
Community Programs New Coordinator Orientation: What Public Health Data Does HPCDP Have and How to Get It

Rodney Garland-Forshee

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PUBLIC HEALTH DIVISION
Health Promotion & Chronic Disease Prevention

Presentation overview

- Provide some definitions of health data
- Describe some critical data sources
- Show how to access information that is readily available to county coordinators
- Outline the data request process HPCDP uses to provide assistance to county coordinators when information is needed but not readily available

Health data definitions

Health data definitions

- **Public health surveillance**

SURVEILLANCE¹ is the ongoing, systematic collection, analysis, and interpretation of health data, essential to the planning, implementation and evaluation of public health practice, closely integrated with the dissemination of these data to those who need to know and linked to prevention and control.

- **Full/complete count datasets**

Datasets that provide a full or nearly full collection of data on the topic under investigation. Examples include Oregon Death Certificates or the Oregon Cancer Registry.

- **Survey datasets**

Datasets that are collected as a survey of randomly selected individuals or entities. Examples include the Behavioral Risk Factors Surveillance System or the National Hospital Discharge Survey.

¹ Centers for Disease Control and Prevention. Lexicons, Definitions and Conceptual Framework for Public Health Surveillance. MMWR 2012;61(Suppl; July 27, 2012):[10-14].

List of critical data sources

(Accessible to HPCDP)

Critical data sources



Full count datasets

All Payers All Claims Database (APAC): Database with paid pharmacy and medical claims from most commercial and all Medicaid and Medicare covered Oregonians. Includes county of residence.

Hospital Discharge Database (HDD): Provides information on hospital discharges from all non-federal acute care hospitals in Oregon. The dataset includes diagnosis and procedural codes, financial charges, and patient demographic, including county of residence.

Medicaid Management Information System (MMIS): Provides more timely and richer data on Oregonians on Medicaid than APAC.

State Cancer Registry (OSCaR): The registry started collection of information on all reportable cancers diagnosed since January 1, 1996. Oregon physicians and other health care providers are required to report patients newly diagnosed with cancer or benign tumors of the brain and central nervous system. Includes county of residence when diagnosed.

Critical data sources

Full count datasets



Vital Statistics

- Birth Certificates: *Includes all births occurring in Oregon and births occurring out of state to Oregon residents. This database includes parental demographic information, conditions of the newborn, congenital abnormalities, medical factors of pregnancy, method of delivery, and complications of labor and delivery. It also includes tobacco, alcohol, or illicit drug use during pregnancy. Includes county of residence.*
- Death Certificate: *Includes all deaths occurring in Oregon and deaths occurring out of state to Oregon residents. Data are obtained from death certificates that are collected from the state registrar. This database includes cause of death, date, and place of death, and decedent demographic information. Includes county of residence.*

For comparability, national birth and death data are available from the Centers for Disease Control and Prevention (CDC) WONDER (Wide-ranging Online Data for Epidemiologic Research) data system at (<http://wonder.cdc.gov>).

Critical data sources



Survey datasets

Oregon Behavioral Risk Factor Surveillance System (BRFSS): *The BRFSS is a telephone survey of Oregon adults aged 18 years or older. The BRFSS includes questions on diagnosis of chronic diseases, health behavior risk factors such as diet, weight control, tobacco and alcohol use, physical activity, preventive health screenings, and use of health care services. The data are adjusted to represent all non-institutionalized adults aged 18 years and older.*

- Annual BRFSS: *Yearly survey for state level estimates only. Data prior to 2010 is differently adjusted than data from 2010 on. We recommend contacting your liaison to discuss longer term trend data available and needs.*
- County Combined: *Combines four years of annual BRFSS files to provide county level estimates. Last available is 2010-2013. Next available will be in December of 2016 for 2012-2015 BRFSS files.*
- Medicaid BRFSS: *Done infrequently for Medicaid members. Last available is for 2014. Not available at the county level, but is available at the CCO level.*
- Race Oversample: *Oversample of racial and ethnic groups in Oregon for state level estimates. Last available is 2010-2011. Currently collecting data for the next dataset, which will not be available until 2018. Not available at the county level.*

