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**FEASIBILITY SURVEY OF PILOT PREVENTION AND
HEALTH INTERVENTION STRATEGIES MANAGEMENT
INFORMATION ANALYSIS CENTER (PRHISM-IAC)**

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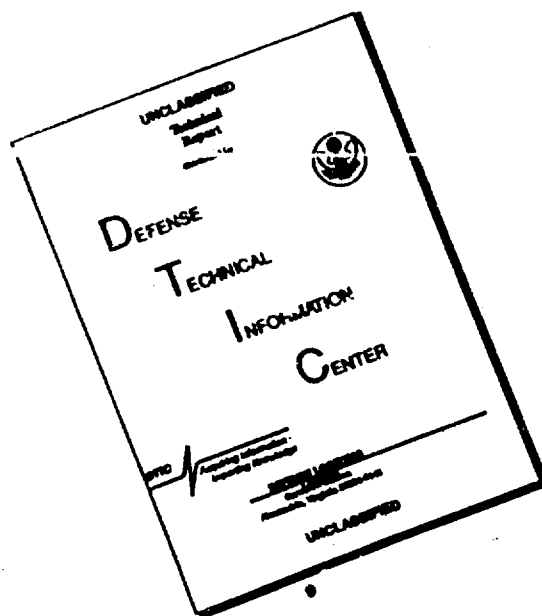


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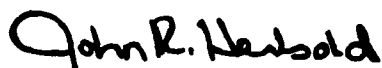
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This report has been reviewed and is approved for publication.



JOHN R. HERBOLD, Colonel, USAF, BSC
Chief Scientist, Aerospace Medicine Directorate

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PREFACE AND ACKNOWLEDGMENTS

This report summarizes a survey of users for a potential Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC). It describes the process Battelle used to gather information on the needs and structure of the PRHISM-IAC which would best serve the Air Force medical community. In addition we discuss our process for gathering information via interviews and questionnaires and the database developed to analyze these results.

The key participants on the Battelle Memorial Institute team were Dr John C. Allen, Dr Thomas R. Doane and Mr Donald B. McGonigle. We would like to acknowledge assistance from various personnel within the US military medical establishment. Their experience in health care research and policy studies was most helpful to this effort. We specifically appreciated the information and guidance provided by Col John R. Herbold, our technical point of contact for this task, which was essential to the quality of this project.

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1 0 SUMMARY

"Knowledge is power, but data is useless until it has been made into information."

1.1 This feasibility study for a Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC) was accomplished for the Air Force's Armstrong Laboratory of the Human Systems Center of Air Force Materiel Command by Battelle Memorial Institute's San Antonio Operations Office from October 1992 to March 1993. It was primarily conducted by use of a questionnaire that was mailed to over 800 potential users of such a service facility. Personal interviews were also conducted with several key USAF, DOD and civilian organization personnel who had a professional interest in the establishment of such an information analysis capability.

1.2 Is the PRHISM-IAC feasible? In a word - YES! There was very strong support expressed by the respondents to our questionnaire. Over 75% said they would use the PRHISM-IAC to accomplish their mission. We also received indications of potential supplemental financial support of over half a million dollars per year for special studies.

1.3 It is clear that the USAF preventive medicine community has a strong requirement for more *information*, most of the people we had contact with wanted a better understanding of some portion of their business. The scope of the questions ranged from interest in how to predict blistering of the feet of basic trainees to concerns over cancer clusters on industrial bases such as the Air Logistics Centers where workers are exposed to many potentially dangerous chemicals. There were also concerns regarding establishing baselines for disease occurrence as well as cost. Many of the concerns we heard about originated with the *USPHS Healthy People 2000* initiative. The PRHISM-IAC could act as a gateway for medical and line personnel with such questions to get to the data they needed to support their answers. Perhaps more important, the PRHISM-IAC staff could help with the interpretation of data considered in the context of population information.

1.4 This report details the process used to establish the feasibility of establishing a PRHISM-IAC with details on the use and response to the questionnaire and interviews. It also outlines the services

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and capabilities that would be necessary to have the PRHISM-IAC meet the requirements that were found to exist within the Air Force, DOD and the civilian community.

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2.0 THE INFORMATION ANALYSIS CENTER CONCEPT

"I find that a great part of the information I have was acquired by looking up something and finding something else on the way"

2.1 Background

An Information Analysis Center (IAC) is a federal resource that provides technical information for a specific field of technology. The Department of Defense (DOD) Defense Technical Information Center (DTIC) operates over 20 of these centers for the analysis of scientific and technical information. These IACs are similar in operation but dissimilar in subject matter. Each IAC collects, reviews, analyzes, appraises, summarizes, and stores available information on subjects in a highly specialized technical area. The collections, which are computerized, are expanded regularly to incorporate the most current international research information. However, the IACs are much more than simple libraries. Besides the subject matter material processing outlined above, they also employ subject matter experts who are capable of providing in-depth analysis and interpretation of new and existing data for the specialized user community. The IACs thus serve as the focal points (centers of excellence) within DOD for all available worldwide scientific and technical information in a specialized field or subject area.

Once acquired, digested, evaluated, and synthesized, this information can be published in authoritative reference works and reports, or conveyed as an advisory service to interested users in that specialized field. In this way, the IAC links an expert technical staff with an experienced information specialist group that is supported by in-house or external data bases to provide the most accurate and up-to-date technical information to the using community.

The centers generally offer the following categories of products and services:

- Abstracts and Indexes
- Technical Inquiry Services
- Bibliographic Services

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- Scientific and Technical Reference Works
- State-of-the-art Reports
- Critical Reviews and Technology Assessments
- Current Awareness
- Special Studies and Tasks
- Technical Conferences and Symposia Support

Access need not be limited to the sponsoring government agency. IAC services may be made available to the private sector to the extent practical without impairment of services to DOD and consistent with security and other limitations on the release of information. To offset costs incurred in preparing materials and responses, service charges are imposed on the user for products and services. Such costs are established according to guidance provided by the sponsoring DOD component.

2.2 History

The origin of the DOD information analysis center program has been traced to the immediate post-World War II period with the initial support of IACs at the Johns Hopkins University Applied Physics Laboratory and the Naval Research Laboratory. The program grew substantially in the 1960s and 1970s. Both the number of centers and the number of disciplines included in the IAC program expanded, as did the level of financial support provided by the military departments. By 1971 there were nine IACs. At this time contract administration and funding responsibilities were shifted from the military departments to the Defense Supply Agency.

The program experienced considerable growth during the 1980s as DOD recognized the importance of the explosion of new technologies and the concomitant increase in scientific and technical information. Both policy formulation and program oversight were vested in the Office of the Under Secretary of Defense for Research and Engineering.

2.3 Purpose of the Present Study

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None of the current IACs specialize in the area of preventive medicine and related fields.

Representative of the office of the United States Air Force Surgeon General felt there was a need for this type of an information resource. Therefore the Armstrong Laboratory of the Human Systems Center (AFMC) contracted with Battelle Memorial Institute to perform this feasibility study for the creation of a Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC).

This document outlines the concept, requirements, and proposed development of a PRHISM-IAC. The report presents a plan and justification for the need to establish a DOD PRHISM-IAC. It outlines the strategic (long range) and near-term operational objectives for the phased development of the PRHISM-IAC within the U.S. Air Force and uses the results of a feasibility study to develop operational requirements, to include labor and equipment estimates.

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3.0 PURPOSE AND FUNCTION OF THE PRHISM-IAC

"Nothing is so firmly believed as that which is least known"

3.1 Support for Preventive Medicine

The PRHISM-IAC is intended to serve as an information resource, database repository, and technical center for prevention and health intervention strategies research as well as for the integration of a comprehensive preventive medicine program. The PRHISM-IAC is envisioned as a key part of emerging Air Force preventive medicine initiatives in San Antonio, TX. As missions, priorities, and the demographic structure of Air Force units change, the focus and priority of individual preventive medicine programs must change. The direction of such changes will be influenced by input from AF preventive medicine initiatives. A key premise is that Air Force preventive medicine programs must evolve from solid baselines of reliable data.

The creation of the PRHISM-IAC will introduce new capabilities for the operational commander and manager of health programs - access to past and current information about specific patient populations and the availability of operational research tools to help make decisions. Some example decisions include: what the top medical priorities should be; what impact intervention initiatives can or are having on the health status of all assigned personnel; and potential impacts of shifts in health policies.

The PRHISM-IAC will act as a gateway for Air Force preventive medicine professionals to access the vast number of relevant databases and other information repositories. It will also act as an electronic bridge between them and other parts of the USAF, the federal and state governments and industry.

3.2 Integration and Coordination of Interventions

Since most health problems are multi-factorial in their causation, they must be addressed using a variety of interventions. Also, because health problems are not all equal in their effect on populations and because resources for intervention are always limited, some prioritization for health problems must take place. The size of the problem, its seriousness, and amenability to an intervention strategy

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should be used to rank problems and provide the basis for analysis for intervention. Identification of a health problem's determinants (risk factors) and contributing co-factors lead to the development of outcome, impact, and process objectives aimed at the improvement of some measure of health. Service delivery can then be introduced in the context of the contributing factors and determinants. Ultimately, the dimensions of the health problems, their determinants, contributing factors, service capacity, and evaluation of the intervention(s) will need to be brought together in a concise and timely fashion for both political and programmatic reasons. The PRHISM-IAC is intended to become the information gateway through which this happens.

A review of health problems, their determinants and contributing factors vs resources and potential interventions describe the relationships among these entities and suggest how changes in one may affect change in the others. A constant challenge in prevention and health promotion is moving the development of interventions away from ownership of specific diseases, body parts, populations, or funding sources and toward coordinated interventions focusing on the determinants or contributing factors underlying the health problem. The PRHISM-IAC will provide the platform for just such a true coordination of community-based interventions that will make a significant difference in total health care quality.

3.3 Basic Structure and Capabilities

The PRHISM-IAC is intended to be a component part of the Air Force's integrated preventive medicine program and reside at the Armstrong Laboratory. It will function through a matrixed management scheme to assist in offering the following capabilities for support to both operational and developmental preventive services requirements:

A. Operations Research Division

Systems definition and scope of effort

Exploratory data analysis

Health risk appraisals

Preventive services systems modeling

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B. Population Research Division

Problem identification and definition

Development of survey tools

Special projects

Field research

Program implementation and contract management

Program evaluation

Health outcomes research

C. Technical Services Division

Information management, storage, and retrieval

Electronic bulletin board

Organize and manage seminars, symposia, and conferences

Develop and distribute brochures and pamphlets

Compile and distribute problem/population specific datasets

Database access, analysis, processing, and storage of customized datasets

Database customizing (data screening, structuring, consistency, correlation and factor analysis)

3.4 PRHISM-IAC Management Oversight

The PRHISM-IAC will have management oversight from the Human Systems Center (HSC) which will develop procedures for establishing priorities for the work of the PRHISM-IAC, establish standard operating procedures for the PRHISM-IAC and act as an advocacy group within the USAF as well as in the disease prevention and health promotion community in general.

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4.0 FEASIBILITY STUDY METHODOLOGY

"There is no such thing as reliable information or data, only different degrees of uncertainty and unreliability"

4.1 Background

To validate the need for a DOD information analysis center devoted to the gathering, sorting, analysis and distribution of preventive and health intervention strategies management information, we designed a survey questionnaire. We then sent this questionnaire to a large sample of the medical community of potential users of the PRHISM-IAC. We also visited key agencies both within and outside the DOD that are involved in preventive medicine research and development to obtain more detailed information on their current use and sources of information. Appendix D lists the organizations we contacted. These groups were questioned on the perceived value of a DOD IAC devoted to providing preventive medicine information and analysis services. As part of these on-site interviews, we visited three existing IACs to learn firsthand about their methods of operation and experience in analyzing and distributing specialized scientific and technical information. The IACs we visited were the Chemical Warfare/Chemical and Biological Defense Information Analysis Center (CBIAC), the Crew System Ergonomics Information Analysis Center (CSERIAC), and the Supportability Investment Decision Analysis Center (SIDAC).

During November and December of 1992 we mailed a total of 816 questionnaires, with an introductory letter and a general information sheet describing the purposes and services of IACs. These questionnaires were mailed to individuals thought likely to have an interest in the establishment of a PRHISM-IAC. The questionnaire had 18 primary questions and was developed to survey opinions of the potential user community on the need for a PRHISM-IAC. Appendix B contains the complete questionnaire and the accompanying materials included in the mailing. Appendix C provides the complete mailing list.

4.2 Questionnaire Objectives

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We designed the questionnaire to determine the value of establishing a PRHISM-IAC and to obtain information necessary to help develop its proposed mission, scope, and level of operation. The implementing regulation for Department of Defense Information Analysis Centers (Appendix A) was reviewed to be certain that the necessary supporting data would be obtained from the questionnaire returns. Some of the specific objectives of the questionnaire were to help us understand:

- The perceived need for a central source of information in preventive medicine and health intervention strategies management.
- The desired output in products and services that could or should be offered by the PRHISM-IAC.
- The medical services offered by, and/or preventive medicine specialties of, respondents to the PRHISM-IAC questionnaire.
- General demographics and patient populations necessary for inclusion in the PRHISM-IAC.
- Potential short and long-term requirements, studies, analyses, and conferences the PRHISM-IAC could perform or support and the willingness/ability of potential customers to budget and pay for these services.
- The most used, desired, and potentially helpful databases and computer-based information sources that might be offered by the PRHISM-IAC.
- The usefulness of access to classified information and scientific and technical intelligence.

We distributed a draft questionnaire, prepared so that it met these design and information objectives, to 23 members of the Air Force Preventive Services Strategic Planning Group for review. The draft was also critiqued by Armstrong Laboratory Human Resources Directorate (AL/HR) personnel who were knowledgeable in questionnaire construction. These experts were asked to comment on both the content and design of the questionnaire. A written critique, personal interview, or detailed telephone

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conversation was obtained from each individual who evaluated the draft. The final version of the questionnaire was prepared based upon the collective suggestions of this review group.

The *a priori* assumption made by Human Systems Center/Armstrong Laboratory and Battelle personnel was that only people strongly interested in the establishment of a PRHISM-IAC would respond to the questionnaire. We felt it was important to spread a wide net to capture as many different communities as possible. There was no effort made to coerce a response. We therefore expected a relatively light response to our questionnaire and felt that any response above 20% would be worthwhile and informative.

4.3 Questionnaire Recipients

A variety of professional medical organizations, directories, and membership lists were used to generate the mailing list of questionnaire recipients. We primarily targeted five different groups: Air Force flight surgeons; military public health officers; health promotion officers; commanders of military treatment facilities; and an assortment of staff officers of other DOD and civilian agencies. Appendix C contains the database of organizations used to produce the composite index. All individual lists were cross-checked to remove duplicate names and addresses.

4.4 Returns and Summary of Responses

The recipients were asked to complete and return the questionnaires, which were mailed on 20 November 1992 and 4 December 1992, within ten days. By March 30, 1993 a total of 205 (26%) of the 797 questionnaires distributed were completed and returned. (We use a base of 797 questionnaires since 29 of the original 816 were returned for lack of correct address.) All response data were entered into a Paradox computer database for analysis.

We did analyze the responses by "category" and found some differential returns. For example, there was a 36% return rate from the Medical Treatment Facility (MTF) administration - commander or administrator. We had a 50% return from the Military Public Health Officers we sent questionnaires to and a 26% return from the health promotion community.

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4.4.1 Questions 4 and 5 asked about the frequency of use and the perceived need for computer-based information and database repositories. Eighty-four percent of the respondents answering this question indicated they use this type of service at least once a year; 38% said they employ it more frequently than five times a year. Based on these figures, the implication is that the PRHISM-IAC would receive at least 570 requests per year from the questionnaire respondents alone. A full 78% stated they would most likely use the PRHISM-IAC to accomplish their jobs. Only eight individuals (<5%) stated they definitely would not use it. These responses indicate strong support for the Human Systems Center (HSC) hypothesis that a PRHISM-IAC devoted to the collection, analysis, and distribution of preventive medicine information, would be an appropriate mechanism to augment their developing center of expertise. Figures 4-1 and 4-2 graphically depict the answers to these questions.

4.4.2 Question 1 referred to the Information Sheet that accompanied the Questionnaire and which summarized the categories of products and services we envisioned for the PRHISM-IAC. There was strong interest by the potential using community in all of the subject areas and topics considered within the scope and function of the information analysis center. All categories were considered important to the work of at least some health care providers responding to this question. In addition, there were several suggested additions to the products and services we listed. These are presented in Appendix G.

4.4.3 There was substantial interest in almost all of the medical services and preventive medicine specialties that were listed in the questionnaire (Question 2). Those areas deemed most important, or in which respondents were primarily involved, were Preventive Medicine and Public Health (58%) and Health Promotion (51%). Three topics were of interest to less than 30% of the respondents - Industrial Hygiene, Health Care Policy, and Field Medicine. Health Care Policy was the category that was least frequently (25%) cited as important in the work of the respondents. Figure 4-3 presents the response data to this question.

4.4.4 We wanted to know what populations questionnaire respondents thought would be important to them and addressed this in Question 3. All of the military-related patient populations we listed were thought to be appropriate for inclusion in the PRHISM-IAC by a majority of the total respondents. The most important populations consistently cited were Active Duty (85%) and DOD Civilians (72%). There was little differentiation made between Rated (58%) and Non-Rated (55%). Retired

PRHISM-IAC QUESTIONNAIRE

Intention to Use PRHISM-IAC

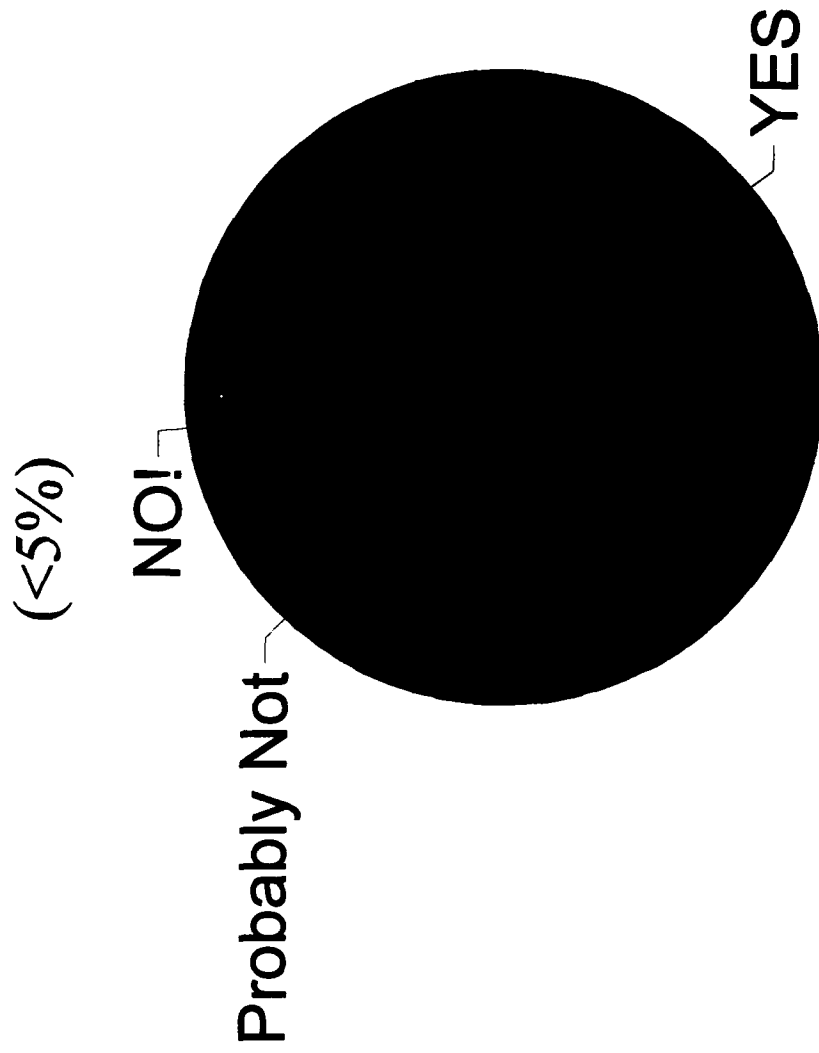


Figure 4-1

PRHISM-IAC QUESTIONNAIRE

Current Use of Databases

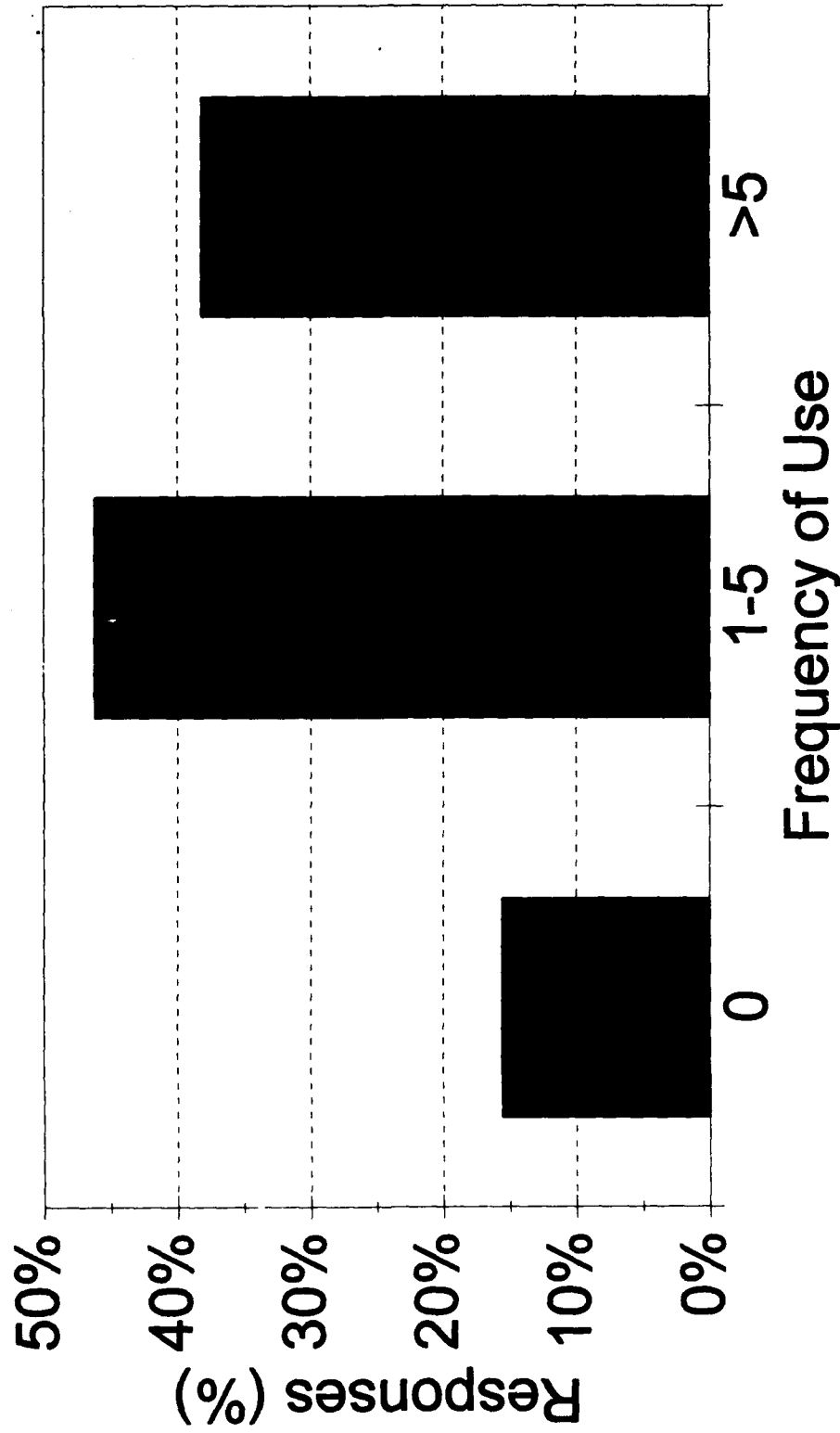


Figure 4-2

PRISM-IAC QUESTIONNAIRE

Question 2A-2J

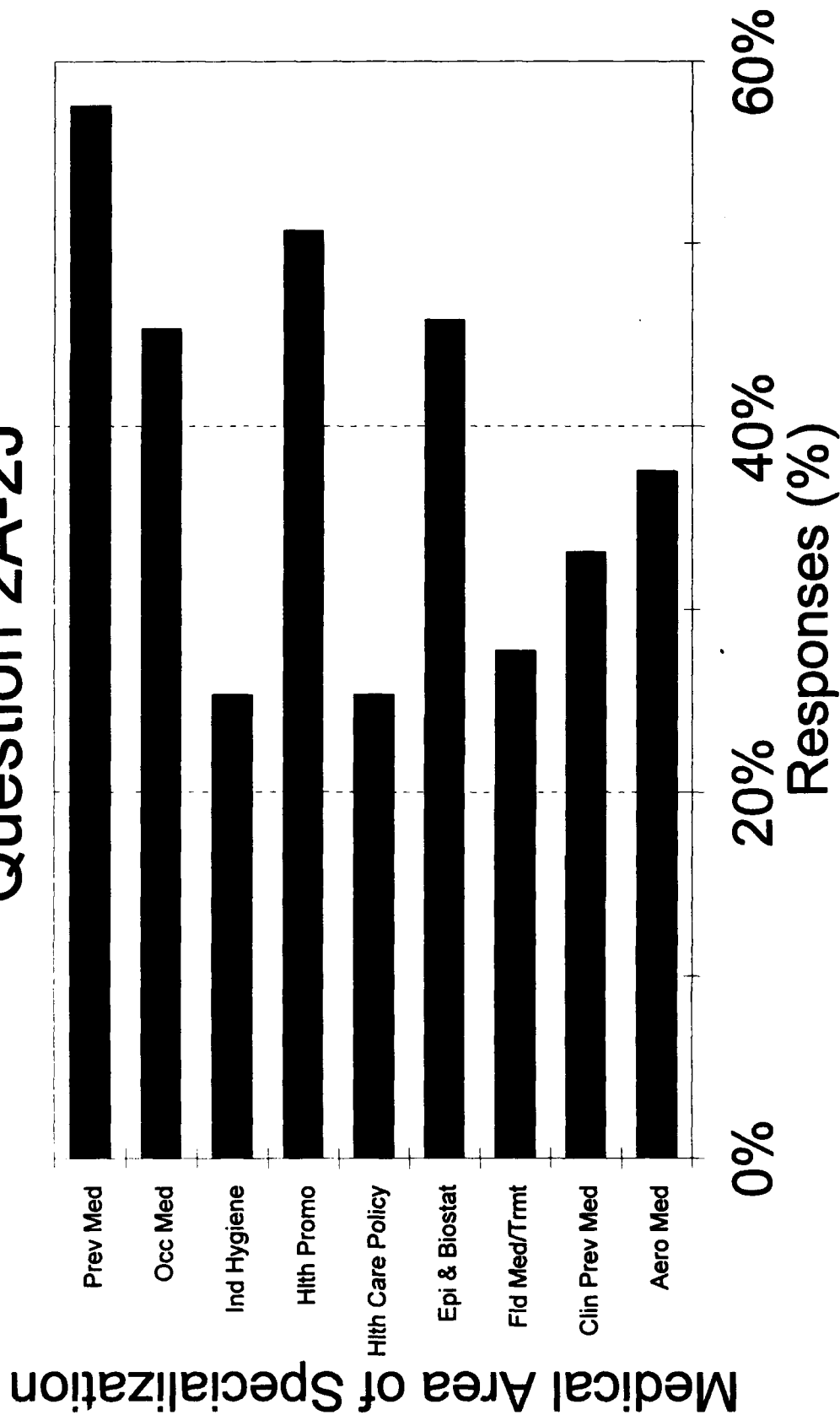


Figure 4-3

PRHISM-IAC QUESTIONNAIRE

Question 3A-3I

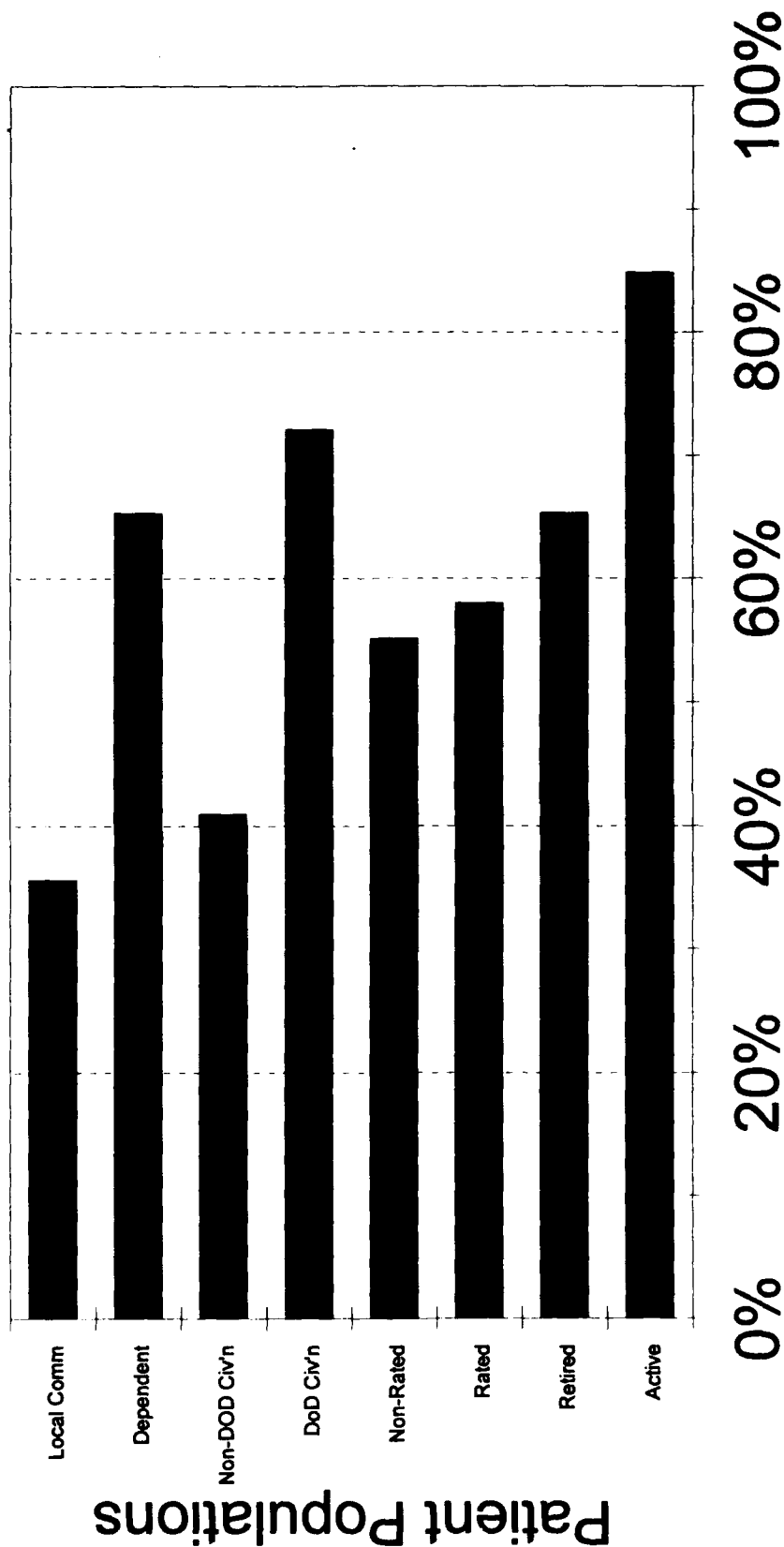


Figure 4-4

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members were identified as valuable by 65% of respondents as were dependents. Even Members of the Local Community were regarded as valuable additions to the PRHISM-IAC database by 36% of those returning the questionnaire. The response data on patient populations is presented in Figure 4-4.

