Chronic Disease

The Epidemiology, Planning and Evaluation (EPE) Branch of the Colorado Department of Public Health and Environment works with the programs of the Prevention Services Division to improve the health and well being of all Coloradoans through health promotion, public health prevention programs, and access to health care. EPE works collaboratively with prevention division programs and other partners to conduct systematic collection, analysis and interpretation of population-based and program-specific health and related data. We assess the distribution and determinants of the health status and needs of the population, for the purpose of planning and implementing effective interventions, promoting policy development, and evaluating the outcome of these activities. The Branch provides accurate, timely, and valuable information and services that meet the needs of its partners.

Working within this branch represents an exciting opportunity to participate in a collaborative evaluation and surveillance work team that is part of a cutting edge innovation in prevention and public health practice. In 2007, the Prevention Services Division created this branch by collecting the evaluators and epidemiologists housed across the over 20 different programs that focus on chronic disease, healthy living, and maternal and child health. This reorganization created two new units -- an Epidemiology and Surveillance Unit, and an Evaluation and Planning Unit – with the goal of enhancing the division's capacities in the these areas. The division is committed to evidence-based programming and has adopted the framework of the 10 Essential Service of Public Health. Instead of having analytic staff housed on their own within separate program silos, the EPE branch provides a structural environment within which analysts' skills and expertise may be pooled, expanding the range and level of services on which each program can rely. In particular, the branch strives to increase the application of epidemiology, skilled data analysis, and high-level evaluation to program planning, delivery, and design.

Members from the epidemiology unit are paired with members from the evaluation and planning unit to form two person work teams that respond to the service, assessment, research, and analysis needs of each of the Prevention Services Division's programs. Each member of the branch is assigned to a particular prevention program to serve as the lead analyst, much as a consultant might be assigned to a client as the senior account manager. The two person teams will service the full array of program analytic needs. The CSTE Fellow will, depending on his or her expertise and interests, work as a full member of the branch and will be assigned to one such a team. Duties might range from program evaluation, data analysis, surveillance activities, composition of fact sheets, response to legislative or media requests, survey design, and other analytic work tasks.

The fellow will have the option of joining work teams assigned to programs ranging from maternal and child health, obesity prevention, children with special health care needs, injury, suicide and violence prevention, healthy aging and arthritis, cardiovascular disease, asthma, diabetes, cancer, tobacco prevention, as well as numerous others. Examples of potential activities include but are not limited to:

· Implementation, analysis and presentation of results from the Family Satisfaction Surveys for the Health Care Program for Children with Special Needs (HCP);
· Program evaluation for the Youth Partnership for Health (YPH);
· Participation in a GIS project mapping data from the Heart Disease and Stroke Prevention program;
· Development of an HPV surveillance plan;
· Preparation of a CDC Year in Review Report for Prevention Services programs;
· Developing a Scope of Work an evaluation of the Colorado WIC program;
· Design and implementation of a provider assessment survey for The Assuring Better Childhood Development (ABCD) program;
· Participation in the Colorado Medical Home Initiative Advisory Taskforce and preparation of draft standards;
· Analysis of data on maternal and child health from the Colorado Health Information Dataset site;
· Analysis of the Behavioral Risk Factor Surveillance System in order to monitor lifestyles and behaviors related to the leading causes of mortality and morbidity;
· Analysis of the Colorado Cancer Registry; and
· Production of the Colorado Chronic Disease Indicator report, which examines trends in chronic disease incidence and underlying health risk factors.

As an example of work activities, our branch might assign the CSTE fellow to work with our CDC funded state asthma program in order to serve the program's client needs around evaluation and surveillance. These include conducting analysis of the 2007 and 2008 BRFSS data and addressing the potential of implementing the adult asthma module for the state. The fellow might contribute to the process of applying for the asthma module or the asthma call-back module. In addition, the state initiated its own Child Health Survey that follows up with certain parents contacted through the BRFSS survey process. There are a number of asthma related questions that need analysis from this study. Using these and other analyses, the fellow would be responsible for producing the state 2008 asthma surveillance report, a medium size publication of the state health department that was last updated in 2005. Related data work around asthma includes working to incorporate Medicaid data into our surveillance activities and working with local foundations to build a state registry of Emergency Department admissions. Finally, the fellow would also analyze data from the Colorado Hospital Association data around hospitalizations related to asthma and asthma related complications. As part of the evaluation activities in this area, the fellow would work with program officers to craft and revise logic models and lay out evaluation plans for the various state interventions in this area.

Included in the 2 year fellowship is a three-month rotation through the Emergency Preparedness and Response Division. This group handles the public health response in state emergencies and has taken the lead in furthering Colorado's efforts to regionalize local public health agencies (LPHAs). This salient topic in public health is a current policy item on the legislative and executive agenda, as existing public health statutes are out of date and inhibit regional efforts and coordination. Regionalization of services

would allow smaller communities to maximize their resources across a broader population and take advantage of skilled staff that might be in short supply. It would further allow limited resources to be directed to the areas of greatest need.

While LPHAs have historically resisted the concept, emergency response has led the way in the state's regionalization effort because the Emergency Preparedness and Response Division (EPRD) has awarded funds on a regional basis for the last five years. The awarding of EPRD funds regionally and the successful partnerships that have been developed through these agreements have created the opportunity for further regionalization in the future. Emergency preparedness is unique because it includes elements of surveillance, planning, risk communication, training and program evaluation. An event or a major exercise could also provide opportunities for epidemiology, logistics and the direct provision of services to affected populations. An intern would assist the Colorado Association of Local Public Health Officials (CALPHO) research the obstacles, identify the successes, and help chart a road map to including a broader spectrum of other services into the concept. The potential exists to help shape some legislation and might be particularly attractive to an intern with an interest in politics.

A second, three month rotation through CPDHE's Disease Control and Environmental Epidemiology Division (DCEED) will also be included in this fellowship during the summer of 2009. This division has responsibility for the surveillance, investigation, and control of food borne, zoonotic, invasive bacterial, respiratory, and vaccine preventable diseases. Outbreak investigation experience will be provided by the Communicable Disease Epidemiology Program. Supervision will be provided by experienced senior epidemiologists including two former EIS officers. Investigations may include diseases unique to this part of the country such as plague and Hantavirus.

The fellow will attend regular staff meetings of the EPE branch and participate in the process of building branch capacity and enhancing and refining its structure and task designation. There will be opportunities to work with other divisions within the health department including Health Statistics, Disease Control and Environmental Epidemiology, and Health Facilities.

Assignment Location:	**Denver, Colorado**
Primary Mentor:	Gabriel Kaplan, MPA, PhD Branch Director of Epidemiology, Planning, and Evaluation Colorado Department of Public Health and Environment
Advanced Degrees:	PhD, Harvard University (2002) MPA/URP, Princeton (1994)
Secondary Mentor:	Jillian Jacobellis, MS (CNM), PhD

	Director of the Prevention Services Division Chronic Disease State Epidemiologist Colorado Department of Public Health and Environment
Advanced Degrees:	PhD, University of Utah (2000) MS, University of Utah (1983)