Moderator: Welcome to "Public Health Live." I will be your moderator today. I would like to ask that you please fill out your online evaluation. Continuing education credits are available. Your feedback is helpful in planning future programs. We encourage you to let us know what topics are of interest to you. We'll be taking your questions by phone. The toll-free number is 1-800-452-0662 or you may send your written questions by fax at 1-518-426-0696. Today's program is "Community Health Assessment: Finding the Information You Need." The modules will be posted online in the near future. Handouts will be made available after today's program. Our guest today is Mike Medvesky, retired director of the Public Health Information Group at the New York State Department of Health.

Mike: I am happy to be here.

Moderator: Before we get started, can you give us a little bit of background on the importance of accessing health data and statistics?

Mike: Everyone is dealing with fiscal constraints these days. Also, to evaluate whether the interventions that are put in place are working to address the health of the community. Having information available is key. Part of the health department requires local health departments and hospitals to do community-based assessments. It is important that they have the information to do them. Also, in doing grant applications, a lot of information is needed to do a good assessment for those grants to be successful. We want to evaluate our success in meeting the health goals.

Moderator: Are there any prerequisites one might need for accreditation?

Mike: Starting in 2011, both state and local health department are going to have the option of being credited. The agencies will need to do community health assessment and develop a community planned. Information is a key an order to do successful planning.

Moderator: What exactly is a community health assessment?

Mike: Before I go into that, I wanted to show a slide showing public health versus the medical model. We are talking about the diagnosis. The diagnosis on the public health is looking at the population. Health planners are looking at the population or the assessment to identify issues or problems and identify the appropriate intervention. You will see a little more descriptive epidemiology. We are looking at the information by time, place, and person. We are talking about time trends. If we are looking at place, we are looking at neighborhoods or county. By person, I am talking about taking a look at the health status by gender or age distribution or socioeconomic status or race as the city. This is a way of massaging the data to get keys as to what conditions are.

Moderator: Very good. When we are talking about community health assessment, all that is involved in terms of planning and the assessment -- can you give us a sense of that?

Mike: The focus is going to be on the assessment. I want to put it into context. One does health assessments of the community. Then, one must identify issues or problems, the appropriate interventions that may work, and really evaluate the success of the interventions implemented. I want to stress that the assessment process is really part of the strategic planning process. If you take a look at the next slide, this is what I consider to be my favorite definition of community health assessment. Not only does it describe the health of the community, but what do you do after you describe the health of
the community? You want to mobilize the health of the community and then work towards health. It is more of an ongoing planning process.

Moderator: What does a community health assessment entail?

Mike: If we go back to the assessment piece, we want to take a look at the data available. We also want to take a look of the population's health status. It could either be a comprehensive view or could be specific if you are putting in a grant application. The last piece is to not forget that we want to take a look at health resources or whether the services are available.

Moderator: Is there a conceptual model to this?

Mike: The next slide will show the model presented to the local health departments. On the left-hand side, the population focus. We take a look at demographics and health behavior's to identify potential problems. On the right hand side, we take a look at services. Most of the talk today is going to be talking about what information we have available on the left-hand side. The service information usually needs to be collected by the communities themselves.

Moderator: Can you give us some history regarding health assessment nationally?

Mike: Even though health planning has been on for a long time, I am going to jump to 1985. Assessment has not been given the importance it should have. Assessment was identified as one of the three core functions with public health. It really jump started assessment. I will jump ahead to the national level. In the 1980's, the national government decided to start doing health planning strategic plans called healthy people. In 1980, the first Healthy People was published. If you see the next slide, you can see the evolution of healthy people. Every 10 years, and the government has presented a new healthy people. Healthy People 2000 was the first report they're really stuck home. Another activity was a national database for people to monitor the goals and objectives of healthy people. Recently, healthy people 2020 was developed. It is still provisional and the database is not available. We will talk about it a bit later. I will jump back to 1985 because the Legislature passed a new way to reimburse public health activities. Local departments were required to do community health assessment. At that time, it was every two years. Now, it is every four years. Then I will move forward to the mid 1990's. The commissioner wanted to develop a new state plan. They asked the Public Health Council to work with the Department of Health to develop the plan. It was called communities working together. The difference between how we did this plan was not only did we ask for the public health professionals and their feedback, but we had regional meetings and got feedback from the local community and changed the focus of the communities working together.

Moderator: What was the result?

