

Evaluating the Quality, Usability, and Fitness of Open Health Data for Public Health Research

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State University of New York**

**Keeneland PHSSR Conference
Lexington, KY
April 22, 2015**

Acknowledgements & Disclosures

- ❑ Funding from the Robert Wood Johnson Foundation's Public Health Services & Systems Research Program (grant ID #71597 to Martin and Birkhead)
- ❑ Coauthors: Gus Birkhead, Natalie Helbig, Jennie Law, Weijia Ran
- ❑ Early feedback: Courtney Burke, Patricia Lynch, Theresa Pardo, Ozlem Uzuner
- ❑ JSON technical support: Chris Kotfila
- ❑ Gus Birkhead and Natalie Helbig are employees of the New York State Department of Health, which maintains the Health Data NY open data platform reviewed in this study

Open data background

- ❑ New source of information for public health research
 - ❑ Martin, Helbig, Birkhead *J Public Health Manag Pract* 2014
- ❑ Motivated by government transparency movement, including President Obama's memorandum on open government
- ❑ Thousands of government datasets released on open data platforms at federal, state, and local levels meeting several "openness" criteria
 - ❑ Publicly accessible, available in non-proprietary formats, free of charge, unlimited use and distribution rights
- ❑ New opportunities for public health research and practice
 - ❑ New York State examples in Martin, Helbig, Shah *JAMA* 2014

Health Data NY

Check out Prevention Agenda 2013-2017

The Prevention Agenda 2013-17 is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce differences among racial, ethnic, disability, socioeconomic and other groups with health disparities.

Recently Added | Featured Datasets | Most Viewed | View Full Data Catalog

- Hospital Inpatient Prevention Quality Indicators for Pediatric Discharges by Patient County**
Access data on PCI rates for all payers by the patient's county.
- Hospital Inpatient Prevention Quality Indicators for Pediatric Discharges by Patient Zip Code**
Access data on PCI rates for all payers by the patient's zip code.
- All Payer Potentially Preventable Emergency Visit Rates by County**
Explore PPV rates for all payers by patient county beginning in 2011.
- All Payer Potentially Preventable Emergency Visit Rates by Zip Code**
Explore PPV rates for all payers by patient zip code beginning in 2011.

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The New York State Department of Health wants to hear your ideas! Tell us what data is most valuable to you and what data you would like to see accessible on Health Data NY. Submit a suggestion now!

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NYC OpenData 1100+ Datasets Available

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NYC BigApps is a competition that empowers the sharpest minds to solve New York City's toughest challenges through technology, data, and collaboration.

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Search engines to locate data objects



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Agencies & Authorities

Health, Department of

Categories

Health

Topics

- discharge
- hospital
- inpatient
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- sparks

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Name	Popularity	Type	RSS
 Adult Care Facility Annual Bed Census Data: 2009 The Department of Health requires adult care facilities (ACFs) to complete an electronic filing of each facility's licensed adult home and enriched housing program bed census on an annual basis. These facilities include adult homes (AHs), enriched housing programs (EHPs), assisted living programs (ALPs), assisted living residences (ALRs), special needs assisted living residences (SNALR), and enhanced assisted living residences (EALR). Available bed and occupancy information in ACFs are self-reported and is not audited by the NYSDOH. This dataset is refreshed on an annual basis. For more information, check out http://www.health.ny.gov/facilities/adult_care/ .	10,255 views		
 Adult Care Facility Annual Bed Census Data: 2010 The Department of Health requires adult care facilities (ACFs) to complete an electronic filing of each facility's licensed adult home and enriched housing program bed census on an annual basis. These facilities include adult homes (AHs), enriched housing programs (EHPs), assisted living programs (ALPs), assisted living residences (ALRs), special needs assisted living residences (SNALR), and enhanced assisted living residences (EALR). Available bed and occupancy information in ACFs are self-reported and is not audited by the NYSDOH. This dataset is refreshed on an annual basis. For more information, check out http://www.health.ny.gov/facilities/adult_care/ .	9,227 views		
 Adult Care Facility Annual Bed Census Data: 2011 The Department of Health requires adult care facilities (ACFs) to complete an electronic filing of each facility's licensed adult home and enriched housing program bed census on an annual basis. These facilities include adult homes (AHs), enriched housing programs (EHPs), assisted living programs (ALPs), assisted living residences (ALRs), special needs assisted living residences (SNALR), and enhanced assisted living residences (EALR). Available bed and occupancy information in ACFs are self-reported and is not audited by the NYSDOH. This dataset is refreshed on an annual basis. For more information, check out http://www.health.ny.gov/facilities/adult_care/ .	10,848 views		
 Adult Tobacco Survey: 2009 The Adult Tobacco Survey (ATS) was developed by the New York Tobacco Control Program (NY TCP) in partnership with RTI International, the independent evaluator for the NY TCP. The survey has been fielded continually since June 2003 to the non-institutionalized adult population of New York State, aged 18 years or older. Researchers agree to: 1. Use the data for statistical reporting and analysis only. 2. Make no attempt to re-identify survey respondents by any means including but not limited to linking the data with any other data set that may provide the ability to identify a participant in the survey. 3. Data tables produced will protect confidentiality of the survey respondent following acceptable practices. 4. The requester will include a disclaimer that credits	9,456 views		
 Adult Tobacco Survey: 2010 The Adult Tobacco Survey (ATS) was developed by the New York Tobacco Control Program (NY TCP) in partnership with RTI International, the independent evaluator for the NY TCP. The survey has been fielded continually since June 2003 to the non-institutionalized adult population of New York State, aged 18 years or older. Researchers agree to: 1. Use the data for statistical reporting and analysis only. 2. Make no attempt to re-identify survey respondents by any means including but not limited to linking the data with any other data set that may provide the ability to identify a participant in the survey. 3. Data tables produced will protect confidentiality of the survey respondent following acceptable practices. 4. The requester will include a disclaimer that credits	10,034 views		
 All Payer Potentially Preventable Emergency Visit (PPV) Rates by Patient County (SPARCS), Beginning 2014	1,019 views		