4.4.5 Over 68% of the respondents indicated they would be willing to provide some sort of budgeting support (Figure 4-5). There were only 53 respondents who stated they would neither budget nor advocate for the PRHISM-IAC's funding. While we did not specifically ask if individuals would use the PRHISM-IAC only if services were free, just 4% said they probably would not use the PRHISM-IAC at all, under any circumstances. Over half (60%) stated they would be willing to pay a nominal fee for special studies and personalized services although only 27% of the respondents indicated they would be willing to contribute funds toward the core program for the establishment and maintenance of the PRHISM-IAC.

Almost 20% of the respondents felt they could forecast some type of funding for the PRHISM-IAC. We feel these positive responses at a conceptual stage give a strong indication of potential financial backing for the future PRHISM-IAC. Further, not only do the numbers of individuals willing to pay for PRHISM-IAC services remain constant throughout a four year period (FY93-96), but the resource amounts increase slightly in the outyears, from \$513K in FY93 to \$522K in both FY94 and 95. While we understand that these funds are neither committed nor budgeted by the organizations responding to this question, we are encouraged by the number of individuals who scoped out their needs and generated funding estimates at this very early, conceptual stage, of the PRHISM-IAC. This funding should be considered to be ancillary to the core funding which will probably be in the range of \$750k per year. With this additional funding the total budget for the PRHISM-IAC could approach \$1.25M (Figure 4-6).

4.4.6 Questions 8, 9, 10, and 11 asked the recipients of the questionnaire to identify the types of information sources, databases, and statistical packages they currently use, maintain, or find most helpful in accomplishing their jobs. The answers to these questions obviously give meaningful insight into the potential structure and function of the PRHISM-IAC. We feel it is important to design the PRHISM-IAC around the needs and requirements voiced by the using medical community. In addition, during each visit to the agencies and organizations summarized in Section 4.5 (Personal

PRHISM-IAC QUESTIONNAIRE

Budgeting & Advocating Support

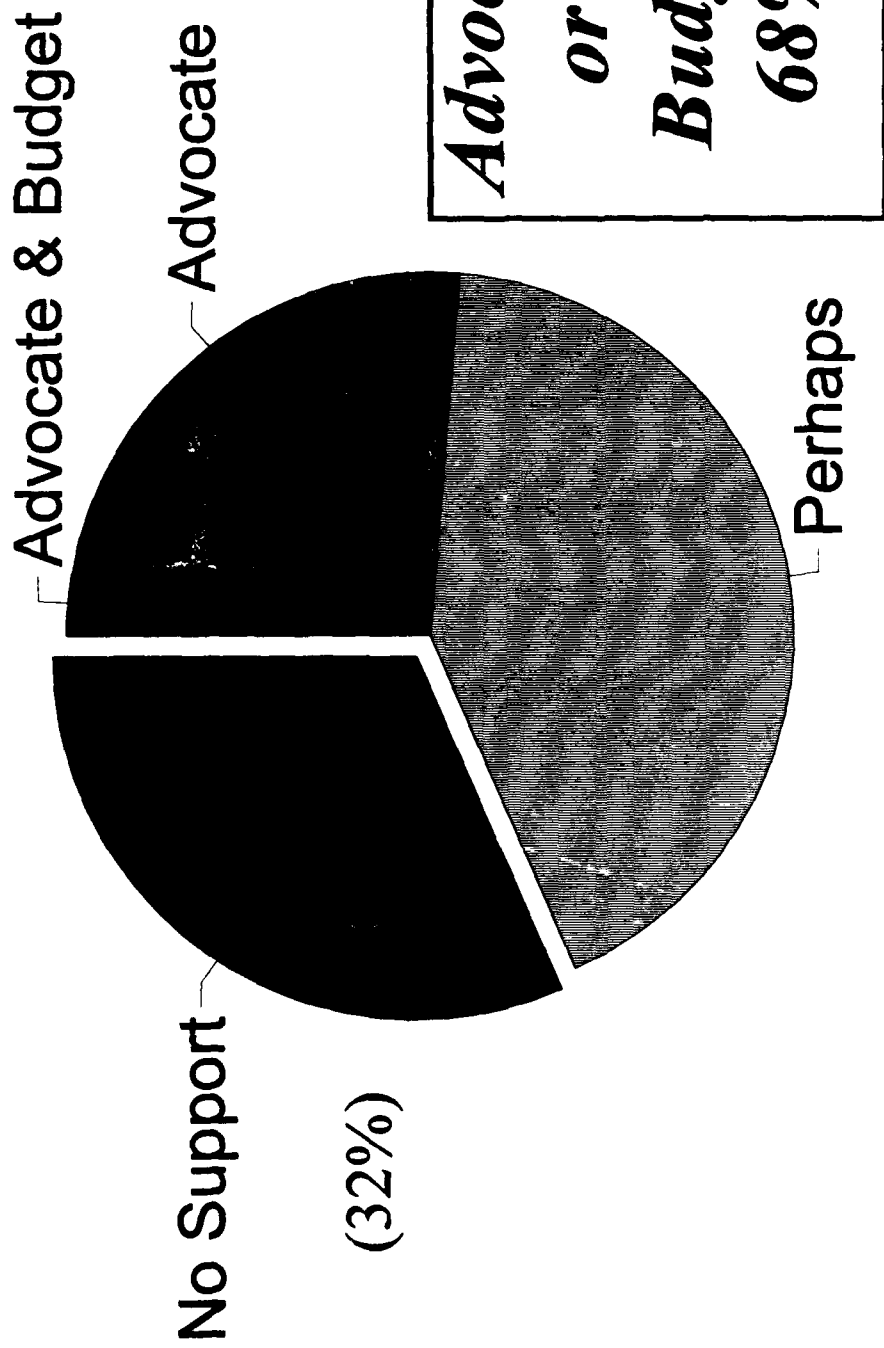


Figure 4-5

PRHISM-IAC QUESTIONNAIRE

Potential Supplemental Funding

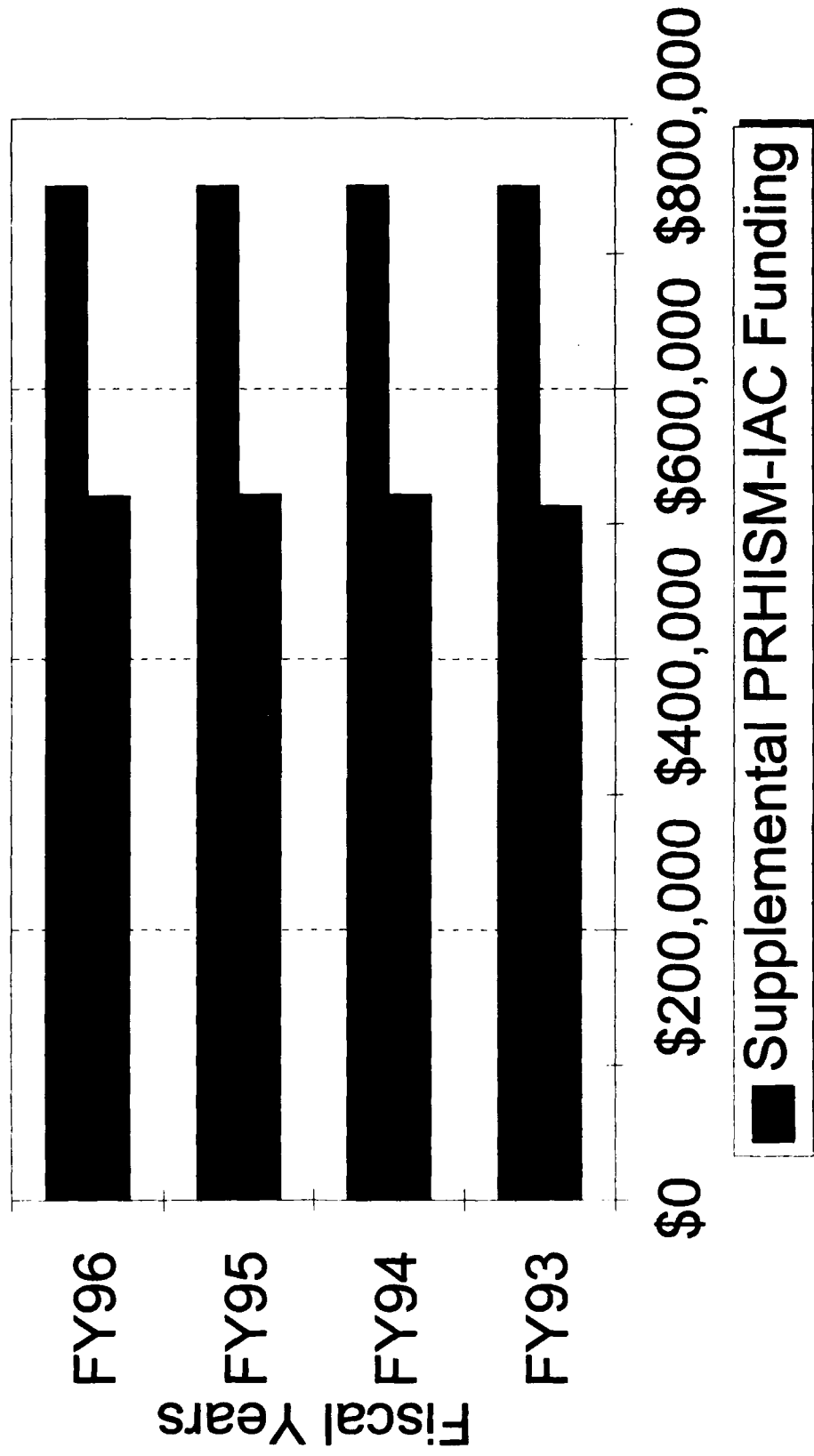


Figure 4-6

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Interviews) we asked for similar source information. Appendix E references the complete list of databases and information repositories identified by the respondents which therefore should be considered for access and advocacy by the PRHISM-IAC as research tools to assist these clients.

4.4.7 Question 16 asked about the usefulness of access to classified information (DOD CONFIDENTIAL, SECRET, etc.) and/or scientific and technical intelligence. Ninety-one of the individuals answering this question (61%) thought that this type of information would be of at least some help (fewer than one-third said necessary) to accomplish their missions. Thirty-eight percent specifically said that classified information was of no use to them in their jobs. Figure 4-7 presents these response data.

4.4.8 It is important to note that an overwhelming majority (87%) of the respondents felt strongly that electronic access (computer link or telephone modem) with the PRHISM-IAC was important. This leads to concerns addressed in question 15 (Figures 4- 8) which asked for opinions about protecting patient confidentiality. More than half (~60%) of the health care providers answering this question felt that passwords alone were sufficient to safeguard patient data. However, 57% did indicate agreement that requiring written approval before access is granted would be a worthwhile security measure. In conjunction with comments on this question we received from the various groups and agencies we personally interviewed, the written comments on the questionnaire collectively recommended several specific procedures to protect: (a) patient and physician confidentiality, (b) the confidentiality of the medical treatment facility itself, and (c) the security and ownership of the medical data being generated. The most common suggestions were:

- Primary access should be by name and social security number of the user/requester.
- Unique passwords, even double passwords, for all users might also be required, along with written authorization/approval to the PRHISM-IAC from the director/head of the requesting agency. These safeguards would assure that only legitimate, certified users gained access to patient and physician data.
- A further security measure, besides the master list of authorized users, could involve encryption of the data. This could take the form of a security "code" based upon

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Would Classified Data Be Helpful?

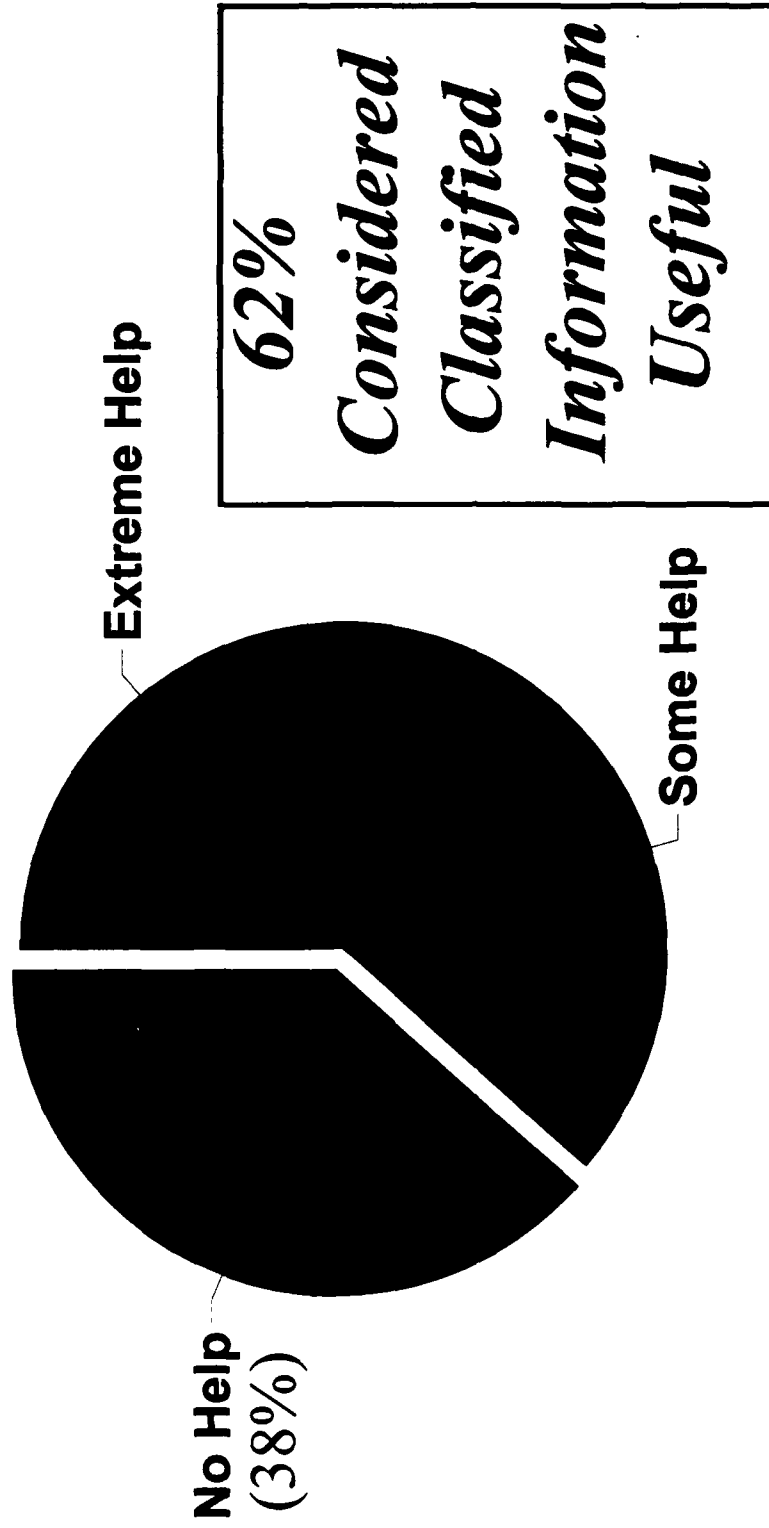
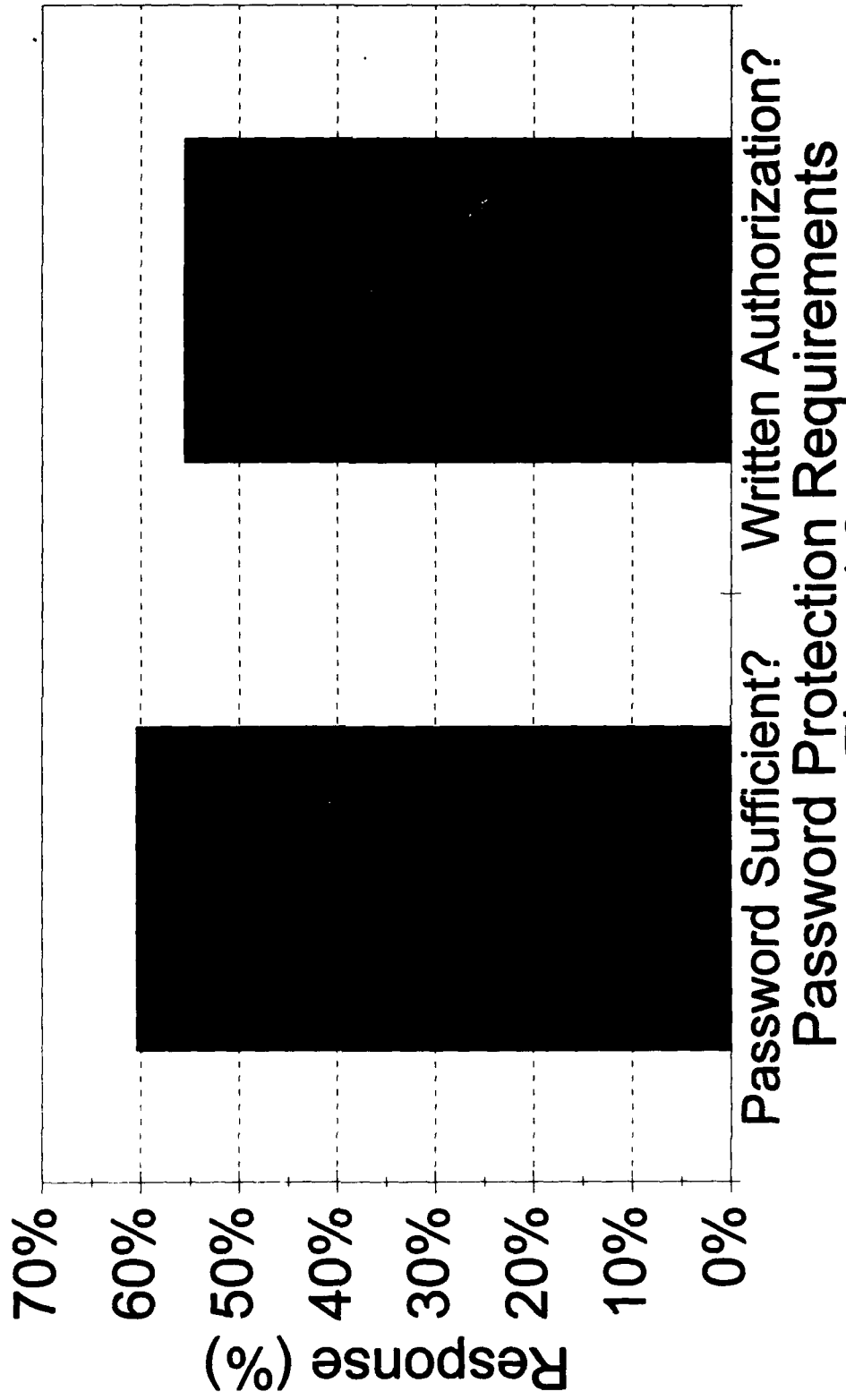


Figure 4-7

PRISM-IAC QUESTIONNAIRE

Question 15A/B



Password Protection Requirements

Figure 4-8

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scrambled social security numbers and/or additions and deletions to the data to disguise individual data sets.

- Another possible safeguard might revolve around specifically authorized phone numbers in the user community. The requester would call in to the PRHISM-IAC and leave a message with a return phone number. This number must be a legitimate and approved identifier before the PRHISM-IAC would respond further. In addition, the phone number would have to be associated with an authenticated computer terminal before the PRHISM-IAC would provide data.

4.5 Personal Interviews

On-site visits to several Department of Defense agencies, other government organizations, and three existing Information Analysis Centers were accomplished to obtain more detailed information on the structure and function of current information processing centers of expertise. These groups were also interviewed about the perceived value of a DOD IAC devoted to the collection, analysis, and distribution of preventive medicine information.

4.5.1 Air Force Medical Support Agency (AFMSA), Brooks AFB, TX

We met with personnel from the Air Force Medical Support Agency (AFMSA) several times during the conduct of this feasibility study. Much of the medical data that is captured by the Air Force is maintained by AFMSA. Included in these is the Medical Information Center (MEDIC) database that has several sets of hospitalization data. Among these are the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) database and the Medical Expense and Performance Report (MEPRS) database. Other databases either currently maintained by AFMSA or scheduled to be completed/added include: (a) DOD standard inpatient data record, Inpatient Data System (IDS) and (b) Report on Patients (ROP), a war-time reporting system. Both of these databases are maintained by AF 7CG at the Pentagon. AFMSA is also pilot testing an Ambulatory Encounter Summary (AES) database. It is estimated that this database will maintain over 14 million Air Force Military Treatment Facility (AFMTF) records per year. (Appendix E provides a composite of all the information and data repositories that might be accessed by the future PRHISM-IAC.)

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All these are (or will be) centrally maintained and accessible from a single point, which the PRHISM-IAC could easily access. Additionally, AFMSA currently performs a key biostatistics function for the Surgeon General. Since AFMSA's capability to perform this function will end in FY 94 due to downsizing, it could be incorporated into the future PRHISM-IAC.

The AFMSA is clearly interested in participating in the establishment, organization, and development of the PRHISM-IAC. A subgroup chaired by the Director of the AFMSA has been formed to examine and substantiate the specific areas of support that AFMSA will provide the PRHISM-IAC. We currently envision the initial (prototype) PRHISM-IAC accessing only the IDS and CHAMPUS databases, while the mature PRHISM-IAC could access any or all of the other databases discussed above.

The Medical Support Agency also has the Informix database on line. The PRHISM-IAC could function as an intermediary to AFMSA's current capability or make inquiries directly to Informix in response to requests from the field. The PRHISM-IAC would thus perform a vital linking service to provide integrated information analyses, while not being encumbered by the overhead necessary to provide this portion of the support.

4.5.2 Defense Manpower Data Center (DMDC), Monterey, CA

4.5.2.1 DMDC receives and maintains all demographic data related to the Defense Enrollment Eligibility and Reporting System (DEERS). DEERS data are received on all DOD personnel (active duty, guard, reserve and retired) and their dependents and survivors who are currently or potentially eligible for benefits. DEERS also maintains data for the above populations for up to two years following loss of benefits, to support CHAMPUS claims processing. This division of DMDC tracks all eligibility and entitlement data for each of these groups of individuals. Data is received from each MTF through the Defense Medical Information Service (DMIS). Data access and classification are by International Disease Code (IDC) categories. The two primary functions of DMDC in relation to the DEERS database are to (a) locate facilities and define catchment areas for CHAMPUS, and (b) perform modeling studies and analyses (e.g., what are the projected DOD patient loads one, two, five, etc. years into the future).

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4.5.2.2 DMDC also receives and maintains all medical data for DOD (total force manpower). Thus, a data archiving function for all of DOD, both demographic and medical, resides in DMDC.

DMDC maintains 10 primary databases, 60 relational databases, and several special databases for the Office of the Secretary of Defense (OSD).

This organization receives both inpatient and outpatient (ambulatory) military medical data, to include CHAMPUS claims. These are very detailed reports that include Diagnostic Reporting Group (DRG) codes (which show what the individual was treated for) and procedures as Current Procedural Terminology (CPT) codes (which report the actual procedures used in treatment). Additionally, for diagnoses, there is an International Classification of Disease (ICD) code that DMDC also receives. This further categorizes the illness.

DMDC receives these data reports from all three services. They examine the data for completeness and correctness and also combine demographics and medical data. They then categorize it by type of procedure and combine the data by clinical service. The resulting data is then passed back to DMIS. A copy is also retained locally in the DMDC library. This, then, is the primary function of DMDC - warehousing the data. They maintain an archival system and report on what they archive.

4.5.3 Naval Health Research Center (NHRC), San Diego, CA

NHRC creates a chronological file with an event structure (consisting of demographic, hospitalization and other data) for all active duty Navy enlisted personnel. This results in an event structured database that is updated quarterly. The aggregate data from this database forms the Career History File maintained at the Navy Health Research Center in San Diego CA. Medical data are added to this system. This database, along with deployment data, allows for surveillance and/or epidemiological studies.

4.5.4 Scripps Clinic and Research Foundation, La Jolla, CA

We visited the Scripps Clinic and Research Facility (SCARF) to discuss the Air Force Health Study (AFHS) with USAF and contractor researchers. The AFHS study was designed as an epidemiologic

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investigation to learn whether long-term health effects are associated with exposures to herbicides in South East Asia. However, besides the data collected on those individuals exposed to herbicide, there is a database on normal control subjects. Data from these controls include all background medical, sociological, and demographic information that could be used as a composite model for many types of long-term health studies.

This normal control database could be very useful for the future PRHISM-IAC. The PRHISM-IAC could provide technical and administrative support for comparative studies against this database in such areas as the long-term effects of smoking, alcohol and drug use, diabetes, coronary artery and heart disease, and disease non-battle injury casualties during times of hostilities.

4.5.5 Armstrong Laboratory, Occupational and Environmental Health Directorate, Brooks AFB, TX

One of the functions of this Directorate is to operate an Aeromedical Service Electronic Bulletin Board, named Pegasus, which is accessible to all members of the Aeromedical Service. This includes active duty, the National Guard and Reserves, and specified contractors with a demonstrated need for such information. The Bulletin Board is available worldwide to every Air Force installation, and includes users at the Armed Forces Medical Intelligence Center (AFMIC), the Army-Air Force Exchange Service (AAFES), and the Defense Commissary Service.

A summary of the major databases maintained by the Armstrong Laboratory and available for use with the Pegasus Bulletin Board and/or in laboratory research can be found in Appendix E. Besides hazardous materials, occupational illness, hearing conservation, and radiation exposure information, there are analytical data on environmental and occupational health samples taken at virtually every USAF base over the last several years. The communication with USAF installations function for the future PRHISM-IAC could be incorporated into the Aeromedical Service Electronic Bulletin Board and used to provide data services to the USAF preventive medicine community. This is currently being done through a temporary arrangement between two directorates of the Armstrong Laboratory (AL/OE and AL/AO) and Battelle.

4.5.6 Armstrong Laboratory, Human Resources Directorate

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Another directorate of the Armstrong Laboratory, the Human Resource Directorate (AL/HR), maintains approximately 514 unique data files of Air Force personnel records that collectively offer a compilation of Air Force officer and enlisted personnel information from 1954 through the present. This information has been extracted from the master USAF tapes maintained by the Military Personnel Center at Randolph AFB TX. This data will be very useful for correlating demographic data with medical data for USAF personnel.

