Information Technology Survey Report

For the Turning Point National Excellence Collaborative for Information Technology

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Introduction

The year 2001 was a watershed year for public health. Due to the tragic terrorist attacks of September 11th and the subsequent anthrax attacks through the U.S. Postal Service, the public has an increased focus on public health and has recognized the need for effective and efficient functioning at national and local levels. Even before the events of 2001, however, information technology and its key role in the nation's public health infrastructure were receiving national attention. *Healthy People 2010* devotes much of Chapter 23, Public Health Infrastructure, to information systems, data collection, and data management. *Healthy People 2000* also placed a great deal of emphasis on data and surveillance, but did not specifically focus on the infrastructure requirements underpinning its objectives.

Public health departments, like most government offices, have tended to lag behind industry in adopting the most current technology. Financial constraints, limited technical expertise, and the independent and sometimes territorial nature of local and State health departments have limited health department adoption of new technology. This independence may have resulted in less information and resource sharing and therefore a duplication of efforts and lack of synergy in developing and implementing public health software technology. Further impacting information technology use in health departments is a perceived shortage of specialized products. This limited number of software applications specifically designed for public health is the result of a lack of

content expertise and perceptions of a limited market on the part of software developers.

Turning Point

Turning Point: Collaborating for a New Century of Public Health Initiatives, is an initiative supported by the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation. It's mission is "to transform and strengthen the public health system in the United States to make the system more effective, more community-based, and more collaborative" (www.TurningPointProgram.org). Within the national Turning Point initiative, partner States have formed five National Excellence Collaboratives, one of which is committed to helping public health departments better utilize information technology.

Information Technology Collaborative

The National Excellence Collaborative for Information Technology or the Information Technology Collaborative (ITC) is composed of six States: Kansas, Maine, Missouri, New Hampshire, Oklahoma, and South Carolina. Formed in April of 2000, the mission of the Collaborative is to "assess, evaluate, and recommend to national policy-makers innovative ways to improve the nation's public health infrastructure by utilizing information technology to effectively collect, analyze, and disseminate information" (www.infotechnet.org). In order to fulfill its mission, the ITC elected to survey local health departments and create an Internet based resource to assist public health professionals in their information technology decisions. Through its website, the ITC will facilitate the

sharing of lessons learned between public health professionals and foster the exchange of data and data systems among local, State, and Federal public health agencies.

Research

In order to meet its objectives, the Information Technology Collaborative contracted with the American Institutes for Research (AIR) to conduct formative research and field a nationwide survey of health departments in the United States. First, two group discussions were held during the October 2001 Turning Point meeting in Westminster, CO in order to gather background information about the needs, desires, and fundamental capacity of local health departments. Subsequently, AIR conducted site visits to local health departments in Kansas, Missouri, and Virginia in November and December of 2001 to further examine how information technology is used in local health departments, what health departments think about their current IT capabilities, and what they believe would be useful to measure in a survey about local health department information technology use.

After completion of the formative research, AIR reviewed an early version of an information technology survey created by the ITC and worked with the Collaborative to further delineate the survey research objectives. These research objectives, together with the information needs reported by local health departments participating in the formative research, guided the survey development process.

Research Objectives

The objectives for the ITC's Information Technology Survey were threefold:

- To determine what information technology is being used in U.S. local health departments.
- To determine how end users, meaning professional staff members in local health departments, rate the software they use.
- To determine the perceived information technology needs of local health department staff members

Survey Development

The final version of the Information Technology Survey was developed through an iterative process between AIR and the ITC survey working group. First, an early version of the survey created by the Collaborative was reviewed in order to incorporate the findings from the group discussions and site visits. This survey was designed around the ten essential public health services and the activities underlying those services, so later versions were also designed to incorporate the ten essential services. Eventually, a tabular format emerged as the best way to gather a large amount of information in a limited amount of space, and given the nature of the information needed and the divisions inherent in many health departments, the survey was divided into four sections that target specific types of public health professionals:

- An administrative person,

- Someone performing medical or clinical services,
- Someone performing environmental or sanitation services, and
- Whoever was thought of as the person with the most information technology responsibility.

Several rounds of survey revisions were conducted to incorporate the many areas of interest and remain faithful to the original ideas of the survey. Color was used to differentiate the different sections of the survey and make the survey's grid format more user friendly. Finally, two versions of the survey were pretested in Virginia and the final version of the survey was chosen by the Collaborative at the May 2002 ITC meeting in Scottsdale, AZ. The final version of the survey was a 20 page booklet, including front and back cover, containing both open- and close-ended questions (see Appendix A).

Data Collection

The Information Technology Survey was mailed out to local health departments in four waves, each one week apart, in June 2002. Prior to these mailings, however, AIR had to collect the addresses of local health departments as no comprehensive directory was available. AIR searched State health department websites and/or contacted State health departments for lists of local health department addresses to compile the mailing database. The information obtained was cross-checked with the National Association of County and City Health Officials (NACCHO) membership directory for accuracy and found to be a more comprehensive listing of health departments than the directory. Note,

however, that the NACCHO directory contains information about health organizations that were not considered to be health departments for the purposes of the survey (e.g., hospitals that also provide one specific public health service), and many health departments have names that do not say "health department" (e.g., all Massachusetts health departments are called boards of health). In addition, there is no one standard way or even many standard ways that health departments in the United States are structured. For example, in one area of a State, small local health departments might track all births and deaths, but a regional office will do all environmental activities and certify that individuals meet the requirements of government health programs. In another area of the same State, one large local health department might do all of those activities plus additional functions related to specific health issues or programs occurring in that area.

Technical Assistance

In order to facilitate completion of the Information Technology Survey, AIR obtained a toll-free telephone number through which health departments could obtain technical assistance in completing the survey. Most calls from health departments to the technical assistance line came during the first month of the mail-out, at a rate of about one call every two days. The most common question regarded the deadline for the survey (no specific deadline was given in the original survey mailing), but specific technical questions were also asked. There did not appear to be any pattern or trend in the calls received. Most callers needed clarification about a category or term, such as sewage/septic systems or

"electronic reporting," or wanted to check that they were filling the tables out correctly. A few people called specifically to tell us they would not be filling out the survey because of time constraints or because they felt their office was too small to participate.

Survey Follow-Up

In order to accumulate a large and diverse sample of completed surveys, AIR began making follow-up telephone calls to local public health offices two to three weeks after each of the four survey mail-outs. Follow-up calls began at the end of June and continued through the end of September.

AIR began conducting follow-up calls by randomly selecting ten percent of the health departments from each round of mailings and all health departments from the U.S. Census Bureau's major metropolitan statistical areas (MSAs of 100,000 or more people), excluding any offices from which AIR had already heard from or from which surveys had already been received. As the MSAs are a listing of metropolitan areas often referred to by the largest city in the area, AIR often had to determine what, if any, county health department served the metropolitan area. Additionally, AIR ensured that every State was represented in the first round of follow-up calls by randomly selecting offices to add from States not represented in the original follow-up sample.

In the second round of follow-up calls, an additional 10-15% of health departments and every health department from the 276 MSAs were called. Subsequently, AIR focused its follow-up attempts on the States with the lowest

response rates up to that time. These calls were placed to randomly selected health offices that had not sent surveys (with heavy emphasis on small States with few local health departments) and offices that were understood to be regional in jurisdiction (i.e., covering more than one county or town, or a central office overseeing multiple local offices).

Altogether, approximately 800 health departments were reached via a follow-up telephone call. Each health department was called at least once. Typically, the caller was forced to leave a message for the survey recipient if he/she was not immediately available. If necessary (i.e., if calls were not returned within 1-2 days), additional calls were placed with a maximum of three attempts made at reaching the appropriate staff at each office. Most offices required two calls to reach someone who was familiar with the survey; often it was not possible to speak to the director or office manager to whom the survey was addressed, meaning that a receptionist or member of the IT staff was the only person available. Sometimes the person available to speak with a research team member was unaware of the survey.

A total of 87 offices contacted during the follow-up declined to participate in the survey. According to the staff contacted, this was overwhelmingly due to the survey's length and level of detail, which most thought would require too much of their time. In these cases, AIR attempted to explain that the survey should not require much more than 20 minutes to complete each section and that each section was intended for a different person to fill out. Some small, rural offices said that they felt incapable of answering the questions properly since

their computers were maintained by a central office located elsewhere. Other small health departments told us they didn't use computers enough to want to participate. Although AIR clarified that health departments could return the survey even if their office did not have respondents for each section (i.e., no environmental, clinical, or IT staff members) and/or did not perform many of the activities listed, most health departments who declined to participate did not change their decision.

Many people reached via a follow-up call felt that they were asked to complete too many surveys. This may be the case as data collection took place after the events of September 11, 2001 and many States and other agencies were trying to establish baseline preparedness assessments to handle future terrorist threats. Other people indicated that they did not receive the survey, could not find the survey, or that it had been mistakenly thrown away. As such, AIR re-sent 161 surveys to local health departments who said that they would complete a new survey if it was mailed to them.

Data Cleaning

As surveys were returned, each survey was entered into an Access database. Subsequently, the database was cleaned in order to have uniform program names and descriptions. This cleaning was done using the glossary (Appendix D) described in the Products section of this report. Before any substantial changes were made in the database, the glossary description and specific database variables were checked to ensure that terms to be changed were from the same survey, same State, or used for the same activity, depending on the purpose of the software. For example, before changing all related terms to Arizona State Immunization Information System (ASIIS), all of the terms from the survey to be changed were checked to ensure they were indeed from Arizona and used for immunization. Overall, the reported software names were not changed unnecessarily, and the data cleaning procedure erred on the side of caution in changing the provided names.

Results

The results of this report reflect all surveys received by December 6, 2002. Subsequent to the closing of the database, seven additional surveys were received and entered into the database. Data from these surveys and any changes resulting from corrections received from the original respondents are provided on the Information Technology Collaborative's Information Systems Catalog described in the Products section of this report. In total, of the original 3131 surveys mailed out, 349 surveys were returned, 344 with usable data, for a raw response rate 11.1%. Turning Point member States and Information

Technology Collaborative States had higher raw response rates, 15.0% and 17.4% respectively, than non-Turning Point States (8.4%). After correcting for health departments missed in the first mailing (i.e., city health departments not listed on State health department websites), health departments from the original mailing list whose information was reported by another office (i.e., regional or State offices who reported for local offices), and health departments that no longer exist, the total adjusted response rate was 11.6%. Again, the national Turning Point and ITC States had higher response rates, 16.2% and 20.1% respectively.

Low response rates are not atypical for cold mailed surveys wherein the respondent does not know he or she will be asked to participate in a research study. Given the nature and intent of the Information Technology Survey, a low response rate does not impact the validity of much of the survey in that the primary goal of the research was to develop an inventory of health department information technology and gather evaluations of that technology. Generalization to the population of health departments at large is not necessary for making use of the information obtained. Readers are cautioned, however, that the higher response rates from some States inflates the reported use of certain software programs higher than what would likely be found when looking at the nation as a whole.

The respondents to the Information Technology Survey are described in Table 1. As can be seen, the majority of health departments that responded were rural from a mixed agricultural and industrial area. Overall, these respondents

reported that 85% of their employees have access to a computer at work; 71% have their own computer at work and Internet access via that computer. Thirty-four percent (34%) of respondents said that they did not have any information technology staff members (23% rely on private consultants and 11% rely on other health departments). Of those health departments with information technology staff members, sixteen percent (16%) reported that they only have part-time IT staff; thirty-nine percent (39%) reported full-time information technology staff members. On average, the health departments responding to the survey said that they have four (3.9) information technology staff members (4.6 full-time, 2.0 part time).

Table 1: Characteristics of Responding Health Departments

Community Description	*Rural*	*Suburban*	*Urban*	*Frontier*	*N/A* (statewide)
	53%	21%	18%	8%	1%
	Agricultural	*Industrial*	*Ag. & Ind.*	*Tourist*	*Other*
	26%	5%	40%	7%	12%*
	* 50% of others described as being a residential or bedroom community				
Population Served	*Min*	*Max*	*Average*	*Median*	
	800	1,700,000	125,548	33,600	
Total Staff Size	*Min*	*Max*	*Average*	*Median*	
Full-time Staff	0	3,000	76	13	
Part-time Staff	0	250	14	5	
IT Staff Size	*Min*	*Max*	*Average*[+]	*Median*[+]	
Full-time Staff	0	55	4.6	2	
Part-time Staff	0	19	2.0	1	
Budget	*Min*	*Max*	*Average*	*Median*	
	$2,500	$101,000,000	$5,134,221	$1,000,000	
	[+] Of those who have information technology staff members				

Overall, only seven percent (7%) of health departments reported that they maintain Behavioral Risk Factor Surveillance (BFRS) data; another seven percent (7%) were unsure and 86% do not maintain BFRS data. Four respondents indicated that their State health department provided software for maintaining BFRS data, and two health departments each indicated that they use one of the following: 1032 database, Epi Info, SAS, and SPSS. Forty-eight percent (48%) of the respondents reported that they have plans to become Health Insurance Portability and Accountability Act (HIPPA) compliant; 42% do not have plans; and 10% did not know whether or not they have a plan.

What software is being used?

The most commonly used software was a Microsoft product. Overall, Microsoft Access was the most frequently mentioned software program followed by Word and Excel. The fourth most frequently reported program was HOST, followed by Epi Info, KIPHS, PowerPoint, VISION, HSIS, and QS respectively[1]. As can be seen in Table 2, some of the top programs are used in almost all of the health departments who responded to the survey. Others, while not found in a great number of health departments, were used with a large number of activities in the health departments who use the software. The analysis presented in Table 2 is based on the number of times a program was mentioned rather than the number of health departments that use it. When counting each program only once per survey, as opposed to once for every time it was reported,

[1] Some of the reported software programs are actually packages of several programs or the name of vendors or companies that sell a package of software programs (e.g., Microsoft Office is composed of Word, Excel, Outlook, PowerPoint, and, in the professional version of the package, Access. The Microsoft Office Developer package contains an additional three products).

the top ten software programs were, in order: Access, Word, Excel, PowerPoint, Epi Info, WIC, Microsoft Office, HAN, Outlook, and Arcview. As the majority of software programs from this single mention analysis are Microsoft Office products, the remainder of the analyses were conducted counting each time a program was reported as being used, thus the top programs are the most mentioned or most frequently reported software programs across all the activities investigated.

Table 2: Number of Agencies Using Most Mentioned Software Programs

Software Programs	All Agencies*	Administrative Staff Members	Medical/Clinical Staff Members	Environmental Sanitation Staff
Access	99	30	19	39
Word	96	59	9	9
Excel	88	39	22	16
HOST	9	4	4	0
Epi Info	57	34	22	1
KIPHS	27	11	16	0
PowerPoint	62	54	2	0
VISION	14	4	9	0
HSIS	15	4	7	3
QS	14	4	8	0

*Admin, Med/Clin, and Environmental totals do not sum to All Agencies totals because some programs were mentioned by IT staff members only.

It is important to examine the most mentioned software programs by the groups of people who use that software. Tables 3 and 4, show the most mentioned software programs dividing up the software by types of users and the origin of the software. Medical/clinical personnel, followed by environmental sanitation personnel, use somewhat more specialized software than administrative staff members. Administrators or administrative staff most often

use a Microsoft Office product and are more likely to use Epi Info, a free epidemiology program distributed by the Federal Government. Most software programs used in the health departments were either provided by the State or State health department or are commercial off-the-shelf programs.