Capabilities to interact directly with data in the platform

NYC OpenData 1100+ Datasets Available

Unsaved View Save As... Revert

Based on Mapped View of HHC Facilities
This is a list of the 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and

Manage More Views Filter Visualize Export Discuss Embed About

Find in this Dataset

Facility Type	Borough	Facility Name	Cross Streets	Phone	Location
9 Child Health Center	Manhattan	Baruch Houses Family Health Center	corner of Columbia St.	212-673-5990	280 Delanc
10 Child Health Center	Manhattan	Judson Health Center		212-925-5000	34 Spring S
11 Child Health Center	Manhattan	Smith Communicare Health Center	corner of Catherine St.	212-346-0500	60 Madisor
12 Child Health Center	Manhattan	Roberto Clemente Health Center		212-387-7400	540 13th St
13 Child Health Center	Queens	Elmhurst Hospital Center		718-334-4000	79 01
14 Child Health Center	Queens	Ridgewood Communicare Clinic	between Woodbine St. & Madison St.	718-334-6190	769 Onder
15 Child Health Center	Queens	Woodside Houses Child Health Clinic	between Northern Blvd. & 50th St.	718-334-6140	50 53 Newt

Challenges and resources for developers



HealthData.gov

Home Data Blog Q & A Ideas Developers

Developer's Corner

HealthGrades Leverages CMS Data to Rate Hospitals in New Report

By Steven Randazzo
On Monday, November 5, 2012 - 9:58am

Recently featured in USA Today, a new report by HealthGrades examines hospital performance at the state level for the first time. The newly released report looks at hospitals from 2005 – 2011 and grades them based on their performance in four categories: Coronary artery bypass graft, heart attack, pneumonia, and sepsis. States with the best performing hospitals were rated higher than average in all four categories. The highest rated states were Arizona, California, Illinois and Ohio and the worst rated states were Alabama, Arkansas, Georgia, Nevada, Oklahoma, the District of Columbia and West Virginia.

Healthgrades analyzed the Centers for Medicare and Medicaid's (CMS) Hospital Compare Data to determine which hospitals had the best/worst performance. Hospital compare includes process of care, mortality, and readmission quality measures.

Read more »

HealthData.gov 1.1 Patch Notes

By David Forrest
On Wednesday, October 17, 2012 - 11:48am

Developer's Corner

HHIC hopes HealthData.gov will become a useful hub for developers using government data to improve health. This Developer Corner will become a space for us to highlight uses of health data and to discuss how developers can improve access to the HealthData.gov data catalog.

There are three parts to the developer corner:

- Seven complementary developer challenges.
- The HealthData.gov API
- The source code for this site.

