

Statistics and Surveillance

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

The CDC Assessment Initiative A Summary of State Activities

The purpose of the CDC Assessment Initiative is to enhance the capacity of state and local health departments to use data for policy development and assurance. The Initiative has its roots both in *The Future of Public Health* (Institute of Medicine, Washington, D.C.: National Academy Press, 1988) and in *Healthy People 2000* (DHHS Pub. No. (PHS) 91-50212, Washington, D.C., Government Printing Office, 1991). The Initiative promotes the use of data to identify problems, to set objectives, and to measure progress. The Assessment Initiative consists of seven cooperative agreements between the National Center for Health Statistics (NCHS) and state health departments and other developmental and capacity building activities conducted by CDC, including: the assignment of chronic disease epidemiologists to states by the National Center for Chronic Disease Prevention and Health Promotion; the development of laboratory information systems by the National Center for Infectious Disease; epidemiologic training and training needs assessment by the Epidemiology Program Office and the Public Health

Practice Program Office; the Applied Statistics Training Institute (ASTI) sponsored by NCHS; and the enhancement of CDC WONDER by the Information Resources Management Office. This report describes the activities of Assessment Initiative projects in eight state health departments during the first half of their five-year agreements.

In September of 1992, cooperative agreements were awarded to seven states and an eighth state, Kansas, is participating in the Initiative through funding from the Kansas Health Foundation. States receive approximately \$175,000 each year. Each project has a director or coordinator along with a staff of 2-4 full/part time people, including epidemiologists, statisticians, analysts, computer programmers, and support staff. In Kansas, Utah, Maine and Texas the staff includes a medical epidemiologist assigned by CDC. The projects are located in state programs with responsibility for disease control and health promotion as well as in programs with responsibility for data policy and health statistics.

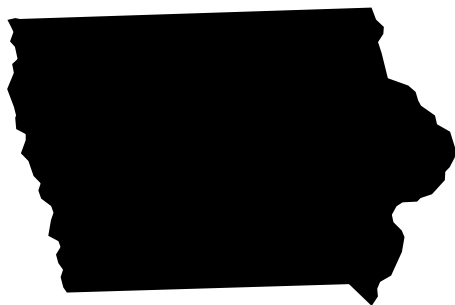
The Assessment Initiative projects have several elements in common. Each has an advisory group which includes representatives from other parts of the health department and one or more representatives from local health departments. Initially the projects compiled an inventory of data systems in the health department and undertook an evaluation of these systems based on the *Guidelines for Evaluating Surveillance Systems* (MMWR, Supplement, May 6, 1988/Vol. 37/No. S-5). Beyond these common activities, the projects have a broad mandate and the personnel in each state have undertaken a vast array of activities to enhance the use of data. These activities include: developing software for data collection, building data access systems, producing descriptive reports, developing surveillance plans, and training state and local health department personnel. A list of reports and publications associated with these projects is available by calling the State and Local Support Branch, Division of Health Promotion Statistics, National Center for Health Statistics (301) 436-3548.



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



Report from IOWA



Total Population (1990): 2,776,755

Percent Black: 1.7

Percent Asian/Pacific Islander: 0.9

Percent American Indian/Alaskan Native: 0.3

Percent Hispanic: 1.2

Total Number of Counties: 99

Total Number of City/County/District Health Departments: 105

Local Health Departments are: independent of the state

Approximate Number of Persons Employed in the State Health Department: 315

The Assessment Initiative project is located in the Division of Substance Abuse and Health Promotion, Iowa Department of Public Health, contact: Ronald D. Eckoff, M.D., M.P.H., Program Director (515) 281-5914.

Iowa's Project Objectives

1. Complete a thorough evaluation of the current surveillance and data systems in Iowa using the Guidelines for Evaluating Surveillance Systems (MMWR, Supplement, May 6, 1988/Vol. 37/No. S-5).
2. Specify differences among surveillance systems and identify technical issues that impede integration into a total assessment model.
3. Explore communication linkages with the Iowa Communications Network so that distance learning and data transmission are in place by the end of the cooperative agreement period.
4. Track progress on all goals and action steps in Healthy Iowans 2000.
5. Work with the Department's Assessment Program Development Group and the State Center for Health Statistics to provide training in health statistics and to explore use of the Iowa Communications Network for training staff in local health departments.

Accomplishments in Iowa, by Objective

1. Using a protocol based on the Guidelines for Evaluating Surveillance Systems, teams interviewed the primary managers of 30 surveillance and program data sets. The Assessment Program Development Group (PDG) reviewed the reports based on these interviews and developed both general

recommendations and data-set-specific recommendations. The PDG identified seven common problems in the way the department gathers or manages data. These included lack of integration or linkage for nearly every data set evaluated, reliance on paper transmission of data, difficulty in identifying the cost of gathering and managing data sets, insufficient documentation, weakness in data analysis, the need for a core set of client variables, and a lack of knowledge about data available within the Department. The Department is currently implementing the recommendations of the PDG. Based on this effort a set of guidelines has been developed for use when any new data set is to be developed. (See "Evaluating Public Health Data Systems: A Practical Approach" in Statistical Notes, No. 8, June 1995.)

