



Statistics and Surveillance

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

Recommendations from Committee 22.1

Healthy People 2000 objective 22.1 calls for the development and implementation of a set of Health Status Indicators for federal, state, and local use. In 1991, the Centers for Disease Control and Prevention (CDC) convened a group of public health professionals (Committee 22.1) to identify a consensus set of indicators that would meet the requirements of this objective. The group's initial work was released in the MMWR in July 1991. In the process of developing the indicators, the Committee identified a number of measures of public health significance which could not be included in the final list because of insufficient data, primarily at the

community level; these were labelled "priority data needs."

The Committee has met periodically to update and refine the indicators. Committee 22.1's most recent meeting was held October 31, 1994 in Washington, DC. The committee heard reports on state and local use of the indicators and reviewed a project to pilot a community survey that will provide data to address the Committee's priority data needs. (See "Pilot Test of Community Survey" in this issue of *Statistics and Surveillance*.)

Committee 22.1 also used this meeting to issue several recommendations:

(1) The Committee recommended that, when possible,

states and localities should analyze the indicators for each of the major population groups in their jurisdictions.

(2) The Committee asked that the National Center for Health Statistics (NCHS) provide guidance in small area analysis and methods for using indicator data at the local level.

(3) They also outlined several future efforts, including an interest in assisting the Public Health Service in the development of indicators for the year 2010.

For more information about the health status indicators, see Klein, RJ and Hawk, SA. Health Status Indicators: Definitions and National Data *Statistical Notes*, vol. 1, no. 3, Spring 1992.

Pilot Test of Community Survey

NCHS has contracted with Information Transfer Systems, Inc. to pilot test a telephone survey instrument designed to collect information on the *priority data needs*. Funding for the project is from the CDC Assessment Initiative.

The survey questions are derived from the state-based Behavioral Risk Factor Surveillance System and the National Health Interview Survey. The project's purpose is to assess the feasibility, cost, and utility of such surveys to local health

agencies. Five pilot communities have been selected. In each community, 750 households will be contacted; in 500 households, information will be collected from 1 adult, with a proxy response for 1 child. In the remaining 250



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households, 1 adult will respond for him/herself and provide proxy responses for all household members. By fall 1995, the five pilot local health agencies will have received data for their communities and will assess its utility.

Topics covered by survey

- Smoking
- Alcohol
- Hypertension
- Hypercholesterolemia
- Overweight
- Incidence of Hepatitis B
- Adult and child immunizations
- Mammograms
- Pap Tests

- Health insurance
- Access to primary medical and dental care providers
- Demographic information, including race, Hispanic origin, age, gender, marital status, education, main activity, and income

Pilot Sites

Columbus, Ohio and Franklin County, Ohio
Delaware, Morrow, and Union Counties, Ohio
Washington County, Oregon
Benton County, Oregon
Houston and Harris County, Texas

For more information about the project, contact

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Suppression Rules for Mortality Data in CDC WONDER/PC

CDC WONDER/PC is the on-line public health information system from the Centers for Disease Control and Prevention (CDC). CDC WONDER/PC provides user access to a variety of data sets including mortality from the National Vital Statistics System (CDC, NCHS). Data in the mortality file may be disaggregated to county, 5 year age groups, race, gender, and specific cause of death. At this level of disaggregation, some table “cells” will contain very few deaths. Beginning with data for 1989, if the number of deaths is “too small”, WONDER/PC does not display the number. They are designated in the response table with a “.” in the data cell and the rates are flagged with an “M” for missing.

Suppression rules are generally intended to prevent the inadvertent disclosure of individual identities. The following suppression rules apply to the county-level data for 1989 and later years in CDC WONDER/PC mortality data sets:

1. In tables presenting one or two years of data for individual counties or county groups with a 1980 population of less than 100,000—suppress all cells with 5 or fewer deaths (including no

deaths) and cells with rates based on 5 or fewer deaths.

2. In tables presenting one or more years of data for counties with a total 1980 population greater than 100,000—no suppression.
3. In tables presenting three or more years of data—no suppression, regardless of population size.

In addition, rates based on 20 or fewer deaths are flagged with a “U” on the response table to indicate that they are unstable. The user should exercise caution in interpreting these rates. Rates based on more than 20 deaths are flagged with a “V.” It should be noted that the response table shows only age groups or counties on the stub and column headings (count, population, rate). Information on the cause of death, state, or county selected is not shown.

The above rules are displayed when “Help” is activated in the Mortality dataset.

Responses can be downloaded to a PC file in a number of file formats (ASCII, dBASE, Lotus, SAS, etc.). The user should be aware that:

1. As with responses, information on the cause of death, state, or

country selected is not downloaded.

2. The flags “M,” “V,” and “U” described above are not retained after downloading. Therefore, the user needs to rely on the number of deaths to identify unreliable rates.
3. Different file formats may give different results. Missing values for county level data suppressed as described above are designated with a “.” in the response table. When downloaded into ASCII format, for example, the “.” is retained. When downloaded into Lotus, however, the cells with “.” become “O” in the Lotus spreadsheet. This does not necessarily mean that there were no deaths in these cells. It only means that the data were suppressed according to the rules described above.

