

Statistics and Surveillance

From the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

CDC Assessment Initiative Funds Seven States

The Centers for Disease Control and Prevention (CDC) has awarded cooperative agreements to seven State health departments to enhance their capacity to use data for policy development and program management. **Iowa, Maine, North Carolina, Ohio, Oregon, Texas, and Utah** received competitive awards. An eighth State, **Kansas**, will participate in the program with funding support from the Kansas Health Foundation.

The projects are an interesting mix of State program needs and activities. A summary of each State's planned program follows.

Iowa

The Iowa Department of Public Health will develop an integrated public health assessment system. The system will be used for policy development and program management at the State and local levels. It is expected to improve the State's ability to evaluate progress toward *Healthy People 2000* Objectives and *Healthy Iowans 2000* Goals. The Iowa project will identify and address data gaps and other long term information needs for assessment and program management. It will also explore the increased use of electronic data transfer.

Iowa has a number of excellent individual surveillance systems. The State's greatest assessment need is to integrate these into a health information and surveillance system that can comprehensively describe the impact of diseases, risk factors, and health care, and how that impact changes over time. Once the initial system development is completed, Iowa will expand the amount of county level information in the integrated public health assessment system and offer technical assistance to local public health planners, policymakers, and program managers.

Iowa has recently established a focal point for minority health. Most Iowa health data systems do not include racial or ethnic information. This is of concern because, although Iowa's minority population is only 3.4 percent, this population is increasing. The project will work closely with the minority health focal point to identify program and geographic areas where meaningful health statistics on minorities can be obtained and used.

During the first year the project will evaluate the current Iowa surveillance systems, identify political and technical issues that impede their integration into a total assessment model, and identify gaps in the current surveillance system. Data on the Health status

indicators are available for the state and county levels; Iowa will determine whether the priority data needs can be filled at the county level.

The project is located in the Division of Substance Abuse and Health Promotion, the unit responsible for coordinating the Department's *Healthy Iowans 2000* activities. Ronald Eckoff, M.D., is the project director. Personnel from all sections of the Iowa Department of Public Health will participate in Assessment Initiative activities.

Kansas

The Kansas Department of Health and Environment is establishing a *Healthy Kansans 2000* Assessment Program that will bring together staff from throughout the Department. This program's overall goal is to build the agency's epidemiologic capacity through the development of surveillance strategies to measure progress toward Year 2000 health objectives.

Kansas is in the process of establishing state-specific Year 2000 objectives. The program, entitled *Healthy Kansans 2000*, uses representatives from a broad-based consortium of organizations to identify health needs and priorities. As priorities are identified, work groups made up of consortium members will develop objectives for Kansas. Data needs identified by the



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for Health Statistics



work groups will be considered by the Assessment Program staff.

A data committee including representatives from several bureaus within the health department will assist program staff in conducting a detailed evaluation of the Department's assessment capacity and will propose activities to meet identified weaknesses. Modifications to existing data systems will be proposed as appropriate. The Assessment Program staff will work in conjunction with *Healthy Kansans 2000* staff and Work Groups to ensure that the Assessment Program responds to and complements the *Healthy Kansans 2000* effort.

Paula Marmet, M.S., Director of the Office of Chronic Disease and Health Promotion, is the Project Administrator. Ms. Marmet is also the Project Director for the Healthy Kansans 2000 Project. A CDC field assignee will coordinate the project. Other Department staff will contribute to and benefit from the Assessment Program.

Maine

The Maine Department of Human Services will develop an ongoing health surveillance and assessment program to integrate disparate data collection activities and promote greater use of surveillance data in program and policy decisions. The project will identify, provide, and evaluate the data needed to adequately assess the State's progress in reaching its stated Year 2000 Objectives. Two ongoing efforts form the basis of this project.

Maine has a Chronic and Sentinel Disease Surveillance System that incorporates data from its hospital discharge, cancer registry, and mortality data systems. The system includes a record linkage capacity to tie health events to individuals (that is, unduplicate the records). The Assessment Project will expand and further develop this system.

The *Healthy Maine Year 2000* Objectives were developed with significant public involvement. Twenty-one teams of Maine citizens reviewed the national objectives and participated in the development of State-specific objectives. Appropriate teams will be

established again to provide input into the Assessment Project. Meetings with project staff will be used to assess intervention program data needs and share existing data resources. This process will lead to the identification of data sources to be added to Maine's surveillance system and an evaluation of existing data systems. The project will then produce a strategic plan to improve the State's capacity to assess progress toward the Year 2000 objectives. This plan will propose a system design for an integrated data base as well as specific plans for dissemination and use of the data.

