



**Indicators of Chronic Disease Epidemiology Capacity, 2003 and 2009  
UNITED STATES**

<b>Capacity Measure</b>	<b>2003<sup>*</sup></b>	<b>2009<sup>†</sup></b>
	<b>(% of states = yes)</b>	
Substantial or higher self-reported capacity level.	-- <sup>‡</sup>	54%
<b>Workforce</b>		
State has chronic disease epidemiologist responsible for coordinating/integrating across categorical programs.	--	80%
State has ≥ 5 chronic disease epidemiologists <sup>§</sup> .	54%	34%**
State has ≥ 1 doctoral level chronic disease epidemiologist <sup>§</sup> .	92%	64%**
State personnel system has an epidemiology job series with ≥ 3 levels.	--	56%
<b>Access to Data</b>		
Mortality data are always/almost always available by October 1 of following year.	--	34%
Hospital discharge data are always/almost always available by October 1 of following year.	--	52%
Behavioral Risk Factor Surveillance System (BRFSS) data are always/almost always available by July 1 of following year.	62%	76%
Chronic disease epidemiology staff have unfettered <sup>††</sup> access to Youth Risk Behavior Survey (or state equivalent) data.	--	64%
Chronic disease epidemiology staff have unfettered <sup>††</sup> access to Medicare data.	--	6%
Chronic disease epidemiology staff have unfettered <sup>††</sup> access to Medicaid data.	--	34%
Chronic disease epidemiology staff have unfettered <sup>††</sup> access to emergency department data.	--	40%
Statewide Cancer Registry data are always/almost always available within 24 months.	68%	70%
<b>Data Analysis/Interpretation</b>		
Chronic disease epidemiologists have adequate <sup>§§</sup> access to needed statistical software.	91%	64%
Chronic disease epidemiologists use and have adequate <sup>§§</sup> access to geographic information system software.	--	74%
Chronic disease epidemiologists have adequate <sup>§§</sup> access to encryption software.	--	86%
Chronic disease epidemiology staff commonly calculate age-, sex- and race/ethnicity-specific rates.	94%	98%
Chronic disease epidemiology staff commonly calculate region- or county-specific rates.	83%	98%
Chronic disease epidemiology staff usually provide confidence intervals for mortality rates and BRFSS prevalences.	58%	64%
Chronic disease epidemiology staff commonly provide comparison rates (e.g. U.S. rate, Healthy People 2010 Objective) for presentation of mortality rates and BRFSS prevalences.	93%	92%
<b>Data Dissemination</b>		
State has an interactive/queriable online system for chronic disease epidemiology data.	36%	50%
During the past 12 months, chronic disease epidemiology staff have:		
Given scientific presentations at state or national meetings requiring abstract submission.	73%	78%
Published one or more state burden or epidemiology reports on a chronic disease-related topic.	--	90%
<b>Outreach/Partnership</b>		
Collaboration among chronic disease epidemiologists working in chronic disease programs is strong or somewhat strong.	--	84%
Collaboration with epidemiologists in injury, maternal and child health, and environmental health is strong or somewhat strong.	--	46%
Chronic disease epidemiology staff have during the past 12 months:		
Given university lectures, supervised students, or collaborated with an academic center.	52-77%	82%
Collaborated on a project with a private voluntary organization.	81%	84%
Collaborated on a project with a managed care organization.	40%	34%
Collaborated on a project with a healthcare professional organization.	--	58%
<b>Miscellaneous</b>		
Program work includes seven chronic disease risk factors (cancer screening, high cholesterol, hypertension, nutrition, obesity, physical activity, tobacco use).	--	62%
Chronic disease epidemiologists have convenient access to a major scientific library or a service to obtain articles.	40%	66%
Chronic disease epidemiologists have access to adequate clerical support.	59%	42%

Source: National Assessment of Epidemiologic Capacity in Chronic Disease, Council of State and Territorial Epidemiologists, 2003 and 2009

<sup>\*</sup> Among 47 jurisdictions, including Washington, D.C.

<sup>†</sup> Among 50 jurisdictions, including Washington, D.C.

<sup>‡</sup> "--" Denotes indicators that were not assessed in 2003.

<sup>§</sup> Chronic disease epidemiologist is defined as a full time equivalent of staff working in chronic disease.

<sup>\*\*</sup> Among 44 participating jurisdictions that completed Individual Worksheets.

<sup>††</sup> Chronic disease epidemiologist is defined as someone who spends ≥ 50% of his/her time working in chronic disease.

<sup>†††</sup> Unfettered access means that the epidemiologist has immediate access using his/her own computer to the data set plus the coding and variable descriptions necessary to understand the structure and meaning of the data.

<sup>§§</sup> Adequate access means the epidemiologist has access if he/she needs it.