Critical data sources



Survey datasets

Oregon Health Teens (OHT): Represents Oregon 8th and 11th graders. The survey assesses health topics such as tobacco and alcohol use, HIV knowledge and attitudes, eating behaviors, nutrition and exercise. From 2000–2008 the survey was done annually. Since 2009 the survey is done every other year. Available for both state and county level. Data prior to 2009 was collected slightly different from data from 2009 on. If you want data from prior to 2009 talk to your liaison.

Pregnancy Risk Assessment Monitoring System (PRAMS): PRAMS surveys Oregon women who gave birth to a live infant and is conducted shortly after birth and adjusted to represent all Oregon women who recently had a baby. PRAMS collects information from mothers about behaviors and experiences before, during and after pregnancy in order learn more about how to reduce infant deaths and low birth weight births. Estimates are not available at the county level.

School Wellness Survey (SWS): Similar to OHT, SWS provides information on 6th, 8th, and 11th graders and includes topics such as tobacco, alcohol, and illicit drug use, eating behavior and has a behavior health focus for assessing risk and protective factors that influence student success. Available at the state and county level.

Any questions so far?

?



Accessing data

Accessing available data

Main HPCDP site for data: Chronic Disease Data and Reports website

<https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx>

The screenshot shows the website's layout. On the left is a navigation menu with links to Adult Data, Youth Data, Oregon County Data, Reports and Statewide Plans, Self-Management and Healthcare Data, and Cost of Chronic Disease. Below the menu is a 'Ready to Quit Tobacco?' graphic. The main content area features a breadcrumb trail, a title 'Chronic Disease Data and Reports', and a paragraph explaining the data's purpose. A magnifying glass icon is positioned over a line graph. Below the graph, there is text about the availability of documents and contact information for requests. On the right side, there are social media icons and a sidebar with sections for 'About our Data' (Data Sources, Technical Notes) and 'Contact Us' (Health Promotion and Chronic Disease Prevention).

Chronic Disease Data

Public Health > Diseases and Conditions > Chronic Disease > Chronic Disease Data

Adult Data
Youth Data
Oregon County Data
Reports and Statewide Plans
Self-Management and Healthcare Data
Cost of Chronic Disease

Chronic Disease Data and Reports

The Oregon Public Health Division reports chronic disease information to help guide Oregon's efforts to control or prevent chronic diseases and reduce disparities among populations most affected by these diseases.

Chronic disease data listed below include the most recent information available for the focus area or topic.

Any of these documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a publication in another format or language, contact Health Promotion and Chronic Disease Prevention at 971-673-0984, 971-673-0372 for TTY, or email at hpcdp_surveillance@state.or.us.

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Health Promotion and Chronic Disease Prevention

Accessing available data

Has the most currently available data for adults, youth, self-management, healthcare (hospitalizations) and has information at the county level.

Chronic Disease Data

- Adult Data
- Youth Data
- Oregon County Data
- Reports and Statewide Plans
- Self-Management and Healthcare Data
- Cost of Chronic Disease

Public Health > Diseases and Conditions > Chronic Disease > Chronic Disease Data

Chronic Disease Data and Reports

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Health Promotion and Chronic Disease Prevention

Ready to Quit Tobacco? Learn more

Accessing available data

Focus on county

Chronic Disease Data

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Chronic Disease Data and Reports

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Accessing available data

County data mirrors other sections, just at the county level.

Oregon County Data

There are 36 counties in Oregon that comprise 34 local public health authorities. The community-wide work of these authorities spans the state's more than 98,000 square miles to affect the health of nearly 4 million Oregonians. Together with the state public health division and regional partners, the goal of these authorities is to reduce the burden of chronic disease by making it easier for all Oregonians to eat better, move more and live tobacco free wherever they live, work, play and learn.