Maine will also develop community health assessment methods using existing and new data resources. The project will identify possible funding mechanisms for collecting necessary community-specific health data not available in existing data bases (for example, through community surveys). Applications of geographic information system technology to assist in the community assessment effort will also be explored.

The project director is Lani Graham, M.D., State Health Officer and Director of the Bureau of Health. An executive committee consisting of the Directors of Disease Control, the Division of Health Promotion and Education, the Office of Data, Research, and Vital Statistics, and the Director of Research and Data Management, for the Maine Health Care Finance Commission will assist with the management of the project. CDC will provide a field assignee to assist with project functions.

North Carolina

The North Carolina Department of Environment, Health, and Natural Resources plans to build a coordinated network of State and local health departments focused on improving the completeness, quality, availability, and use of assessment information throughout the State.

North Carolina will create a Health Assessment Task Force to evaluate the

assessment capacity of State and local health agencies and to develop a surveillance plan addressing the identified needs. The task force will be a joint local-State interagency working group with public and private sector representation. Subcommittees will address assessment issues related to specific public health topics.

Project staff will synthesize the Task Force recommendations into a set of systems requirements and modifications. The resulting Surveillance Plan will be reviewed and approved by the State Health Director and the North Carolina Association of Local Health Directors before implementation. The plan will also be coordinated with North Carolina's Robert Wood Johnson Health Policy Council^a to assure that the programs are complementary.

This Assessment Program will further the work of the North Carolina Community Diagnosis program, a process to assist local health departments in needs assessment. Biennially, the State prepares county-specific data guides that provide data and advice on the concepts, methods, and materials of community assessment. The information is presented at a series of workshops for local personnel, who subsequently analyze the data and their local situations and develop a set of priority health problems and solution strategies for their counties. These issue lists are used in the State's legislative budget development process.

The Assessment Project will enhance the Community Diagnosis Program through improved training efforts, increased technical assistance and statistical support to local health agencies, and the inclusion of *Healthy*

^aNorth Carolina has a Robert Wood Johnson Information for State Health Policy Program grant. The Robert Wood Johnson program is intended to help states strengthen their health statistics systems to support policy making, as well as to aid in program development and management. While the goals of this program are similar to those of the Assessment Initiative, the focus within the State may be different.

People 2000 State and national objectives in the Diagnosis Guide. Planned training activities include a program to teach local personnel how to access and use the on-line database in the North Carolina wide-area network. The program will also explore the use of teleconferencing for training purposes.

The project director is Delton Atkinson, M.P.H., Director, North Carolina State Center for Health and Environmental Statistics. A project management team including the Robert Wood Johnson project manager, the project manager for the *Healthy Carolinians 2000* Project, and the director of the Office of Minority Health will provide guidance.

Ohio

The Ohio Department of Health will emphasize the evaluation and integration of existing systems, strengthening partnerships, addressing data gaps (especially for minorities) and implementation of an electronic data network. The Department relies heavily on data for surveillance, assessment, policymaking, and assurance. Since health information systems are located in many different programs, and health-related information may also reside in other State agencies, Ohio has an ongoing inventory of data systems. The Ohio Department of Health fosters local assessment activities of specific programs, such as *Ohio 2000*, helping all 88 counties to develop health promotion and disease prevention objectives.

In the first year, Ohio will develop an electronic networking capacity and pilot-test the proposed surveillance model. The State will convene a group of State and local representatives to develop criteria for designing the inventory system, for determining data needs through survey methods, or identifying data gaps and problems in existing data sets, and for coordinating the various data efforts currently operating in the Department. A pilot project to design and implement a model data set for identifying the primary care needs of disadvantaged children is also planned.

In the longer term, the State will implement and evaluate the surveillance system. Ohio also plans to develop a community assessment system, provide user-friendly information to local health departments on a regular basis, and develop surveillance workshops for State and local personnel.

The project is located in the Bureau of Health Promotion and Education. The Bureau's Chief, Karen H. Evans, Ph.D., will direct the project. Staff throughout the health department, including the Divisions of Preventive Medicine and Maternal and Child Health, and the Office of Health Policy, will contribute to the project.

