions such as hypertension, diabetes, obesity, cardiovascular disease, tobacco use, or associated risk factors is collected throughout the department. This will enable chronic disease staff to identify potential partners, evaluate opportunities for data sharing, strengthen analyses with additional data sources, and better understand the social and environmental factors influencing disease burden.

The project also fosters greater collaboration by increasing awareness of the work being performed across programs. Rather than developing new data collection efforts independently, programs can identify existing datasets and expertise that support shared public health goals, improving efficiency while maximizing the value of existing resources.

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The "Now What"

The next phase of the project is the development of a searchable internal data inventory that will allow staff to quickly locate data resources across the department. Users will be able to search for terms such as "hypertension" and receive a list of programs, systems, and datasets containing relevant information, along with available data dictionaries and contacts for those resources.

For chronic disease programs, this searchable inventory will be able to accelerate surveillance activities, support cross-program analyses, and facilitate identification of complementary datasets that can strengthen prevention initiatives and health equity efforts. It will also help programs identify demographic, socioeconomic, geographic, and other community-level data that can provide additional context for understanding chronic disease patterns and informing prevention activities.

As the inventory continues to expand, it will become a foundational component of ADPH's data modernization strategy by supporting data governance, promoting interoperability, reducing duplicative efforts, and enabling more coordinated, data-driven public health decision-making across the department.