

**STATE CENTER
FOR HEALTH STATISTICS**

ANNUAL REPORT

FOR

FISCAL YEAR 2004

North Carolina
Department of Health and Human Services
Division of Public Health
State Center for Health Statistics
1908 Mail Service Center
Raleigh, NC 27699-1908



September 2004





N.C. Department of Health and Human Services

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Table of Contents

Section I. Introduction	1
Foreword	1
Vision Statement	1
Statutory Authority	1
History	1
Section II. Developments in SCHS During Fiscal Year 2003	2
Background	2
Organization of the SCHS	2
Changes During Fiscal Year 2004	2
Section III. SCHS Units	7
Operations, Quality Control, and Administration Unit	7
Description	7
Services	7
Accomplishments in FY 2003-2004	7
Proposed Initiatives for FY 2004-2005	8
N.C. Birth Defects Monitoring Program	9
Description	9
Services	9
Accomplishments in FY 2003-2004	9
Proposed Initiatives for FY 2004-2005	10
Central Cancer Registry	11
Description	11
Services	11
Accomplishments in FY 2003-2004	11
Proposed Initiatives in FY 2004-2005	12
The Geographic Analysis Unit	13
Description	13
Services	13
Accomplishments in FY 2003-2004	13
Proposed Initiatives for FY 2004-2005	14
Statistical Services Unit	15
Description	15
Services	15
Accomplishments in FY 2003-2004	16
Proposed Initiatives for FY 2004-2005	16
Section IV. Summary	17

SCHS FISCAL YEAR 2004 ANNUAL REPORT

Section I. Introduction

Foreword

The *SCHS Fiscal Year 2004 Annual Report* describes the work done in the State Center for Health Statistics (SCHS) during this past year and summarizes current and planned activities. The report also presents the challenges that are expected to confront the SCHS during the upcoming fiscal year. The SCHS operates in the Legal and Regulatory Affairs Section in the Division of Public Health within the Department of Health and Human Services.

Vision Statement

The State Center for Health Statistics, by providing high-quality information on the health of North Carolinians, will positively influence decision-making and health policy, thereby improving the health of all our citizens. By making better use of our human and technical resources, we strive to provide health data to policy makers, researchers, and citizens as efficiently and quickly as possible. Internally, the State Center seeks to create a better work environment, resulting in both successful employees and satisfied customers.

Statutory Authority

The SCHS is authorized by North Carolina General Statute under §§ 130A-371 to 130A-376 to collect, maintain, and analyze health and health-related data and to explore new or improved methods for obtaining data. The Center is also charged with managing the state's Central Cancer Registry (CCR) as established by General Statute under §§ 130A-205 to 130A-215 and the Birth Defects Monitoring Program (BDMP) as established by General Statute under §§ 130A-131.16 to 130A-131.24.

History

Created as the North Carolina Bureau of Vital Statistics by the State Legislature in 1913, the Bureau evolved by 1980 into the State Center for Health Statistics. In 1980, Governor James B. Hunt, Jr. directed the state health agencies (then known as the Division of Health Services) to administer the statistical activities mandated by the 1978 Public Law 95-623. Under this Act, the Division, through the State Center, was to coordinate all health data activity in the state and to explore new ways of obtaining, analyzing and disseminating health data. Since 1998, the State Center has been part of the Division of Public Health in the N.C. Department of Health and Human Services.

Section II. Developments in SCHS During Fiscal Year 2003

Background

Prior to FY 2004, the SCHS contained two additional units: Vital Records and Health Informatics. Vital Records became its own section. Health Informatics staff were assigned to three separate agencies in DHHS, depending on their function and duties. Some were assigned to the new Vital Records Section, others transferred to the Administrative Support Section, and some staff were assigned to the newly created Bioterrorism Branch in the Epidemiology Section. Since March 2002, the SCHS has operated under its new structure, which has helped focus its mission of collecting, analyzing and disseminating public health information. Ongoing studies concerning centralization of Information Technology (IT) functions are presently underway and could further impact the State Center staff composition and duties.

