



# Statistics and Surveillance

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

## Meet the Staff

The Healthy People 2000 (HP 2000) staff at the National Center for Health Statistics (NCHS) now includes nine people. The staff continues to grow and change; the following is a brief description of each staff person's interests and responsibilities.

### **Mary Anne Freedman** - *Special Assistant to the Director*

Mary Anne's primary responsibility is to coordinate NCHS activities related to the Year 2000 Health Objectives for the Nation. She directs and manages the HP 2000 staff. From 1976 to 1990, she was Director of the Division of Public Health Statistics in the Vermont Department of Health. She is a former member of the National Committee on Vital and Health Statistics and a past president of the Association for Vital Records and Health Statistics.

Mary Anne has a master's degree in mathematics from the University of Vermont.

### **Melissa Gatton** - *Student intern*

Melissa is working on a variety of office support activities. She graduated this spring from Hyattsville's Northwestern High School. Melissa's work experience includes assisting in the Planning Office at NCHS. She will

continue to work part-time in the HP 2000 program while she attends Montgomery County Community College in the fall. Melissa plans to become a nurse.

### **Susan Hawk** - *Program analyst*

Susan edits Healthy People 2000's two publications and works with the Centers for Disease Control (CDC) Assessment Initiative's cooperative agreement program. Susan is the HP 2000 liaison for the Tobacco, Alcohol and Other Drugs, Family Planning, Educational and Community-Based Programs, Occupational Safety and Health, Environmental Health, and Clinical and Preventive Services priority areas.

Before joining NCHS in July 1991, Susan worked for CDC's Office on Smoking and Health. She has a master's in library and information science from Simmons, and a master's in education from Harvard.

### **Gail Jones** - *Program assistant*

Gail does background research for projects such as the briefings given to the Assistant Secretary for Health on progress in each priority area. She creates tables and graphics utilizing a variety of computer packages. Gail has 3 1/2-years experience at NCHS.

Gail holds an associates degree from Prince George's Community College, with a major in marketing management.

### **Richard Klein** - *Chief, Data Monitoring and Analysis Staff*

Richard manages the group that includes Kathleen, Gail, Cheryl, and three research statistician positions currently under recruitment. The group collects and disseminates data for the health objectives and produces analytical publications. Richard is HP 2000 liaison for the following priority areas: Violent and Abusive Behavior, Unintentional Injuries, Maternal and Infant Health, Cancer, Diabetes and Chronic Disabling Conditions, HIV Infection, and Sexually Transmitted Diseases.

Richard has 14-years experience in NCHS's Division of Vital Statistics. He has a master's degree in public health from Johns Hopkins.

### **Shari Rapisardi** - *Secretary*

Shari supports the entire office, including travel, meeting arrangements (often video conferencing), acquisitions, and general administrative duties. Shari has worked at NCHS for 4 years.

Shari attended Northwestern High School in Hyattsville and studied at Maryland University College.



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**Cheryl Rose - Computer specialist**

Cheryl joined NCHS in November 1991. She is learning the mainframe computing environment and statistical techniques. For the HP 2000 progress reviews, Cheryl creates maps, graphs, and tables, using ATLAS, Harvard Graphics, and LOTUS software.

Cheryl earned her bachelor's degree in computer science from Saint Augustine's College.

**Kathleen Turczyn - Health statistician**

Kathleen researches and writes the *Prevention Profile for Health, United*

*States*, and oversees the work of Gail and Cheryl. She is HP 2000 liaison for the subject areas Physical Activity and Fitness, Nutrition, Mental Health and Mental Disorders, Food and Drug Safety, Oral Health, Heart Disease and Stroke, and Immunization and Infectious Disease. Kathleen has worked at NCHS since 1970 in the areas of questionnaire design, interviewer training, health status, and pain epidemiology.

Kathleen's master's in public health is from Johns Hopkins.

**Jean Williams - Computer systems analyst**

Jean is responsible for systems development; her current responsibilities include directing development of the HP 2000 objectives monitoring data base and managing the data inventory system. She has worked at NCHS, in the Office of Analysis and Epidemiology, for 15 years.

Jean has a bachelor's degree in psychology with a minor in statistics from American University.

## Expanded Mailing for *Health, United States*

*Health, United States, 1991 and Prevention Profile* was released at the end of June 1992. This annual report on the health of the nation includes the final assessment of progress toward the 1990 objectives in health promotion and disease prevention, documenting changes during the 1980's. This edition

begins the yearly publication of the *Prevention Profile*, which tracks progress toward the *Healthy People 2000* goals.

