

**Assessment strategy 2: Making health information available to State and local health departments, Federal agencies, and other users, employing appropriate new technology**

**Office of the Assistant Secretary for Health (OASH)**

1. Continue support of the National Data Archive on Adolescent Pregnancy and Parenting, which collects data from the most significant new research in the areas of teenaged sexuality, pregnancy, and parenting, archives the data, and distributes them to researchers to use for secondary research (*Office of Population Affairs*).

**1990-91**

**1992 and beyond**

2. Coordinate and promote dissemination of national, State, and local public and private agency information on the nation's progress toward the Healthy People 2000 Objectives (*Office of Disease Prevention and Health Promotion*).

**1992 and beyond**

**National Institutes of Health (NIH)**

1. Assemble and analyze information from surveillance studies and publish reports that outline the status of health in this country and trends in risk factors. Make reports available to the general public and private health programs.

**1990-91**

**1992 and beyond**

- Assure the participation of State and local health officials in activities of NIH Advisory Boards and Councils.

- Assure attendance by State and local health officials at consensus conferences and scientific meetings related to areas of national public health program significance.

- Conduct and support long-term environmental and occupational epidemiologic studies across the country. Publish findings in scientific journals and direct to regulatory agencies for action, if indicated.

- Publish results of epidemiologic studies on cognitive impairment, hip fracture, sleep disorders, physical disability, psychological, social, and economic conditions of older Americans.

- Establish an Alzheimer Disease Education and Referral Center to serve as a national resource for information and materials on Alzheimer disease for patients, practitioners, and the general public. Work closely with State agencies on information dissemination.

- Publish various health-related publications, such as *Age Page*.

**Indian Health Service (IHS)**

1. Establish effective and meaningful procedures to disseminate data and information generated from data analyses for tribal leaders and American Indian and Alaska Native communities.

**1992 and beyond**

2. Provide participating tribes and communities with data developed through the administration of the Indian-specific adolescent survey developed by the University of Minnesota.

**1992 and beyond**

3. Provide an analysis of infant mortality to tribal governments and urban organizations.

**1992 and beyond**

4. Review the progress of chemical dependency prevention and treatment programs since 1985 and provide an analysis to tribal governments.

**1992 and beyond**

5. Establish public use data tapes to be distributed by the National Technical Information Service for IHS natality, mortality, and inpatient and ambulatory patient care data files.

**1992 and beyond**

6. Establish program data reporting requirements for tribal contractors that are providing health services funded by IHS. Request Office of Management and Budget information collection clearance, as appropriate, for the reporting requirements.

**1992 and beyond**

7. Submit the IHS patient registration file to the National Center for Health Statistics for matching with the National Death Index to assess the accuracy of Indian race reporting on State death certificates.

**1992 and beyond**

- Analyze the results of the data match to determine the States where underreporting of Indian race on death certificates occurs and the extent of the problem.

- In those States that are identified as problem areas, begin working with the State vital statistics office to establish programs to improve the accuracy of Indian race reporting on death certificates.

8. Plan the analysis and use the data from the National Medical Expenditure Survey (NMES) of AHCPR. The survey provides information on location, type of care, and cost of care for American Indian and Alaska Native populations from all sources, including non-IHS sources.

**1990-91**

9. Analyze NMES annual injury trend information and provide information annually to tribal decision makes.

**1990-91**

**1992 and beyond**

10. Provide a comprehensive severe injury profile to each tribe.

**1990-91**

**1992 and beyond**

11. Present data from the International Collaborative Study of Oral Health Outcomes, Part II, and other surveys of American Indian and Alaska Native oral health status to tribal, Federal, State, and local decisions makers.

**1992 and beyond**

12. Research legislation and policy changes, immediately communicating changes that affect Community Health Representative tribal programs.

**1992 and beyond**

### **Health Resources and Services Administration (HRSA)**

1. Survey national public health organizations to determine their needs for data used in determining the service needs of disadvantaged populations, and to identify specific agency data sets that can be made available to meet this goal.

**1990-91**

**1992 and beyond**

2. Broaden efforts to serve as a central resource for information on the activities of States, the private sector, and Federal programs involved in various aspects of organ transplantation, such as public

education on organ donation, medical research, and health care financing.

- Conduct studies to identify effective methods of communicating educational information on organ donation and transplantation to minority populations for the purpose of increasing the national rate of organ donations from these population groups (*Bureau of Health Resources Development*).

