PROGRAM DESCRIPTION

Department of Health and Senior Services
Health Information and Epidemiology

HB Section(s): 10.700, 10.710, and 10.755

Program is found in the following core budget(s):

	DCPH Program Operations	DCPH Programs and Contracts	Office of Emergency Coordination				TOTAL
GR	752,843	0	0				752,843
FEDERAL	2,069,220	1,670,107	34,847				3,774,174
OTHER	87,992	0	0				87,992
TOTAL	2,910,055	1,670,107	34,847				4,615,009

1a. What strategic priority does this program address?

Public Health System Building, Infant and Maternal Health, and Emerging Public Health Threats Preparedness.

1b. What does this program do?

The Health Information and Epidemiology unit is responsible for collecting, analyzing, and providing health information on a range of health conditions and diseases, risk factors, and preventative practices. It houses the resources necessary to operate and maintain major public health information systems, state vital statistics, community health information, and medical and public health epidemiology resources necessary to prevent, intervene, and control diseases and conditions impacting the health and wellness of Missourians.

The unit is involved in health data collection, from the enumeration of the population at risk (e.g., birth and death records) to health-care related experiences of Missourians, (e.g., managing the Patient Abstract System, health data abstracting, healthcare infections reporting) communicable (infectious) diseases, sexually transmitted infections (STIs) and zoonotic diseases; the collection, analysis and interpretation of data (e.g., Behavioral Risk Factor Surveillance System (BRFSS); the Pregnancy Risk Assessment Monitoring System (PRAMS); the Missouri Cancer Registry (MCR); the Pregnancy Mortality Surveillance System (PMSS); the State Unintentional Drug Overdose Reporting System (SUDORS), and the Missouri Violent Death Reporting System (MOVDRS); the dissemination of health statistics (e.g., Missouri Public Health Information Management System (MOPHIMS); and the distribution of downloadable public service announcements, brochures and other information; as well as statewide reportable surveillance systems (Websurv and EpiTrax); the HIV/AIDS reporting system (eHARS), and the Missouri Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE).

PROGRAM DESCRIPTION

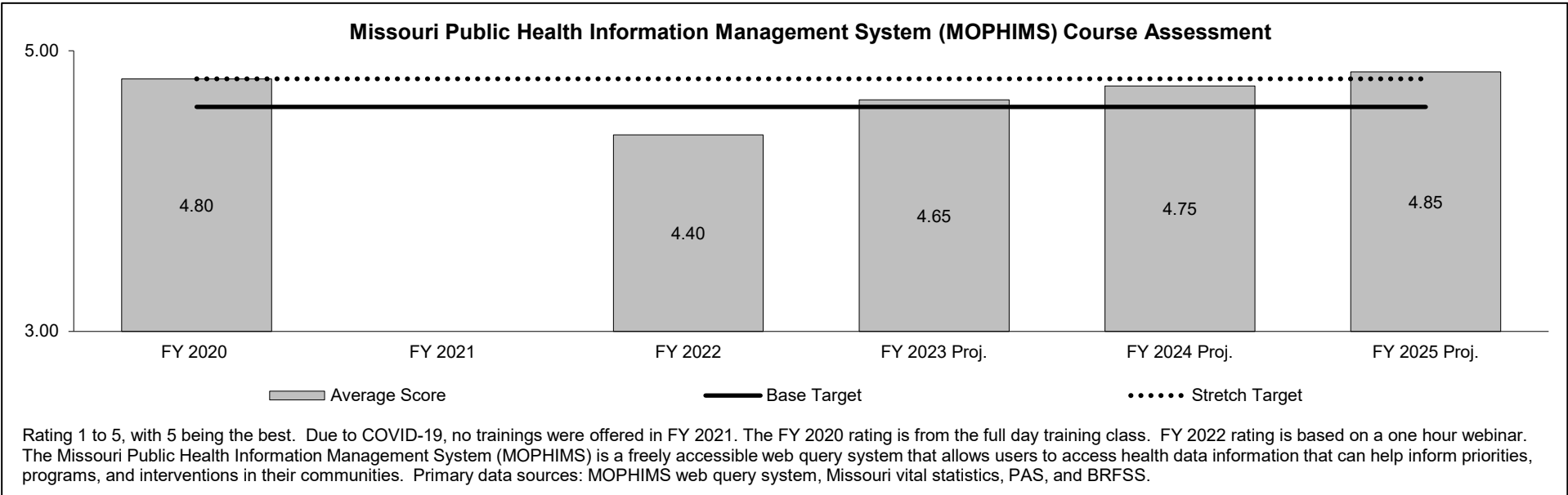| **Department of Health and Senior Services**	**HB Section(s):** 10.700, 10.710, and 10.755
Health Information and Epidemiology	
Program is found in the following core budget(s):	

2a. Provide an activity measure(s) for the program.