On this page:

- [Adult county-level](#)
- [Youth county-level](#)
- [Stanford Chronic Disease Self-Management programs county-level](#)
- [Hospitalization county-level](#)

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Chronic Disease Prevention](#)


Accessing available data

Adults

Adults by County, 2010-2013

A **new** statistical method was used to produce estimates of adult health in Oregon counties. Because of this change, **please do not compare** older information you may have to the new 2010-2013 adult county data. More information on this change can be found [here](#).

Chronic diseases: Includes arthritis, asthma, heart disease, heart attack, stroke, depression, diabetes, cancer, and chronic obstructive pulmonary disease.

 [Percent of adults with chronic diseases](#)

 [Number of adults with chronic diseases](#)

Health risk and protective factors: Includes obesity, cigarette smoking, alcohol consumption, physical activity, sugar-sweetened beverage consumption, high blood cholesterol, high blood pressure, reducing salt intake, fruit and vegetable consumption, and physical activity

 [Percent of adults with health risk and protective factors](#)

 [Number of adults with health risk and protective factors](#)


Health screenings: Includes blood sugar test, cholesterol checks, Pap tests, mammograms, and colorectal cancer screenings.

 [Percent of adults with health screenings](#)

 [Number of adults with health screenings](#)

Tobacco use and related topics: Includes cigarette smoking, smokeless tobacco use, quit attempts, and smoking rules in the home and family car.

 [Percent of adults who use tobacco and other tobacco related topics](#)

 [Number of adults who use tobacco and other tobacco related topics](#)

Accessing available data

Adults

Chronic diseases among Oregon adults, by county, 2010-2013

Use unadjusted to estimate the overall burden of disease; use age-adjusted to compare among counties.



County	Angina (heart disease; %)		Arthritis (%)		Asthma (%)		Cancer (%)	
	Unadjusted	Age-adjusted	Unadjusted	Age-adjusted	Unadjusted	Age-adjusted	Unadjusted	Age-adjusted
Oregon	4.1	3.6	26.6	24.5	10.3	10.4	9.5	8.5
Baker	7.3 ^	7.6 ^	42.1	39.1	12.5	13.0	15.3	13.8
Benton	2.2	2.1	23.1	24.1	9.5	9.8	7.3	7.2
Clackamas	3.2	2.8	26.2	23.3	8.9	9.0	9.8	8.5
Clatsop	7.8	6.0	33.4	29.7	10.8	11.0	13.8	11.5
Columbia	7.1	5.5	34.3	30.8	15.7	16.2	7.5	5.9
Coos	5.9	3.9	35.4	31.1	13.3	14.0	13.2	11.0
Crook	4.2	2.5	35.5	27.1	7.3 ^	7.7 ^	11.6	7.0
Curry	8.5	5.3	34.3	24.4	8.2	8.3	13.2	8.9
Deschutes	3.5	2.8	28.2	24.6	10.3	10.5	11.5	9.8
Douglas	6.7	5.3	37.2	30.9	14.0	15.1	13.3	10.0
Grant	--	--	30.9	24.1	15.1 ^	18.3 ^	9.2 ^	7.9 ^
Harney	6.7 ^	6.0 ^	30.0	20.9	13.7 ^	15.5 ^	13.5 ^	8.5 ^
Hood River	2.8 ^	2.4 ^	25.8	23.7	8.6 ^	8.9 ^	7.7	6.2
Jackson	4.9	3.8	31.0	26.8	10.0	10.3	12.7	10.6
Jefferson	3.0 ^	2.2 ^	29.2	25.5	22.4	24.2	9.8	8.9
Josephine	6.4	4.6	34.3	27.5	10.2	11.1	12.1	9.7
Klamath	4.5	3.4	31.2	26.9	9.3	9.0	9.3	7.6
Lake	3.2 ^	2.0 ^	30.8	22.4	11.0	9.2	10.1 ^	6.4 ^
Lane	3.7	3.1	28.3	26.5	11.4	11.7	8.5	7.5

Accessing available data

Youth

Youth by County, 2015

Nutrition, physical activity, and weight status: Includes consumption of daily breakfast, fruits and vegetables, milk, sodas, or other sugary drinks; physical activity and physical education; screen time, and weight status.