Organization of the SCHS

The SCHS is presently comprised of four programmatic units and one administrative unit.

1. Birth Defects Monitoring Program (BDMP)
2. Central Cancer Registry (CCR)
3. Geographic Analysis Unit (GAU)
4. Statistical Services Unit (SSU)
5. Operations, Quality Control, and Administration Unit

Descriptions of these units are given in Section III.

Changes During Fiscal Year 2004

Budget and Personnel: Notwithstanding budget cuts, the SCHS experienced modest growth during FY 2004 by creating two new positions funded through Center for Disease Control (CDC) grants to enhance work in the Central Cancer Registry (CCR). At this time these positions are being classified and posted for recruitment, expected to be completed during FY 2005. The Birth Defects Monitoring Unit (BDMP), although not adding any new positions, expanded its surveillance coverage to include all acute care hospitals providing labor and delivery and/or pediatric services in North Carolina. In addition, through the Center for Birth Defects Research and Prevention project the BDMP increased its collaboration with UNC-CH for research into the causes of birth defects.

Web Development: The SCHS increased the amount of information on its web site considerably during FY 2004 to more than 20,000 pages and documents, doubling the number from about 10,000 pages at end of FY 2003. Increasingly, the Web site has become a primary source for external and internal data users. At the same time the State Center maintains a schedule of regular publications and an active distribution of printed special reports throughout the year. All regular and special publications are now accessible on the web at the SCHS Web site: <http://www.schs.state.nc.us/SCHS/>

The increased use of the SCHS web site by the public and other users is reflected in the increased number of requests for pages and documents related to health statistics. Excluding robots (automated programs that gather web-based information), the number of requests in FY 2001 was 157,392 and the next year it increased 36 percent to 214,377. The number increased even more (56%) in FY 2003 to 334,549. During FY 2004, the number of non-robotic inquiries went up to 446,415, a further 33 percent increase. In three years, use of the SCHS web has almost tripled. Figure 1 below graphically describes the trend.