Health Information Services Provided						
	FY 2020	**FY 2021**	**FY 2022**	**FY 2023 Proj.**	**FY 2024 Proj.**	**FY 2025 Proj.**
Data Requests	341	1,444	1,360	891	916	931
Exhibits	11	11	5	9	9	9
Customized Presentations	38	137	73	54	58	62
Publications	51	39	6	27	29	31

Note: Due to staff reassignments to meet COVID-19 priorities, the number of data requests filled during March to June 2020 were drastically lower than previous years. The number of data requests and customized presentations in FY 2021 and FY 2022 were also significantly higher than in prior years due to the increased demand for COVID-19 related prevalence, hospitalization, mortality, and vaccine data.

2b. Provide a measure(s) of the program's quality.

Missouri Public Health Information Management System (MOPHIMS) Course Assessment

	FY 2020	FY 2021	FY 2022	FY 2023 Proj.	FY 2024 Proj.	FY 2025 Proj.
Average Score	4.80		4.40	4.65	4.75	4.85

Legend: Average Score — Base Target — Stretch Target

Rating 1 to 5, with 5 being the best. Due to COVID-19, no trainings were offered in FY 2021. The FY 2020 rating is from the full day training class. FY 2022 rating is based on a one hour webinar. The Missouri Public Health Information Management System (MOPHIMS) is a freely accessible web query system that allows users to access health data information that can help inform priorities, programs, and interventions in their communities. Primary data sources: MOPHIMS web query system, Missouri vital statistics, PAS, and BRFSS.
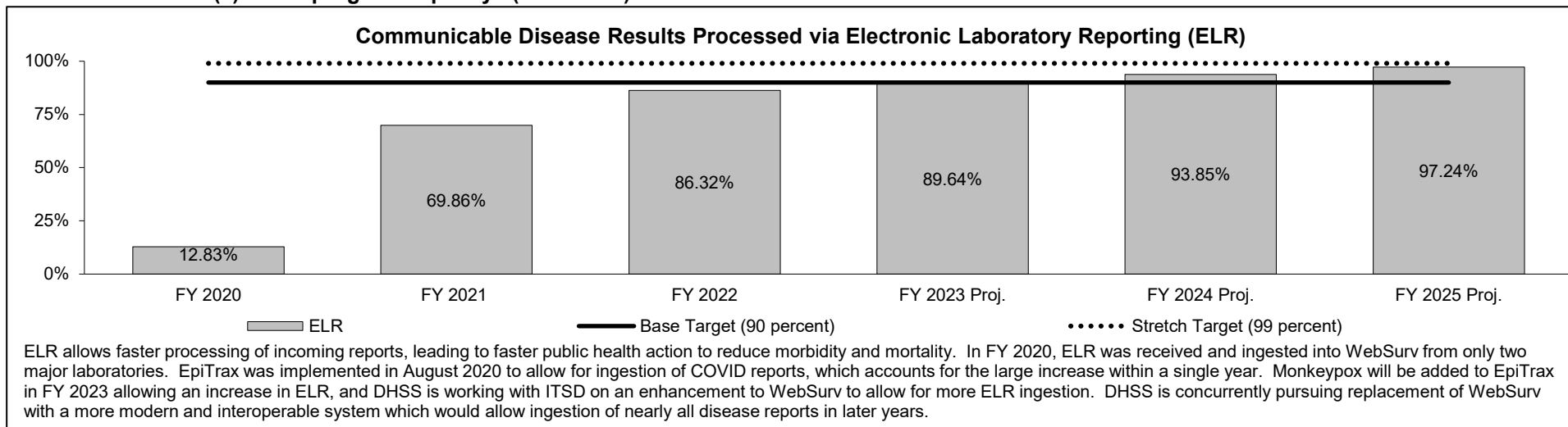
Department of Health and Senior Services	**HB Section(s):** 10.700, 10.710, and 10.755
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Program is found in the following core budget(s):	