2. The Assessment PDG noted the need for common identifiers to link data sets. The PDG developed a set of core data elements which will be used in collecting demographic information for client-based data systems. This set will permit linkages of client databases. Other demographic variables will follow a standard format with consistent definitions to improve comparability and facilitate linkage.
3. In August 1994, the Department began using its fiber optics studio for a variety of uses including public hearings, meetings and conferences, training, and satellite down links. This studio permits full color, full motion, interactive video

conferencing with more than 140 sites at universities, community colleges, schools, government offices, hospitals and libraries in Iowa. The number of sites on the state-owned system is continuously increasing. The studio was used 52 times from August through December 1994.

4. Tracking of 1992 and 1993 goals and action steps in Healthy Iowans 2000 is completed. The progress report will be shared with the Department Director as well as the Preventive Health Advisory Committee so that further actions can be taken or new strategies developed as appropriate. A report on the Healthy Iowans 2000 goals which can be monitored with surveillance and program data sets is in process and will be updated each year. A prevention summit which served as a midcourse review took place on May 31-June 1, 1995.
5. Thirty-two members of the Department took part in a two-and-a-half day Applied Statistics Training Institute (ASTI) Descriptive Biostatistics course that was held at the Des Moines Area Community College on October 16-18, 1994. Course participants continued their training through a series of elective courses from November 1994 to September 1995.

Summary

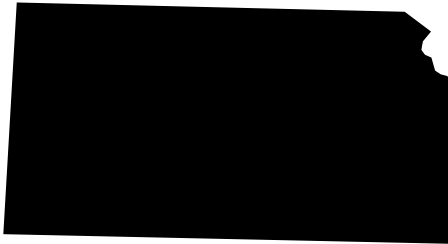
The project has made it possible to track the goals and action steps in the Healthy Iowans 2000. Project staff combined efforts with the Assessment

PDG to evaluate current surveillance and program data systems. This resulted in improved data systems. Project staff are assisting with the development of an Iowa Health Indicator Tracking System, a data system to be used at the county level. The Initiative has resulted in a

training program for members of the Department who use data. A direct outcome of the Initiative is the development of a fiber optics studio—a valuable tool for transmitting and receiving data and other kinds of information. The project has progressed

in very close collaboration with the State Center for Health Statistics. The Assessment Initiative project and the State Center for Health Statistics have reinforced each other.

Report from KANSAS



Total Population (1990): 2,477,574

Percent Black: 5.8

Percent Asian/Pacific Islander: 1.3

Percent American Indian/Alaskan Native: 0.9

Percent Hispanic: 3.8

Total Number of Counties: 105

Total Number of City/County/District Health Departments: 97

Local Health Departments are: independent of the state

Approximate Number of Persons Employed in the State Health Department: 150

The Assessment Initiative project is located in the Bureau of Chronic Disease and Health Promotion, Division of Health, contact: Paula Marmet, (913) 296-1207 or Stephen Pickard, (913) 296-8039. Through a unique arrangement, the Division of Health is participating in the CDC Assessment Initiative through funding from the Kansas Health Foundation.

Kansas' Project Objectives

1. To improve the capacity of the Division of Health to understand and use public health data.
2. To improve access and quality of health data systems.
3. To enhance the ability of local health departments to perform core public health functions.
4. To build relationships within Kansas which enhance cooperation between state health agencies, local health agencies, academic institutions, and private organizations.
5. To provide epidemiologic consultation for policy development and program support.

Accomplishments in Kansas

The location of the Assessment Initiative in the Bureau of Chronic Disease and Health Promotion largely determined the course of the project. The greatest need in the Division of Health at the time the Assessment Initiative project was begun was for enhanced scientific capacity. The entire Division had only one epidemiologist

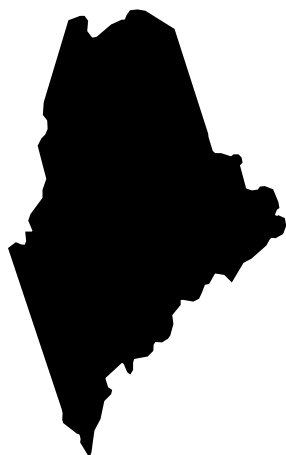
before the start of this project. The arrival of two epidemiologists enabled the Division to meet some of its initial needs for scientific support, and provided a foundation on which to identify resources (through increased grant competitiveness) and attract qualified persons to the state. Currently 10 epidemiologists work in the Division and additional hiring is planned.

Most of the growth in scientific capacity has been in the two bureaus responsible for communicable disease and chronic disease/injury prevention. However, as the capacity to perform scientific functions within those bureaus has improved, the Assessment Initiative project has been able to enhance assessment capacity in other areas as well. Involvement of the Assessment Initiative in local health has been especially successful. Recent activities have resulted in: the delivery of health data to local areas, the development of a Community Health Assessment Process Workbook, the formation of a community assessment technical support team, and improved relations between state and local health departments.

Accomplishments to date have been possible because epidemiologic capacity was added to strong administrative and programmatic capabilities. Administrative stability in the Division of Health has greatly facilitated the project. Enhanced epidemiologic competence in the Division, a half-time university appointment for the Division Director, and the start of the first MPH program in the state, have contributed to a congenial and growing relationship between academic and applied public health.