 8th grade

 11 grade

Tobacco use and related topics: Includes overall tobacco use, cigarette smoking, smokeless tobacco use, hookah smoking, quit attempts, sources of tobacco products, and asthma.

 8th grade

 11 grade

Accessing available data

Youth

Current¹ tobacco use and related topics among 11th graders, by county, Oregon 2015



	Any tobacco product ² use	Flavored tobacco or vaping product use among tobacco users	Cigarette smoking (non-menthol or menthol)	Menthol cigarette smoking
Oregon	23.7	71.0	8.8	4.5
Baker	21.6	--	--	--
Benton	16.4	81.1	7.2	4.3 ^
Clackamas	27.9	73.1	10.0	5.2
Clatsop	29.4	63.7	15.0 ^	--
Columbia	25.3	63.9	11.2	4.7 ^
Coos	24.9	70.3	10.3	5.9
Crook	34.4	53.3	9.2	8.2
Curry	35.9	58.5	20.4	7.1
Deschutes	20.9	--	--	--
Douglas	29.5	69.5	12.6	--
Grant	48.6	--	31.4	20.0
Harney	31.3	--	--	--
Hood River	25.8	64.8	9.2	3.5
Jackson	27.9	59.7	11.9	5.9
Jefferson	31.8	53.8	8.8	3.0
Josephine	No data available			
Klamath	27.8	63.5	11.2	6.6
Lake	33.3	--	20.0	12.6
Lane	29.3	74.8	10.1	4.9
Lincoln	18.0	62.8	7.3	4.7


Accessing available data

Self-management and health care

Stanford Chronic Disease Self-Management programs by County, 2012-2014

Stanford University Chronic Disease Self-Management programs help program participants take control of their health. This means they are better able to: work with their doctor, get support from family and friends, know how to work through problems such as pain, fatigue, or depression, learn how to be active and eat well, and understand how to use medications correctly. For more information about self-management programs, go to www.healthoregon.org/takecontrol.

 [Participant demographics](#)

 [Numbers of programs and participants 2014](#)

Hospitalizations by County, 2012-2014

 [Chronic disease hospitalizations](#)

Includes chronic disease hospitalization rates by county for the years 2012-2014 combined.

Accessing available data

Self-management and health care

Hospital discharge¹ rates², by Oregon county, 2012-2014

Use unadjusted to estimate the overall burden of disease; use age-adjusted to compare among counties.



County	Arthritis (osteoarthritis or rheumatoid arthritis) with any knee, shoulder or other replacement ³		Asthma		Cancer (breast) ³		Cancer (colorectal) ⁴	
	Unadjusted	Age-adjusted	Unadjusted	Age-adjusted	Unadjusted	Age-adjusted	Unadjusted	Age-adjusted
Baker	26.1	17.2	4.1	3.3	1.8 ^	1.0 ^	--	--
Benton	29.8	29.8	2.2	2.6	1.8	2.0	5.3	4.8
Clackamas	42.9	34.4	3.4	3.3	2.1	1.8	5.5	5.1
Clatsop	39.8	29.0	4.3	4.0	1.9	1.6	7.2	6.5
Columbia	38.2	30.0	3.8	3.7	2.6	2.3	5.1	4.8
Coos	65.1	44.1	6.0	5.8	1.8	1.2	7.2	5.3
Crook	67.8	44.2	4.0	4.6	3.7	2.6	6.6	5.1
Curry	58.0	32.2	3.4	2.7	2.1	1.1	6.4	5.0
Deschutes	56.6	44.5	3.2	3.2	2.5	2.2	6.2	5.7
Douglas	48.8	31.1	5.4	4.6	1.2	1.0	6.3	5.0
Grant	56.1	37.2	3.6 ^	4.7 ^	--	--	3.9 ^	3.3 ^
Harney	64.8	44.2	6.0	4.5	2.9 ^	2.3 ^	4.5 ^	3.3 ^
Hood River	32.5	28.3	2.6	2.5	2.3	2.1	4.9	4.7
Jackson	47.0	33.8	4.5	4.1	2.5	2.1	6.4	5.3
Jefferson	58.4	45.0	6.8	6.8	3.6	2.9	9.0	8.2
Josephine	49.8	30.9	5.3	4.6	3.0	2.2	7.4	5.9
Klamath	53.1	39.3	3.6	3.4	0.8	0.8	5.3	4.2