4.5.7 Armstrong Laboratory, Aerospace Medicine Directorate

4.5.7.1 Epidemiological Research Division

One of the primary functions of the future PRHISM-IAC as envisioned by epidemiologists is population identification. By knowing the medical data sources available to the epidemiologist (through AFMSA, DMDC, etc.), and by developing real time interactions with the Military Personnel Center at Randolph AFB (through AL/HR) for demographic and force location data, the PRHISM-IAC would become a facilitation center and the focal point for information access.

The Armstrong Laboratory could combine these demographic data with health risk appraisal survey data and so generate a composite file on each Air Force member. These files would create a data infrastructure to allow evaluation of clinical preventive services. A key role for the PRHISM-IAC might then become analyzing this surveillance data for the Health Promotion 2000 initiative. The Air Force would have to maintain and be the custodian of the many databases associated with this initiative.

Currently, there are a wide and disparate variety of health risk appraisal forms being used throughout the Air Force. The PRHISM-IAC could analyze these, decide which one was superior, and recommend to the surgeon general that that form be used Air Force-wide.

4.5.7.2 Clinical Sciences Division

There are many databases maintained by the Clinical Sciences Division of the Armstrong Laboratory (AL/AOC) which will be of great use to the potential users of the PRHISM-IAC. Much of this data

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is already computerized and the remainder relatively easily accessed through their archives. There is also interest within AL/AOC to have new databases established for Air Force wide flight waivers and for spectacle/contact lens information. The basic structure of these new databases could be outlined by the PRHISM-IAC as a service to AL/AOC.

4.5.8 HQ ATC/SGP, Randolph AFB, TX

An important role envisioned for the PRHISM-IAC by the medical community within Air Training Command would be the ability to track the medical outcome, in terms of retention, of trained aviators and technicians. An understanding of the problems and illnesses that lead to the attrition for medical reasons of both pilots and navigators, as well as recruits that undergo technical training, would be very valuable to this Command. It would enable decision makers to potentially screen out those recruits who would be most at risk for specific disease entities before they were ever commissioned or accessed into the force. This would decrease attrition and provide for a healthier, fitter force. Further, if recruits were accepted into the force with certain marginal problems or levels of disease (e.g., borderline hypertension, slightly elevated blood cholesterol, heart murmur, etc.), it would be very useful to decision makers to know historically what percentage were "boarded out" before the 20-year point for these particular problems. The data could then be used to develop predictive physical standards or preventive medicine criteria for future success in both flight training and recruiting.

4.5.9 Military Public Health, Kelly AFB, TX

Several suggestions for future support activities for the PRHISM-IAC were posed by the Chief of Military Public Health at Kelly AFB. For instance, to help Air Force decision makers answer the question, "Does the government need to pay an individual for hearing loss on the job, or could they remove that person from the noise environment before the onset of permanent hearing damage," the PRHISM-IAC could generate a database of workers removed from noisy job environments. This could be compared to the Hearing Conservation Data Registry to enable researchers to construct a predictive nomogram that would help forecast when an individual might lose hearing function and therefore be compensable.

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Health care data collection and documentation of both illnesses and injuries are disparate throughout the Air Force; there is no uniform or standard form even from one major command to another. The PRHISM-IAC could assist the Aeromedical Services Information Management System (ASIMS) programmer/managers attempts to standardize data-capture. Managers of the Air Force health care programs could then manipulate the data and identify, for instance, those injury-prone individuals who might most benefit from tutorials, reeducation, or retraining. This type of intervention training might well preclude further illness or future occurrences of specific accidents and injuries (e.g., for lower back injury use of ergonomics or lifting training). The PRHISM-IAC could analyze, recommend and produce standardized forms or formats for specific type of illnesses and injuries.

Another potential service could be to analyze laboratory and pharmacy data: for instance, positive cultures and prescribed medications. The PRHISM-IAC could track several diseases to help determine if the correct and most efficacious medications are being prescribed. These studies might lead to more effective prevention of illness and disease. A potential secondary financial benefit might develop if it was determined which drugs could be identified as high cost compared to utility and which health care providers are prescribing them most often for DOD patients. Similar research could be done on CHAMPUS data bases if managers wanted to determine possible ways to reduce costs.

4.5.10 Wilford Hall Medical Center (Preventive Medicine, Epidemiology, and Occupational Medicine), Lackland AFB, TX

For basic trainees and all officer accessions except Air Force Academy and ROTC graduates, all medical records originate at ATC (Lackland). These records include the results of induction physical examinations, dental records, and complete personal and medical histories. Currently, these data are hand generated; none is automated and no database entries are created. It would be very useful if the Air Force could capture these data and generate population studies so that these individuals could be followed over time. This is similar to the approach used by the US Navy. Further, with enough data, the PRHISM-IAC could generate predictive studies, such as where, when, and to whom medical incidents will most likely occur, or what specific medical problem is costing the Air Force the most in terms of both money and time lost on the job. Specific test results could be examined to perhaps more reliably predict which individuals will (or will not) successfully complete basic training.

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Currently there is a local Lotus file (frequency distribution/histogram) of these data. However, it is new (only six months old) and is not a relational database but purely descriptive, with no names or social security numbers attached to the data. A comprehensive database that could predict retention/attrition of the many groups of accessions based on the documented medical conditions individuals exhibit upon accession and separation from the service would be very useful to manpower/recruitment strategic planning

It is not intended that the PRHISM-IAC collect and maintain data itself. Rather, the PRHISM-IAC will gain access to many external databases, and so create a database of databases for special analyses. The preventive medicine group we talked to at Wilford Hall saw a real need for the PRHISM-IAC to obtain baseline data, such as the incidence of smoking, hepatitis, and other diseases in officer trainees and other young recruits, as well as in the general American population. (The same outside incidence/baseline data would be very valuable for cancer clusters, drug and alcohol use, stress disorders, and AIDS.) Using such data Air Force scientists and health care providers could determine the success of interventions (e.g., the relative effectiveness of the nicotine patch vs. gum vs. no treatment at all in the smoking cessation program). This group at Wilford Hall wanted the PRHISM-IAC to collect data and establish the baseline. Once health care providers have executed an intervention, the PRHISM-IAC could analyze the results and determine if the treatment was effective.

Before deployment (e.g., to Saudi Arabia, Somalia, Kenya) Air Force physicians need to know the disease entities that active duty members and their families (if accompanied) should be protected against. The Armed Forces Medical Intelligence Center (AFMIC) at Ft Detrick, MD maintains much of these data and it is always readily available to Air Force health care providers. However, regardless of AFMIC's success, an ancillary function of the PRHISM-IAC could be to assist/augment the capture and distribution of required medical data during times of troop deployment. Additionally, the TRAVAX database which suggests needed vaccinations and prophylaxes for movement to any part of the world, including endemic medical problems within the United States (e.g., plague in New Mexico, rabies on the east coast, tick borne diseases in the northern tier) could be very useful to base level medical personnel. The PRHISM-IAC should be a subscriber to this information and then provide it to any requester.

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Each Major Command in the Air Force has a database of rated personnel who have required any type of medical waiver to continue flying. However, data capture has always been MAJCOM-unique, so that the individual Command database managers cannot communicate with each other. An important function of the future PRHISM-IAC could be to standardize these individual databases so they could be integrated into a meaningful and useful data repository and statistical resource. This was also identified as an interest by ATC/SG (see above).

4.5.11 HQ ACC

Personnel at Air Combat Command Surgeon General's office (ACC/SG) were also interested in data on the effects of granting medical waivers to flyers, i.e., what were the medium and long term effects. This resulted from concern over air crashes or less severe aircraft incidents, but would also involve interest in the effects of the cause of the waivers on other aspects of their life. Did they have an earlier incidence of death from the disease for which they were given a waiver? What was their general life expectancy? This data is not readily available but could be partially "built" from existing databases.

They also expressed an interest in an ophthalmology study group. Now that pilots have been given waivers to fly using contact lenses, what effects are being seen? They thought there was an Air Force wide data base initiated to collect data on the effect of aircrew wearing soft contact lenses. They also were interested in a plan to establish a data base of eye correction prescriptions for both soft contact lens and spectacles for deployed personnel. (This was also mentioned by personnel from AL/AOC.)

Medical intelligence was another concern of the ACC/SG team, but they felt they were getting sufficient support from Armed Forces Medical Intelligence Center. They were interested in such things as thermal burden and effect on performance in aircrew wearing protective life support ensembles as a result of deployment to hostile weather environments such as the Desert Storm operations.

Health promotion was also a big concern. They felt that standardization was necessary. Such issues as smoking cessation, weight control, blood pressure, etc are all managed locally based on the best

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intentions of the local health promotions monitor. There was concern that they might not be using the best type of training. They would like to see a standard Health Risk Appraisal adopted by the USAF.

The ACC/SG personnel would like to see more informational reports from the data collected by Armstrong Laboratory. A specific mention was made regarding the Occupational Illness Disease Registry (OIDR) maintained by the Armstrong Laboratory's Occupational Medicine Division (AL/OEM). (This generic interest in more knowledge about the status of USAF work force is the type of thing that might be managed with a newsletter or periodic special reports on subjects of universal interest to the military medical community.)

Cockpit Resource Management and aircrew attention and awareness management were also concerns of ACC/SG personnel. This issue is discussed further in Section 5.

4.5.12 AFMOA

The personnel we met with in the Air Force Surgeon General's office had several support requirements that mirrored much of what we had previously learned from other interviews and questionnaire responses. However, as they have responsibility for managing specific programs, their interests are even more key to the establishment of the PRHISM-IAC. The following were some specific (and different) requirements that were discussed.

4.5.12.1 The Associate Chief for Bioenvironmental Engineering was interested in support for developing policy positions. Specifically he displayed an interest in having the PRHISM-IAC take a lead in developing new AFOSH standards. He suggested this could be done by having the PRHISM-IAC host a "Tiger Team" of Air Force subject experts who would develop draft standards that the PRHISM-IAC personnel could coordinate and complete for subsequent Air Force approval. There was also an interest expressed in having the PRHISM-IAC staff be responsible for monitoring the Federal Register to identify any federal actions that could affect Air Force programs.

4.5.12.2 We met with the Chief of the Health Promotion Program in the USAF Surgeon General's Office (HQ AFMOA/SGPZ) to determine what their requirements were. One of their biggest

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concerns was with the data requirements to answer the survey questions posed by the Healthy People 2000. The Air Force does not have the information to establish the base line to show improvements.

They also want quality of life information. As of the time of our interview with them, they did not have official Air Force backing for a standardized Health Risk Assessment. (We did find that many commands are currently using the Carter Center Health Risk Assessment version.)

4.5.13 HQ AFMC

Since the Armstrong Laboratory is a component organization under the Air Force Materiel Command (AFMC), we met with AFMC personnel early in the feasibility study.

4.5.13.1 HQ AFMC/SG personnel realize the usefulness and importance of a centralized information management center such as the PRHISM-IAC. Although they were aware of the many requirements that existed for such a facility, their intimate knowledge of the severe medical funding problems in the Air Force made them very pessimistic about any chance for funding such a new program. They felt this to be particularly true since non-medical personnel will likely be the final approval authority for the PRHISM-IAC. However, they expressed the opinion that the PRHISM-IAC, if established, would have to consider the epidemiology of the entire DOD workforce, not just aviators and maintenance personnel.

4.5.13.2 HQ AFMC/ST expressed a positive reaction to the possibility of establishing a PRHISM-IAC. As they are responsible for research and development in the Air Force, they were aware of the benefits of establishing an organization capable of acting as a clearinghouse for preventive medicine and other related data and information.

4.5.14 Human Systems Program Office, Brooks AFB TX

Personnel at the Human Systems Program Office (HSC/YA) were interested in human tolerance issues in general. One of their specific interests was in areas such as Disease Non-Battle Illness (DNBI). They would like to be able to simulate or model the expected rate of DNBI for future conflicts. They need this type of data to assist Air Force Surgeon General personnel in strategic planning.

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They also expressed an interest in the correlation of live fire testing at equipment on the personnel who would be eventually be involved with that equipment. This would also help them predict human injury effects.

4.5.15 American Health Information Management Association, Ann Arbor, MI

Under the broad heading of the American Health Information Management Association (AHIMA) are several organizations or subsidiaries that are involved in the collection, maintenance, and management of civilian health care data. Oversight of these functions is evidently vested in the Commission on Professional and Hospital Activities (CPHA), a not-for-profit organization sponsored by the American College of Surgeons and the American Hospital Association. Health Care Investment Analysis (HCIA) is an investment firm that directs the business portion of CPHA. Collectively, HCIA and CPHA manage the collection and retention of most of the hospital medical data and civilian patient records in the United States, Canada, and Great Britain.

CPHA maintains huge databanks of both inpatient and outpatient civilian health care data. In essence, they capture 100% of all public (Medicare) data from all patients in all U.S. hospitals. CPHA also analyzes the quality and management of health care, and compares laboratory tests and diagnostic procedures to determine cost and effectiveness parameters. Like the Defense Manpower Data Center, CPHA receives very detailed reports to include the eight Diagnostic Reporting Group codes as well as the International Classification of Disease codes to categorize their illnesses and diseases. In addition, CPHA receives ICD codes (hierarchical 12-digit codes) which detail the services received by each patient, categorized by hospital. This enables CPHA to perform comparative analyses, by disease type, for each medical service.

The largest database CPHA maintains is the Professional Activities Study (PAS) databank which is based on discharge abstracts from each hospital across the nation. This database is also used to perform projections of disease outbreaks.

CPHA protects the confidentiality of both the doctor and the hospital where care is provided, as well as safeguarding patient identity and patient data (both demographic and medical data).

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According to the Vice President for Business Development of HCIA, it should be a fairly simple process for the PRHISM-IAC to gain access to all of the databanks maintained by these various organizations.

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5.0 PRHISM-IAC SOLUTIONS

"The significant problems we face cannot be solved at the same level of thinking we were at when we created them"

5.1 PRHISM-IAC APPLICATIONS

There have been many application areas that have been identified by our interviews with personnel and the responses to our questionnaires. It is already obvious that not all these needs can be met. They cannot be met because of the magnitude of the requirements in a time of declining resources plus in several cases the data needed to satisfy the requirements don't exist. This lack of data has been one salient finding of our feasibility study. The USAF medical community does not maintain universal computerized medical information on all its personnel. However, there is still a great deal of information available from many sources within the USAF medical community. It is this diversity of sources and formats which makes an organization such as the PRHISM-IAC truly necessary.

Helping to advocate for and develop unique databases is one of the primary mandates of the PRHISM-IAC as we view it. However, the collection of data and maintenance of ongoing databases will always remain with the responsible organization. The PRHISM-IAC will primarily use existing data sets. It is not in the best long term interests of the Air Force preventive medicine community to have the PRHISM-IAC become the primary data repository. We are concerned that if the PRHISM-IAC has primary responsibility for maintaining many diverse databases for the Air Force that it will rapidly have all its resources dedicated to supporting those databases. It would then no longer be able to provide other IAC support functions.

The following are some potential solutions the PRHISM-IAC might employ to address some concerns we heard from our interviews and from the questionnaires we reviewed.

5.1.1 Health Promotion/Disease Prevention/Health Status Info

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One of the prime concerns under the general heading of Health Promotion is gathering data to support the Healthy People 2000 program. To truly comply with the intent of this program it is necessary to have baseline data on Air Force personnel for many areas such as smoking cessation, blood pressure control, weight control etc. Unfortunately, there is not a readily available database that can be queried to provide this type of data on all Air Force personnel. There is some limited data available from some of the Major Commands that have conducted Health Risk Assessments. This data could be augmented with data that is available from the Navy and the Army. As mentioned in Section 4, the Navy has complete medical records on all seaman. The Army has conducted Health Risk Appraisals for several years. This data could also be queried. The combination of the Navy and Army data on a similarly situated population could provide very solid estimates on the status of Air Force personnel. However, we feel there is a strong need to develop an Air Force Health Risk Assessment program.

5.1.1.1 The Air Force Health Risk Appraisal Survey

As mentioned previously, there is no Air Force Health Risk Appraisal System. However, there are a variety of Health Risk Appraisal Surveys being used by the different Major Commands. The PRHISM-IAC could analyze these, decide which one was superior, and recommend to the Surgeon General that only this one survey form be used Air Force wide.

If this is not done, there is an alternative method of acquiring similar data. The Human Resources Directorate of the Armstrong Laboratory at Brooks AFB receives all Air Force Military Personnel Center (MPC) quarterly data updates. This non-medical demographic data could conceivably be combined with physical conditioning test data and health survey data (filled out each time an individual is seen at a medical treatment facility) and so generate a composite event structured chronological file on each Air Force member. Besides being available to health care providers, these files would create a data infrastructure to allow evaluation of preventive medicine initiatives. Further, should the PRHISM-IAC be tasked to perform a surveillance function, these files could provide annual trend-lines of disease entities.

5.1.1.2 Other Health Information

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In order to prioritize the commitment of funding it is necessary for the Air Force Surgeon General to know what are the most prevalent disease conditions in the USAF population. It would also be useful to know what are the most costly treatment routines and some effectiveness measures or validations of interventions.

An example of intervention question would be smoking cessation treatments such as nicotine gum vs patch - which works better? Other questions might be how much fitness is good. What is the point at which there are decreasing benefits or even penalties to health from vigorous fitness routines? A related question of great interest to the Air Force community is how reliable or effective is cycle ergometry?

There is data available to at least partially answer all of these questions.

5.1.2 Epidemiology

Armstrong Laboratory has been active in epidemiology for many years. Although there are existing requirements such as disease tracking and surveillance that are being met, we think the PRHISM-IAC can help bring in a true population perspective by assisting in the access and analysis of other databases in addition to what Air Force epidemiologists normally consult.

5.1.3 Public Health

We did not get many questions that were specifically within the public health arena. The concerns that were expressed dealt with food safety, inspection and sanitation. Again the PRHISM-IAC will have the capability and knowledge base to be able to tap into different sources of data from those routinely consulted by Air Force practitioners.

5.1.4 Occupational Medicine

In the area of occupational medicine there are several new capabilities that the PRHISM-IAC can provide to the using community. The PRHISM-IAC will be able to access a great deal more data on

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exposure information and provide comparisons of the effected population with relevant "normal" population data.

It can also provide additional sources of information to support requirements for improved ergonomics capabilities to protect Air Force workers. Similarly the PRHISM-IAC can act as the host facility for Air Force Tiger Teams to write AFOSH standards.

5.1.5 Clinical Preventive Medicine

There are many sources of information that can be accessed by the PRHISM-IAC to assist in the area of clinical care such as the validation of intervention strategies by tracking case histories and treatments. This would help improve the practice of Clinical Preventive Medicine.

The concept presented by personnel at the Kelly AFB Clinic to track pharmacy prescriptions and determine what type of treatment is being prescribed for certain complaints vs effectiveness is an ideal task for the PRHISM-IAC.

5.1.6 Operational/Deployment Medicine & Medical Intelligence

Operational or Deployment Medicine is a topic that came up repeatedly as we reviewed questionnaire results and talked to various Air Force personnel. There is always a need for rapid and reliable information on potential medical problems at potential/real deployment sites. We understand that there are often small teams sent into countries on very short notice. Occasionally they have no time to prepare regarding medical concerns. A very rapid response group like the PRHISM-IAC could very well serve this requirement for them.

Deployment medicine is also concerned with incidents such as non-aircrew heat and cold injuries. Medical support personnel need to know the likelihood of treating everything from athletic injuries to heat stress from desert exposure. An ideal task for the PRHISM-IAC would be to coordinate the medical lessons learned from the recent deployments to Panama, Operation Desert Storm and Somalia.

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There is also always the need for generic medical information for travel both within CONUS as well as to other frequently visited overseas locations. Although this data is available from several sources the PRHISM-IAC could be a one stop shop for such routine inquiries.

5.1.7 Research Support

We think that research support for Armstrong Laboratory should be one of the strong justifications for the PRHISM-IAC. Although there has been excellent quality research performed by the component organizations of Armstrong Laboratory for many years, the availability of an experienced medical information team within the PRHISM-IAC can only aid in the continuation of this quality work. Some tasks that the PRHISM-IAC could perform are:

- Find, access and interpret information from multiple sources.
- Design and initiate databases for special uses.
- Review/suggest improvements to existing databases.
- Centralized flight waiver information access and analysis.
- Prospective studies of new recruits cohorts.
- Archiving/Interpretation/Evaluation of HSC Data in:
 - Occupation Illness Disease Register (OIDR)
 - Flight Medicine data (FLYREC)
 - Hearing Conservation Data Registry (HCDR)
 - Communicable Disease Surveillance

5.1.8 Updates on New Developments

Another standard service of the PRHISM-IAC should be to keep the client community aware of the latest preventive medicine developments. This could be done by a periodic newsletter, by special focused studies and by sponsoring symposia. If PRHISM-IAC personnel monitor scientific and medical journals they could relay the latest information to the USAF preventive medicine field.

A related type of support would be for PRHISM-IAC personnel to review the Federal Register. They could then provide early indication of activities that might affect the Air Force Aerospace Medicine Program.

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5.1.9 Database on Information

The PRHISM-IAC would maintain a database of databases to help core staff and other researchers locate sources of information. The PRHISM-IAC would also maintain a listing and actual copies of technical reports, consultative reports, and other "fugitive" or grey literature that is often very difficult to locate, but very valuable to researchers and practitioners.

5.1.10 Cockpit Resource Management

Although medical concerns regarding flight personnel is only a small part of Cockpit Resources Management programs, the PRHISM-IAC could help in gathering data on historical experiences as well as validating the results of new procedures.

5.2 RELATED APPLICATIONS

There is a very close relationship to what is historically described as preventive medicine, public health, sanitary engineering and the disciplines that come under the heading of environmental sciences. Improvements in environmental quality are key to general preventive health and industrial hygiene is a key part of protecting the health of the worker. We feel it is important to discuss aspects of environmental science and related information analysis requirements. The rapid expansion of requirements and programs suggests that the Air Force should develop a total plan for informational analysis requirements within its environmental programs. This total plan should address all the issues contained in the term "*environment*".

5.2.1 Environmental Quality

There must usually be a consideration of semantics necessary when defining what "*Environmental Quality*" is. However, no matter how it is defined, protection of health is often the driving force behind many of today's environmental quality programs throughout DOD. The Air Force community often refers to ESOH for Environmental, Safety and Occupational Health.

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We recommend use of the following general definitions in developing usable communications: 1) occupation health should cover the influence of the work place on the health of workers; 2) environmental health should cover the influence of the non-work place environment on health of Air Force personnel and people impacted by Air Force operations; and 3) occupational safety should cover the physical attributes of the work or living place that influence accident and injury potential. Furthermore, we feel that Preventive Medicine spans the concerns of all these disciplines!

Our preliminary assessment is that although there are many Air Force or tri-service ESOH databases or related programs, they are not very well publicized or documented. Our experience shows that within the ESOH user community, a fundamental documentation process for research, development and acquisition of databases is not well accepted and the process is not formalized. While preliminary assessment suggests that there will be extensive data requirements in the ESOH area, the process of reviewing and documenting needs and requirements would help focus the exploratory and prototype development activities of HSC. More important, there will be a definite requirement for linkages to be set up by which other environmental databases programs are continuously evaluated for their impact on the PRHISM-IAC.

5.2.2 Environmental Quality Information Analysis Center (EQIAC)

The Air Force Civil Engineering Service Agency (AFCESA) has maintained a nascent Environmental Quality Information Analysis Center (EQIAC) for the past two years. However, now that the "Environics Laboratory" has become a directorate under the Armstrong Laboratory, the EQIAC has essentially been dissolved with the intention of recreating it within the Human System Center (HSC) at Brooks AFB TX. It will be very important to maintain communications with the responsible personnel within HSC as the EQIAC develops.

5.2.3 PRO-AC

The Air Force Center for Environmental Excellence has initiated their own information analysis center - PRO-AC. Although this IAC has just been initiated, they are already receiving calls from the field. Their primary customers are within the Air Force Civil Engineering Community, and most of

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their questions have to do with the Installation Restoration Program. However, they are receiving calls that would more reasonably be handled by one of the directorates of the Armstrong Laboratory.

Our initial assessment from our investigations within the USAF and DOD preventive health arena is that the primary potential users in the ESOH arena are not very familiar with the existing data bases or standardized requirements typical for new systems development. If this assumption is true, there are two key recommendations for development of the functional PRHISM-IAC that can interact with other such services. First, the plan for the PRHISM-IAC should review the adequacy of the existing data resources programs within the environmental arena as they relate to health issues between important users and researchers and make improvement recommendations. Second, during the entire process of developing the prototype PRHISM-IAC, potential new environmental information requirements should be documented for subsequent validation.

5.2.4 Safety Center

There is a great deal of important information of vital interest to the medical community that is currently collected and maintained by the Air Force Safety Center Agency at Norton AFB CA. The PRHISM-IAC, acting as an honest broker between the medical community and the safety community could provide a very valuable service to both groups.

In the interest of mishap prevention, the Safety Center collects air, ground and nuclear mishap information in great detail and stores it in a main-frame computer. The Safety Center makes this data available to organizations involved in the prevention of mishaps and the injuries and fatalities resulting from these.

Through the years personnel from the Life Sciences Division have also conducted numerous studies and analyses of many of these mishaps and published them. These reports are also available to organizations involved in enhancing safety and mishap prevention.

5.2.5 PEGASUS Bulletin Board

The Occupational Health Branch of the Occupation and Health Directorate of the Armstrong Laboratory (AL/OE) currently runs an electronic bulletin board. This bulletin board, called

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PEGASUS, is used primarily by the USAF industrial hygiene and public health community. However, this service was intended for the use of all members of the Aerospace Medicine Program. This service has been offered for approximately four years, although not continuously during that time. It currently has been upgraded to two 486 computers running *Wildcat* software and has approximately 200 regular users.

The community serviced by the PEGASUS bulletin board is very similar to that envisioned for the PRHISM-IAC. It is very important that a high degree of communication is maintained between the operators of the PRHISM-IAC and the PEGASUS bulletin board. At this time the managers of the PEGASUS bulletin board have created a "conference" for communication among people involved in the development of the PRHISM-IAC. This conference is accessible by any person allowed access by the PEGASUS system operators and it is maintained by PRHISM-IAC feasibility staff of Battelle Memorial Institute at this time.

5.3 POTENTIAL CONSTRAINTS

It appears to us that there are potentially many constraints that will impact the development of the prototype PRHISM-IAC or impact the products derived from it. It is important to document perceived constraints and issues associated with the requirements review, program assessment and investment strategy recommendations that are the key portions of this effort. Part of the prototype PRHISM-IAC will be to identify constraints that could affect implementation of the recommendations:

- Conflicts with different organizational policies, guidelines or existing standards.
- Technical or management constraints such as the requirement to modify an existing database so it can be useful to PRHISM-IAC researchers.
- Public concern is a continuous issue and the public may or may not consider a valid solution to be reasonable.

In developing the plan, there are many constraints that could degrade the final products.

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- There are organizational politics involved related to interagency, triservice, internal Air Force and HSC roles and missions.
- We perceive that many "users" have near-term perspective and minimize the value of the requirements process and subsequent research based solutions. Resources for implementation of RD&A, training and consultation services are scarce.

5.4 PROVIDE ACCESS TO HSC AND AL

A historical concern of Human Systems Center management personnel is the effect of potential clients of trying to get to the right expert to get the support they need. One service the PRHISM-IAC could perform is to direct queries to the right Air Force or DOD organization and follow up to be sure that the inquirer got the information they needed.

The PRHISM-IAC could also serve as broker for the Armstrong Laboratory by providing access to data owned/collected by USAF to other researchers. There is much very useful information within the current data repositories of the Human Systems Center that is not readily available or even known about by outside organizations.

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6.0 DESIGN AND FUNCTION OF THE PRHISM-IAC

"For every complex problem there is a simple direct solution...and it is invariably wrong"

6.1 Major Objectives

Central to the effective implementation of the principles behind the concept of a prevention and health intervention strategies management information analysis center is the availability of validated field studies and medical research information. It is one, if not **THE** primary objective of the PRHISM-IAC to provide Air Force health care professionals with access to a comprehensive data system that can be used for health promotion evaluation, epidemiologic research, disease surveillance, and assessment of other medically-related operational and research issues. The PRHISM-IAC must increase the availability of summarized data to respond to operational, research, health promotion, and clinical care needs of the Air Force Medical Service. One immediate Air Force requirement that is inherently a part of these objectives of the PRHISM-IAC is assistance in defining what information is needed for, and monitoring progress toward accomplishment of, the Health Promotion 2000 objectives. We suggest that fielding of an Air Force-wide Health Risk Appraisal would greatly facilitate this effort. Data so obtained could be archived and analyzed by the PRHISM-IAC.