2b. Provide a measure(s) of the program's quality. (continued)

Communicable Disease Results Processed via Electronic Laboratory Reporting (ELR)

	FY 2020	FY 2021	FY 2022	FY 2023 Proj.	FY 2024 Proj.	FY 2025 Proj.
ELR	12.83%	69.86%	86.32%	89.64%	93.85%	97.24%

Legend: ELR ▬ Base Target (90 percent) ••••• Stretch Target (99 percent)

ELR allows faster processing of incoming reports, leading to faster public health action to reduce morbidity and mortality. In FY 2020, ELR was received and ingested into WebSurv from only two major laboratories. EpiTrax was implemented in August 2020 to allow for ingestion of COVID reports, which accounts for the large increase within a single year. Monkeypox will be added to EpiTrax in FY 2023 allowing an increase in ELR, and DHSS is working with ITSD on an enhancement to WebSurv to allow for more ELR ingestion. DHSS is concurrently pursuing replacement of WebSurv with a more modern and interoperable system which would allow ingestion of nearly all disease reports in later years.

2c. Provide a measure(s) of the program's impact.

Pregnancy Risk Assessment Monitoring System (PRAMS) Response Rate

	CY 2020	CY 2021	CY 2022 Proj.	CY 2023 Proj.	CY 2024 Proj.	CY 2025 Proj.
	57%	50%	50%	52%	55%	55%

Legend: ▬ Base Target (55 percent) ••••• Stretch Target (60 percent)

PRAMS is an ongoing, population-based survey surveillance system designed to identify and monitor selected maternal experiences and behaviors that occur before and during pregnancy and during the child's early infancy. PRAMS provides statewide estimates of selected perinatal health indicators that are representative of women who have recently delivered a live birth. PRAMS collects data through a mailed survey with telephone follow-up for non-respondents. Beginning in 2023, a web-based survey option will be added. The program anticipates the web-based survey to aid in combating nationwide (all PRAMS programs) challenges meeting response rate thresholds.

