

# 23

## Public Health Infrastructure

---

### **Data and Information Systems**

- 23-1 Public health employee access to the Internet
- 23-2 Public health access to information and surveillance data
- 23-3 Use of geocoding in health data systems
- 23-4 Data for all population groups
- 23-5 Data for Leading Health Indicators, Health Status Indicators, and Priority Data Needs at Tribal, State, and local levels
- 23-6 National tracking of Healthy People 2010 objectives
- 23-7 Timely release of data on objectives

### **Workforce**

- 23-8 Competencies for public health workers
- 23-9 Training in essential public health services
- 23-10 Continuing education and training by public health agencies

### **Public Health Organizations**

- 23-11 Performance standards for essential public health services
- 23-12 Health improvement plans
  - 23-12a Tribes
  - 23-12b States and the District of Columbia
  - 23-12c Local jurisdictions
- 23-13 Access to public health laboratory services
- 23-14 Access to epidemiology services
- 23-15 Model statutes related to essential public health services

**Resources**

23-16 Data on public health expenditures

**Prevention Research**

23-17 Population-based prevention research

## Data and Information Systems

- 23-1. (Developmental) Increase the proportion of Tribal, State, and local public health agencies that provide Internet and e-mail access for at least 75 percent of their employees and that teach employees to use the Internet and other electronic information systems to apply data and information to public health practice.**

**Comments**

An operational definition could not be specified at the time of publication.

Proposed data sources are the National Public Health Performance Standards Program, CDC, PHPPO; the Indian Health Service (IHS) for Tribes; the Association of State and Territorial Health Officials (ASTHO) for States; and the National Association of County and City Health Officials (NACCHO) for local public health agencies.

See Appendix A for focus area contact information.



- 23-2. (Developmental) Increase the proportion of Federal, Tribal, State, and local health agencies that have made information available to the public in the past year on the Leading Health Indicators, Health Status Indicators, and Priority Data Needs.**

**Comments**

An operational definition could not be specified at the time of publication.

Proposed data sources are the National Public Health Performance Standards Program, CDC, PHPPO; CDC, National Center for Health Statistics (NCHS) for Federal agencies; the Indian Health Service (IHS) for Tribes; the Association of State and Territorial Health Officials (ASTHO) for States; and the National Association of County and City Health Officials (NACCHO) for local public health agencies.

See Appendix A for focus area contact information.

**23-3. Increase the proportion of all major national, State, and local health data systems that use geocoding to promote nationwide use of geographic information systems (GIS) at all levels.**

<b>National Data Source</b>	National Center for Health Statistics (NCHS), CDC.
<b>State Data Source</b>	Not applicable.
<b>Healthy People 2000 objective</b>	Not applicable.
<b>Measure</b>	Percent.
<b>Baseline</b>	45 (2000).
<b>Numerator</b>	Number of major national, State, and local health data systems that collect street address or latitude and longitude information to enable geocoding analysis.
<b>Denominator</b>	Number of major national, State, and local health data systems.
<b>Questions Used To Obtain the National Data</b>	Not applicable.
<b>Expected Periodicity</b>	Annual.
<b>Comments</b>	A major health data system is one that is being used to track five or more Healthy People 2010 objectives. These data systems are listed in Part C of this volume.  See Appendix A for focus area contact information.



**23-4. Increase the proportion of population-based Healthy People 2010 objectives for which national data are available for all population groups identified for the objective.**

<b>National Data Source</b>	National Center for Health Statistics (NCHS), CDC.
<b>State Data Source</b>	Not applicable.
<b>Healthy People 2000 objective</b>	Not applicable.

<b>Measure</b>	Percent.
<b>Baseline</b>	11 (2000).
<b>Numerator</b>	Number of Healthy People 2010 population-based objectives or lettered subobjectives that have baselines for which national data are available for all population groups identified for the objective.
<b>Denominator</b>	Number of Healthy People 2010 population-based objectives or lettered subobjectives that have baselines.
<b>Questions Used To Obtain the National Data</b>	Not applicable.
<b>Expected Periodicity</b>	Annual.
<b>Comments</b>	<p>Both objectives and lettered subobjectives that target the U.S. population are considered for this objective. In addition to the baselines for all persons targeted by the measure, Healthy People 2010 population-based measures are required to show a minimum set of sociodemographic population groups called a template (see General Data Issues, section 4).</p> <p>There were 432 population-based objectives and/or lettered subobjectives that had baselines (and are, thus, measurable) in the Conference Edition of Healthy People 2010. Forty-eight had complete templates, and 103 had no template displayed. Among those objectives with no template displayed, did not qualify for a template because the measures were raw numbers, not rates or percents. Thus, the denominator for the baseline was 409.</p> <p>The remaining objectives with templates had some incomplete data cells that were designated “DSU” (data statistically unreliable), “DNA” (data not analyzed), or “DNC” (data not collected).</p> <p>See Appendix A for focus area contact information.</p>



**23-5. (Developmental) Increase the proportion of Leading Health Indicators, Health Status Indicators, and Priority Data Needs for which data—especially for select populations—are available at the Tribal, State, and local levels.**

**Comments**

An operational definition could not be specified at the time of publication.