All of the above general and specific data and information resources could be made available to approved users via an electronic network to address specific concerns and health issues in a timely interactive manner. Building on primarily pre-existing databases, the PRHISM-IAC could provide an immediate, information-based approach for addressing Air Force health, health promotion, medical effectiveness issues, and intervention strategies. These areas could be further broadened to include:

- Lifestyle issues: weight control, nutrition awareness, physical fitness and stress management, smoking cessation, and drug and alcohol awareness and prevention.
- Occupational health: work exposures, safety and injury prevention, low back pain and low back injury prevention and treatment, and cumulative trauma and ergonomics.

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- Medical parameters: high blood pressure, elevated cholesterol, heart disease, blood donor status and vaccination status.
- Other factors that could help set baseline and time-trend information for compliance with and evaluation of progress toward the attainment of Health Promotion 2000 fitness goals and objectives.

The PRHISM-IAC can also assist program and policy offices design and initiate new databases for the USAF medical and operations community. This will assure that new databases are established in such a way so they can be easily accessed by the PRHISM-IAC and other users. It will also help assure that the right data is captured and that the data will intermesh with other related databases.

6.2 Technical Approach

The PRHISM-IAC must build upon the currently available data files already maintained at the Air Force Medical Support Agency (AFMSA), the Defense Manpower Data Center (DMDC), the Armstrong Laboratory and others as discussed in the *Personal Interviews* section (4.5) of this report. A wealth of medical, sociologic, operational and demographic data sources exist.

The PRHISM-IAC can increase the availability and expand the interactive capabilities of these various data sources. The PRHISM-IAC can provide ready access to medical and health-related information to provide either baseline data or mature analyses for assessment of interventions designed to enhance the health and readiness of Air Force forces worldwide.

6.3 Design and Functional Description of PRHISM-IAC

As previously stated, the primary mission of an Information Analysis Center (IAC) is to provide answers to questions and inquiries from the user community and access state-of-the-art technical information specific to the user community it serves. Within the DOD, the IACs are managed under the Defense Technical Information Center (DTIC) which reports to the Office of the Secretary of Defense (OSD) DDR&E. The IACs expand information gathering capabilities for DTIC and they provide a conduit for DTIC products and services. Although not all IACs are DTIC funded, all have similar functional capabilities. IAC's provide a resource for a community of information users in

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specialized technology areas. As mentioned in Section Two, there are presently over 20 contractor-operated IACs. They are basically similar in operation but dissimilar in subject matter. The concepts behind these existing IACs will be used to design the PRHISM-IAC.

The IAC concept introduces a new tool for the preventive medicine researcher, operational commander, and manager of health programs - access to current information about specific defined populations. The PRHISM-IAC staff must have an in-depth understanding of medical database management and the capability to access military and civilian health organizations information sources. The PRHISM-IAC will research the decision making process concerning Air Force medical priorities and the impact intervention initiatives have on the health status of military personnel.

6.3.1 Functional Description:

The critical function of any IAC is to effectively access available information and provide meaningful analyses and query responses that support the needs of the user community. This requires staff qualified in the technical field and the proper tools to provide timely and accurate information when requested. Figure 6-1 illustrates the suggested PRHISM-IAC interface with the user community, database providers, DTIC and USAF management, other IACs and the Civilian Health Community. In a typical IAC, a request for information is administered using the "user inquiry" process shown in figure 6-2. All inquiries are tracked to insure timely completion and quality control.

In order for the PRHISM-IAC to provide such services and others to the user community, access to relevant data is required. This may be in the form of libraries of references and reports, worldwide on-line information services including bibliographic/numeric databases, regional and national libraries and information centers including DTIC, NTIS, NASA, and/or access to experts in the specialty field. Information Processing and Storage/Retrieval Facilities are used in existing IACs and a Collection Maintenance/Distribution System is usually part of any IAC to insure the accessibility of the information.

PRHISM IAC INTERFACES

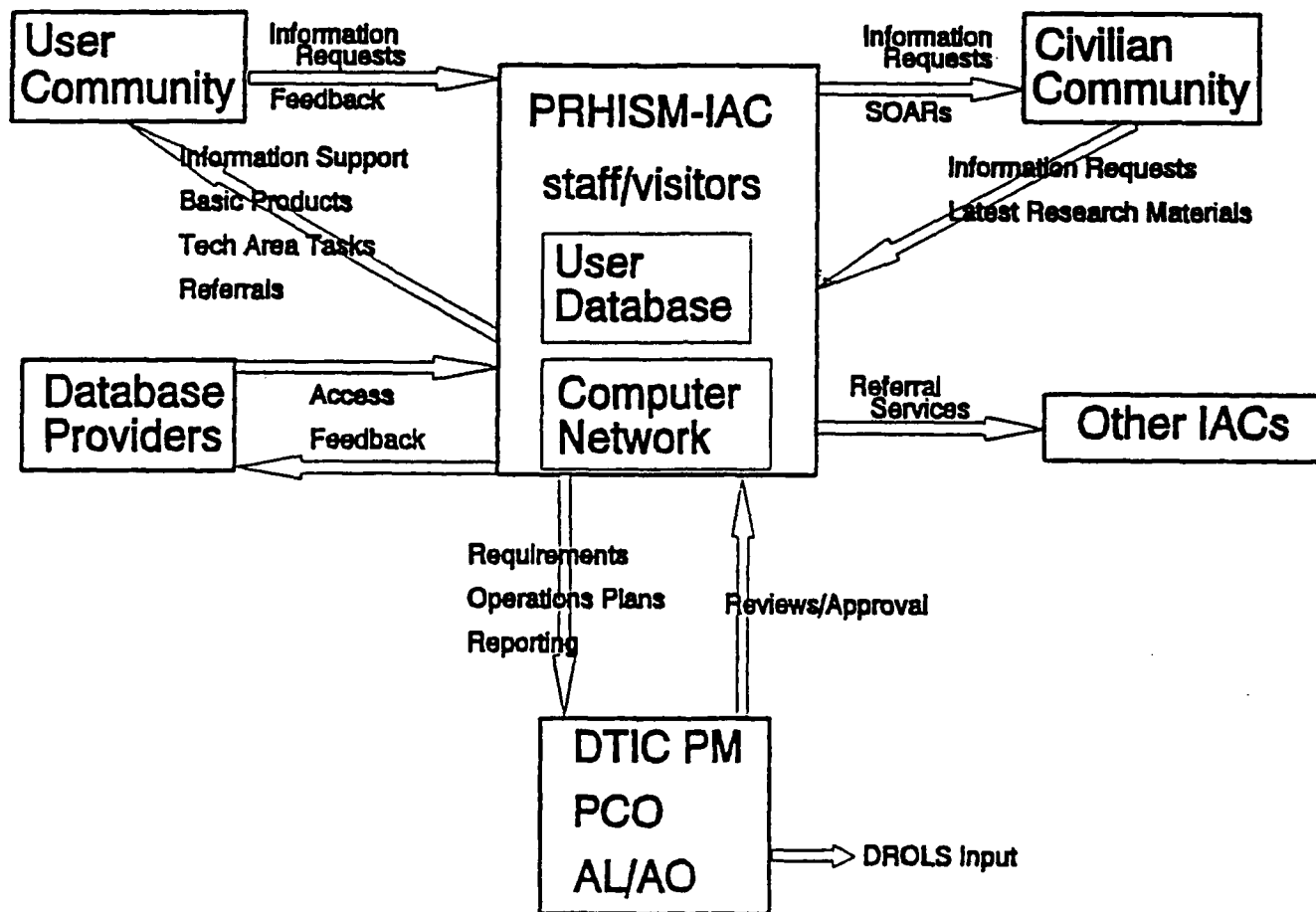
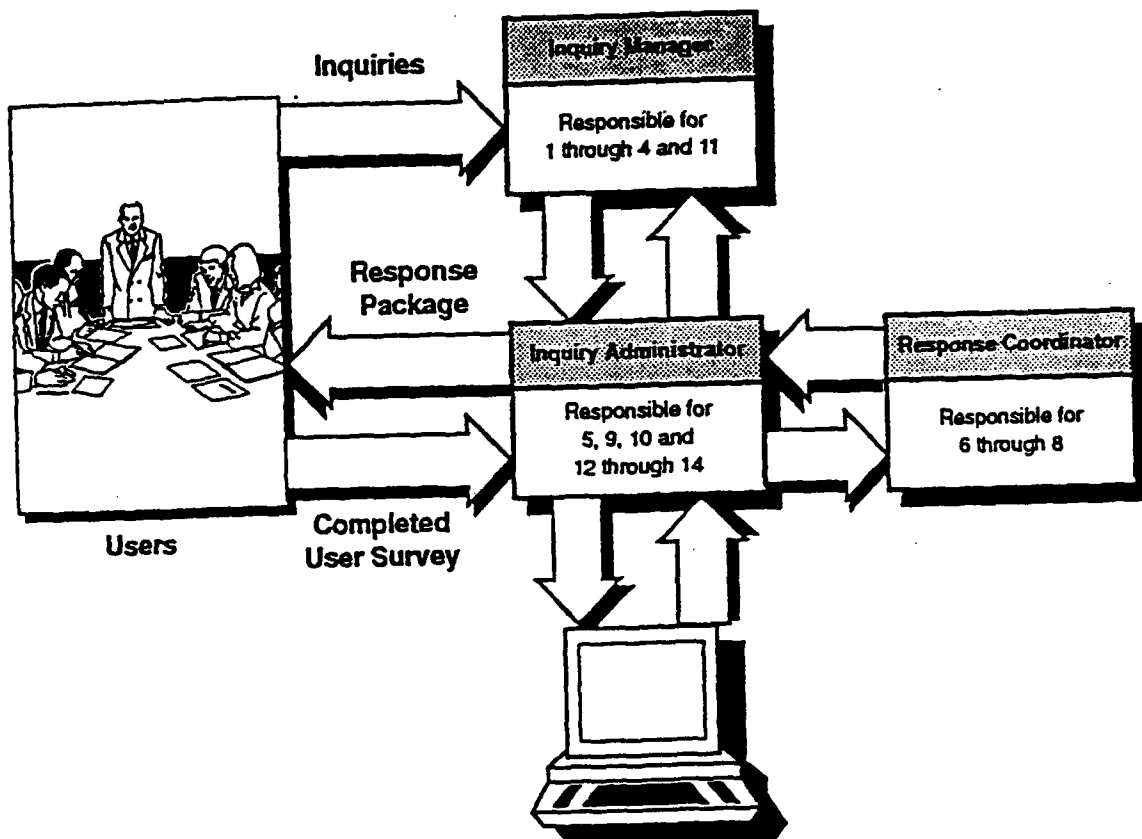


Figure 6-1: PRISM-IAC Interfaces

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Procedures for Responding to User Inquiries	
1.	Define inquiry problem and establish due date
2.	Assign response coordinator
3.	Prepare cost estimate
4.	Initiate tracking record
5.	Enter tracking record in database
6.	Contact user, provide status on inquiry
7.	Prepare response
8.	Complete tracking record
9.	Update tracking record in database
10.	Mail response package to user
11.	Respond to user survey
12.	Enter survey results in database
13.	Generate quarterly report inputs
14.	Handle billing

Figure 6-2: PRHISM-IAC User Inquiry Procedures

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6.3.2 Information repository:

DTIC IACs collect and maintain a limited repository of documents and references. These are usually what can be referred to as "grey" literature. The collections would include government reports which have not been published or listed with DTIC as well as information from many other sources. This service is intended for the use of PRHISM-IAC researchers as well as their user community. IAC's also maintain central listings of all other sources of relevant information. This would include any appropriate databases as well as holders of hard to locate references. This information is used to respond to inquiries, develop products, and perform technical tasks. Information repositories can be multi-media in that the document forms may be paper, digital (computer coded electronic), voice (sound), and/or image (digital, microform, video, paper).

Rapid access to the repository is required to effectively respond to user inquiries in a timely fashion. The repository can also serve as a unique centralized collection of PRHISM information accessible by the user community.

6.3.3 IAC Computer Resources:

Every DTIC IAC uses computer technology to improve information access for staff and the user community. There is a wide range of computer architectures at the existing IACs since no overriding requirement dictates the architecture for a given IAC. The most important role of computer resources is the ability to be a useful tool in accomplishing the IAC mission.

Several computer technologies are currently supported within the other existing IACs:

- a) input tools
- b) storage/retrieval systems
- c) administrative/accounting tools
- d) analysis aids (e.g. statistical software)
- e) communications

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Each of these technologies can provide important labor-saving and quality improvements to PRHISM-IAC functions. Input systems will be required to collect information and data needed to perform PRHISM-IAC special studies and analyses. The storage/retrieval systems will also be key to such studies as will the other analysis aids. As the PRHISM-IAC matures, cataloging of descriptive and bibliographic information will be necessary to a PRHISM-IAC information repository. Imaging systems may also be employed to store an electronic image of the information to minimize storage space and to enhance information retrieval.

We envision the PRHISM-IAC to eventually become a fully functional DTIC sponsored IAC which will require the staff to have access to a wide range of computer resources. We recommend implementation of a network which allows shared access to all computer resources. The major elements of an IAC network include disk access for various applications (i.e., word processing) and file sharing, internal and external database access, document input devices (i.e., scanners, keyboards), document output devices (i.e. printer, fax, e-mail), and work stations uniquely configured for specialized applications (i.e., modeling, database servers). The computer architecture required to support the PRHISM-IAC's communications with the other computer systems and the user community can be as simple as a single terminal attached to a modem or network. A layout of a typical IAC computer system is included in Figure 6-3.

Computerized storage/retrieval systems are the reference engine for an IAC. Most of the database information will be located external to the PRHISM-IAC, however, several internal databases will be used as part of PRHISM-IAC operations. Typically a User/Bibliographic Database is generated by an IAC to provide the staff and user community access to the repository. Several other internal database functions will be part of the PRHISM-IAC functional implementation:

- Technical Literature Database
- Periodicals Database
- Technical Area Tasks Database
- Handbooks Database

Temporary databases which are downloaded for manipulation and analyses, as well as other collections of information, will have to be maintained, at least for some limited period. Structured databases, which will be made up of data records, distilled information, and unstructured or full-text databases, will also have to be located within a PRHISM-IAC information repository.

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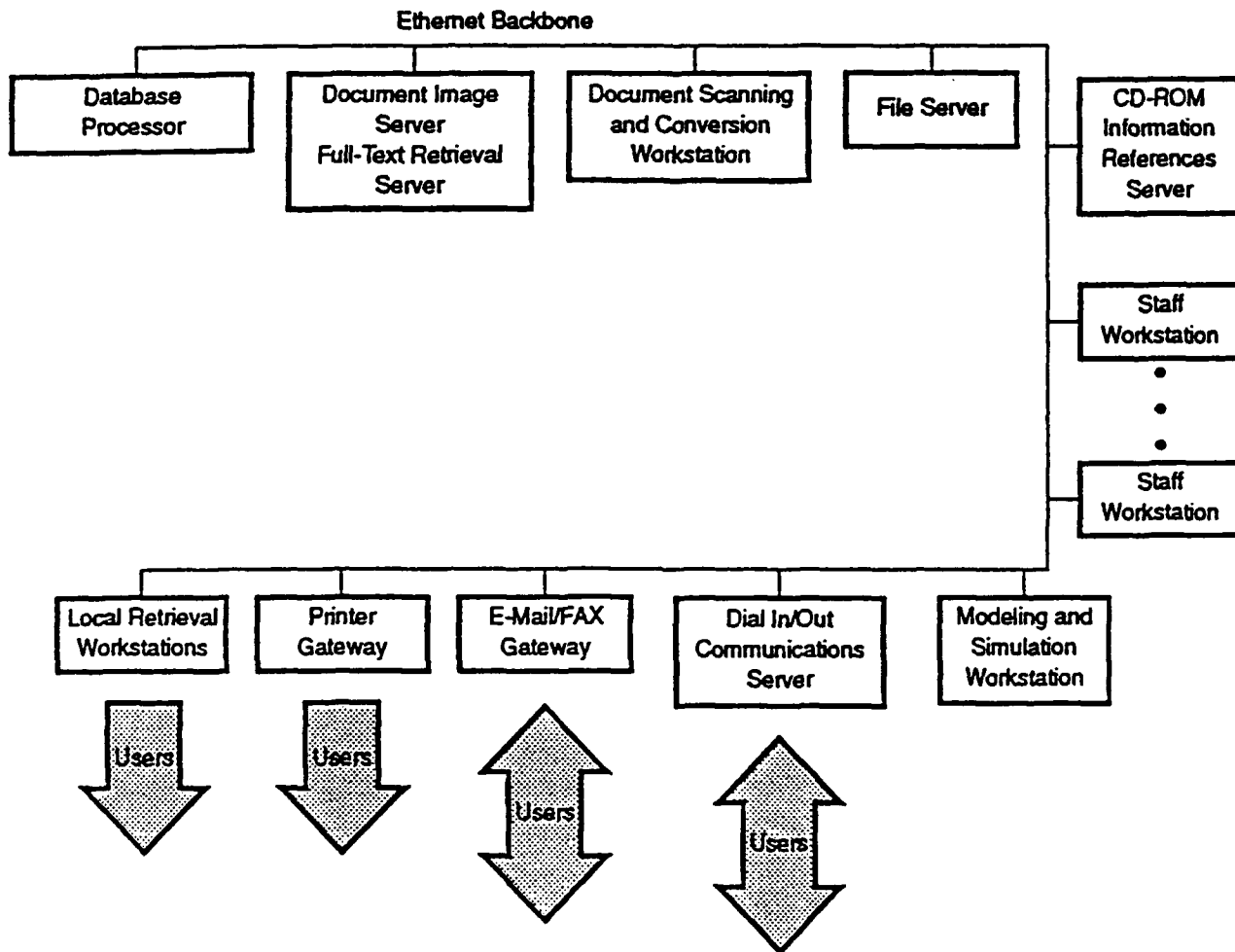


Figure 6-3: Computer System Network Architecture

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6.3.3.1 Specialized Full Text (References) or Numeric (Demographic) Databases

Document image processing can transfer hardcopy information through a value added electronic process to eliminate the need to study high volumes of paper or pictorial data. These systems greatly improve retrieval/access and allow an automated workflow environment since the exact information can be readily shared and transferred in digital form. These systems can provide optical character recognition of the image and store the resulting ASCII text in a full-text database which effectively replaces file cabinets as a storage method. Figure 6-4 illustrates a typical document imaging system.

6.3.3.2 Document Administration

The administration of an IAC includes many of the same functions as the typical library. Not only do the IAC staff need access to IAC materials, but the user community needs to access hardcopy and certain IAC computer resources. Most often document administration is required to track loans, classified transmittals, and the status of document requests from external sources. Many of these functions can be automated by a computer system:

- Inventory/Library Management
- Directory of Online Services
- Mailing list
- Technical/Bibliographic Lessons Learned
- Directory of Experts
- Information Sources
- Service Charge System (fee for products provides income to offset the production cost)

Security procedures for handling classified information and procedures/systems must be developed for access control and distribution limitations for PRHISM-IAC information. Administrative procedures can accommodate authorized access to PRHISM-IAC products and services including specialized databases.

An effective capability to identify and retrieve relevant information is the primary resource needed to respond to PRHISM-IAC user inquiries. The user database must support both relational and full-text retrieval methods to allow effective searching. Tools that improve the ability to retrieve relevant information from multiple data sources (internal and external databases, various on-line systems,

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bulletin boards, etc.) augment the PRHISM-IAC staff and provide the user with improved thoroughness and overall quality of PRHISM-IAC products.

Examples of tools that aid the researcher/analyst include the following:

- Message Automation Processing (SIFT) and parametric retrieval (J-Space) software
- Analyst GUI environment
- Electronic media processing (image to OCR etc)
- Object Oriented Database tools
- Database parsing and validation software
- Statistical analysis tools

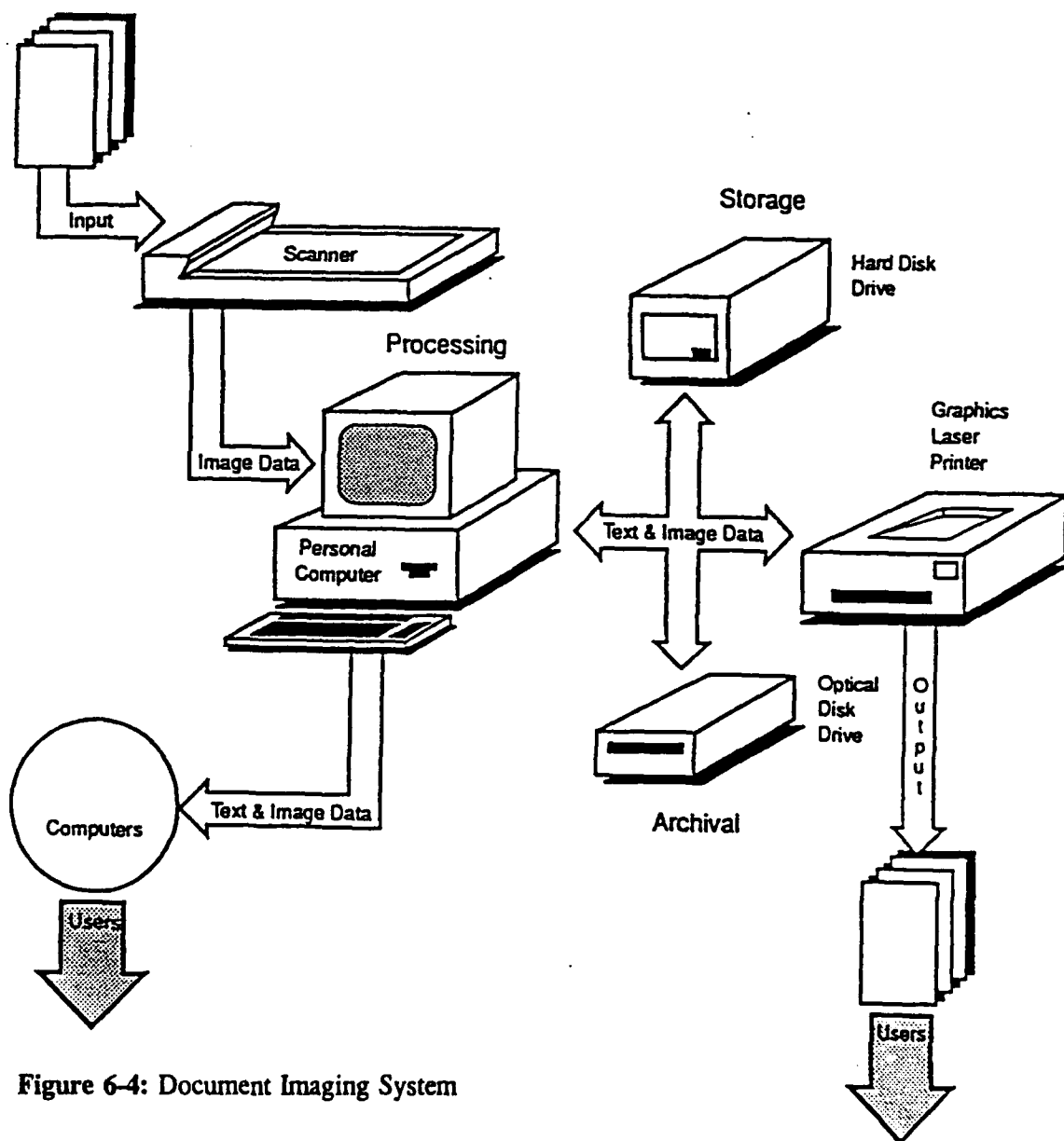


Figure 6-4: Document Imaging System

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Communications will be essential to the function of the PRHISM-IAC and most often in the form of telephone, fax, e-mail and/or mail. However, access to user computer networks via LAN and/or WAN technologies can further improve communications and allow for more effective transfer of technology to the user community and should therefore be mandatory.

6.3.4 IAC Products/Outputs:

IACs provide the staff and services supporting the user community needs. The "core program" responsibilities are similar across all the IACs. The basic services provided by an IAC include:

- Responding to technical inquiries (specialized and/or standard e-mail/letter responses) and/or bibliographic inquiries and on-line query services.
- Providing copies of pertinent documentation, information acquisition/processing/maintenance, newsletters, and/or conference/symposia coordination.

Several information products are generated by IACS ranging from newsletters to on-line databases to in depth research projects. Each IAC is staffed by subject matter experts who are specialists in the IAC's technology area. Other products or services can be unique to the user community and may include quarterly or annual State of the Art Reports (SOARS) on relevant topics. Critical reviews and technical assessments, current awareness reports/trend analyses, handbooks, and information summaries may also be developed which condense the available information into more useful format for the user community.

6.3.5 Promotional Efforts:

The services provided by IACs must be utilized by the user community. These services are advertised via promotional efforts by IAC staff and sponsors. Brochures/flyers are developed and distributed at conferences or by mail, staff provide Information Briefings to prospective users, Conference Displays, Users Manuals, and/or Joint meeting sponsorships are used to insure that the user community is supported by the IAC.

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6.3.6 Technical Area Tasks

Some IACs also provide special study capabilities via Task-Order Contracts so that clients can obtain more comprehensive analyses augmenting the IAC staff with additional resources which may include corporate staff manpower and expertise or laboratories/test facilities. The Technical Area Tasks (TATs) are specialized studies which require more time and manpower than technical inquiries. TATs also enhance the information repository and provides a method to assure staff are working with state-of-the-art information. Generally TATs are funded by the organization requesting services which may be any Government or Civilian Agency. Additionally, technical area experts plan/conduct effort according to an IAC Work Plan. These personnel are not required to be located at the PRHISM-IAC.

6.4 Resources Required

The PRHISM-IAC would function best with a mix of government and contractor personnel. One suggested organization structure is outlined in Figure 6-5.

6.4.1 Personnel:

- A. **Contract Oversight Division (Government Personnel)**
 - Technical Director and Chief Scientist (O6/GM-15)
 - Health Policy Specialist and Contract Manager (O4/GM-13)
 - Secretary (GS-5)
 - Secretary/Clerk Typist (GS-4)
- B. **Operations Research Division (Government Personnel)**
 - Operational Research Specialist (GS-13)
 - Demographer (GS-12)
 - Information Sciences Specialist (GS-12)
 - Mathematician/Statistician (GS-12)
 - Epidemiologist (GS-12)
- C. **PRHISM-IAC Support Division (Contract Personnel)**
 - Program Manager/Database Manager
 - Epidemiologist
 - Statistician
 - Database Programmer

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Demographer
Statistical Analyst
Secretary
Data Entry Clerk (3)

PRHISM-IAC ORGANIZATION CHART (Contractor Support Details)

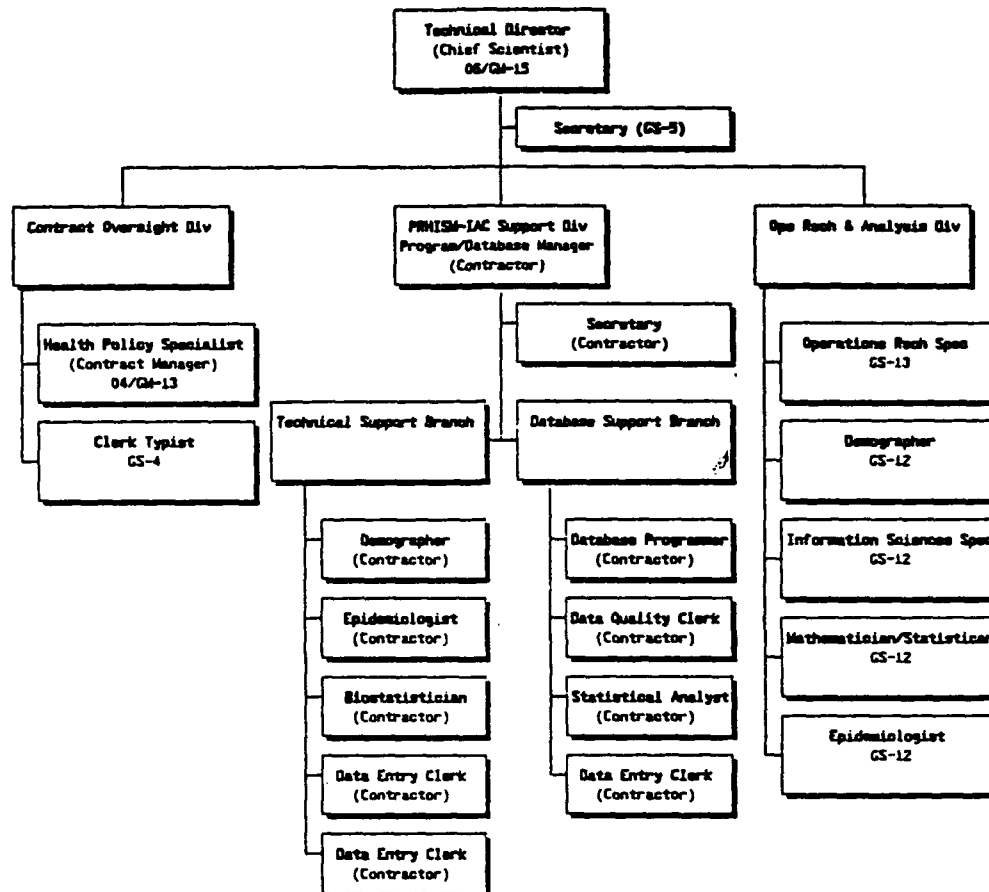


Figure 6-5: PRHISM-IAC Organization Chart

6.4.2 Facilities and Equipment

In order to create a functional PRHISM-IAC along the lines outlined above and housing the staff desired, the following office facilities will be needed.