Oregon

Oregon was one of the first States to develop Year 2000 objectives. The health objectives, published in 1988, were incorporated into the Governor's Benchmarks that include objectives for education, employment, environment and general quality of life measures. The Benchmarks are used to develop local and State plans, determine funding, and set priorities. One of the first activities of the project is the cross-referencing of the objectives listed in the *Oregon Benchmarks, Oregon Health Objectives 2000, U.S. Healthy People 2000, Healthy Communities, APEX/PH*, and the minimum data set for the *Health Status Indicators*. The State will identify the data systems within the Health Division that measure specific health objectives.

An integrated database developed for this project will be used to monitor progress toward all key health objectives. Oregon will provide public agencies and institutions with on-line access to selected data. Written guidelines and training programs will be developed to assist counties. All counties will use the on-line system to extract local data for priority-setting.

An advisory group composed of county health representatives, providers, and consumers will be established to provide guidance to the project. The Health Division plans to collect and transmit surveillance data

to the Oregon Community, Children, and Youth Services Commission network data system. This system will serve as an interim clearinghouse for summary tables and other health statistics data files.

Joyce Grant-Worley, who manages the Health Statistics Unit of the Center for Health Statistics, will direct the project. David Fleming, M.D., State Epidemiologist, will provide guidance and epidemiologic expertise. A CDC assignee will serve as field coordinator.

Texas

The Texas Department of Health will update its inventory of database and surveillance systems, and evaluate the department's assessment capacity. Special attention to the substantial Hispanic and African American populations is planned; the State has identified a local area whose population is 41 percent Hispanic, which will be used as a model to monitor data for minority populations.

Texas will develop a proposal for modifications to existing data systems that address the data needs for the health status indicators and all other causes of mortality. The Associateship for Community and Rural Health of the Texas Department of Health will provide technical and analytical assistance to local and regional health departments. A CDC assignee will prepare a detailed evaluation of the assessment capacity of the Department of Health and will develop a proposal for needed modifications to existing data systems.

In the long term, Texas plans to develop an integrated system to collect and make available data related to the State's progress toward Year 2000 objectives, and to utilize the data to enhance policy development and assurance at all levels.

Carol S. Daniels and staff of the Bureau of State Health Data and Policy Analysis, Texas Department of Health, will direct the project. The Bureau of Emergency Management, the Associateship for Community and Rural Health, as well as a regional office, will also provide project staff.

Utah

Utah's project is called Assessment Capacity Toward 2000 Program (ACT - 2000). Utah has a strong commitment to the *Healthy People 2000* Objectives as a basis for planning data system needs and improving the use of data in health policy development. The State has determined that data are available for half of the objectives for which the Utah Department of Health is responsible.

The Center for Statistics has an Advisory Health Statistics Committee, which includes representatives from local health departments. The Advisory Committee will serve as one mechanism for interaction and cooperation between the Department of Health, the local health departments, and the

private sector regarding the collection, analysis, and dissemination of public health data relative to the project.

Utah's plans for the first year include an evaluation of the assessment capacity. A report, including recommendations to meet identified weaknesses, will be disseminated to the Executive Committee of the Department, the Advisory Committee of the Center for Health Statistics, and the Local Health Officers Association.

A wide area network to support electronic data transfer between the State and local health departments will be implemented in increments. The system will be pilot tested in one department; the remaining local health departments will be brought on-line in later years. Utah also plans to create a pilot surveillance system, based upon

an underassessed but high burden health condition or population.

The project director is Doug Vilnius, M.S., M.P.A., Director of the Division of Community Health Services, Department of Health. The Bureaus of Vital Records and Health Statistics, Epidemiology, Health Data Analysis, Chronic Disease Control, Information Technology, Organizational Development and Evaluation, and the Division of Family Health Services, all have current responsibilities related to assessment capacity and the applications of assessment to policy development; each will be involved with ACT - 2000. A CDC field assignee will be responsible for coordinating the project.

NOTE: See the article below for an overview of the CDC Assessment Initiative.

Implementing Healthy People 2000^b

The CDC Assessment Initiative

The CDC Assessment Initiative is intended to enhance the core public health function of assessment and the use of data for policy development and assurance. Its goal is to increase the assessment capacity of State and local health departments such that by December 31, 2000, all States will be able to (1) monitor at least 75 percent of the objectives in *Healthy People 2000*, (2) analyze and interpret this data, and (3) use the resultant information for policy development and program management.

