

## **FGDC Annual Report to OMB Format for Agency Reports – FY 2004**

The following outline should be used by FGDC Member Agencies (or Bureaus) for their Annual Spatial Data Reports, which will be consolidated by the FGDC and submitted to OMB. Reports **should be brief, using bullets where possible**. Please provide only the information that will be useful for OMB to assess the agencies' achievements and for establishing future direction.

### **Part A**

#### **GENERAL FEDERAL AGENCY RESPONSIBILITIES REPORT (All Agencies)**

1. Agency or Bureau: **Department of Health and Human Services**
2. Name of Contact for Report: **R. Polson**      Email: **Robert.Polson@HHS.GOV**  
Phone #: **202-690-6741**
3. Steering Committee Member: **C. Croner**      Email: **cmc2@cdc.gov**      Phone #: **301-458-4168**
4. Coordination Group Participant(s): **C. Croner** Email: **cmc2@cdc.gov**      Phone #: **301-458-4168**
5. Subcommittee or Working Group Participation  
  
(Subcommittees or Working Groups your agency is involved with, but does not lead).  
**Cultural and Demographic**
6. Strategy: Has your agency prepared a detailed strategy for integrating geographic information and spatial data activities into your business process - in coordination with the FGDC strategy, pursuant to OMB Circular A-16? If yes, briefly describe.

**Yes. The Department has completed a project to do this.**

**CDC/NCEH/ATSDR (Centers for Disease Control and Prevention/National Center for Environmental Health/Agency for Toxic Substances and Disease Registry): The CDC Information Resource Management Office (IRMO) has developed a management plan for the NCEH/ATSDR GIS that integrates the activities of the GIS program into the overall enterprise architecture and management. This plan incorporates documented business needs and requirements into the PHIN and CDC enterprise policies, processes, specifications, and systems. IRMO and NCEH/ATSDR GIS work jointly to select subject matter experts to help identify, document, and validate additional business needs and requirements.**

**The program is integrated within the enterprise systems catalog at CDC. The information technology aspects of the program have undergone the certification and accreditation process. A business continuity plan has been developed and tested.**

**NIH/NCI (National Institutes of Health/National Cancer Institute): NCI does not have an overall enterprise architecture for geospatial data because of the diverse nature of cancer research throughout the many divisions and the limited use of such data within**

the Institute. However, the architecture for more localized “enterprises” including geospatial data either do now or will soon follow FGDC metadata standards. The Long Island Breast Cancer Study Project GIS and the *Atlas of Cancer Mortality* data and web sites were completed several years ago and are compliant with FGDC standards in place at that time. Projects in development, including the new database management system for the SEER cancer registry data, the DCCPS Enterprise GIS research database and the new HINTS survey database will be FGDC compliant. The SEER Program is the only comprehensive source of population-based information in the United States that includes stage of cancer at the time of diagnosis and survival rates within each stage. The mortality data reported by SEER are provided by the National Center for Health Statistics. The only variables useful for geospatial analysis are state and county of the registries.

With regard to NCI databases in general, the Institute announced its intention to create a cancer-based biomedical informatics network, called the Cancer Biomedical Informatics Grid (caBIG) in July 2003. The goal of this effort is to build a biomedical informatics network that will connect cancer research related elements of data, tools, individuals, and organizations that will leverage their strengths and expertise globally. When completed, caBIG will help redefine how research is conducted, care is provided, and patients and participants interact with the biomedical research enterprise. As part of this initiative, the NCI Center for Bioinformatics (NCICB) is developing a spectrum of infrastructure, tools, templates and standards for biomedical informatics that meets the needs of a broad cross section of the cancer research community. NCICB is currently piloting the caBIG project and supporting, to varying degrees, the clinical informatics systems of CTEP, the Center for Cancer Research, the Division of Cancer Prevention, the Biomedical Imaging Program, and the SPORE program. Staff in the Division of Cancer Control and Population Sciences and NCICB have had initial discussions about adding geospatial standards to the overall caBIG set of standards when this system is expanded.