6.4.2.1 Office Space and Furniture

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Office space for 18 staff member should be contiguous among staff member and identifiable as a dedicated space for PRHISM-IAC.

6.4.2.2 Office Equipment

- Networked intercom and phone system servicing PRHISM-IAC staff:
 - Four rotary incoming numbers.
 - Direct dial long distance.
 - Phone answering machine
 - Dedicated data quality phone line for direct data exchange with other computer centers
- Facsimile machine: Self-answering, multisheet feed with a dedicated phone line
- Copier with auto feed, sort, front and back coping capability.
- Scanner: High speed with multipage feed.

6.4.2.3 Computer Equipment

- The PRHISM-IAC will need a LAN bridge to Brooks Ethernet backing service by RISC IBM/6000 580 class AIX server etherneted to 486 PC's with Postscript laser printers.
- The RISC server would have the following configuration:
 - 128-256 Megabytes of real memory (RAM)
 - 5-10 spindles of 10-20 Gigabytes of disk storage
 - 1 8mm data tape
 - 1 9 track tape
 - Each "486" (per staff member) with 8 Megabytes RAM, 350 Megabyte hard disk, 33 Mhz cpu, Ethernet card

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- **Software**
 - Workgroup software: word processing, database management, spreadsheet, e-mail, utilities
 - Statistical software: SAS, S-plus
 - SCO-Open desktop UNIX for each 486 PC

- **Desktop Publishing System (Macintosh equivalent)**

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7.0 CONCLUSIONS

"In the land of the blind, the one-eyed man is king"

7.1 There is a documented requirement for prevention and health intervention strategies management information services within the Air Force. This is additionally validated by the strong endorsements obtained during the many interviews we conducted with Air Force, DOD and civilian community medical personnel. Eighty-four percent stated they used such services. Over three-quarters of the respondents to our questionnaires said they could use the services of a PRHISM-IAC to better conduct their business. The DOD IAC concept is an established mechanism to provide these services.

7.2 Our feasibility study pinpointed many specific information requirements that could be readily addressed by the PRHISM-IAC. Several of these result from the immediate Air Force medical service need to develop priorities for the changing post cold war military architecture. Beyond such far reaching requirements, we estimate there will be about 570 "routine" preventive medicine and public health inquiries a year based on the responses to our questionnaire.

7.3 There is strong interest by the potential users in a wide range of preventive medicine information products and services beyond electronic library services. It will need to have the staff, equipment, funding and capability to offer a full range of data access and analyses capabilities to satisfy the wide range of potential clients.

7.4 There was potential commitment expressed to provide funding for PRHISM-IAC special studies at a rate of over half a million dollars a year.

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8.0 RECOMMENDATIONS

"Paradigms for changing times"

8.1 A prototype Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC) should be established within the Armstrong Laboratory. It should be established with a mix of Air Force and contracted personnel. There should also be provisions made to provide matrixed support from a wide variety of HSC personnel to offer comprehensive preventive medicine support to the Air Force user community.

8.2 The Human Systems Center should make every effort to present a unified "front door" to the user community. The current possibility that three separate information analysis centers, the AFCEE's PRO-AC, the potential Environmental Quality Information Analysis Center (EQIAC) and the PRHISM-IAC, may coexist on Brooks AFB must be addressed by HSC management.

8.3 The infrastructure needed to manage the Studies and Analysis functions of the IAC might come from Armstrong Laboratory's Population Research Branch as the Air Force Health Study (Ranch Hand) winds down. The possibility that the PRHISM-IAC might also then become a logical repository manager for the Ranch Hand data must be fully evaluated.

8.4 Electronic communication with the user community could be effectively accomplished using the current capabilities of the Pegasus electronic bulletin board managed by the Occupational Health Branch of the Armstrong Laboratory.

8.5 The PRHISM-IAC might logically incorporate the biostatistics function now being performed by the Air Force Medical Support Agency for the Air Force Surgeon General.

8.6 Some immediate tasks for the PRHISM-IAC might include:

- Gathering and interpreting the data necessary to respond to the Health People 2000 goals.

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- Analyzing the various Health Risk Appraisal Survey forms now being used throughout the Air Force and recommending a standardized form to be used by all Air Force health care providers.
- Establish a centralized aeromedical waiver file for Air Force flight personnel.
- Establish a formal mechanism for the Air Force to track the outcome, in terms of retention/attrition for medical reasons, of rated aviators and technicians.
- Establish a mechanism to validate the efficacy of specific health promotion initiatives.
- Identify the diagnoses and medical procedures that are most expensive; follow-on studies might suggest how the Air Force could lessen expenditures in the most costly areas.
- Investigate rates of occurrence of specific diseases and comparing these rates to the frequency of examination for these diseases. If exam frequency is out of calibration to actual disease occurrence, the PRHISM-IAC could recommend a different examination schedule.
- Analyze laboratory diagnostic and pharmacy usage data to evaluate efficacy of current procedures or determine if different medical or educational interventions might reduce incidence.
- Access and disseminate worldwide preventive medicine, vaccination and prophylaxis recommendations for routine PCS and deployments.

PRHISM-IAC REPORT APPENDICES

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- Appendix A:** DOD Regulation 3200.12-R-2, "Centers for the Analysis of Scientific and Technical Information," January 1985.
- Appendix B:** Mail Survey Questionnaire and Accompanying Materials.
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- Appendix E:** List of Potential Databases for the PRHISM-IAC.
- Appendix F:** List of Potential Information Sources (Journals, Reports, Reviews, Periodicals and other Publications) for the PRHISM-IAC.
- Appendix G:** Questionnaire Respondents Suggested Additions to the Products and Services Offered by the PRHISM-IAC.
- Appendix H:** Questionnaire Respondents Suggested Additions to the Medical Services Available for Access in the PRHISM-IAC
- Appendix I:** Questionnaire Respondents Suggested Additions to the Patient Populations Included in the PRHISM-IAC
- Appendix J:** Questionnaire Respondents Short Term (12 month) and Long Term (1-5 year) Requirements for the PRHISM-IAC
- Appendix K:** Conferences, Symposia, and Meetings the IAC Was Asked to Support
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PRISM-IAC REPORT APPENDICES

APPENDIX A

DOD REGULATION 3200.12-R-12

"CENTERS FOR THE ANALYSIS OF SCIENTIFIC AND TECHNICAL INFORMATION"



DEPARTMENT OF DEFENSE

**CENTERS FOR
ANALYSIS OF SCIENTIFIC
AND
TECHNICAL INFORMATION
REGULATION**

JANUARY 1985

**OFFICE OF THE UNDER SECRETARY OF DEFENSE
FOR RESEARCH AND ENGINEERING**

17 JAN 1985

FOREWORD

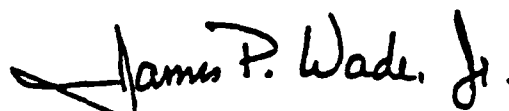
This Regulation is issued under the authority of DoD Directive 3200.12, "Defense Scientific and Technical Information Program," February 15, 1983. It replaces and cancels DoD Instruction 5100.45, "Centers for Analysis of Scientific and Technical Information," July 28, 1964. This Regulation applies to only those centers whose primary purpose is to provide analytical and evaluative support to defense research, development, and acquisition programs and whose basic operating funds are appropriated for research, development, test, and evaluation.

The provisions of this Regulation apply to the Office of the Secretary of Defense, the Military Departments, and the Defense Agencies (hereafter referred to as "DoD Components"). This Regulation prescribes procedures to be followed by all DoD Components in establishing, operating, and administering centers for Analysis of Scientific and Technical Information (hereinafter referred to as Information Analysis Centers) within the framework of the DoD Scientific and Technical Information Program.

This Regulation is effective immediately and is mandatory for use by all DoD Components. Heads of DoD Components may issue supplementary instructions only when necessary to provide for administration of this Regulation within their respective Components. Send recommended changes to the Regulation through channels to:

Director, Research and Laboratory Management
Office of the Deputy Under Secretary of Defense (Research and
Advanced Technology)
The Pentagon, Room 3E114
Washington, D.C. 20301-3081

DoD Components may obtain copies of this Regulation through their own publication channels. Other Federal agencies and the public may obtain copies from the Director, U.S. Naval Publications and Forms Center, 5801 Tabor Avenue, Philadelphia, Pennsylvania 19120.



James P. Wade, Jr.
Acting
Under Secretary for
Research and Engineering

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REFERENCES

- (a) DoD Regulation 5200.1-R, "Information Security Program Regulation," August 1982
- (b) DoD Regulation 5220.22-R, "Industrial Security Regulation," February 1984
- (c) DoD Directive 3200.12, "DoD Scientific and Technical Information Program," February 15, 1983
- (d) DoD Directive 5200.12, "Policy on the Conduct of Meetings Involving Access to Classified Information," September 24, 1984
- (e) DoD Directive 5230.24, "Distribution Statements on Technical Documents," November 20, 1984
- (f) DoD Directive 5200.21, "Dissemination of DoD Technical Information," September 27, 1979
- (g) DoD Directive 5000.19, "Policies for the Management and Control of Information Requirements," March 12, 1976
- (h) DoD Directive 5000.11, "Data Elements and Data Codes Standardization Program," December 7, 1964

DEFINITIONS

1. Analysis. A qualitative or quantitative information evaluation requiring technical knowledge and judgement.
2. Centers for Analysis of Scientific and Technical Information. A formal organization with a primary mission to acquire, digest, analyze, evaluate, synthesize, store, publish, and provide advisory and other user services concerning available worldwide scientific and technical information and engineering data in a clearly defined, specialized field or subject area of significant DoD interest or concern. Information Analysis Centers (IACs) are distinguished from technical information centers and libraries whose functions primarily are concerned with providing reference or access to the documents themselves rather than the information contained in the documents.
3. Data. Any representation such as characters or analog quantities to which meaning may be assigned. Data may be expressed in digital, graphic, electronic, or symbolic form.
4. Scientific and Technical Information (STI). Communicable knowledge or information resulting from or pertaining to conducting and managing Research, Development, Test and Evaluation (RDT&E) efforts. STI is used by administrators, managers, scientists, and engineers engaged in scientific and technological efforts and is the basic intellectual resource for and result of such effort. Throughout this Regulation the term information shall mean specifically STI and may not be construed to mean scientific and technical intelligence.
5. Sponsoring DoD Component. The DoD agency that provides basic operating funds and administrative direction for a given IAC.
6. Technical Advisory Group. A group of technical experts chosen to advise and monitor the activities of a given IAC.
7. Technical Monitor. The Government technology specialist or project engineer providing continuous technical direction and oversight for the IAC.

CHAPTER 1

THE DoD PROGRAM FOR INFORMATION ANALYSIS CENTERS

A. POLICY

1. In recognition of the important and integral part that information analysis and evaluation activities play in the research and development process, the Department of Defense shall endorse institutionalization of these activities in the form of information analysis centers (IACs) when sufficient requirements or benefits are established.

2. DoD IACs shall be established primarily to support the Department of Defense. They may serve the private sector to the extent practicable within DoD security guidelines and DoD policy regarding the handling of information on military critical technologies. Applicable DoD security guidelines include DoD Regulations 5200.1-R (reference (a)) and 5220.22-R (reference (b)).

3. IACs will not receive, process, or disseminate scientific and technical intelligence.

4. Each IAC shall maintain a staff of technical experts in its field of specialization. The center shall be attached to or have a working relationship with a private sector or DoD organization engaged in technical work related to its mission and may seek assistance from qualified experts employed by that organization.

5. Each IAC shall be administered by a single sponsoring DoD Component to be designated by the Under Secretary of Defense for Research and Engineering (USDR&E) in accordance with DoD Directive 3200.12 (reference (c)).

6. Classified information shall be receipted, controlled, disposed of, and protected from unauthorized disclosure in accordance with the provisions of DoD Regulation 5200.1-R (reference (a)) and DoD Regulation 5220.22R reference (b)).

7. Publication and release of technical information shall be in accordance with DoD regulations including DoD 5200.1-R (reference (a)). Documents containing classified information shall be issued in accordance with DoD release and security directives contained in reference (a) and (b) after they have been reviewed and approved by responsible technical and security authorities.

8. IACs shall be aware of and shall observe all current export control lists and licensing procedures as established by the Department of State, United States Munitions List; The Department of Commerce, Commodity Control List; and the Department of Energy, Atomic Energy Act. IACs shall ensure that all personnel understand fully these lists and procedures, and centers shall be prepared to act whenever necessary to ensure that these lists and procedures are respected.

9. In the case of contractor operated IACs, the Technical Monitor shall provide technical guidance to the IAC, with the assistance of an ad hoc technical advisory group appointed by the Technical Monitor. In-house IACs

shall have their activities monitored by an ad hoc technical advisory group recommended by the manager of the IAC and approved by the focal point of the sponsoring DoD Component for the IAC concerned.

10. DoD IACs shall establish mechanisms for cooperation and cross-fertilization of ideas on management philosophy, policy, promotion, operating procedures, and other areas of mutual interest. Meetings of all DoD IAC managers, technical monitors, and sponsors shall be held for the purpose of information exchange in these areas.

B. RESPONSIBILITIES

1. The Under Secretary of Defense for Research and Engineering (USDR&E) shall:

a. Maintain overall management control of the DoD STI Program in accordance with DoD Directive 3200.12 (reference (c)).

b. Approve or disapprove all proposals by the heads of DoD Components involving the establishment of new IACs, major changes in an IAC's scope or subject area, or disestablishment of an IAC.

c. Appoint a technology specialist to each DoD IAC as Technical Monitor.

2. The Director, Research and Laboratory Management OUSDR&E (Research and Advanced Technology (R&AT)) or his designee shall:

a. Centrally monitor the DoD IAC program and establish mechanisms to promote standardization among the programs to the DoD Components regarding procurement practices and interagency operations, the development of standard performance measurement, and reporting criteria.

b. Appoint an ad hoc review board to review each IAC at least biennially.

3. The Sponsoring DoD Component shall:

a. Provide continuous administrative and operational management for the IAC assigned. Designated in-house DoD IACs are assigned to the proposing Defense Agency or Military Service as approved by the USDR&E.

b. Prepare and defend programs and budgets consistent with annual budget cycles and USDR&E requirements for each assigned IAC.

c. Establish USDR&E-approved IACs through procurement of contract services or direct in-house establishment, as appropriate.

d. Review performance of the IACs in coordination with the Technical Monitor and the Director, Research and Laboratory Management, OUSDR&E (R&AT) to assess continuing need and approve program changes as necessary to improve performance.

4. The Technical Monitor shall:

- a. Provide continuous technical direction and oversight for the IAC assigned.
- b. Assess technical subject requirements and adequacy of literature coverage by the IAC for the DoD users.
- c. Evaluate and approve IAC proposals for products and services from the technical standpoint.
- d. Be a Government employee and not a member of the IAC staff. Synonymous titles are Technical Manager, Government Project Engineer, and Contracting Officer's Technical Representative (COTR).
- e. Provide the technical requirements input for the Statement of Work for contractor-operated IACs.

CHAPTER 2

ESTABLISHMENT AND DISESTABLISHMENT OF DOD
INFORMATION ANALYSIS CENTERSA. ESTABLISHMENT OF IACs

1. Proposals from DoD Components for establishment of an IAC shall be processed through the same channels that are used to approve and authorize any other RDT&E program.

2. Approval shall be based on, but not limited to, the following criteria:

a. Documented evidence of a requirement to fill a void in an emerging DoD technology thrust area.

b. Clear definition of subject fields to be covered and demonstration that other IACs or sources do not duplicate the proposed IAC.

c. Cost and effectiveness and evaluation of alternate ways of accomplishing the objectives of the IAC.

d. Adequate financial support and plans for continuing support to achieve the announced objectives of the IAC.

e. Active support of the IAC by persons engaged in the type of technical work to be covered by the IAC's information products.

f. Evidence of capability to enforce proper security procedures and controls on technology transfer.

3. Subject Coverage. Subject areas covered by an IAC may be determined from one or both of the following categories:

a. Discipline-Oriented Coverage. This information pertains to all, or a clearly defined part of, a recognized scientific or engineering discipline, which has its own literature or professional traditions.

b. Mission-Oriented Coverage. This information pertains to a military undertaking of special interest to the Department of Defense or to a specific large weapon or its support system or a group of such systems, and therefore, an area that requires an interdisciplinary approach.

4. Size and Location

a. No specific limitations are imposed concerning the size of an IAC as long as the functions described in Definitions (page iv) can be accomplished. ..

b. IACs may be located at:

1. DoD installations, laboratories, and activities.
2. Contractor installations (educational institutions, industrial firms, and not-for-profit institutions).
5. Security. IACs will satisfy all physical and document security requirements, as set forth in applicable and referenced DoD directives, for the protection of classified information stored or held therein.

B. DISESTABLISHMENT OF IACs

1. A combination of factors may form the basis for a decision to recommend disestablishment of an IAC. Following a complete review, the USDR&E will make the decision concerning disestablishment of an IAC. The following are typical of questions that may be considered in pondering such a decision.
 - a. Is the IAC still functioning in a major DoD technology thrust area?
 - b. Is the IAC demonstrably useful to the Department of Defense?
 - c. Is the IAC fulfilling a DoD need that is not duplicated by other public, private, or government organizations?
 - d. What is the value of products or services to users with respect to current DoD programs?
 - e. Are funds available?
 - f. Is the IAC maintaining proper security controls and controls over transfer of technology to foreign individuals and organizations?
2. After the USDR&E has decided to disestablish an IAC, the following shall be accomplished:
 - a. The sponsoring DoD Component shall announce a termination date at least 90 days before the termination date and shall require the managing supervisor of the IAC to provide a written inventory of the IAC's holdings.
 - b. The sponsoring department or agency shall decide the disposition of the IAC's holdings with the assistance of the managing supervisor of the IAC and the approval of USDR&E.

CHAPTER 3

OPERATION OF DOD INFORMATION ANALYSIS CENTERS

A. POLICY

1. Basic IAC operations, as defined by the sponsoring DoD Component, shall be supported by DoD funds.

2. IACs shall assist in advancing standardization of the technology in the IAC's special field of expertise.

3. IACs shall make optimal use of cost-effective new and advanced technologies, such as computers, telecommunications, and word processing, in operation of their centers.

4. IACs shall acquire, store, and disseminate subject area technical information from appropriate sources, domestic and foreign, including support of approved information exchange programs with countries that have agreements with the United States. However, IACs will not duplicate the existing DoD foreign open-source scientific and technical intelligence literature exploitation program or automated data base.

5. If applicable, IACs shall participate in programs designed for the transfer of technology in assigned areas of technical responsibility. Equally, they shall ensure that such participation does not lead inadvertently to unauthorized transfer of technology.

6. IAC personnel are authorized and encourage to plan, provide technical support for, and participate in major technical conferences, meetings, or symposia in their area of technical specialization. Sponsorship and attendance at meetings will be in accordance with applicable DoD regulations such as DoD Directive 5200.12 (reference (d)) including provisions on security and on transfer of technology. IAC personnel shall maintain contact with senior investigators and develop working relationships with technical, professional, and trade associations and related technical groups to exchange information. Travel funds shall be conserved by using meetings and conferences as an opportunity for making known the products and services of the IAC and maintaining contact with senior investigators in the specialized field of the IAC.

7. IACs shall prepare, announce, and provide primary distribution of critical reviews, state-of-the-art reports, handbooks, data compilations, lists of technical experts, and other significant publications pertaining to their assigned areas of technical specialization. IACs shall respond to inquiries from qualified users bearing in mind applicable security controls and restrictions on transfer of technology to foreign individuals and organizations.

8. With the exception of scientific and technical intelligence, classified or special category material may be received by an IAC provided that the information is pertinent to the mission of the IAC and appropriate security measures have been established.

9. Primary distribution of documents formally issued by an IAC, other than direct correspondence in response to inquiries and the annual reports of the IACs, will include the Defense Technical Information Center (DTIC).

10. IACs will not provide secondary distribution for any documents other than their own. Any IAC engaged in secondary distribution of DoD generated reports shall transfer the distribution activity to the DTIC.

11. The DTIC will provide microfiche copies of technical reports originated by the IACs to DoD and its contractors, registered for services with the DTIC at the standard microfiche price.

12. Services provided by the IACs will be on a cost-recovery basis in accordance with guidelines provided by the sponsoring DoD Component.

B. RESPONSIBILITIES

1. The Sponsoring DoD Components shall:

a. Establish standard reporting requirements and performance measuring criteria for each IAC under its cognizance to the extent possible to permit evaluation of the relative effectiveness of individual IACs.

b. Ensure that the IAC has a clear definition of subject fields to be covered to avoid duplication.

c. Evaluate the cost, effectiveness, and continuing need for assigned IACs.

2. The Technical Monitors shall:

a. Establish operational procedures consistent with DoD security guidelines and technology transfer policy for IAC services to Federal agencies, the private sector, and other customers.

b. Review and correct as necessary IAC publications prior to printing and dissemination.

c. Review, in conjunction with responsible security officials, IAC-originated information and material prior to public release to ensure correct distribution statement marking in accordance with DoD Directive 5230.24 (reference (e)) and to ensure correct public release in accordance with DoD Directive 5200.21 (reference (f)).

3. The IAC shall:

a. Provide services to the DoD departments, agencies, and contractors registered for services with the DTIC.

b. Manage and control information and data elements consistent with the requirements of DoD Directive 5000.19 (reference (g)) and DoD Directive 5000.11 (reference (h)).

c. Report on their activities consistent with the Contract Data Requirements List for contractor-operated IACs and with report requirements of the sponsoring DoD Component for DoD in-house operated IACs. DoD Components of the National Foreign Intelligence Program involved in intelligence collection, processing, analysis, production, and dissemination functions similar to those of IACs are excluded from reporting requirements of this DoD Regulation 3200.12-R-2.

d. Comply with directions and requirements issued by the sponsoring DoD Component and the Technical Monitor.

PRHISM-IAC REPORT APPENDICES

APPENDIX B

MAIL SURVEY QUESTIONNAIRE AND ACCOMPANYING MATERIALS



DEPARTMENT OF THE AIR FORCE

ARMSTRONG LABORATORY (AFMC)
BROOKS AIR FORCE BASE, TEXAS

8 December 1992

We have hired Battelle Memorial Institute to assist us in developing our Preventive Services Initiative. Battelle is specifically involved in determining the feasibility of establishing a Prevention and Health Intervention Strategies Management (PRHISM) Information Analysis Center (IAC). It is our intention to make this IAC as useful as possible to all potential clients within DOD. In the event you are unfamiliar with IACs, a summary is attached to acquaint you with their purpose and functions (Atch 1).

I need your involvement in developing the PRHISM-IAC. Specifically, I'd like your personal written opinion on its value, whether or not you would use its services, and if so, what products you would like it to provide. Battelle's questionnaire is attached to assist us in gathering information for use in designing the prototype PRHISM-IAC (Atch 2). To help us design the IAC in the most practical and supportable manner, so it will be most useful to you, please answer each question as thoroughly as you can. If you can return the questionnaire within 10 days, you will do us a valuable service. Please use the enclosed self-addressed envelope.

Our primary contract support personnel are Drs. Thomas R. Doane and John C. Allen of Battelle's San Antonio office. You can contact them at (512) 737-5921 (FAX ext. 5928). You can also reach them on the E-Mail System at DOANETOM@BCLCL1.

I can be reached at (512) 536-4110; FAX ext. 2042; or E-Mail at: HERBOLD@HQHSD.BROOKS.AF.MIL.

Thank you for your consideration and response.

John Herbold

JOHN R. HERBOLD, DVM, MPH, PhD
Colonel, USAF, BSC
Chief Scientist, Aerospace Medicine Directorate

2 Atch

1. PRHISM-IAC Information Sheet
2. PRHISM-IAC Questionnaire

**INFORMATION SHEET
ON
THE PRHISM-IAC**

The Prevention and Health Intervention Strategies Management (PRHISM) Information and Analysis Center (IAC) will serve as an information resource, database repository, and technical center for prevention and health intervention strategies research as well as for the integration of a comprehensive preventive medicine program. The IAC is envisioned as the nucleus of an emerging Air Force Preventive Services Initiative (PSI) in San Antonio. The PSI basic premise is that Air Force preventive medicine programs have defined origins (beginnings) and undergo a maturation process. As missions, priorities, and the demographic structure of Air Force units change, the focus and priority of individual preventive medicine programs must change.

The IAC concept introduces a new tool for the operational commander and manager of health programs: access to current information about specific patient populations and application of operational research tools to help make decisions about what your top priorities are and what impact your intervention initiatives are having on the health status of all assigned personnel.

A Preventive Services Strategic Planning Group has sketched a preliminary blueprint for integration of all players (Figure 1). We need your personal participation to assist us in determining the actual requirements and infrastructure for the IAC specifically. The relationships, specific roles and missions of other Air Force medical service supporting organizations will be determined by the Surgeon General and senior Air Force leadership as additional requirements emerge.

The Armstrong Laboratory has chartered Battelle Memorial Institute to determine the feasibility of creating a (PRHISM-IAC). This Center is envisioned to be a service facility for the Air Force, other DOD and Government agencies, universities, research centers, and the commercial civilian community. It will be the focal point for all preventive health services technical information. The PRHISM-IAC will provide the most up-to-date and accurate information available and serve as a studies and analysis center for specialized studies, pilot surveys, operations research, and biostatistical analyses of prevention and health intervention strategies.

There are presently over 20 contractor-operated IACs. They are basically similar in operation but dissimilar in subject matter. Each IAC collects, reviews, analyzes, appraises, summarizes, and stores available information on subjects in a highly specialized technical area. The collections, which are computerized, are expanded on a continuing basis to incorporate the most current international research information. Access is not limited to the sponsoring government agency but is available to the private sector to the extent practical without impairment of services to DOD and consistent with security and other limitations on the release of data. To offset costs incurred in preparing materials and responses, service charges are imposed on the user for products and services. Such costs are established according to guidance provided by the sponsoring DOD component.

(continued on reverse)

The centers generally offer the following categories of products and services (subject areas):

- Abstracts and Indexes
- Technical Inquiry Services
- Bibliographic Service
- Scientific and Technical Reference Works
- State-of-the-Art Reports
- Critical Reviews and Technology Assessments
- Current Awareness
- Special Studies and Tasks
- Technical Conference and Symposia Support

It is envisioned that the PRHISM-IAC will accomplish the following:

- Acquire, digest, analyze, evaluate, synthesize, store, publish and provide advisory and other user services concerning available worldwide information regarding preventive medicine and health intervention strategies.
- Support a database that will contain aggregate patient information concerning clinical episodes of care as well as relevant demographic information.
- Assist in advancing standardization of technologies and processes in the delivery of clinical preventive medicine and health intervention programs.
- Link demographic databases to facilitate epidemiological studies.

Preventive Services Initiative

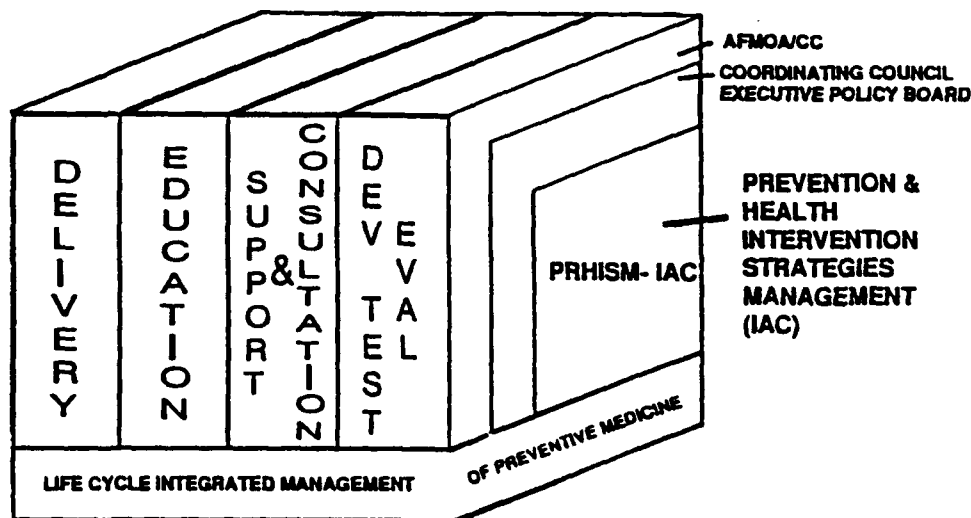


Figure 1.

BATTELLE PRHISM-IAC SUPPORT OFFICE

**C/O: AL/AO-CA,
Building 150, Room 212B
Brooks AFB, TX 78235-5119**

QUESTIONNAIRE

(please make any corrections
on the address to the left)

This questionnaire will help us understand the value to you of a Prevention and Health Intervention Strategies Management Information Analysis Center. It will also allow us to design the Center in the most useful and practical manner based upon your needs. Your response is very important to us; we would greatly appreciate your returning the completed questionnaire within 10 days.

