CDC / CSTE APPLIED EPIDEMIOLOGY FELLOWSHIP *HANDBOOK*

CLASS VII
2009-2011

ASPH
ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH

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Appendices:

Council of State and Territorial Epidemiologists

The Council of State and Territorial Epidemiologists (CSTE) is a professional association of public health epidemiologists in states and territories working together to detect, prevent, and control conditions of public health significance. CSTE works to establish more effective relationships among state and other health agencies, and to provide technical advice and assistance to the Association of State and Territorial Health Officials (ASTHO) and federal public health agencies such as the Centers for Disease Control and Prevention (CDC). CSTE has more than 1000 members with surveillance and epidemiology expertise in a broad range of areas including: communicable diseases, immunizations, environmental health, chronic diseases, occupational health, injury prevention and control and maternal and child health.

Epidemiologists working in public health agencies are responsible for monitoring trends in health and health problems, and devising prevention programs that enable the entire community to be healthy. Public health assessment includes surveillance, epidemiologic studies, program evaluation, and performance measurement. Surveillance is the foundation for developing a public health response to any disease threat – infectious, chronic, environmental, and occupational or injury. Surveillance is useful in (1) determining which segments of the population are at highest risk; (2) identifying changes in disease incidence rates; (3) determining modes of transmission; and (4) planning and evaluating disease prevention and control programs.

The national organization is governed by a ten-member Executive Committee, which includes four officers, three program chairs, and three members-at-large. The program chairs are specialty epidemiologists in the areas of chronic diseases, environmental health, occupational health, injury prevention and control, and infectious diseases. The CSTE Executive Committee conducts quarterly two-day meetings to provide a forum in which federal and state programs can collaborate on topics of mutual interest.

Terms of Agreement

Applied Epidemiology Fellows will perform services for a 2 year term beginning on the date that the fellow reports to his/her designated host health agency. After 12 months CSTE will evaluate the appointment based on fellow and mentor performance. After a favorable evaluation, the CSTE National Office will recommend the renewal of a contract for the remaining 12 months of the fellowship based on the availability of federal funds. In addition, each fellow will attend and be compensated for the orientation session in Atlanta, GA, August 31-September 4, 2009.

All fellows agree to initiate their assignments at the designated host health agency on or before August 31, 2009. All fellows should notify CSTE as soon as possible should they be unable to report to the host health agency by August 1, 2009. Appointments beginning after August 31, 2009 require approval from CSTE.

Mentor and Host Health Agency

Each Applied Epidemiology Fellow is assigned to a designated host health agency and mentors. Host health agencies are CDC and CSTE approved, with a demonstrated capacity to provide an Applied Epidemiology Fellow with technical training, research opportunities and practical experience in the application of epidemiologic methods.

The mentors will oversee the training, research and field activities of the fellow, ensure that the fellow is familiar with relevant techniques in a given specialty, and encourage the overall professional development of the fellow. Host health agencies and mentors are also strongly encouraged to provide financial support and opportunities for the fellow to participate in other public health activities that will expand the fellow's scope and depth of epidemiologic knowledge and/or expand his/her job-related capabilities. Should Fellows be required to participate in or attend meetings on behalf of the host health agency, the agency should assume responsibility for any expenses incurred by the Fellow. This includes travel expenses and costs associated with developing materials, etc. Fellows are expected to be integrated into the host site and treated like an entry level permanent employee. If employee programs are offered to regular permanent employees, host sites are expected to provide comparable programs and financial support for the fellow.

Applied Epidemiology Core Competencies

Epidemiologic methods

- Design surveillance systems to assess health problems.
- Evaluate surveillance systems and know the limitations of surveillance data. First-year fellows are required to submit an abstract on their evaluation projects for the CSTE Annual Conference and the surveillance system evaluation should be among the first activities the fellow undertakes.
- Role in bioterrorism/emergency preparedness and response. Fellows should be prepared to play a functional role in BT/ER response for their host agency and are encouraged to participate in related training, tabletop exercises etc.
- Interpret surveillance data*.

- Design an epidemiologic study to address a health problem.
- Understand the basic types of study design and the advantages and limitations of each type*.
- Design a questionnaire or other data collection tool to address a health problem.
- Collect health data from appropriate sources (e.g., case interviews, medical records, vital statistics records, laboratory reports, or pathology reports).
- Create a database for a health data set.
- Use statistical software to analyze and characterize epidemiologic data.
- Interpret findings from epidemiologic studies, including recognition of the limitations of the data and potential sources of bias and/or confounding.
- Recommend control measures, prevention programs, or other public health interventions based on epidemiologic findings.

Communication

- Write a field investigation report resulting from participation in an infectious disease or other approved outbreak investigation of either an acute disease outbreak or a time sensitive investigation. Fellows should experience participating in and observing an investigation performed in a charged environment. It is understood that some fellowship assignments such as those in Chronic Disease, Maternal and Child Health, etc. will require that the mentor arrange for a temporary detail to allow the fellow to participate in such an investigation.
- Write a surveillance report.
- Understand the basic process for preparing a manuscript for publication*.
- Make an oral presentation using appropriate media.
- Present data graphically and know how to use graphic software.
- Understand the basics of health-risk communication and communicate epidemiologic findings in a manner easily understood by lay audiences.
- Master's-level fellows: present a poster at a national or regional meeting, publish a technical report, or prepare a manuscript for publication in a peer-reviewed journal.
- Doctoral-level fellows: prepare a manuscript for publication in a peer-reviewed journal.

