COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

Pilot Project to Analyze Public Health Data for Health Disparities by Socioeconomic Status Using Census Tract Poverty Level

General Overview

Issuing Organization: Council of State and Territorial Epidemiologists (CSTE) at www.cste.org

Participating Organizations: Centers for Disease Control and Prevention (CDC) at www.cdc.gov. Funded by Cooperative Agreement Number 5U38HM000414-05

Scope of Work

In the United States, health disparities described by race, ethnicity, socioeconomic factors, and other characteristics continue to be evident in many diseases of public health importance. In January 2011, the Centers for Disease Control and Prevention (CDC) released a *Morbidity and Mortality Weekly Report* Supplement highlighting disparities in healthcare access, environmental hazards, morbidity, mortality, and other health-related factors covering 22 topic areas (1). This is the first in a series of CDC Health Disparities and Inequalities Reports, with more to come in future years. The purpose of the report was to provide scientific findings to support further policy, programmatic, and other efforts to reduce health disparities.

Recognizing the importance of describing and addressing health disparities, the CSTE Health Disparities Subcommittee has been working toward encouraging local and state health departments to analyze select public health data for health disparities not just by race/ethnicity, but also by socioeconomic status. Among the different analytic methods to be considered and used, this Subcommittee proposed that states start with using the poverty level in the census tract of residence as recommended by Professor Nancy Krieger and her group at Harvard University based on their work in the Public Health Disparities Geocoding Project, examining utility of a variety of area-based SES measures as applied to public health data in Massachusetts and in Rhode Island (2, 3). Pam Waterman from this Harvard group provided consultation on how CSTE members can use this method, and the Connecticut Emerging Infections Program has graciously provided a step-by-step example, both of which are posted on the CSTE Health Disparities webpage (4, 5).

CSTE proposes to enroll interested state, local, territorial and tribal health agencies in a pilot project in which participants analyze large public health datasets for racial/ethnic and socioeconomic status (SES) disparities using this methodology, and then share the experience with the CSTE Health Disparities Subcommittee, present results at the next CSTE Annual Conference (June 2013), and consider publishing their findings collaboratively with other jurisdictions participating in this health disparities project. CSTE can provide up to 10 awards of $5,000 to each participant selected.

CSTE also welcomes state, local, territorial and tribal health agencies to participate in this pilot in a **non-funded capacity**. CSTE encourages interested participants not seeking funding to submit a proposal as described below, follow the requested timelines to the extent possible and to summarize their findings and present at the June 2013 CSTE Annual Conference. In addition, CSTE encourages those seeking funding but who are not awarded funded to follow the requested activities as much as possible and to

also summarize their findings and present at the June 2013 CSTE Annual Conference. Collaboration on summarizing and publishing results for select disease(s) and condition(s) across jurisdictions will be open to both funded and non-funded participants.

Deliverables

Specifically, each participant will:

1. Select a large dataset on one of the following diseases or conditions: All-cause mortality, cardiovascular mortality, major cancer mortality, low birth weight, HIV/AIDS incidence or prevalence, or another common infectious disease affecting large population(s) and with potential racial/ethnic and/or socioeconomic health disparities.
2. Analyze the selected dataset for racial/ethnic and socioeconomic disparities using the geocoded data analytic method as mentioned above. Census tract poverty level is the main SES variable of interest although participants may use additional SES variables.
3. Use data at two time points, 2000 and 2010, and therefore, census data from those same two years for denominators, to assess direction of disparities. Data from multiple years can be used but at least these two time points should be included.
4. Participate monthly in the CSTE Health Disparities Subcommittee calls and share problems, tips, and preliminary findings.
5. Finish analyses by end of April 2013 and provide preliminary results to CSTE.
6. Submit an abstract and present summary of findings, either as a poster or as an oral breakout session, at the June 2013 CSTE Annual Conference in Pasadena, California.
7. Work towards independently or collaboratively publishing findings in a peer reviewed journal. CSTE encourages those participants who analyze the same disease or condition to pool their results into one paper so that comparison across jurisdictions can be made in addition to individual location-specific results.

Timeline (6 month project period)

October 19	Request for proposal is sent to state and territorial epidemiologists, large city epidemiologists, and tribal epidemiology center directors
November 5	Applications for proposal due to CSTE
November 9	Funded participants selected and notification provided to applicants
November 15	CSTE Health Disparities Subcommittee conference call (and subsequent calls) for all participants: funded and non-funded
January 7	2013 CSTE annual conference abstract submission deadline
April 30, 2013	Analyses finished and preliminary results shared with CSTE
May 8, 2013	CSTE Health Disparities Subcommittee conference call with participants to discuss abstracts and plan for presentations at 2013 CSTE Annual Conference

June 9-13, 2013 Presentations and Posters at CSTE Annual Conference

CSTE responsibilities: During the established grant period, CSTE is responsible for:

a. Serving as the principal point of contact for the activities.
b. Monitoring the terms of the contract agreement between the recipient and CSTE.
c. Collecting invoices from the recipient and paying invoices according to the terms of the contract agreement between the recipient and CSTE.
d. Providing information about the progress of the program to CDC.
e. Reviewing and distributing progress reports and the final report with the Subcommittee.
f. Providing technical expertise when requested.
g. Supporting regular conference calls (one per month).