1. In addition to the categories of products and services (output from the IAC) listed in the introductory Information Sheet, what other information services would you like to see offered by the IAC?

2. Following are the medical services and preventive medicine specialties we feel are important for access in the IAC. Please circle the ones you are primarily involved in. Also indicate any additional areas we've missed.

- A. Aerospace Medicine (Flight/Aviation Medicine)
- B. Clinical Preventive Medicine
- C. Field Medicine and Treatment (Deployment/Operational Medicine)
- D. Epidemiology and Biostatistics
- E. Health Care Policy
- F. Health Promotion

(list continues on next page)

- G. Industrial Hygiene
- H. Occupational Medicine
- I. Preventive Medicine and Public Health
- J. Others (please list):

3. Circle the patient populations you feel are appropriate for inclusion in the IAC?

- A. Active Duty
- B. Retired
- C. Rated
- D. Nonrated
- E. DOD Civilian Workers
- F. Non-DOD Civilian Workers
- G. Dependents
- H. Local community (vs. Air Force patient population)
- I. Others (please list):

4. In the past 12 months, how often have you used, or wished you could use, computer-based information analysis and database repositories?

- A. Never
- B. 1-5 times
- C. More than 5 times

5. Would you personally use the PRHISM-IAC as an information resource and database repository?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

(1) What are your short term (three to twelve month) requirements (information analysis and research questions)?

(2) What are your long term (one to five year) requirements?

6. What special studies would you be interested in having the PRHISM-IAC perform (special studies are distinguished from routine data searches primarily by their complexity, e.g., detailed research gathering studies, biostatistical analyses, etc.)

A. in the next twelve months?

B. in one to five years?

7. What specific conferences, symposia, or meetings do you feel the IAC could support?

8. What databases do you use now?

9. What information do you maintain that you would like included in the PRHISM-IAC database?

10. What databases or information sources are currently most helpful to you or would you use if you had access to them (e.g., Dialog)?

11. What statistical packages have you used? Would you suggest the IAC use them to analyze or extract your data sets and information?

12. Would you or your organization be willing to advocate for funds to support the IAC and include them in your budget and POM program-funding process?.

- A. Most definitely yes: will both advocate and budget.
- B. Yes, will advocate, but budget unlikely.
- C. Perhaps; will depend upon funding priorities at the time.
- D. Definitely not.

13. Would your organization be willing to pay for the services of the IAC on a Fee For Service arrangement:

- A. For the core program (establishment and maintenance) of the IAC?

YES

NO

B. For special studies?

YES

NO

C. Can you approximate amounts (a range) by FY?

	FY93	FY94	FY95	FY96
0-\$500				
\$500-\$1000				
\$1000-\$5000				
Other:				

D. What type of funds?

Research and Development (Major Force Program 6)

Medical Support (MFP 8)

14. To protect patient confidentiality:

A. Do you feel a system of user-unique passwords is sufficient to safeguard access to patient data?

YES

NO

B. Would you prefer a written authorization/approval process to certify legitimate user access?

YES

NO

C. Any other suggestions to protect the security of patient data?

15. Would it be helpful for the IAC to have access to classified information and scientific and technical intelligence?

- A. Extremely helpful.
- B. Somewhat helpful.
- C. Not helpful at all; doesn't matter.

Please explain:

16. Would you use electronic access (e.g., computer link or telephone modem) to interact with the IAC?

YES

NO

17. How would you envision evaluating the benefits of the IAC?

A. What sorts of scales or metrics could you use to measure direct benefits (e.g., surveys, customer response and evaluation forms)?

B. How could you measure indirect benefits?

18. Any other comments? For example, what are your personal needs for an IAC? How does this compare to what you think the system needs are for an IAC? Please use additional sheets as necessary.

Our primary contract support personnel for this questionnaire are Drs. Thomas R. Doane and John C. Allen of Battelle's San Antonio office. You may can contact them at (512) 737-5921 (FAX ext. 5928) for any type of question, clarification, or additional information about either this questionnaire or the PRHISM-IAC. They can also be reached through the E-Mail System at DOANETOM@BCLCL1. Thanks again for your help.

PRHISM-IAC - REPORT APPENDICES

APPENDIX C

ORGANIZATIONS AND DIRECTORIES USED TO GENERATE THE PRHISM-IAC MAILING LIST

Air Force Chief Scientists
Air Force Flight Surgeons
Air Force Health Promotion Members
Air Force Office of Scientific Research
American College of Epidemiology
Armed Forces Epidemiological Board
Association of State and Territorial Health Officials
Communicable Disease/AIDS State Contact List
Centers for Disease Control
Health Promotion Members
Medical and Scientific Specialty Listings
Military Public Health Officers
Society for Epidemiologic Research
USAF Worldwide Medical Directory
Clinics
Command Surgeons/Administrators
Direct Reporting Units
Field Operating Agencies and Special Activities
Hospitals
Medical Centers
Office of the Surgeon General
U.S. Medicine Directory (Major Federal Medical Treatment Facilities)
Air Force Medical Service
Department of Health and Human Services
Department of Veterans Affairs
DOD
Federal Aviation Administration
NASA
Unified and Specified Commands
Uniformed Services University of the Health Sciences

2/03/93

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PRHISM-IAC - REPORT APPENDICES

APPENDIX C2

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LASTN: Beck
FIRSTN: Roger A.
ORGANIZ: HQ AFMC
DATE: 12/01/92

LASTN: Bekaert
FIRSTN: Lt Col
ORGANIZ: R.L. Thomspon Hospital
DATE: 12/29/92

LASTN: Belihar
FIRSTN: Col Robert
ORGANIZ: HQ AFMC/SG
DATE: 12/29/92

LASTN: Benenson
FIRSTN: Dr. Abram
ORGANIZ: San Diego State University
DATE: 12/21/92

LASTN: Berg M.D., M.P.H.
FIRSTN: Maj. Alan
ORGANIZ: 49 Medical Group M.D., M.P.H.
DATE: 1/05/93

LASTN: Berry
FIRSTN: Dr. William
ORGANIZ: AF Office Of Scientific Research
DATE: 11/27/92

LASTN: Bishop
FIRSTN: Col. John A.
DATE: 12/21/92

LASTN: Black
FIRSTN: Dr. Robert
ORGANIZ: The Johns Hopkins University
DATE: 12/29/92

LASTN: Block
FIRSTN: Ken
ORGANIZ: PAQA
DATE: 1/08/93

LASTN: Bock
FIRSTN: Dr. Charles
ORGANIZ: OO-ALC/CN
DATE: 12/01/92

LASTN: Bowden
FIRSTN: Mr. Patrick
ORGANIZ: HQ ATC/XPCR 169
DATE: 12/22/91

LASTN: Braga
FIRSTN: Col. Djalma
ORGANIZ: 51 Medical Group (Osan)
DATE: 1/14/93

LASTN: Brandon
FIRSTN: Col. Gary
ORGANIZ: 56 Medical Group
DATE: 1/14/93

LASTN: Brooks
FIRSTN: Capt
ORGANIZ: 391 Medical Squadron/SGPM
DATE: 12/29/92

LASTN: Brooks
FIRSTN: Capt. Karen
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ORGANIZ: Occupational Health Division
DATE: 12/09/92

LASTN: Brueder
FIRSTN: Col. Andrew
ORGANIZ: 380 Medical Group/SG
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FIRSTN: Maj
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DATE: 1/14/93

LASTN: Burke
FIRSTN: Col Don
ORGANIZ: Walter Reed Army Institute Of Research
DATE: 11/30/92

LASTN: Burte
FIRSTN: Dr. Harris
ORGANIZ: Wright Laboratory/ML
DATE: 12/21/92

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FIRSTN: Col. James
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DATE: 12/21/92

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FIRSTN: Ronald H.
ORGANIZ: PHS/Health Resources And Services Administration
DATE: 12/29/92

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FIRSTN: Col. Warren 170
ORGANIZ: US Space Command
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LASTN: Chan
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FIRSTN: Capt.
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LASTN: Cook
FIRSTN: Dr. Ralph
ORGANIZ: The Dow Corning Corporation
DATE: 12/04/92

LASTN: Cooper
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ORGANIZ: University Of Texas
DATE: 12/02/92

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FIRSTN: Lt Col
ORGANIZ: Ehrling Bergquist Hosp
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ORGANIZ: 58th Medical Group
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FIRSTN: Col. Leo
ORGANIZ: 319 Medical Group
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LASTN: Crow
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ORGANIZ: 554th Medical Group
DATE: 1/14/93

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ORGANIZ: 651 Medical Squadron
DATE: 12/29/92

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ORGANIZ: USAF
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ORGANIZ: Malcolm Grow USAF Med Cen/SGZ
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LASTN: Perelli
FIRSTN: LtC Layne
ORGANIZ: HSC/XRT
DATE: 1/15/93

LASTN: Peters
FIRSTN: Dr. Ruth
ORGANIZ: USC School Of Medicine
DATE: 12/04/92

LASTN: Poitrast
FIRSTN: Col. Bruce
ORGANIZ: AL/OE-CA
DATE: 12/01/92

LASTN: Policastro
FIRSTN: Col. Anthony
ORGANIZ: 1 Medical Group
DATE: 12/21/92

LASTN: Pontier
FIRSTN: Lt Col
ORGANIZ: ANGRD/SGB
DATE: 12/21/92

LASTN: Postlewaite
FIRSTN: Lt Col
ORGANIZ: 649th Medical Group
DATE: 1/05/93

LASTN: Rabkin
FIRSTN: Dr. Charles
ORGANIZ: National Cancer Institute
DATE: 1/14/93

LASTN: Rayman
FIRSTN: Col Russell B.
DATE: 12/29/92

LASTN: Reeves
FIRSTN: Col Glen I.
DATE: 12/21/92

LASTN: Renn
FIRSTN: Col. Benjamin
ORGANIZ: 323 Medical Group
DATE: 1/14/93

LASTN: Repp
FIRSTN: Lt Col
ORGANIZ: 2nd Medical Group
DATE: 12/22/92

LASTN: Ritter
FIRSTN: Capt.
ORGANIZ: 97th Medical Group/SGZ
DATE: 12/18/92

LASTN: Rodriguez
FIRSTN: Capt
ORGANIZ: 23rd Wing/SGZ
DATE: 1/14/93

LASTN: Rostermundt
FIRSTN: Col Gene F.
DATE: 12/29/92

LASTN: Ruda
FIRSTN: Col. Richard J.
DATE: 1/05/93

LASTN: Ruehle
FIRSTN: Col. Charles J.
DATE: 1/05/93

LASTN: Sacks
FIRSTN: Dr. Susan
ORGANIZ: Syntex USA
DATE: 12/14/92

LASTN: Samet
FIRSTN: Dr. Jonathan
ORGANIZ: Univeristy Of New Mexico
DATE: 12/29/92

LASTN: Sanchez
FIRSTN: Col Gualbert M.
DATE: 12/29/92

LASTN: Savitz
FIRSTN: Dr. David
ORGANIZ: University Of North Carolina
DATE: 12/07/92

LASTN: Schaad
FIRSTN: Col
ORGANIZ: USAF Academy Hospital
DATE: 12/21/92

LASTN: Shaw
FIRSTN: Dr. Robert
DATE: 1/14/93

LASTN: Skowron
FIRSTN: Brig Gen Ralph A.
DATE: 12/29/92

LASTN: Smith
FIRSTN: Col Robert L.
DATE: 12/21/92 181

LASTN: Smith
FIRSTN: Dr. Gordon
ORGANIZ: Dept Of Health Policy & Management
DATE: 12/04/92

LASTN: Smith
FIRSTN: Major Anne
ORGANIZ: 15th Med Group/SGPZ
DATE: 12/03/92

LASTN: Snyder
FIRSTN: Capt.
ORGANIZ: 21 Medical Group/SGZ
DATE: 12/21/92

LASTN: Speizer
FIRSTN: Dr. Frank
ORGANIZ: Harvard Medical School
DATE: 1/14/93

LASTN: Stauffer
FIRSTN: Maj
ORGANIZ: USAF Medical Center
DATE: 12/21/92

LASTN: Stoller
FIRSTN: Col Richard H.
DATE: 1/14/93

LASTN: Straud
FIRSTN: Maj Donna
ORGANIZ: 67 Medical Group/SGZ
DATE: 1/14/93

LASTN: Sutterer
FIRSTN: LtC Wanda
ORGANIZ: HQ AFMOA
DATE: 1/14/93

LASTN: Suttle
FIRSTN: Col. David
ORGANIZ: OASA (M&RA)
DATE: 12/21/92

LASTN: Swaim
FIRSTN: Col. Terry J.
DATE: 12/29/92

LASTN: Thomann
FIRSTN: Col Ariel J.
DATE: 12/29/92

LASTN: Towner
FIRSTN: Capt.
ORGANIZ: 319th Medical Group/SGZ
DATE: 1/05/93

LASTN: Tucker, III
FIRSTN: Garrett R.
ORGANIZ: HQ AFMC/SGPO
DATE: 12/29/92

LASTN: Van Ware
FIRSTN: Dr. Timothy
ORGANIZ: Dept Of Health & Social Services
DATE: 12/15/92

LASTN: Walter
FIRSTN: Dr. May Ann
ORGANIZ: TX Rsrch And Tech. Foundation
DATE: 12/03/92

LASTN: Weiland
FIRSTN: Lt Col
ORGANIZ: 45th Medical Group
DATE: 12/29/92

LASTN: Wells
FIRSTN: Col. Robert
DATE: 12/29/92

LASTN: Welsh
FIRSTN: Col. G. Frank
DATE: 1/05/93

LASTN: Werner
FIRSTN: Capt.
ORGANIZ: 542 Med Grp/SGZ
DATE: 12/29/92

LASTN: Whinnery
FIRSTN: Col. James
ORGANIZ: NGB/SG
DATE: 12/21/92

LASTN: Whinnery
FIRSTN: Col. James E.
ORGANIZ: Air National Guard/SG
DATE: 1/05/93

LASTN: Williams
FIRSTN: Lt Col
ORGANIZ: HQ AFMOA/SGPA
DATE: 12/29/92

LASTN: Wilson
FIRSTN: Col. John
ORGANIZ: 58 Medical Group
DATE: 12/15/92

LASTN: Wohlrab
FIRSTN: Col Eric P.
DATE: 12/29/92

LASTN: Wolfe
FIRSTN: Col William H.
DATE: 12/29/92

LASTN: Wright
FIRSTN: Col. James
ORGANIZ: HQ USAF/SGPA
DATE: 1/14/93

LASTN: Wysowski
FIRSTN: Dr. Diane
ORGANIZ: Food And Drug Administration
DATE: 12/22/92

LASTN: Yoder
FIRSTN: Col James E.
DATE: 12/29/92

LASTN: Zwart
FIRSTN: LtC Ben R
ORGANIZ: AL/AOCF
DATE: 1/14/93

PRHISM-IAC REPORT APPENDICES

APPENDIX D

ORGANIZATIONS CONTACTED FOR PRHISM IAC INPUT (IN ADDITION TO THE QUESTIONNAIRE)

**American Health Information Management Association
Ann Arbor, MI**

POC:

**Vice President for Business Development for Health Care Analysis: Dr. Jean Chenoweth (800)
621-6828**

**Centers for Disease Control
Atlanta, GA**

POCs:

Chief, Technical Information Services: Ms. Chris Fralish (404) 488-5080

Deputy Director, Office of Surveillance and Analysis: Dr. Bo Barrow (404) 488-5269

Director, Information Management Resources: Dr. Howard Ory (404) 639-3381

Director, Prevention Effectiveness Division: Dr. Steve Teutsch (404) 488-4390

**Chemical Warfare/Chemical and Biological Defense Information Analysis Center
Edgewood, MD**

POC:

Director: Mr. Fran Crimmins (301) 676-9030

**Crew System Ergonomics Information Analysis Center
Dayton, OH**

POC:

Associate Director: Dr. Lawrence Howell (513) 255-4842

**Defense Manpower Data Center
Monterey, CA**

POCs:

Chief, Demographic Data Division: Ms. Ginger Bassett (408) 646-2126

Chief, Medical Data Division: Captain (USN) Jim Scarromozzino (408) 655-0400

**Defense Technical Information Center
Alexandria, VA**

POC:

**Deputy Program Manager for Information Analysis Centers: Mr. Brian McCabe (703) 274-
6260**

PRHISM-IAC REPORT APPENDICES

Naval Health Research Center

San Diego, CA

POC:

Epidemiology and Database Management: Dr. Frank Garland (619) 533-6884

Scripps Institute and Research Foundation

La Jolla, CA

POC:

Database Management for the Air Force Health Study (Ranch Hand Program): Ms. Adele Ball, RN (619) 455-9100

Supportability Investment Decision Analysis Center

Dayton, OH

POC:

Manager, Special Projects: Mr. Kevin Deal (513) 254-9902

PRHISM-IAC - REPORT APPENDICES

APPENDIX E

POTENTIAL DATABASES FOR THE PRHISM-IAC

Owner

Air Force Medical Support Agency (AFMSA), Brooks AFB, TX

Database

1. MEDIC (MEDical Information Center) Database
2. Inpatient Database (Inpatient Data System or IDS)
3. CHAMPUS Database
4. Medical Expense and Performance Report
5. Medical Expense Extract
6. Ambulatory Database
7. Rated Database
8. Clinical Sciences Database
9. Biostatistics
10. Report on Patients (ROP)

Point of Contact

Major Barbara Leisey, AFMSA/SGSB

Phone

(210) 536-4037

Size

Source of Data

Restrictions/Security Safeguards

Users have unique passwords; written authorization & approval system on-site certifies legitimate users.

PRHISM-IAC - REPORT APPENDICES

Comments

10. ROP is a part of DMIS (Defense Medical Information Service)

Owner

Centers For Disease Control, Atlanta, GA

Database

1. BRS (Biennial Reporting System of the EPA)
2. DIALOG
3. MEDLINE (all medical literature)
4. Chem Abstracts
5. Psychological Abstracts
6. Sociological Abstracts
(all of the above are commercially available databases which CDC accesses)
(all of the following are produced by CDC)
7. Health Promotion and Education Database
8. Fugitive Materials Archive
9. AIDS Database, (includes Comprehensive School Health Risk Appraisal (survey)
10. Cancer Prevention and Control Database
(9 and 10 together form the Combined Health Information Database)
11. U.S. Cancer Mortality Rates and Trends, 1950-1979.
12. Directory of Key Contacts in Chronic Disease Prevention and Health Promotion.

Point of Contact

Christine Fralish, Chief, Technical Information Services Branch

Phone

(404) 488-5080

Size

Source of Data

Restrictions/Security Safeguards

Comments

PRHISM-IAC - REPORT APPENDICES

All CDC databases would be available to us; the IAC could freely tap into them. Would need only written request from the Air Force and authorization/approval from CDC (POC: Dr Howard Ory, Director of Information Management Resources (404) 639-3381).

Owner

DMDC (Defense Manpower Data Center), Garden Road facility, Monterey, CA.

Database

1. DEERS
2. Composite Health Care System (centralized hospital database)
3. CHAMPUS

Point of Contact

Ginger Bassett; Robert Montelione

Phone

(408) 646-2126

Size

Source of Data

DMIS (Defense Medical Information Service)

Restrictions/Security Safeguards

Access is by ID (SSN) and password; have master list of authorized users. Data is also encrypted (local shorthand).

Comments

PRHISM-IAC - REPORT APPENDICES

DEERS database is on all active duty in DOD and State Department, reserves, retired officers and enlisted, their survivors, DOD civilians, and all dependents of active duty and retired. DEERS is demographic data only.

Agreed that they could be a "people feed" for the IAC.

Owner

DMDC (Defense Manpower Data Center), Heritage Harbor facility, Monterey, CA.

Database

1. Total Force Manpower Medical Database from all three services. Includes:

- all CHAMPUS medical data
- ambulatory (outpatient) data
- hospitalization (inpatient) data
- beneficiaries
- medical manpower
- special pays
- dental panagraphs
- reportable disease database

(in addition to the above, heritage harbor maintains 60 relational databases)

Point of Contact

Captain (USN) Jim Scarromozzino; Sue Butler

Phone

(408) 655-0400

Size

Source of Data

DMIS (Defense Medical Information Service)

Restrictions/Security Safeguards

Do not release anything without letter of authorization. Maintain levels of security beyond codewords and passwords. such as scrambling SSNs and encoding (additions to) data. Personal authorization is key to access. Triple redundancy system for sending and filing their reports.

PRHISM-IAC - REPORT APPENDICES

Comments

Eager to help; willing to provide us access to the their databases.

Owner

Naval Health Research Center, Pt Loma, San Diego, CA

Database

1. Event Structure Database (for all active duty enlisted) (Navy Management Information Center)
2. Central Registry for all Navy HIV data

Point of Contact

Dr Frank Garland, epidemiologist and database manager

Phone

(619) 553-6884

Size

Source of Data

Restrictions/Security Safeguards

Double passwords; correct phone numbers (user calls in, leaves message and phone number. The system shuts itself off and calls back. Must have a legitimate, approved phone number and authenticated pc terminal before the system will respond further).

PRHISM-IAC - REPORT APPENDICES

Comments

Event Structure Database: Initiated when individual is first sworn in, then updated quarterly during entire career, so get a chronological file (is demographic only, but medical data could be added).

Owner

USAF, Scripps Clinic, La Jolla, CA
(Database management is contracted out to SAIC)

Database

1. Air Force Health Study, Ranch Hand Project
2. "Normal" database (from the paired controls)

Point of Contact

Colonel Jay Miner, Ranch Hand Project Coordinator
(SAIC: Adele Ball, RN, Nurse Coordinator, Air Force Health Study, (619) 455-9100)

Phone

Colonel Miner (619) 554-8421 at Scripps Clinic, (210) 536-3712 at Brooks AFB, TX
(SAIC (619) 455-9100)

Size

Source of Data

Restrictions/Security Safeguards

PRHISM-IAC - REPORT APPENDICES

Comments

Database management is contracted out to SAIC. There is much more data involved in this study than just the Dioxin data; all medical, sociological, other demographic data which could be used for, or as a model of, long-term health studies, such as the long term effects of smoking, diabetes. There is also a wealth of normal data from the paired controls—an entire normal database.

Owner

AL/OEM, Brooks AFB, TX

Database

FOR THE AL/OEM AEROMEDICAL SERVICE ELECTRONIC BULLETIN BOARD
(Databases are also called "Major Files" by the Bulletin Board)

1. Hazardous Materials Information System (HMIS)
2. Occupational Illness Data Registry (OIDR) (from AF form 190, Occupational Illnesses)
3. Hearing Conservation Data Registry (HCDR; is ORACLE-based) (captures all AF audiometric exams)
4. Master Radiation Exposure Registry (MRER) (Ionizing Radiation Film Badge Program)

**ON THE FOLLOWING PAGES ARE LISTED THE MANY DATABASES
MAINTAINED BY THE MANPOWER AND PERSONNEL RESEARCH
DIVISION OF THE ARMSTRONG LABORATORY**

Point of Contact

Captain Gary Meyer, Sgt Paul Johnson

Phone

(210) 536-2063

Size

Source of Data

HMIS comes in from DOD (DLA?)

Restrictions/Security Safeguards

For access, have a security profile (is more than an ID and password system)

PRHISM-IAC - REPORT APPENDICES

Comments

This Bulletin Board goes worldwide, to every AF installation, as well as AFMIC, AAFES, and the Defense Commissary Service.

(AL/OEM continued)

The following databases are received on a regular basis from AFMPC:

1. Active SSAN Locators (name and SSAN of every active duty officer and all enlisted personnel).
2. Alpha Locators (ID information, grade, and current and projected assignment information on all officer and enlisted personnel, AD, retired, ANG and Reserve).
3. Air Force Officer Qualification Test Results.
4. Airman Reenlistment and Loss.
5. Identity Changes.
6. PACE PROMIS Job (contains information on jobs (not people) available in the Air Force).
7. PACE PROMIS Personnel Opportunity (contains information on individuals who made inquiries about job opportunities at the Military Entrance Processing Stations).
8. Pipeline Management System Technical Training (contains data on all AD AF enlisted and officer personnel who attended any technical training course).
9. Separated Officer File (contains information on each officer at the time of separation and describes the type and reason for separation).
10. Uniform Airman Record (contains complete personnel data on all AD enlisted personnel).
11. Uniform Airman Record Air National Guard.
12. Uniform Airman Record Extract (contains both active and inactive records).
13. Uniform Airman Record Reserve.
14. Uniform Officer Record (contains complete personnel data on all AD AF officers).
15. Uniform Officer Air National Guard.
16. Uniform Officer Record Extract (contains both active and inaccurate records).
17. Uniform Officer Record Reserve.
18. Weighted Airman Promotion System (contains information on airmen in grades E4-E8 who are or will be eligible for promotion under WAPS).

The following databases are received on a regular basis from ATC:

1. Flying Training Summary (summarizes pilot and navigator training of AD AF officers).
2. Flying Training Time Related Instruction Management System (previously called the Base Management System, contains data on personnel who attended UFT).
3. Navigator Training Detailed (contains detailed records data on personnel who attend undergraduate and/or advanced navigator training).
4. Officer Training School Master (contains detailed personnel records of officer trainees).
5. OTS Student Record of Training.
6. Processing and Classification of Enlistees.

PRHISM-IAC - REPORT APPENDICES

The following database is received from AFROTC:

ROTC Cadet Personnel System (contains data on all students in every ROTC program).

(AL/OEM continued)

Database received from the Defense Manpower Data Center:

Military Entrance Processing Stations (contains biographical, aptitude, and medical information on all applicants and accessions for all AD, Reserve, and Guard enlisted personnel).

Database received from HQ USAF Recruiting Service:

OTS and Health Profession Applicants (contains information on all individuals who applied for either Officer Training School or one of the Health Professions).

The following databases are constructed and maintained locally by AL/OE:

1. **Airman Gain/Loss** (contains information on enlistments, aptitude, education, and personnel actions).
2. **File Item Data Overview.**
3. **Historical Officer Database** (contains information on all officers who are or were on AD since Dec 61).
4. **J Shop Identity** (contains all name and SSAN changes since Jul 69).
5. **Officer Gain/Loss Database** (records since Dec 61).

The following are database maintained by AL but not longer updated:

1. **Draft Lottery** (Jan 70-Jan 74).
2. **Officer Accessions and Losses** (Jan 56-Sep 63).
3. **Officer Effectiveness Reports.**
4. **Officer Master Personnel Records.**
5. **Air Force Serial Number Database** (contains ability and aptitude test data on airmen).
6. **Personnel Identified File** (contains AFSNs and SSANs on all AD officer and enlisted personnel through Jun 69).
7. **Project 100,000** (contains comprehensive data on medical remedials, new mental standards, and control group participants in Project 100,000).
8. **Retirement File** (contains all officer and enlisted personnel who retired from the AF prior to Apr 84).

PRHISM-IAC - REPORT APPENDICES

Owner

National Center for Health Statistics (NCHS)
6525 Belcrest Road
Hyattsville, MD 20782

Database

NCHS publishes the following databases:

1. National Inpatient Hospital Discharge Survey (essentially, hospital patient record sets)
2. National Ambulatory Care Survey (essentially, doctors' office visits)
3. National Nursing Home Survey
4. National Health Care Expenditure Survey

Point of Contact

Phone

(301) 436-8500

Size

Source of Data

Restrictions/Security Safeguards

Comments

PRHISM-IAC - REPORT APPENDICES

APPENDIX E (continued)

The databases on the following pages were suggested by individuals responding to Questions 8, 9, and 10 on the PRHISM-IAC Questionnaire.