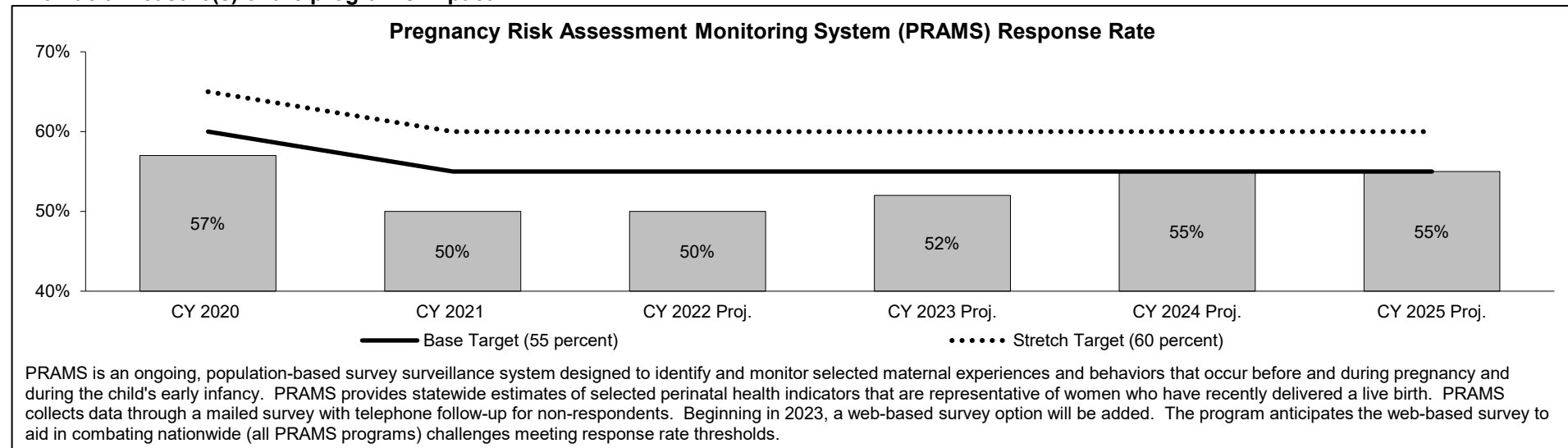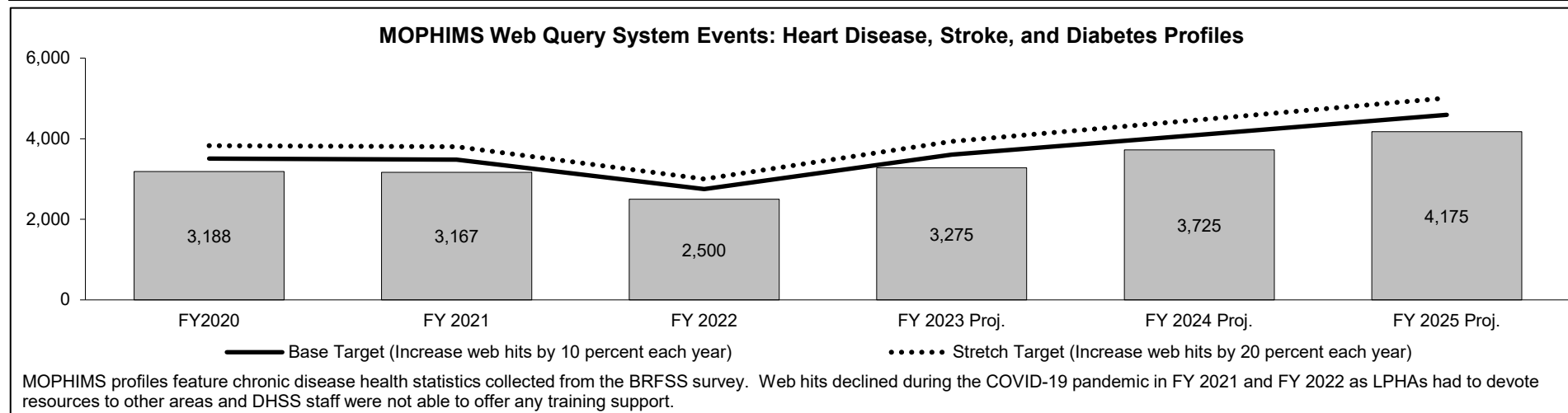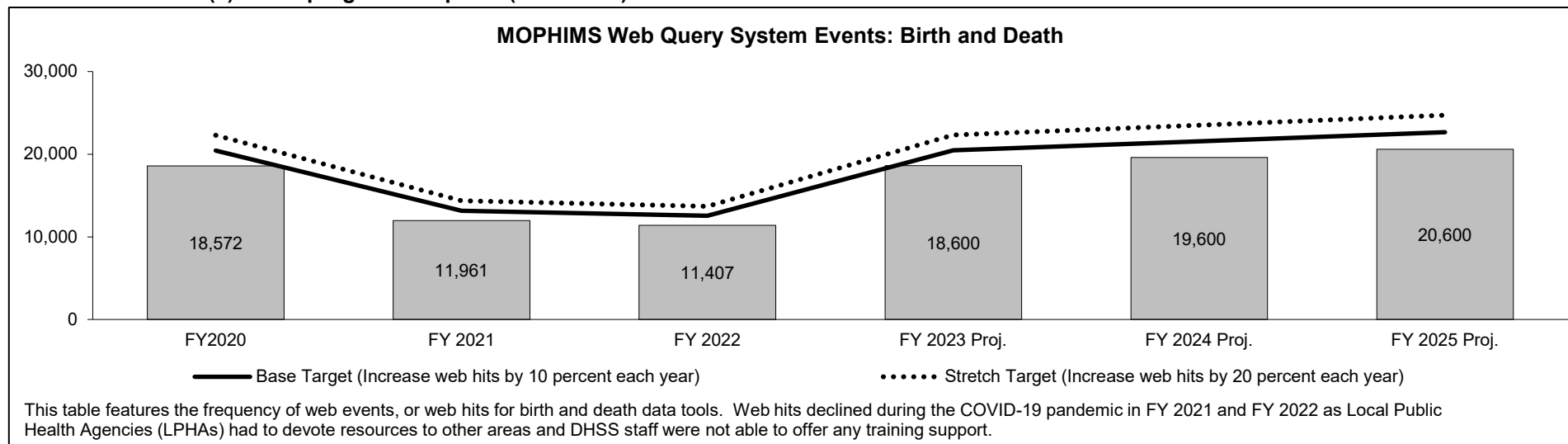| Department of Health and Senior Services	HB Section(s): 10.700, 10.710, and 10.755
Health Information and Epidemiology	
Program is found in the following core budget(s):	