Table 3: Top Software Programs by Type of Agency User

Software Programs	Administrative	Medical/Clinical	Environmental Sanitation
1	Word	HOST	Access
2	PowerPoint	VISION	Healthspace
3	Excel	KIPHS	WebbStarr
4	Epi Info	QS	Excel
5	Access	PATS	Centrax
6	Outlook	HSIS	Word
7	HAN	Epi Info	HSIS
8	CHAMP	Access	HDIS
9	SPSS	Excel	Sweeps
10	HOST	WIC	Envision

Table 4: Most Mentioned Software Programs by Program Origin

Origin*	State (39.3%)	Federal (4.5%)	Commercial (38.5%)	Custom (13.8%)
1	WIC	Epi Info	Word	Access
2	VISION	CareWare (tie) WIC (tie)	MS Office	Vital Stats (tie) HOST (tie) CHAMP (tie)
3	MOHSAIC (tie) KIPHS (tie)		Excel	
4		HAVEN	Access	
5	WIR	CHIP (tie)	PowerPoint	FP/WIC
6	Immunization Registry Info. System (IRIS)	HAN (tie)	Outlook	IBM Client Access (tie) KIPHS (tie) Sweeps (tie)
7	HAN (tie) Stellar (tie)	23 programs tied	Arcview (tie) QS (tie)	
8				
9	Cornerstone (tie) MCH-Info (tie)		Windows	13 programs tied
10			GroupWise (tie) MS Publisher (tie) Word Perfect (tie)	
* 3.9% of programs were of unknown origin				

Appendix B contains tables, for each type of public health professional, that detail the top five most mentioned software programs broken down by different types of community descriptors (e.g., urban, suburban, or frontier; and agricultural, industrial, or tourist) and by the size of the population served by the health department.

In examining the most frequently mentioned software programs, it is important to look at what activities those programs support. The top 5 activities associated with each of the top 10 most frequently mentioned programs are listed in Table 5.

Table 5: Activities Most Associated With The Top Software Programs

Top Programs	Top 5 Activities				
	1	2	3	4	5
Access	Inspect food service establishments	Inspect onsite sewage systems	Inspect wells	Receive laboratory reports (tie) Inspect child daycare facilities (tie) Inspect water sewage systems (tie) Monitor water supply systems (tie)	
Word	Disseminate info. for public consumption in general	Disseminate information to health care providers	Disseminate information to specific high-risk groups	Document non-financial input from community partners	Document non-financial assist. provided to community partners
Excel	Document non-financial input from community partners (tie) Maintain a demographic profile of your jurisdiction (tie)		Document non-financial assist provided to community partners (tie) Provide TB screening (tie) Analyze data about diseases/health conditions (tie) Inspect onsite sewage systems (tie)		
HOST	Provide WIC services (tie) Provide nutrition counseling (tie) Provide cervical cancer screening services (tie) Provide STD services (tie) Provide breast cancer screening services (tie) Provide immunization services (tie)				
Epi Info	Investigate disease outbreaks	Analyze data about diseases/ health conditions	Map diseases or other health conditions	Receive disease reports/health alerts	Assess quality of services your office provides
KIPHS	Maintain immunization registry	Provide immunization services	Provide family planning services	Provide (non-WIC) pre-natal care services	Provide TB screening
PowerPoint	Train people outside your health dept.	Train health dept. staff	Outreach services	Provide tobacco cessation counseling	Nutrition counseling
VISION	Provide immunization services	Provide TB screening	Provide family planning services (tie) Maintain immunization registry (tie)		3 tied activities
HSIS	Inspect food service establish. (tie) Inspect child day care facilities (tie)		Inspect adult day care facilities (tie) Provide WIC services (tie)		Provide immun. services
QS	Provide pharmacy services	Provide nutrition counseling (tie) Provide TB screening (tie) Provide STD services (tie)			7 tied activities

One of the guiding principles of the Information Technology Survey was an examination of the 10 Essential Public Health Services. The Essential Services were used to decide what areas and activities to include in the survey. Although there is a considerable amount of overlap between the Essential Services, it is possible to examine what software is used to support each service. Table 6 lists the top five programs associated with the 10 Essential Services.

Table 6: Most Mentioned Software in Use for the Essential Services

Essential Services	Software Program				
	1	2	3	4	5
Monitor health status	KIPHS	Excel	WIR	SPSS	Access
Diagnose and investigate	Access	Epi Info	Healthspace	Word (tie)	Excel (tie)
Inform, educate, and empower	Word	Outlook	Excel	MS Office	Adobe Acrobat
Mobilize community partnerships	Word	Excel	PowerPoint	MS Office	HOST (tie) Access(tie)
Develop policies and plans	Word (tie)	Excel (tie)	SPSS	KIPHS	MICA
Enforce laws and regulations	Access	Healthspace	WebbStarr	Centrax (tie)	Excel (tie)
Link people to needed health services	HOST	VISION	QS	KIPHS	PATS
Competent workforce	PowerPoint	Word	Excel	Access (tie)	HOST (tie)
Evaluate Services	Excel	Word	Access	KIPHS	Epi Info
Research	HAN	Word	Outlook	Groupwise	Epi Info (tie) ODRS (tie)

In addition to allowing for the examination of software used to support the Essential Services by the grouping of health department activities, the survey asked two open-ended questions related to the essential services concerning a competent workforce (i.e., training) and research. Information technology specialists reported that the training conducted by their health department uses the Internet or Web streaming (25 mentions) and PowerPoint (19 mentions). This training is for:

- All staff (29)
- Specific offices / specific personnel (20)
- Nursing staff (11)
- IT staff (5)
- New staff (4)
- Field staff (4)

The research reported by information technology staff members focused on information gathering, such an Internet search for information about a health threat, more than primary research. Demographics research, however, was specifically mentioned three times. The software reported as being used for research was:

- Internet
- Epi Info
- SPSS
- SAS
- GIS

How useful is the software?

In addition to exploring what software is used by health departments, the Information Technology Collaborative also wanted to know how end users, meaning local health department professional staff members, evaluate the software programs they use. Table 7 details the *functional usefulness*, meaning how useful the software was in performing some function or functional category underpinning health department activities, of all the programs overall and by each group of survey respondents.

Table 7: Functional Usefulness of All Programs Reported

All Programs	**Functional Usefulness Scores** (1 = Least Useful and 5 = Most Useful)					
	Patient Information	Scheduling	Billing	Reports	Policy	Inspection
Administrative	3.8	3.6	3.2	4.1	3.7	n/a
Med/Clinical	3.9	3.9	3.6	4.1	3.0	n/a
Environmental	3.2	3.9	3.6	4.1	3.3	4.2
Overall	3.8	3.8	3.5	4.1	3.3	4.2

Table 8 lists ratings for the functional usefulness of the top 10 most frequently mentioned programs on a variety of dimensions. Appendix C contains a series of tables that detail the raw or uncombined usefulness scores for each of the top 10 programs.

Table 8: Functional Usefulness of the Top 10 Most Mentioned Programs

Top Programs	Functional Usefulness Scores (1 = Least Useful and 5 = Most Useful)					
	Patient Information	Scheduling	Billing	Reports	Policy	Inspection
Access	3.6	3.9	3.5	4.1	3.3	4.3
Word	3.5	3.6	3.3	4.1	4.0	4.0
Excel	3.7	3.9	3.5	4.2	3.6	4.3
HOST	4.0	4.1	4.2	4.1	3.5	n/a
Epi Info	4.0	3.1	2.5	4.0	3.2	4.7
KIPHS	3.7	4.0	4.1	4.1	3.0	4.0
PowerPoint	3.9	3.8	3.7	4.2	3.9	n/a
VISION	3.3	3.5	3.8	3.6	2.9	n/a
HSIS	4.0	4.1	4.0	4.4	3.5	4.3
QS	4.2	4.4	4.0	4.6	3.7	n/a

Seventeen identified programs that were associated with five or more activities were found to have perfect functional scores, meaning that for the functional dimensions examined, the health departments who use the software said that the programs are very useful in performing those tasks. These programs are listed by functional grouping in Table 9. Also listed in the table is a number that indicates how much more the health departments wanted the programs to do.

Table 9: Software Programs With High Functional Evaluations*

(Software In Alphabetical Order)					
Patient Information	Scheduling	Billing	Reports	Policy	Inspection
Filemaker Pro (2.0)	Barnestorm (3.5)	Barnestorm (3.5)	Barnestorm (3.5)	N. Carolina Immunization Registry (1.5)	Filemaker Pro (2.0)
IBM Client Access (2.5)	HIN (2.6)	CAST (2)	CAST (2)		IBM Client Access (2.5)
Lotus Suite (3.3)	IBM Client Access (2.5)	DAR (2.7)	Filemaker Pro (2)		
MASSCHIP (1.0)	N. Carolina Immunization Registry (1.5)	HIS (1.4)	FrontPage (1.7)		
N. Carolina Immunization Registry (1.5)	Q&A 4 (2.0)	IMS (1.0)	HMC (1.1)		
		N. Carolina Immunization Registry (1.5)	Logician (2.0)		
			Lotus Suite (3.3)		

*Parenthetical # indicates whether the respondents would like the program to do more (5 = strongly agree, 1 = strongly disagree).

Table 10 details how specific user groups rated the basic usefulness of the software programs on evaluative dimensions related to how the program operates rather than its more functional dimensions. Table 11 shows a similar evaluation for the top 10 most frequently mentioned programs. Included in both Tables 10 and 11 is a summary score of the functional and evaluative ratings.

Table 10: Evaluations of All Programs Reported

All Programs	Usefulness (5 =Strong Agreement and 1 = Strong Disagreement)				
	Compatible with other programs	Works smoothly	Saves time	Easy to Use	Overall Evaluation*
Administrative	3.4	3.8	4.2	3.3	3.8
Med/Clinical	2.9	3.4	3.9	3.4	3.7
Environmental	3.3	3.5	3.2	3.2	3.7
Overall	3.1	3.6	4.0	3.4	3.8

* Average of Table 7 and Table 9 evaluations.
A higher score indicates greater overall usefulness

Table 11: Evaluations of the Top 10 Most Mentioned Programs

Top Programs	Usefulness (5 =Strong Agreement and 1 = Strong Disagreement)				
	Compatible with other programs	Works smoothly	Saves time	Easy to Use	Overall Evaluation*
Access	3.7	3.9	4.4	3.3	3.8
Word	3.9	4.0	4.1	3.7	3.8
Excel	3.6	4.2	4.3	3.4	3.9
HOST	3.6	3.3	3.7	4.3	3.9
Epi Info	3.0	3.4	4.3	2.9	3.5
KIPHS	3.2	3.9	4.1	3.3	3.7
PowerPoint	3.8	4.1	4.2	3.4	3.9
VISION	2.7	2.6	3.6	3.3	3.3
HSIS	3.1	3.5	3.8	3.2	3.8
QS	3.7	3.7	4.1	3.3	4.0

* Average of Table 8 and Table 10 evaluations.
A higher score indicates greater overall usefulness

What are the information technology needs of health departments?

While many activities were universally supported by a software program, meaning that health departments always reported a program used with the activity, other activities frequently did not have computer support. Table 12 lists the activities for which few health departments used a software program.

Table 12: Activities for which Fewer than 25% of Agencies Have Software

Administrative Activities	Medical/Clinical Activities	Environmental Sanitation Activities
Document non-financial input from community partners (13%)	Provide mental health counseling (6%)	Investigate workplace injuries and/or deaths (3%)
Document non-financial assistance provided to community partners (13%)	Provide speech therapy services (6%)	Inspect hospices (5%)
Assess availability of health care in your jurisdiction (15%)	Provide physical therapy services (7%)	Inspect buildings for radiological (radiation) contamination (5%)
Outreach services (17%)	Provide substance abuse counseling (8%)	Inspect toxic waste sites (7%)
Assess the quality of services your office provides (17%)	Promote physical activity (10%)	Inspect milk processing plants (10%)
Determine health related priorities for your jurisdiction (18%)	Provide tobacco cessation counseling (11%)	Inspect landfills (11%)
Disseminate info to specific high-risk groups (20%)	Provide school-based nursing care (12%)	Inspect beverage processing plants/factories (13%)
Assess your department's ability to provide health care (20%)	Provide screening for diabetes (12%)	Map diseases or other health conditions in your jurisdiction (18%)
	Provide hearing screening (14%)	Inspect sites for lead contamination (20%)
	Provide vision screening (14%)	Receive laboratory reports (21%)
	Assess level of need for government programs (14%)	Inspect water sewage systems (24%)

Although a number of activities do not have software to assist with an activity, that does not mean that the professional staff in those health departments want any. As such, health departments were asked a series of open-ended questions about their information technology needs. One question asked administrators to identify which activities, that do not currently involve information technology, require information technology to better perform the activity. Administrators responded as follows (numbers in parentheses indicate the number of responses):

- Disease mapping (63)
- Quality of service/quality assurance (21)
- Patient tracking for hospitals/clinics (21)
- Availability of services in the community (16)
- Vital statistics (16)
- Environmental health (16)
- Analyze data/statistics (14)
- Disseminate information to public/special groups (12)
- Immunization (11)
- Laboratory reports (6)

Information technology staff members were asked two open-ended questions about their information technology needs: What kind of computer training, for staff members other than themselves, would best help the health department function, and what they thought was their health department's greatest information technology need. According to the information technology respondent, the computer training needed was as follows:

- Basic computer skills (67)
- General Microsoft Windows/Office training (33)
- Microsoft Excel (26)
- Microsoft Access (16)
- Internet (15)
- Microsoft PowerPoint (15)
- Outlook/e-mail (14)
- Microsoft Word (14)
- General database management (13)

According to the information technology respondent, the health department's greatest information technology need was:

- New/higher functioning personal computers (53)
- Upgraded software(35)
- Improved training on existing software (32)
- Better IT staff members or staff members where none existed (18)
- Internet upgrade / wider bandwidth (17)
- Integration/compatibility between programs (15)
- Increased budget (10)
- Database program (9)

The Information Technology Survey also included two open-ended questions to assess the administrator's or administrative staff member's view of their health department's needs: "In your opinion, what is the **greatest problem** your health department has with its *current* information technology (computers or computer programs)?" and "In your opinion, what is your health department's

greatest information technology need (including computers, computer programs, or other computer-related technology)?" The greatest problems, as reported by administrative staff, are as follows:

- Keeping up with the rapidly changing technology is expensive, and limited budgets prevent keeping computers and software updated. There is a need for updated systems; both computers and software programs are outdated. (74)

- Program staff members are inadequately trained to use computers or software. Either there is no training offered or the software is not being used to its fullest capacity due to a lack of staff member knowledge. (46)

- The information technology staff members are inadequate, either because there is not a IT staff member, not a full time staff member, or IT staff members are somehow ineffective at meeting the health department's computer technology needs. (26)

- Internet capacity is slow or non-existent. Either there is a lack of access to a high speed Internet connection (rural areas) or insufficient Internet capacity in existing systems. (19)

- There is a lack of needed software/computer programs. This is not an issue of getting a newer or improved version of a program, but rather the absence of one. (19)

- There is a lack of computers or no computers at all in the office. This is not an update issue, but rather a lack of necessary information technology hardware. (11)

In response to the question about their greatest information technology need, the administrative respondents answers echoed their problems, but provided slightly more information and more specific information.

- Software Needs (82)
    - There is a need for specific software. GIS or mapping software was mentioned 10 times; environmental and clinical software were mentioned four times each; report generating software, immunization tracking software, patient management software, and clinical management software were each mentioned three times. The remainder of programs were mentioned two or fewer times. (46)
    - New software is requested, but no specific type of software is mentioned. (19)
    - Existing software needs to be updated (17)
- There is a need for new computers or laptop computers, either to replace old outdated ones or because there is a general lack of computers. (51)
- Staff members are inadequately trained to use computers and/or software applications. Training is necessary in order to use the existing technology and/or to learn new programs. (47)
- Existing software is not integrated between health department functions/agencies, so there is a need to integrate the department's existing software or make the existing software compatible. (30)
- A better/faster Internet connection is required. (24)

- There is a need for information technology staff or computer programmers who would support the health department's software and computer repair/maintenance needs. (15)

Discussion

The survey results indicate that there is considerable diversity in the software applications used to support public health activities and even more diversity in how health department staff members refer to those programs. More than 500 software programs were referred to in more than 1500 ways, sometimes by official name, sometimes by acronym, and sometimes by function or activity. Despite the great level of diversity present, there are also commonalities. For example, most of the current applications run on a Windows platform and most are off-the-shelf commercial programs or specialized programs provided by the State. Most of the software programs used in health departments have been in use for more than 1 year and most run on a network system.