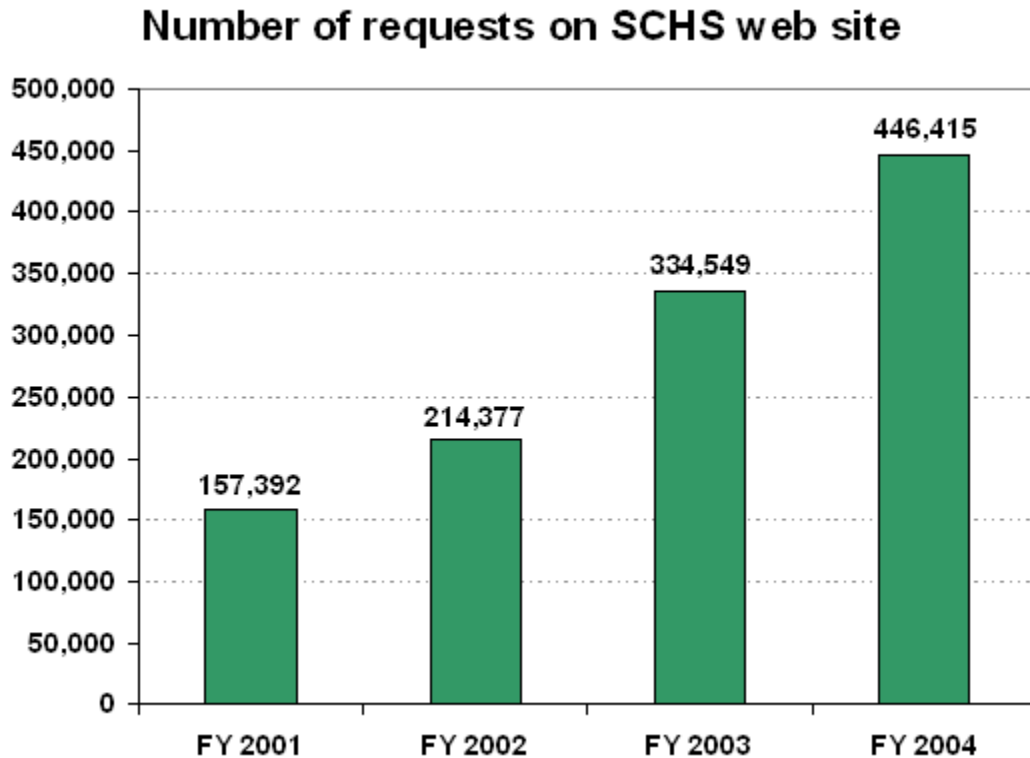


Figure 1

Furthermore, the SCHS has increased web support to other public health agencies by managing a Web site for the Early Intervention Branch and for the office implementing the Health Insurance Portability and Accountability Act (HIPAA) in North Carolina. Also, we have managed the Office of Minority Health and Health Disparities Web site. The SCHS has continued to maintain the Epidemiology and Vital Records Sections' Web sites and hosts the NC Healthy Schools Web site. In addition, the SCHS provides support for accessibility and online publications for the Division and the Department.

SCHS has embarked on a systematic review of the Web site, updating its format and information, enhancing support of the Intranet and carrying out a feasibility study to create a queryable Web site that will be more user friendly and will allow clients to manipulate data in a way that is more responsive to their information needs.

Services to Users and Public: The SCHS' core mission is the dissemination of health information to administrators, policy makers, researchers, and the public at large. Although information is distributed in printed form as well as on the Web, many of the services are provided to people who call the SCHS telephone line requesting health information. Despite a reduction of the positions devoted to answering data requests, the SCHS has arranged for this important function to be maintained with little decrease in timeliness or quality of responses.

The simpler requests, requiring referencing an existing publication or the Web, can be answered by support staff. However, most of the requests require more extensive search or programming. These requests are submitted to the Statisticians in the various units within the SCHS. The SCHS answers the vast majority of these requests within a few hours or days at most. Only complex questions requiring extensive SAS programming take longer than one week.

The SCHS tracks the information services that it provides to others. Using that tracking system we know that there were at least 3,507 activities where health or demographic information was provided to users during the time period from July 1, 2003 to June 30, 2004. This is a substantial increase from last fiscal year and is probably due to an improved accountability system for recording that type of work.

The SCHS also handles many phone calls related to programs or information that are not recorded in the activity reports. An estimate of the number of phone calls handled during FY 2004 by SCHS over and beyond those reflected in the activity reports is about 8,000.

Publications: The SCHS has a wide variety of publications. Many of these publications are part of the core function of disseminating health information. Other publications are printed in collaboration with other health agencies when focusing on a particular issue of interest to that agency. The State Center also has a system of special publications that reflect salient issues of public health interest. Occasionally, the SCHS will publish a statistical primer explaining a technical issue concerning statistics or information processing. Lastly, staff of the SCHS engage in extensive collaborations with academicians and other health practitioners which sometimes result in joint authorship in a refereed professional journal.

A title list of many of the publications done by the SCHS can be found on the Web site at: <http://www.schs.state.nc.us/SCHS/pubs/title.cfm>

During FY 2004, the SCHS staff had sole or joint authorship on 11 journal publications and published eight internal studies. Additionally, staff in the SCHS did over 44 presentations and posters during the year, processed over 45,000 cancer records, investigated 52 cancer clusters in the state, updated an ongoing cancer cluster in Rowan County, and completed one extensive special report investigating incidence of specific cancers around 12 asphalt plants in North Carolina. Additionally, SCHS staff reviewed over 7,000 records of infants suspected of having birth defects, engaged in 11 spatial analysis projects, and answered six special requests for geographic analysis. The State Center also published 17 special reports ranging from data about vital events to trends of health indicators at the county level.

Collaborative publications usually appear in the Web site under “Journal Articles”. Many of these collaborative publications are listed under the individual units’ descriptions of activities during FY 2004, found in Section III.

Collaborations: The four programmatic units in the SCHS engage in extensive and varied collaborations with agencies ranging from those within the Division of Public Health to national organizations and universities. Below are four examples of collaborations with other agencies carried out by the SCHS during FY 2004.

