

07-CD-01

Committee: Chronic Disease

Title: State-level Chronic Disease Epidemiology Capacity

Statement of the Problem:

CSTE has long recognized that chronic diseases are leading causes of morbidity and mortality in the US. Epidemiology, as the basic science of public health, is essential for the detection, control and prevention of chronic disease morbidity and mortality. A 1992 CSTE position statement (1) called for increased chronic disease epidemiology capacity at the state level. A strategic plan (2), released in 2000, laid out goals for coordination of chronic disease epidemiology across categorical programs. A number of advances in Chronic Disease Epidemiology (CDE) Capacity have occurred since that time:

- A Capacity Building Workgroup has been established including representatives from CSTE, CDC/NCCDPHP, APHA, ACPM, ASTHO and NACDD.
- A report on *Essential Functions of Chronic Disease Epidemiology in State Health Departments* (3) was released in 2004, highlighting issues of work force, access to data, data analysis/interpretation, data dissemination, and outreach/partnership. This report and follow up article (4) defined the minimum recommended CDE work force as follows:
 - At least one senior chronic disease epidemiologist, defined as follows: doctoral degree with at least 5 years of experience in chronic disease epidemiology or masters degree with at least 10 years of experience in chronic disease epidemiology.
 - At least one chronic disease epidemiologist who is responsible for coordinating/integrating chronic disease epidemiology activities across categorical programs.
 - Five or more full-time chronic disease epidemiologists, at least one of who has a doctoral degree (progress toward this staffing level should be incremental in states that have fewer than four full-time CDE).
- A *National Assessment of Epidemiologic Capacity in Chronic Disease* (5) showed some improvement in CDE capacity. The percentage of states with at least one doctoral-level chronic disease epidemiologist has increased to 92% (5).

However, the goal of having a minimum recommended CDE work force of trained and experience epidemiologists in each state (5) has not yet been met.

- 43% of states still have fewer than five chronic disease epidemiologists
- 43% states do not have a "senior-level" chronic disease epidemiologist.

Statement of the desired action(s) to be taken:

CSTE will work with CDC, ASTHO, NACDD, and other partner organizations to support states in their efforts to recruit and retain adequate numbers of trained and experienced chronic disease epidemiologists to carry out the functions described in the *Essential Functions of Chronic Disease Epidemiology in State Health Departments* (3). States should be encouraged to deploy chronic disease epidemiologists in ways consistent with state chronic disease priorities and in an organizational structure that maximizes their ability to coordinate activities with chronic disease program staff and ensures coordination among chronic disease epidemiologists. This support should allow maximum flexibility for states to address their own chronic disease needs and respect state and local organizational structure.

Specific steps to achieve these outcomes should include the following:

- CDC shall encourage as many states as possible to achieve the recommended minimum CDE workforce through 1) language in cooperative agreements that explicitly encourages hiring of CDEs; and 2) mechanisms and opportunities that give states greater flexibility in using categorical funding, including resources from multiple grants, to support these positions. Project officers from categorical CDC programs should be included in this coordination process.

- ASTHO and its affiliates (e.g., NACDD and CSTE) will work for and with states to take advantage of the funding flexibility and other resources to ensure hiring of needed CDEs.
- CSTE should disseminate standards for and strongly encourage the development of competency-based Epidemiology Job series in state personnel systems.
- CSTE and partners shall continue the work of the CDE capacity building work group to assist states in meeting the capacity targets set in the 2004 *National Assessment of Epidemiologic Capacity in Chronic Disease* (5).
- CSTE, in partnership with CDC, NACDD and ASTHO, should develop a list of capacity indicators that correspond to the capacity domains described in the 2004 CSTE chronic disease epidemiology capacity survey (i.e., workforce, access to data and consultants, data analysis/interpretation, dissemination, and outreach/partnership) (5)
- CSTE should develop and conduct an on-line rapid assessment tool to measure these indicators in each state approximately once every two years. A profile including the state/territory's results of this rapid assessment and nationwide averages should be sent to CSTE Chronic Disease Epidemiology Point of Contact in each state/territory so that each can compare its current capacity with aggregate data from other states.
- ASTHO will use the results of the state profiles to advocate for the development of Chronic Disease Epidemiology capacity in its annual consultations with the DHHS Secretary.

Public Health Impact:

The rationale for hiring a senior chronic disease epidemiologist early in the capacity building process includes the following: a) integrating chronic disease epidemiology activities across categorical programs requires insights that can be gained only through experience and b) experience is often required to help write grant applications that will secure the funds needed to hire additional epidemiology staff and then to mentor the new junior staff. Support of chronic disease epidemiology functions will enhance the ability of states to prioritize, plan, implement and evaluate evidence-based interventions. This will prevent development of and reduce suffering from chronic diseases and associated disparities.

References

1. Council of State and Territorial Epidemiologists. A Program to Develop Chronic Disease Epidemiologic Capacity at the State Level. Available at <http://www.cste.org/ps/1992/1992-10.htm>
2. Developing State-based Chronic Disease Epidemiology Capacity Nationwide: A coordinated strategic plan. Presented at: CSTE Annual Conference, New Orleans, LA – June 18-21, 2000.
3. Council of State and Territorial Epidemiologists. Essential Functions of Chronic Disease Epidemiology in State Health Departments. Atlanta, GA: Council of State and Territorial Epidemiologists; 2004. Available at <http://www.cste.org/pdffiles/New%20Features/Essential%20Functions%20White%20Paper%20Edited%20Final%20092204.pdf>
4. Seigel PZ, Huston SL, Powell KE, Baptiste MS, Tilson HH, Jacobellis J, Brownson RC. Assessment of chronic disease epidemiology work force in state health departments – United States, 2003. *Prev Chronic Disease* [serial on line] 2007 Jul [date cited]. Available from: http://www.cdc.gov/pcd/issues/2007/jul06_0160.htm

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