When taking into consideration all of the software used by the respondents, the evaluations of the software are quite high, especially in meeting the reporting needs of the respondents. Administrators in particular thought that the software they used helped them save time. The ten most used programs, however, were often given slightly lower general and functional evaluations than the summary scores. This may be due to a few less often used programs being given perfect evaluations (5 out of 5 points), even though respondents wanted them to do more. Lower ratings for some of the most frequently used programs

may also be due to them being used for activities for which they were not designed. General purpose programs may suffer in comparison to specialized software that has been custom designed to fulfill a public health information technology need.

The needs reported by health departments primarily dealt with better equipment, new or better software, training, and Internet access. In some cases it seemed that respondents had difficulty articulating their needs in that they knew they wanted something better, but did not know what would be better. Both problems and needs were more often incremental and ad hoc in nature rather than encompassing a view of the total functions of a health department or public health in general. This may be due to the functional groupings, funding silos, and independent planning and operation that characterizes many local and State health systems. At the local level, entire categories of services (e.g., environmental sanitation activities) may be located in another building or several buildings (e.g., clinics) within the same health department. At the State level, some public health functions may be performed by non-health agencies (e.g., social services), and some States have highly centralized public health systems while others are highly independent of State authority.

Although the Information Technology Survey has provided a lot of information and answered, at least tentatively, many previously unanswered questions, many questions still remain. What are the unidentified programs reported by health departments? What software programs are being used in the health departments that did not respond or were not surveyed (i.e., all of the

State health departments except Alaska and Hawaii)? What is the skill level of the average health department information technology specialist? How much more useful would current software be if staff members were more thoroughly trained in their use? How will the new information technology, funding, and responsibilities brought about by the threat of terrorism effect health departments?

The Information Technology Survey provides baseline data and an important first look at one of the key infrastructure components of modern public health. Future research should seek to expand upon the foundation provided by the Collaborative by investigating unanswered questions, confirming existing findings, and expanding the existing body of knowledge. Future research should gather more specific information about custom designed or customized commercial programs used in health departments, gather information about the structural and functional factors underlying the adoption and use of technology in U.S. health departments, and explore what information technology knowledge and skills are present in health departments and what knowledge and skills are still needed.

Products

Directory of Health Departments

In order to mail the Information Technology Survey to all the local health departments in the 50 States plus the District of Columbia, AIR had to create a directory of health departments by searching the Internet and contacting State

departments of health. The first step in this procedure was searching on the Internet. Following this, the information was checked against a list of county health department names posted on a University of Washington website (no longer in existence). When an address was not available through a State's department of health website, AIR contacted the State health department and requested that they send a list of health departments in their State. There was universal compliance with requests, but more than one State said that they do not keep track of health departments that are not part of the State's public health system (i.e., a city may have a health department that is not listed on the health department's website or their list of contacts). Some States, Texas for example, maintain a list of both participating and non-participating health departments.

After compiling an extensive list of health departments, AIR checked its list against a National Association of County and City Health Officials (NACCHO) membership directory to better ensure that all offices fitting the description of a health department were included. Wherever possible, AIR excluded offices or organizations where it was clear that they only gave out sanitation permits (i.e., performed no clinical functions) or were primarily a service provision organization with little public health orientation (i.e., hospitals that also performed home health). When in doubt, AIR chose to include a listing as a health department rather than excluding it. Although a specific contact person, website address, or e-mail contact information was not always provided in the information used to create the database, the directory is one of the most comprehensive listings of public health departments available at this time.

Glossary

In order to create a uniform set of names for the software reported by health departments, AIR created a glossary to indicate the acceptable spelling, including capitalization, abbreviation, or acronym, for each software program reported (See Appendix D). The glossary consists of approximately 600 programs reported by health departments who completed the Information Technology Survey. The Google Internet search engine was used to match the terms provided with the acronyms, the State, and the activity associated with the software. When a match was found, a description of the program was compiled using department of health and software manufacturer homepages as resources. Often many possible companies, programs, or software applications were found during a search. If the software names provided by respondents could not be matched with the State or activity, then “not found” was listed next to the program name in the glossary. Not found means that a Google search was conducted and either no sources were found relating to those terms or acronyms; there were too many programs found using that search term and the correct software program could not be identified; or there was insufficient resources to conduct a thorough search for complete information. In most cases, when the programs could not be identified, the State from which the entry came is often listed for future reference.

The names of the software programs listed in the glossary appear as they do in the majority of surveys or as officially designated by a manufacturer. If the program is typically identified by an acronym, what the acronym stands for is offered in parentheses following the program name. A definition or description of

the software was written using State health department and software manufacturing websites as resources. If a public health office reported a custom or customized program, it is identified in the glossary by <c>. Review of the software reported, however, indicates that there are many custom programs created by States that are not identified as custom programs by local health departments. Approximately, one-third of the glossary entries are identified as not found. Future research should seek to investigate the nature of these software applications. Appendix E contains terms that are were unlikely to be software program names, and, therefore, were not researched.

Website

Data from the Information Technology Survey will be used to populate a website intended to be a free resource for public health professionals. The website will serve as a catalogue of what information technology is being used in U.S. health departments for a variety of public health activities. Software names and health department staff member evaluations of those software applications will be available on the website. In addition, the website will provide the ITC with a mechanism for collecting new data and updating existing information collected via the survey.

Appendices

Appendix A: Information Technology Survey

Information Technology Survey

An Assessment of Computers and Computer Programs in Health Departments

June 2002

Turning Point Information Technology Collaborative
American Institutes for Research

Funding for this research has been obtained from the Robert Wood Johnson Foundation

Information Technology Survey

This survey is designed to investigate the use of information technology (computers and computer programs) by health departments across the United States. The information collected will be used to create a **free resource** for public health professionals. The resource will help health departments of any size determine what information technology is available to help plan, implement, and evaluate the ten essential services of public health listed on the back of this survey. The resource to be created will allow health departments to determine, for example, what computer programs exist for a given activity and how nurses, administrators, sanitarians, and information technology staff members view those programs. Health departments may then decide to gather information about specific programs in order to make a decision about how useful those programs will be for their own work.

The survey is divided into **four** sections.*

- Section 1 is for an administor or his/her designee.
- Section 2 is for a clinical/medical services staff person.
- Section 3 is for an environmental/sanitation staff person.
- Section 4 is for the local computer person in your office.

Each of the sections should be answered by a staff member who use computers in your health department. Sections 1, 2, and 3 ask about activities related to the essential public health services listed on the back cover of this survey. For each activity, we ask you to please tell us what computer program you are using and evaluate the usefulness of that program. For each evaluation, we ask you to indicate how much you Agree or Disagree with the statement by choosing a number between 1 and 5 or indicate that the statement is not applicable.

Strongly Agree		Neither Agree Nor Disagree	Strongly Disagree		Not Applicable
1	2	3	4	5	0

Health departments come in many shapes and sizes. This survey is intended for ALL health departments. If your have any questions or concerns related to the applicability of the survey to your health department, please contact our survey technical assistance at 1-866-219-4506, Monday through Friday between 9:00 A.M. and 5:00 P.M. EST.

Thank you for your help in completing this survey.

Enclosed is a stamped, addressed envelope in which to return the survey to us. Only aggregate data from this survey will be reported in the resource to be created. No individual respondent will be identified, but your office may be contacted for more information if your health department has developed unique computer applications that may be of benefit to other health departments.

For information about the Turning Point Initiative and the Information Technology Collaborative, please see our Web sites **http://www.turningpointprogram.org/** and **http://www.infotechnet.org/.**

* Some health departments share administrators and other professional staff. As we are interested in the viewpoints and perceived needs of both large and small health departments, we ask that respondents who work at more than one health department complete each survey that is sent, one for each health department.

Directions and Examples

Below is an example of how to fill out the tables on the following pages.

1. Identify what, if any, computer programs are used with each activity (work down the Program Name column).

3. Please complete a row for each activity performed by your health department, even if you have already evaluated the program for a different activity.

Please feel free to consult with other staff members when making your evaluations.

Activity	Program Name* Please write the name of the main program you use for each of the following activities. Leave blank if you do not use a computer program with this activity. Write N/A if your health department does not do the activity.	1 = Strongly Agree			
		Maintaining patient health information	Tracking services provided	Tracking the cost of services provided	Billing purposes
Maintain vital statistics for your jurisdiction	VitalStat	1	2	2	0
Maintain a demographic profile of your jurisdiction	VitalStat	1	2	2	0
Assess the availability of health care in your jurisdiction	VitalStat				
Assess your department's ability to provide health care	Word				
Assess the quality of services your office provides	N/A				
Analyze data about diseases/health conditions					
Receive specific disease reports/health alerts	Word				
Map diseases or other health conditions in your jurisdiction	N/A				
Disseminate information to health care providers	Assessment Pro				
Disseminate information to specific high-risk groups	Alert Tracker				
Disseminate information for public consumption in general	Word				
Determine health-related priorities for your jurisdiction					
Document non-financial input from community partners					
Document non-financial assistance provided to community partners	Excel				
Train health department staff	Brain Trainer				
Train people outside your health department	PowerPoint				
Outreach services					
Please list and evaluate any important activities not already listed in the space below:					

Questions?

Technical support is available from 9 to 5 EST.

1-866-219-4506

2. Indicate how much you agree or disagree with each statement listed in the columns below (go across the rows).

Select the appropriate number:

2 = Agree 3 = Neither 4 = Disagree 5 = Strongly Disagree 0 = Not Applicable

This program is useful for:						This program:						
Scheduling staff	Scheduling patient appointments	Tracking health outcomes	Generating information for reports	Electronic reporting	Developing health department policies	Is compatible with other programs (don't need to enter data twice)	Works smoothly (no bugs, rarely crashes, etc.)	Saves time (faster than doing everything by hand)	There is adequate external technical support for this program	People in my health department find this program difficult to use	People in my health department would like this program to do more	Fixing this program or getting a new program is a priority
0	0	1	1	1	3	3	1	1	1	2	3	2
0	0	1	1	1	1	3	1	2	1	2	3	2

Note: In some places this survey asks about specific activities that your health department might only do as part of a more general activity. If you **do not** have a computer program that is used for that more specific activity, please leave the row blank.

For example, in some states there may be specific tobacco-cessation activities and health offices track those activities. In other states, tobacco-cessation counseling may only be done occasionally, usually when a smoker comes to a clinic for another reason. In the first case, the row for tobacco-cessation counseling would be filled out, in the second, it would be left blank.

Section 1a: This section is to be completed by an administrator or his/her designee.

This information will be used to identify health department similarities and create a searchable database.

1. What term best describes your health department's jurisdiction? (check N/A if your department is a statewide office)
   - ❑ Urban
   - ❑ Suburban
   - ❑ Rural
   - ❑ Frontier (very low population density)
   - ❑ Not applicable (statewide office)

2. What term best describes your community?
   - ❑ Agricultural
   - ❑ Industrial
   - ❑ Agricultural and Industrial mix
   - ❑ Tourist
   - ❑ None of the above (please specify)

   _____

3. Approximately how many people are in your health department's jurisdiction? (i.e., your community's population size)

   _____

4. What percent of your jurisdiction's population are in the following age groups?
   - ____ % under 1 year
   - ____ % ages 1 to 4 years
   - ____ % ages 5 to 14 years
   - ____ % ages 15 to 24 years
   - ____ % ages 25 to 34 years
   - ____ % ages 35 to 44 years
   - ____ % ages 45 to 54 years
   - ____ % ages 55 to 64 years
   - ____ % ages 65 to 74 years
   - ____ % ages 75 to 84 years
   - ____ % ages 85 years and over

5. What is your health department's annual budget?

   _____

6. What percent of your funding comes from each source listed below?
   - ____ % from state government
   - ____ % from federal government
   - ____ % from local government
   - ____ % from fees for services
   - ____ % from private grants or contracts
   - ____ Other (please specify)

   _____

7. How many staff members are employed by your health department?
   - ____ Full-time (including temporary)
   - ____ Part-time (including temporary)

8. Is your health department considered to be a *satellite office* of a larger health department (is it dependent on another health department for funding, policy direction, staffing, etc.)?
   - ❑ Yes ❑ No

9. What, if any, other agencies provide public health services in your jurisdiction?
   - ❑ U.S. Military
   - ❑ Indian Health Service
   - ❑ Other (please specify)

   _____

10. Please describe the people you serve. (check all that apply)
    - ❑ Large number of Medicaid recipients
    - ❑ Large number of Medicare recipients
    - ❑ Large number of non-English speaking minorities
    - ❑ Large number of English speaking minorities
    - ❑ High number of non-U.S. citizens
    - ❑ Low literacy rate
    - ❑ High rate of poverty
    - ❑ High unemployment/under-employment

11. Which statement best describes how people in your community view public health?

- ❑ Very important
- ❑ Important, but not a priority
- ❑ Necessary, but do not like it
- ❑ Unnecessary
- ❑ None of the above (they do not think about public health)
- ❑ None of the above (other). Please comment.

_____

_____

12. In your opinion, what is the **greatest problem** your health department has with its *current* information technology (computers or computer programs)?

_____

_____

_____

_____

13. In your opinion, what is your health department's **greatest information technology need** (including computers, computer programs, or other computer-related technology)?

_____

_____

_____

_____

14. Please examine the activities listed in this survey. In your opinion, what activities, ***which do currently not involve the use of computers/computer programs,*** require information technology to better perform the activity? (i.e., What activities need IT?) (limit 3 activities)

(1) _____

_____

(2) _____

_____

(3) _____

_____

15. Do you currently have a computer program to maintain Behavioral Risk Factor Survey (BRFS) data?

- ❑ Yes
- ❑ No
- ❑ Don't Know

16. If YES, please write the program name and indicate if you use that program for any other activity.

_____

_____

_____

_____

17. Does your agency have a plan to ensure Health Insurance Portability and Accountability Act (HIPAA) compliance?

- ❑ Yes
- ❑ No
- ❑ Don't Know

Section 1b: This section is to be completed by an administrator or his/her designee.

The information from this section will be used to provide information about what information technology is used and what is needed by health departments.

Activity	Program Name* Please write the name of the main program you use for each of the following activities. Leave blank if you do not use a computer program with this activity. Write N/A if your health department does not do the activity.	1 = Strongly Agree 2 = Agree This program is useful for:						
		Maintaining patient health information	Tracking services provided	Tracking the cost of services provided	Billing purposes	Scheduling staff	Scheduling patient appointments	Tracking health outcomes
Maintain vital statistics for your jurisdiction								
Maintain a demographic profile of your jurisdiction								
Assess the availability of health care in your jurisdiction								
Assess your department's ability to provide health care								
Assess the quality of services your office provides								
Analyze data about diseases/health conditions								
Receive specific disease reports/health alerts								
Map diseases or other health conditions in your jurisdiction								
Disseminate information to health care providers								
Disseminate information to specific high-risk groups								
Disseminate information for public consumption in general								
Determine health-related priorities for your jurisdiction								
Document non-financial input from community partners								
Document non-financial assistance provided to community partners								
Train health department staff								
Train people outside your health department								
Outreach services								
Please list and evaluate any important activities not already listed in the space below:								

* In some cases, you may use more than one computer program for an activity. For example, you may use a statewide program and a wordprocessing program. Please report only the most specialized system.

Directions: First identify what, if any, computer programs are used with each activity (work down the Program Name column). Next, indicate how much you agree or disagree with each statement listed in the columns below (go across the rows). Please complete a row for each activity performed by your health department, even if you have already evaluated the program for a different activity. Please feel free to consult with other staff members when making your evaluations.