Recent Blog Entries

- HealthGrades Leverages CMS Data to Rate...
- HealthData.gov 1.1 Patch Notes
- Upcoming Digital Health Opportunities...
- Making Information More Accessible, The...
- HDP Challenge Webinar

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Health 2.0 DEVELOPER CHALLENGE

ABOUT CHALLENGES CODE-A-THONS WINNERS SPONSORS

Home > Challenges > Current Challenges > NYS Health Innovation Challenge

NYS Health Innovation Challenge

Submission Deadline: July 31, 2014
Contact: Jennifer David
[Pre-Register](#)

Prizes:
First Place \$30,000
Second Place \$10,000
Third Place \$3,000

Recent Updates

Check out [new data sets](#) published by the NYSDOH for this challenge!
Submission deadline extended to July 31, 2014!

Partners

Build something awesome with Open Data!

The Socrata Open Data API allows you to programmatically access a wealth of open data resources from governments, non-profits, and NGOs around the world. Click the link below and try a live example right now.

https://data.cityofchicago.org/resource/alternative-fuel-locations.json?fuel_type_code=CNG

App Developers

Looking to use open data as part of your application or your business? Learn how to [get started](#).

Libraries & SDKs

Support for most popular programming languages and platforms.

Need Help?

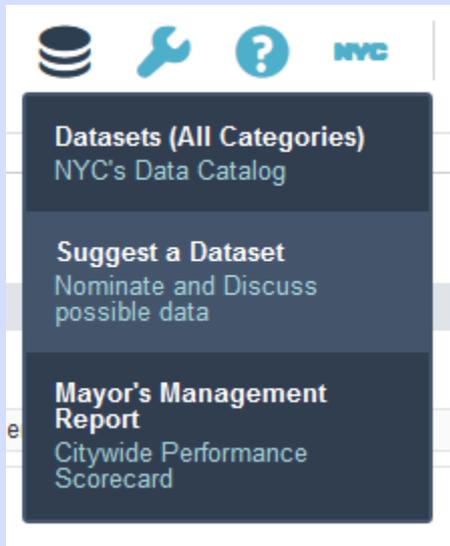
Struggling with a problem you can't figure out? [Get help fast!](#)

Opportunities to submit ideas for new datasets and provide user feedback

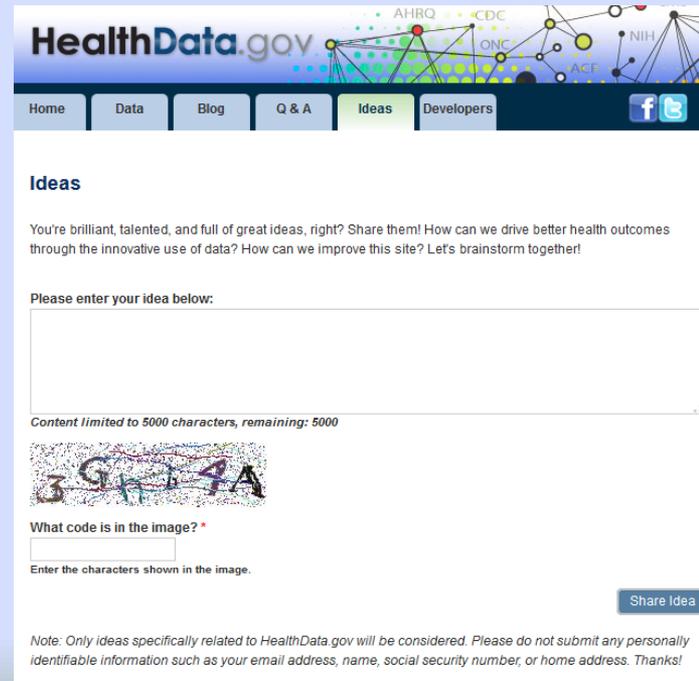


Suggest a Health Topic
The New York State Department of Health wants to hear your ideas! Tell us what data is most valuable to you and what data you would like to see accessible on Health Data NY. Submit a suggestion now!

[Suggest a Health Topic](#)



-    
- Datasets (All Categories)**
NYC's Data Catalog
- Suggest a Dataset**
Nominate and Discuss possible data
- Mayor's Management Report**
Citywide Performance Scorecard



HealthData.gov 

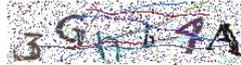
Home Data Blog Q & A **Ideas** Developers  

Ideas

You're brilliant, talented, and full of great ideas, right? Share them! How can we drive better health outcomes through the innovative use of data? How can we improve this site? Let's brainstorm together!

Please enter your idea below:

Content limited to 5000 characters, remaining: 5000



What code is in the image? *

Enter the characters shown in the image.