1. The Birth Defects Monitoring Program continues to work with the North Carolina Folic Acid Council in order to assess the progress being made in reducing the prevalence of neural tube defects through folic acid public health initiatives. The prevalence of neural tube defects in the state has declined by at least 30 percent between 1995 and 2002, but there is substantial variation in the amount of decline with respect to geographic region and socio-demographics, suggesting the need to target prevention programs toward specific populations. The BDMP has also been collaborating with the UNC School of Public Health on the N.C. Center for Birth Defects Research and Prevention and with states participating in the CDC-funded National Birth Defects Prevention Study. The BDMP is also working with the National Birth Defects Prevention Network on various smaller-scale research projects which have recently gotten underway.
2. The Central Cancer Registry worked with the Wake Forest University Medical School on a study of appropriateness of cancer care for breast and colon cancer. This study was authorized by the NC Advisory Committee for Cancer Coordination and Control. The final report will be published in late 2004. The CCR, working with the Indian Health Service, is implementing a project with the North Carolina Commission of Indian Affairs to identify Native Americans in its incident data. Several investigations of reported cancer clusters have been carried out in collaboration with the Office of Occupational and Environmental Epidemiology. Investigations done in the past fiscal year include brain cancer studies in 10 counties.
3. The Geographic Analysis Unit collaborated with Nutrition Services, Women’s and Children’s Health for several years on the Family Day Care Home Project. Family Day Care Homes are mapped as points and overlaid with a special run of the Census to determine if the home is located in an area with a high prevalence of children in poverty. If so, the home qualifies for lunch reimbursements. During the summer GAU also does poverty analysis for Summer Food Programs.
4. Staff of the Statistical Services Unit worked closely with the Office of Minority Health and Health Disparities to publish a comprehensive report titled *Racial and Ethnic Differences in Health in North Carolina: 2004 Update*. This report was released in a press conference by the Secretary of the Department of Health and Human Services, showing the commitment of the Department to eliminate health disparities in North Carolina. Topics covered in the report are: population, risk factors among adults, deaths, alcohol involvement in injury deaths, cancer incidence, HIV and sexually transmitted diseases, teen pregnancies, live births, infant deaths, risk factors around the time of

pregnancy, birth defects, and youth risk factors. Over the coming year, the data in this report will be used as the basis for developing separate Minority Health Fact Sheets for African Americans, American Indians and Hispanics/Latinos.

A partial list of agencies with which the SCHS collaborated on different projects during FY 2004 is given below:

Women's and Children Section, DPH
NC Chapters – March of Dimes
N.C. Child Fatality Task Force
UNC School of Public Health
Department of Maternal-Fetal Medicine, Wake Forest University School of Medicine
Division of Aging, DHHS
Division of Medical Assistance, DHHS
Office of Minority Health, DHHS
Office of Research, Demonstrations, and Resource Development, DHHS
Epidemiology Section, DPH
Vital Records Section, DPH
Chronic Diseases and Injury Section, DPH
Office of Healthy Carolinians, DPH
American Cancer Society
Indian Health Service
Local Health Departments (LHD's)
Cecil G. Sheps Center for Health Services Research
UNC Lineberger Cancer Center
Duke University Medical Center
Columbia University
UNC Carolina Mammography Registry
Battelle Center for Public Health Research and Evaluation
North Carolina Commission of Indian Affairs, DOA

Section III. SCHS Units

Operations, Quality Control, and Administration Unit

Description

The Operations, Quality Control, and Administrative Unit is responsible for the day to day management of fiscal, personnel, training, and facilities/repair functions within the State Center. This Unit facilitates the operations of the programmatic units while also ensuring that the SCHS complies with all DHHS and DPH policies and requests. The Unit has responsibility for tracking and monitoring purchases and payments, contracts, grants and assets.