2c. Provide a measure(s) of the program's impact. (continued)

MOPHIMS Web Query System Events: Birth and Death

FY2020	FY 2021	FY 2022	FY 2023 Proj.	FY 2024 Proj.	FY 2025 Proj.
18,572	11,961	11,407	18,600	19,600	20,600

——— Base Target (Increase web hits by 10 percent each year)   •••••• Stretch Target (Increase web hits by 20 percent each year)

This table features the frequency of web events, or web hits for birth and death data tools. Web hits declined during the COVID-19 pandemic in FY 2021 and FY 2022 as Local Public Health Agencies (LPHAs) had to devote resources to other areas and DHSS staff were not able to offer any training support.

MOPHIMS Web Query System Events: Heart Disease, Stroke, and Diabetes Profiles

FY2020	FY 2021	FY 2022	FY 2023 Proj.	FY 2024 Proj.	FY 2025 Proj.
3,188	3,167	2,500	3,275	3,725	4,175

——— Base Target (Increase web hits by 10 percent each year)   •••••• Stretch Target (Increase web hits by 20 percent each year)

MOPHIMS profiles feature chronic disease health statistics collected from the BRFSS survey. Web hits declined during the COVID-19 pandemic in FY 2021 and FY 2022 as LPHAs had to devote resources to other areas and DHSS staff were not able to offer any training support.
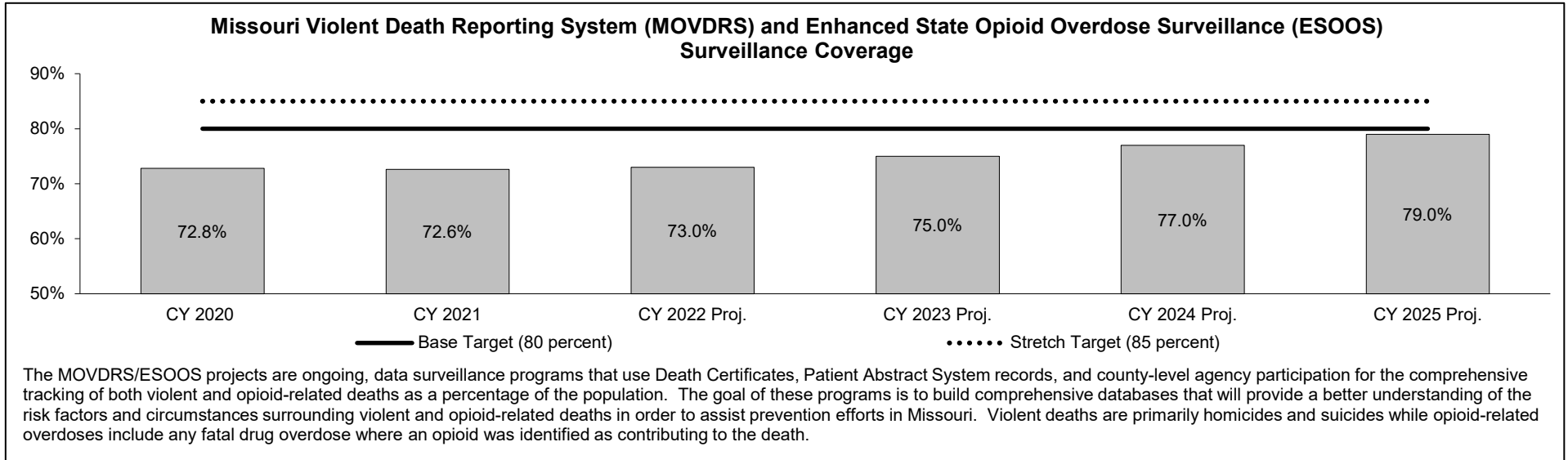
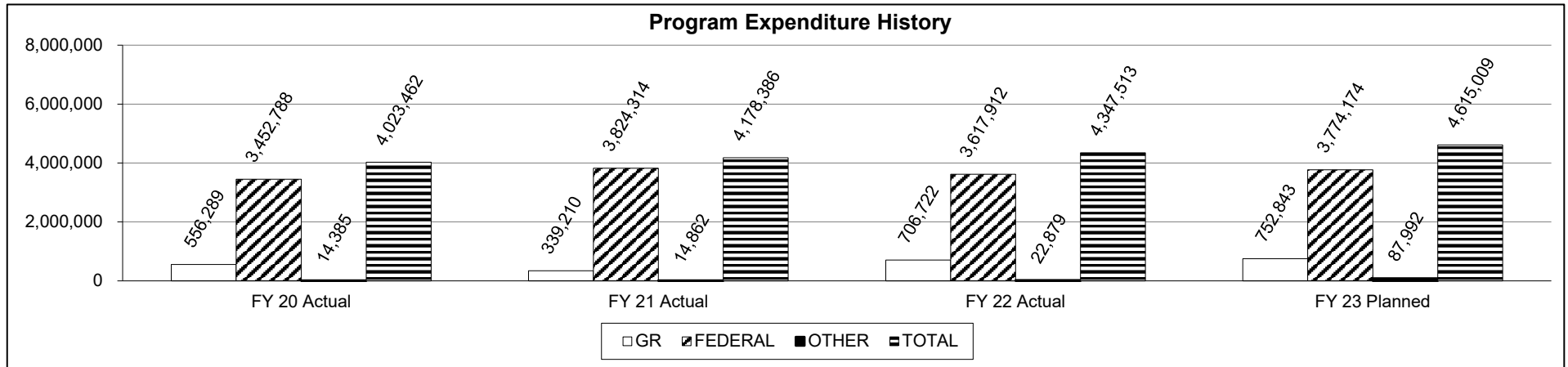| **Department of Health and Senior Services**	**HB Section(s):** 10.700, 10.710, and 10.755
Health Information and Epidemiology	
Program is found in the following core budget(s):	