[Share Idea](#)

Note: Only ideas specifically related to HealthData.gov will be considered. Please do not submit any personally identifiable information such as your email address, name, social security number, or home address. Thanks!

Research questions

- ❑ Open data are promising but...
- ❑ To what extent are open health data **usable** and **fit** for public health research?
- ❑ How could government agencies improve the **quality** of the **data** and corresponding **metadata**, to make these data more usable and fit for public health researchers and practitioners?

Research design overview

- ❑ Systematic review of open health data offerings on federal, state, and local platforms
 - ❑ Adapted from Institute of Medicine and Patient-Centered Outcomes Research Institute guidelines for systematic literature reviews
- ❑ Health-related data offerings randomly sampled from three platforms
 - ❑ Healthdata.gov (federal)
 - ❑ Health Data NY (state)
 - ❑ NYC Open Data (city)
- ❑ All data offerings examined with a coding guide to evaluate:
 - ❑ Data quality (intrinsic, contextual)
 - ❑ Metadata quality
 - ❑ Five-star open data deployment
 - ❑ Platform usability

Sampling design

- ❑ Final selection
 - ❑ All NYC Open Data offerings related to health (N=37)
 - ❑ 25% random sample of Health Data NY data objects (N=71)
 - ❑ 5% random sample of Healthdata.gov data objects (N=75)
 - ❑ Total of 183 data objects

- ❑ Systematic random sampling of data offerings
 - ❑ Metadata from platforms scraped into three Excel spreadsheets
 - ❑ Excel-based random number generator assigned random integer values from 1 to N, then selected every dataset assigned a 1

Development of coding guide

- ❑ Cross-disciplinary literature review to develop a preliminary conceptual framework of data quality, usability, and fitness
- ❑ Stakeholder conversations to refine conceptual framework
- ❑ Additional stakeholder input on the quality, usability, and fitness of data for health research obtained from:
 - ❑ Focus groups of public health researchers and practitioners, conducted at November 2013 open data workshop in Albany, NY
 - ❑ Blog post to NYSDOH SAS user group to solicit comments
 - ❑ Stakeholder feedback on the Prevention Agenda dashboard
 - ❑ Review of a sample of data-based County Health Assessments
 - ❑ Grant reviewers' feedback

Data collection procedures

- ❑ Extensive pilot-testing of coding guide
 - ❑ 16 data offerings from the three platforms which varied widely (e.g. administrative data vs survey, csv-file vs large SAS-file download, size)
 - ❑ J.L. and W.R. double-coded and compared responses, discussing discrepancies with E.M.
 - ❑ Interim feedback from N.H. and G.B.
 - ❑ Coding guide continuously updated until uniform agreement
- ❑ Coding guide transformed into Access database for data entry
 - ❑ Form view and fixed response categories to minimize data entry errors
 - ❑ Flags for queries to discuss with the team
- ❑ Separate coding guide for platform usability
 - ❑ Assessed after all offerings coded

Categories of questions

- ❑ Descriptive information
- ❑ Intrinsic data quality
- ❑ Contextual data quality
- ❑ Adherence to Dublin Core international metadata standards
- ❑ Consistency with five-star open data deployment scheme

Dublin Core international metadata standards

The Elements

Term Name: contributor	
URI:	http://purl.org/dc/elements/1.1/contributor
Label:	Contributor
Definition:	An entity responsible for making contributions to the resource.
Comment:	Examples of a Contributor include a person, an organization, or a service. Typically, the name of a Contributor should be used to indicate the entity.
Term Name: coverage	
URI:	http://purl.org/dc/elements/1.1/coverage
Label:	Coverage
Definition:	The spatial or temporal topic of the resource, the spatial applicability of the resource, or the jurisdiction under which the resource is relevant.
Comment:	Spatial topic and spatial applicability may be a named place or a location specified by its geographic coordinates. Temporal topic may be a named period, date, or date range. A jurisdiction may be a named administrative entity or a geographic place to which the resource applies. Recommended best practice is to use a controlled vocabulary such as the Thesaurus of Geographic Names [TGN]. Where appropriate, named places or time periods can be used in preference to numeric identifiers such as sets of coordinates or date ranges.
References:	[TGN] http://www.getty.edu/research/tools/vocabulary/tgn/index.html
Term Name: creator	
URI:	http://purl.org/dc/elements/1.1/creator
Label:	Creator
Definition:	An entity primarily responsible for making the resource.
Comment:	Examples of a Creator include a person, an organization, or a service. Typically, the name of a Creator should be used to indicate the entity.
Term Name: date	
URI:	http://purl.org/dc/elements/1.1/date