Services

- Implements SCHS, section, division, departmental, state and federal policies, procedures and strategic plans with respect to budget, purchasing and spending, personnel, contracts, MOUs, grants and safety.
- Develops and oversees all SCHS state, receipt, Medicaid reimbursement, and federal award budgets and activities, including accounts receivable and payable and contract expenditures, and provides budgetary analysis and data to SCHS, section, division, and departmental managers.
- Prepares and monitors paperwork and revisions for all personnel and salary actions and tracks and reports on SCHS employee training activities.
- Plans for SCHS space, furniture and equipment needs, and arranges for office space rentals, and requisitions of equipment and furniture purchases.
- Ensures all new SCHS employees receive SCHS Starter Kit, including SCHS orientation, SCHS SOP guidebook and starter supplies.

Accomplishments in FY 2003-2004

- Implemented and refined standardized procedures for communicating with budget purchasing/payables clerk (relocated to division office) to foster rapid responses to SCHS budget, purchase, and payment needs.
- Completed the overhaul of the SCHS central file system, by establishing and implementing standardized procedures for keeping files updated and purged according to state records retention schedules and the Director's guidelines. Established a Central Files project coordinator.
- Established a Standards Operating Procedures (SOP) project coordinator. Completed first and second drafts of SCHS SOPs.
- Ensured that HIPAA and Workplace Harassment mandatory training completed by all SCHS new staff and certification forms signed and turned in to DPH within specified deadline.

Proposed Initiatives for FY 2004-2005

- Ensure that all new employees complete HIPAA and Workplace Harassment mandatory training with certification forms signed and turned in to DPH within initial 90 days of employment with SCHS.
- Continue to refine SCHS New Employee Orientation Protocol. Establish a New Employee Orientation project coordinator.
- Maintain the SCHS Central File System and ensure adherence to the standardized procedures for keeping files updated and purged according to state records retention schedules and the Director's guidelines.
- Complete final draft of SCHS Standard Operating Procedures. Begin pilot to ensure SOPs are viable and user-friendly. Publish main guidebook as well as a summary guidebook for all SCHS new employees.
- Conduct massive SCHS cleanup in preparation for relocation.
- Organize and facilitate relocation of entire SCHS to new building.

N.C. Birth Defects Monitoring Program

Description

The North Carolina Birth Defects Monitoring Program (BDMP) was formally established by the N.C. General Assembly in 1995. The BDMP ascertains data on infants who are born with serious congenital anomalies diagnosed within the first year of life (approximately 4,000-5,000 infants per year). Data are collected by trained field staff who systematically review and abstract hospital medical records, supplemented by information from administrative health databases such as hospital discharge data, vital records and other sources. This intensive method of case ascertainment provides the most complete, accurate and timely data on the incidence of birth defects, thereby enhancing its usefulness to public health programs. The program maintains a central registry with patient identifying information which is considered confidential under state law. The BDMP works closely with other sections in public health, including genetics and CSC, as well as with university-based researchers, advocacy groups, and other stakeholders. In addition, the BDMP carries out data analyses for the North Carolina Child Fatality Prevention Task Force, maternal mortality surveillance, and provides other statistical support to programs within the Children and Youth Branch, Women and Children's Health Section.

Services

- Responds to inquiries from health departments, physicians, legislators, and the public concerning the occurrence of birth defects in their communities.
- Provides data needed to help design, target, and evaluate public health prevention activities.
- Conducts descriptive epidemiologic studies of risk factors for birth defects in North Carolina, and collaborates with universities and others on etiologic studies of birth defects in order to identify new avenues of prevention.
- Improves delivery of services to children with special needs through identification and referral to appropriate services.

Accomplishments in FY 2003-2004

- The BDMP is entering its third year as a collaborator with the UNC Department of Epidemiology on the N.C. Center for Birth Defects Research and Prevention. The Center's goal is to identify the causes and means of preventing birth defects. North Carolina is one of eight states being funded to participate in the CDC-funded National Birth Defects Prevention Study, which is the largest ongoing case-control study of birth defects in the world. Interviews of cases and controls in North Carolina are underway, and collection of DNA samples from study participants was initiated in the winter of 2003.
- The BDMP has implemented a new clinical database for its central registry, and is currently developing a plan for implementing a fully electronic (paperless) database. This new electronic database will improve the efficiency of data collection in order to enhance

the timeliness of case ascertainment and facilitate identification and referral of children and families for services.