The 143 detailed tables from *Health, United States* and 32 tables from *Prevention Profile* will be distributed on IBM PC compatible diskettes for use with LOTUS software. The tables were

first distributed last year and were very useful to States, particularly for ranking and comparing data.

The list of persons and organizations receiving copies of *Health, United States* this year has been expanded to include local health departments.

## Healthy Alabama 2000 – A Platform for Action

by Marilyn J. Wells, Ph.D., M.P.H., C.H.E.S.  
Director, Division of Disease Prevention  
Bureau of Health Promotion and Information  
Alabama Department of Public Health

### Summary of State Objectives

*Healthy Alabama 2000*, the document that states Alabama's health objectives for the year 2000, was published and released in October 1991. The overall goals of *Healthy Alabama 2000* are:

- to provide measurable health promotion and disease prevention objectives for Alabama;
- to facilitate a common statewide base for improved health planning and resource allocations at the federal, State, and local levels;
- to highlight the need for development of data collection systems in selected health areas; and
- to increase the years of healthy, productive, life for all Alabamians.

Within the document, 60 objectives representing nearly all 22 national priority areas are organized into 4 broad priority health areas:

| Priority area  | Number of objectives                     |
|--|--|
| Chronic diseases . . . . .   | 21                                       |
| Communicable diseases . . . . .  | 12                                       |
| Maternal, reproductive, and child health . . . . .                                 | 14                                       |
| Environmental health, injury control, and occupational safety and health . . . . . | 13                                       |
|  | <hr style="width: 100%; margin: 0;"/> 60 |

Objectives were organized under the four broad health headings to facilitate communication of the objectives to the media and the public. A brief

narrative "sets the stage" for each of the four categories by highlighting recent health trends and priority needs. Health Status and Risk Reduction Objectives are included within each of the priority areas. In addition, Services and Protection Objectives are included for Chronic diseases, and Maternal, reproductive, and child health.

One criterion for the final selection of objectives was the availability of statewide baseline data and data sources so that progress can be monitored throughout the next decade. However, a selected number of objectives were included even though statewide data are not currently available because they were determined to be highly important in improving the health and well-being of selected groups.

## Development of the Objectives

In strong support of *Healthy People 2000*, the Alabama Department of Public Health initiated the following process in the Fall of 1990 to develop a set of health promotion and disease prevention objectives for the State based upon the deliberation of a broad consortium of individuals, agencies, and organizations:

- Formed a planning team within the Alabama Department of Public Health in the fall of 1990 to discuss and formulate a project outline for developing Alabama's health objectives for the year 2000.
- Held seven public meetings in public health areas throughout the State during January and February 1991 to which a range of community groups and professional organizations, as well as the public, were invited.
- Compiled the position statements, comments, and testimonies of over 2000 individuals and organizations who participated in the public hearings and used this information as a guide in the selection of priority areas for Alabama's health objectives.
- Convened in April 1991 a statewide conference, co-sponsored by over 60 organizations and attended by more than 700 individuals, to further define and highlight needs and concerns of the public and various interest groups.
- Identified representatives to make recommendations for the final selection of objectives for statewide consensus and publication; convened the Task Force for Alabama's health Objectives for the Year 2000 and formed work groups that met from May to August 1991 to refine and revise objectives.

- Prepared and formatted a final draft of the objectives in September 1991 that was mailed to the co-sponsoring agencies and organizations and other participants in the *Healthy Alabama 2000 Project for final review*.
- Published and disseminated *Healthy Alabama 2000* in October 1991; held a statewide press conference to publicly announce release of the document.

## Implementation

Implementation of *Healthy Alabama 2000* was kicked off with a conference sponsored by the University of Alabama at Birmingham (UAB) entitled "Alabama's Health Objectives for the Year 2000: Getting From Here to There." The aim of the conference, which was held October 28-30, 1991, in Birmingham, was to identify and undertake strategies for achieving the goals in *Healthy Alabama 2000*. Participants consisted of over 350 decision makers of programs and projects throughout the State that have the potential to plan key roles in achieving the goals of *Healthy Alabama 2000* such as professional association leaders, administrators of voluntary agencies and corporations, local and State public health and other government agency officials, and academicians. The Alabama Department of Public Health was highly supportive of this conference and participated in its planning since early spring 1991.