<http://dublincore.org/documents/dces/>

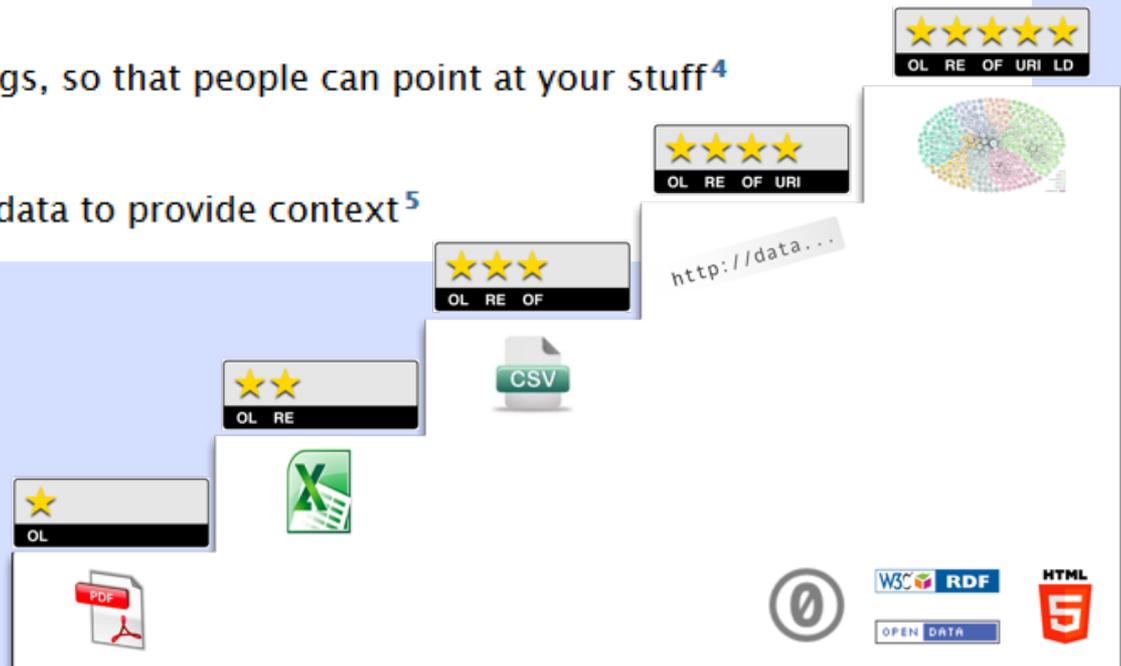


Five-star open data deployment scheme

- ★ make your stuff available on the Web (whatever format) under an open license¹
- ★★ make it available as structured data (e.g., Excel instead of image scan of a table)²
- ★★★ use non-proprietary formats (e.g., CSV instead of Excel)³
- ★★★★ use URIs to denote things, so that people can point at your stuff⁴
- ★★★★★ link your data to other data to provide context⁵

<http://5stardata.info/>

OL = OnLine
RE = can be REused
OF = Open Formats
URI: Uniform Resource Identifier
LD = can Link Data