- As of spring 2004 the BDMP has expanded its surveillance coverage to include all delivery hospitals in the state.
- Addressing one of the major challenges that was outlined last fiscal year, the BDMP has been working with the state of Virginia on developing a confidential data exchange agreement (DEA) between the two states. The purpose of such an agreement is to improve ascertainment of N.C. resident infants who are treated out-of-state. The BDMP has also been working closely with the National Birth Defects Prevention Network to study the use of DEAs in other states and to develop a set of templates that states may use to develop their own agreements. A survey of state-based birth defects programs is currently underway.

Proposed Initiatives for FY 2004-2005

- Continue participating in the National Birth Defects Prevention Study; expand study region to cover all resident births in western, northwestern and northeastern perinatal regions.
- Collaborate with the National Birth Defects Prevention Network on new multistate research projects related to: 1) impact of birth defects on preterm birth; 2) survival analysis of infants born with NTDs; and 3) rising incidence of gastroschisis in the United States.
- Update BDMP Web pages to provide more current and complete data on birth defects occurrence, risk factors, prevention, and services.

Central Cancer Registry

Description

The Central Cancer Registry (CCR) collects, processes and analyzes data on all cancer cases diagnosed among North Carolina residents. All health care providers are required by law to report cases to the CCR (as in nearly all other states) but the primary data source are hospitals. The CCR supplements hospital data with reports from physicians who diagnose cases that are not seen in a hospital. Death certificates and pathology laboratory reports are used to help identify cases that are missed in the routine reporting. Duplicate reports are consolidated in the data editing process. This is primarily a cancer surveillance activity – monitoring the incidence of cancer among the various populations of the state.

Services

- Provides data to state and county health departments to target resources for health education and screening services.
- Shares information with researchers for investigations into the causes and treatment of cancers.
- Works with public health advocates for focusing attention on the risk of cancer.
- Educates the public and provides evaluations of geographic and behavioral risk.
- Summarizes data which are published on the internet and in several periodic publications.
- Gives data to national organizations (CDC and NAACCR) that pool the data for national estimates of cancer incidence. These data submissions are also used to evaluate the quality and completeness of the CCR data.

Accomplishments in FY 2003-2004

- The CCR completed migration of its data management system from a MS Access-based system to an internet-based system. This has allowed us to give instantaneous feedback about data quality to facilities submitting data. It also provides more automated data processing resulting in staff efficiency and quicker access to the data.
- The CCR is again certified by the North American Association of Central Cancer Registries as a high quality registry for the fifth consecutive year.
- Staff has begun to systematically access new data sources (physician offices, radiation oncology centers, pathology laboratories and death certificates) to complement our mostly hospital-based data collection system. We recruited two new free standing radiation centers, with a total 14 of 15 statewide now reporting.
- The CCR collaborated with researchers at Wake Forest University Medical School to evaluate the quality of CCR treatment of early stage breast cancer data as compared to Medicaid data. This evaluation was requested by the N.C. Advisory Committee for Cancer Coordination and Control (ACCCC).

Proposed Initiatives in FY 2004-2005

- Collaborate with software vendor to complete enhancements to current database system that will facilitate communication between staff at the CCR and reporting facilities.
- Develop a system for efficiently processing pathology lab data, incorporating the newly identified cases into the CCR's main database.
- Develop a system for a more efficient death clearance processing.
- Add a geographic analysis component to our data analysis capabilities facilitating our response to requests for cancer cluster investigations.
- Work with hospitals and physicians to improve reporting so that the CCR's data completeness achieves 98 percent complete reporting.
- Complete linkage project with American Indian tribes in North Carolina to improve racial classification.
- Complete initial linkage project with National Death Index on patients diagnosed with cancer in 1996, to study the feasibility of future linkages.
- Collaborate with researchers and other outside data sources to improve the quality and completeness of the CCR's data through data links.