2d. Provide a measure(s) of the program's efficiency.

Missouri Violent Death Reporting System (MOVDRS) and Enhanced State Opioid Overdose Surveillance (ESOOS) Surveillance Coverage

CY 2020	CY 2021	CY 2022 Proj.	CY 2023 Proj.	CY 2024 Proj.	CY 2025 Proj.
72.8%	72.6%	73.0%	75.0%	77.0%	79.0%

—— Base Target (80 percent)   •••••• Stretch Target (85 percent)

The MOVDRS/ESOOS projects are ongoing, data surveillance programs that use Death Certificates, Patient Abstract System records, and county-level agency participation for the comprehensive tracking of both violent and opioid-related deaths as a percentage of the population. The goal of these programs is to build comprehensive databases that will provide a better understanding of the risk factors and circumstances surrounding violent and opioid-related deaths in order to assist prevention efforts in Missouri. Violent deaths are primarily homicides and suicides while opioid-related overdoses include any fatal drug overdose where an opioid was identified as contributing to the death.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History

	GR	FEDERAL	OTHER	TOTAL
FY 20 Actual	556,289	3,452,788	14,385	4,023,462
FY 21 Actual	339,210	3,824,314	14,862	4,178,386
FY 22 Actual	706,722	3,617,912	22,879	4,347,513
FY 23 Planned	752,843	3,774,174	87,992	4,615,009

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4. What are the sources of the "Other " funds?

Health Initiatives (0275) and Department of Health and Senior Services Document Services (0646).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 167.183, 188.052, 188.055, 192.020, 192.025, 192.040, 192.067, 192.068, 192.131, 192.323, 192.380, 192.650-657, 192.665-192.667, 193.045, 193.245, 193.255, 210.040, 210.050, 260.391.1(2), and 380.010. Behavioral Risk Factor Surveillance System: 42 USC Section 301 (a)317(k); Missouri Cancer Registry Cancer Information System: Section 192.650-657, RSMo, PL 102-515; Pregnancy Risk Assessment Monitoring System: CDC-RFA-DP06-002; Maternal and Child Health Title V Block Grant: Social Security Act, Title V, Sections 501-510 (USC 701-710, Subchapter V, Chapter 7, Title 42); and National Violent Death Reporting System: CDC-RFA-CE16-1607

6. Are there federal matching requirements? If yes, please explain.

Yes, the Cancer Registry grant requires one dollar of in-kind match from reporting facilities and the University of Missouri for every three dollars of federal funds and requires maintenance of effort. The MCH Title V Block Grant supports portions of the Office of Epidemiology and requires a three dollar non-federal/four dollar federal match and maintenance of effort.

7. Is this a federally mandated program? If yes, please explain.

Yes, the Cancer Registry is federally mandated (Cancer Registries Amendment Act: PL 102-515).