Accessing available data

Information is also available to help guide understanding of the data.

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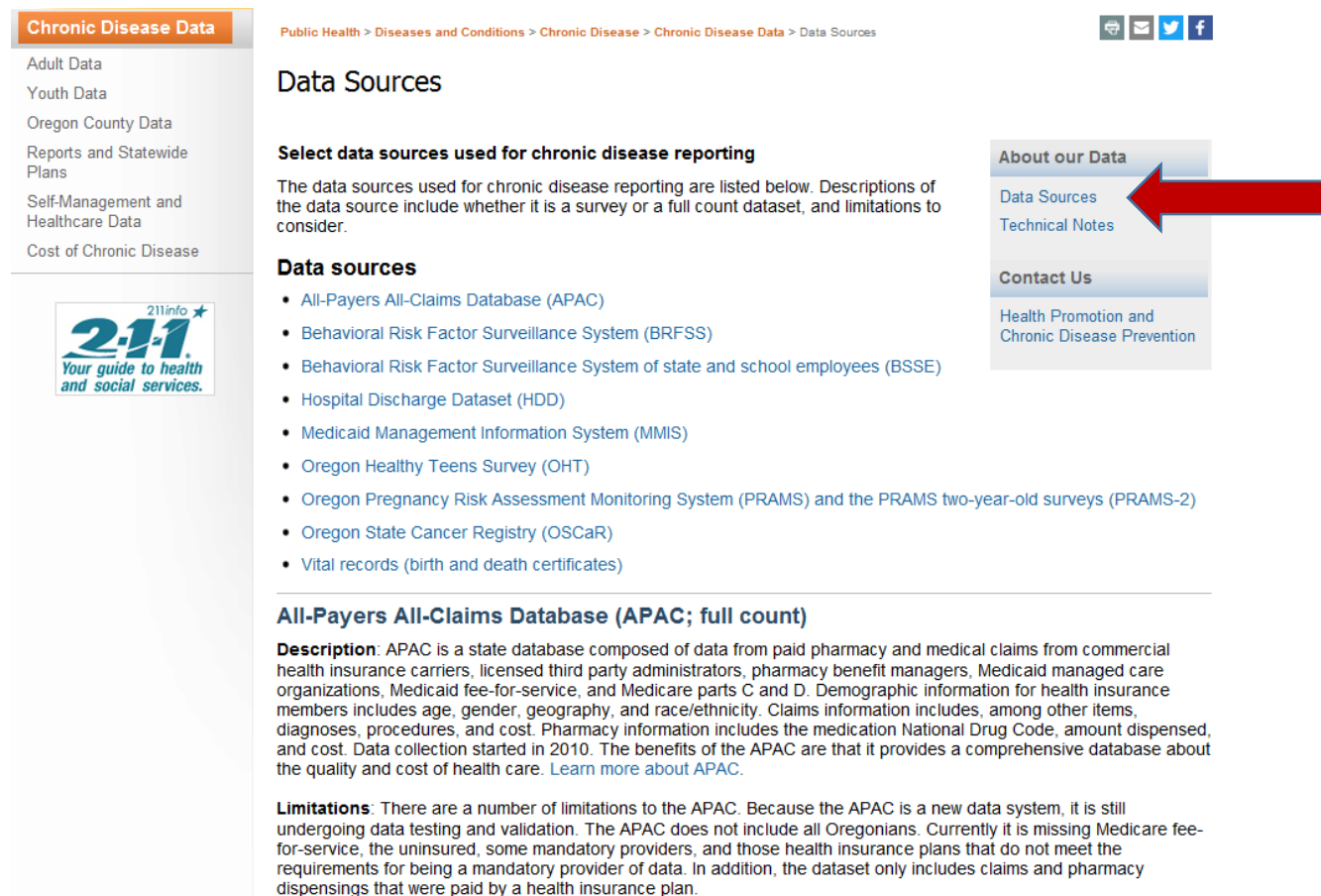
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Accessing available data