**1990-91**

**1992 and beyond**

- Develop and pilot test a program to train health professionals in effective methods of requesting organ donations from members of minority groups, and identify factors that inhibit minority group organ donation (*Bureau of Health Resources Development*).

**1990-91**

3. Determine the most effective methods for organizing and providing services for persons with AIDS, and make that information available to States and communities.

- Expand and strengthen studies designed to demonstrate effective ways to manage pediatric AIDS and reduce the amount of time patients spend in hospital settings, by emphasizing outpatient and community health care settings.

**1990-91**

- Participate in developing a computerized clearinghouse for information on pediatric AIDS investigative therapies and treatment, education, and training materials. This effort would be carefully coordinated with the NIH National Institute of Allergy and Infectious Diseases' computerized information project.

**1990-91**

- Establish demonstration projects to determine how public and private sector providers of full spectrum medical and support services can be organized under case management protocols to provide cost effective care for people with HIV infection.

**1990-91**

- Provide training for health care providers through the AIDS Education and Training Centers.

**1990-91**

**1992 and beyond**

## **Food and Drug Administration (FDA)**

1. Develop and explore the potential for sharing with private industry a systematic data base of the levels of carcinogenic and mutagenic substances in the food supply. This data base will be developed in collaboration with other PHS agencies.

**1992 and beyond**

2. Strengthen and expand the system for electronic submission of periodic adverse drug reaction reports from industry and physicians.

**1992 and beyond**

3. Adopt on a widespread basis automated data systems to improve the timeliness and quality of FDA's review of New Animal Drug Applications. Coordinate this automation initiative with industry so that they are attuned to the regulatory and technical requirements associated with submitting information as part of this process. (See assurance strategy 1, FDA item 39.)

**1992 and beyond**

4. Expand the use of the nationwide, computerized Import Support and Information System, by exploring ways it can be effectively enhanced to provide interaction with other Federal, State, and local enforcement agencies.

**1992 and beyond**

## **Centers for Disease Control (CDC)**

1. Develop a coordinated and computerized system that enables all appropriate agencies on an on-going basis to monitor progress toward the Healthy People 2000 Objectives. The information provided would include assessments of trends in disease, disability, injuries, and premature deaths. The system would include major data sets to determine systemwide implications of program specific policies.

- Initiate discussions with State centers for health statistics about expanding activities to include surveillance.

**1990-91**

- Expand AHCPR's National Medical Expenditure Survey to accommodate State data needs.

**1992 and beyond**

- Implement model systems at the State or local level for collecting, analyzing, and disseminating the health status indicators.

**1992 and beyond**

- Develop model performance evaluation systems to determine the quality and effectiveness of emerging laboratory technologies that support public health objectives.

**1990-91**

- Expand the Public Health Laboratory Information System (PHLIS) of the Center for Infectious Diseases to all 50 States, and increase coverage to include reporting of applicable diseases, including Legionnaire's disease.

**1992 and beyond**

- Modify the National Health Interview Survey to provide appropriate sample frames in each State.

**1990-91**

2. Develop efficient systems for electronic acquisition, analysis, and dissemination of health data for surveillance and for monitoring progress toward the Healthy People 2000 Objectives.

- Enhance data acquisition and reduction software and hardware, emphasizing appropriate quality control features. For example, expand and enhance current Computer Assisted Telephone Interview Techniques (CATI), extend adoption of Medical Indexing Classification and Retrieval System (MICAR), extend Automated Classification of Medical Entities (ACME), and National Electronic Telecommunication System for Surveillance (NETSS).

**1992 and beyond**

- Improve electronic dissemination of currently available health information and increase the data available electronically for health assessment. For example, enhance and expand such data systems as Wide-ranging Online Data for Epidemiologic Research (WONDER) and Quick Electronic Storage and Transfer System (QUEST); provide more and varied survey data in machine readable form, such as CD-ROM and on diskette; and assure access to the National Institute for Occupational Safety and Health's Technical Information Center (NIOSH TIC), the Public Health Laboratory Information System (PHLIS), and the Registry of Toxic Effects of Chemical Substances (RTECS).

**1990-91**

**1992 and beyond**

• Improve and widely distribute software available for analysis of health data pertaining to health assessment. For example, make widely available WONDER, Computer Program for Epidemiology Information (EPI-INFO), PHLIS, Survey Design and Analysis Package (SUDAAN), Automated System for Survey Information and Statistical Tools (ASSIST), and Geographic Information System (GIS).

1990-91

1992 and beyond

#### **Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)**

1. Increase access to Alcohol and Alcohol Problems Science Database (ETOH), the National Institute on Alcohol Abuse and Alcoholism's bibliographic on-line alcohol data base.