Mike: I think it really changed how we work on doing public health at the local level. First, we changed the focus instead of looking at the diseases, looking at the underlying causes of those diseases. It reemphasizes the need for health behavior information. The other major change was the need to involve the communities with the assessment process from the get go. If you wanted to have the success in improving the health of a particular community.

Moderator: What happened once communities work together --
Mike: We all grew 10 years older. After the 10 years, we assessed where we work with the goals and objectives and we identified the areas where we needed to emphasize it. At the same time, one of the focuses of the department was more or less on hospitals, hospital downsizing. We wanted to emphasize public health again, primary and secondary prevention. We developed a plan called the Prevention Agenda.

Moderator: We hear quite a bit about the Prevention Agenda.

Mike: In 2008, it was implemented. We identified 10 priority areas for the prevention agenda. We also wanted to identify certain goals that we would track. Particular data sets were identified for tracking and five-year objectives were set. At this particular time, both the hospitals and the Community Service plans and local health departments with community health assessments were doing it at the same time. We had local hospitals and health department to coordinate activities and bring the community into the process. We ask what it would be doing to target the priorities.

Moderator: What were the priorities?

Mike: The next slide shows the 10 priorities. They are fairly comprehensive.

Moderator: What has the New York State Department of Health done to assist assessment health?

Mike: Not only offering training and assistance, but we wanted to emphasize and make available as much information available as we could on a public Web site. We put a lot of effort toward improving our website for not only comprehensive information but also understandable information. The statistics and data site, the community health assessment clearing house, a one-stop shopping site for people doing assessments, a little bit more on the prevention agenda, and some links to other Internet sites that also offered local data.

Mike: What did you begin by taking us through those sites?

Moderator: The slide shows the example of the Department of Health website, you can see on the right hand side there is a table. I think the arrow is pointing to it. If you click on that, what you will get is a series of program areas starting from AIDS/HIV and going down to the West now virus. I would like to visit a few of these sites. You can see what the community health assessment clearing house is available on this side, too. The asthma site gives you a good flow of the information available. We have reports, prevalence data, information on mortality, hospitalizations, and Emergency department data for asthma. In this case, this site has information at the county level and at the zip code level. You will see an example of how we condense the data. This is for Albany County and presenting information on pediatrics for asthma. It is basically a map of the different rates. We also have a table that corresponds with this map. The next area that I want to talk about is the cancer registry site. If you are interested in this data, this is an excellent site to visit. It has comprehensive information and takes a look at the cancer sites by gender, age, race, and ethnicity. It is an excellent site. The next slide and want to talk about is a statewide planning colorization system. This is where you can get information on hospitalizations, hospitals, and emergency room visits. You can get candid information on these evens. The next is our vital statistics site. There is very useful information. If you click on a particular year, you can get information on the mortality, birth, and pregnancies. It will give you information at the county level as well as by age and race and ethnicity. The final slide more or less gives you an example of the sites that you can go to at your leisure to find some of the places that I talked about. I should mention
that I am going to be going over these sites very quickly we have models in development to talk about these in more detail.

Moderator: That is a great reminder. Earlier, you mentioned the importance of monitoring these behaviors. Is the data available from the Department of Health?

Mike: Yes. If you click on the behavior risk factors, you will get the home page of the BRFSS site. BRFSS is a telephone survey for New Yorkers. We have been collecting this data for 25 years. There are a couple of options. The two I am going to talk about is a link to another site and an expansion. The CDC site gives data but only at the state level for most of these conditions or behavior’s. It to contact, you will get the CDC web page. If you click on the web page, you would be able to get the prevalence rates for obesity. In this case, in 2009, over 60% of New Yorkers were considered overweight or obese. The good part about the site is on the left-hand side right on top of the table there is a button that you can click on to get 15 years worth of trending data on overweight and obesity. There is a pop down menu grouping data by statistics by age, gender, race/ethnicity, and by education. If you go back to the homepage, we’d like to collect this data but at the county level. Recently, in 2008-2009, we were able to collect countywide data for most of the BRFSS questions. If you click on the expanded site, you will get the expanded BRFSS home page. You can link to the 2003 data if you want a comparison. It presents different reports. One is if you are a county and you want more information that was collected for the expanded BRFSS, you would click on the county report. This is an example of how we would present the data from the county report. This is an example of Albany County looking at individuals with poor health. It gives you not only the people who participated in the survey but it gives you the estimated number of residents that were in fair or poor health and the comparison with New York State rates. It also breaks it down demographically. I should point out that these are accrued rates but we also have corresponding tables. If you wanted to take a look at an indicator and look at the county summary for that particular indicator, you would go to the New York state excluding New York City rate. If you click on that, you would get another table. It more or less shows the particular questions. It gives you the different rates by County if you wanted to compare one County against another. The next slide shows the actual sites if you were interested in going to these sites and exploring a bit more.