Health Resources and Services Administration (HRSA). Yes. The HRSA Geospatial Data Warehouse was developed to provide HRSA and the public with a single point of access to HRSA programmatic information, related health resources, and demographic data for reporting on HRSA activities. The warehouse promotes information sharing and collaboration among HRSA staff, applicants for HRSA grants, HRSA partners, health planners and policy makers, as well as HRSA stakeholders. The geospatial component ‘puts HRSA on the map’. The business uses of the Geospatial Data Warehouse are many but include the following: Providing information on the location of HRSA resources, Assisting HRSA staff responsible for evaluating grant applications, Supporting applicants for HRSA funding and Characterizing medically underserved areas and areas of health disparity.

7. Compliance: How are your spatial data holdings compliant with FGDC Standards? How is your agency involved in Framework Standards development and adoption? Also, please list the FGDC Standards you are using or plan to use in your organization.

The HHS completed task modified the HHS Meta Directory in a format that conforms to the FGDC Content Standards for Digital Geospatial Metadata (CSDGM), version 2.0, 1998, accessible as XML and HTML documents in a Web accessible directory. HHS plans to add new metadata as it becomes available.

**CDC/NCEH/ATSDR:** In PHGN, cataloged spatial data is documented using Content Standard for Digital Geospatial Metadata (FGDC-STD-001-1998). It should be noted however that only a limited number of spatial datasets make use of PHGN. Not involved in Framework Standards development.

The GIS program at NCEH/ATSDR is primarily a user of spatial data rather than a generator or developer of spatial data. The major spatial dataset that is generated here is the hazardous waste site boundaries. Metadata for that dataset is created and maintained in accordance with FGDC standards on metadata.

**NIH/NCI:** All systems either comply with or are in the process of converting to FGDC standards. The SEER-Medicare Linked Database, is a linkage of the SEER database, whose redesign will be FGDC compliant, and the Medicare database, which we assume will be made compliant by the responsible agency, the Centers for Medicare and Medicaid Services.

**NIH/NLM** (National Institutes of Health/ National Library of Medicine): We use spatial data from other sources –EPA and Census– and do not create any new spatial data.

**HRSA:** The HRSA Geospatial Data Warehouse fully complies with the prescribed standards of the Federal Geographic Data Committee (FGDC). Additionally, all HRSA spatial data conform with ISO (International Organization for Standardization) metadata requirements. The HRSA Geospatial Data Warehouse is available on the internet at [www.datawarehouse.hrsa.gov](http://www.datawarehouse.hrsa.gov). The Warehouse can also be found in the Human Health and Disease channel on the Geospatial One-Stop portal at [www.geodata.gov](http://www.geodata.gov). Additionally, the spatial metadata is registered with the FGDC (Federal Geographic Data Committee) Clearinghouse at [www.fgdc.gov](http://www.fgdc.gov). To facilitate data sharing, the Feature Service is accessible to anyone wishing to incorporate HRSA's spatial data into their own analyses.

8. Performance Measures: Does your agency have performance measures for spatial data activities? If so, please list the measures and target and describe how they contribute to development of the NSDI.

**CDC/NCEH/ATSDR:** Performance measures for spatial data activities exist only at the level of Centers or Programs involved in GIS. Below are the performance measures for the National Center for Environmental Health (NCEH). Measure: Apply Information Technology (IT) architectural standards to increase compatibility and interoperability both internally and with partners' systems at the federal, state, and local levels. Target: Install the Public Health Geography Network (PHGN) on the Internet and make it available to external CDC/ATSDR partners for publishing and sharing of Maps, spatial data sets and GIS Metadata. Target: Develop and implement a policy on the release and sharing of data. Target: Ensure compliance with Federal regulations, standards, and guidelines for the management and use of geospatial data and metadata. (This will include the extension and expansion of PHGN as a repository and search engine.) The NCHSTP DSTDP is in the process of developing overall timeliness and completeness performance measures for STD morbidity (case) reporting, but no current measures for spatial data activities have been recommended.