State support for public health in Kansas has not increased substantially. Recent growth in public health has been supported by federal grants and by the Kansas Health Foundation. However, subtle improvements may be occurring. At a minimum, the reputation and visibility of the Division of Health is improving and legislators traditionally responsive to public health issues are finding that administrative support for their legislative initiatives is now available from the Division of Health.

Report from MAINE



Total Population (1990): 1,227,928

Percent Black: 0.4

Percent Asian/Pacific Islander: 0.5

Percent American Indian/Alaskan Native: 0.5

Percent Hispanic: 0.6

Over 25 percent of the Maine population claims French or French-Canadian ancestry, and

French is the primary language spoken in 10 percent of Maine households.

Total Number of Counties: 16

Total Number of City/County/District Health Departments: 3 (cities)

Local Health Departments are: independent of the state. Funding for local health service delivery systems flows from state government to the three local health departments and to numerous private, non-profit service agencies in the remainder of the state.

Approximate Number of Persons Employed in the State Health Department: 320

The Assessment Initiative project is located in the Division of Disease Control, Maine Bureau of Health, contact: Linda J. Huff, (207) 287-5559.

Maine's Project Objectives

1. Promote the effective use of measurable Year 2000 Health Objectives.
2. Assist programs with data acquisition and analysis.
3. Develop program capacity to use data effectively through training in epidemiology, statistics, and evaluation.
4. Serve as a supplemental resource for data needs or issues which cross program boundaries.
5. Promote the effective use of data for public health actions.

Accomplishments in Maine

Training—Based on the idea that epidemiology is the core science of public health, improved understanding of epidemiologic principles will lead to more effective use of data at the program and community level. In addition, certain computer applications are helpful in the assessment process. Therefore, the project has developed a training program to enhance epidemiologic and analytic skills and to introduce some versatile computer application software. A series of training workshops has been offered focusing on calculating rates, comparing continuous variables and evaluating the effect of random error, and measuring program effectiveness. These workshops have been received enthusiastically. Participants have stressed the usefulness and applicability of the subject matter as well as their desire for more training

opportunities. The project has also provided shorter training sessions on CDC WONDER and EPI INFO software, and has helped to establish a monthly epidemiology forum in the Bureau of Health.

Making Data Accessible—One way to improve access to data involves compiling data from different sources, summarizing it, and presenting it in a user-friendly manner. One example of this is the report on *Maine's Health Status Indicators* which provides a comparison between Maine and the U.S. on an array of eighteen Health Status Indicators. Staff members have also written articles for publication on the use of hospital discharge data for surveillance and chronic disease preventable mortality. Several presentations have been given to groups of health professionals and community health advocates. The project developed a system for monitoring the state's progress toward meeting its stated health objectives using EXCEL spreadsheet software. This system has been distributed to lead contacts for the thirteen priority areas addressed in *Healthy Maine 2000*. The project also arranged for Dr. Daniel Goldman with the Texas Department of Health to adapt the EPIGRAM software which he developed for use in Maine. This software has greatly increased access to mortality data within the Bureau.

Providing epidemiologic consultation to other programs—The project has assisted the Tuberculosis Control Program in converting an

outdated database into a revised and improved CDC database, TBDS. Through further data compilation the project staff were instrumental in improving the program's ability to conduct timely and efficient assessment. Staff members also assisted the Epidemiology Program in the modification of computer programs for the communicable disease reporting system to allow on site analysis of selected diseases by time, person, and place and the production of charts, tables and maps. Project staff have provided expertise and consultation in methods of data collection, analysis and presentation to the Divisions of Dental Health and Health Promotion & Education. Furthermore, the project seeks to coordinate the analysis of data from different databases, and find new ways to examine and present public health data. Epidemiologic applications of spatial and temporal analytic techniques, including the use of GIS technology, are currently being developed.

Identifying data needs—The Bureau of Health has been called upon to identify data needs under a reformed health care system. The project has been actively advocating for the data needs of the Bureau through representation on the Data Advisory Group to the Maine Health Care Reform Commission. Staff members have also participated in several other groups related to injury prevention, environmental priorities, and oral health needs assessment.

Changes Associated with the Project

Increases in the use and analysis of data can be noted in a number of specific areas: the number of persons using CDC WONDER; utilization of data, maps and graphs in program reports; and participation in epidemiology forums. Most important, however, is the subtle change in the attitude of staff towards the use and display of data. Reference to data, interest in its display, and utilization of data have become an integral part of program analysis and description. It is

this fundamental reshaping of attitudes that has been the greatest achievement of the Initiative.

Contributing Activities

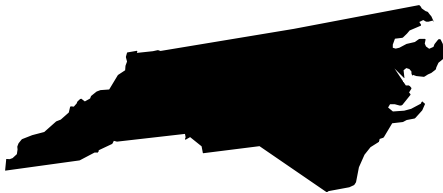
Three things contributed to the effectiveness of the Assessment Initiative project in Maine. The first was the largely coincidental development of computing resources in the Division of Disease Control where the project is located. Upgrades in hardware and software plus the development of an integrated computer network provided a solid technological base which

facilitated the communication of ideas and improved the potential for data analysis.

Second, the support of the Bureau Director and all of the Division Directors contributed momentum to the project. The project's objectives are applicable across program boundaries. These factors combine to enhance the profile of the project.