Moderator: You talked about a site dedicated to community health assessment.

Mike: We received a grant a while ago to improve our health assessment activities. We wanted to develop the data on a public Web site so we created a clearing house. As I mentioned before, this is a place for one-stop shopping. I would like to go over four of the sites. If you go to the statistics and data page and click on the community health assessment clearing house, he would get the community health assessment clearing house page. There are a couple of slides. What you will get is a description of these different sites. You would click on individual sites to get that data. It also gives you methodologies and some examples of good assessments. The first item want to visit is more or less a place you would go if you want to have a quick summary of some key public health indicators. If you click on the county health indicator profile, you would get this type of screen. This is going to be a common one that you will see in getting county-level data. We will present options for New York State and New York City and then you will have a map of the particular county. If you click on Albany County, in this case, you would get a series of indicators and trends. This was the first data set that I think we put up.

Moderator: If you wanted to remind the did it even more, where might you find that?
Mike: Most people wanted more information on this so we developed is a community health data set. This combines maybe around 160 different indicators in different format. We grouped the indicators into 18 different topical areas. You would get a very busy slide. On the upper right hand part of this slide, you will see a table. You will have a listing of the indicators. The indicators will give you an option. If you click on table and trends, you will get the latest three years' worth of data and the summary. The counties will be grouped by region. If you click on a particular county, you would get a 10-year trend. Comparing that trend against the upstate rate as well as the three-year running average. If you click on a map, you will get on the lower left-hand side a county map for that particular indicator and a chart with the county's comparing it to the New York state average.

Moderator: Are those indicators summarized by counties?

Mike: A lot of counties were interested in going to one place rather than going to individual indicators. You will see the general range that we offer the user to get the information. If you click on Albany County, you will get a table that I think gives you 14 topical areas and technical notes. We always present technical notes to give you more background. In this case, we give a definition of the indicators we are talking about and who to contact if you have more questions. If you click on the family planning, here is a table that presents how we present this information. Usually, we present the indicator. It gives you the three-year rate and compares it. Then we do everything on that indicator for the county versus all of the other counties. If you are in the first quartile, he would be in good health. If you were in the fourth quartile, you would need improvement. For now, we are updating the 2010-2020 goal.

Moderator: Is there a place for a user to go and find information by health disparities?

Mike: That is a good question. One of the focus areas was to reduce health disparities. We wanted to have a place where if people were interested in getting information by race or ethnicity that we would be able to make one place to go to be able to go and get it. If you take a look at the slide here, you will see again the options of New York State, New York upstate, and then if you click on a county, you would see a table presenting the multiple indicators by the breaks that we use. Then the total population. The last slide I want to go over it is here are the sites for the different reports that we just covered.

Moderator: You mentioned the prevention agenda toward the new state Department of Health state improvement plan through 2013. Can you hide what information you have supporting this effort on the public website?

Mike: Yes. One of the major efforts on our part was to develop a web page giving comprehensive information for localities that are working towards the prevention agenda. The two things that it wanted to focus on today were tracking the priority areas. There were five-year goals and indicators to track and assessed. I wanted to focus in on what is available for these particular areas. If we go to the next slide, you can see again we are back at the Department of Health home page. On the left-hand side, there is a tab the you could get to the prevention agenda. You could see the home page for the prevention agenda. On the top, you will see the 10 priority areas that are listed. We will come back to that. On the bottom, we have a link to many different sites. I mentioned before the counties and hospitals with a joint planning. We have a sign that talks about the strategies they are undertaking and the partners part of this site. At the bottom of the page, we also have a link to a minority health data and to the tracking.