**The Agency has established key performance indicators for the geospatial program that guide our milestones and integrate into the overall strategic goals of ATSDR and CDC. Those key indicators are Standardized procedures, Response efficiency & effectiveness, and Integration with other systems. These indicators were selected to enhance the ability for all aspects of the program to integrate within the overall structure for spatial data at DHHS.**

**There are three interconnected units within the program at NCEH/ATSDR. Each of those program areas has performance measures that are designed to ensure that the key performance indicators are met.**

**The measures for the Applied Geospatial Support, Research, and Training unit: Enhance performance through decreased response time for technical services, automating functions, and standardizing processes; Apply spatial analysis techniques to investigate environmental exposures and possible links to health conditions in collaborations with other areas of ATSDR/CDC and other Agencies.**

**The measures for the GIS Systems and Applications Consultation and Integration unit: Enhance the work of Agency staff through the development of online services for GIS products; Enhance public health infrastructure through the spatially enabling surveillance systems and development of web-based tools for public health investigations.**

**The measures for the Rapid Response and Emergency Preparedness Support unit: Develop new applications of spatial analysis techniques and procedures to enhance field support through the rapid provision of services; Apply spatial analysis techniques to field investigations and surveillance activities to enhance public health emergency response.**

**NIH/NCI: SEER-Medicare Linked Database. The SEER-Medicare data reflect the linkage of two large population-based sources of data that provide detailed information about elderly persons with cancer. The data come from the NCI SEER program of cancer registries that collect clinical, demographic and cause of death information for persons with cancer and the Medicare claims for covered health care services from the time of a person's Medicare eligibility until death. The linkage of these two data sources results in a unique population-based source of information that can be used for an array of epidemiological and health services research. For example, investigators using this combined dataset have conducted studies on patterns of care for persons with cancer before a cancer diagnosis, over the period of initial diagnosis and treatment, and during long-term follow-up. Investigators have also examined the use of cancer tests and procedures and the costs of cancer treatment. The SEER-Medicare data are available to outside investigators after obtaining approval of their proposal to ensure the confidentiality of the patients and providers in SEER areas. Geospatial component: state and county of cancer cases identified. Cost in FY2003: \$35,000**

**NIH/NLM: Yes, we use it for identifying other sources of data which we might apply to our GIS application.**

**HRSA: HRSA has recently incorporated the Geospatial Data Warehouse as a performance measure within the FY 2005 Strategic Work Plan. Within the HRSA goal of "Achieving Excellence in Management" and under the tactical objective**

**“Strategically manage information technology to support programs”, the Data Warehouse is one of three performance measures to enhance the quality, availability, and delivery of HRSA information and services to citizens, employees, businesses and governments.**

9. Reducing Redundancy of Planned Acquisitions Do you use the Geospatial One-Stop portal, geodata.gov, to ensure that the data are not already available?

**CDC/NCEH/ATSDR: Efforts are made at the program level to share geospatial data within CDC and with other Agencies where feasible.**

**CDC/NCHS (Centers for Disease Control and Prevention/National Center for Health Statistics): NCHS’s Vital Statistics Cooperative Program issues contracts with the various vital registration jurisdictions of the U.S. to purchase data from birth and death records, including information on county and city (population 10,000 or more) of occurrence of births and deaths plus county of residence of mother and of decedent, coded using the FIPS code structure.**

**NIH/NCI: All data systems described are available through web portals. Data are either available as direct downloads from the web sites or may be downloaded after registration and completion of confidentiality agreement forms. These portals are not currently accessible through the GeospatialData Clearinghouse but the NCI Cancer Atlas is linked to the Clearinghouse through the USGS National Atlas site. A link could be added to the SEER web site from any of the federal portals, but due to the privacy restrictions on the data, anyone wishing to access the data must first complete, sign and mail in a confidentiality agreement. Similarly, the Long Island and SEER-Medicare databases are only available to researchers vetted by a research advisory committee and after completion of a Data Use Agreement, due to restrictions on data access dictated by Institutional Review Boards.**

**NIH/NLM: Yes, we use it for identifying other sources of data which we might apply to our GIS application.**

**HRSA: As a co-channel steward within the Geospatial One-Stop portal, HRSA searches on www.geodata.gov prior to the acquisition of any spatial data for the Geospatial Data Warehouse. HRSA’s Capital Planning and Investment Control (CPIC) process also verifies that the Geospatial Data Warehouse is not redundant or duplicative to the OMB Geospatial One-Stop portal.**

**Furthermore, a large percentage of HRSA spatial data is compiled from sources such as HRSA awarded grants, Health Profession Shortage Areas (HPSA), Medically Underserved Areas/Populations (MUA/P), and Health Care facilities. This data is HRSA-specific and can not be acquired elsewhere.**

10. Collection: Do your agency contracts and grants involving data collection include costs for following and using NSDI standards?