Finally, the combination of skills, expertise and energy in the Bureau of Health has made it possible to pursue a variety of activities throughout the Bureau.

Report from NORTH CAROLINA



Total Population (1990): 6,628,637
Percent Black: 22.0
Percent Asian/Pacific Islander: 0.8
Percent American Indian/Alaskan Native: 1.2
Percent Hispanic: 1.2
Total Number of Counties: 100
Total Number of City/County/District Health Departments: 86
Local Health Departments are: independent of the state
Approximate Number of Persons Employed in the State Health Department: 1,300

The Assessment Initiative project is located in the State Center for Health and Environmental Statistics (SCHES), Department of Environment, Health and Natural Resources, contact: George Myers, (919) 715-0269.

North Carolina's Project Objectives

1. To enhance use of data at the local level
2. To enhance knowledge of health issues that are pertinent to local communities as well as the state of North Carolina by conducting community assessments and research, including special studies and surveys.
3. To encourage collaboration between local health departments and the SCHES.
4. To establish coordinated activities at both the state and local community levels.
5. To improve the accessibility of health data and information for program planning, implementation, and evaluation.

Accomplishments and Outcomes

Enhancing Data Use—One of the primary goals of the Assessment Initiative in North Carolina is to increase the availability and use of data by local health department staff and by citizens of the state. The Assessment Initiative staff has focused on enhancing data use in the following ways:

- by providing training to enable local health departments to collect their own primary data;
- by working with local coalitions to strengthen objective-setting and evaluation skills;
- by creating accountability indices;
- by developing new ways to train local staff;

– and by continuing work with our biennial Community Diagnosis process.

In order to give local health departments a way to collect their own primary data, EPI INFO 6 classes have been provided. The Assessment Initiative used funds from the grant to provide each local health department with a copy of EPI INFO 6 and a manual. Training classes will continue through the duration of the grant.

The Healthy Carolinians program has provided the Assessment Initiative with many excellent opportunities to assist local agencies. This program seeks to assist community groups in setting goals for the future and carrying out activities that will prevent health problems. The Assessment Initiative staff serve on the Healthy Carolinians

steering committee and the Data Committee of the Governor's Task Force on Health Objectives for the Year 2000.

Two years ago, a Task Force was formed to develop an accountability system for North Carolina's health departments. The task of creating two accountability indices has fallen to Assessment Initiative staff. One of these indices will measure general health status in a county, while the other is designed to measure health department performance in specific areas. These indices should be finalized during the coming year.

A \$400,000 grant from the State (written in part by Initiative staff) was obtained to provide four local health departments with fully interactive video conferencing facilities. Initiative staff will utilize this system to provide additional training to local health department staff assembled at these four sites.

North Carolina's local needs assessment process, Community Diagnosis, is an on-going activity. Assessment staff continue to provide county-level data books, analysis guides, and training opportunities. County-level data became available in August, 1995 and the next cycle of training will begin in September via teleconference.

Research Activities—Two large surveys have been undertaken by Dr. Jack Leiss and Initiative staff. These are the Worksite Health Promotion Study and the Birth Cohort Study. The Worksite Health Promotion survey yielded a report on "Private Sector Worksite Health Promotion Activities in North Carolina." From the Birth Cohort Study, we plan to produce studies on five topics: sleeping position, WIC use and breast feeding, infant exposure to environmental tobacco smoke, immunizations, and intendedness of pregnancy. Other research activities include an evaluation of the Community Diagnosis process, an assessment of Wilkes County's health status, and an inventory of computer hardware and

software capabilities in each local health department.

Collaboration—In addition to collaborative activities associated with the Healthy Carolinians process, the Assessment Initiative staff has worked with several major Universities in North Carolina to provide training on local needs assessment and data use. Undergraduates and graduates in the School of Public Health at the University of North Carolina at Chapel Hill, and both graduates and undergraduates of the School of Nursing, receive training and materials from Initiative staff as part of their education. The Department of Public Health Education at the University of North Carolina at Greensboro also uses staff and materials to train their graduate and undergraduate students. This year we provided training on Community Diagnosis to undergraduates in the East Carolina University School of Medicine's Allied Health curriculum.

Project staff are currently working with several hospitals that have expressed interest in doing community assessments. For instance, Initiative staff have begun working with Pitt Memorial hospital to conduct a four-county personal health assessment; at Southeastern General Hospital, Initiative staff served as secondary data consultants while a private consultant collected primary data. Most hospitals are working with local health departments to form partnerships, but some are conducting assessments on their own.

Improved Access to Data—SCHES will be using the Internet to make data more widely available. All SCHES reports will be available on an Internet Home Page by the beginning of FY96. This should enhance the ease of data retrieval for both local health departments and ordinary computer users. In addition to our standard reports, SCHES will place Community Diagnosis data and other routinely requested data on the Home Page.

Changes Associated with the Project

The Assessment Initiative project has added to SCHES capacity to assist local health departments both individually and collectively. It has allowed the State Center to provide more technical assistance to individual counties. Staff from SCHES have provided additional training in the analysis and interpretation of data. On a collective level, the SCHES has been able to be more involved in several state-wide projects, such as Healthy Carolinians, Community Diagnosis, and the Adolescent Pregnancy Prevention Project.