Select the appropriate number:

3 = Neither 4 = Disagree 5 = Strongly Disagree 0 = Not Applicable

			This program:						
Generating information for reports	Electronic reporting	Developing health department policies	Is compatible with other programs (don't need to enter data twice)	Works smoothly (no bugs, rarely crashes, etc.)	Saves time (faster than doing everything by hand)	There is adequate technical support for this program	People in my health department find this program difficult to use	People in my health department would like this program to do more	Fixing this program or getting a new program is a priority

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Section 2: This section is to be completed by a medical/clinical person in your office.

The information from this section will be used to provide information about what information technology is used and what is needed in health departments.

Activity	Program Name* Please write the name of the main program you use for each of the following activities. Leave blank if you do not use a computer program with this activity. Write N/A if your health department does not do the activity.	1 = Strongly Agree 2 = Agree This program is useful for:						
		Maintaining patient health records	Tracking services provided	Tracking the cost of services provided	Billing purposes	Scheduling staff	Scheduling patient appointments	Tracking health outcomes
Record vital signs of public health clinic patients								
Receive laboratory reports								
Provide hearing screening								
Provide vision screening								
Assess level of need for government programs								
Provide TB screening								
Provide immunization services								
Maintain immunization registry								
Provide STD services								
Provide HIV/AIDS services								
Provide family planning counseling								
Provide family planning services								
Provide (non-WIC) pre-natal care services								
Provide WIC services								
Provide cervical cancer screening services								
Provide breast cancer screening services								

* In some cases, you may use more than one computer program for an activity. For example, you may use a state-wide program and a wordprocessing program. Please report only the most specialized system.

Directions: First identify what, if any, computer programs are used with each activity (work down the Program Name column). Next, indicate how much you agree or disagree with each statement listed in the columns below (go across the rows). Please complete a row for each activity performed by your health department, even if you have already evaluated the program for a different activity. Please feel free to consult with other staff members when making your evaluations.

Select the appropriate number: 3 = Neither 4 = Disagree 5 = Strongly Disagree 0 = Not Applicable									
			This program:						
Generating information for reports	Electronic reporting	Developing health department policies	Is compatible with other programs (don't need to enter data twice)	Works smoothly (no bugs, rarely crashes, etc.)	Saves time (faster than doing everything by hand)	There is adequate technical support for this program	People in my health department find this program difficult to use	People in my health department would like this program to do more	Fixing this program or getting a new program is a priority

Technical Support 1-866-219-4506 M–F: 9 to 5 EST

Section 2 (continued): This section is to be completed by a medical/clinical person in your office.

The information from this section will be used to provide information about what information technology is used and what is needed in health departments.

Activity	Program Name* Please write the name of the main program you use for each of the following activities. Leave blank if you do not use a computer program with this activity. Write N/A if your health department does not do the activity.	1 = Strongly Agree 2 = Agree This program is useful for:						
		Maintaining patient health records	Tracking services provided	Tracking the cost of services provided	Billing purposes	Scheduling staff	Scheduling patient appointments	Tracking health outcomes
Promote physical activity								
Provide mental health counseling								
Provide school-based nursing care								
Provide dental screening								
Provide tobacco-cessation counseling								
Provide screening for diabetes								
Provide substance-abuse counseling								
Provide nutrition counseling								
Provide physical therapy services								
Provide speech therapy services								
Provide pharmacy services								
Map diseases or other health conditions in your jurisdiction								
Investigate disease outbreaks								
Outreach services								
Please list and evaluate any important activities not already listed in the space below:								

* In some cases, you may use more than one computer program for an activity. For example, you may use a state-wide program and a wordprocessing program. Please report only the most specialized system.

Directions: First identify what, if any, computer programs are used with each activity (work down the Program Name column). Next, indicate how much you agree or disagree with each statement listed in the columns below (go across the rows). Please complete a row for each activity performed by your health department, even if you have already evaluated the program for a different activity. Please feel free to consult with other staff members when making your evaluations.

Select the appropriate number: 3 = Neither 4 = Disagree 5 = Strongly Disagree 0 = Not Applicable									
			This program:						
Generating information for reports	Electronic reporting	Developing health department policies	Is compatible with other programs (don't need to enter data twice)	Works smoothly (no bugs, rarely crashes, etc.)	Saves time (faster than doing everything by hand)	There is adequate technical support for this program	People in my health department find this program difficult to use	People in my health department would like this program to do more	Fixing this program or getting a new program is a priority

Technical Support 1-866-219-4506 M–F: 9 to 5 EST

Section 3: This section is to be completed by an environmental/ sanitation person in your office.

The information from this section will be used to provide information about what information technology is used and what is needed in health departments.

Activity	Program Name* Please write the name of the main program you use for each of the following activities. Leave blank if you do not use a computer program with this activity. Write N/A if your health department does not do the activity.	1 = Strongly Agree / 2 = Agree This program is useful for:						
		Maintaining client inspection information	Monitoring license/ certification dates	Printing certification/ licenses	Tracking services provided	Tracking the cost of services provided	Billing purposes	Scheduling staff
Inspect food service establishments								
Inspect food processing plants/factories								
Inspect milk processing plants/factories								
Inspect beverage processing plants/factories								
Inspect child day care facilities								
Inspect adult day care facilities								
Inspect onsite sewage systems (e.g., septic tanks)								
Inspect water sewage systems								
Monitor water supply systems								
Inspect wells								
Inspect landfills								
Inspect toxic waste sites								
Inspect sites for lead contamination								
Inspect hospices								
Inspect buildings for radiological (radiation) contamination								
Map diseases or other health conditions in your jurisdiction								
Receive laboratory reports								
Investigate workplace injuries and/or deaths								
Please list and evaluate any important activities not already listed in the space below:								

* In some cases, you may use more than one computer program for an activity. For example, you may use a state-wide program and a wordprocessing program. Please report only the most specialized system.

Directions: First identify what, if any, computer programs are used with each activity (work down the Program Name column). Next, indicate how much you agree or disagree with each statement listed in the columns below (go across the rows). Please complete a row for each activity performed by your health department, even if you have already evaluated the program for a different activity. Please feel free to consult with other staff members when making your evaluations.

Select the appropriate number:

3 = Neither **4 = Disagree** **5 = Strongly Disagree** **0 = Not Applicable**

				This program:						
Tracking health outcomes	Generating information for reports	Electronic reporting	Developing health department policies	Is compatible with other programs (don't need to enter data twice)	Works smoothly (no bugs, rarely crashes, etc.)	Saves time (faster than doing everything by hand)	There is adequate technical support for this program	People in my health department find this program difficult to use	People in my health department would like this program to do more	Fixing this program or getting a new program is a priority

Technical Support 1-866-219-4506 M–F: 9 to 5 EST

Section 4a: This section is to be completed by the person responsible for the information technology/computers in your office.

The information from this section will be used to establish baseline computer capacity in health departments across the U.S.

1. How many people in your health department have responsibility for maintaining the office's information technology (how large is the IT department)?
   ___ None (private consultants only)
   ___ None (staff from other health departments)
   ___ Full-time staff
   ___ Part-time staff (including full-time staff only partially responsible for IT)

2. What percentage of your professional staff:
   ___ Have access to a computer at work
   ___ Must share a computer with other staff members
   ___ Have their own computer at work (not shared) and have internet access through that computer

3. What, if any, Internet connection does your health department most commonly use?
   ❑ None
   ❑ Telephone dial-up
   ❑ T1
   ❑ DSL
   ❑ Cable modem
   ❑ Other (please specify)

   _____

4. How often do you need to rely on outside technical support to fix a **software** problem?
   ❑ Almost always
   ❑ Often
   ❑ Occasionally
   ❑ Rarely
   ❑ Almost never

5. How often do you need to rely on outside technical support to fix a **hardware** problem?
   ❑ Almost always
   ❑ Often
   ❑ Occasionally
   ❑ Rarely
   ❑ Almost never

6. Which of the following are provided your State health department? (Check all that apply)
   ❑ Computer **hardware** technical support for State provided computers
   ❑ Computer **hardware** technical support for ANY computers in your health department
   ❑ Computer **software** technical support for State provided software programs
   ❑ Computer **software** technical support for ANY software program
   ❑ Other (please specify)

   _____

7. Who owns the majority of computer equipment used in your office?
   ❑ Local government (self)
   ❑ State government
   ❑ Federal government
   ❑ Private company (rented or leased)
   ❑ Other (please specify)

   _____

8. If you answered anything other than Local Government (self) for question 5, please indicate if that the owner of the computers also provides regular maintenance of the computers for your health department.
   ❑ Yes (maintained by other)
   ❑ No (maintained by self)
   ❑ Don't know

9. Do you anticipate getting any **new computers** in the next 6 months?
   - ❑ Yes, definitely
   - ❑ Yes, likely
   - ❑ Don't know
   - ❑ Probably not
   - ❑ Definitely not

10. If YES, please describe the type of computer(s) your office will be getting (notebook, mainframe, PC, Macintosh, etc.).

    _____

    _____

    _____

    _____

11. Do you anticipate getting any **new computer programs** in the next 6 months?
   - ❑ Yes, definitely
   - ❑ Yes, likely
   - ❑ Don't know
   - ❑ Probably not
   - ❑ Definitely not

12. If YES, please indicate what type of program(s) you are getting, what the program will be used for (what activities), and, if possible, the name of the program(s).

    Type:
   - ❑ Administrative
   - ❑ Medical/clinical
   - ❑ Environmental
   - ❑ Other (please specify)

    _____

    Activities/services:

    _____

    _____

    _____

    _____

    Name(s):

    _____

    _____

    _____

    _____

13. Is your health department using information technology for any training (for staff or others)?
   - ❑ No
   - ❑ Yes

14. If YES, please describe **who** the training is for **and what** computer(s) or computer applications are used. Please include the use of distance learning technology or any other specialized communication equipment.

    _____

    _____

    _____

    _____

15. Is your health department using information technology for any non-laboratory research purpose?
   - ❑ No
   - ❑ Yes

16. If YES, please describe the research and the computer(s) or computer applications used.

    _____

    _____

    _____

    _____

17. In your opinion, what kind of **computer training** (for staff members other than yourself) would best help your health department function? (Please consult other health department employees if you need to.)

    _____

    _____

    _____

    _____

18. In your opinion, what is your health department's **greatest information technology need** (including computers, computer programs, or other computer-related technology)?

    _____

    _____

    _____

Section 4b: This section is to be completed by the person responsible for the information technology/computers in your office.

The information from this section will be used to determine basic data architecture for the programs used in health departments across the U.S.

Official Program Name	Program Acronym (if applicable)	How often do you or another IT person provide technical support for this program? 1 = Very Frequently 2 = Frequently 3 = Occasionally 4 = Rarely 5 = Almost Never	I receive adequate external technical support for this program 1 = Strongly Agree 2 = Agree 3 = Neither 4 = Disagree 5 = Strongly Disagree 0 = Not Applicable	People in my health department find this program difficult to use 1 = Strongly Agree 2 = Agree 3 = Neither 4 = Disagree 5 = Strongly Disagree 0 = Not Applicable	People in my health department would like this program to do more 1 = Strongly Agree 2 = Agree 3 = Neither 4 = Disagree 5 = Strongly Disagree 0 = Not Applicable

Directions: Please review the computer programs listed by other members of your health department (Sections 1, 2, 3). List those programs in the spaces provided below. Please describe each program by placing a number in each of the columns to the right of the program name.

Select the appropriate number:						
Fixing/improving this program or getting a new program is a priority 1 = Strongly Agree 2 = Agree 3 = Neither 4 = Disagree 5 = Strongly Disagree 0 = Not Applicable	**This program requires a good Internet connection** 1 = Strongly Agree 2 = Agree 3 = Neither 4 = Disagree 5 = Strongly Disagree 0 = Not Applicable	**Operating System** 1 = DOS 2 = Unix 3 = Linux 4 = Mac OS 5 = Windows 6 = Windows NT 7 = Other DK = Don't Know	**Is the program on a:** 1 = Network 2 = Stand-alone system 3 = Both network and stand-alone system DK = Don't Know	**If separate, what type of database management system, if any, is used with the program?** 1 = Access 2 = Excel 3 = DB2 4 = dBASE/FoxPro 5 = Informix 6 = Oracle 7 = SQL Server 8 = Other DK = Don't Know	**What is the program's origin?** 1 = Provided by the State Health Department 2 = Provided by the Federal Government 3 = Commercial, off-the-shelf program 4 = Developed especially for your health department DK = Don't Know	**How long has the program been used in your health department?** 1 = Less than 6 months 2 = Between 6 months and 1 year 3 = More than 1 year DK = Don't Know

Technical Support 1-866-219-4506 M–F: 9 to 5 EST

Essential Public Health Services

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable
8. Ensure a competent public health and personal health workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Source: Public Health Functions Steering Committee, *Public Health in America*, July 1995.

See **http://www.phppo.cdc.gov/nphpsp/phdpp/10ES.htm** for background and a description of each essential public health service

Appendix B: Tables of Top Programs by Community Descriptors

Most Mentioned Software Programs by Community Descriptors

User: **ADMINISTRATIVE STAFF MEMBERS**

-	Urban	Suburban	Rural	Frontier	State*
1	Word	Word	Word	Word	RPMS
2	PowerPoint	Excel	PowerPoint	PowerPoint	Vital Stats (tie) HSS (tie)
3	Excel	PowerPoint	Excel	Access	
4	Epi Info	Epi Info	HOST	Excel (tie) HAN (tie) KIPHS (tie)	Access (tie) NETSS (tie) Healthy Kids(tie) EPSDT (tie) SHPDA (tie)
5	Access	PHNA	CHAMP (tie) HAN (tie) MICA (tie)		
-	**Agricultural**	**Industrial**	**Ag.-Ind. Mix**	**Tourist**	**Other**
1	Word	Word	Word	Word	Word
2	PowerPoint	Epi Info	PowerPoint	Excel	Excel
3	HOST	PNHA	Excel	Epi Info	PowerPoint
4	MICA (tie) HAN (tie)	SPSS	Epi Info	PowerPoint	Arcview
5		Access (tie) PowerPoint (tie)	CHAMP	Access (tie) SPSS (tie)	Access (tie) SPSS (tie) Word Perfect (tie)
-	**Population Size < 100,000**	**100,000 to 249,999**	**250,000 to 499,999**	**500,000 to 999,999**	**1,000,000 or More**
1	Word	Word	Word	RPMS	Epi Info
2	PowerPoint	PowerPoint	PowerPoint	Excel	GIS (tie) HMIS (tie)
3	Excel	Excel	Arcview	Access	
4	HAN (tie) Access (tie)	PHNA	SPSS (tie) Adobe Acrobat (tie)	Epi Info (tie) RPMS (tie)	6 way tie
5		Epi Info (tie) Outlook (tie)			

* As the survey was primarily designed to gather information from local health departments, only two State-level surveys, Alaska and Hawaii, were collected.

Most Mentioned Software Programs by Community Descriptors

User: **MEDICAL / CLINICAL STAFF MEMBERS**

-	Urban	Suburban	Rural	Frontier	State*
1	Access	PATS	HOST	KIPHS	RPMS
2	Epi Info	QS	VISION	INPHORM	Epi Info
3	Cornerstone	PTBMIS (tie) VISION (tie)	HSIS	Health Office	BCC (tie) STDS (tie)
4	Excel (tie) QS (tie)		KIPHS	WIC (tie) Follow Me (tie)	
5		HCMS	PATS		-
-	**Agricultural**	**Industrial**	**Ag.-Ind. Mix**	**Tourist**	**Other**
1	HOST	Epi Info	QS	HOST	HOST
2	KIPHS	ADHMS	PATS	Excel (tie) HCMS (tie)	VISION
3	VISION	QS	HSIS		HMIS
4	PHOCIS	MS Office	Cornerstone (tie) KIPHS (tie)	PATS	PCMS (tie) PCMS QS (tie)
5	WIC	Access (tie) PHDS (tie) VISION (tie)		Aegis	
-	**Population Size < 100,000**	**100,000 to 249,999**	**250,000 to 499,999**	**500,000 to 999,999**	**1,000,000 or More**
1	HOST	QS	HOST	RPMS	HMIS
2	KIPHS	VISION	HCMS	PTBMIS	HIS
3	VISION	PATS	ADHMS	PATS	Access
4	HSIS	HSIS	PATS	HOST	Epi Info
5	Excel	Access (tie) HCMS (tie)	PCMS QS	PCMS	CLEO

* As the survey was primarily designed to gather information from local health departments, only two State-level surveys, Alaska and Hawaii, were collected.