**HRSA: HRSA acquisitions and grants have not involved spatial data collection and, therefore, do not include costs for following and adhering to National Spatial Data Infrastructure (NSDI) standards.**

11. Clearinghouse for Existing Data: Is all the data and/or metadata that your agency is able to share with the public published on the NSDI Clearinghouse? If not, please cite barriers encountered.

**Last year HHS noted a project to serve FGDC conformant metadata for use in the NSDI Clearinghouse using the “GEO” Profile of the Z39.50 “Search and Retrieval” Protocol through connection of a Z39.50 server to the Meta Directory database. That project has been completed. HHS now has the capability to serve FGDC conformant metadata. At present, HHS is doing so in a test mode in order to perform a final content check.**

**CDC/NCEH/ATSDR: Efforts are underway in NCEH to establish PHGN as a node in the NSDI Clearinghouse.**

**The Division of Sexually Transmitted Disease Prevention (DSTDP) is working with the HHS Assistant Secretary for Planning and Evaluation to publish STD metadata on the clearinghouse.**

**NIH/NCI: no - cancer data, e.g., SEER and Long Island Breast Cancer Study Project, are considered confidential. Users can request data after completing a nondisclosure form.**

**HRSA: All metadata contained in the HRSA Geospatial Data Warehouse has been published with the NSDI Clearinghouse.**

12. Clearinghouse for Planned Investments: Is your agency posting information on planned investments in geospatial information to the Geospatial One-Stop portal to encourage partnerships and leverage investments in the acquisition of geospatial data? If not, please cite when you will begin doing so and what barriers you have encountered that would prevent posting this information.

**CDC/NCEH/ATSDR: For the NCHSTP Global Aids Program (GAP), data collated by WHO on their behalf could be made available to the Clearinghouse. Funding and staff for this effort would be the main barriers encountered**

**HRSA: HRSA does not presently have any planned geospatial investments. HRSA will consider doing so if and when any for future investments in geospatial data are planned.**

13. Geodata.gov: If metadata for your agency’s geospatial data/information holdings is on a Clearinghouse Node already, has that Node been registered on geodata.gov for scheduled harvesting visits? If not, when is the Node scheduled to begin regular visits by the geodata.gov harvester?

**NIH/NLM: We are in process of submitting information about our GIS application to Geodata.gov.**

**HRSA: HRSA’s geospatial and metadata assets have already been registered with the National Spatial Data Infrastructure (NSDI) Clearinghouse. Additionally, this information has also been registered and scheduled for harvesting visits through www.geodata.gov.**

14. E-Gov: How are you using geospatial data in your mission activities to provide better services? (Please list)

**CDC/NCEH/ATSDR**: NCEH is planning to deploy PHGN to the Internet to support visualization of CDC activities for our partners and the public. DSTDP is currently using geospatial data to monitor disease trends and to direct prevention resources. NCCDPHP publishes the Reproductive Health Atlas, Behavioral Risk Factors Surveillance Survey (BRFSS) Maps; Heart Disease and Stroke Maps; Oral Health Maps; and Global Youth Tobacco Surveillance (GYTS) Maps.

Geospatial and Census data enable ATSDR to estimate populations that are impacted by hazardous waste sites. Spatially referenced data on economics and community characteristics enable the Agency to target public health education and interventions. Integration of modeling data with spatial within the GIS enables CDC/ATSDR to refine their estimates of exposures and focus resources.

Integration of spatial data in the Hazardous Substances Emergency Events Surveillance system enables a rapid estimation of the population within the scope of an event releasing chemicals, identified any facilities with high risk populations (nursing homes, schools) and determines the distance to resources such as hospitals.

Integration of GIS within the operations of the CDC Director's Emergency Operations Center, enhances the ability of management to respond to events such as the flu vaccine issues through linking information on location of high risk populations and number of vaccine doses in those areas. CDC could then work with the states on vaccine distribution for enhanced service to the population.