Proposed data sources are the National Center for Health Statistics (NCHS), CDC, for States and localities, and the Indian Health Service (IHS) for Tribes.

See Appendix A for focus area contact information.



**23-6. Increase the proportion of Healthy People 2010 objectives that are tracked regularly at the national level.**

<b>National Data Source</b>	National Center for Health Statistics (NCHS), CDC.
<b>State Data Source</b>	Not applicable.
<b>Healthy People 2000 objective</b>	Not applicable.
<b>Measure</b>	Percent.
<b>Baseline</b>	82 (2000).
<b>Numerator</b>	Number of Healthy People 2010 objectives or lettered subobjectives that have baselines and are tracked nationally at least every 3 years.
<b>Denominator</b>	Number of Healthy People 2010 objectives and lettered subobjectives that have baselines.
<b>Questions Used To Obtain the National Data</b>	Not applicable.
<b>Expected Periodicity</b>	Annual.

**Comments**

The Healthy People 2010 objectives and lettered subobjectives that are measurable (have baselines) are used to obtain the data for this objective. There were 579 measurable objectives and lettered subobjectives in the Conference Edition of Healthy People 2010, of which 474 are tracked with data systems that collect data at least every 3 years; 383 are tracked annually.

See Appendix A for focus area contact information.

**23-7. Increase the proportion of Healthy People 2010 objectives for which national data are released within 1 year of the end of data collection.**

<b>National Data Source</b>	National Center for Health Statistics (NCHS), CDC.
<b>State Data Source</b>	Not applicable.
<b>Healthy People 2000 objective</b>	Adapted from 22.7 (Surveillance and Data Systems).
<b>Measure</b>	Percent.
<b>Baseline</b>	36 (2000).
<b>Numerator</b>	Number of Healthy People 2010 objectives and lettered subobjectives tracked with major health data systems that release data within 1 year after the end of data collection.
<b>Denominator</b>	Number of Healthy People 2010 objectives and lettered subobjectives that are tracked by major health data systems.
<b>Questions Used To Obtain the National Data</b>	Not applicable.
<b>Expected Periodicity</b>	Annual.

## Comments

Major health data systems are defined as data systems that are used to track five or more Healthy People 2010 objectives (see Part C for a descriptive list of these systems). In the Conference Edition of Healthy People 2010, major data systems provided baselines for 338 objectives and lettered subobjectives. Of these 338, 123 were provided data by major health data systems that release data within 1 year of data collection.

This objective differs from Healthy People 2000 objective 22.7, which tracked all objectives instead of those tracked by major health data systems and did not take into consideration the periodicity of the data source.<sup>1</sup>

See Appendix A for focus area contact information.



## Workforce

### **23-8. (Developmental) Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies in the essential public health services into personnel systems.**

#### Comments

An operational definition could not be specified at the time of publication.

Proposed data sources are the Health Services and Resources Administration (HRSA) for Federal agencies; the Indian Health Service (IHS) for Tribes; the Association of State and Territorial Health Officials (ASTHO) for States; and the National Association of County and City Health Officials (NACCHO) for local agencies.

See Appendix A for focus area contact information.





**23-9. (Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.**

**Comments**

An operational definition could not be specified at the time of publication.

Proposed data sources are the Association of Schools of Public Health (ASPH); the American Association of Medical Colleges; the Bureau of Health Professions, HRSA; and the American Association of Colleges of Nursing.

See Appendix A for focus area contact information.



**23-10. (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.**

**Comments**

An operational definition could not be specified at the time of publication.

Proposed data sources are the Department of Health and Human Services (HHS) for Federal agencies; the Indian Health Service (IHS) for Tribes; the Association of State and Territorial Health Officials (ASTHO) for States; and the National Association of County and City Health Officials (NACCHO) for local agencies.

See Appendix A for focus area contact information.



## Public Health Organizations

### **23-11. (Developmental) Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.**

**Comments** An operational definition could not be specified at the time of publication.

A proposed data source is the National Public Health Performance Standards Program, CDC, PHPPO.