Most Mentioned Software Programs by Community Descriptors

User: **ENVIRONMENTAL SANITATION STAFF MEMBERS**

-	Urban	Suburban	Rural	Frontier	State*
1	Access	Access	Access	Access	EMDS
2	Sweeps	Centrax	Healthspace	IMS	EHSDS (tie) MDS (tie)
3	WebbStarr	HDIS	WebbStarr	Word	
4	Excel	Healthspace	HSIS	ECLRS(tie) Follow Me (tie) KIPHS (tie) MAS 90 (tie)	-
5	Word	MS Office	Excel		-
-	**Agricultural**	**Industrial**	**Ag.-Ind. Mix**	**Tourist**	**Other**
1	Access	Access	Access	WebbStarr	Envision
2	Healthspace	Paradox	HSIS (tie) Horizon (tie)	Centrax	Healthspace (tie) Access (tie)
3	HDIS	Envasan (tie) Healthspace (tie) License Ing. & Rep. (tie)		Sweeps	
4	Excel		Excel	DAR	Word
5	Centrax		Word	-	Lotus (tie) Approach (tie) NBH (tie)
-	**Population Size < 100,000**	**100,000 to 249,999**	**250,000 to 499,999**	**500,000 to 999,999**	**1,000,000 or More**
1	Access	Access	Access	Access	Access
2	Heathspace	Centrax (tie) Paradox (tie)	Centrax (tie) HDIS (tie)	SETS	EMDS (tie) Excel (tie) First Star (tie) MOCHA (tie)
3	WebbStarr			Envision (tie) DAR (tie)	
4	Excel	Healthspace (tie) Sweeps (tie)	Envision		
5	Word		Word	Envsan	

* As the survey was primarily designed to gather information from local health departments, only two State-level surveys, Alaska and Hawaii, were collected.

Appendix C: Tables of Usefulness Ratings

Top Ten Programs' Usefulness Ratings by Type of Respondent

All ratings based on 1- 5 Likert Scale (5=Strongly Agree, 4=Agree, 3=Neither, 2=Disagree, 1=Strongly Disagree).
Except where noted by an "*", higher scores represent good or preferable ratings.

User: **ADMINISTRATIVE STAFF MEMBERS**

This program is useful for:	Maintaining patient health records	Tracking services provided	Tracking the cost of services provided	Billing purposes	Scheduling staff	Scheduling patient appointments	Tracking health outcomes	Generating information for reports	Electronic reporting
1- Word	3.6	3.6	3.5	3.6	3.1	3.3	3.2	4.2	4.0
2 – Powerpoint	3.7	3.8	3.7	3.4	3.2	2.7	3.7	4.3	3.6
3 – Excel	3.9	3.7	3.5	3.4	3.6	3.3	3.7	4.3	4.1
4 – Epi Info	3.9	3.9	2.4	1.4	1.6	1.5	4.0	4.3	3.5
5 - Access	4.3	4.2	3.2	2.7	2.9	3.5	3.5	4.4	3.8
6 – HAN	2.7	2.5	2.0	1.7	1.8	1.8	2.5	3.6	4.0
7- CHAMP	4.0	4.7	4.6	4.7	3.0	1.7	3.7	4.6	3.0
8- SPSS	4.1	4.1	3.4	3.0	2.7	2.8	4.0	4.0	3.2
9- HOST	3.7	3.4	3.2	3.3	3.4	4.4	3.1	4.0	3.8
10 - MS Office	1.0	2.2	2.3	1.0	2.1	1.0	2.5	2.8	3.3
This program is useful for:	Developing health department policies	Is compatible with other programs	Works smoothly	Saves time	There is adequate technical support for this program	People in my health dept find this program difficult to use*	People in my health dept. would like this program to do more*	Fixing program or getting a new program is a priority*	-
1- Word	4.2	3.9	4.1	4.2	3.9	2.2	2.6	2.0	-
2 – Powerpoint	3.9	3.9	4.1	4.3	3.9	2.6	2.6	2.2	-
3 – Excel	3.9	3.8	4.4	4.4	4.1	2.7	3.6	2.4	-
4 – Epi Info	2.9	2.7	3.5	4.2	3.1	3.0	3.6	2.6	-
5 – Access	3.6	4.0	4.1	4.3	3.7	2.7	3.2	2.2	-
6 – HAN	3.1	2.6	3.3	3.8	3.4	2.5	3.3	3.0	-
7- CHAMP	3.7	2.0	3.6	4.5	4.2	2.9	2.7	2.1	-
8- SPSS	4.1	3.8	3.9	4.5	3.8	3.5	3.3	2.3	-
9- HOST	3.0	3.7	3.9	3.9	3.8	1.0	2.8	2.2	-
10 - MS Office	3.0	3.1	4.1	4.5	4.0	3.2	3.1	2.1	-

Top Ten Programs' Usefulness Ratings by Type of Respondent

All ratings based on 1- 5 Likert Scale (5=Strongly Agree, 4=Agree, 3=Neither, 2=Disagree, 1=Strongly Disagree).
Except where noted by an "*", higher scores represent good or preferable ratings.

User: **MEDICAL/CLINICAL STAFF MEMBERS**

This program is useful for:	Maintaining patient health records	Tracking services provided	Tracking the cost of services provided	Billing purposes	Scheduling staff	Scheduling patient appointments	Tracking health outcomes	Generating information for reports	Electronic reporting
1 – HOST	4.3	4.3	4.5	4.4	3.5	4.4	3.6	4.2	4.0
2 – VISION	3.9	3.9	3.6	4.2	2.3	1.7	2.2	3.5	3.6
3 – KIPHS	4.0	4.5	4.1	4.4	2.8	3.8	2.8	4.3	3.7
4 – QS	4.3	4.5	2.7	4.4	3.4	4.5	4.0	4.6	4.5
5 – PATS	3.9	3.2	2.1	2.4	2.5	4.2	2.2	3.8	3.3
6 – HSIS	4.5	4.6	4.2	4.5	4.1	4.0	3.8	4.6	4.5
7- Epi Info	4.0	3.9	2.6	1.7	1.8	2.1	3.9	4.3	3.5
8- Access	4.4	4.3	3.6	3.5	2.4	3.0	4.0	4.4	3.5
9- Excel	3.7	4.3	3.1	3.0	2.7	2.8	3.9	4.5	3.1
10 – WIC	4.4	4.3	3.2	3.8	3.9	4.0	3.3	4.0	3.9
This program is useful for:	Developing health department policies	Is compatible with other programs	Works smoothly	Saves time	There is adequate technical support for this program	People in my health dept find this program difficult to use*	People in my health dept. would like this program to do more*	Fixing program or getting a new program is a priority*	-
1 – HOST	3.5	3.5	3.2	3.7	3.5	1.8	3.8	2.9	-
2 – VISION	2.8	2.7	2.6	3.5	3.9	2.7	4.2	4.1	-
3 – KIPHS	2.7	3.2	3.8	4.1	3.9	2.6	3.4	2.3	-
4 – QS	3.8	3.7	3.7	4.1	3.6	2.6	3.6	2.5	-
5 – PATS	1.9	2.2	2.5	3.6	2.7	2.0	4.6	4.6	-
6 – HSIS	3.8	3.1	3.6	4.0	3.0	2.6	3.4	2.6	-
7- Epi Info	3.4	3.2	3.2	4.2	3.3	3.2	3.6	2.9	-
8- Access	3.2	3.5	3.9	4.4	3.3	2.7	3.6	2.9	-
9- Excel	3.1	3.3	4.2	4.3	4.0	2.9	3.3	2.4	-
10 – WIC	2.3	2.3	3.2	4.1	3.8	3.0	3.6	2.8	-

Top Ten Programs' Usefulness Ratings by Type of Respondent

User: **ENVIRONMENTAL/SANITATION STAFF MEMBERS**

This program is useful for:	Maintaining client inspection information	Monitoring license/ certification dates	Printing certification/ licenses	Tracking services provided	Tracking the cost of services provided	Billing purposes	Scheduling staff	Tracking health outcomes	Generating information for reports
1 – Access	4.4	4.4	3.9	4.2	3.3	3.9	3.1	3.3	4.3
2 – Healthspace	4.6	4.0	3.7	4.1	3.2	3.3	3.1	2.3	3.5
3 – WebbStarr	4.9	5.0	5.0	4.9	5.0	4.9	5.0	4.3	4.3
4 – Excel	4.4	4.3	3.8	4.3	3.3	3.7	3.2	2.9	4.3
5 – Centrax	4.7	4.3	4.9	4.2	3.1	4.4	3.2	2.4	4.5
6 – Word	4.1	3.5	4.1	3.4	3.1	3.7	3.3	3.9	4.1
7- HSIS	4.3	4.0	2.6	4.2	3.6	3.4	3.4	2.6	4.2
8- HDIS	4.3	4.4	4.5	4.3	3.4	4.0	3.0	3.2	4.6
9- Sweeps	4.9	4.6	4.6	4.9	4.1	4.6	4.7	3.0	4.8
10 tie – Envision	3.7	4.2	2.4	3.6	3.9	4.6	2.0	1.8	3.7
10 tie – Paradox	4.0	4.1	4.1	3.6	3.1	3.4	3.2	3.4	4.0

This program is useful for:	Electronic reporting	Developing health department policies	Is compatible with other programs	Works smoothly	Saves time	There is adequate tech. support for this program	People in my health dept. find program difficult to use*	People in my health dept. would like this program to do more*	Fixing program or getting a new program is a priority*
1 – Access	3.9	3.3	3.7	3.8	4.4	3.0	2.7	3.5	2.6
2 – Healthspace	3.7	2.8	2.9	2.6	2.8	2.9	3.5	3.6	2.6
3 – WebbStarr	4.6	5.0	4.6	3.4	4.7	4.3	2.1	3.5	1.7
4 – Excel	3.5	3.5	3.4	4.0	4.2	3.8	2.0	3.6	3.0
5 – Centrax	4.1	2.7	3.2	3.5	4.0	3.2	3.1	3.8	3.6
6 – Word	4.1	3.2	4.3	4.0	4.1	3.2	2.5	3.6	2.3
7- HSIS	4.3	2.7	3.2	3.2	3.5	3.6	3.1	3.6	3.0
8- HDIS	3.6	3.2	3.4	3.9	4.3	3.9	3.1	4.0	2.0
9- Sweeps	3.5	3.4	2.7	3.7	4.3	4.2	2.1	2.9	1.8
10 tie – Envision	3.6	1.3	3.6	2.9	3.7	2.2	3.8	4.4	2.8
10 tie – Paradox	3.2	2.9	3.7	4.0	4.1	4.0	2.0	4.0	2.5

Appendix D: Glossary

Note: The glossary was created to facilitate data cleaning. It is an incomplete work that was not intended to provide definitive answers as to what any one given piece of software does. <c> refers to a custom designed or customized program. “Not found” means that either the program was not found or that the program was found many times and that it was not clear which program found was the correct one. Programs that are not found require follow-up with the health department that reported their use.

3270 (Mainframe/Production) – IBM 3270 Mainframe system.

1032 Database: System 1032 is a high-performance database management system and application development environment designed to support the OpenVMS user community.

3M Clinical Documentation: used in conjunction with the 3M Home Care Management System, a software information system that enables customers to manage all administrative functions of a home health agency, from referral and intake to contract management and reimbursement

A

AASIS: (Arkansas Administrative Statewide Info. System) software provided by the State that interfaces with Windows products, and is used on the State's intranet <c>

ABRA HR: Abra HR is human resources software. Used for managing employee information, comprehensive benefits administration tools, track and prepare reports to ensure government compliance, and electronically store employee forms and certificates

Access: Microsoft product for data management (some <c>)

Acclaim: inventory and invoice software for ordering products and tracking costs, services, and payment

AccPac: CCPAC offers range of software in the following areas: Accounting, Manufacturing, EDI, E-Commerce, CRM & SFA, HR Management, Warehouse Management, Fax / Voice Messaging, Hosting Services (www.accpac.com)

ACTS: (All Client Tracking System) not found

Alcohol and Drug Abuse Survey: (ADAS) database from this school-based drug and alcohol survey used in Hawaii

ADHMS: not found (AR)

ADIOS: software to manage patient immunization records and vaccine inventories.

Administrative Services Kansas: not found (KS)

Administrative Windows: not found (VA)

Adobe Acrobat: a program to read or convert any document to an Adobe® Portable Document Format (PDF) file. Documents are converted to PDF files in order to deliver them with visual fidelity to a wide variety of devices.

ADULT: not found

Adult Health: not found (SC and WI)

Aegis: transaction-based software for management that allows changing a document or project from multiple sites and integrating these changes back into the master source

Ahlers: (Ahlers & Associates) software for health care data processing, billing, management reports, and clinical management (Clinic Visit Record is a program offered by Alhers)

AIDS Drug Assistance Programs: (ADAP) provides drug assistance to insured and uninsured AIDS patients in 50 States, State administered. Unclear if referring to software associated with this program

AIM: (Assessment Information Manager) used in Wisconsin communities to produce pre-defined reports showing key health indicators, allowing tabulation by age, sex, and race, with population rates and statewide comparison numbers <c>

AIMS: not found (AZ and SC)

Automated Index Retrieval System: AIRS (Birth Certificate) allows the Health Department's Vital Records Office to issue short form certificates for the years of 1949 to the present. (TN)

Alpha Page: Alpha Software makes relational database and application development systems; Alpha 4 and Alpha 5 are different types

APEXPH 98: (Assessment Protocol for Excellence in Public Health) this document a comprehensive public health assessment and planning process used by many local health departments, community organizations, hospitals, State health departments, and others. Unclear if referring to software associated with this program

Appointment Pro: sales software that helps users schedule appointments

Appt. Scheduler: not found (VA)

Arcview: ESRI (Env. Systems Research Institute) is a company offering ArcInfo, ArcGIS, and ArcView (various versions) for viewing and sharing maps that access a wide variety of geographic data that allows anyone to view, explore, and print published map files

ARIC PWS: not found (AR)

ASAP: company offering supply chain management services including contract management, procurement strategy consulting, materials management outsourcing, and technology services

ASIIS: The Arizona State Immunization Information System (ASIIS) is an immunization registry designed to capture immunization data on all immunizations administered to children from birth through 18 years. The registry serves as a receptacle for accommodating reported data <c>

Atlas: not found (MI)

ASPEN: not found (CO)

AutoHealth: not found (GA)

Automated Clinical Reporting System: not found

Automated McBee Private Pay System: McBee Systems payroll processing service. The service is called McBee Payroll, and is designed for small to mid-sized businesses. It gives users the ability to send their payroll data over the telephone, fax, or Internet

Automated Voucher Printing (AVP): used to prevent fraud in various State health departments that disburse vouchers for services

AVIS: not found

AVSS: (Automated Vital Statistic System) University of California product developed to automate public health records, including birth certificates, morbidity reports and death certificates

B

BabyNet: BabyNet is a South Carolina Health Dept. program that provides services to infants and toddlers, birth to three years of age, with developmental delays or diagnosed disabilities. It is unclear if it is a software application

Baby Track: Baby Track is a Palm OS application designed to help parents keep track of all activities of infants

Banyan: not found (MS)

Barnestorm: North Carolina company providing software for home health, hospice, CAP/PCS, DME and Respiratory Therapy agencies of all sizes

BC/BS MedTrack Billing Software: not found

BCC: breast and cervical cancer program for low-literacy public. Unclear if software

