

# North Carolina OMH Improves Availability of Health Data

By Houkje Ross

Closing the Gap, Supporting State Offices of Minority Health • September/October 2000

North Carolina's Office of Minority Health improved its ability to distribute health data and statistics to its partners, thanks to funding from the federal Office of Minority Health's State Partnership Initiative. Now, important data on racial and ethnic groups in the state are more easily distributed to local health departments, community-based organizations, the state department of health and human services, colleges and universities, and advocacy groups.

A critical part of this strategy was setting up a database of partner addresses and other contact information that could be easily used for sending out reports and other notification of state health data.

"Facts speak for themselves," said Barbara Pullen-Smith, director of the North Carolina OMH. "And when our partners have statistical information, they are better able to pinpoint the types of programs they need and justify them."

Pullen-Smith cites the fact that North Carolina has one of the highest infant mortality rates in the nation as an example of critical health data that should be considered in state health activities. Data indicate that American Indian mothers may have a high incidence of risk factors associated with infant mortality. And while 31 percent of the state's children are minorities, 44 percent of child deaths occurred

in minority children. Sixty-four percent of those deaths were in infants under one year old.

The goal, said Pullen-Smith, was to give its partners "information, resources, the ability to access those resources, and an understanding of how they can influence policy at the local level."

Pullen-Smith said she worked closely with North Carolina's Center for Health Statistics, along with her office research associate, her assistant director, and a project consultant to collect minority health data and produce new publications.

Through the state partnership initiative, the office developed and updated African American, American Indian, and Hispanic/Latino fact sheets, the Latina Reproductive Health Report, and the African American Health Assessment.

It's not only distributing the data that's important, Pullen-Smith added. "A big part of our job is to act as interpreters of data related to minority health," she said. "It has to be understandable. It's one thing for a researcher at Duke to be able to look at numbers and know what they mean, but I want my aunt to be able to understand it too."

*For more information, contact Barbara Pullen-Smith, 919-715-0992. ❖*

## How to Establish a Database

The development of North Carolina's Office of Minority Health's (NC-OMH) database involved three phases: planning and designing, database implementation, and data entry and report development. Here's a general idea of how NC-OMH approached the project.

**1. Planning and Designing:** In the first phase OMH staff met with the project consultant in a series of meetings to clearly layout and define the purpose and scope of the database. Discussion at this stage surrounded the types of data that would be stored in the database, who would be the main users of the data, how the database would enhance the work of the office in meeting the needs of minorities in the state, and what demands the database would create for the Office in terms of data entry, maintenance, and upgrades. The project consultant also met with a representative from the North Carolina State Center for Health Statistics. This person provided technical assistance in the planning phase.

**2. Database Implementation:** This is the technical phase, which involves translating the information gathered by the project consultant into a database format. The project consultant developed a flow chart of the database, which indicated the types of tables and reports available and how they could be linked. NC-OMH used in-house staff for support and guidance. Staff members talked with the consultant about what they would like the database to be able to do and developed a timeline for the project.

**3. Data Entry and Report Development:** NC-OMH hired a data entry person to enter addresses of its partners. The database holds more than 5,500 names and addresses of colleges, individuals,

churches, minority radio stations and newspapers, legislators, community-based organizations, ministers, interpreters, and conference attendees. The database also includes a complete listing of NC-OMH publications. Pullen-Smith suggests developing a long-term plan for updating and maintaining the database and publications. Other suggestions include documenting the process for developing and implementing the project and providing training to staff for using the database. ❖