In addition, CDC tracks the locations of all employees who are on travel status around the world. Should an event occur in an international location, CDC can send staff from nearby areas to assist in a response.

**CDC/NCHS**: Public-Use Microdata Files include FIPS codes for counties and cities of 100,000 or more population to protect confidentiality; however, customized research files requiring signatures on Data User Agreements can provide codes for all counties and for all cities of 10,000 or more population.

NCHS provides extensive tabulations of birth and death data by State of residence--characteristics, cause of death, numbers, and rates--on the NCHS Internet website for down-loading by users.

Interactive retrieval of information on deaths and death rates by cause-of-death, age, race, and sex is available by county (very small numbers suppressed) for the years 1979 to 2001 on the CDC website called "WONDER."

NCHS publishes various analytical and descriptive reports presenting State-level information on births and deaths.

**NIH/NCI**: NCI is not primarily a data collection agency, but coordinates, enhances, and re-packages geospatial data from other entities in order to facilitate the use of

these data by others. For example, the SEER Program funds cancer data collection activities at the state and local level, then processes and releases it.

Staff in health departments of most, if not all, states and many counties use the NCI SEER cancer incidence data through the SEER data system directly or from the State Cancer Profiles web site. The Cancer Atlas web site is also a popular and convenient source of cancer mortality data, although these data were not collected by NCI. The NCI repackaged the data into a dynamic web-based query system. In addition, researchers at other federal agencies who wish to examine cancer patterns and their relationship to environmental or other risk factor patterns will often use these data, such as public health researchers at CDC and the American Cancer Society.

The objective of the State Cancer Profiles Web site is to provide a system to characterize the cancer burden in a standardized manner in order to motivate action, integrate surveillance into cancer control planning, characterize areas and demographic groups, and expose health disparities. The focus is on cancer sites for which there are evidence based control interventions. The Profiles Web site brings together data that are collected from public health surveillance systems by using either their published reports or public use files. Geospatial component: data provided for counties and states. Estimated cost in FY2003: \$175,000

The SEER-Medicare data reflect the linkage of two large population-based sources of data that provide detailed information about elderly persons with cancer. The data come from the NCI SEER program of cancer registries that collect clinical, demographic and cause of death information for persons with cancer and the Medicare claims for covered health care services from the time of a person's Medicare eligibility until death. The linkage of these two data sources results in a unique population-based source of information that can be used for an array of epidemiological and health services research. The SEER-Medicare data are available to outside investigators after obtaining approval of their proposal to ensure the confidentiality of the patients and providers in SEER areas. Geospatial component: state and county of cancer cases identified. Cost in FY2003: \$35,000

The Health Information National Trends Survey (HINTS) collects nationally representative data routinely, depending on the availability of funding, about the American public's use of cancer-related information. The HINTS data collection program was created to monitor changes in the rapidly evolving field of health communication. Survey researchers are using the data to understand how adults 18 years and older use different communication channels, including the Internet, to obtain vital health information for themselves and their loved ones. Program planners are using the data to overcome barriers to health information usage across populations, and obtaining the data they need to create more effective communication strategies. Finally, social scientists are using the data to refine their theories of health communication in the information age and to offer new and better recommendations for reducing the burden of cancer throughout the population. The first data from this survey were released on February 17, 2004. Geospatial component: results released for 9 Census Divisions.

Cost in FY2003: \$900,000 (This is for the entire survey. The geospatial component, i.e., producing estimates by region, comprises an extremely small portion of this total.)

**NIH/NLM:** Show the distribution of releases by the chemicals, not just where they are released; Map how chemical releases have changed over time; Use chemical and geographic terms from displayed map to search bibliographic files; Integrate data from different sources; Geographic presentation/portal to information about chemicals

**HRSA:** As mentioned previously in Question #8, HRSA has recently incorporated the Geospatial Data Warehouse as a performance measure within the FY 2005 Strategic Work Plan. Within the HRSA goal of “Achieving Excellence in Management” and under the tactical objective “Strategically manage information technology to support programs”, the Data Warehouse is one of three performance measures to enhance the quality, availability, and delivery of HRSA information and services to citizens, employees, businesses and governments. Furthermore, HRSA’s Chief Information Officer and Office of Information Technology have several performance goals directly tied to the Agency’s data architecture and modeling efforts associated with the HRSA Geospatial Warehouse.