The initiative is a collaborative project involving six CDC centers and offices (the Epidemiologic Program Office, the Information Resources Management Office, the National Center for Chronic Disease Prevention and Health Promotion, the National

Center for Health Statistics, the National Center for Infectious Diseases, and the Public Health Practice Program Office). Selected activities are described below:

Cooperative agreements—CDC has awarded 5-year cooperative agreements to seven States. (See the front page article in this issue.) Each State will be eligible to enroll a State employee in the EPO Surveillance Intern Training Program and will receive technical assistance, training, and equipment. In the initial year of the program, recipients will designate a coordinator to facilitate assessment activities, evaluate their capacity to carry out surveillance and assessment, and develop strategies for improvement.

The Epidemiology Program Office Surveillance Intern Training Program—This internship program is intended to enable staff in State health departments to acquire the technical computer skills needed to support the National Notifiable Disease Surveillance System through National Electronic Telecommunications System for Surveillance. Interns will be current employees of State health departments who have a background in public health

surveillance and some computer experience. Each State will receive funding to allow the intern to work for 6 months to 1 year in surveillance computing. The intern will receive training at CDC, network with similar staff in other States, and develop software to support surveillance activities in the State.

Rapid Data Transfer—CDC WONDER (Wide-ranging ON-line Data for Epidemiologic Research) is a computerized information system that provides on-line access to epidemiologic and public health data sets. It is currently undergoing major revision; the new WONDER is a PC-based system that will allow the user to retrieve data sets from the CDC mainframe and transmit data electronically to CDC. During year 1, the Assessment Initiative will provide the Assessment Initiative States with software, equipment, and training to implement data transfer through CDC WONDER. This effort will be expanded to other States in future years.

Training—CDC is developing a multi-media communications network (the Information Network for Public Health Officials (INPHO)) that permits simultaneous communication using a variety of media. INPHO emphasizes

^bDepartment of Health and Human Services. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives for the Nation*. DHHS Pub. No. (PHS) 91-50212. Public Health Service. Washington, DC: U.S. Government Printing Office. 1991.

interactive communications. It can be adapted to existing capabilities but is amenable to relatively easy, low cost upgrade. Although INPHO uses existing technology, it is designed to accommodate future technological advances. Input from State and local health agencies will be a key ingredient of the INPHO system. The system will use WONDER as its operating platform and will eventually tie together audio, video, FAX, and computer information. Since demonstration sites for INPHO will be developed within the next year, successful applicants for the Assessment Initiative will be given special consideration.

CDC has also implemented the Applied Statistics Training Institute, a program of short (3 days) courses in specialized topics directed toward State and local health department

personnel. Courses are offered at locations around the nation; the emphasis is on applied topics that can be used in the day-to-day work of health department staff.

Integrated Laboratory Data System—The Public Health Laboratory Information System (PHLIS) integrates data processed by health department laboratories with surveillance information in State epidemiology offices. Through the Assessment Initiative, this program will be expanded to all State health departments. Over time, provider-based surveillance data (including data from hospitals, sentinel clinics, and clinical laboratories) will be incorporated into the system.

The Uniform Data Systems Effort—Through the National Center for Chronic Disease Prevention and Health Promotion's contract with the Public

Health Foundation, the Assessment Initiative will hold a series of consensus conferences to determine what data is needed for public health program management at the national, State, and local levels. A steering committee of federal, State, local, and private sector representatives will review the proposed process and provide advice. Work groups of policy and technical experts will meet to determine data needs. A process to develop comparable data collection methods will be implemented as a follow-up to the development of the uniform data sets.

Coordination with similar projects—The CDC Assessment Initiative Work Group have met with representatives of the Health Resources and Services Administration and the Robert Wood Johnson Foundation to coordinate the Assessment Initiative with similar activities sponsored by those organizations.

Meet More HP 2000 Staff!

This summer and fall, four more staff joined the Healthy People 2000 group at NCHS. We now have 13 people; this probably stabilizes the Hyattsville-based group. We anticipate working closely with the CDC assignees to the States, as described in the front-page article in this issue.

Ken Keppel—*Supervisory health statistician*

Ken joined the Healthy People 2000 staff in early October 1992. He will promote State data activities and monitor the Assessment Initiative. He is returning to NCHS after two years with the Maternal and Child Health Bureau, where he developed the new reporting requirements for the Maternal and Child Health Block Grant.

Ken worked for 11 years in NCHS's Division of Vital Statistics. During that time, he was involved with the 1980 National Natality Survey and the 1988 National Maternal and Infant Health Survey.