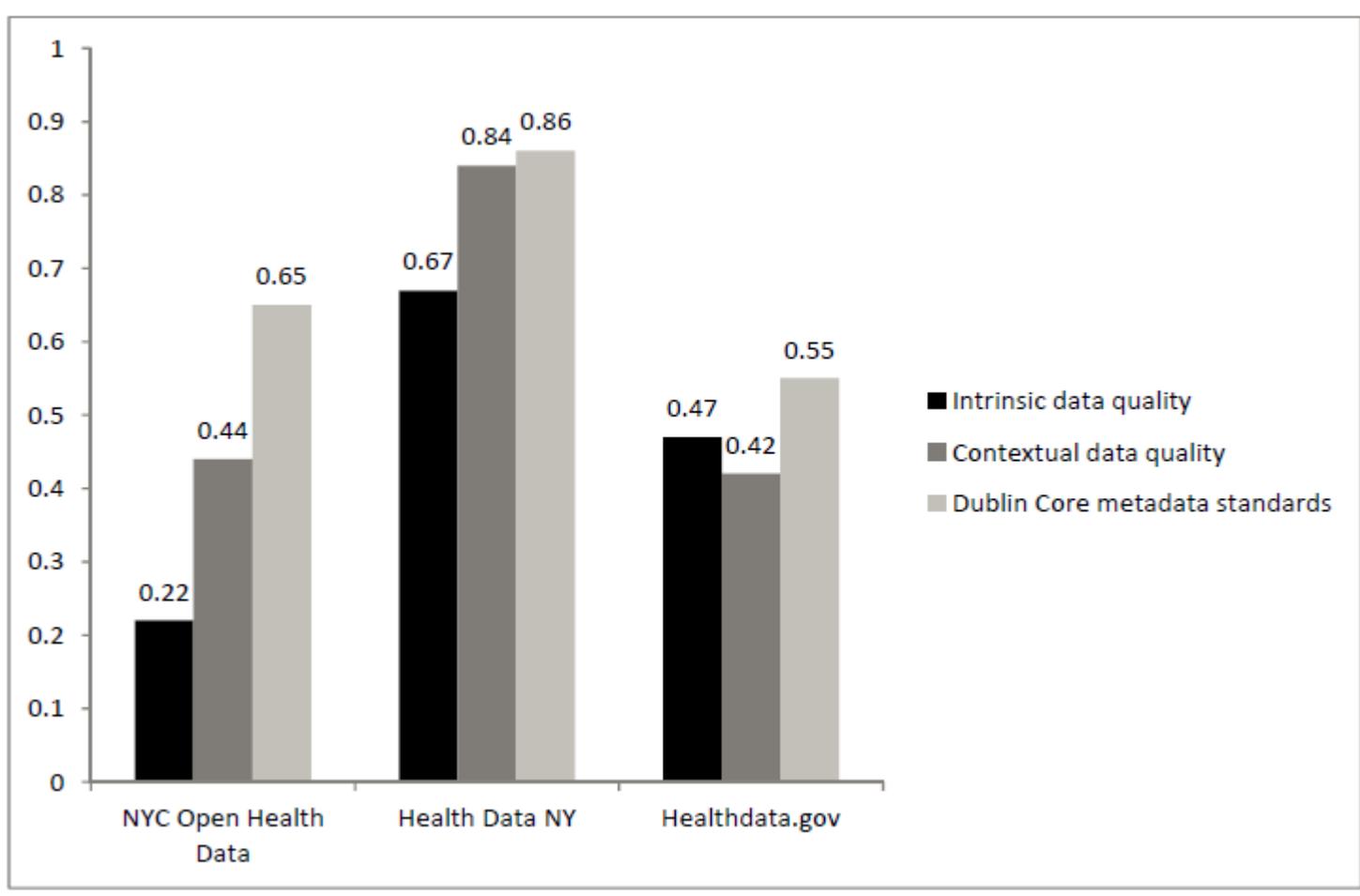
Main findings

- ❑ Only one-quarter of open data offerings are structured datasets
- ❑ Most offerings do not contain demographic variables commonly used in public health research
- ❑ Health Data NY scored highest on intrinsic data quality, contextual data quality, and adherence to Dublin Core metadata standards
- ❑ Gaps in meeting “open data” deployment criteria
 - ❑ All offerings met basic “web availability” open data standards
 - ❑ Fewer met higher standards of being hyperlinked to other data to provide context

