

Novel approaches to analytics using dashboards

Stories
FROM THE
Field

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CATEGORY: Epidemiology and Laboratory Capacity (ELC)

CATEGORY: Partnership and Innovation

Rhode Island Department of Health implemented dashboards to manage and share COVID-19 metrics with all partners supporting the response. These have created a foundation on which other programs are beginning to build their own dashboards.

The “What”

During the initial days of the COVID-19 response, many partners across state agencies and programs within Rhode Island Department of Health (RIDOH) were involved in the response. A large amount of information needed to be synthesized on a regular basis for decision makers to have real-time access to the data to inform fast-paced decisions and to gauge the impact of interventions in place. Dashboards were established with metrics reflecting COVID-19 outcomes (e.g., cases, hospitalizations, deaths, etc.), interventions (e.g., vaccine uptake, timeliness of case investigation and contact



tracing, quarantine & isolation supports, adherence to stay-at-home orders as reflected in traffic metrics), preparedness (e.g., personal protective equipment [PPE] inventories, hospital capacity, demand for and availability of state-provided testing), and impacts (e.g., eviction filings, unemployment claims, social assistance applications, consumer spending). Originally, the primary dashboard was updated and circulated daily, with supplemental publications updated as often as three times per day; as the response evolved, it shifted to a weekly distribution cadence, with additional information updated monthly.



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The response-wide dashboards ensured partners throughout the response had shared points of reference by which to evaluate the current situation, facilitating greater alignment.

The “So What”

The rapid development and ongoing maintenance of the dashboards ensured a wide audience had visibility on critical metrics, and opportunities for improvement throughout the response. Moreover, the response-wide dashboards ensured partners throughout the response had shared points of reference by which to evaluate the current situation, facilitating greater alignment between partners. In addition, leveraging the dashboards brought all this information together in a single place and streamlined distribution.



The “Now What”

Dashboards built and utilized during the COVID-19 response have provided proof of concept on the ability to compile and leverage data for ongoing monitoring to inform program accountability, transparency, and data-driven decision making. Not only are other programs at RIDOH now developing their own use case for more refined dashboard utilization, but they are also looking into

applying lessons learned to other efforts across the department that have been impacted by COVID-19, such as increasing enrollment within the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program and attention to non-COVID-19 outcomes across the geographic areas prioritized for a focused response during COVID-19 response (the HDCs or High-Density Communities).

Key contributors to this project include Mel Bowdish, Andrew Scanlon, COVID-19 Visualization Teams (Quant team), Rhode Island Department of Health, and the COVID-19 Surveillance and Visualization Teams (Quant team), Rhode Island Department of Health.