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Data Sources

Select data sources used for chronic disease reporting

The data sources used for chronic disease reporting are listed below. Descriptions of the data source include whether it is a survey or a full count dataset, and limitations to consider.

Data sources

- All-Payers All-Claims Database (APAC)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Behavioral Risk Factor Surveillance System of state and school employees (BSSE)
- Hospital Discharge Dataset (HDD)
- Medicaid Management Information System (MMIS)
- Oregon Healthy Teens Survey (OHT)
- Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) and the PRAMS two-year-old surveys (PRAMS-2)
- Oregon State Cancer Registry (OSCaR)
- Vital records (birth and death certificates)

All-Payers All-Claims Database (APAC; full count)

Description: APAC is a state database composed of data from paid pharmacy and medical claims from commercial health insurance carriers, licensed third party administrators, pharmacy benefit managers, Medicaid managed care organizations, Medicaid fee-for-service, and Medicare parts C and D. Demographic information for health insurance members includes age, gender, geography, and race/ethnicity. Claims information includes, among other items, diagnoses, procedures, and cost. Pharmacy information includes the medication National Drug Code, amount dispensed, and cost. Data collection started in 2010. The benefits of the APAC are that it provides a comprehensive database about the quality and cost of health care. [Learn more about APAC.](#)

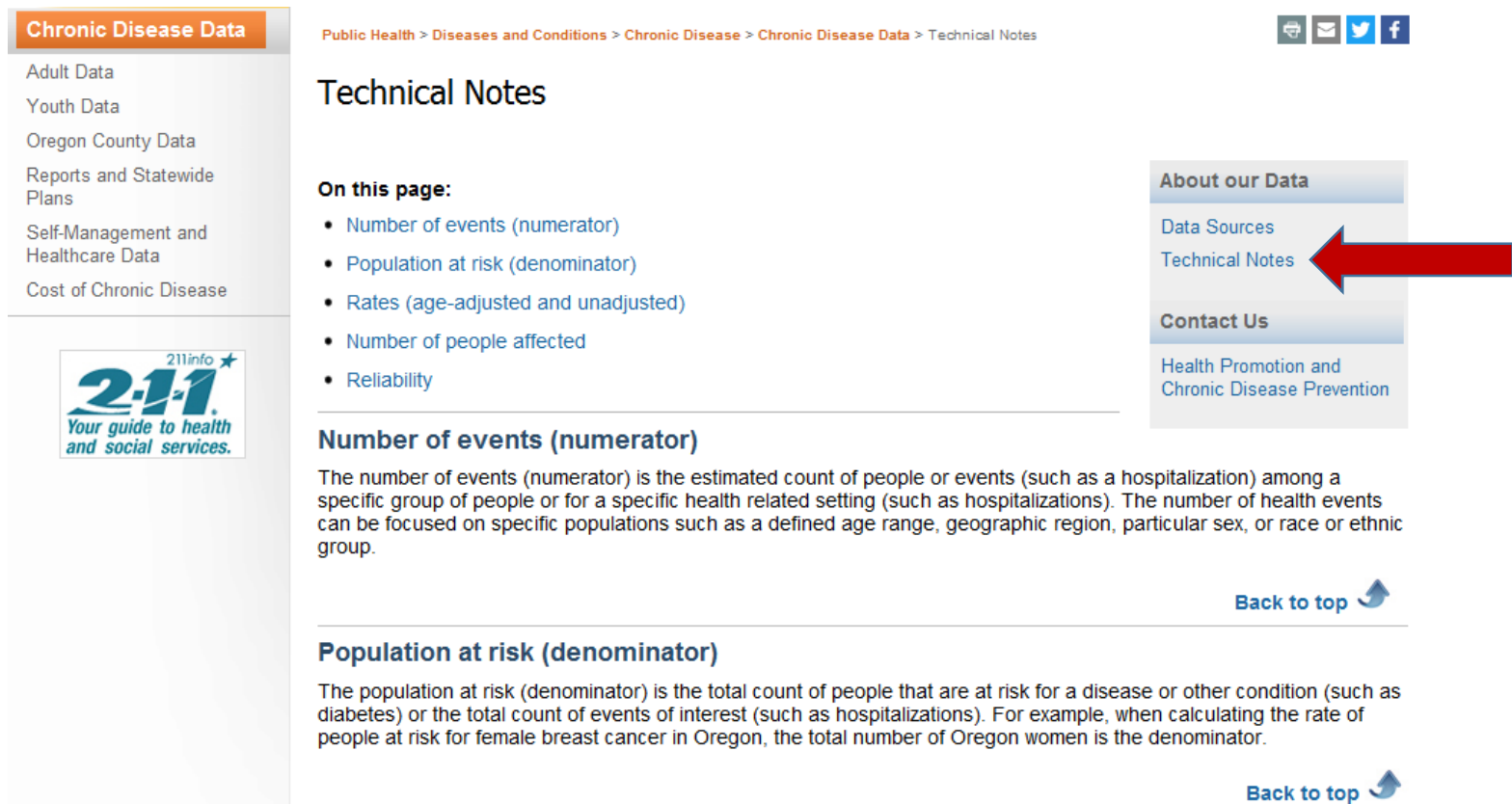
Limitations: There are a number of limitations to the APAC. Because the APAC is a new data system, it is still undergoing data testing and validation. The APAC does not include all Oregonians. Currently it is missing Medicare fee-for-service, the uninsured, some mandatory providers, and those health insurance plans that do not meet the requirements for being a mandatory provider of data. In addition, the dataset only includes claims and pharmacy dispensings that were paid by a health insurance plan.

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Accessing available data

Information is also available to help guide understanding of the data.



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Technical Notes

On this page:

- [Number of events \(numerator\)](#)
- [Population at risk \(denominator\)](#)
- [Rates \(age-adjusted and unadjusted\)](#)
- [Number of people affected](#)
- [Reliability](#)

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Number of events (numerator)

The number of events (numerator) is the estimated count of people or events (such as a hospitalization) among a specific group of people or for a specific health related setting (such as hospitalizations). The number of health events can be focused on specific populations such as a defined age range, geographic region, particular sex, or race or ethnic group.

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Population at risk (denominator)

The population at risk (denominator) is the total count of people that are at risk for a disease or other condition (such as diabetes) or the total count of events of interest (such as hospitalizations). For example, when calculating the rate of people at risk for female breast cancer in Oregon, the total number of Oregon women is the denominator.

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211info
2-1-1
Your guide to health and social services.

Accessing available data

- Currently cancer data is available at:
<https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/Pages/cancer-oregon-reports.aspx>
- Transitioning cancer data to the HPCDP site by the end of June.

Please let us know if there are any improvements you would like to see for our website. We are always open to feedback and try to be as responsive as our technology allows.