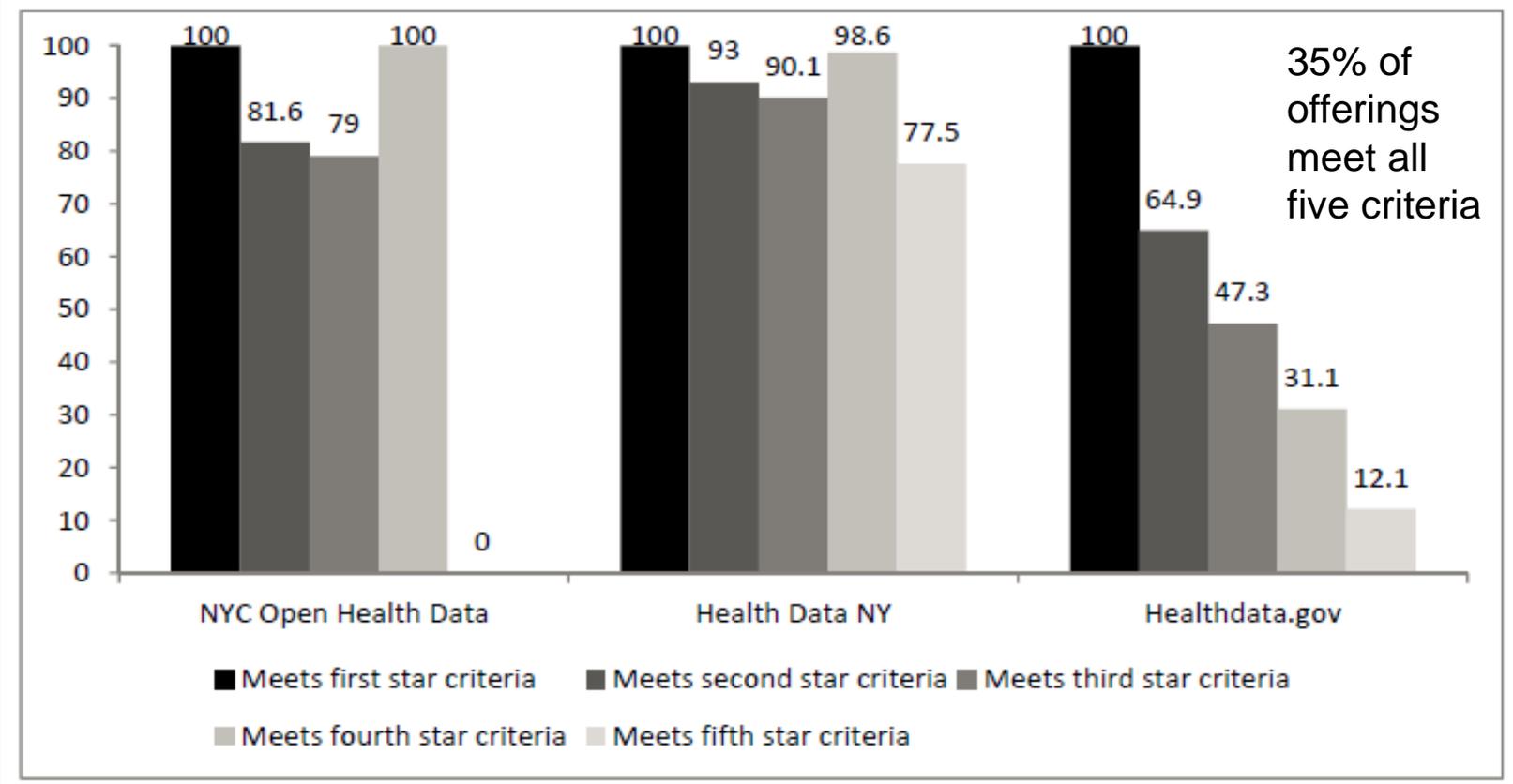
Characteristic	NYC Open Data (city, N=38) ¹	Health Data NY (state, N=71)	Healthdata.gov (federal, N=74)
Primary presentation format in web browser, N (%)			
Table	17 (44.7)	17 (23.9)	12 (16.2)
Chart	--	27 (38.0)	--
Map	9 (23.7)	10 (14.1)	1 (1.4)
External file	1 (2.6)	9 (12.7)	27 (36.5)
Application programming interface	--	2 (2.8)	1 (1.4)
Query tool	4 (10.5)	2 (2.8)	8 (10.8)
Documents about data	3 (7.9)	1 (1.4)	18 (24.3)
Not viewable in a browser ²	4 (10.5)	3 (4.2)	7 (9.5)
Availability of additional presentation formats, N (%)	11 (29.0)	42 (59.2)	10 (13.5)
Availability of data related to visualizations, ³ N (%)	5 (55.6)	34 (91.9)	1 (100.0)
Ability to view data object in browser, N (%)			
Object is viewable in a browser	28 (73.7)	56 (78.9)	27 (36.5)
Problem with the data access page	5 (13.2)	1 (1.4)	5 (6.8)
Data object is an external file	2 (5.3)	13 (18.3)	21 (28.4)
Data object requires subscription or registration	1 (2.6)	--	6 (8.1)
Data object is only viewable in a proprietary format	1 (2.6)	--	--
Data object not downloadable for other reasons	1 (2.6)	1 (1.4)	15 (20.3)
Ability to download data, N (%)			
Available via platform	--	10 (14.1)	--
Available via data access page	--	--	19 (25.7)
Available from both sources	32 (84.2)	56 (78.9)	23 (31.1)
Not available for download	6 (15.8)	5 (7.0)	32 (43.2)