The Geographic Analysis Unit

Description

The Geographic Analysis Unit uses Geographic Information Systems (GIS) and other software to describe and analyze the spatial and temporal relationships that exist among mortality, morbidity, births and population characteristics, along with the environment in which they occur.

The Geographic Analysis Unit also develops and maintains the SCHS website. In addition, the Unit supports other sections in the Division of Public Health with their Web sites, the use of GIS and spatial analysis.

Services

- Responds to map requests from state and local public health agencies, organizations, universities and the public.
- Supports SCHS research, publications and presentations by providing maps and other spatial analyses.
- Provides spatial analysis expertise to other state, local agencies and programs on long-term projects. Collaborations include: Epidemiology Section, HIV/STD Prevention and Control Branch; Special Studies Unit and Communicable Disease Control; Foodborne Illnesses Unit; Women's and Children's Health Section, Nutrition Services Unit and Early Intervention Unit.
- Provides GIS technical support to other DHHS Divisions.
- Manages the SCHS website and provides support in website development for other DPH sections.

Accomplishments in FY 2003-2004

- Continued work with HIV/STD on Syphilis Elimination Project (SEP) and Outcome Assessment through Systems of Integrated Surveillance (OASIS).
- Geocoded 2002 N.C. deaths and nearly finished geocoding births.
- Performed Spatial Analysis of Asphalt Cancer Investigation.
- Transferred SCHS and divisional websites to new Web server.
- Created GIS databases for police, fire, and Emergency Medical Service personnel.
- Collected data for updating time series maps on the website.
- Continued support of the Family Day Care Homes (FDCH) Project.
- Implemented procedures to update and maintain information on SCHS Intranet.
- Assisted with Hazard Mitigation Plan for Communicable Diseases in North Carolina.
- Served as a member of the North American Association of Central Cancer Registries (NAACCR) GIS Workgroup.
- Chaired the State Government GIS Users Committee (SGUC).
- Served as a member of the Geographic Information Coordinating Council (GICC) by appointment from the DHHS Secretary.

Proposed Initiatives for FY 2004-2005

- Upgrade software for and update content of the online Health Atlas.
- Continually geocode Vital Records/Cancer Records on a quarterly basis and develop best practices for geocoding our vital records and other health data.
- Develop a pilot project for a queryable web site using death data.
- Establish geodatabase for address to streamline geocoding processes.
- Plan statewide GIS conference.

Statistical Services Unit

Description

The Statistical Services Unit collects, analyzes and disseminates data on the health status and health care use of North Carolinians. Staff also measure the effects that health services and programs have on the citizens of North Carolina. The Statistical Services Unit consists of three main work teams:

Survey Operations: Operates the Behavioral Risk Factor Surveillance System (BRFSS) and Pregnancy Risk Assessment Monitoring System (PRAMS) for North Carolina, two CDC-sponsored health surveys. Provides survey and data analysis support to state and local public health programs in North Carolina. Designs, tests and conducts special public health surveys.

Vital Statistics: Produces the annual vital statistics and induced abortion files for data analysis and reporting, provides data for the national Vital Statistics Cooperative Program and works with the Vital Records Section on data quality improvement efforts.

Health Services Analysis: Analyzes and disseminates data related to Medicaid, Health Choice, and hospital discharges. Staff work with the Division of Medical Assistance and the Office of Research, Demonstrations and Rural Health Development on issues of mutual interest to these programs and the Division of Public Health.

Services

- Answer requests for health and vital statistics data from all segments of North Carolina's population.
- Maintain and link various data sets enabling the Center to do comprehensive data analysis and health research.
- Publish a number of special research and evaluation studies and six annual publications.
- Present educational and training sessions to public health professionals, university students and other groups on data use, analysis, and interpretation.
- Provide extensive data analyses and reports for state and local public health agencies.
- Carry out special analyses of the Health Services Information System (HSIS), Medicaid, Health Choice and hospital discharge data files.
- Produce an annual online *County Data Book* as part of the North Carolina Community Health Assessment Process.
- Provide statistical and other support to the Office of the Chief Medical Examiner and analyze the medical examiner data to meet the needs of North Carolina public health programs.