Local health departments in North Carolina are familiar with the value of regular assessment. The SCHES has been able to build on this base and provide more comprehensive training in areas such as priority setting, survey design, and community involvement. Increased one-on-one work with counties should yield more insightful assessments. As a result of Assessment Initiative activities, SCHES staff expect to see an increase in the quality of local needs assessments as part of the Community Diagnosis process.

Summary

The project has made large contributions to the Community Diagnosis and Healthy Carolinians programs in North Carolina. Assessment staff have worked closely with community-level organizations to involve them in the assessment process. In addition, collaborative efforts have been expanded to include the Area Health Education Centers, additional Universities, several regional libraries, and hospitals. New technologies such as the Internet and teleconferencing via the Information Highway are being employed to expand data access and availability. Lastly, the Assessment Initiative has enabled us to gather additional information about worksites and about births in North Carolina.

Report from Ohio



Total Population (1990): 10,847,115
Percent Black: 10.6
Percent Asian/Pacific Islander: 0.8
Percent American Indian/Alaskan Native: 0.2
Percent Hispanic: 1.3
Total Number of Counties: 88
Total Number of City/County/District Health Departments: 148
Local Health Departments are: independent of the state
Approximate Number of Persons Employed in the State Health Department: 1,200

The Assessment Initiative project is located in the Data Usage Unit, Bureau of Health Surveillance, Information and Operations Support, Ohio Department of Health, contact: Miebi Akah, Ph.D., (614) 752-8507.

Ohio's Project Objectives

Primary objective: *Build the state's capacity to collect and use data.*

Sub-objectives:

1. Develop a responsive, efficient computerized data collection system which will track the State's efforts towards meeting the Year 2000 Objectives.
2. Provide workshops on the use of technology (e.g., electronic communication, Bulletin Boards, CDC WONDER, computers, and software) and data collection and use to state and local public health personnel.
3. Design a process that can use data for evaluation of progress toward Year 2000 Objectives and other selected state-level public health initiatives.
4. Prepare and distribute data and information to local health departments in user-friendly electronic or hard copy format.
5. Obtain consensus and pilot-test a common community assessment process (e.g. APEX-PH).

Accomplishments in Ohio

Access to distance learning—Installation of satellite down link systems in two locations: one on the Ohio Department of Health's main building at 246 North High Street, and one at a regional site (Logan, Ohio). This technology provided access to: a Town Hall Meeting on Workforce Diversity by Satellite, Sponsored by CDC; a NETSS Data Workshop by

Satellite, Sponsored by CDC; and The Challenge of AIDS in Rural America, Sponsored by the West Virginia Department of Health and Human Resources, Bureau of Public Health & Office of Communications.

Greater understanding of the needs of local health departments—Design of a survey instrument and utilization of the instrument to assess the data capacity of local health departments. Copies available upon request.

Improved access to information by local health departments—The Ohio *Healthy People 2000* Electronic Bulletin Board System (BBS) was created to announce workshops, conferences and grant opportunities; to share data/data sources, reports, publications and health promotion resources; and to provide communication by electronic mail (telephone (614) 728-2304; parameters: 8N1; maximum modem baud: 28.8k bps; ANSI terminal emulation). Computers and modems have also been provided to some local health departments. This effort, in addition to the training we provided on using Ohio's *Healthy People 2000* BBS, resulted in a dramatic increase in local health department use of the HP 2000 BBS and other systems like CDC WONDER.

Improved assessment of progress towards the national Healthy People 2000 Objectives—The Assessment Initiative staff designed and wrote software and a users guide for a *Healthy People 2000* quarterly health promotion activity report for services provided under the Preventive Health and Health

Services Block Grant (PHHSBG). The software is now being used by over 80 percent of PHHSBG recipient agencies to document, analyze and report their health promotion activities related to *Healthy People 2000*.

Increased communication within the public health community—Other units of the Health Department and local health agencies were brought into the project to make it an institutional effort. Local health departments have been involved in planning workshops and conferences offered through the Assessment Initiative. Staff also attended the annual meeting of Ohio health educators and made presentations about the Assessment Initiative. The project also coordinates its efforts with those of the newly formed Ohio Health Care Data Center to share responsibilities and avoid duplication of effort.

Training—During the first two and a quarter years, we have offered the following workshops to our public health personnel:

- ▶ Four, one-day workshops on *Computer Basics*
- ▶ Two, one-day workshops on *Elementary Statistics*
- ▶ One, one-day workshop on *Developing Questionnaires*
- ▶ Two, one-day workshops on EPI INFO and EPI MAP
- ▶ One, one-day HP 2000 Data Usage Conference which addressed topics such as:
Conquering Large Data Sets, Data Utilization Issues, Building Your Own Data Systems, Collecting Data Through Surveys, Presenting Data,

*Using Data for Decision-Making:
What Role Can Data Play in Setting
Priorities?*

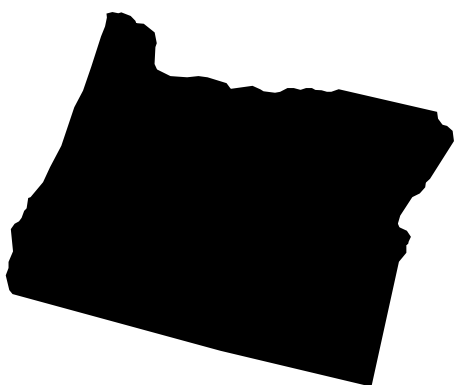
Contributing Activities

The project's advisory group members include representatives from 10 of the Department's divisions and bureaus, local health departments, and the Association of Ohio Health Commissioners. The advisory group makes recommendations, the members suggest ways to improve activities in

their own areas, and they provide information when needed.