BCCCP: (Breast and Cervical Cancer Control Program) provides referrals for women who are seeking breast or cervical cancer screening and follow-up. Also offers community awareness and education programs. Unclear if referring to software associated with this program

Beach Database: not found (WI)

Beach Health: part of the “Southeastern Wisconsin Beach Health website - Obtain the daily water quality conditions at beaches in Milwaukee, South Milwaukee, Racine, Fox Point, Shorewood, Whitefish Bay, Kenosha, Manitowoc, and Port Washington Wisconsin throughout the swimming season” <c>

BEAST (Evidence Tracking): (Bar coded Evidence Analysis Statistics and Tracking) joint program of Porter Lee Corporation software and the PDF417 symbology developed by Symbol Technologies; officially title the Crime Fighter BEAST - an application that automates evidence data acquisition and tracking within the police station, through the lab, and back again

Billing and Collections System: not found (MD)

Birth/Death program written by Co. It-dept: program used to maintain official documentation of vital events and provide certified legal documentation of age, citizenship, and other vital records <c>

Blast Fax: not a software program; this is a relatively low-tech methodology involving "nearly-simultaneous" transmission of a document to a large number of recipients

BMACS: (Part B Medicare Automated Claims System) free basic Medicare claims filing software used by Cigna

Breast and Cervical Health: not found

BRFSS: (Behavioral Risk Factor Surveillance System) sometimes also called the Chronic Disease Reporting System. A telephone information survey conducted for the CDC that tracks the behavioral risks of the American public; unclear if referring to software associated with this program

Bridge32: Bridge32 UNISYS Terminal Emulator

Broadcast Fax: not found

BT Contacts: not found (WI)

Btrieve database input systems: data management software capable of interfacing with a variety of other platforms and software

C

CACHE: immunization registry database that links together 67 Florida county health departments. The database runs Cache Version 2.1.7, which is Microsoft Windows NT-compatible application development software from Intersystems Corp

CAL LABS: multiple Cal Labs companies

California Medical Management System: not found (CA)

Care Program Management: not found (SC)

CareFacts: Clinical information management system for home health care and community-based practices. Charting is done by nurses and other health care providers at the point-of-care using PCs or laptop computers

CareWare: shareware provided by the Comprehensive AIDS Resources Emergency Act (Ryan White) provided for drug treatment for the insured and uninsured HIV/AIDS patients through ADAP

CARES: (Centralized Applications, Referral and Enrollment Status) patient tracking software that interfaces with a variety of software systems

Cars: not found (VA)

CASA: (Clinic Assessment Software Application) software provided by the CDC for assessing immunization practices within a clinic, private practice, or any other environment where immunizations are provided. CASA has data entry and import capabilities.

Case Management Program Database: not found

CASST: (Computer-Assisted Septic System Tracking) Texas database management system that includes ready-made file types created especially for on-site wastewater programs. The software allows users to enter and edit data on permitting agencies as well as when and by whom systems were inspected and installed <c>

CAST: (Cancer Screening and Tracking) was developed by the CDC to provide programs with an optional system to use for collecting, monitoring, and reporting the clinical outcomes of women who are provided screening and diagnostic services for breast and cervical cancer

CATCH 3 – not found

CBT: not found (MO)

CBTs: not found (VA)

CCS: not found

CD/STD: not found (IL)

CD/VD: not found (IL)

CDC/ADHMS: not found

CDC Webcasts: The Centers for Disease Control conducts webcasts on various health related subjects including continuing education and public health management

CDC Wonder: large CDC database that provides access to a wide variety of CDC reports, guidelines, and numeric public health data

CDCynergy: an interactive CD-ROM, used as a training and decision-support tool. It is designed to help CDC staff and public health professionals systematically plan communication programs within a health context

CDP: (Chronic Disease Prevention) provides access to information on chronic disease prevention and health promotion including bibliographic citations and abstracts of journal articles, monographs, book chapters, reports, curricular materials, fact sheets, and proceedings

CDRS: (Communicable Disease Reporting System): Columbus and Franklin County, Ohio, health departments created a database for comm. disease reporting/surveillance <c>

CEDRS: (Colorado Electronic Disease Reporting Systems) developed to report chronic and infectious disease to a public health database <c>

Centrax: training programs offered for various types of software

CHAMP: (Community and Home Health Management Program) clinical and administrative software

CHAOS: County Health Application and Operation System (IL)

CHC: (Community Health Center) program offered by the Federal government to provide services to the underserved

CHEERS: not found (HI)

CHILD: not found

Child Care Program: not found (TN)

Child Death Review: Michigan program to understand why children die and to prevent the future deaths of children

Child Dispatch Review Plus: not found (WA)

Child Lead Prevention: not found

Child Profile: Washington State's health promotion and immunization registry system designed to help ensure that Washington's children receive the preventive health care they need <c>

Child and Teen check-up: program in Clay Co. MN to assist in the wellness screening of children and teens

Child Service Coordination: not found

Childcare: not found (CO and MS)

Children First: a program in Oklahoma providing prenatal and infant care for women and their children

Children's Medical System: not found (CA)

CIMS: (Client Information Management System) software application implemented by the Washington State DOH WIC (Women, Infants, and Children) Program

CHIP: not found (MN)

CIPPS: (Virginia Dept. of Accounts) Commonwealth Integrated Payroll/Personnel System

CHIRP: company providing Web sites

Citrix: business that carries a collection of software products and services to help integrate and improve information resources and infrastructure

CIS/NMC: not found (CT)

CITS: not found (MN)

CLEO: (Clinical and Economic Outcomes) software package that evaluates health care projects and interventions using health economic formulas such as cost effectiveness, costs benefit, and cost utility

CLIA-Access: (Clinical Laboratory Improvement Amendments) program to ensure quality laboratory testing; unclear if referring to an Access database

Client Records & Billing Rescheduling: not found (ID)

Clinic Management: not found (FL)

Clinical Information System: not found

Clinlab: data tracking and entry software program for clinical trials that also provides data analysis and reports

CMHC: designed to collect and analyze information, manage facilities and operations including office visits at the clinic, family counseling services, and home health assistance to community-wide immunization programs, food service inspections, and monitoring environmental concerns, public health officials

CMMS: (California Medical Management System) not found (CA)

C-NET: not found

CNY Registry: immunization registry for Central New York

COIN: (Client Oriented Information Network)

COM: not found

Community Information Technology Systems: not found (MN)

COMPIS: (CD4 Online Management Patient Information System) data management software used in Texas to track HIV/AIDS patients

Computer DAR Program (Daily Activities Reports): not found (SC)

Concept GBS: not found

Concept: not found (OH)

Contract Tracker: Lotus Notes program designed to track contracts through implementation, development, completion

Contract Management: not found (FL)

Comprehensive Services Team (CHST): not found

Corel Office Prof. Suite: software package from Corel, including Quattro, Wordperfect, and other programs

Corel Quattro Pro: Corel spreadsheet program

Cornerstone: contract and asset management system used for accounting and tracking leases and contracts

COVIS: (Colorado Vital Stats Information System)

Creative Socio-Medics: NY based company offering various computer hardware and software for clinical, hospital, and mental health organizations

CrimeStat: not found

Critters: not found

Crysta Reports: not found

CSM: not found relating to public health; (Computational Sciences and Mathematics) company offering various engineering, industrial, and physical software (makes CAD software)

CUR: not found

Custom Data Processing: company offering software for patient scheduling, home health care, drug abuse control, sewer system, supply systems, etc.

D

Daisy: full service practice management software for dentists

DAR: (Daily Activity Report) accounting and billing software

Data Stat: a survey research firm, unclear if referring to survey software

Datanet: software that stores patient records and generates documentation for insurance providers

Day Care Foster Home and Residential Care Program: not found

Dbase 4: database system

DBSP Inc. ASIST: provides tools used for managing stormwater facilities, inventory, creating and maintaining an inspection program, tracking and eliminating illicit dischargers, preparing facility inspection reports, creating system and annual reports (DBSP, Inc. is the name of the company that produces the application)

DCF WIP: (Department of Children and Families) not found

DCSS: not found

Death Index: Virginia State Vital Records Office death index

DECADE: environmental protection and public health software, used for resource allocation, cost tracking, and centralized program management

DEMS: not found (unspecific)

Denoptix: (DenOptix) dentistry imaging system that works like X-ray without radiation and able to store electronically

Dental Health Sys: not found (HI)

Dentrix: practice management system for Windows users

Dept. of Env. Protection PWS: not found

DET. Resource Mgt. System: not found

DHEC: South Carolina Dept. of Health and Environmental Control

DHSS: not found

Disc Personal Profile: provides tools for improving teamwork and communication within companies

Disease Control/ Epidemiology: not found (unspecific)

DNR Data Transfer: (Wisconsin Dept. of Natural Resources) "Data Transfer" possibly refers to a project there called the Laboratory Data Entry System (LDES); used to transmit environmental monitoring data from facilities and laboratories to the Department of Natural Resources. **DNR Data Transfer** may also refer to Electronic Transfer of WPDES Monitoring Report Data (EDMR). a pilot project to use a secure Web site to allow permitted facilities to submit wastewater monitoring data electronically. The pilot will involve about 20 permitted facilities of different sizes, locations, and discharge classifications to ensure the system will be compatible with a large cross-section of users

Doculan: desktop fax software made by Xerox

DOH Client Info System/ Health Management: Florida software that collects, reports and analyzes core health statistical information including vital statistics (birth, death, marriage and dissolution of marriage) and Healthy Start screening data

Drainfield: not found as software application; a drainfield is a where treated waste goes after passing through a septic tank

Drainflow: not found

Dreamweaver: software provided by MacroMedia, used to create professional websites and build Internet applications

Drug VA Database: not found

DWIMS: (Drinking Water Information Management System) Idaho's drinking water assessment program <c>

E

Eagle: EAGLE Software provides automated backup solutions for UNIX, Windows NT, and Netware and system performance utilities for UNIX and AOS/VS

Early Intervention: not found

EasyDent: software for Dentists used for billing, charting, electronic insurance, filing, scheduling, treatment plans, collections, forms, and inventory

Easy Track: data analysis and reports software

ECLRS: (Electronic Clinical Laboratory Reporting System) New York State's database for reporting communicable disease <c>

Edgar: not found

EHAS: not found

EHIPS: (Environmental Health Integrated Program System) software that processes data and model calculations related to the chemical pollution of environment and population health status

EHSDS: not found

EIS Index sys.: not found (VA)

ELC: not found (IN)

Electronic Laboratory Verification Info Surv. Syst: not found

EMDS: not found

Employee database: not found

Environmental: not found

Environmental Activities: not found

Environmental Health: not found

Environmental Health Complaints: not found

Env. Health Facility Info: not found (SC)

Environmental Health System: (EHS) not found

Envision: Webcast and network development software

Envsan: not found

Epi Info: (Epidemiology Information) offered by the CDC and used by public health practitioners and researchers for database construction, data entry, and analysis with epidemiologic statistics, maps, and graphs

EPI Update: electronic announcement that goes out to all local health offices in Iowa from the State health department

EPIC: (East Portland Imaging Center) provides secure online distribution of patient test results to locally based physicians

Epidemiology BIT communicable Diseases HIN: not found

EPI-X: (Epidemic Information Exchange) provides a secure, encrypted, Web-based network for communication; create reports and track information for outbreak investigations and response; research outbreaks and unusual health events through a search interface

EPSDT: (Early and Periodic Screening, Diagnosis, and Treatment Program) system designed to improve primary health benefits for children with emphasis on preventive care including regular and periodic exams for all eligible children under the age of 21. They must also provide any medically necessary services prescribed by the exams, even those not covered in a State's Medicaid plan; unclear if referring to software associated with this program

ERMA WIC: not found (Women Infants and Children)

Excel: Microsoft spreadsheet program

Exchange: Microsoft product that allows for group communication and exchange

Explorer: Microsoft Internet browser

EZ Cad: not found

F

FACES: not found

FAP: not found (MN)

Fast Path: array of different database systems software

Fax via ACT database: not found

Faxpress: software that allows access to outgoing faxes, phone books, transaction logs, and other fax-related data, and interfaces with various email programs

Faxware: not found

FFQ: not found

File Express: file database manager, software located was called File Express 6.0

Filemaker Pro: workgroup database software used for file sharing and data collection; works on many different platforms and operating systems

Finance/Accounts: not found

Financial System: not found

Finds: not found

First Choice: First Choice Health Network contracts with hospitals, physicians, ancillary providers, and facilities in Washington, Idaho, Montana, and Alaska in order to obtain preferred rates for services

First Star (Access database): not found

Fiscal Services: refers to **Advantx** in the acronym column, which is hospital x-ray equipment

Florida Vital Statistics System: used to track birth and death records, marriage and divorce <c>

Flow Along: not found

Follow Me: a Montana State program designed to enhance child growth and development, promote parenting and ensure early intervention services

Food and Drug Database: the U.S. Food and Drug Administration (FDA) maintains a Google-powered search engine and database

Food and Lodging 1032: not found

Food Lodging: not found

Food Inspection: not found

Food Protection: not found

Food Protection Program: Massachusetts Dept. of Public Health program to ensure the safe supply of food, through sampling and investigation, legislation, and regulation; unclear if referring to software associated with this program

Food Service: not found

Food Svs Licesing Program: the Food Service Licensing Program, administered by the Connecticut District Health office, enforces standards for food service for the State

Foods You Eat Each Day: not found

Formfiller: software produced by AZTec that helps fill out redundant forms

Fox Pro: database management tool allows for organizing tables of information and running queries, creating an integrated relational database management system (DBMS)

FP/WIC: provides individuals with information and assistance in making choices about their reproductive health, including information and instruction, referrals and medical services for birth control, STD, sexuality education, and referral services

FRED: not found

FrontPage: Microsoft product for website creation with templates, photo gallery, and other tools

FSOLP-ODH: not found

Fund ware: financial and accounting software

G

Gener/OL: software used to manage applications by simplifying a number of labor-intensive tasks and facilitating quick response times. Featuring interactive screen development, incremental compilation, a variety of system utilities, and access to a number of host database management systems

General Code: New York company that provides a range of codification and documentation services to local governments such as in New Jersey

Genesis/ EBC: (Electronic Birth Certificate) allows birth records to be entered directly into hospital's computer system, and directly transmitted to the State via diskette or modem

GIS: (Geographic Information Systems) allows for geographic analysis of public health for almost any health discipline

Grants Management Info. System: not found

GroupWise: management product provided by Novell that allows for collaboration between users and exchange of documents

H

HAN: (Health Alert Network) CDC program that supports preparedness planning, disease surveillance and epidemiologic investigation, electronic laboratory test reporting, and emergency communications

Hands: not found

Hansen: not found

HANT: not found

Harvard FFQ: (Harvard Service Food Frequency Questionnaire) developed as a dietary assessment tool for children and youth

HARS: (HIV AIDS Reporting System) software provided by the CDC's Division of HIV/AIDS Prevention

Harvard Graphics: software used for data organization and analysis and creating graphics, slide presentations, and charts

Harvest/Orchard: not found

HATS: not found

HAVEN: (Home Assistance Validation and Entry) data entry software to manage home health care billing to Medicare/Medicaid.