• Promote its availability to the library and information sciences community, making it available through other vendors and data base networks;

1990-91

1992 and beyond

• Develop an alcohol thesaurus to improve access to NIAAA's ETOH data base as well as to other data bases containing alcohol-related information and to provide a standard language for the alcohol field.

1990-91

1992 and beyond

• Work with an advisory board comprised of researchers, librarians and information specialists, and clinicians to ensure the development of a thesaurus that meets the needs of those who search and use alcohol information.

1990-91

1992 and beyond

2. Continue to publish "Alcohol Health and Research World," NIAAA's quarterly, peer-reviewed journal of current research that is distributed to about 6,000 subscribers.

1990-91

1992 and beyond

3. Continue to publish and promote the availability of "Alcohol Alert," NIAAA's bulletin that conveys important research findings to health practitioners on specific topics.

1990-91

1992 and beyond

4. Organize and sponsor a series of conferences and symposia to bring new findings from alcohol research to the attention of interested parties.

1990-91

1992 and beyond

5. Sponsor and improve the Drug Abuse Information Service (DAIS) for users on the Public Health Network (PHN). Support development of DAIS applications to provide users with baseline data about the nature and extent of drug abuse, trends in abuse of drugs, emerging drugs of abuse, and characteristics of at-risk populations.

1990-91

1992 and beyond

• Continuing to evaluate and upgrade DAIS by soliciting user comments and analyzing usage rates for individual applications.

1990-91

• Expanding DAIS to include users from each State Epidemiology Work Group and other countries.

1990-91

1992 and beyond

• Developing and implementing new applications for DAIS, including upgrades of DAWN data (the National Institute on Drug Abuse's Drug Abuse Warning Network), the Household Survey data, data from the NIDA's High School Senior Survey, other measures of drug abuse prevalence and incidence, and data from epidemiologic studies of adverse effects from drug abuse.

1990-91

1992 and beyond

• Developing new medications to relieve or medically treat the debilitating consequences of abusing illicit drugs.

1990-91

1992 and beyond

• Developing outreach techniques to help curb the spread of AIDS among intravenous drug abusers, their sexual partners, and children.

1990-91

1992 and beyond

6. Disseminate research demonstration data on the impact of public mental health policies on the homeless mentally ill population (*National Institute of Mental Health*).

1992 and beyond

7. Establish a clearinghouse function for synthesizing and disseminating mental health services research findings from the eight National Minority Mental Health Research Centers (*National Institute of Mental Health*).

1992 and beyond

8. Issue a report on the accomplishments of the Decade of the Brain (*National Institute of Mental Health*).

**1992 and beyond**

9. Maintain Regional Alcohol and Drug Awareness Resource (RADAR) centers as a means of staying in touch with the nation's communities regarding new developments in alcohol and other drug problems or prevention needs (*Office for Substance Abuse Prevention*).

**1990-91**

**1992 and beyond**

10. Through the National Clearinghouse for Alcohol and Drug Information, make available information on alcohol- and other drug-impaired driving; the dangers of tobacco, cocaine, and marijuana use by pregnant women; and materials directed to all age groups (*Office for Substance Abuse Prevention*).

**1990-91**

11. Award a contract to develop media mechanisms directed to the hard-to-reach populations (*Office for Substance Abuse Prevention*).

**1992 and beyond**

#### **Agency for Health Care Policy and Research (AHCPR)**

1. Conduct, support, and disseminate the findings of research, demonstration programs, and evaluations in the area of health care services and systems for their delivery. AHCPR is tasked with disseminating the findings from research and other activities, such as clinical practice guidelines. AHCPR may conduct or support research on methods of improving dissemination of information on the effectiveness and appropriateness of health care services and procedures. Special emphasis will be given to the delivery of rural health care services, the health of low-income groups, minorities, and older adults.

**1990-91**

**1992 and beyond**

#### **Agency for Toxic Substances and Disease Registry (ATSDR)**

1. Assist in preventing or mitigating adverse health effects from exposure to hazardous substances, summarize and interpret aspects pertinent to the user, and present them in a useful and interpretable form.

**1990-91**

**1992 and beyond**

- Disseminate ATSDR's Toxicological Profiles.
- Develop toxicological short courses for the education of health professionals with the assistance of the National Association of County Health Officials.
- Provide health-related training to those county and local officials who conduct and manage responses to emergencies, especially those involving release of hazardous substances.