Characteristic	NYC Open Data (city, N=38) ¹	Health Data NY (state, N=71)	Healthdata.gov (federal, N=74)
Data object year			
Historical data, ⁴ N (%)	12 (31.6)	31 (43.7)	22 (29.7)
Start year, mean (min, max)	2008 (2003, 2012)	2009 (1974, 2014)	2002 (1920, 2014)
Includes multiple years, N (%)	7 (18.4)	38 (53.5)	13 (17.6)
Data update frequency, N (%)			
Daily or Weekly	1 (2.6)	3 (4.2)	--
Monthly	3 (7.9)	8 (11.3)	1 (5.3)
Quarterly, semi-quarterly, or biannually	2 (5.3)	7 (9.9)	5 (26.3)
Annually or biennially	3 (7.9)	50 (70.4)	8 (42.1)
As needed	20 (52.6)	1 (1.4)	--
Not reported	3 (7.9)	1 (1.4)	59 (79.7)
Not updated	6 (15.8)	1 (1.4)	1 (1.4)
Inclusion of demographic variables, N (%)			
Age	2 (5.3)	21 (29.6)	18 (24.3)
Gender	2 (5.3)	13 (18.3)	14 (18.9)
Race/ethnicity	2 (5.3)	8 (11.3)	10 (13.5)
Insurance status	2 (5.3)	20 (28.1)	18 (24.3)
Education	2 (5.3)	10 (14.0)	2 (2.7)
Income	7 (18.4)	5 (7.0)	8 (10.8)
Geographic identifier	17 (44.7)	45 (63.4)	28 (37.8)
Provider and/or health facilities	18 (47.4)	36 (50.7)	24 (32.4)
Size of data object, ⁵ median (IQR)			
Number of rows	11 (69)	161 (3340)	357 (2011)
Number of columns	6 (4)	18 (8)	11 (17)
Data object hosted on a different platform, ⁶ % (N)	n/a	n/a	16 (21.6)

Health Data NY scores highest on indices of intrinsic data quality, contextual data quality, and adherence to Dublin Core metadata standards



Gaps in meeting criteria from the five-star open data deployment scheme



Platform usability: common features

- ❑ Hosting data on platforms, with links to external pages where relevant (*Health Data NY, NYC Open Data*)
- ❑ Open data handbooks to guide standardization of metadata and vocabulary (*Health Data NY, NYC Open Data*)
- ❑ Multiple functions to search for and download data offerings, post comments and ideas, develop APIs, and announce innovation challenges to engage developers and the public
- ❑ Help functions such as tutorials, help email address
- ❑ Designed to engage the public, with pictures, story boards, social media, ways for users to provide comments
- ❑ Ability to embed visualizations into external pages (*Health Data NY, NYC Open Data*)

Platform usability: areas for improvement

- ❑ Healthdata.gov primarily serves as a search engine
 - ❑ All offerings hosted on external webpages, such as CDC
 - ❑ Limited interaction with data on the platform
 - ❑ Difficult to locate offerings when redirected to other sites
- ❑ Technical problems limit functionality
 - ❑ Frequent broken links (*Healthdata.gov*)
 - ❑ Problems loading map visualizations (*NYC Open Data*)
- ❑ No response to our email queries to help desks
- ❑ Low visibility on Google searches (*Healthdata.gov, NYC Open Data*)

Limitations

- ❑ New York platforms are not nationally representative
- ❑ Limited to fact-based questions (*e.g. “is there a clearly identified limitations section?”*)
 - ❑ Subjective nature of data quality, which depends on intended use
 - ❑ Time constraints
 - ❑ Unanticipated finding that most data objects are not tabular datasets
 - ❑ (Somewhat anticipated) finding that the three platforms present information in inconsistent formats and locations
- ❑ Coding guide does not capture:
 - ❑ Representational consistency (one aspect of platform usability)
 - ❑ Metadata consistency (one aspect of metadata quality)
- ❑ Indices need further validation

Implications for policy and practice

- ❑ Government agencies have little guidance on how to release open data for different user communities
- ❑ All three platforms have areas needing improvement, but Health Data NY scored highest by our measures
- ❑ Sustained effort on improving the usability and quality of open data is necessary for improving their value for public health
- ❑ Future work is needed to develop standard measures of quality and usability
 - ❑ Additional research on the factors that make some open data sites more successful
 - ❑ Development of checklists of “best practices” for open data managers

Questions?

Email:

emartin@albany.edu

For additional information on the PHSSR project:

www.publichealthsystems.org/erika-martin-phd-mph-0

For materials from fall 2013 workshop on open health data in New York and links to open data resources:

www.rockinst.org/ohdoo