Database

**AEROSPACE MEDICINE INFORMATION MANAGEMENT SYSTEM
AFMIC BBS
AFMIC-DARTS
AFOMS
AGENCY FOR HEALTH CARE POLICY AND RESEARCH/PHS (many databases)
AIRCREW CONTACT LENS PROGRAM
AQCESS
ARMY HEALTH PROMOTION (Ft Sam Houston, TX)
ASIMS (Aeromedical Services Information Management System)
ATSDR
BEHAVIORAL RISK FACTOR SURVEY/CDC
BIO ABSTRACTS
BIOETHICSLINE
BIOMETRICS
BIOSIS
BIOWORLD
BIRLS
CA RESEARCH
CANCER REGISTRY
CANCERLINE
CANCERNET (from NCI)
CARTER HEALTH RISK APPRAISALS
CCARS (Crew Casualty Assessment Reference System)
CHCS
CHEM ABSTRACTS
CINAHL
CIRC
CIS (Chemical Information System)
CURRENT TOPICS
CURRENT CONTENTS
D-BASE III
DATA-STAR
DDN
DIALOG
DRG ENCODER GROUPER
DTIC**

PRHISM-IAC - REPORT APPENDICES

ECONET
EIES Bulletin Board
EMBASE
EMIS
ENABLE
EPI-INFO
EPICON
EPINET
ERIC
EXCEL
EXERPTA MEDICA
FBIS
FLYREC
FORMES
FOXNET
GEMNET
GRATEFUL MED (National Library of Medicine)
HAZDAT (Public Health Service)
HCFA
HCOC
HEALTH PLANNING AND ADMINISTRATION
HEALTHLINE
HIGH-G EXPOSURE DATABASE
HMMS
HSDB (Hazardous Substances Data Bank)
INDEX MEDICUS
INTERNAL
IRIS
JURIS (Justice Retrieval and Inquiry System)
LEXIS
LOCAL/STATE DEPARTMENT DATABASES
MANPOWER DATABASE (UMD)
MATRIS
MCIC
MEDLARS
MEDLINE
MEDPAR
MICROMEDEX
MINIMEDLINE
MMWR
MULTIPLE CAUSES OF DEATH
NATIONAL DISEASE AND THERAPEUTIC INDEX
NATIONAL PRESCRIPTION AUDIT
NATIONAL CENTER FOR HEALTH STATISTICS/CDC (many databases)
NATIONAL MORTALITY
NATIONAL MORBIDITY (CDC)
NDI
NEXIS

PRHISM-IAC - REPORT APPENDICES

NHIS
NIOSHTIC
OCCUPATIONAL ILLNESS AND INJURY DATABASE
OFFICE OF TECHNICAL ASSISTANCE STUDIES/PHS (many databases)
PDQ
PERSONNEL DATABASE (CBPO)
PHOENIX
POPLINE
PSYCINFO
PTF
RCMAS
RDDDB
REPORTABLE DISEASE REGISTRY
REUTERS
RTECS (Registry of Toxic Effects of Chemical Substances)
SAFE
SCISEARC
SEER (Surveillance, Epidemiology, and End Result database of the National Cancer Institute)
ST LOUIS REGISTRY
TENIA
TIGER (Census
TOMES
TOXLINE
TOXLIT
TOXNET
TRAVAX
TRI-SERVICE HIV DATABASE
US ARMY HEARS
VITAL STATISTICS
WONDER SYSTEM (CDC)

PRHISM-IAC - REPORT APPENDICES

APPENDIX F

POTENTIAL INFORMATION SOURCES FOR THE PRHISM-IAC (JOURNALS, REVIEWS, REPORTS, PERIODICALS)

"Advance Data"

Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782
(301) 436-8500

Division of Statistics and Research Methodology (301) 227-8406
Agency for Health Care Policy and Research
Executive Office Center
Suite 500, 2101 East Jefferson Street
Rockville, MD 20852

"Federal Statistical Source: "Where to Find Agency Experts and Personnel"

"Federal Statistical Directory: The Guide to Personnel and Data Sources"

Oryx Press
4041 N. Central
Phoenix, AZ 85012-3397
1-800-279-6799

"Health Technology Assessment Reports"

Office of Health Technology Assessment (OHTA)
Agency for Health Care Policy and Research (AHCPR)
Executive Office Center
2101 East Jefferson Street, Suite 400
Rockville, MD 20857
(301) 227-8337

"Informix In Action"

Informix Software
4100 Bohannon Drive
Menlo Park, CA 94025
(415) 926-6300

"Research Activities"

Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research (AHCPR)

PRHISM-IAC - REPORT APPENDICES

Executive Office Center

2101 East Jefferson Street, Suite 501

Rockville, MD 20852

"Drinking Water Criteria Documents"

"Exposure Assessments"

"Health Assessment Documents"

"Risk Assessments: Carcinogenicity, Mutagenicity, Developmental Toxicity, Reproductive Effects"

U.S. Environmental Protection Agency

Office of Research and Development

Office of Health and Environmental Assessment

RD-689

401 M Street, SW

Washington, DC 20460

(202) 260-7345

"Federal Register"

"Code of Federal Regulations"

U.S. Environmental Protection Agency

Office of Congressional and Legislative Affairs

Legislative Reference Library, A-102

401 M Street, SW

Washington, DC 20460

(202) 260-5425

"Medical Literature Analysis and Retrieval System" (MEDLARS)

"Toxicology Data Network" (TOXNET)

"Integrated Risk Information System" (IRIS)

National Library of Medicine

Specialized Information Services Division

8600 Rockville Pike

Bethesda, MD 20894

(301) 496-6531

PRHISM-IAC - REPORT APPENDICES

"AIDS"

"Air Force Coronary Atherosclerosis Prevention Study" (AFCAPS NEWS)

"American Journal of Tropical Medicine and Hygiene"

"Annals of Internal Medicine"

"Aviation, Space, and Environmental Medicine"

"Biochemical Pharmacology"

"Biophysical Journal"

"Blood"

"Circulatory Shock"

"Current Opinions in Immunology"

"Current Opinions in Infectious Diseases"

"Encyclopedia of Immunology"

"Experimental Hematology"

"Infection"

"Journal of Applied Physiology"

"Journal of Cell Biology"

"Journal of Entomology"

"Journal of Immunology"

"Journal of Infectious Diseases"

"Journal of Medical Entomology"

"Journal of Medical Virology"

"Laboratory Medicine"

"Lancet"

"Medical Veterinary Entomology"

"Medical Virology"

"Military Medicine"

"Navy Medicine"

"New England Journal of Medicine"

"Pediatric Infectious Disease Journal"

"Proceedings of the National Academy of Science"

"Proceedings of the Royal Society of Tropical Medicine and Hygiene"

"Thymus"

PRHISM-IAC - REPORT APPENDICES

"Tropical Geographical Medicine"

"Undersea Biomedical Research"

PRHISM-IAC - REPORT APPENDICES

APPENDIX G

QUESTIONNAIRE RESPONDENTS SUGGESTED ADDITIONS TO THE PRODUCTS AND SERVICES OFFERED BY THE PRHISM-IAC

Environmental monitoring data on Air Force hazardous waste sites.

Clinical vs. preventive medicine (epidemiology workplace surveillance data, medical surveillance data, and environmental exposure data).

Global Medicine Diseases updates -- region/country/province breakdowns. Access would need to be secure (i.e., no trace of which base is interested in what area).

Any NIH or other unpublished report by any governmental agency for studies conducted at or on Air Force installations (e.g., the epidemiological study conducted at Hill AFB by NIH on mortality/morbidity resulting from exposure to chlorinated solvents).

It would be useful to include information on medical services training.

List of constant contacts for questions/advice.

Federally recommended documents such as: "Guide to Clinical Preventive Services," from the U.S. Preventive Services Task Force; the complimentary initiatives and follow-on studies produced by expert panels, such as "Put Prevention into Practice" from the Public Health Service/Office of Disease Prevention and Health Promotion.

Demographic profile on base population high risks (i.e., DWI, Suicide, etc.).

List of people working in the field, by location and area of expertise.

If not included in the original concept, a division of the program dedicated to occupational illness including military specific analysis and intervention data. This should be international, seek information from as many sources as possible, and be a connective apparatus to machinery/equipment and process design engineering data.

Other DoD component data such as Navy data from Operation Restore Hope.

More practical recommendations, health education materials, and simple epidemiologic data.

A listing of consultative services for high priority or time sensitive issues.

Military medical after-action reports, to include hostile actions and humanitarian assistance.

Down-loads of specific population databases to integrate with local epidemiological studies.

PRHISM-IAC - REPORT APPENDICES

Physical standards as they apply to accession programs (i.e., USAF Academy and AFROTC). It would be very useful to have access to data on follow-ups of individuals who are waived for various medical problems.

Access to the US Army Health Risk Appraisal database to measure change in cohorts.

An expertise network of health experts who could be called upon for advice/help).

The language of the ACP Journal Club should be followed in reporting to clinicians.

Listing of overlapping databases and other sources for the same or closely related medical material.

Drug use and adverse reaction data.

Benchmarking (best-in-class comparisons), skills training (operations research and data analysis), and comprehensive guidelines for primary care health screening strategies. These should include demographics, frequencies and risk assessment guidance, and cost considerations.

Travel Medicine.

FCOPR, OSHA, EPA-NIOSH, and policy references.

Occupational injury and illness (numbers reported; numbers treated at specific MTFs).

Direct and regularly recurring input to the Base Commander.

The IAC appears to be directed towards civilian problems and solutions. While the problems are usually similar, the solutions can be quite different.

There is a need for guidance on Operating Instructions and Regulations. Perhaps a database on Flight Medicine Operating Instructions would be appropriate.

Statistical interpretation.

Computer models designed to provide cost/benefit analysis on introduction of any new preventive programs.

Where available, link health and demographic databases to industrial hygiene and ergonomic databases.

Consultation RFP-initiating wellness clinics.

Computer, audio-visual, and printed material useful in health risk appraisals or clinical preventive medicine outreach programs.

Metrics, to help with developing measurable outcomes of our services.

PRHISM-IAC - REPORT APPENDICES

Air Force-wide bulletin board/directory of users. Provide for world-wide access (for medical organizations on deployment or involved in exercises) through remote terminals, possibly using SAT-COMM.

Facilitate access to biologic samples linked to clinical databases. Centralized access to long-term follow-up data (e.g., BIRLS, VA, etc.).

Data on patient compliance with preventive services. Results of patient intervention programs (i.e., how many patients have benefitted according to mobility/mortality data).

Research summaries.

An updated listing of international conferences and the medical specialties involved. Updates on occupational health reports and specific industrial hygiene substances.

Details of all persons injured in the military with separate databases for levels of severity (outpatient, hospitalization, death).

Application of existing data derived in developed countries to emerging developing countries (no reason why a factory put up in an African country should make same mistakes made 30 years ago).

Examples of each of the categories listed in the introductory Information Sheet.

Periodic newsletter re: ongoing projects and their status. Available and updated bibliographies on specific studies/topics.

Epidemiology, workplace surveillance data, medical surveillance data, and environmental exposure data.

Local results of the database which would include collection, analysis, and reporting variances of in-state geography.

Animal related studies and medical breakthroughs.

Medical intelligence (current disease and health information on other countries).

Professional medical interpretation of the Armed Forces Medical Intelligence Center (AFMIC) products to develop an end-product of recommended immunizations, chemoprophylaxes, and other patient interventions required for specific overseas deployments.

State-by-state and county-by-county medical intelligence information and data similar to that provided on foreign countries by AFMIC.

A Federal Register monitoring service to give AFMOA and the field a "heads-up" on any federal regulatory activity that could impact our areas of interest.

Statistics on occupational illness and injury.

PRHISM-IAC - REPORT APPENDICES

The IAC could serve as the facilitator for contracts between users with questions about databases at AFMPC, AFOMS, AFISC, etc. and the custodians of these databases.

Evaluate preventive services initiatives and programs, monitor civilian preventive services programs, and then recommend appropriate programs for the Air Force.

Provide data sets for external analyses, computerize patient medical records, and standardize data collection at all IACs so that they can be linked to provide large sample sizes.

PRHISM-IAC - REPORT APPENDICES

APPENDIX H

QUESTIONNAIRE RESPONDENTS SUGGESTED ADDITIONS TO THE MEDICAL SERVICES AVAILABLE FOR ACCESS IN THE PRHISM-IAC

Civilian Personnel (data on Federal Employees Compensation Act, Workman's Compensation, and Civilian Oversight)

Military Public Health

Health Physics

Bioenvironmental Engineering

Environmental Health ("Environmental Medicine")

Environmental Protection Issues

Immunizations; Evaluations of Vaccines and Chemoprophylaxis (clinical trials)

Ergonomics

Clinical Hyperbaric Medicine

Medical Technical Training

Infection Control; Infectious Diseases (especially blood-borne)

Legal Issues in Occupational Medicine

Food Safety, Inspection, and Sanitation

Public Facility Sanitation

Agricultural Surveillance (diseases and perils of economic importance)

Medical Intelligence (as opposed to clinical field medicine)

Outbreak Investigations

Risk Assessment

Strategic Plans and Medical Management

Listing of all Physicians/Physician Assistants/Practitioners/Dieticians

PRHISM-IAC - REPORT APPENDICES

Toxicology and Cancer Registries

Occupational Epidemiology

Injury Control, Prevention, and Epidemiology

Dive Medicine

Sports Medicine

Travel Medicine

Internal Medicine

Pediatrics

Family Support Programs

Biostatistics

Psychiatry

Human Factors and Health Services R&D and S&T

Dental Preventive Services

Disaster Response

Ophthalmology

Disease Prevention

Human Genome Project (this is likely to have enormous preventive medicine ramifications in spite of the controversies in how to deal with new found knowledge)

Biomedical Ethics (this would take special effort in promoting the IAC to state and local health departments, but in the end would raise the standards of state health departments and increase the uniformity of preventive services)

Biomedical Research

Fitness and Weight Management (separate from health promotions because Air Force has separate programs not based on health promotion considerations); Cycle Ergometry

Physical Standards (especially for entrance into the military or flight training)

PRHISM-IAC - REPORT APPENDICES

APPENDIX I

QUESTIONNAIRE RESPONDENTS SUGGESTED ADDITIONS TO THE PATIENT POPULATIONS INCLUDED IN THE PRHISM-IAC

Civilian and military medical personnel themselves

The entire U.S. Population

Subsets such as: children only; the elderly; VA population

Paired sample populations

DoD beneficiaries by medical treatment facility utilized

National Health Maintenance Organization (HMO) populations

Air Force Reserve

Air National Guard

Racial occupational ethnic groups with specific illness propensities

If gathering data to determine the health risk of exposure to an agent in use on an Air Force base, it might be best to obtain data and/or literature on non-governmental industrial employees

Local foreign nationals/selected international populations depending on issues of concern

Immigrants from countries with U.S. DoD facilities

Foreign populations for whom Air Force is called upon to administer health care (i.e., African nations, SWA, etc.)

Collect patient population data only in areas of the world where the information and data on indigenous people would be useful for medical intelligence and deployment medicine planning

PRHISM-IAC - REPORT APPENDICES

APPENDIX J

QUESTIONNAIRE RESPONDENTS SHORT TERM (12 MONTH) AND LONG TERM (1-5 YEAR) REQUIREMENTS FOR THE PRHISM-IAC

SHORT TERM REQUIREMENTS:

The top ten health problems for active duty (include inpatient, outpatient, and dependents).

Study of most common preventable disease so we know where to target health promotion.

Obtain environmental monitoring data from Air Force hazardous waste sites.

Need to match exposures to outcomes (or vice versa) to develop preventive strategies (number and location of exposures). Need numerator and denominator figures. Need access to data to establish both exposures (injuries and illnesses) and population served.

Environmental Medicine.

Achieving and maintaining aerobic fitness.

Evaluation of the effectiveness of the Air Force fitness program.

Develop a questionnaire/test system to evaluate fitness for military and their dependents. Develop software to track this, with confidentiality preserved (to include ID "smart card" development).

Normative data on fitness (running, sit ups, pull ups, swimming, etc., by age and sex).

Physical fitness performance data, health promotion strategies, nutrition, and smoking cessation.

Successful smoking cessation programs, smoking reduction trends.

Age and sex distribution of smokers along with trends in patient cholesterol values; would like to track individual progress over time and compare those results to control age/sex-related groups.

Latest studies on nicotine patch.

Comparison of the effectiveness of all Quit Smoking programs (active duty, dependents, retired, civilians, etc.).

Tobacco use trends.

Health promotion and health care policy.

PRHISM-IAC - REPORT APPENDICES

Cost effectiveness of health promotion efforts.

Health promotion metrics.

Initial applications for new health promotion programs.

Healthy People 2000; progress toward promoting Health 2000 goals.

Ergonomics: resources, training, supply/purchase.

Statistics on ergonomically related medical problems and information to help prevent these problems.

Statistics and information on cumulative trauma and ergonomics; on back injuries in base employees.

In Occupational Medicine, on-going implementation of OSHA standards.

Occupational illness and injury.

Analyses of occupationally related diseases with a comprehensive list of intervention strategies.

Special studies relating to Occupational Health.

Communicable diseases and Occupational Health.

Bibliographic Services, literature/subject surveys.

Assuming that medical services training information would be included in the database, new methodologies in this area would be extremely useful to the USAF.

Residency training research requirements.

Medical literature reviews.

Preparation for briefings and meetings.

Am in MHA program and need research material for papers and studies to complete the degree requirements.

Current awareness, technical inquiries, and state-of-the-art reports.

Analysis of Infectious Diseases.

Epidemiology studies on sexually transmitted diseases (STD).

An ATC-wide questionnaire study assessing the sexual behavior trends of students before and after making condoms and sexual education material readily available to them. Pipeline bases should be considered first.

PRHISM-IAC - REPORT APPENDICES

STD rates in active duty personnel who have easy access to condoms.

Family planning and population control.

Proven effective interventions for STD hearing loss.

DoD civilian compensation claims data on hearing loss.

Hearing loss in industrial shop workers.

What is the motivating factor in getting workers to wear hearing protection?

Air Force-wide study assessing the benefits, if any, achieved by the new hearing conservation standard.

Communicable disease incidences.

The immunologic potential of xenobiotics.

The predictive value (both positive and negative) of ecologic studies.

The identification of hyper-susceptible and sub-susceptible groups to various diseases.

Statistics on the "normal" incidence of cardiovascular disease in the Air Force by sex, age, and AFSC.

Need assessments for Preventive Medicine, Preventive Health, and Health Promotions.

Clinical prevention strategies.

Field trials; surveillance of deployed units.

Database for physical exams for rated and civilian personnel.

Disease data from all previous wars/conflicts.

Deployment biostatistics.

Follow up of post-deployment medical status of personnel serving in the Middle East (Operation Desert Storm/Desert Shield); diseases brought back from the conflict.

Post-Desert Storm epidemiology analyses of the incidence of URI's.

DNBI and environmental conditions for military and civilian populations overseas.

Combat-related diagnoses and follow-up.

Relation between combat stress disorders (acute) and post-traumatic stress disorder (long-term).

PRHISM-IAC - REPORT APPENDICES

Health analysis and problem summary for each state and region.

Anything that bears on the health status of Kentucky's population.

Environmental lead sampling and standards.

Lead standards for environmental contamination.

Pediatric lead exposure rates on base; lead toxicity in children.

Lead effects at different levels on different ages and groups of individuals.

Indoor Air Quality.

DoD and employment agency civilian compensation data.

Budgetary analyses related to CHAMPUS.

Medline scientific information and background databases (population-based preferred).

Analysis of local population illnesses.

Acute disease incidence in beneficiary population.

Population-(demographic)-specific preventive health-care needs assessments normed to national and HMO population norms. Population needs analysis. Health screening guidelines.

The cost effectiveness of health promotion efforts on specific populations over time (look at productivity, absenteeism, and health care costs).

Longevity of military members and retirees compared to civilian populations.

Are we identifying occupational health diseases through our screening efforts?

Information on characteristics (exposures, health) of many different populations.

Cost effectiveness of health promotion efforts on specific populations over time (look at productivity, absenteeism, and health care costs).

Medical threat data.

All aspects of public health and preventive medicine.

Direct patient care.

Drug use and adverse drug reactions, especially rare, unlabelled events (rare drug exposure and rare outcomes require a very large database -- all of DoD; other clinical drug-use data).

PRHISM-IAC - REPORT APPENDICES

Self-medication and unauthorized medication in aircrews.

Aviation-related diagnoses and follow-up.

Relationship of selection criteria for accession to health outcomes.

Selection of fliers for training, using differential reasons for failure to validate standards.

Pregnancy in the workplace.

Effects of noise and electromagnetic energy on implantation and first trimester of pregnancy.

In the area of Industrial Hygiene, would be interested in ergonomic studies; new information on reproductive hazards in the workplace; studies and updates on carcinogens; and any refinements in indoor air quality assessments.

Are the Industrial Hygiene surveys for chemicals adequately measuring exposure, especially for the EPA-17 list? Are the biological monitoring interventions sensitive enough to illustrate a trend?

Chemical exposures.

Trend analysis of workers exposed to Benzene who exhibit outset of symptoms consistent with asthma.

Effects of carbon dioxide on workers in closed environments.

Attributable health service costs for fuel haulers, plating shop workers, and paint spray workers.

Short term (months) exposure to hydrocarbons.

Accident prevention strategies and the modification of risk-taking behaviors.

A complete analysis of tuberculosis literature.

Active duty vs. civilian positive TB trends.

Vaccination status for adults (tetanus, pneumonia, hepatitis B, and influenza).

HIV and hepatitis B infection rates within the DoD.

**Control measures of HIV transmission by annual routine screening health care workers.
Importance of HIV screening as a control method for HIV transfusion.**

Review of Hepatitis A prevalence.

As budget cuts confront the MTFs it would be useful to look at cost/benefit analyses of the impact of closing a service if (for financial reasons) something must be curtailed.

PRHISM-IAC - REPORT APPENDICES

Health needs assessments.

Impact of initiatives.

Retrospective analysis of neoplastic disease incidence in radar maintenance technicians.

Cancer risks; risk assessment.

Follow up of veteran cohorts for cancer development.

Demographic data on cancer cases in the Air Force and in local areas.

Various malignancies related to toxic waste sites.

Particularly interested in Air Force database as possible population to study testicular cancer and occupational viruses.

Repetitive motion sickness syndrome.

Repetitive motion illness prevention strategies and equipment design.

Health Risk Appraisal (HRA) development and assessment; determination of patient compliance.

Design an occupational illness/injury identification and reporting system for the USAF that really works.

Coefficient correlations of responses to Health Risk Assessment surveys; standard deviation for HRA data.

Sensitivity/specificity of liver function tests for screening for illness due to specific hepatotoxins found in the industrial environment.

Review of available data on high altitude radiation exposure and its possible health consequences; health effects of all types of radiation.

Knowledge of who has appropriate databases to answer legitimate research questions. However, I believe those databases are best maintained by the collectors of the data. Your organization should support the maintenance at the site of collection; not in a repository. Reasons: Only the primary collector of the data is assured of data integrity. They also will best understand the uniqueness of the data structure.

Nutrition or food choice trends.

Very low fat diet (15gm-20gm), the daily maximum and very carefully monitored, on a variety of diseases but primarily on cardiac disability, arteriosclerosis, and stroke -- proven by objective tests such as angiography over a 12 month period.

Intervention effectiveness capacity for service delivery.

PRHISM-IAC - REPORT APPENDICES

Health program analysis.

Epidemiology statistics.

Availability of predeployment medical requirements.

How does the communicable disease risk at our base compare with AF-wide incidences as well as bases in other areas, both CONUS and OCONUS.

Changes in international travel medications.

Occupational-related risks.

Database for medication use/side effects.

Need a compiled database merging selected information from AFOMS, AFMAC, and DEERS; feasibility studies of the utility of AFOMS and AFMAC data for preventive medicine research.

Will you have access to data registries at Brooks, i.e., hearing and occupational illnesses? Plus access to MTF diagnosis data? Also, the safety data bank? All of these could be used to develop an "outcome data analysis" which would help us better define our strategies in the prevention arena.

Drug interdiction.

A study of long term health problems with particular focus on selected connective tissue diseases (RA, SLE, Scleroderma, mixed CTD, etc.) among military personnel and/or their dependents -- with and without breast implants.

Thermal stressors.

Comparison of patient preference for either group or individual health education presentations.

Cost analysis of current common practices of using preventative screening measures in clinical medicine.

Database for the FAA exam.

Methods of cleaning up trichloroethylene (TCE) in the underground water supply.

Obesity and inactivity in the elderly patient.

Level of cholesterol and its relationship to a persons flying career in the military.

Behavior changes resulting in improved health.

Quality of life indicators which demonstrate the individual feels his/her quality of life is improved.

PRHISM-IAC - REPORT APPENDICES

Effects of 36 day-per-year exposure to occupational workplaces (traditional Guardsman with one weekend per month plus two weeks a year).

PRHISM-IAC - REPORT APPENDICES

LONG TERM REQUIREMENTS:

Need to obtain health outcome data from Air Force medical installations about chronic and acute diseases related to environmental contamination.

Health risk analysis of the entire Air Force population; positive and negative trends.

A study on complex issues confronting medical technicians which could have been effectively captured in an intelligent database or tutor for the necessary procedures to deal effectively with the identified situations.

It would be helpful to have a database which verified the tasks commonly performed by medical technicians.

Monitoring of trends of infectious diseases in Occupational Medicine.

Preventive Medicine trends and results.

Preventive methods effective for specified populations.

Cost savings of preventive medicine programs.

To establish collaborative initiatives that will increase the delivery of and access to clinical preventive services.

Bibliographic service; scientific and technical references.

Disease trends; occupational illness trends.

Review of MPH five-year strategic plan and request input for developing action plans.

Epidemiologic Research.

Recommending research to develop new noise abatement materials with the flexibility and economy to be installed liberally throughout individual work centers and weapon systems.

Cost benefit analysis for Preventive Medicine programs.

Actual cost avoidances by specific preventive measures.

Air Force policy as it relates to fetal protection.

Research on medical dissertations.

Current statistical analyses on various preventive medicine topics.

Value derived from health promotion family advocacy and fitness activities: "Is the juice worth the squeeze?" vs. should we not put more \$ into these activities?

PRHISM-IAC - REPORT APPENDICES

Impact of the Air Force Family Advocacy outreach program.

Changing health status of beneficiaries.

Immunization status of served populations.

Drug use, adverse reaction, and other clinical data.

Anything and everything to do with assessment of the effectiveness and efficiency of preventive services delivery.

Trend analysis in utilization patterns. Impact of preventive services. Clinical critical pathways and strategies for preventive and health screening programs.

Psychoneuroimmunology.

Pregnancy outcomes, Air Force employees.

Analysis of trends in industrial shops.

The analysis of aircraft accidents and human factors data.

Bibliographic needs: can be filled by Medline or BRS Saunders.

Health promotion efforts on life style behavior changes.

Efficacy of treatment, evaluation of alternatives.

Expanding health promotions.

Is there a need for periodic titers to exhibit Hepatitis B five years post immunization?

Active Duty, dependant, and civilian personnel statistics on smoking.

Prospective cohort analysis of health problems in radar workers.

To find a highly skilled officer and enlisted public health team deployable worldwide.

Studies showing effects of chronic low exposure to industrial solvents, lead, etc., on the job.

Status of Hepatitis B immunity changes in AIDS worldwide.

Occupational health trends.

Proper mix of clinical preventive medicine and clinical primary care for an Air Force outpatient clinic with a limited number of providers.

Effect of health promotions programs on health of population and dollar savings.

PRHISM-IAC - REPORT APPENDICES

More information on population-based reports on health findings in the United States.

Epidemiology of occupational illness and injury effectiveness of new occupational medicine programs in reducing specific occupational illness and injury.

Proof that \$ invested in health promotion results in \$ cost avoidance for smoking or tobacco use cessation programs and nutrition awareness programs.

Physical fitness tracking of reservists, all categories.

Health promotion intervention effectiveness measurement.

Effects of positive pressure breathing (Combat Edge) on aviators.

Merging data from AFOMS and AFISC. Improving the type of data and completeness of data from AFISC. The IAC could lead the effort to make AFISC data more relevant to Preventive Medicine users.

Promoting Health 2000 objectives; monitoring fitness program modification; developing an outpatient database for illnesses.

Tracking implementation of cycle ergometry program and its effect on force fitness and health.

Hodgkins lymphoma increase among retired US Entomology technicians.

Continuous update of preventive medicine biostatistical data.

Intervention impact study to predict and/or measure impacts. Does health education create life style changes? Use of critical pathways to influence physician clinical practice of preventative and health screening strategies.

Outcome studies relating effectiveness of stress management techniques and physical/somatic relations.

Develop educational program to help DoD-accessible population (including children) improve skills for responsible child-rearing with renewed emphasis on intellectual development and de-emphasis of entertainment and spectator roles in life.

PRHISM-IAC - REPORT APPENDICES

APPENDIX K

CONFERENCES, SYMPOSIA, AND MEETINGS THE IAC WAS ASKED TO SUPPORT

Aerospace Medical Association.

Operational Aeromedical Problems Course.

Air Force and DoD Annual Health Promotions and Health Prevention Symposia.

Global Medicine Conference

Military Public Health Symposium.

State-of-the-art conferences on topics of special relevance to the Air Force and the scientific community, e.g., electric and magnetic field exposures and health effects.

Public Health Officer Symposium.

Program reviews between ATSDR/PHS and the Air Force regarding superfund activities.

Would like global use of Index Medicus, Toxline, etc., with modem access. Perhaps could be hooked to Brooks AFB's Electronic Bulletin Board system with an 800 number.

Undersea and Hyperbaric Medicine.

Inter-service Training Review Organization (ITRO) meetings for health care training.

Army Medical Meetings.

Commanders meetings - line and medic.

EOSHA Fire Prevention Conference.

Any gathering where statistics or data could enhance presentations.

American Society of Tropical Medicine

Society for Epidemiological Research.

Ergonomics, Occupational Medicine, and Preventative Medicine.

Management seminars - wing briefs - Occupational Health working groups - Patient consultations.

PRHISM-IAC - REPORT APPENDICES

AMSUS.

Navy Program Manager Symposium.

Aerospace Medicine Symposium.

Virtually any conference where AF member is presenting.

Occupational and Environmental Symposia.

Epidemic Intelligence Source Conference.

APHA.

Society for Epidemiologic Research.

International Conference on Chemotherapy and Chemoprophylaxis (Infectious Disease).

Association for Practitioners of Infectious Disease Control.