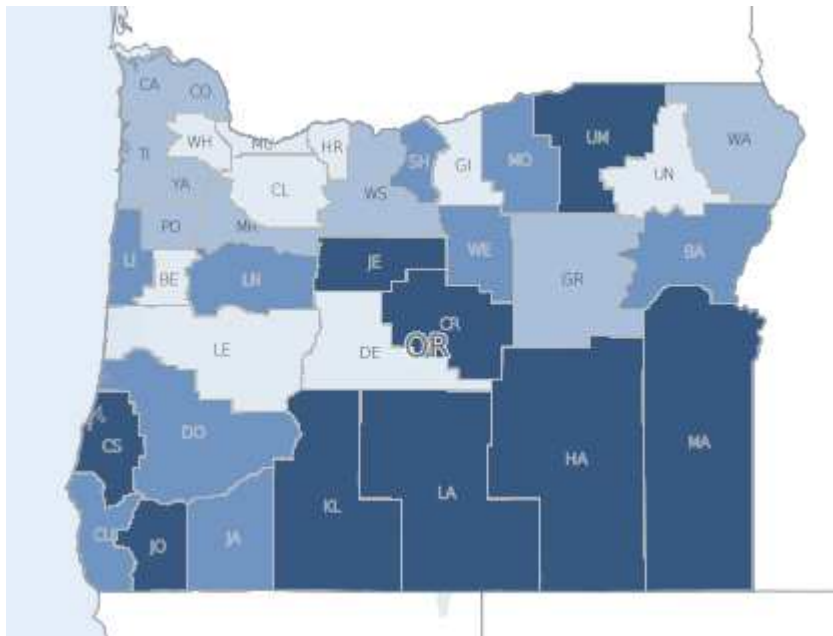
Other available data

- Other information, especially at the CCO level for select measures is available at the Oregon State Health Profile at:

<https://public.health.oregon.gov/About/Pages/HealthStatusIndicators.aspx>

- County health rankings are available at:

<http://www.countyhealthrankings.org/>



**Requesting data or
analysis technical
assistance**

Requesting data or assistance



- Check out data website first
- Next talk to your liaison
- After discussions, your liaison will have you fill out one of two forms:
 - **Local Evaluation Technical Assistance Request Form (LETARF)**: For requesting help to field an evaluation survey or for local evaluation assistance.
 - **Special Data Analysis Request Form (SDARF)**: For requesting health condition or risk factor data not already available. Can also be used to request advice from HPCDP research analysts.
- Forms available at:
[https://partners.health.oregon.gov/Partners/HPCDPCo
nnection/Pages/TechnicalAssistance.aspx](https://partners.health.oregon.gov/Partners/HPCDPCo
nnection/Pages/TechnicalAssistance.aspx)

Requesting data or assistance

- **Things to think about for a LETARF.**

- Surveys can be time consuming and difficult. The longer the lead time when asking for help, the better. For setting up a survey please provide at minimum **three working weeks** for completion.
- HPCDP has iPad for use if needed and can provide support with online surveys. Please identify this need in the LETARF. The iPad request form is at:
<https://partners.health.oregon.gov/Partners/HPCDPConnection/Pages/TechnicalAssistance.aspx>
- Always provide a due date. This helps HPCDP's Surveillance Team access staff resources.

Requesting data or assistance

- **Things to think about for a SDARF.**

- Always check the state data resources first before requesting data.
- Please provide at least **three business days** for completion of an SDARF.
- The clearer the request, the quicker HCPDP research analysts will be able to help fulfill your need.
- Always provide a due date. This helps HPCDP's Surveillance Team access staff resources.



Requesting data or assistance

HPCDP has a robust support structure for county coordinators. However, like all resources, there are limits. Please think of the following guidelines when asking for support.

- *Make sure the request is related to your Healthy Communities or TPEP work. HPCDP unfortunately does not have the resources to support unrelated activities.*
- *Geographic Information System (GIS)/mapping is a specialized field of study. HPCDP has two trained staff that can help. Please provide longer time periods for these types of requests.*
- *Always connect with your liaison. They are knowledgeable resources.*

One caveat, HPCDP will be moving to an online data request system soon. Stay tune for details.

Questions