1994 Designated State Center Directors' Meeting

The 1994 meeting of the Designated State Center Directors was held November 16–18 at the Embassy Row Hotel in Washington, D.C. Representatives from 47 States, Washington, D.C., New York City, and Puerto Rico attended, along with representatives from other federal agencies and the private sector.

Dr. Feinleib, Director, National Center for Health Statistics (NCHS) welcomed the group and chaired the opening session. The opening session set the meeting theme, focusing on the current challenges in

health statistics. Presentations provided national and state perspectives on information needs of health reform, integrated data systems, and community assessment.

One of the highlights of this year's meeting was a facilitated discussion in four breakout sessions that focused on State participants' perceptions of the roles, capabilities, and future of the State Centers. Presentations by Dr. Gail Fisher (NCHS) and George Van Amburg (Michigan Department of Public Health) preceding these sessions set the framework for the discussions.

The groups were challenged to address such issues as: state capacity to address the assessment function, evolving role of state centers, current issues, and lessons learned from experiences. Delton Atkinson (North Carolina), Dr. Jay Buechner (Rhode Island), Nita Gunter (Mississippi), and Dorothy Harshbarger (Alabama) reported on breakout session discussions at a plenary session on the last day of the meeting.

The meeting was deemed by some participants to be "the best State Center Directors meeting ever" with credit given to honest, open dialogue.

Midcourse Review of *Healthy People 2000*

In September 1994, the Public Health Service published a set of proposed revisions to the *Healthy People 2000* objectives for public review and comment¹. The revisions include (1) sixteen proposed new objectives that reflect scientific developments and new information that has become available since the publication of *Healthy People 2000*; (2) revisions to published objectives to encompass current issues and data

reporting systems; (3) more than 120 new special population subobjectives to focus on groups that are of highest risk of premature death, disease, or disability; and (4) revisions to the year 2000 targets where the baseline has changed.

The public comment period closed on November 30. Public Health Service agencies are currently reviewing public input to the draft. The final revisions will be published

in 1995 by the Office of Disease Prevention and Health Promotion in a new report, "Midcourse Review of *Healthy People 2000*: National Health Promotion and Disease Prevention Objectives."

¹U.S. Department of Health and Human Services, Public Health Service. *Draft for Public Review and Comment, Healthy People 2000, National Health Promotion and Disease Prevention Objectives, Midcourse Revisions*. September 1994.

ASTI

Listed below is the 1995 series of short-term training courses sponsored by the Applied Statistics Training Institute (ASTI). This is the fourth year that ASTI has presented courses primarily for personnel in State and local health agencies. Courses given by ASTI usually do not require an advanced biostatistical background, but are presented at a level that takes into account the practical experience of the students. The 1995 ASTI Bulletin of courses will be available soon. For further information, or to be placed on the mailing list for course announcements, write or call

Sheldon Starr, ASTI Coordinator,
6525 Belcrest Rd., Rm 1100,
Hyattsville, MD 20782 telephone
(301) 436-7064
Fax (301) 436-4233.

Marketing Information to Policymakers: How Statisticians Can Produce What Politicians Want

Instructor: Paul Gionfriddo
Dates: March 13–15
Location: San Diego, CA

Small Area Analysis

Instructor: G.E. Alan Dever, Ph.D.
Dates: April 26–28
Location: Orlando, FL

Introduction to Survey Sampling
Instructor: William Kalsbeek, Ph.D.
Dates: May 15–17
Location: Scottsdale, AZ

Utilization of Data by the Public Health Manager
Instructor: Lloyd Novick, M.D., M.P.H.
Dates: June 12–14
Location: Cincinnati, OH

Introduction to Geographical Information Systems for Public Health Applications
Instructor: J. Wanzer Drane, Ph.D.
Dates: September 18–20
Location: Norfolk, VA

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If you reach our Voicemail system, you can leave a message for a particular staffperson by following the operator instructions and entering the first three "letters" of his or her last name. The system will forward you to the Voicemail area for that

person. If you are not sure who to direct your call to, you may leave a message in the Division area, and the message will be forwarded the next business day to the appropriate staffer.

New Staff

Since the last issue of Statistics and Surveillance, the Division of Health Promotion Statistics has gained two new staffers. **Kimberly Oliver** shares the secretarial position with Shari Rapisardi. Their job-sharing arrangement, the first at

NCHS, has worked very well. Kim has worked at NCHS for 7 years. Before coming to the Division, Kim worked in the Office of the Center Director, NCHS.

Insun Kim, Dr. P.H. is working in the State and Local Support

Branch, concentrating on data comparability issues at the national and state levels. Insun formerly worked for the National Center for Chronic Disease Prevention and Health Promotion (CDC), stationed at the Maryland Department of Health and Mental Hygiene.

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