See Appendix A for focus area contact information.



### **23-12. Increase the proportion of Tribes, States, and the District of Columbia that have a health improvement plan and increase the proportion of local jurisdictions that have a health improvement plan linked with their State plan.**

#### **23-12a. (Developmental) Tribes.**

**Comments** An operational definition could not be specified at the time of publication.

A proposed data source is the Indian Health Service (IHS).

See Appendix A for focus area contact information.



#### **23-12b. States and the District of Columbia.**

<b>National Data Source</b>	Association of State and Territorial Health Officials (ASTHO).
<b>State Data Source</b>	Association of State and Territorial Health Officials (ASTHO).
<b>Healthy People 2000 objective</b>	Not applicable.
<b>Measure</b>	Percent.

<b>Baseline</b>	78 (1997).
<b>Numerator</b>	Number of States, including the District of Columbia, with a health improvement plan.
<b>Denominator</b>	50 States and the District of Columbia.
<b>Questions Used To Obtain the National Data</b>	Not applicable.
<b>Expected Periodicity</b>	Periodic.
<b>Comments</b>	The baseline refers to the number of States including the District of Columbia that developed objectives for the year 2000. This definition is a proxy for health improvement plans, and will change with subsequent updates.  See Appendix A for focus area contact information.



**23-12c. Local jurisdictions.**

<b>National Data Source</b>	National Profile of Local Health Departments (NPLHD), NACCHO.
<b>State Data Source</b>	National Profile of Local Health Departments (NPLHD), NACCHO.
<b>Local Area Data Source</b>	National Profile of Local Health Departments (NPLHD), NACCHO.
<b>Healthy People 2000 objective</b>	Not applicable.
<b>Measure</b>	Percent.
<b>Baseline</b>	32 (1992–93).
<b>Numerator</b>	Number of local jurisdictions with a health improvement plan linked with their State plan.
<b>Denominator</b>	Number of local jurisdictions.
<b>Questions Used To Obtain the National Data</b>	Not applicable.
<b>Expected Periodicity</b>	Periodic.

**Comments**

The baseline reflects the proportion of local health departments that developed objectives for the year 2000. This definition is a proxy for health improvement plans and will change with subsequent updates.

See Part C for a description of NPLHD and Appendix A for focus area contact information.



**23-13. (Developmental) Increase the proportion of Tribal, State, and local health agencies that provide or ensure comprehensive laboratory services to support essential public health services.**

**Comments**

An operational definition could not be specified at the time of publication.

Proposed data sources are CDC and the Association of Public Health Laboratories; the Association of State and Territorial Health Officials (ASTHO) for States; and the National Association of County and City Health Officials (NACCHO) for local health agencies.

See Appendix A for focus area contact information.



**23-14. (Developmental) Increase the proportion of Tribal, State, and local public health agencies that provide or ensure comprehensive epidemiology services to support the essential public health services.**

**Comments**

An operational definition could not be specified at the time of publication.

Proposed data sources are the Council of State and Territorial Epidemiologists (CSTE) for State and local jurisdictions and the Indian Health Service (IHS) for Tribes.

See Appendix A for focus area contact information.



**23-15. (Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws ensure the delivery of essential public health services.**

**Comments**

An operational definition could not be specified at the time of publication.

Proposed data sources are the Indian Health Service (IHS) for Tribes; the National Conference of State Legislators (NCSL) and the Association of State and Territorial Health Officials (ASTHO) for States; and the National Association of County and City Health Officials (NACCHO) for local jurisdictions.

See Appendix A for focus area contact information.



## Resources

**23-16. (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that gather accurate data on public health expenditures, categorized by essential public health service.**

**Comments**

An operational definition could not be specified at the time of publication.

Proposed data sources are the Operating Divisions of the Department of Health and Human Services (HHS) for Federal agencies; the Indian Health Service (IHS) for Tribes; the Association of State and Territorial Health Officials (ASTHO) for States; and the National Association of County and City Health Officials (NACCHO) for local public health agencies.

See Appendix A for focus area contact information.



## Prevention Research

### **23-17. (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that conduct or collaborate on population-based prevention research.**

#### **Comments**

An operational definition could not be specified at the time of publication.

Proposed data sources are the Association of Schools of Public Health (ASPH); the CDC Sentinel Network; the Association of State and Territorial Health Officials (ASTHO) for States; and the National Association of County and City Health Officials (NACCHO) for local public health agencies.

See Appendix A for focus area contact information.



## Reference

---

1. National Center for Health Statistics. *Healthy People 2000 Review, 1998–99*. Hyattsville, MD: Public Health Service, 1999.