With the statewide and UAB conferences serving as catalysts, the Alabama Department of Public Health will continue to encourage and support the endeavors of the more than 60 agencies that have been contributing or co-sponsors in the *Healthy Alabama 2000* Project aimed at achieving the goals of *Healthy Alabama 2000*. The health department also plans to continue existing, successful programs, and

initiate new activities geared to *Healthy Alabama 2000*. For example, the "6th Alabama AIDS Symposium" is scheduled for September 28, 1992, to October 1, 1992. In the past, over 700 individuals and organizations have participated in this conference. A new coalition, the "Healthy Alabama 2000: Nutrition Coalition," initiated activities at a statewide kickoff on June 4, 1992. In short, the Alabama Department of Public Health plans to serve as a leader, facilitator, and supporter of a confluence of efforts through the State to achieve the objective of *Healthy Alabama 2000*.

## Tracking the Objectives

With statewide baseline data and sources established for nearly all of the objectives, progress will be tracked through existing data collection systems, such as the Alabama Department of Public Health, Center for Health Statistics, and the Alabama Behavioral Risk Factor Surveillance System. Development of data collection systems is underway for those objectives for which statewide baselines were not available. Annually, highlights of progress will be disseminated through existing Alabama Department of Public Health publications and media sources, as well as through the agencies and organizations that have been sponsors or participants in the *Healthy Alabama 2000* Project. A mid-course report and statewide conference are planned for 1996.

## Further Information

To obtain a copy of *Healthy Alabama 2000*, contact:

James J. McVay, Dr.P.A.  
Director  
Bureau of Health Promotion and Information  
Alabama Department of Public Health  
434 Monroe Street  
Montgomery, AL 36130-1701  
(205) 242-5095

# CDC WONDER – Information Resource for States

CDC WONDER (Wide-ranging ONLINE Data for Epidemiologic Research) is CDC's online public health information system. It is a menu-driven information system available on the CDC mainframe computer. CDC WONDER currently contains over 20 data sets of interest to public health researchers. Among these are data on AIDS, cancer, diabetes, mortality, hospitalizations, and other health-related topics. New data sets are added continuously. In response to a request from Wyoming State Health Department,

the *Healthy People 2000* staff at NCHS recently used WONDER to generate a multiple cause of death listing by age, race, and sex for all mentions of diabetes for Wyoming for 1987. When we used WONDER to respond to this inquiry, we were reminded of the system's utility as a source of epidemiologic and public health data.

An inventory of data bases that can be used to monitor progress toward the objectives at the national, State, and local levels is being incorporated into WONDER. We plan to make the

inventory database available by mid-August 1992. More information will be presented in the next issue of *Statistics and Surveillance*.

If you would like to access WONDER, call (404) 332-4569 to request a registration form. A few days after mailing in the registration form, you will receive an account, a password, a diskette, and a user manual. The only equipment you require is a DOS-based microcomputer and a modem.

## ASTI Courses Applied Statistics Training Institute

*Small Area Analysis: The Basics* Call 911

*Dates:* August 10-12, 1992

*Location:* San Francisco, California

*Course Description:* Small area analysis is a field of growing interest and complexity, however, pragmatic presentations are few. The primary objective of the Small Area Analysis course is to introduce and familiarize the student with practical methods to understand and to develop confidence in the use of small numbers and small areas in the policy, planning, analysis, and evaluation of health programs. The student will learn, through discussion and workshops, techniques to:

- define small areas for analysis
- define the problem to be examined

- evaluate small area studies
- analyze small areas including:
  1. determining appropriate standards
  2. selecting appropriate statistical tests
  3. testing for significance
  4. determining confidence intervals
  5. interpreting results
- utilize small area analysis in your organization
- present findings in a graphic format

The class will focus on the use of mortality, morbidity, and utilization and health status indicators to assess variation in small area analysis.

*Prerequisites:* Students are expected to have a basic understanding of public health issues and elementary statistics. Students

are also expected to bring a small calculator for use in the workshop.

*Target Audience:* Health professionals and others working in the areas of public health, private, and community organizations.

*Length of Course:* 2 1/2 days.

*Course Director:*

G.E. Alan Dever, Ph.D., M.T.;  
Director, Office of Health Policy; Professor, Department of Family and Community medicine; and Director, Clinical Epidemiology and Biostatistics; Mercer University School of Medicine

**Notice of Upcoming Courses:**

The September and October course topics planned are *Program Evaluation* and *Disease Registries*.

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