The project also benefits from the cooperation of other units in the Department whose personnel enthusiastically volunteer to provide training on software (e.g., EPI INFO/EPI MAP), use of the BBS, and computer basics. We also collaborate with other programs in the Department, for example, with the Division of Local Health Services on the development of a common community needs assessment protocol based on (APEX-PH).

Finally, the project has the support of top management through the personal involvement of the Deputy Director for Policy, who agreed to serve as liaison between the advisory group and the senior policy group. Following a presentation to the senior staff regarding the Assessment Initiative and the advisory group, the Assessment Initiative was included in the Director's strategic priorities for the Department.



Report from OREGON

Total Population (1990): 2,842,321

Percent Black: 1.6

Percent Asian/Pacific Islander: 2.4

Percent American Indian/Alaskan Native: 1.4

Percent Hispanic: 4.0

Total Number of Counties: 36

Total Number of City/County/District Health Departments: 34

Local Health Departments are: independent of the state

Approximate Number of Persons Employed in the State Health Department: 450

The Assessment Initiative project is located in the Center for Health Statistics, Center for Disease Prevention and Epidemiology, Oregon Health Division, contact: Lore Elizabeth Lee (503) 731-4479.

Oregon's Project Objectives

1. Outcome Objective

- a. To establish health status assessment capacity in the Oregon public health system, with assessment capacity defined as:
 - (1) easy access to health assessment data;
 - (2) ability to scientifically analyze and interpret health assessment data using principles of epidemiology and demography;
 - (3) application of science-based analysis and interpretation to assessment models, either new or established, that characterize populations and their health.

2. Process Objectives

- a. To regularly disseminate health assessment data to all agencies conducting community health assessments.

- b. To provide basic and advanced training in using health assessment data, including,
 - (1) computing basic and advanced health statistics;
 - (2) interpreting statistical findings in lieu of the inherent limitations of the data;
 - (3) using these findings in assessment models; these are either new models (for example, "What is assessment of communicable disease in Oregon?") or established models (for example, APEX-PH or PATCH);
 - (4) disseminating assessment findings to public health policy makers and supporting them in their application of the findings.
- c. To develop, test and refine additional methods of health status assessment using a

combination of quantitative and qualitative analysis.

Accomplishments in Oregon

Data Access and Dissemination

1. Catalogued the major data systems of the Oregon Health Division, including location, size, time span and population covered, data elements, and method of access; a data system directory is in development.
2. Surveyed the information and data needs of our end users, especially local health departments; written results of this survey are pending.
3. Used the Internet to disseminate 1992 and 1993 final vital statistics data and 1994 provisional vital statistics data. Dissemination of communicable disease and youth and adult risk behavior data is imminent.

4. Provided local health officers and administrators with access to county-specific files of vital record data.
5. Initiated an evaluation of the quality of data from birth certificates, with special attention to sensitivity of surveillance for tobacco and alcohol use during pregnancy.
6. Provided data on the Oregon Benchmarks to the Oregon Progress Board and the Oregon Option staff.
7. Participated in the development of the Distributed Oregon OnLine Public Health Network (DOLPHIN).
8. Developed a list of health-related Oregon Benchmarks and programs that have responsibility for measuring and tracking progress for these benchmarks.
9. Assisted in the preparation of annual vital statistics reports for 1992 and 1993 and facilitated the release of provisional data.

Training

10. Initiated training of local health department staff in the essentials of data access and analysis. A curriculum of scenario-based training in the analysis and interpretation of assessment data is in development and early testing.
11. Provided training sessions to Health Division staff on access to the Internet.

Data Use

12. Collaborated with the Oregon HIV Prevention Program in conducting HIV community planning.
13. Completed draft report of trend analysis of Oregon Benchmarks and Health Status Indicators.
14. Researched and wrote publications on adolescent physical abuse, sexual abuse, weapons carrying, and the Internet.

15. Obtained data from agencies other than the Health Division to prepare a poster session to support a Women's Health Conference coordinated by the State Health Officer.

Other Activities

16. Established a board of public and private sector collaborators to advise project staff about planned and completed Assessment Initiative projects.
17. Participated in revision of the curriculum in Community Health Care Systems at the Oregon Health Sciences University to address core public health functions.
18. Participated with Oregon Health Systems in Collaboration, a consortium of Portland-area hospitals, in planning a meeting of community leaders to identify health needs.

Report from TEXAS



Total Population (1990): 16,986,510
 Percent Black: 11.9
 Percent Asian/Pacific Islander: 1.9
 Percent American Indian/Alaskan Native: 0.4
 Percent Hispanic: 25.5
 Total Number of Counties: 254
 Largest county: 3,050,222
 Smallest county: 111
 Total Number of City/County/District Health Departments: 68
 Local Health Departments are: independent of the state
 Health services are provided by Regional Health Departments in areas not served by a local health department.
 Approximate Number of Persons Employed in the State Health Department: 5,700

The Assessment Initiative project is located in the Bureau of State Health Data and Policy Analysis, Texas Department of Health (TDH), contact: Ann Henry, Carol Friedman or Cheryl Bowcock (512) 458-7261.