15. Geospatial One-Stop: How is your agency involved in the Geospatial One-Stop (Funding Partner, Channel Stewardship, geospatial framework data interoperability pilots, posting standards based Web Mapping services to the portal, etc)?

**CDC/NCEH/ATSDR:** We post Web mapping services and geospatial data to Geospatial One-Stop. Channel steward, web postings by NCCDPHP

**HRSA:** HRSA is a co-channel steward within the Geospatial One-Stop portal, and is available on the internet at [www.datawarehouse.hrsa.gov](http://www.datawarehouse.hrsa.gov).

16. Enterprise Architecture: Is geospatial data a component of your enterprise architecture? Please provide a brief summary of how geospatial data fits into your enterprise architecture.

**CDC/NCEH/ATSDR:** This project is listed in the CDC application portfolio and provides services for use by other applications listed in the portfolio. The NCEH/ATSDR program has been designated to provide Agency-wide geospatial services. The “Support and Provisioning of PHIN/CDC Enterprise Architecture within CDC” process defines the activities and practices CDC programs will need to perform in order to provide agency-wide service(s) to CDC and its programs. In order to assume the responsibility of agency-wide service(s), the program must be willing to provide consulting, technical, and licensing support; develop, implement, and maintain an open, robust, scaleable, and secure service; work with other federal agencies and partners to represent and promote CDC’s use of this service; incorporate this service into the Public Health Information Network and the CDC Enterprise Architecture; and ensure other CDC programs and initiative comply with the standards associated with this service.

Geospatial data is a vital element of the CDC Enterprise Architecture. Geospatial data usage at CDC maps under the FEA Business Reference Model’s (BRM’s) ‘Services for Citizens’ Business Area and the ‘Health’ Line of Business and under the FHA’s sub-function of ‘Manage Population Health and Consumer Safety.’ Geographic Information Systems use services primarily reflected in the Services Component Reference Model’s (SRM’s) ‘Business Analytical Services’ Domain and the ‘Back

**Office Services' Domain.** Geospatial data is addressed in the 'Data Management' Service Type in the 'Data Exchange' and 'Meta Data Management' Components. Geospatial data is further reflected in the Technical Reference Model's (TRM's) 'Component Framework' Service Area in the 'Data Interchange' Service Category and 'Data Exchange' Service Standard.

**CDC/NCHS:** The United States vital registration system is State based--owned and operated by State and local vital registration offices under State laws. NCHS is authorized by federal law to annually collect vital statistics data from the States, and this is done through the Vital Statistics Cooperative Program (VSCP). VSCP contracts between NCHS and the States provide funds to pay the Federal government's fair share of the cost for States to provide the data to NCHS. The VSCP also provides a mechanism for developing national standards for data collection and processing.

In many dealings with NCHS, the States are represented by the National Association for Public Health Statistics and Information Systems (NAPHSIS), which provides leadership and a venue for developing new data sets and electronic data collection systems in collaboration with NCHS and the Social Security Administration.

GIS systems for geospatial coding using longitude/latitude have been subjects of discussion between NCHS, NAPHSIS, and certain interested States. This is a project that will require additional funding if it is to be instituted in many or all States.

Vital statistics constitute the most fundamental public-health data sets available in the United States, and an extremely wide range of public (Federal, State, and local) and private health agencies use these data. County-level data constitute a prime variable of interest to many if not most of these agencies. In order to protect confidentiality, formal agreements are often established with other agencies, both public and private, when identifiable information is requested; prime examples are data agreements with the U.S. Census Bureau, the National Institute for Occupational Safety and Health, the National Institutes of Health, the National Highway Traffic Safety Administration, the March of Dimes, and the American Cancer Society.

**NIH/NCI:** yes - We are designing SEER Data Base Management System for all NCI cancer registries which will include fields for geocoding results. We are preparing an Enterprise GIS system for cancer and demographic data, at first for intranet.

**HRSA:** Geospatial data is a component of the Agency's Enterprise Architecture (EA). It is an integral component of our data warehousing activities and is generated as part of the "ETL" processing of data from our business systems. It feeds back into our business intelligence activities through portal and web applications available both internally and externally.