Accomplishments in FY 2003-2004

- Produced five annual publications and six SCHS Studies.
- Published a major report titled *Racial and Ethnic Differences in Health in North Carolina: 2004 Update*, in cooperation with the Office of Minority Health and Health Disparities.
- Published a *Statistical Primer* on the International Classification of Diseases.
- Published the second comprehensive report on results from the Behavioral Risk Factor Surveillance System (BRFSS).
- Published on the State Center for Health Statistics web site data tables for live births broken out by receipt of Medicaid, WIC, health department prenatal care, Maternity Care Coordination and Child Service Coordination.
- Published on the State Center for Health Statistics web site extensive county-level graphs showing time trends in key health indicators.
- Expanded the BRFSS survey from more than 9,000 respondents in 2003 to approximately 15,000 respondents in 2004, enhancing our ability to produce direct survey estimates for selected counties and regions.
- Published on the State Center for Health Statistics Web site extensive data tables based on the BRFSS and PRAMS surveys.
- Enhanced quality control activities in the Vital Statistics Unit to improve the accuracy of the birth, death, and other vital data for North Carolinians.

Proposed Initiatives for FY 2004-2005

- Publish a special report on the health of Spanish-speaking Hispanics in North Carolina.
- Publish a special report on teen sexual activity and attitudes in North Carolina.
- Participate in the evaluation of expanded Medicaid coverage of family planning services (family planning “waiver”), in cooperation with the Sheps Center for Health Services Research, the Women’s and Children’s Health Section and the Division of Medical Assistance.
- Publish a special report on racial treatment and health measures, using data from the Behavioral Risk Factor Surveillance System (BRFSS).
- Produce estimates of the number of medically fragile children in North Carolina and their health care costs and write a report summarizing the results.
- Update 2003 Health Status Report for North Carolinians.

Section IV. Summary

During Fiscal Year 2004 the SCHS consolidated recent growth and moved to establish productivity and organizational patterns that could best serve the needs of multiple clients. While continuing to maintain its core functions of collecting, analyzing, and disseminating health data, the Center also achieved a new method of collecting and cleaning data in cooperation with the School of Public Health at UNC-Chapel Hill that will allow investigations of birth defects research questions. This past year we established regular data sharing with the State Lab to collect results from metabolic early screening tests on newborns. Ultimately this will allow for expanding the knowledge base in this emerging field.

The CCR shored up the training and quality control components of case abstracting and efficient coding from hospital and provider sources. These efforts should prove to be very helpful in improving data integrity and quality in the future.

The Center will continue to improve its Web site and postings as that medium has become a central piece in health data distribution and dissemination. The Center has moved to increase health information accessibility by posting all publications on its Web site and making it easier to use. The Center continued to see significant growth in its BRFSS survey with increases in the sample size and in the number of questions designed to address specific health concerns from local and state agencies. Updated data from PRAMS was posted on the web.

During FY 2004 the Center collaborated extensively with all sections of the Division of Public Health, resulting in several publications. Additionally, the SCHS provided letters of support to DPH sister agencies to obtain funding for the study of asthma and diabetes. As most state agencies, the Center was impacted by legislated fiscal cuts, although less than the year before. Partially, but not completely, the cuts were offset by the use of receipts from NCHS and other work performed by staff. The Center continues to answer thousands of inquiries each year from administrators, legislators, researchers, and citizens and its accountability system for capturing work activities has been improved.

The four programmatic units were productive during the year and in addition to doing their mandated and routine work, they also contributed to extensive data dissemination through regular and special reports. The Operations, Quality Control, and Administration Unit worked closely with the DPH Budget Office to significantly improve the effectiveness and efficiency of budgetary revisions and expenditures to the extent that our budget procedures and status are in very good shape.

The Center looks forward to engaging in future collaborations with health agencies and will continue to use its resources to serve the health information needs of the state in an efficient and effective manner.

STATE OF NORTH CAROLINA
Department of Health and Human Services
State Center for Health Statistics
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BOUND PRINTED MATTER