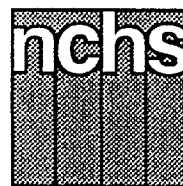


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NATIONAL CENTER FOR  
HEALTH STATISTICS



HEALTHY  
PEOPLE  
2000

# Statistics and Surveillance

## An Overview of NCHS Activities Related to Healthy People 2000

The availability of data to monitor progress toward the Year 2000 National Health Objectives and to evaluate the success of intervention strategies is central to the successful achievement of the objectives. Since the national objectives will be achieved through intervention efforts at the

State and local levels, the development of data capacity at these levels is also important.

*National activities*—The Centers for Disease Control (CDC) has designated responsibility for compiling the data to monitor the objectives at the national level to NCHS. Data will

come from approximately 120 unique data systems, including virtually all of those maintained by NCHS, many from other CDC centers, other parts of the Federal government, and a few from private sources. Some objectives will be monitored through special surveys or supplements to existing surveys. NCHS and the CDC Information Resources Management Office are collaborating with Research Triangle Institute in the development of a computerized inventory and tracking system.

Information on national trends toward the Year 2000 Objectives will be published annually in the *Prevention Profile* accompanying *Health, United States* and will also be made available in computerized form on the CDC's WONDER system. WONDER (Wide-ranging ONline Data for Epidemiologic Research) is an easy-to-use information system on the CDC mainframe. It is available to State and local health departments and other users.

*State and local activities*—Several efforts are under way to help States and localities meet their Year 2000 data needs. NCHS is revitalizing the Applied Statistics Training Institute

Dear Friends:

With this issue, the National Center for Health Statistics (NCHS) launches its publication series *Healthy People 2000: Statistics and Surveillance*. Its purpose is to keep you apprised of data issues and activities related to the Year 2000 Health Objectives at the national, State, and local levels.

*Healthy People 2000* contains 300 specific objectives covering a broad range of topics. There are also 284 subobjectives directed at minorities and other special populations. Developing and maintaining the infrastructure to assess needs, set priorities, and monitor progress towards these objectives at the national, State, and local levels will present challenges to all of us. We hope that this periodical and its companion series (*Healthy People 2000: Statistical Notes*) will assist you in your Year 2000 efforts.

This publication is for you. We welcome your comments and suggestions.

Sincerely,

A handwritten signature in cursive script that reads 'M Feinleib'.

Manning Feinleib, M.D., Dr. P.H.  
Director, National Center for Health Statistics



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control

CDC  
CENTERS FOR DISEASE CONTROL

(ASTI). In June 1991, ASTI pilot tested three courses in Florida. Beginning in 1992, ASTI courses on a variety of statistical topics will be available to State and local health department personnel. These short courses (3 days to 1 week) will be taught at different locations around the country. There are no registration fees, although participants are responsible for their travel and subsistence expenses.

NCHS is working with representatives of the Association for Vital Records and Health Statistics

(AVRHS) on the development of a software package to track the health status indicators and key objectives at the State level. State representatives *Delton Atkinson* (North Carolina), *Dan Friedman* (Massachusetts), and *Loren Phillips* (Kansas) met with NCHS staff at the Public Health Conference on Records and Statistics, July 1991, to begin the process of developing the system. As a first step, the AVRHS plans to survey its members concerning their software needs.

*Future activities*—In the coming months, NCHS will be implementing processes to identify significant data gaps (Objective 22.4) and to develop and implement common data collection methodologies at the national, State, and local levels (Objective 22.3). State and local involvement will be a key component of these efforts.

More information about all of these activities will be forthcoming in future issues of this publication.

## CDC Releases Health Status Indicators

In July 1991 CDC released a set of Health Status Indicators and encouraged their use by public health officials nationwide.<sup>1</sup> The indicators were developed in response to *Healthy People 2000*, Objective 22.1. This objective is to “develop a set of health status indicators appropriate for Federal, State, and local health agencies and to establish use of the set in at least 40 States.” A group consensus process that encouraged wide participation was used to develop the indicators. An oversight group (Committee 22.1) was convened by Dr. Manning Feinleib, Director, NCHS. The group’s membership included Drs. Theodore Colton and Dorothy Rice, representing the American Public Health Association; Drs. Lloyd Novick and Ronald Eckoff, representing the Association of State and Territorial Health Officials; Ms. Mary Luth and Dr. Fernando Guerra, representing the National Association of County Health Officials; Drs. Lyman Olson and Olive Shisnan, representing the Public Health Foundation; and Dr. Richard Biery, representing U.S. Conference of Local Health Officials.

Committee 22.1 met in February 1991 in Hyattsville, Maryland and developed a preliminary set of draft indicators. The draft was reviewed and refined at a consensus workshop on April 1–3, 1991 in Alexandria, Virginia. Over 200 people, representing State and local health agencies, vari-

ous private organizations, and several federal agencies attended the workshop. The draft was further refined by Committee 22.1 at a later meeting and sent out for comments.

It is hoped that the indicators will assist State and local health depart-

ments in identifying and monitoring issues of public health importance. The process of developing the indicators is not complete. Committee 22.1 will continue to monitor their use and may recommend additions or modifications over a period of time.

### Consensus set of indicators for assessing community health status and monitoring progress toward the Year 2000 objectives

- Infant mortality - Race and ethnicity-specific, among infants less than 1 year of age.

#### Death rates (per 100,000 population) for:

- Motor vehicle crashes
- Breast cancer
- Cardiovascular disease
- Homicide
- Work-related injury
- Suicide
- Lung cancer
- All causes

#### Reported incidence (per 100,000 population) of:

- Acquired immunodeficiency syndrome
- Measles
- Primary and secondary syphilis
- Tuberculosis

#### Indicators of risk factors:

- Prevalence of low birth weight
- Births to adolescents (females less than 18 years)
- Prenatal care
- Childhood poverty
- Proportion of persons living in counties exceeding EPA standards for air quality.

