

Position Statement

Submission Date: 3/31/2005

Committee: CSTE Executive Committee
05-EC-02

Title: Support for alternative funding for CDC Assessment Initiative

Statement of the Problem:

The Preventive Health and Health Services Block Grant has been eliminated from President Bush's proposed budget. This Block Grant funds the CDC Assessment Initiative (in addition to state initiatives) which currently provides cooperative agreement funds to seven states with the goal of improving health assessment through improved data dissemination and building local capacity for community health assessment.

Statement of the desired action(s) to be taken:

The U.S. budget should continue funding, through the Preventive Health and Health Services Block Grant, the CDC Assessment Initiative. In the event that Congress fails to provide funding for the Preventive Health and Health Services Block Grant, CDC should find alternative funding (\$3 million) for the Assessment Initiative.

Public Health Impact:

The CDC Assessment Initiative is funded through PHHS Block Grant funds administered by the National Center for Chronic Disease Prevention and Health Promotion at CDC. The Assessment Initiative Program currently resides in CDC's newly created National Center for Public Health Informatics. In turn, the CDC Assessment Initiative has funded 15 states to improve community health assessment (see <http://www.cdc.gov/epo/dphsi/AI/ai-bg_new.htm>). Assessment Initiative funded projects have focused on improving community health assessment through, improving data dissemination and building capacity for community health assessment. These state projects have improved local access to health data, ability to understand and use health data appropriately, and communities' ability to assess health status and measure impact of programs on health status. In many states, the work of the Assessment Initiative projects provides or assists communities with the data needed to assess, plan, implement change and evaluate intervention effectiveness in regard to their health status.

Impact at Local Level—Data Driven Awareness and Action to Address a Public Health Problem:

In FY 2004, a portion of AI funds supported enhancements to Utah's Indicator-Based Information System for Public Health (IBIS-PH), an on-line queriable tool promoting easy access to public health data. As a result, a small city in the urban Salt Lake Valley used IBIS-PH to access vital records data to inform a teen pregnancy prevention project. Community health workers in the City of Midvale were able to access data on teen pregnancy for their city and discovered that, among Utah's 61 small areas, Midvale had the state's highest rate of teen pregnancy among girls age 10 to 14. IBIS-PH data were used to document the problem and to involve city executives, including the City Mayor, to provide a high-profile intervention. News of the city's problem and program was reported on local television stations and in newspapers around the region.

Impact at State Level—Collaboration Leading to Project Sustainability and Institutionalization:

The Missouri Department of Health and Senior Services (DHSS) used AI funds to develop an integrated data warehouse and a web-based, interactive query system for getting health data to the users who need it. In 2002, data generated from this system was presented to the Missouri Health Foundation. The Foundation's Board of Directors—only one of whom had a background in public health—were tasked with identifying health priorities to form the basis for a state-wide grant program. Based on the compelling county-level assessment data presented by DHSS on life expectancy, poverty, and 52 health conditions, the Foundation established three health

priorities and awarded \$20 million to non-profit health organizations across Missouri to address those priorities. Because of the relationship formed through this initial collaboration, the MO DHHS was approached by the Foundation for Health again in 2003 and requested to develop 2 funding proposals to expand and enhance their web-based system by developing interactive links to proven intervention resources for priority health conditions, and to develop a minority health report and a racial graphic functionality for their Community Health Profiles. Both proposals received funding in FY 2004.

Impact—Public Health Infrastructure: Through the CDC Assessment Initiative, the New York State Department of Health developed an evaluation tool to rate the overall completeness and usability of community health assessments (CHA) completed by local health departments (LHD). The results of this evaluation were shared with 125 LHD staff in four facilitated feedback sessions to compare state and local perspectives on characteristics of an effective CHA, strengthen the state-wide guidance and format for completing a CHA, identify public health workforce training needs, and provide a baseline against which future CHA quality evaluations may be compared. One outcome of this process was the development of an electronic CHA Clearinghouse designed to share examples of promising practices employed by LHD, CHA data sources/tools, and links to evidence-based community health practices. The Clearinghouse is available as a resource to all public health agencies at: <http://www.health.state.ny.us/nysdoh/chac/index.htm>.

Coordination:

Agencies for Response: (List only one name per agency, preferably an individual in a senior management position; complete contact information must be provided for acceptance to review.)

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