

**Lead Agency:** *Centers for Disease Control and Prevention*

### **SURVEILLANCE AND DATA SYSTEMS**

Surveillance and data systems provide the foundation for the HEALTHY PEOPLE 2000 objectives process. In fact, measurability was one of the principal criteria for setting objectives in 1990. Having baseline data and ongoing data sources was critical in establishing starting points when *Healthy People 2000* was published and where the Nation is heading at mid-decade. The ability to assess health status, health disparities, or service needs or to evaluate the implementation and effectiveness of preventive interventions and community health programs requires information. Without data indicating the direction the Nation is headed, adjusting programs and strategies or targeting resources to the areas of greatest need is difficult.

By tracking national health objectives for 15 years, the Nation has created a framework for monitoring its changing health status. Surveillance and evaluation was a component part of each of the 15 priority areas tracked during the 1990s. For the year 2000, Surveillance and Data Systems was established as its own priority area with seven objectives. The objectives seek to improve the timeliness of data, the exchange of comparable information among Federal/State/local agencies, the expansion of national data sources to track the objectives, and the analysis and publication of data needed to track the objectives. One objective addresses improvements in the identification of and response to data in the Nation's health data, including data related to minorities and other population groups.

There have been two progress reviews with the Assistant Secretary for Health for this priority area. They occurred in August 1991 and December 1992.

To enhance State capacity to assess progress toward HEALTHY PEOPLE 2000 objectives, the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) in 1992 awarded 5-year grants to Iowa, Maine, North Carolina, Ohio, Oregon, Texas, and Utah. These grants are to improve State capacity to provide data for HEALTHY PEOPLE 2000 objectives by updating data systems and enhancing data analysis. Kansas also is participating in this data improvement initiative through the support of the Kansas Health Foundation.

### **Review of Progress**

As of June 1995, 42 States, the District of Columbia, and Guam had developed year 2000 plans. All other States have undertaken assessments related to the year 2000 objectives. An analysis of these year 2000 plans shows that 31 States had surveillance and data systems objectives. Another 4 States and the District of Columbia identified data needs in their State plans.

A consensus set of 18 health status indicators was released by CDC/NCHS in 1991. Nine mortality indicators (infant mortality, total deaths, motor vehicle crash deaths, work-related injury deaths, suicides, homicides, lung cancer deaths, female breast cancer deaths, and cardiovascular disease deaths) are included among the consensus indicators. Four indicators of infectious diseases (AIDS, measles, tuberculosis, and

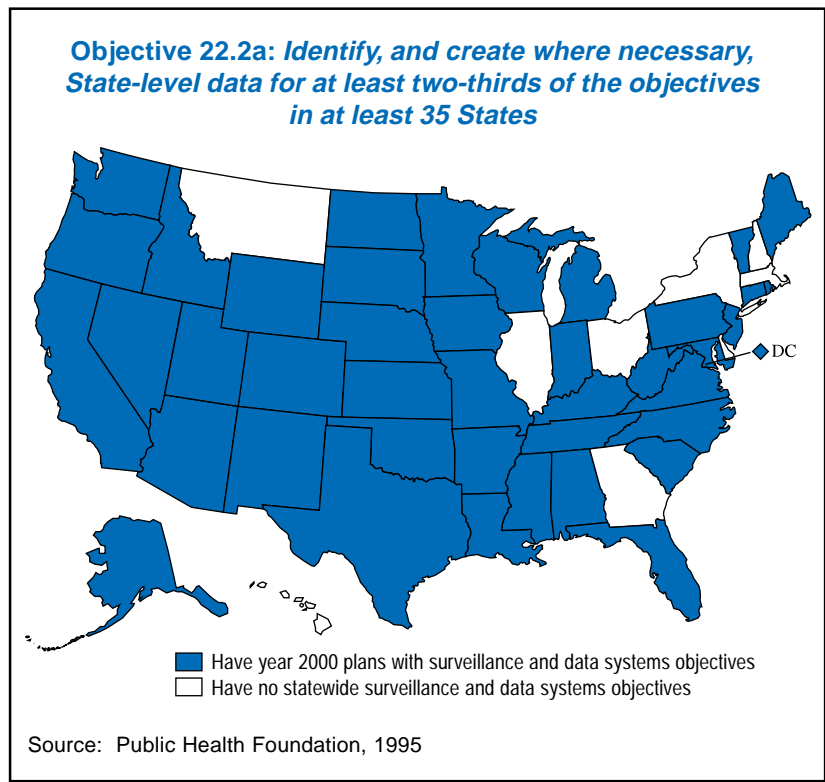
syphilis) are used. Three indicators of health status are related to maternal and infant health—prevalence of low birth weight, number of births to adolescents, and percentage of mothers delivering live infants who did not receive first trimester prenatal care. Childhood poverty and the proportion of people living in counties exceeding air quality standards complete the list of consensus indicators. A 1992 survey conducted by the University of Pittsburgh researchers and published in the *American Journal of Public Health* in October 1994 found “widespread” use of the consensus indicators among the States, with nearly all of the States using all of the indicators. The air quality measure was the only measure not used by the majority of the States.