Occupational Medicine - trends and education material.

Command-wide occupational medical problems.

Annual PHO Symposium (report composite Air Force disease statistics).

Provide information to local, regional AF meetings, for instance, Davis Monthan, Luke, and Williams hold periodic meetings; future plans are to include Nellis, the Army, and County/State Public Health personnel/input.

Senior (Colonel) Medical Service Corps Officer Conferences.

Practice guidelines conferences for clinical medicine.

Travel Medicine.

Occupational Health (OSHA).

Society of Behavioral Medicine Conference.

National Institute of the Clinical Application of Behavioral Medicine Conference.

AVMA.

Society of USAF Flight Surgeons.

OAP (Operational Aeromedical Problems Course).

PRHISM-IAC - REPORT APPENDICES

USAF Annual Safety Conference.

Air Combat Command Annual Safety Conference.

School of Aerospace Medicine meetings.

Armstrong Laboratory courses.

ASTHO.

Chronic Disease Epidemiology meetings.

The Annual Navy Occupational Health/Preventive Medicine Conference.

DoD Human Factors Technical Group - Subgroup of Human Factors and Biomedical Devices.

Operational Problems in Aerospace Physiology.

Regional meetings of the American College of Preventive Medicine.

American College of Occupational Medicine.

Assistance with updated findings, printed articles, etc., demonstrating health promotion benefits to be used as handouts for Health Promotion Conferences.

Interact with the Computer-Based Patient Record Institute; they share our concerns and the association may be mutually beneficial.

Preventive Medicine; their annual meeting should have a mission statement and description of the services offered by the PSI.

Armed Forces Epidemiologic Board.

Armed Forces Pest Management Board.

Air Force Senior Public Health Officer Symposium.

AGARD.

TAP.

The annual Chronic Disease Surveillance and Control Conference.

BEE-MAH symposium.

PRISM-IAC REPORT APPENDICES

APPENDIX L

**QUESTIONNAIRE RESPONDENTS SUGGESTED
RESPONSES TO QUESTION 19**

ADDITIONAL COMMENTS

NOTE: This information has not been fully sorted, reviewed and tabulated.

PRHISM-IAC REPORT APPENDICES

Record1/Variable Q19

Personal needs for an IAC are minimal. Some current organizational need for access to Air Force environmental monitoring and health outcome data under superfund program

Record2/Variable Q19

My staff and I both agree that this would add very little to our capabilities and services. The expenditure is unacceptable.

In short, we cannot support this effort

Record3/Variable Q19

Q14. Closing base

Record4/Variable Q19

A. Safety collects data on occupational injuries which will be useful in our preventive medicine programs.

B. Civilian personnel is an excellent resource of workforce numbers and the incidence of occupational injuries and illnesses, unit of assignment, cost of benefits, etc.

C. Make the system user friendly.

D.

Need to utilize environmental management data.

E. ASTDR, EPA, NIOSH, and OSHA data should be included.

F. Local cancer registries are closing due to lack of funding/use. These would be an excellent source of information.

G. Need to

link causation to prevention

Record5/Variable Q19

In days of diminishing resources, should there be consolidation of this type of action - the plan sounds very reminiscent of the Navy Health Research Center here in San Diego.

Sorry - at my present work level many of your questions are not applicable

Record6/Variable Q19

Record7/Variable Q19

We are not in the medical business. I don't think such a system (IAC) would be used by AFOSR. Thus, I did not fill out the questionnaire

Record8/Variable Q19

Your description is so vague and generalized, I really cannot envision how this system is going to directly benefit my operations or make my job easier to do than it now is. How, (what services) are you going to provide services are you going to provide that I can't buy or have available some already? Does it duplicate things already available? Cost is extremely important. Will this allow me to do my job easier and at less cost than I am now? This is an interesting concept but I really need a lot more information about what it is, what it offers and how I can/will interact with it before I can answer many of your questions. My initial feeling is, I need much more computerization/data automation capability locally before I can consider spending scarce money on

PRHISM-IAC REPORT APPENDICES

remote systems

Record9/Variable Q19

Record10/Variable Q19

*Q14. Answered "Perhaps" to funding for special studies

Record11/Variable Q19

Suggestion: Extensive data are now being collected on worker exposure to a wide variety at potential health hazards. This data should be included in yor proposed archive

Record12/Variable Q19

Record13/Variable Q19

Record14/Variable Q19

Record15/Variable Q19

I dont' fully understand how this would effect me or exactly what this program is. It seems quite "theoretical" - I would like examples of practical applications that I could use at base level. I'm sure my responses aren't too helpful due to my lack of complete understanding. However, the broadening of Preventive Medicine Services appears to be the direction of this program, and I would like to be involved with it as it is developed in the future

Record16/Variable Q19

*See letter with questionnaire for K. Brooks

Record17/Variable Q19

No Interest

Record18/Variable Q19

The information sheet explanation is flying at 40,000ft and I'm still in the weeds! It is not really clear to me what the purpose of this system is and how it will effect operation of a health promotion/preventive medicine service at an average, small MTF. Nor is it clear how this service differs fom other on line databases.

Perhaps this reflects my own inexperience wit these systems, but my rule of engagement for operating this MTF is to remain financialy viable without limiting access or services to the patient/beneficiary population. Unless this system offers the potential to ultimately help to maintain MTF costs, I doubt it will fund much support at the grass roots level

Record19/Variable Q19

Record20/Variable Q19

I have concluded that it is unlikely that we would directly use the service.

I

have difficulty seeing how we might find th eproposed services useful

Record21/Variable Q19

Little anticipated need possibly in industrial hygene possibly something related to environmental control

Record22/Variable Q19

In Japan

What we need is basic library services and a plan to implement

PRHISM-IAC REPORT APPENDICES

preventive services and health promo plans

Record23/Variable Q19

*Q6,7,9,10,14d. - Read questionnaire

Record24/Variable Q19

John - As you can tell I don't see that I or we have much use for an IAC. It appears to be another R&D oriented function. We as a command are trying to get away from R&D and become more operationally oriented. I see some parameters that could help us, but I don't think we'd use the IAC over a couple of times a year - we have BEE's, MPH officers, Preventive and Aerospace Med. specialists etc. to do these things for us.

Sorry I'm of no better help to you, but I see this as a nicety and not a necessity

Record25/Variable Q19

Record26/Variable Q19

Record27/Variable Q19

Record28/Variable Q19

A very complicated information sheet and questionnaire. I have no idea what you are trying to get across - Do you?

Record29/Variable Q19

Record30/Variable Q19

If I understand this, you are trying to determine whether you can develop/expand as inservice consulting group that could service both the military and non military. I suspect there is a big need in the military for such a function but probably little budget. I also think you could market your service outside of the military - in particular to industry. Probably your niche would be industry with government contacts. That way you could capitalize on both your technical/scientific skills and also your security clearances. Most civilian consulting firms probably will be able to deliver a comparable product faster, but they likely won't have the necessary security clearances to get access to certain type of data

Record31/Variable Q19

I am mainly interested for special research projects, but if online databases were easily accessible and available, e.g., Dialog back in time, I may also be interested depending on cost

Record32/Variable Q19

The key is to develop a system that is extremely user-friendly including the ability to call a real human being for help

Record33/Variable Q19

Although Battelle Institute is highly respected as a commercial, scientific and research firm, I do not feel that it would be in the best interest of National Security and the Air Force to share very sensitive information with this organization. Having close relations with this firm seems to only duplicate activity already performed within the Air Force and DoD. As a graduate of Ohio State University, I am very aware of Battelle Institute and respect their scientific standing, but do not recommend such integration into the Air Force

PRHISM-IAC REPORT APPENDICES

health care structure

Record34/Variable Q19

Record35/Variable Q19

Record36/Variable Q19

I hope our conversation was of help with this.

Two way communication helps me

brain storm better than questionnaire completion

Record37/Variable Q19

Looks like a good idea and a challenging project. I'd be interested in a summary of responses when available. Although certain members of the biomedical Sciences Corps have a need for these, services, this office would not be a user. Thanks for including us in your distribution

Record38/Variable Q19

Record39/Variable Q19

I do not understand how this could help me in present mission

Record40/Variable Q19

Needs at this time are uncertain due to closure issues. Many projects, programs, etc. will be discontinued as well as funds for such programs.

I am

sure larger facilities will benefit greatly from such a source.

***Q14b.**

Answered "uncertain.

Record41/Variable Q19

***Message across first page -**

"I will NOT complete this. This is a terrible questionnaire - too long - too complicated/confusing - very leading. If this is an example of contractor's work - cancel contract

Record42/Variable Q19

Retired, not active in medicine.

I wish this had been available to me some

years ago - especially computer/modem access

Record43/Variable Q19

This is a huge job, as described, It would be very expensive, and may not be workable

Record44/Variable Q19

Record45/Variable Q19

Record46/Variable Q19

Record47/Variable Q19

Record48/Variable Q19

***Q14. Money matters above pay grade**

PRHISM-IAC REPORT APPENDICES

Record49/Variable Q19

This was a very difficult questionnaire for someone not connected with the military. If it had come at a busier time, I probably would have pitched it

Record50/Variable Q19

I think its a very good idea. Lets press on with it, so folks like me in the field have access to more timely information and consultation

Record51/Variable Q19

Record52/Variable Q19

I am sorry I do not have time to help you justify a new program/system. All my time and energies at present are being spent to see how our meager budget for FY93 can be made to last until 30 Sep 93 without decreasing services to any beneficiary. At present we do have access to some of the information you hope to make available - at present it is at no cost. Even if this info were available from one source we would not have any funding to make use of it

Record53/Variable Q19

It is difficult to answer many of your questions because:

- other services

have similar initiatives and I don't know the status of these.

- I don't have

a clear concept of how strongly your effort will be oriented toward the Air Force and the extent to which it will be a DoD system.

I do suggest that the

final outcome provide for links between all services so that the same questions can be asked in the same way for uniformed people and civilians of all services

Record54/Variable Q19

Compatibility is a must. Set standards in the beginning so that users will be able to access they system. Make recommendations (written) on software to use with the system so users could make appropriate requests to their resource offices.

*Q18. True measurements would require a great deal of thought and consideration. You need to measure things that matter, not merely things that can be easily counted. Go beyond bean counting

Record55/Variable Q19

Record56/Variable Q19

Record57/Variable Q19

I am not familiar with the program therefore am not qualified to make a rational fair assessment. Generally I am not in favor of spending more money unless necessary for good use

Record58/Variable Q19

Record59/Variable Q19

I dont' think what you porpose is needed. If I could be conviced otherwise, it would belong at CDC or NCHS

Record60/Variable Q19

PRHISM-IAC REPORT APPENDICES

Record61/Variable Q19

Record62/Variable Q19

Need to know more about it

Record63/Variable Q19

Your brief description was not detailed enough to show me how this will benefit us in our operation of a small inpatient/large outpatient facility. I am uncertain that we would use this service very much at Kirtland. I see the theoretical value but not how it will add real \$ to our accomplishing our mission

Record64/Variable Q19

Record65/Variable Q19

Record66/Variable Q19

My personal needs are small - but our Pm residents might use education portions of it

Record67/Variable Q19

I wish I had more exposure to the type of program you are offering—I don't feel I have the knowledge necessary to even answer most of these questions appropriately. Sorry

Record68/Variable Q19

Record69/Variable Q19

This package still doesn't fully explain to me of how this system would work and how I can benefit. If you aren't sure of what the system would (in simple terms) then it is very difficult to answer this questionnaire appropriately.

With the money crunch in the military, this poses a real problem for me. We barely have enough funds to operate on a day to day basis. Although this may be beneficial, more effective and faster, it is impractical when it comes to adding it to our budget

Record70/Variable Q19

Record71/Variable Q19

Record72/Variable Q19

I must apologize for not being able to provide more input. I am relatively new to this career field, and my computer knowledge is, at best, in the budding stages. I have answered what questions I could, but my inexperience prevents me from completing your survey.

The principal idea behind the IAD sounds good, but I cannot provide any specifics on how it would be useful to us, as a small base, other than the reference source. A problem that I foresee for us would be obtaining a budget to pay for such a service

Record73/Variable Q19

USUHS should not be regarded as a typical customer. Our main functions are teaching, research and consultation. We are asked to provide answers to questions, usually over a yearly long period. We often have to develop

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specific databases to answer specific questions, or sometimes to link databases to answer specific questions

Record74/Variable Q19

I am not very familiar with computerized data bases or literature searches. Other clinic personnel have been very satisfied with Medline & Toxline.

*Answered maybe to the funding questions

Record75/Variable Q19

Record76/Variable Q19

Record77/Variable Q19

Information on how to set up study on local basis with a particular problem. Because of control groups, small populations, etc., such study may not be feasible, but at least someone would be available to access the _____ and give direction

Record78/Variable Q19

I would be happy to discuss in detail our particular needs and share recent RFP's and RFA's with you.

*Q5a. If it had drug use, adverse reaction, and other clinical data.

*Q13a. If it is the specific data we need may be competitive bidding process.

*Q14c. Depnds on utility.

*Q14d. Data purchase

Record79/Variable Q19

I'n not sure why you sent this to me. If you really has a specific project in mind, let me know

Record80/Variable Q19

Record81/Variable Q19

Specific serological data/DNBI data could prove useful in improving the accuracy of AFMIC's infectious disease and environmental health risk assessments

Record82/Variable Q19

Dr. Herbold,

After routing this package through Health Promotions and our Flight Surgeon I can tell you that support for this program is low I could not answer all questions int he survey, except the one on funding! That received a resounding NO.

The only knowledgeable answer I can give is that if this becomes available and we are allowed to "dable" around in it I could better decide on its value

Record83/Variable Q19

Centrally funded and managed information systems have been notoriously expensive and deficient in terms of value added. The IACs should not replicate of duplicate servcies alrady in palce within the federal health-care

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infrastructure. While it is attractive to have on-line access to a database and the capacity to order special studies, the merits of this capability appear limited. Much of the information and technical support which an IAC would provide already exists. The need is to have competent planners at the facility level who know what to access for their specific strategic and evaluative requirements. In today's fiscal environment, there are those who say we cannot afford an IAC and those who say we cannot afford not to have an IAC. At present, it would seem a further investment in CHAMPUS, RCMAS, CHCS, DEERS and other systems would be more prudent.

Does this service duplicate, or is it designed to replace any health promotion functions
Record84/Variable Q19

Record85/Variable Q19

Spoke personally over phone to Col. Herbold on 11/30/92, therefore written response not provided. Our staff will follow up with Col. Herbold

Record86/Variable Q19

-You really should have some "prototype" we could "test drive" and then ask these questions.

-Funding at local level will probably "turn off" many users.

Will continue with status quo - we're broke. . . .

-This sounds like InterNe

Record87/Variable Q19

*Q14. Money is a major question. We can't even fund copier paper at times

Record88/Variable Q19

Record89/Variable Q19

Being quite new to the field of Health Promotion program development, and having been away from statistical analysis for some time, my initial needs probably appear to be rather basic. To my understanding, an IAC would be an excellent resource for development, and continued enhancement of specific areas and programs. The Health Promotion field would greatly benefit from a more systematic approach at organization, assessment and implementation of services that could be "proven" to be effective for appropriate clients

Record90/Variable Q19

To be frank, I have no idea how to answer many of these questions. The issues are well beyond how we manage our programs at base level. We have a tough enough time getting the day to day job done without considering research. I am just not that knowledgeable about these issues

Record91/Variable Q19

Would IAC entail much time for input of data? That was an immediate question in our office.

I could see IAC being used as a baseline for our base STO, TB, hepatitis programs

Record92/Variable Q19

I am not sure why you sent this to me. I do not understand what you are planning to accomplish. Clearly, a data management and tracking system is important for any preventive service. The success of the program depends on

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the quality of the services and data. I would like to see a better description or example of the use of this system

Record93/Variable Q19

Facts and info are great. We already have sources for almost everything I think I need. The problem is that those who make/enforce/set/inspect policies and procedures are unwilling to kill the "sacred cow". Examples Abound! 1. Hydrogine physical exam requirements 2. Baseline CBC for X-ray Techs 3. Cholinesterases for CE pest control(semi annual) 4. BEE's drinking water programs showing how expensive/useless they are -- but they don't go away! We need a commitment, before we invest in more "information services", that DATA WILL BE USED EFFECTIVELY.

Record94/Variable Q19

Record95/Variable Q19

*Base closure

Record96/Variable Q19

Record97/Variable Q19

You'd better get the evaluation metric firmly established FIRST and work the program back from there or you won't be able to justify your existence. Figure out the reason you are there and how to measure it, then go on

Record98/Variable Q19

It is critically important to realize that current O&M funding does not cover present base minimum needs. If mother Air Force decides this is an important "value added" service, that will reap the benefits and save money, resources and assets, then the Air Force will have to fund the effort.

There is no way

our financially constrained and fiscally strapped agency can provide financial support to a PRHISM-IAC

Record99/Variable Q19

Much more info is necessary for us to make informed decisions on this initiative. Your outline is seemingly based on the assumption we are more informed on this than we are at present. Need to get down to the basics. Not uncaring just uninformed on this

Record100/Variable Q19

The information that would be included in PRHISM-IAC would be of no value for our programs

Record101/Variable Q19

My division chiefs are not certain if they would use PRHISM-IAC services on a regular basis. Would suggest a good marketing program to tell us if we can indeed utilize the proposed service

Record102/Variable Q19

It is interesting that Dr. Doane is a USAF BEE Retired

Record103/Variable Q19

Sorry so late in completing this, the "needs of the Air Force came first"

Garry

Moore, Maj., (USAF, MC, FS) for
Col Magnuso

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Record104/Variable Q19

I suppose I was asked to complete this questionnaire because I use VA patients in my research and therefore am listed as a VA researcher. In fact, however, I am an NYU Medical Center employee and the questionnaire seems largely irrelevant to me. I'm not sure my responses are helpful. Please call me if I can be of any further help at 212-263-6651

Record105/Variable Q19

Record106/Variable Q19

Not really interested in such a program

Record107/Variable Q19

*Q8. State unified programs in Agency Health Projects.

*Q10. We are currently

in development. Most useful thus far is Vital Records, demographics anticipate this to become Medicare Pro sets and Insurance payments.

*Q11. Most uniform

use is SAS. CDC is currently developing a non professional package "HIRS" Health info retrieval system, it looks very promising - DO NOT reinvent the wheel, go with what is available

Record108/Variable Q19

Record109/Variable Q19

Record110/Variable Q19

This proposal has no relevance for my current activities

Record111/Variable Q19

At small MTF usefulness initially would be hard to measure - TESTS among control groups at large facilities/San Antonio/could be the bases to extrapolate the usefulness at smaller bases given the lack of O&M \$ flexibility at these locations

Record112/Variable Q19

Record113/Variable Q19

2 recently obtained Epi Info but haven't learned how to use it

Record114/Variable Q19

Modem access to AL Electronic Bulletin, known as Pegasus, is more than adequate for researching and retrieving epidemiological and medical intelligence data

Record115/Variable Q19

I feel this program would be best utilized by larger facilities or at the command level. Most of our data is processed through locally generated databases.

On the other hand, the information presented in the information sheet is somewhat general, so I am not totally clear on what they are offering.

The only area we could utilize would be "the impact your intervention initiatives are having on the health status of all assigned personnel.

Record116/Variable Q19

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Record117/Variable Q19

Record118/Variable Q19

Record119/Variable Q19

Record120/Variable Q19

I am very concerned about the overall approach of this survey. It appears to be an effort to have the respondents define the need for the project and then describe methodology. The survey does not appear to represent appropriate preliminary efforts by the planners and contractor

Record121/Variable Q19

Record122/Variable Q19

Record123/Variable Q19

Record124/Variable Q19

This is a closing base, so Health Promotions is a part time job, not much time for any extra projects. An IAC does sound helpful though overall, and would seem to be a good source of info and save alot of repetitive work by many people

Record125/Variable Q19

Record126/Variable Q19

Record127/Variable Q19

SUGGESTIONS:

Based on my experience providing physicatric consultation to the Stanford Univeristy. There are a great deal of psychosomatic issues that drive the patient seekign medical attention. If the caregiver only focuses on the ticket for concern and attention, that is the medical symptom, then the primary issue is not being addressed and teatment will have only a minimal chance of success and the patient will become a chronic user of health care services frustrating everyone including themselves.

I would suggest you

consider adding a Beck Inventory for depression, or some other mini mental status screen to your assesment in order to more accurately target the appropriate "prevention and health intervention strategy". As you know, confidentiality issues are always a concern with this kind of information and must be addressed.

Best wish on your project, which I think is very important because of it's emphasis on prevention

Record128/Variable Q19

This group is a training organization and has no needs pertaining to Prevention and Health Intervention. No need for formal response

Record129/Variable Q19

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The nature of work performed at AFTAC does not require access to or use of information on prevention and health intervention strategies or preventive medicine programs. There, I regret that I am unable to provide any meaningful responses to your questionnaire

Record130/Variable Q19

*Q8. - I need training on what databases are available and how to use them for public health preventive medicine efforts. I am relatively new to the public health field (2 years) and haven't seen the priority need for this at base level yet

Record131/Variable Q19

Record132/Variable Q19

Record133/Variable Q19

Record134/Variable Q19

As the director of the Aerospace Medicine TPIPT, I need access to a database of new medical technologies and equipment. Also medical R&D (Joint, NATO, industry) that can be applied to AF medical problems. I don't expect the PRHISM IAC to meet these needs. I am developing other sources. My interests are mainly for operational/combat medicine problems, Aeromed EVAC, Medical Readiness planning, and so forth

Record135/Variable Q19

I do mostly teaching and research--cannot see much use for this as currently described

Record136/Variable Q19

Record137/Variable Q19

We believe there may be SOME usefulness in a centralized data repository and retrieval service.

We believe it is inappropriate for you to contemplate charging Air Force users for your services. You will be transferring existing appropriated monies within accounts and such you will only generate work for additional accountants

Record138/Variable Q19

Record139/Variable Q19

IAC should also perform a function of providing periodic reports listing products that have been produced and are available. There should be an active attempt to share information as well as successes (& failures) in implementing incorporating the information into actual programs. Perhaps an annual symposium with user presentations and the publishing of abstracts would be useful.

If IAC is to be most effective there should be a strong outreach effort to get people involved and promote preventive medicine programs

Record140/Variable Q19

Record141/Variable Q19

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Record142/Variable Q19

Record143/Variable Q19

Record144/Variable Q19

The system must be very user friendly. Many offices do not have a computer "wizard" who can figure out un-friendly programs. For this same reason the system must be well field tested to work out "bug" before it is mass issued.

Recipients need to receive a good briefing and very user friendly orientation material on the systems capabilities to enable optimal utilization of the system's capabilities

Record145/Variable Q19

Record146/Variable Q19

Since I am very new to health promotions and have only just obtained a new computer, most of your questions are too indepth for to answer at this time. However, I am confused about the difference in what you're offering and Epi Info, a database purchased by ACC and sent out to all Health Promotion Managers. It seems to me that EPI Info does all the things your program would do - at least it will accomplish what I need to do

Record147/Variable Q19

Record148/Variable Q19

I'm sorry, there is little I can do to help your survey. I have little or no experience I don't believe my input should be included

Record149/Variable Q19

I can present the idea of an IAC to the Federal Aviation Administration office of aviation medicine for use in the health awareness and occupational medicine programs

Record150/Variable Q19

I don't know why I was asked to respond to this - I don't think I have any true understanding of the planned system

Record151/Variable Q19

I cannot complete this questionnaire - I am not directly involved with DoD and much of the questionnaire is "not applicable". The letter and questionnaire, however, are imminently steeped with jargon.

I have some difficulty in understanding what the PRHISM-IAC is and how it would be applied

Record152/Variable Q19

Record153/Variable Q19

As an Epidemiologist, I owuld want to use data as AF personnel to study causes of disease and identify strategies for prevention

Record154/Variable Q19

Record155/Variable Q19

Record156/Variable Q19

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Record157/Variable Q19

In the ANG the types of information needed is mainly for deployment to help maintain health and illness 2 to environmental problems

Record158/Variable Q19

NOTE Last two pages of this questionnaire were not attached

Record159/Variable Q19

Record160/Variable Q19

I apologize for not being very thorough with my answers. I've only recently started this position and haven't figured everything out yet

Record161/Variable Q19

As you will conclude from my mixed responses. I am not comfortable with this or any other data repository system. The reason is that such systems are easily abused by both well intentional investigators and paid advocates with particular points of view. On the other hand, the cataloging of who has datasets, and the funneling of support to maintain such datasets can be important function, whether IAC is an appropriate mechanism for such support should be considered. In regard to cataloging useful findings for potential preventive services would also be useful, if the mission can be well characterized. There are many such catalogings at present, however none that might be the appropriate mission for an IAC organization.

Descriptions of the

mission needs further work, and I would urge more effort be put into this, rather than trying to consider being a data repository which is far more expensive, and probably more work

Record162/Variable Q19

I guess I don't have the vision you folks have for this IAC. I just don't see the need. This will cost a bunch of money to the taxpayer. My budget and resources are so tight with the cutbacks that I'm just trying to keep the doors open. No is no time for me to launch into a new program such as this, with an unknown outcome. Bottom line, forget the whole thing, for now

Record163/Variable Q19

It is very difficult to provide information via this form. Personal discussion as to what uses and benefits in terms of occupational medicine would be more beneficial

Record164/Variable Q19

When this system is developed it needs to be explained on a very basic level. There are always a lot of assumptions that prospective users are familiar with equipment and methods to access

Record165/Variable Q19

Record166/Variable Q19

Record167/Variable Q19

I could not answer many of your questions. Working for the Army secretariat, I do not personally do any of the studies/data collection you describe. Any information I need is tasked over to the office of the Army Surgeon General for collection, collation, and coordinated response.

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However, I do believe what you propose is worthwhile for all of DoD, particularly in light of measured outcomes within the coordinated care program.

Record168/Variable Q19

*Q14. Answered "uncertain or not at this time" to funding questions

Record169/Variable Q19

Press On! As time goes on, let me know how I might be able to contribute

Record170/Variable Q19

Record171/Variable Q19

A. Safety collects data on occupational injuries which will be useful in our preventive medicine programs.

B. Civilian personnel is an excellent resource of workforce numbers and the incidence of occupation injuries and illnesses. They (OCPO at Randolph AFB) produce tapes that list injuries and illnesses, unit of assignment, cost of benefits, etc.

C. Make the system user friendly.

D. Need

to utilize environmental management data.

E. ASTDR, EPA, NIOSH, and OSHA data should be included.

F. Local cancer registries are closing due to lack of funding/use. These would be an excellent source of information.

G. Need to

ling causation to prevention

Record172/Variable Q19

PHRISM - IAC, may, provide the platform for true coordination of community based interventions that will make a difference

Record173/Variable Q19

Record174/Variable Q19

By collecting illness data AF wide we could target specific population for intervention strategies then analyze the benefit. For example: collect illness data; then open a new fitness center at three bases; then measure differences in illness data. Another example; Obtain influenza immunization completion rates from each base, compare with disease incidence by geographic region and completion rate. Preventive medicine programs are sometimes difficult to sell, being able to demonstrate results often makes it easier

Record175/Variable Q19

Record176/Variable Q19

This initiative is commendable. Might designate the IAC "a kind of think tank" in order to better popularize its services. The IAC should take over some Medical Intelligence and Information Center services in order to be an effective repository of data. This is an excellent opportunity for the military to take a leadership role in the forthcoming world of outcomes and standards of care. The IAC would be instrumental in re-rolling the military to use military facilities left idle by the drawdown in fulfilling the needs of a national health initiative

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Record177/Variable Q19

I am very new to this position. I feel I will need statistical support soon but question if an outside agency is most economical for the AF.

Thanks for
sending me this survey
Record178/Variable Q19

Record179/Variable Q19

My personal need for an IAC are significantly less than the systems need for an IAC since the Air National Guard does not provide treatment, nor are most of it's members eligible for military medical care. This significantly decreases our occupational medicine involvement and intervention opportunities to our population. The need for assessing health promotion interventions on the ANG will also be complicated by the civilian lifestyles and civilian medical interventions our members have. System wide, the AF should benefit from user friendly access to all four blocks of delivery, education, support/consultation and DR/Eval/Test through one consolidated point. Having a "quick response team" as well as routine computer access would be very helpful

Record180/Variable Q19

I hope this helps. I'm looking forward to having the results of your briefing.

*Q14.I'm not sure how to work this answer. SG should support the IAC. Do I need to get the funding in the same way our as our copier support contract? AFMOA should have access to data for policy decisions. I don't beleive this should be a fee for service. It should be an "opening door" cost.

Part of the annual cost.

Record181/Variable Q19

Record182/Variable Q19

Record183/Variable Q19

Record184/Variable Q19

Do not think an IAC is the optimum solution. Would prefer a separate physical center with dedicated personnel, budget and office space

Record185/Variable Q19

Pharmacoepidemiology studies (adverse drug reaction studies) and drug use information - Requires huge databases-

*Cooperative agreements DMDC databases
are of great interestes to her - adverse drug mims - world wide.

Wants DTIC IAC

info brochure

Record186/Variable Q19