Texas' Project Objectives

1. Convene regular meetings of the Surveillance and Data Systems Committee charged with directing Assessment Initiative activities.
2. Develop a detailed evaluation of the assessment capacity of TDH beginning with identification and evaluation of data systems maintained by the Department.
3. Assist local and regional health departments by providing data, technical assistance, and analytical assistance.
4. Publicize and promote widespread use of *Healthy People 2000* Health Status Indicators in policy making and program planning.
5. Assist in planning and conducting a data component of the annual Vital Statistics Conference with an emphasis on *Healthy People 2000* objectives and measuring the progress of Texans toward those goals.

Accomplishments in Texas

Objective 1:

Surveillance and Data Systems Committee (SDSC)—The SDSC continues to meet on a regular basis, bimonthly or quarterly as needed. The SDSC is comprised of representatives from a variety of internal programs such as Vital Statistics, Chronic Disease, Women and Children, and Epidemiology, as well as representatives from several local health departments. The committee provides guidance on Assessment Initiative projects. Meetings also provide an excellent forum for discussion of data-related issues and events.

Objective 2:

Database Inventory—When the Assessment Initiative began, TDH did not have a comprehensive inventory of databases in the Department. During the last two years, a series of surveys were conducted to inventory those databases. A catalogue of the nearly 150 identified databases was published in December of 1994 and it is in great demand throughout TDH.

NAHDO Workshop—TDH sponsored a workshop for interested agencies and organizations to identify and discuss health data issues. The workshop was facilitated by Dr. Mark Epstein, Executive Director of the National Association of Health Data Organizations, and his associate, Ms. Barbara Kurtzig. The goals of the workshop were to increase awareness of the variety of concepts associated with “health information systems” and to identify steps in the process of developing an integrated health information system in Texas.

Hospital Discharge data—TDH has entered into an agreement with the Texas Hospital Association to analyze hospital discharge data for 1993 and will examine the ten most frequent discharges, mean lengths of stay, and charges by Public Health Region. Additional analyses will focus on the rates of lower extremity amputations as a means of assessing the impact of diabetes.

Texas Cancer Registry Evaluation—Dr. Carol Friedman conducted an

extensive evaluation of the Texas Cancer Registry and produced a detailed report of her findings, as well as specific recommendations for future enhancements.

Objective 3:

Healthy Texans 2000 Electronic Bulletin Board System (BBS)—In an effort to provide timely information to local and regional health departments, an electronic bulletin board system was developed. Information on the BBS includes county level Health Status Indicator data, demographic data, news releases, internal reports, and topic specific newsletters. A full-time system manager has responsibility for all aspects of the operation and organization of the BBS. In addition, the BBS manager provides training and assistance to users.

Satellite down link dish—TDH purchased a commercial quality satellite down link dish with Assessment Initiative funds. The satellite project has been extremely successful with continuing education and teleconferences being received in Austin weekly.

CDC WONDER Training—Training was provided to 60 TDH staff and several local health department staff by CDC representatives Michele Shaheen and Jodi Glacer.

Pilot Site Activities

— *Harris County Health Department* has emphasized their need for sub-county level data to enhance effective planning of services. Harris County, which includes the City of Houston, has a population of more than 3,000,000 people. Public health services are provided by the City of Houston to its residents. The county health department has responsibility for the remainder of the county population. As a direct result of the Assessment Initiative and increases in communication between TDH and the Harris County Health Department, zip-code level mortality and natality data are now being made available to Harris County. Planning is currently underway that will result in the availability of vital statistics data to other large metropolitan areas at the

zip-code level. The Harris County and City of Houston Health Departments have been selected to participate in a pilot test of a community health assessment survey sponsored by NCHS/CDC.

— *The Denton County Health Department* is computerizing their administrative and patient records through the installation of the Texas Department of Health Integrated Client Encounter System (ICES) hardware and software. The Denton County Health Department was actively involved in the planning of the “*Healthy People 2000: Delivering the Promise*” Conference which was held in Denton last fall.

— The third project pilot site, *Public Health Region 4/5 North*, has been working on developing community-based health coalitions using a model similar to the National Civic League’s Healthy Communities. This pilot project has established nine health coalitions.

Objective 4:

Through the support provided by this cooperative agreement, a number of documents have been prepared which highlight the Health Status Indicators (HSI) and focus attention on *Healthy People 2000* goals. Some examples include:

- Á *The Texas County Minority Health Status Report* - a detailed county level report by race and ethnicity;
- Á *Texas’ Healthy People 2000 Health Status Indicators, 1980–1992* - a graphic statewide report showing HSI trends for more than 10 years;
- Á *Texas Senate District Health Profiles* - a series of reports using graphs to portray information on the HSI by race and ethnicity for each state senatorial district, as well as for a number of counties;
- Á *Texas’ Healthy People 2000 Health Status Indicators by Race/Ethnicity, 1980–1993* - a graphic report displaying 13 year trends by race/ethnicity is currently in production;
- Á *County Fact Sheets* - The HSI are being incorporated into biennial County Fact Sheets. The County Fact Sheets include demographic, socioeconomic, health professions and health status data for each of Texas’ 254 counties;

Objective 5:

On December 5–6, 1994, the Year 2000 Assessment Initiative project, in conjunction with the Bureau of Vital Statistics, hosted a symposium entitled *Towards the Year 2000: Measuring Progress of Healthy Texans*. This symposium focused on community assessment techniques and evaluation of interventions. The symposium was held in conjunction with the 40th Annual Texas Department of Health Vital Statistics Conference.