At the time *Healthy People 2000* was published 77 percent of the 300 objectives had baseline data. At the midpoint of the decade 23 objectives lack baseline data and another 63 objectives have baselines but lack updates. As shown in the chart on the following page, 107 objectives have annual data, 202 have periodic data, and 28 need new data sources. As for objective 22.2a, NCHS is tracking the number of States with year 2000 plans as a proxy measure for the number of States that have State-level data for at least two-thirds of the objectives.

Comparable data collection procedures are in place to track the 51 national health objectives for which vital statistics serve as the data source. For objective 22.5 all 50 States publish vital statistics. In 1993 all 50 States were participating in the Behavioral Risk Factor Surveillance System, and 39 States had legislative mandates to collect hospital discharge data. In 1993, 23 of the 27 States that have at least one racial or ethnic group comprising at least 10 percent of their population were publishing vital statistics data on racial and ethnic groups.

Procedures for collecting comparable data continue to be developed. The number of States with the ability to transfer data among Federal, State, and local agencies has increased. The National Electronic Telecommunications System for Surveillance, the Public Health Laboratory Information System, and DATA 2000 on CDC WONDER/PC are now present in all States.

The baseline established for objective 22.7 shows timely data release. As



## Healthy People 2000 Midcourse Review and 1995 Revisions

of February 1994, data were released within 1 year of data collection for 67 percent of the objectives, and an additional 24 percent of the objectives had data published between 1 and 2 years of collection.

For objective 22.4, a process measure, the midcourse review has provided an opportunity for the identification of data gaps. Discussions are ongoing about developing new data sources for tracking the objectives.

Because resources for information systems are constrained at the Federal/State/local levels, one of the challenges throughout the remainder of the decade will be to maintain current tracking capability and expand this capability to cover objectives for which there are currently no data or proxy measures. Another challenge will be determining new and representative ways of tracking the objectives targeted to racial and ethnic minorities, low-income people, and people with disabilities. A priority will be filling data gaps so that at the end of the decade the Nation knows whether progress has been made or whether there has been failure in achieving the year 2000 targets.

### 1995 Revisions

Revisions have been made to two objectives in this priority area. The intent of subobjective 22.2a, “identify and create where necessary State-level data for at least two-thirds of the objectives in at least 35 States,” has been clarified to “identify and create where necessary State-level data sources to monitor at least two thirds of the objectives contained in State Year 2000 plans.” The revisions to subobjective 22.5a are “to implement in at least 25 States periodic analysis and publication of data needed to measure State progress toward the national or State-specific health objectives for each racial or ethnic group that makes up at least 10 percent of the State population.” These revisions have been made to ensure that the intent of the data objectives is supporting States in their efforts to track their own objectives and to contribute to the national effort.

<i>Priority Area</i>	<b>Number of Objectives With:</b>		
	<i>Annual Data</i>	<i>Periodic Data</i>	<i>New Source Needed</i>
Physical Activity and Fitness	1	10	1
Nutrition	4	16	1
Tobacco	5	10	1
Substance Abuse: Alcohol and Other Drugs	11	5	3
Family Planning	0	9	2
Mental Health and Mental Disorders	1	12	1
Violent and Abusive Behavior	5	7	6
Educational and Community-Based Programs	2	0	2
Unintentional Injuries	14	3	5
Occupational Safety and Health	7	8	0
Environmental Health	4	11	1
Food and Drug Safety	2	4	0
Oral Health	1	15	0
Maternal and Infant Health	9	6	1
Heart Disease and Stroke	4	13	0
Cancer	7	9	0
Diabetes and Chronic Disabling Conditions	8	10	2
HIV Infection	1	12	1
Sexually Transmitted Diseases	7	8	0
Immunization and Infectious Diseases	7	11	1
Clinical Preventive Services	2	6	0
Surveillance and Data Systems	1	6	0
Age-Related Objectives	4	1	0
<b>Total</b>	<b>107</b>	<b>202</b>	<b>28</b>