HAWK: not found

HBOC Pathways: not found (WV)

HCMS: (Health Care Management Solutions) IBM product that allows for the review, update, and management of patient records, benefit plans, and treatment information for Clinical Information Systems, Managed Care Information Systems, Home Healthcare Support Systems

HDIS: (Health District Information System) used for recording, tracking, managing and recalling departmental daily workload and managerial needs

Health Education Risk Reduction: not found

Health Net: not found

Health Office: (provided by HealthMaster Inc.) school health management software used to track immunizations, student records

Health Outcomes and Services Training: not found

Health Pro: not found

Health Risk Appraisal: (HRA) confidential risk assessment survey that is currently being administered by the Health Promotion Department

Health Stat 2000: West Virginia State Health Statistic Center for tracking vital stats <c>

Health Surveillance: unclear, possibly one of CDC programs for health surveillance

Healthy Kids EPSDT: (Early and Periodic Screening, Diagnosis and Treatment) Healthy Kids is a program that identifies health, mental health, and substance abuse problems in Medicaid clients 20 years of age and under, and provides appropriate services to treat any identified medical, mental health and substance abuse issues

Healthy Shot: not found

Healthspace: company that develops and maintains environmental and public health information management system software, used to collect and store data, and share information with the general public

Healthy Start/ Smart Start: not found

HelpTrac: help desk program for help desk and data technicians

HGEN: not found

HHS – NCV: not found

HIDTR Automated Tracking: not found

HIMS: (Hospital Information Management System) software for patient medical records system, appointment and bed management, pharmacy inventory, clinical research, patient billing, through an on-line processing system, creating a centralized database

HIN (Health Information Network) National Education Association's program providing information on a variety of health topics, such as children's health, cancer, and sexual health

HIPPA: (Health Insurance Portability and Accountability Act of 1996) allows people who leave their jobs to keep their health insurance until finding new employment/insurance; unclear if software allowing a health department to be HIPPA compliant

HIS: Oregon Health Information System in Oregon also in another State

HIV – 5: HIV Counseling and Information Form –allows for anonymous testing of individuals

HIV Clinical Mgt System: not found

HIV Evaluation Web: not found

HIV/AIDS Reporting: not found

HMC: (Hawaii Multimedia Corporation) software developer offering Internet, desktop, consulting and multimedia solutions

HMCLIENT: not found

HMIS: Fairfax, Virginia, health dept. computer system – Health Management Information System.

Home Care billing: not found

Home Health: not found

Home Pro-billing Software: not found

Home Pro: not found

Home Safety/ Injury: not found

Horizon: software used by Horizon Blue Cross Blue Shield to track legacy claims data online

HOST: Mitchell and McCormack software that consists of a Master Patient Index and Order Management Systems, Clinical Documentation and Data Repository, a multi-location Scheduling System, a full suite of financial applications with Executive Information System, plus departmental software systems for the Hospital pharmacy and radiology departments

HP 9000 Database: Hewlett-Packard database system

HP Jet admin: software for configuring and monitoring network-connected devices, usually used to manage remote printers

HSIS: (Human Services Information System) windows-based client services management software used to store and maintain frequently used information including: insurance company contract information, service description and fee definition, payment/adjustment code types, residential/inpatient unit and bed information, diagnosis code information

HSS: (Hughes Software Systems) company that specializes in the development and use of software systems for managing coding, reimbursement and compliance

HWAS: not found

I

IBM Client Access: IBM computer programming system/ language used in conjunction with AS/400

IBM Global Network Dialer: Internet connection software

ICES: (Integrated Client Encounter System) not found

IDES: not found

IDIS: not found

IDNR: (Illinois Department of Natural Resources) evaluates water systems quality

IDPH CARES: not found

IDPH MH Database: Iowa Department of Public Health

IDS, IDES: not found

IHITS: (Iowa Health Indicator Tracking System) designed to supply local health departments and community providers with access to public health data that can be used to help identify local public health problems. (changing to Family and Community Indicator Tracking System (FACITS))

IMMTRA L: not found

Immtrac: Texas immunization registry developed jointly between the Texas Department of Health (TDH) and Electronic Data Systems (EDS), a private information technology provider. ImmTrac is designed to access and utilize a statewide immunization database

Immulink: (Minnesota) software developed to help reduce the incidence of vaccine preventable disease and increase population immunization coverage levels, providing health providers, schools and parents with accurate, complete and up-to-date immunization records

Impact: not found

Impact SIIS: Impact collects and manages immunization data for the entire State of Ohio

IMR: (Immunization Registry) software developed by QS Technologies which allows immunization registry data to be accessed via the Internet

IMS: (Intercontinental Marketing Services) company that provides market information, sales management and decision-support services to the pharmaceutical and healthcare industries

IMTYME: not found

INDIANA 5.0: not found

Indicare: Internet-based software application that simplifies and enhances the process of obtaining free pharmaceuticals for the indigent, via patient assistance programs sponsored by nearly all pharmaceutical companies

Indus: company offering financial development and tracking software

Infant Immunization Information System: not found

INFO Internet: not found

Info Mailer: email program that sends mass email messages and information

INFORMS: not found

INGRES: Advantage Ingres Enterprise Relational Database is a scalable relational database management system

Inland Empire Immunization Tracking System: CA software used for the San Bernardino County Immunization Tracking System (ITS); consists of a computerized registry containing client-specific immunization histories and tracks immunization status of children

INPHORM: (New Mexico's Department of Health Network for Public Health Official Records Management) intradepartmental system that includes a module that collects and reports client demographic and immunization services information provided at New Mexico's 54 public health clinics <c>

Inspex: not found

Inspect: not found

Inspect Systems: not found

Inspect Write: PenFact's Inspect-Write electronic paperless inspection and data capturing management system replaces the traditional, paper-based manual inspection system with an improved, state-of-the-art inspection and data collection management system

Inspector: not found

Inspectrack: inspection tracking software for recording inspection results using handheld computers in the field

Internal IMS Program: not found

Intuit Fundware: accounting software for nonprofit and governmental organizations

Investigations Dbase: not found

IPLAN DATA: (Illinois Plan for Local Assessment of Needs) software that provides access to public health data at the county level and identifies associated populations by age, race, ethnicity and gender for selected indicators <c>

Iplanet: company now called Sun One Software; offers email, Internet, and identity management software

IRIS: (Immunization Registry Information System) Iowa's immunization Program

IRMA: not found

ISIS: (Integrated Sanitary Inspection System) not found

ISIS: (Integrated Statewide Information System) software for the WIC Program. The system is an automated system designed to improve program operations, monitoring, and record keeping for local WIC agencies

ISPH: not found

J-K

Jane Sparks System: not found

Kammand: not found

KIPHS: (Kansas Integrated Public Health System) clinical management software for public health departments

KIDS: not found

KSI: company offering GIS mapping programs

KWIC: (Kids Well-being Indicators Clearinghouse) New York State system that brings existing indicator data and supportive resources together in a publicly-accessible information repository

L

LabCorp LCM: (LabCorp Communications Manager) Windows-based application that provides test ordering, simplifies access to laboratory information

Lab Ing. Reporting: not found

Laboratory Database: not found

Land Use Information System: not found

LATB TIMSRUCT: not found

LEAD POISON CONTROL: not found

Lead Poisoning Prevention: CDC program to prevent lead poisoning, unclear if referring to a software program

Lead Track: not found

LHD Surv: not found

LIMS: (Lab Information Management System) links clinical information and providers with laboratory data; can be used to produce reports

LINKS: not found

Local Billing Software: not found

Local Info Network: not found

Local db for deaths: not found

Lodestar: company that provides office software solutions for pricing, billing, and transaction management

Logician: software for laboratory and research use, tracks patient medical information; displays data in a variety of formats

Lotus 123: IBM spreadsheet and data management software

Lotus Approach: relational database software for the management, analysis, and reporting of data

Lotus Freelance Graphics: graphics program focusing on presentation of data

Lotus Notes: software for managing e-mail, a calendar of appointments, personal contacts, and Web pages, News Groups, and intranet applications

Lotus Suite: Lotus Word Pro, Lotus 1-2-3, Lotus Freelance Graphics, Lotus Approach, Lotus SmartCenter, Lotus Organizer, and Lotus FastSite (Smart Center is another version of the Suite)

Lotus WordPro: word processing tools for use with Internet publishing, file compatibility, and speech recognition

LPA: (Lead Paint Analyzer) US Dept. of Energy program that analyzes lead paint with portable devices.

M

MA Billing: (Medical Assistance Billing) used to bill patients for treatment and track billing

Macomb County Mobile Food Inspection: food inspection unit from the department of health, unclear if referring to a software program

Magician: not found

Mail Lab Delivery: not found

MapInfo: software that stores addresses, phone numbers, and locations; provides customer buying patterns, demographic and lifestyle information, nearby businesses, routing directions, and traffic patterns.

Maptitude: not found

Maptrack: not found

MAS 90: advanced accounting software for medium-sized businesses provided by Systems Designs Associates

MASSCHIP: (Massachusetts Community Health Information Profile) provides community-level data to assess health needs, monitor health status indicators, and evaluate health programs

Masterware: computer based training program offering training for over 70 software packages

MATCH 21: not found

MATCH 2001: not found

MaxxACH: not found

MC Publisher: not found

McAfee Virus: computer virus protection and detection program

MCCC PH Doc: Minnesota Counties Computer Cooperative use of Ph Doc software program <c>

MCH-Info a Maternal and Child Health Bureau (MCHB)-funded software program for the presentation and analysis of public health data, with an emphasis on data for maternal and child health and children with special health care needs. Allows for data entry and analysis, as well as for reporting, graphing, and mapping key MCH indicators (WI) <c>

MCIR: (Michigan Child Immunization Registry) software used by registered immunization providers to report immunizations to Michigan residents and to look up the current status of patients

McKesson HBOC Homecare: McKesson is a comprehensive healthcare supply management and information solutions company (NY)

McKesson PAA system: McKesson is a comprehensive healthcare supply management and information solutions company (MI)

MD Electronic Reporting and Surveillance: (MERSS) an Access database system designed for reporting, editing, and analyzing case reports of communicable diseases reported to Maryland's 24 local jurisdictions since 1989 by private physicians and hospitals. It is Maryland's adaptation of CDC's NETSS database, the National Electronic Telecommunications System for Surveillance

MDH Vital Records: (Minnesota Department of Health) software for the birth, death, marriage, and divorce records for Minnesota

MDS: not found

Med Bill: Medbill Express is a national billing service for medical insurance billing, including behavioral health, durable medical equipment, family practice, gynecology, pediatrics, surgical and facility billing

MedPay OCMS: not found

Med Records/Billing: not found

MediaLab: not found

Medic: Information technology software products listed under Misys Healthcare Systems

Medicaid Billing: not found

Medicaid Data Sys.: not found

Medical Manager: software to document patient encounter at the point of care

Medical Record System: not found

Medicare Billing: not found

Medisoft: medical billing software that allows for submitting electronic billing

Medware: software for membership registration and maintenance, claims management, contribution collection and reconciliation, benefit calculation, and accounting

MEERS: (Medical Expert Examination Report) software for attorneys or parties involved in litigation or for others in need of expert testimony and expert medical review

MERLIN: an interactive virtual library with a collection of resources to assist in monitoring and evaluating health and population services

Mestamed: billing and information management system for home health care that allows providers to standardize on one integrated information system to run their entire business, including all of their operations, inventory, billing, and financial management functions

MHCA Website: (Minnesota Home Care Association) a statewide, non-profit association whose purpose is to promote the delivery of quality health care and supportive services in a variety of home living environments

MICA: (Missouri Information for Community Assessment) the MICA system is an interactive system that allows anyone to create a table of specific data from various data files including births, deaths, hospital discharges and others

Microsoft Office: software package including Word, Excel, PowerPoint, and Outlook. Access is included in the professional version of Office

Microsoft Publisher: desktop publishing program that includes customizable templates, design guidance, and a complete collection of desktop publishing tools

Microsoft Small Business XP: Microsoft Office Suite specialized for small businesses

Microsoft Works: Microsoft software package

MILS: (Municipal Inspection Licensing Program) not found

MIS: not found

Misery: not found

Missouri Dept. of Health and Senior Services: not found

MLAB: (Modeling Laboratory) mathematical and statistical modeling software, originally developed at NIH

MMS: (Millennium Medical Software) not found

MN Health Alert: Minnesota Department of Health Web page that provides alerts for current public health issues among humans and animals

MN State Vital Statistics: Web page containing information about where to obtain copies of Minnesota vital records, such as birth & death certificates, marriage licenses & divorce decrees

MN State WIC: Minnesota State Women Infants and Children Program

MO Health Strategic Archit. & Info Cooperation: not found

MOA System: not found

MOCHA: MochaSoft offers solutions to access AS/400, IBM mainframes or UNIX platforms from many different types of workstations

Mochosoft TN 3270: not found

MOHSAIC: (MissOuri Health Strategic Architectures & Information Cooperative) collects and manages immunization data for the entire State of Missouri and some Kansas and Illinois residents; linked to vital records, Medicaid management and Women, Infants, and Children Nutrition program <c>

MOHSIS: (Missouri Health Surveillance Information System) system used to report, track and assure follow-up of reportable conditions. It is a secure public health surveillance software application developed in accordance with CDC requirements

Montana Public Health Data System: A data integration project that includes the provision of one robust software to support Maternal and Child Health (MCH) and Family Planning programs and an Immunization registry (called the Public Health Data System) <c>

Moshis-CD Reporting: not found

MOSSH PROD-CICS: not found

MS MESSENGER EXPRESS: program used to download email with out starting Microsoft Outlook email software

M/S Project: software used to track the progress on a business project

MS SQL SERVER: Internet service software

M/S Visio-Pro: Microsoft network designing software

MSDS: found under department of defense on material safety

Mtrax: management tracking software (also State Mtrax System)

Multiphasic Screening Program: A multiphasic screening program is defined as a program for the collection of specimens from the human body for transfer to a licensed laboratory for analysis

Municipal Animal Control System: not found

N

NBH: not found (MA)

NC HSIS: North Carolina's HSIS

NC State Lab: The State Laboratory of Public Health provides certain medical and environmental laboratory services (testing, consultation and training) to public and private health provider organizations responsible for the promotion, protection and assurance of the health of North Carolina citizens

NCMS: not found

NCR MP-RAS SVR 4: not found

NCV: not found

ND Immunization Database: North Dakota State Department of Health statewide Immunization Control and Evaluation System (ICE); tracking is by birth date, name, and unique ID number

ND OPDP Data DOS Program: not found

ND WIC: (North Dakota Women, Infants, and Children) State service for women, infants, and children regarding health and wellness; unclear if referring to software

NDC: not found

NEDSS: (National Electronic Disease Surveillance System) (also PETSS) an integrated surveillance system that can transfer appropriate public health, laboratory, and clinical data efficiently and securely over the Internet

Netscape: Internet navigation program

Netscape Mail: email software

NETSS: (National Electronic Telecommunications System for Surveillance) a computerized public health surveillance information software that provides the CDC with weekly data regarding cases of notable diseases

New World: software company offering the Photoeditor & Image Composer for Windows, used to produce pictures for the web, prepare logos, and create professional looking graphics

NJ Electronic Death Registry: software that allows electronic filing of death certificates over the Internet. The forms are signed digitally and submitted to the local registrar, who then forwards the completed form to the NJ State Registrar

NJIIS: (New Jersey Immunization Information System) software that tracks immunizations for the State of NJ

NONCOM: not found

North Carolina Immunization Registry: tracks immunization and vaccination of infants and children in North Carolina

Norton Antivirus: Computer antivirus software by Symantec

Norton Board of Health: city of Norton, MA Board of Health; unclear if referring to software

Norton Board Health State Lab: State lab of the Norton, MA Board of Health

Norton Building Dept: building and zoning dept for city of Norton, MA

Norton School Department: not found

Novell: Business solution software. Multiple products including account management, Internet and extranet software

Novius: Siemen's strategic information management group specializing in health care industry

Nurse Family Partnership: (NFP) provides low-income mothers with visits from public health nurses to improve maternal, prenatal, and early childhood health and well-being

Nurses Aid: not found

Nursing Drug Handbook: PDR Nurse's Drug Handbook is a comprehensive resource of nearly 1,000 monographs designed to assist nurses in providing safe and effective drug therapy. Each drug monograph includes essential facts and elements, namely action/kinetics; uses; interactions; overdose management; contraindications; dosage; and nursing considerations

Nutritionist IV: Diet Analysis software analyzes diets, recipes, and menus for up to 74 nutrients plus cost and weight. Database includes 13,000+ foods/ingredients as well as 300+ recipes

NYS DOH SDWIS: New York State's Dept. of Health, State Drinking Water Information System

O

ODH: (Ohio Department of Health) health department for State of Ohio; unclear if referring to software

ODN: (Output Distribution Network) software that allows the user to print from any computer to any printer including to fax machine, email, and the Internet

ODORS: not found

ODRS: (Ohio Disease Reporting System) software used to track infectious disease throughout Ohio

OHEC Complete: not found

Onsite Sewage Disposal: Multiple Listings, mostly containing contact and other information about sewage disposal for residents and businesses

Onsite Sewage Program: Multiple Listings, mostly containing contact and other information about sewage disposal for residents and businesses

Oracle: Company that offers database, tools, and application products, along with related consulting, education, and support services

Org Plus: Software that integrates human resource data and generates charts for publication, shared documents, and presentation

OSIIS: (Oklahoma State Immunization Information System) collects and manages immunization data for the State of Oklahoma as a statewide registry

OSTDS: (On-Site Sewage Treatment and Disposal Systems) a system that contains a graywater system tank; septic tank; grease interceptor; dosing tank; solids or effluent pump; and a waterless, incinerating, or organic waste-composing toilet. Unclear if referring to software.