Award Information

Mechanism of support: CSTE will manage all matters related to financial support for this project.

Funds available: CSTE intends to commit up to $50,000 to support this project over 6 months. Average awards will be $5,000.

CSTE receives funding for this project through the Centers for Disease Control and Prevention (CDC) cooperative agreement number 5U38HM000414-05. Funds awarded to contractors under this announcement are subject to the laws, regulations, and policies governing the U.S. Public Health Service grant awards. All estimated funding amounts are subject to the availability of funds.

Eligibility Information

Eligible applicants: State, local, territorial and tribal health agencies. Applicants should have experience in epidemiology, health disparities research, geocoding, and in preparing scholarly reports and papers on public health topics. The ideal candidate would have strong experience in using area-based socioeconomic measures with public health surveillance data.

Application and Submission Information

Those interested in participating in the health disparities pilot project should briefly describe their proposed plan for geocoding and analyzing their chosen dataset (and other information deemed relevant). If more than 10 proposals are received, preference will be given to those using i) a larger data set and ii) a dataset with more complete race/ethnicity data.

Content and form of application submission:

Applications should include the following headings in the order listed and should address the issues included under each heading below:

- Contact information (1/2 page maximum)
- Prior experience conducting similar analytical projects (1/2 page maximum)
- Description of project plan (3 page maximum)
    - Describe selected dataset/disease/condition
    - List the number of cases available in the dataset
    - Proportion of cases with complete race/ethnicity information
    - Describe how geocoding will be conducted (including tools, software)
- Proposed budget (1 page maximum)
- Proposed timeline (1 page maximum)

For further assistance, technical questions, or inquiries about the application, contact Erin Simms at CSTE (770-458-3811 or esimms@cste.org). Representatives from CSTE will be available to speak to potential applicants to discuss technical or administrative questions. All questions and answers will be made available to all potential applicants upon request.

Submission, review, and anticipated start dates:

1. Application submission due date: November 5, 2012
2. Award notification date: November 9, 2012

Submitting an application: Applicants should email all requested materials to Erin Simms at esimms@cste.org by Monday, November 5, 2012. Notification will be sent to the applicant upon successful receipt of the application. All applications not sent electronically should be received by CSTE by the submission due date. Please include two copies with no staples if mailing applications to the CSTE national office (2872 Woodcock Blvd, Ste 303, Atlanta, GA 30309).

Application Review Information

Criteria: The criteria described below will be considered in the review process of all applications.

1. Understanding of the project and deliverables
2. Prior experience conducting similar analytical projects
3. Detail and quality of proposed project plan
4. Extent to which the budget and timeline are justified
5. Completeness of application

Review and selection process: Eligible applications that are complete will be evaluated for scientific and technical merit by CSTE in accordance with the review criteria stated above. A review panel of health disparities subcommittee members and subject matter experts will score the applications. Funding awards will be made based upon the quality of the submitted proposal and the ability of the applicant to meet the criteria stated above.

Useful Resources

Health Disparities Subcommittee web page

Guidance for Utilizing the Public Health Disparities Geocode Project Health Disparities Monitoring Methodology

Guidance for Calculating Incidence by Census Tract Poverty Level

Public Health Disparities Geocoding Project – Harvard University

Award Administration Information

Award notices: Applicants will be notified via email or phone no later than Friday, November 9, 2012.

Award recipient responsibilities: The award recipient will have primary responsibility for the following:

1. Accomplish the objectives and deliverables listed in this announcement.
2. Attend the 2013 CSTE annual conference.
3. Provide written progress reports and invoices to CSTE as required in the contract agreement.
4. Provide multiple avenues for feedback and discussion (conference calls, etc.) on a regular basis (at least once monthly).
5. Participate on subcommittee conference calls (one call per month) to discuss the progress of the project and to receive feedback.

For more information contact:

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References

1. Centers for Disease Control and Prevention. CDC Health Disparities and Inequalities Report-United States, 2011. *MMWR*. 2011;60(Suppl):1-113
2. Krieger N, Chen JT, Waterman PD, Rehkopf DH, Subramanian SV. Painting a Truer Picture of US Socioeconomic and Racial/Ethnic Health Inequalities: The Public Health Disparities Geocoding Project. *Am J Public Health.* 2005;95(2):312-323
3. Public Health Disparities Geocoding Project. Available at http://www.hsph.harvard.edu/thegeocodingproject/
4. Consultant's Guidance Document for CSTE utilization of the Public Health Disparities Geocoding Project Health Disparities Monitoring Methodology. Available at http://www.cste.org/webpdfs/csteconsultantguidancedocument.pdf
5. Guidance for Calculating Incidence by Census Tract Poverty Level Using 2010 Census and 2006-2010 ACS. Available at http://www.cste.org/webpdfs/AreabasedPovertyCensus2010Demov3.pdf