Moderator: How would the public health worker go about tracking priority areas?
Mike: If you go to the home page and go to the bottom, there is a link toward attracting the prevention agenda priority areas. You can see that red or yellow lines that point to that. If you click on tracking, you will get the usual map of counties, but we also have a link to New York's state. If you click on that link, you will get a table. This is the format that we present all the data. We present the indicators that we are tracking for each of the priorities. We give the 2013 goal, the latest data, and then we break down at the state level by race and ethnicity to highlight any disparity issues. If you click on a particular county, it would be a similar table. This would be Albany County. You would be able to compare the rates against the state and the nation.

Moderator: So now we know there are 10 prevention agenda priority areas. What information might we find?

Mike: This is an excellent site if I may say so myself in trying to get a range of information for somebody working on the priority areas. If you go to the home page and click on one of the areas, in this case, we will click on tobacco use. You will get an example of the types of information that is contained on these pages. You will see a paragraph that describes some of the background data and talks about why this was chosen to be a priority area. Then there will be a listing of the objectives that we had chosen for this area and that we are following. Then it is followed up with a section on data and statistics. These would be links to the latest data on multiple sources, many of which we covered it today. After you have the data and statistics site, we go into what is the nearest public health department is doing. Then after those programs are described, it has a section on the evidence-based interventions and. It gives links, for example, the community Guide which is an area where there are community preventive services offered and it has a link to the CDC site. Lastly, we talk about if you wanted to work together and were interested in partnering up, we have links to the particular partner sites. Finally, we have a link to the program if you have any questions or concerns regarding this particular area.

Moderator: Are there state or national sites that contain useful information for assessment efforts?

Mike: I can give you another hour or five sites. We will be covering these in the data models we are preparing. I want to go over four. The EpiQuery and the American Fact Finder offers did at the county level. I wanted to at least touch on healthy people 2020 site because I think that will be useful in the next decade. And let's visit the Kids Well-Being Indicators site or the KWIC site. There is a coordinator function of working with different state agencies on activities dealing with children and their families. What the different agencies do is we present our data or give our data out to the council and they maintain the KWIC site. On the homepage, you can see there are a couple of options on the type of data you would like to fill out. We are going to go into indicator data and then the county report. If we click on the indicator data, it gives the indicators listed by [UNINTELLIGIBLE]. There is an economic life area, emotional, and physical health. You will get a listing of all the indicators that are contained in the KWIC site. For example, we will use the childhood asthma hospitalizations. You will get a county summary for that particular indicator. In this case, there is a broad chart up top that presents to point in time for the indicator and then it gives the county summary a table with each of the counties. You might not be able to see it but there is a menu on these different age groupings. If you are not interested in a particular use that is available as part of the default, you can click on your own particular time frames that you want to compare to. This is a very useful site. If you go back to the homepage, it allows you to take a look at a county report. If you click on that side, it will clear you to identify what County you are interested in what kind of report you are interested in. You can have a specific report on an area. Here
is an example of the type of report you will find. Two point in time, usually a baseline and the latest year. If the indicator is there, it is a very used York friendly site. I would highly recommend using that.

Moderator: I understand New York City has quite a bit of public health data available.

Mike: If you were involved in doing needs assessments or any type of work in New York City, New York City has an excellent web site offering its public health information. I am going to focus in on this because it is a unique site. If you click on the New York City EpiQuery site, you would get this page. It is very similar to what we were trying to do with the community health assessment clearinghouse. This gives you access to a lot of different data sets. There would be a link to EpiQuery. If you click on it, you will get the EpiQuery site. Again, the New York City Health Department site gives you a lot of different databases you can look at for EpiQuery. I am going to focus in on the community health surveys. New York City collects community health data on an annual basis for its neighborhoods. They are very fortunate to have very useful data at the neighborhood level. If you click on the community health survey, the latest year, you will get a query table, in essence asking the user what type of information you are interested in. If we click on overweight and obesity, you would get a table not unlike the CDC website in which you would get the prevalence rates for the condition. On the right hand side, there is an option for grouping this area by gender or race/ethnicity or income. It offers you the option of taking a look at neighborhoods. If you click on New York City neighborhoods, this site will give you an actual map of the different neighborhoods for each of the Bureau’s by quartile. It will give you the actual table with the actual prevalence rates for each of those neighborhoods.

Moderator: That is incredibly detailed information available. Is this level of detail and this level of data available throughout the country?

Mike: I wish it was. New York City is very fortunate. Very few states have the resources to bring down the behavioral risk factors down to the county level. This is a great resource for people that are working with NEW YORK CITY information.

Moderator: What information can we obtained from the Census Bureau?

