Substance Abuse/Infectious Diseases

Assignment Description

The Vermont Department of Health (VDH) provides a unique setting to practice public health. Our staff recognize the challenges of practicing public health in the 21st century, and Vermont is pushing the envelope as nimble, small states can do. VDH is smaller than many other state health departments and this provides a greater breadth of experiences for staff and fellows. While public health expertise and function is organized by divisions within VDH, opportunities for cross-divisional work naturally arise as projects or tasks require a diverse skill set. As a fellow, this provides an opportunity to meet key individuals in many divisions and contribute to projects that affect the department and state as a whole. Vermont also has a unique centralized structure not seen in most states: there are no autonomous local health departments. Instead, VDH staffs district offices throughout the state that drive community work and implement a wide range of VDH programs. With 500 employees (including 3 fellowship alumni) and thoughtful leadership, VDH is not only a great place to practice public health, it plays a key role in Vermont's consistent ranking at the top of America's Health Rankings' list of healthiest states.

VDH is located in the heart of Burlington, Vermont on the shores of Lake Champlain. As the state's largest city, Burlington has a wide range of activities to enjoy year round. If you are interested in hiking, skiing, snowboarding, boating, biking, running, or any other outdoor activities, you could not find a better place to live and work. Burlington is also home to 5 different colleges and universities that contribute to rich social and cultural offerings. From the well-developed local food movement to the ecologically-minded social norms, Burlington's rating as Gallup Poll's 2011 Happiest Small City only scratches the surface. Finally, Burlington is two hours from Montreal and just a few hours from Boston and New York City.

Day-to-Day Activities

The ADAP Epidemiologist (secondary mentor) sits in the Research, Epidemiology, and Evaluation Unit in the Division of Health Surveillance, the center of epidemiology and surveillance at VDH. The Fellow will be integrated into the ongoing work of this Unit with colleagues including chronic and infectious disease epidemiologists and survey coordinators. The Fellow will attend meetings relevant to the Division of ADAP with the ADAP Epidemiologist, as well as with the ADAP Chief and the Healthcare Quality Assurance and Performance Management Administrator. Additionally, both primary and secondary mentors will seek out opportunities for the Fellow to be involved in activities to his or her interests (e.g. Epi Journal Club, SAS users group) as well as opportunities for exposure to leadership and decision making efforts across the department.

With a primary focus on substance abuse, the Fellow will conduct specific data analysis to support the ADAP treatment system. The Fellow's main project will be an evaluation of the alcohol and drug treatment surveillance system, as well as to compile a full report on the information and measures available to the ADAP treatment system for surveillance, evaluation, and quality improvement work. With that as a foundation, the Fellow can recommend and undertake additional analyses as the opportunities arise.

Potential Projects

Alcohol and Drug Abuse Programs (ADAP) Treatment Unit Data Surveillance and Evaluation Plan

One of Vermont's leading health challenges is substance abuse and dependence. The state tops the charts in everything from binge drinking to Medicaid dollars spent on substance abuse treatment services. While the ADAP prevention system benefits from routine surveillance of population outcomes and risk factors via the Behavioral Risk Factor Surveillance System, the National Survey on Drug Use and Health, and the Youth Risk Behavior Survey, the treatment system relies on data sources that have not been formally integrated into a surveillance plan. These sources include: Medicaid Claims data, Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES), the Vermont Substance Abuse Treatment Information System (SATIS), hospital discharge data, and Prior Authorization data, among others.

Vermont is a leader in health reform and has received a $45M State Innovation Models (SIM) grant from the Centers for Medicare and Medicaid Services (CMS) to develop state-led innovative payment reform models. Substance abuse measures are included within the performance model so surveillance measures are critical to the implementation of this grant. Additionally, Vermont received a $10M Screening, Brief Intervention, and Referral to Treatment (SBIRT) grant from SAMHSA that will be used to screen approximately 20% of the adult population for substance abuse and mental health issues in primary care facilities. Integrating treatment surveillance data into the current surveillance system will allow ADAP to better evaluate the impact of these initiatives on substance abuse and dependence in Vermont.

At VDH there is strong institutional support for improving systems to facilitate data-driven decision making. Grounded in both descriptive and analytic epidemiology, ADAP recognizes the need to refine the Vermont substance abuse treatment system as these rich data sources are currently underutilized in the surveillance of these priority health outcomes. The Fellow would work with ADAP management and treatment staff, the ADAP epidemiologist, and ADAP's Healthcare Quality Assurance and Performance Management Administrator to evaluate the current treatment surveillance system and plan system improvements based on the findings. In completing this work the Fellow would collaborate with the Department of Vermont Health Access, the department that oversees Medicaid in Vermont, as well as the Department of Mental Health to ensure that there is limited duplication of efforts, and that all appropriate data sources are being utilized.

Create a Database for Prior Authorization Data Collection

The Fellow would develop a database for the ADAP treatment system to collect critical information on clients with requests of stay over 15 days in residential treatment.

Collaborate on the State Epidemiological Outcomes Workgroup (SEOW) Epidemiology Profile of Vermont

The Vermont Department of Health has an SEOW connected to ADAP prevention efforts. This workgroup produces an update of the Epidemiology Profile of Vermont for substance abuse and dependence. The Fellow will collaborate with the Chair of the SEOW to update, improve and disseminate the Epidemiology Profile.

Participate in the Health Surveillance Survey Review Committee

The Fellow would be a full participant on the Survey Review Committee that is housed in the Research, Epidemiology and Evaluation Unit. This committee can review surveys conducted by VDH staff as well as community partners to ensure sound instrument design and to anticipate the needs for data analysis.

Assist with an Outbreak Response

The Fellow will have the opportunity to work directly with his or her Primary Mentor on a response to an outbreak. This work would be subject to whatever health crisis might develop within the course of the fellowship but recent examples include pertussis, Eastern Equine Encephalitis, influenza, and food-borne illness.

Preparedness Role

Participate in the Health Operations Center

All VDH staff participate in VDH emergency response activities using an Incident Command System (ICS). Whether in training or in an emergency event, the Fellow can participate actively in a unit of his or her interest. Examples include: emergency communications, GIS mapping, toxicology, and surveillance.

Assignment Location: Vermont Department of Health
Burlington, Vermont

Primary Mentor: Patsy Kelso, PhD
State Epidemiologist

Secondary Mentor: Shayla Livingston, MPH
Public Health Analyst – YRBS Coordinator