NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

Communicating the Value of Public Health through Data and Surveillance

NACDD GEAR Group 1
SEPTEMBER 2017

Communicating the Value of Public Health through Data and Surveillance

The 2017 GEAR Group 1 Community of Practice worked collaboratively to develop and foster a learning incubator on various cross-cutting topics of interest to advance leadership development and increase networking among state public health professionals.

GEAR Group 1 members shared experiences in using quantitative data, qualitative data, and epidemiological methods utilized to help decision makers, project partners, and other groups understand the value of chronic disease data and evidence-based public health approaches. Participants also shared lessons learned and messages tailored to meet audience needs.

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NACDD 2017 GEAR GROUP 1: Health Equity and CDC Domain State Examples Demonstrating the Public Health Value of Data

DOMAIN 1: MINNESOTA

Publicly-accessible, easy-to-use data on asthma, birth defects, cancer, COPD, diabetes, heart attacks, obesity, oral health and more are provided on the Minnesota Data Access Portal. Indicators for public health planning and evaluation are tracked and reported on the Healthy Minnesota 2020: State Chronic Disease & Injury Dashboard.

DOMAIN 1: COLORADO

Each local public health agency in Colorado is required to have a comprehensive public health improvement plan. The state health department has developed data tools that assist with the community health assessment phase of planning:
Colorado Health Indicators provides high-level data on a comprehensive set of topics.
VISION provides more detailed data on chronic disease and behavioral health indicators.
Community-Level Estimates provides census tract-level data on several BRFSS indicators.

DOMAIN 3: RHODE ISLAND

In Rhode Island, the chronic care team is adding questions to the state's biennial primary care practice capacity survey to find out the extent of clinical practices using community health workers (CHWs) for chronic care/management, with policies to identify undiagnosed HTN, etc. Data will be shared with the state's medical society to increase provider awareness and engagement.

DOMAIN 4: IOWA

In Iowa, the locations for diabetes self-management education programs (DSME) and county of residence of Medicaid members with a diabetes diagnosis were used for mapping. Map was used to inform population density of the Medicaid members living with diabetes and identify areas of the state with less than adequate access to DSME for that population.

ACRONYMS

COPD – coronary obstructive pulmonary disorder, BRFSS – Behavioral Risk Factor Surveillance System, FQHC – Federally Qualified Health Center, LGBTQ – Lesbian, Gay, Bisexual, Transgender and Questioning, and YRBS – Youth Risk Behavior Surveillance System

DOMAIN 2: PENNSYLVANIA

The Pennsylvania Division of Tobacco Prevention and Control used data to evaluate the *Young Lungs at Play* campaign which makes the environment in which children play smoke free. Ongoing geographic evaluation of Young Lungs at Play enables Pennsylvania to first identify areas of success regionally and utilize that information to further explore successful promotional strategies and technical assistance efforts.

DOMAIN 2: FLORIDA

The Bureau of Chronic Disease Prevention identifies and partners with communities in need to promote evidence-based strategies with the HealthiestWeight initiative. The goal of the initiative is to increase and enhance farmers markets, corner stores, food service guidelines, complete streets, walkability, and active transportation. Data are shared with partners participating in the initiative to improve future activities. Funding is disbursed to all 67 counties.

DOMAIN 3: NEW YORK

In New York, the state health department worked with Federally Qualified Health Centers (FQHC) on a demonstration project to develop a cancer screening registry within a clinical data warehouse. The registry will be used to enhance policies and procedures to increase breast, cervical and colorectal cancer screening rates.

HEALTH EQUITY: WISCONSIN

In Wisconsin, the Chronic Disease Prevention Program has teamed up with others in the Department of Health Services (DHS) to create an LGBTQ Disparity Report. The report focuses on the Healthy Wisconsin health priority areas including: tobacco, alcohol, physical activity, nutrition, opioids, and suicide. Wisconsin-specific data used in this report include BRFSS, YRBS, and the National Survey on Drug Use and Health.

This report will be used to educate DHS staff about health disparities that occur within the LGBTQ population as well as the importance of including LGBTQ health in all areas of public health.

Health Equity and CDC NCCDHP DOMAIN/FOCUS AREA OVERVIEW NACDD 2017 GEAR Group 1

Epidemiology and Surveillance Contribute to the Value of Public Health across Domains

Health Equity

Improve data collection, identify indicators, set objectives, develop surveillance plan and regularly monitor data to assess health disparities and inequities in support of attaining the highest level of health for all people.

Domain 1

Create and maintain appropriate surveillance infrastructure. Monitor trends in the prevalence of health behaviors and conditions and the rates of hospital discharges, disease incidence and mortality. Disseminate data to help plan and evaluate public health programs and policies.

Domain 2

Use data to promote, adopt and evaluate policy, systems and environmental approaches for promoting health and improving healthy behaviors. Use data to identify high-need areas and populations.

Domain 3

Use data-driven decision making to identify and evaluate most effective health care system interventions for improving delivery and use of clinical and recommended preventive services.

Domain 4

Conduct asset mapping and use data to identify target populations and promote placement of community programs linked to clinical services, in order to improve and sustain management of chronic disease in areas of need.