<sup>1</sup>Centers for Disease Control. Consensus set of health status indicators for the general assessment of community health status, United States. MMWR 40 (27): 449–51. 1991.

# Dr. Mason Holds Progress Review of Priority Area 22

On August 6, 1991 the Public Health Service (PHS) conducted the first progress review on the Surveillance and Data priority area of *Healthy People 2000*. Dr. William Roper, Director CDC, Dr. Manning Feinleib, Director NCHS, and others briefed Assistant Secretary for Health Dr. James Mason, on progress toward achieving the seven objectives in this priority area.

Dr. Roper stated that CDC has three main strategies to achieve the objectives in Priority Area 22:

- Identify national data sources and establish a mechanism for monitoring progress toward the objectives at the national level.
- Build State capacity to assess progress toward the objectives.
- Improve the availability of data on minorities and other special populations.

Dr. Feinleib described NCHS' plans for monitoring progress toward the approximately 600 objectives and subobjectives. He also discussed efforts to provide assistance to states. The progress made in the development of

the health status indicators (Objective 22.1) was also noted (see article, page 2).

Dr. Lloyd Novick, Director, Center for Community Health, New York State Department of Health, conveyed a State's perspective. The fiscal realities of State government are a significant impediment to measuring progress toward the objectives at the State level. When a choice must be made between delivery of health services and compiling statistics, the choice must be services.

There was considerable concern about the need for improved information on minorities, low income populations, and people with disabilities. *Healthy People 2000's* comprehensiveness was limited by lack of baseline data to permit setting targets in a number of priority areas, especially for Hispanic Americans, Native Americans, and people with disabilities. A \$1 million grant program appropriated in fiscal year 1991 has allowed CDC to address data difficulties in defining health status and risks for populations that are relatively small in numbers and/or are dispersed widely and unevenly throughout the general popula-

tion. Dr. Mason has also created a Minority Health Data Task Force, co-chaired by the Office of Minority Health, Office of Health Planning and Evaluation, and NCHS to define priority actions for improving the PHS capacity to track minority health needs.

CDC's Information Resources Management Office reported on the expansion of the WONDER system to support data on *Healthy People 2000* objectives defined by State, and in some instances, county levels. By early 1992, this system will support interactive transfer of data and messages among State, local, and Federal participants.

At the conclusion of the briefing, Dr. Mason expressed his commitment to the importance of data in achieving the overall objectives. He charged CDC with providing more specific information on data sources and State support at future briefings. Dr. Mason is briefed on progress in each of the 22 priority areas annually. The briefings are an opportunity for the lead agency and its governmental and private sector partners to demonstrate their cooperative movement toward a healthier America.

## NCHS Announces Training Institute

NCHS announces the Applied Statistics Training Institute (ASTI), which will offer short programs of instruction to State and local public health workers engaged in community health assessments. Several courses were pilot-tested in Florida last fall. NCHS will identify eight courses for

presentation beginning early in 1992. Your assistance is needed in identifying training needs. Instructions will be given in various sites around the country, with faculty recruited from State and local health agencies, and from universities as well.

For further information, or to offer suggestions, contact:

Sheldon Starr  
ASTI Coordinator  
National Center for Health Statistics  
6525 Belcrest Road, Room 1100  
Hyattsville, MD 20782.

# Ten-Year Plan: The National Nutrition Monitoring and Related Research Program

The National Nutrition Monitoring and Related Research Act of 1990 (P.L. 101-445) was signed into law on October 22, 1990. The Act outlines a number of requirements related to nutrition monitoring, research relevant to nutrition monitoring needs, dietary guidance, and nutrition training for physicians.

The U.S. Department of Health and Human Services (DHHS) and the U.S. Department of Agriculture (USDA) are currently working together to coordinate the implementation of the Act.

The Act requires the Secretaries of DHHS and USDA to implement a 10-year coordinated nutrition monitoring and related research program, including a comprehensive plan, interagency board, advisory council, annual budget report, and scientific and policy reports for Congress. The National Center for Chronic Disease Prevention and Health Promotion and

the National Center for Environmental Health and Injury Control have the major responsibilities for the plan's nutrition and laboratory activities, respectively, aimed at assisting State and local monitoring efforts. CDC was given the lead responsibility for coordination and development of the 10-year plan within DHHS and delegated this responsibility to NCHS. Ronette Briefel, Dr.P.H., R.D., chairs the DHHS Working Group; the Chairperson for the USDA Working Group is Alanna Moshfegh, M.S., R.D.

The comprehensive plan will address the objectives and activities that need to be conducted by the Federal government to meet the goal of a coordinated and comprehensive National Nutrition Monitoring System (NNMS) over the next decade. These objectives are: a) to provide for a comprehensive NNMS through continuous and coordinated data collection, b) to improve the comparability and quality of data

across the NNMS, and c) to broaden the research base for nutrition monitoring. Specific activities are proposed for the NNMS component areas: nutrition and related health measurements; food and nutrient consumption; knowledge, attitudes, and behavior assessments; food composition and nutrient data bases; and food supply determinations.

The draft comprehensive plan is to be published in the Federal Register this fall for a 3-month public comment period. Your input as a user of data and information from the NNMS is critical to development of an effective program. If you would like to receive a copy of the draft, 10-year comprehensive plan, please write to the following address:

Nutrition Monitoring Division -  
Ten-year Plan  
6505 Belcrest Rd., Room 366  
Hyattsville, MD 20782

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