17. Partnerships: What efforts are being taken to coordinate data and build partnerships at the field level for data collection and standards development? Identify partnerships and data sharing activities with other federal agencies, state, local, and tribal governments and other entities. Does your agency have any formal agreements or MOU's concerning data sharing and integration?

**CDC/NCEH/ATSDR:** Some MOUs exist at the Program level; examples include the Environmental Health Tracking Network. The Agency has partnerships for data sharing with the DHHS SCC, EPA, FEMA, NASA, USGS, and NGIA.

The NCHSTP Global Aids Program (GAP) is currently funding the World Health Organization (WHO) to collect geospatial and other data on health facilities in Africa. The activity, supported jointly by GAP, USAID, Office of the Global AIDS Coordinator, and the Humanitarian Information Unit of the Department of State is known as the WHO Service Availability Mapping (SAM) project. Data from that activity are not yet available.

DSTDP is participating in CDC's integrated Public Health Information Network. Currently, DSTDP follows the 1996 Council of State and Territorial Epidemiologists (CSTE) and CDC data release agreement for its STD morbidity data.

The NCCDPHP Division of Reproductive Health (DRH) has informal partnership with NCEH/ATSDR, NCHS, NCHSTP, USAID, and others.

**NIH/NCI:** Cancer incidence data collection for the SEER program, which includes county identification, is done under contracts with individual registries. We have an Interagency Agreement with CDC's National Center for Health Statistics to obtain their mortality data in more detail than is available to the public. We have a contract with the Bureau of the Census to obtain population files and intercensal estimates of population by county.

We have a Memorandum of Understanding with the Centers for Medicare and Medicaid Services to link Medicare data to the SEER cancer incidence file.

**NIH/NLM:** No formal agreements. Work with EPA to understand their spatial data. Interested in other agency data and will begin exploration with USGS, DOT and others

**HRSA:** HRSA does not collect spatial data; rather, business data collected through HRSA management information systems that have spatial components are appropriately geo-coded for spatial display and analysis. Therefore, HRSA is not involved in any current partnerships at the field level for data collection and standards development.

18. Concerns or Lessons Learned: Are there areas or issues regarding spatial data that require attention, or lessons learned that you would like to share with others? Please describe.

**CDC/NCEH/ATSDR:** The CDC National Center for Environmental Health (NCEH) has had an FGDC compliant metadata system (The Public Health Geography Network – PHGN) in operation since February 2003. This system is currently operated by the Information Services Office (ISO) of NCEH/ATSDR and contains 305 spatial layers that are filed under the appropriate FGDC Themes and that have been indexed and catalogued using FGDC Metadata. Most of the spatial data comes from external sources accessible through the Internet and from licensed CD-ROM data.

NCEH ISO has approached several Program Areas to publish their spatial data, create the metadata, and then publish that data for sharing as required by A-16; programs have been reluctant to participate in the effort. An Agency-level policy is needed to

**promote awareness and to require/urge CDC Programs to publish and share their spatial data and to create the required FGDC Metadata for those datasets.**

**In our experience, FGDC Metadata authoring is a daunting task. All authoring tools we evaluated, commercial and Public Domain seemed to be difficult to use even for computer experts. A more user-friendly and more efficient FGDC Metadata authoring tool would definitely help this initiative.**

**CDC GIS activities are in need of better coordination, standardized, and better compliance with FGDC standards.**

**In 2003, our agency participated in a meeting coordinated by CIESIN on NASA's behalf related to privacy and confidentiality issues that will arise when spatially referenced public health data is used. There is still the question of the impact of the privacy rules on the data sharing that can be accomplished throughout the Department of Health and Human Services.**

**CDC/NCHS: Geospatial information is of great importance to vital statistics, because local area demographic and health indicators are in great demand for public health purposes. Public health program policy, development, operation, and evaluation often depend on vital statistics data at the local level. However, manual geospatial coding requires significant funding, as does the implementation of computer software designed for automated coding of longitude/latitude information, which would be most useful. Implementation of GIS has occurred in several States, but for the most part is unfunded and not available within the U.S.**