Ken has a Ph.D. in Sociology/Demography from the Pennsylvania State University. He retains a special interest in maternal and child health.

Christine Plepys—*Health statistician*

Christine conducts statistical analyses of data to track progress toward the *Healthy People 2000* objectives. She also served as Executive Secretary for an Assessment Initiative objective review panel.

Christine earned her B.S. in Applied Mathematics from Texas A&M University; she earned her master's degree in statistics from the same university in May 1992. Her masters project was "Survey of Institutional Review Board Chairs on Randomized Consent Designs."

Susan Schober—*Epidemiologist*

Susan works with the priority areas of alcohol and other drugs, oral health, human immunodeficiency virus (HIV), sexually transmitted diseases,

immunization and infectious diseases, and clinical preventive services.

Susan received her Ph.D. in epidemiology from Johns Hopkins University's School of Hygiene and Public Health. Before coming to NCHS in early August 1992, Susan was an epidemiologist with the National Institute on Drug Abuse, where she was responsible for the National Pregnancy and Health Survey, a national survey to determine the prevalence of drug use during pregnancy. Before that, Susan was an Epidemic Intelligence Service (EIS) Officer at the National Institute for Occupational Safety and Health.

Fred Seitz—*Statistician*

Fred works with the priority areas of violence, mental health, environment, occupational safety, unintentional injuries and family planning. He is writing two articles for the *Statistical Notes*, one on data issues relating to American Indians and Alaskan Natives, and co-authoring another on Years of Healthy Life.

From the University of Maryland, Fred has a Ph.D. in criminology, with specializations in administration, program evaluation and research methods. He taught courses in program evaluation, management, corrections and

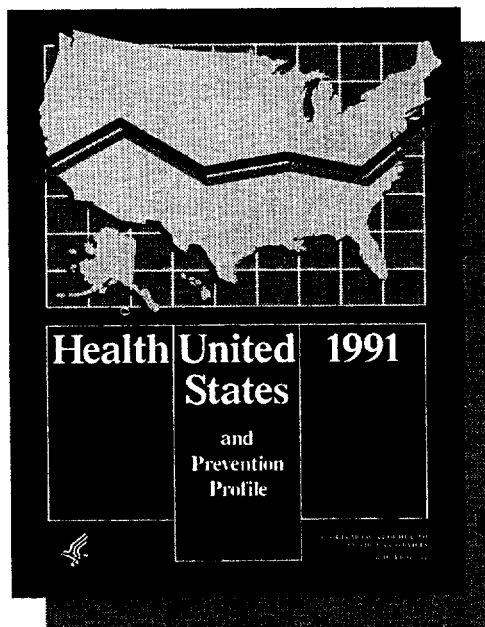
crime prevention at the University of Maryland's University College.

In previous positions, Fred conducted research in corrections, organizational behavior, violence, stress, police management, and mental health.

After 13 years at St. Elizabeths Hospital in the Forensic (criminal) Division, Fred worked for 4 years at the Environmental Protection Agency in Superfund Enforcement.

The national report
on health...

Health, United States, and Prevention Profile 1991



The National Center for Health Statistics has released for sale the 1991 report to Congress on the Nation's health. Utilized by analysts, educators, and researchers, this comprehensive volume presents easy-to-read and up-to-date facts and statistics in one

convenient volume. The 1991 edition contains information that focuses on infant mortality, life expectancy, and health care and includes statistical tables. The Prevention Profile highlights goals for the year 2000 as well as the status of the 1990 objectives.

Publication Order Form

Mail to: Superintendent of Documents
Government Printing Office
Washington, D.C. 20402-9325.

YES, please send me _____ copies of **Health, United States, 1991 and Prevention Profile**

GPO Stock Number-017-022-01156-5. Price: \$18.00

The total cost of my order is \$ _____. Foreign orders please add an additional 25%
Prices include regular domestic postage and handling and are good through December 1992. After that date, please call Order and Information Desk at
(202) 783-3238 to verify prices:

PLEASE TYPE or PRINT

(Company or personal name)

(Additional address/attention line)

(Street address)

(City, State, ZIP Code)

(_____) _____
(Daytime phone including area code)

Please choose method of payment:

Check Payable to the Superintendent of Documents

GPO Deposit Account

VISA, MasterCard or Choice Account

(Signature)

(Credit card expiration date)

Thank you for your order