Changes due to the Assessment Initiative Project

- The Texas Department of Health has increased collaboration with outside

agencies on the use of health-related data.

- As a result of the pilot project with the Harris County Health Department, TDH has a greater awareness of the need for sub-county level data for metropolitan areas and is implementing changes to make such data available.
- TDH now has a greater capacity to do community health assessment.

Contributing Activities

- The Office of Minority Health is encouraging the collection of data by race/ethnicity.
- The Data Leverage Team, a product of the TDH Learning Council and composed of upper management representatives, is actively engaged in

identifying and promoting data activities.

- The establishment of an Office of Intergovernmental Policy has made it possible to provide health data to policy makers.

Project Evolution

Communication with local health departments has increased as a result of the pilot projects and the implementation of the electronic bulletin board system. As a result, Assessment Initiative projects are much more closely coordinated with local and regional health department needs.

Report from UTAH

Total Population (1990): 1,722,850

Percent Black: 0.7

Percent Asian/Pacific Islander: 1.9

Percent American Indian/Alaskan Native: 1.4

Percent Hispanic: 4.9

Total Number of Counties: 29

Total Number of City/County/District Health Departments: 12

Local Health Departments are: independent of the state

Approximate Number of Persons Employed in the State Health Department: 800

The Assessment Initiative project is located in the Bureau of Surveillance and Analysis, Office of Public Health Data, Utah Department of Health, contact: Robert Rolfs (801) 538-(6108).

Organization

The Utah Assessment Initiative project, known as ACT-2000, is managed by the Bureau of Surveillance and Analysis (BSA). BSA was created October, 1992 to provide a data capacity in one division of the Department of Health; during the second year of the project, BSA was moved to a more central location in the department, under one of two deputy directors. BSA is funded by Preventive Health and Health Services Block Grant funds and by the ACT-2000 Assessment Initiative project. The staff include one physician epidemiologist, one survey statistician,

two information analysts, and one secretary.

The goal of BSA is to function in a “data translation” capacity; not collecting data, but working with others to use data to support program planning, evaluation, prioritization, local assessment, and other functions.

Utah’s Project Objectives

1. Local health department participation
2. Wide area network support
3. Evaluation of Department of Health assessment capacity
4. Maximize use of large population-based data sets

5. 22.1 Health Status Indicators and Priority Data Needs
6. Training in use and interpretation of data at state and local levels

Accomplishments in Utah

Local Health Department (LHD) Participation—LHD staff participate on the Advisory Committee for ACT-2000. The project has provided training in the use and interpretation of data and made presentations to local Boards of Health. The project has provided access to local data, and performed ad hoc analyses as requested. An evaluation of work with local health departments indicated that published reports containing local data

in a user-friendly format are preferred over data available on the computer network.

Wide Area Network Support—All 12 local health departments have at least one electronic connection to the Utah Department of Health. The ACT-2000 project has been the major force in providing modem access, to over 40 users (including training, software, and user support). We have provided a 1-800 telephone line and have supported the telecommunications hardware and software necessary for access. A wide area network is also under development, supported by state funds. We have been working to maximize use of our data system through the WAN.

Evaluation of Department of Health assessment capacity—In October, 1994, we distributed the second draft of the data inventory/evaluation. The document contains a list of the *Healthy People 2000* objectives monitored by the Department of Health data. The data inventory/evaluation is now available on

ACTION-2000 using EPI INFO hypertext files. Users can search using the Table of Contents, or using an index.

Maximize use of large population-based data sets—We have developed a computer system called ACTION-2000. The system currently (1/95) contains: an interactive mortality data base; a population data base; "Published" reports on line, including: Health Status Indicators, leading causes of death, birth information, HIV/AIDS summary reports, and local health department profiles. An interactive communicable disease data base is almost complete, and we are currently programming the Utah SEER data onto the system. In addition, all of the major population-based data sets are available and additional analyses can be performed as needed.

22.1 Health Status Indicators and Priority Data Needs—A number of reports on Utah's Health Status Indicators have been published, including: *Utah's Healthy People 2000 Health Status Indicators, Health Status*

Indicators by Race and Ethnicity, Health Status Indicators by Local Health Department District, and Health Status in Utah by Education.

Training in use and interpretation of data at state and local levels—Training has been provided at both the state and local level on ACTION-2000, APEX-PH, Use and Interpretation of Data, Prevention Effectiveness, and EPI INFO.

Evolution of the Project

At the beginning of the project the effort went into getting the data out and used. As time went on the project became more involved in improving the capacity to use and interpret data. Now that the Bureau has established its credibility, it is becoming more involved with policy decisions related to data use, automated data systems, and data for health care reform. Another major change has been the increase in availability of local data and the use of data by local health departments and boards of health.

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