Mike: The Census Bureau has an excellent website. If you click on the American fact finder site, you will get the home page. This is a link to a lot of different types of data. I want to focus really on the center of this slide. It is called the fact sheet. The Census used to only come out with data every 10 years. Towards the end of the decade, it was old data. This past decade, the Census Bureau has started the American community survey. They collect information at the local level between the census years. This is a great site to get that information. The fact sheet that I mentioned before in the center of this page gives you the opportunity of getting demographic information not only at the state level but at the county level, the city or town level, and at the zip code level. The zip code level is still at the 2000 level. It goes from housing, economic status, and characteristics. You can expand this table to get more detail on each of these sub areas. This is a great site if you want more current data.

Moderator: Where can we go to get more information on healthy People 2020?

Mike: Healthy People 2020 was just released at the end of last year. They do have a Web site. I have the link. Here is the link for the healthy People 2020 site. You can see the home page. Right now, it has the tabs on the upper top of this slide, showing you the type of information you can get from healthy People 2020. It also has a link to the healthy People 2020 site. I should mention that right now the
website does not have that data base that allows one to monitor each of the healthy People 2020 goals and objectives. I mention that because hopefully this year that will be available on the 2020 site. You can go to the 2010 site and they do have the data for 2010. If you click on the goals and objectives, you will be able to compare it against the 38 or so focused areas in the healthy People 2020. For this example, we picked maternal instances in child health. It will give you an option of identifying which objective you are interested in it. You would get the actual 2020 goal and the baseline. If you go on the child health, it gives you a link of the other intervention you might want to follow up on this. This would be a good site to keep as a favorite and look at it as the healthy People 2020 evolves.

Moderator: What are the future plans for continuing to offer data and information?

Mike: Since we generate all this data, one of the key things that we want to continue to do is to upload and expand the data sets. Right now, we are working on new data. That is something that might be coming up within the next two months. Also, I should mention that on an annual basis, we work with the programs to update the agenda property pages. That is something we want to keep current as possible. We are developing a series of public health information and data modules that should be available probably with the School of Public Health Web site and the Department of Health's website. A lot of the places that we visited today will cover it in more detail. We are going to cover a lot of statistics. The Department of Health County and public health data that we talked a lot about today. Also talk about the behavioral surveys for adolescent and high school children as well as a survey for infants. We have a prevention agenda module that goes into more detail. Disparity sites where you might go to get some disparity information. Also, talk about nationally generated data on a county level. This would be American fact finder. There are useful sites which County rankings. You may be familiar with that. That is the ranking of the counties in the nation. National sites, talking about state to state comparisons. This might be something like the American health rankings. This is if you are interested in comparing your state against another. The three others I did not get the chance to talk about today is the prevention quality indicators. These are indicators that point out issues with primary care and identifies these unacceptable hospitalization rates by zip code. We will have a model discussing how to utilize those sites. This is a national initiative by CDC to try to get more information on trekking environmental health issues. There is a site which the module will talk about. Lastly, our Quality assurance reporting requirements which are quality of care measures.

Moderator: Thank you, Mike. This is a reminder that we are taking your calls. The toll-free number is 1-800-452-0662 or you may send your written questions by fax. There is a tremendous amount of data you have provided us with today. Why is the data not more correct?

Mike: Thank you for asking that. A lot of it has to do with the infrastructure and how we collect the data. When the Department of Health puts the information out, we want to make sure it is of the highest quality. We often go through many different generations of doing quality checks and updating the information. NEW YORK CITY has its own vital statistic area. We need to get NEW YORK CITY data and combine them. A lot of it has to do with when we can get the information and quality checking the information. We try our best to get the latest information and update it as quickly as we can.

Moderator: What tools are resources available to help local communities prioritize their needs?

Mike: I mentioned there is a methodology section. That has links to different methodologies for how to not only monitor and analyze your information but how to set particular priorities and where you might have some interventions that will work. There are tools that work you through the particular process.
There is also a tool box on that site to go to the process of the strategic planning process.

Moderator: We have covered many sites today with outstanding information available for public health and for the general public at large. What's your favorite site?

Mike: The New York State Department of Health Web site. It is an excellent site and most people should have a link to the CDC site. The CDC oversees what goes on in public health. They have many areas where you can get a lot of useful information. The CDC houses the BRFSS site. It also has the behavioral survey data. There will be surveillance systems that the state sends to the CDC. If you want to get the records, you can go through the CDC to get that information. I also mentioned the healthy people sites. That is something you would clearly want to link to it. The American fact finder is an excellent site to get demographic information.