OTIS:(Outpatient TB Information System) Tuberculosis Software

Outcomes Toolkit: The Toward Improving Birth Outcomes Toolkit provides a step-by-step, practical approach for improving birth outcomes among Medicaid and SCHIP enrollees

Outlook: Microsoft email management program

OWA: (Outlook Web Access) allows access to the web through Microsoft's Outlook program

P

Paradox: a Corel database software that is compatible with Microsoft Access, dBASE and other ODBC-compliant databases

Partner Elicitation Consuling: consulting training for HIV/AIDS partners

PASPORT: The Louisiana Office of Public Health operates the PASPORT system. The purpose of the software is to collect information and issue vouchers for clients of the Women, Infants, and Children Supplemental Nutrition Program <c>

Passport Async: AT&T Global Network (NY)

Patient Computer Techn.: not found

Patient Information Mgmt. System: not found (MS)

Patient Satisfactory Survey: not found

Patient Tracking Business Mgmt. Information System: not found

PATS: (Patient Automated Tracking System) not found

PC-ACE: free Medicare billing software offered by Enterprise Software

PCAS: not found

PCDAR: not found

PC Anywhere: Symantec software that provides remote access to computers with encryption and authentication for security

PC DOCS: Software system owned by Hummingbird, Ltd. Provides document and knowledge management solutions that are compatible with Microsoft systems

PC File: allows users to view and copy text from PC files or attachments, such as e-mail attachments and other files created by Microsoft Word, Excel, PowerPoint, Lotus 1-2-3, COREL, and AutoCAD applications

PC Impact: not found

PCI 2000: not found

PCI Healthcare Application: not found

PCMS: not found

PCMS-DSS: not found

PCMS QS: not found

PDA: not found

PDA Software Services: Works with State and local govt to provide automated software solutions for WIC, Early Intervention, Maternal and Child Health, and Family Planning programs. Focus is on providing consulting, application development, and processing services

Peachtree: small business accounting software

Pearl: not found

PECS: not found

Pegasus: software for accounts, management, and payroll tracking

Pentamation: K-12 Information Systems software for reporting on financial, human resource and student management information

PeopleLink: software allowing Internet based chat rooms without intruders, similar to Instant Messaging software

Performance Accounting: not found

Permit Building System: not found

Personal Action System: not found

Personal Cost Accountability System: not found

Personnel Cost Accountability System: not found

Pet Where: not found

PETSS/ NEDSS: National Electronic Disease Surveillance System

PFA: not found

PH Data: not found

PH Doc: (Public Health Documentation System) client server system used to plan, collect, organize, control, and report public health information. PH-DOC uses the IBM AS/400 as its application file server to insure data integrity and availability, coupled with Windows desktop and laptop PC's

Phalcon: not found

Pharm. Connection: not found

Pharmacy Computer Systems Inc: not found

PHDS: not found

PHIDS: not found

Philcon: not found

PHIMS: (Public Health Issue Management System) used to handle communicable disease issues and make a wide-variety of data elements and sources available to county policy and decision makers at a central point of access

PHIS: (Public Health Information System) software for integrating client health records, supporting public health provider interventions and tracking follow-up case management and centralized access

PHIX: not found

PHN: (Public Health Nursing) works to assess, improve and maintain the health of at-risk individuals, families, and the community through health promotion and disease prevention services. Unclear if a software program.

PHNA: (Public Health Nursing & Administration) provides and coordinates technical assistance and training to local health departments, and maintains and reviews each local health department's general plan of operation, and develops performance improvement strategies

PHTN: (Public Health Training Network) (CDC) program by the CDC that provides information regarding continuing education around public health

PHOCIS: security company that provides email encryption and file/folder encryption

Phoenis: not found

Phoenix: Phoenix Healthcare System provides information technology solutions for clinical and reimbursement aspects of health care practices.

PIC System: not found

PICS/ PACS: Siemens RIS/PACS solution connects clinicians, patients, and care providers through a network of information that covers the continuum of care. Based on Industry standards for multi-vendor connectivity and open IT architectures

PIMS: (Program in Medical Sciences) funded by a National Institute of Health grant, designed to address the need for physicians in the rural areas of Northwest Florida

PNCC: not found

Polycom: company offering business software

Powerbuilder: Web development and systems software offered by Sybase

PowerPoint: Microsoft graphic and slide presentation program

Power Pro: advanced voice recognition program

PRAMS COHID /Stats: (Pregnancy Risk Assessment Monitoring System/ Colorado Health Information Dataset) an ongoing, State-specific, population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences that occur before, during, or after pregnancy among a sample of women who have recently given birth to a live infant

Printmaster: desktop publishing software offered by Broderbund.

Printshop: Software by Borderbund used to create business cards, greeting cards, post cards, etc.

Private Pay: not found

Private Vector's Pgm (AML): not found

ProComm Plus: Symatech information sharing company

PROD: not found

ProFax: business accounting system allowing for the creation of invoices and monthly statements

ProtoMed: Maryland based company that offers claims and patient records software, also a consulting company for management information software

Provide: not found

ProWest: not found

PTBMIS: (Patient Tracking and Billing Management Information System) Tennessee Department of Health software

Public Health Automated Environment: not found

Public Health Data System: not found (NM and MT)

Public Health Information Systems Managements: not found

Public Health Laboratory: not found

PUBLIC HEALTH TEAMS: not found

Q

QA Management: not found

Q&A4: spreadsheet software used like Microsoft Access

QS: health care management software designed for a variety of healthcare providers including community pharmacies, chain pharmacies, long- term care facilities, institutions, home medical equipment providers, and point-of-sale operations. All of the QS programs were combined because the Pharmacy, Encounter, Family Planning, etc modules were only found in the 4b section (IT) of the survey. When listed in the first three tables it is always listed as QS.

Quick Books: business management software

Quitnet: organization with interactive website offering smoking cessation resources

Qwark: Apple based database program

R

Rabies Investigation: not found

Rabies Program: not found

RABVAC: rabies vaccine program for pets

RAPID (Decendant Tracking): not found

Rapid: not found

RBase 5000: information management software

RECIN: (Regional Early Childhood Immunization Network) a computer program that shares immunization information with many doctors' offices, public health departments, and schools

Reportable Disease Database: not found (PN and SC)

Resource Patient Management System: not found

Right Fax: not found

RPMS: (Resource and Patient Management Software) Federal program for American Indians and Alaska Natives provide this management software for clinical and administrative information

Rumba for the MF: Rumba Software provided by NetManage. Software for web hosting and integration. PC-to-host products allow desktop connectivity; Web-to-Host software offers simple configuration and security. Allows sharing of data with extranet partners and deployment of host access to employees on the intranet, while allowing for selectivity of range of access

RX 30: not found

S

Sabre Solutions– Medatrac: Medatrac is software supporting clinical needs of behavioral health, community health as well as scheduling, billing, lab work.

SAMIS (WIC): not found

Sanswrite 4.0: inspection software that allows for electronic transfer of on-site inspections and archiving

SAP: not found

SAS: (Statistical Analysis Software) software for statistical analysis

School Census: not found

School Database: not found

School Health Online: not found

School Immunization Status: not found

SCHS: (State Center for Health Statistics) North Carolina State center provides analyses of important health issues, such as birth defects and infant mortality statistics and a central collection site for information about cancer, birth defects, births, deaths, marriages, and divorces

SDWIS: (State Drinking Water Information System) Maine's drinking water assessment program

SENDSS: (State Electronic Notifiable Disease Surveillance System) a web-based reporting system designed to collect information pertaining to the notifiable diseases in Georgia

Septic Tank Permit Transaction: not found

Septic Tank Program: not found

Sept Tank Program Management: not found

Septrack: tracks septic system permits, inspection and maintenance information for public health and the environmental protection

SETS (Envir. Only): not found

Sharkmail: free email service

SHPDA (State Health Planning and Development Agency) Hawaii's statewide planning agency for the State's health care future

Siberian Accounting Software: not found

Siddwell: not found

SIDWIS: not found

Siemens: company offering information, communications, health care, energy and power, and financial services

SIIS: (Statewide Immunization Information System) many States' program

SIS: not found

Social Ser. Network: not found

SP: not found

SPECIAL CHILDREN'S SERVICE: not found

Snyder: not found

Spectrasoft: appointment management software for health care industry

SPSS: (Statitistical Package for the Social Sciences) software for statistical analysis and presentation

STA: (Software Technology Advisors) software and technology company specializing in management software solutions

STATA: statistical software for professionals

Stat Pak: Hubbard & Hubbard statistical analysis and presentation program

State EDRS: Electronic Disease Reporting System

State mtrax systems: (Management Tracking) software used for tracking people, times, jobs, inventories, and materials

State Laboratory – Meditech: multiple State labs use Meditech's software

Statewide Hands: not found

Statewide Immunization registry: not found

STDS: not found

STD Database: not found

STD HIV AIDS Reproductive System: not found

STD Mgt Yes CDC: not found

STD MIS: (Management Information System) the CDC's network of tracking Sexually Transmitted Diseases through the NETSS

STD Reports: not found

STDS: not found

STD/VD: not found

STELLAR: (Systematic Tracking of Elevated Lead Levels & Remediation) tracks screening of children for toxicity, identification and confirmation of cases, and investigation and abatement of lead hazards, primarily from leaded-paint in the home environment of cases. STELLAR is a case and program management tool; data collected may be used for statistical or surveillance purposes

Street Drug Database: Indiana's database for searching street drug names

Student Health Manager: used to managed student information and health records in school health clinics

Submed: not found

SURVEILANCE AND STATISTICS: not found

Survey Data: not found

SWAMPD: not found

Sweeps: computer system designed specifically to meet the program and management information needs for Environmental Health Agencies and Managers

Sword Solution: Sword Microsystems, a comprehensive e-business provider

T

T2: not found

TBSS: (TB Screening System) software tools to determine whether a chest radiograph contains abnormalities. Useful for mass screening projects, where large numbers of chest films are taken to screen a population for tuberculosis

Team-up: not found

Teleform Elite Enterprise: not found

TennCare: TennCare facilitates a system of effective healthcare within a predictable budget for Tennesseans who are Medicaid eligible or who lack access to health insurance

Texas WIN: a broad-based coalition of local elected officials, drinking water and wastewater service providers, State environmental and health administrators, engineers and environmentalists dedicated to preserving and protecting the health, environmental and economic gains that America's drinking water and wastewater infrastructure provides

THOR: (The Health and Occupation Recording Network) database of work related ill health reported by thousands of specialist doctors

Tidemark: not found

TIMS: (Tuberculosis Information Management System) a surveillance and case management software application developed by the CDC and used by TB control programs

TNT Tips Mips: not found

Tobacco Control: not found

Total Environmental Control: not found

Tracevue: data management software provided by Phillips

Tracking system approach: not found

TRAMS: not found

Travax: database on the health risk associated with oversea travel

U-V

US Census Data: data from US census

UST: not found

VacTrack: business human resources management software for tracking work time, leave, and staffing.

Varuna: not found

VAX System: not found

VD: not found

VDH web site: Virginia Department of Health website

Vector Control: not found

Version 4 Cancer: not found

VIPER: not found

VISION: (Virginia Information System Integrated Online Network) tracks immunization records for the State of Virginia

VISTA: not found

Vital Record Mainframe: not found

Vital Records: used to store vital records, birth, death, at off-site location.

Vital Records Database: not found

Vital Stats: State vital statistics records, birth, death

VitalTrack: not found

VMRS: not found

Voucher Program: not found

W-X-Y-Z

Wang: Wang Healthcare's Physicians' Workstation is comprehensive electronic medical record software that gives practitioners access to patient information.

Water Database: not found

WebbStarr: WebbStarr Technologies, Inc. is a vendor of information management products for environmental service and control agencies. WebbStarr's family of products is known collectively as the Total Environmental Control system, or "TEC" for short.

WEDSS: (Wetland Evaluation Decision Support System) software and information technology tools used to take into account the biophysical, social, economic and political factors of wetland management

WIC: (Women, Infants, and Children) program sponsored by USDA that seeks to safeguard the health of low-income women, infants, and children who are at nutritional risk by providing nutritious food to supplement diets and provide health care referral. Some software may be DOS based and other software may be Windows based

WINCASA: a tool for assessing immunization practices within a clinic, private practice, or any other environment where immunizations are provided. CASA has data entry and import capabilities and provides data that can be accessed and organized to suit individual practice needs

Windows: Microsoft software

Windows Dialer: Internet Dialer compatible with windows

Wis. Pro Services: not found

Wisconsin Well Women Program Software: used to track immunization and prenatal care of Wisconsin women, infants, and children <c>

Win Fax: fax management software by Symantec that allows customers to send or forward faxes via email to people who don't have fax hardware or software.

WIP: not found

WIR: (Wisconsin Immunization Registry) allows public and private providers with direct access to the central immunization registry via the Internet. Software is also being developed to provide stand-alone provider immunization registry that will be interfaced to and synchronized with the WIR Central Registry <c>

WISE: (Workplace Information Systems Enhancement) not found

Women's Health Check Mgt.: not found

Women's Way Access Database: not found

Word: Microsoft word processing program

Word Perfect: word processing program

World Group Manager: bulletin board system

WPS Claims Express: a "stand alone" software package for windows that creates a patient database and allows offices to submit most WPS Commercial, Medicare Part B, and TRICARE claims electronically

WPP: (Windows Software Trace PreProcessor) software tracing program supported on Microsoft Windows XP and later

WUSIIS: not found

XTRAS: company that provides Microsoft product enhancement for Visual Tool programs

Appendix E: Uninvestigated Program Names

Unlikely to be Software Programs

Names reported that were not researched for the glossary because they are either unlikely to be actual software programs or are too generic to determine what actual software application is involved.

1
1 plan
3rd Party
4
Accounting
Administration
all clinics billing system
Antivirus
Arts and Letters
Birth & Death Registry
Birth Records
Board of Health
Central Office
chameloom/CHS
Cloud County
Collections
Communicable Disease
Computer
County
Custom Program
Customer Program
D of Child Oracle Program
Daycare
Dbase
Dental
Documentation System
DOS
e-mail
Environmental Health
Fax
Finance
Food and Lodging
General Code
Graphics
Immunization
Immunization Registry
Immunizations
In Home
In House Program
Info Mailer
Insurance Listing
Internal Data
Internet
Kids
Lab
Laboratory
Laboratory
Lead
Local Billing Software
Log Book
Lots of Programs
Mainframe
Misc Small Databases
MOST
Newsletters
Not via Computer
Nutrition
One/Tax Permits
Our Children
PAP Smear
Pharmacy
phone
Presentations
Public Health
Rabies
RAM System
Recreation Dept.
Script
Service Point
Share
Spreadsheet
State
System Provided
T.B.
Telecomm
Tool Box
Town Clerk
Training
Travel
Unamed Environmental
Unamed Vital Records
Voucher Program
we run hospice
Word Processor
Worksite