Moderator: Tell us a bit more on one of the site that I believed you mentioned that may be available now in terms of being able to compare state to state.

Mike: A couple of sites that I suggest to take a look at -- one is the American health rankings. I think they have been doing this for the last 25 years or 30 years. They take a look at certain indicators and ranked the states on how they are doing in public health. This is a good site if you are looking for those particular indicators and are interested in comparing the nation or comparing yourself to other states. I also mentioned the Kaiser Health site. It is an excellent site that offers comprehensive data on a wide range of not only health but socio-economic indicators and it presents data on a state-by-state basis. That is a useful site looking at state data.

Moderator: Wheat touched upon state accreditation. Is the New York State accredited? What are the advantages?

Mike: There are some beta states that are currently going through the process. New York State will be going through the accreditation process. I could answer it in two ways. If you go through the accreditation process, it kind of points out areas that may be in need of a firming up. It is always useful to go through this process to identify areas and the strengths that are doing a good job. It to identify a better way of working with public health services I think is very important. Two of the areas supporting the accreditation process are the CDC and a grant. One could think that if it is accredited, one would be in better shape to may be applied for and get these grants. The accreditation is going to also be at the local health department.

Moderator: Is there any way to know what local data, particularly by the zip code, might be available or data available from local health departments?

Mike: As I mentioned before, the New York state requires the local health departments to do community health assessment. The last assessment was done in 2008-2009. Through our clearing house, you would be able to link to a county health department site and get the local community health assessment report that they developed for us. That gives an excellent view on when information is available at the community level and the services that we may not have here at the state level. I would suggest you contact the local health department. On the zip code level data at the state, we are trying to put out more information. There are some confidentiality issues regarding the small numbers to put out there. I think we are working on getting health information out there on the zip code level as well.
Moderator: Who should people contact for further information pertaining to today's program?

Mike: Well, there is a slide that talks about two individuals that used to work with. One is Dr. Trang Nguyen. And Ms. Pamela Sheehan who is very knowledgeable on the data that we discussed today.

Moderator: Where can we find more information on specific groups? You touched earlier on health disparities and how that information can be mined in terms of age and race and ethnicity. For example, if we wanted to look at disparity did it in your state, where would we go to get that information?

Mike: That would probably be digging at the local level. The problem with the state data, the resources that we have, we are kind of restricted with a kind of data that we collect. We do not collect information at specific categories that people might be interested in. New York City does a better job at the funding populations. If you take a look at zip code data and you know your neighborhood, you might note the neighborhood data and get a rough approximation of the health of that particular community. If you are interested in a particular neighborhood, contact the local health department and ask what did they have for that particular area. You would be able to get some information and the clicking on the neighborhood and get Social demographic characteristics.

Moderator: Here is a question that has come in from Syracuse. With all the attention on national, state, and county data, any hope on getting regional data?

Mike: A lot of the data that we present our broken down into New York state regions. Central New York is one of the planning regions. For example, maybe somebody is interested in getting those risk factor data but not at the county level. They want to get it at the regional level. Let’s say the central New York county. We can probably generate that data for them but they would have to contact the program person and make a special request to give that type of information. We are always able to massage the data and put it into different demographic groupings but we would probably have to cue it up as to whether the activities we are working on at the time.

Moderator: Here is one more question. What information or recommendations do you have for accessing information and data on people with disabilities?

Mike: We are limited by disability data information that we collect. One of the sites that I did not talk about on the statistics and data page is a site from our own intervention program. The early intervention program has information on disabilities and on a country level, and they update that on an annual basis. Also, the Census data has information on the percentage of the population that is disabled but it is not specific. We do not have a lot of information on disabilities per se.

Moderator: Mike, it has been an absolute delight having you here today. Information is power. You have certainly provided us with wonderful information.

Mike: Thank you very much. I hope that helps the data users out.

Moderator: Thank you very much for joining us today. Please remember to follow your evaluations online. Your feedback is always helpful to the development of our programs. And Archives of this program will be up in the week or two. We welcome sponsors in the coming year. If you are interested in sponsoring a program, please get in touch with the Centers for public health continuing education at
the University of Albany, School of Public health. Please join us on March 17 for our next program. See you next time on "Public Health Live."