Public Health Practice, Policy, and Legal Issues

- Have a basic understanding of public health law*.
- Complete CDC's online Public Health Law 101 available at: http://www2a.cdc.gov/phlp/phl101/
- Understand the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and recently implemented privacy and information security amendments*.
- Distinguish between public health research and public health practice*.
- Understand policies for the protection of human subjects in research and the role of an Institutional Review Board (IRB)*.
- Know the essential public health functions*.

- Understand the roles of local, state, and federal public health agencies*.
- Appreciate the diversity of how epidemiology is used in different program areas*.
- Effectively negotiate cultural sensitivity issues*.

* indicates Core Competencies addressed in the fellowship orientation curriculum.

Plan of Action

Upon arrival at the host health agency, the fellow and mentor will develop a mutually agreed upon plan outlining the course of study, training, and research to be taken during the fellowship assignment to achieve designated core competencies. By the end of the third month of the fellowship, the fellow and mentors should formalize a "Plan of Action" that will outline how the fellow will complete the major required core activities and address competencies.

The purpose of the Plan of Action is to provide a written understanding between the fellow and his/her mentor. It serves as a guideline and agreement about the expectations and opportunities of the fellowship experience. The Plan of Action is also a tool to monitor progress during the fellowship.

Fellows should submit the Plan of Action, with mentor signatures, to the Fellowship Program Coordinator no later than ninety days after fellowship start date. The Plan of Action will be reviewed and approved by CSTE. The Fellowship Program Coordinator will further discuss the plan with the fellow and the on-site supervisor ***if necessary***.

The following should be identified:

- Surveillance activity in which the fellow will participate.
- Surveillance system to be evaluated. Because fellows are encouraged to present evaluation projects at the CSTE Annual Conference, the surveillance system evaluation should be among the first activities the fellow undertakes.
- Role in bioterrorism preparedness and response.
- Major project (including timeline for completion).
- National, state or regional meeting(s) to be attended (in addition to the annual CSTE meetings).

Progress Reports and Biannual Evaluations

Fellows agree to submit **quarterly progress reports**. The quarterly progress reports will be submitted to the Fellowship Program Coordinator every three months. The progress reports describe activities during the reporting period. Reports also contain an overview of activities and accomplishments to date according to the original Plan of Action, as well as any changes in the plan. Copies of any publications, abstracts, or posters completed during that quarter should be attached. Items listed on the quarterly progress report form must be addressed; additional information is welcome. **Quarterly progress reports should be mailed to the Fellowship Program Administrator with original signatures.**

Additionally, fellows are expected to work with their mentor to complete a **biannual evaluation** that evaluates the fellow's performance and outlines progress toward meeting the required core activities. Fellow signature and mentor review, comments, and signature are required. Biannual evaluation forms should be mailed to the Fellowship Program Administrator on or before the dates listed below with the corresponding Quarterly Progress Report. Please use the evaluation of your performance as a tool to strengthen and expand your epidemiology skills.

EXAMPLE Quarterly Progress Report Schedule:

June 1, 2009: Start Date
September 1, 2009: Plan of Action Due
December 1, 2009: Quarterly Progress Report and 6-month Evaluation Due
March 1, 2010: Quarterly Progress Report Due
June 1, 2010: Quarterly Progress Report and 1 year Evaluation Due
September 1, 2010: Quarterly Progress Report Due
December 1, 2010: Quarterly Progress Report and 18-month Evaluation Due
March 1, 2011: Quarterly Progress Report Due
Before June 1, 1011: Final Report and Final Evaluation Due

Fellows are advised to keep signed copies of all paperwork in case of lost mail.

CSTE reserves the right to suspend the fellow's stipend in the event of excessive delay of progress report or evaluation submission.

Final Report

Fellows and their supervisors will be required to submit a final report during the last month of the fellowship. The final report should indicate that the fellow has completed all of the required activities. In addition, the report should indicate the following:

- A brief summary of how each of the required activities was completed.
- The fellow's perspective on whether or not the fellowship achieved its training objectives.
- An evaluation of the fellow by his/her supervisor(s).
- Ways that the fellowship could be improved (comments from both fellow and supervisor).
- The fellow's future career plans.
- Contact information for the fellow after completion of the fellowship.

Final Reports should be submitted to the Fellowship Program Administrator no later than two-weeks before completion of the fellowship.

Career Progression

CSTE intends to monitor the outcome of the Applied Epidemiology Fellowship program through regular contact with each program graduate. Fellow alumni should expect CSTE staff to contact them annually for information about their employment status, career goals, and other pertinent information. Please inform CSTE of any changes in your contact information.

Certification

A certificate will be awarded to a fellow at the end of the two-year fellowship, provided they demonstrate the following:

- Complete all of the required core activities.
- Submit their final report to CSTE (both fellow and mentor).
- Perform satisfactorily during the fellowship according to the supervisor.

The certificates will be issued and provided by CSTE, but will be cosigned by CSTE and mentors.

E-mail Communications

All fellows must be accessible via e-mail during their assignment. The host health agency will provide each fellow with access to a computer and an individual e-mail address. Fellows should forward their e-mail address to CSTE as soon as possible.

Fellowship Stipend

CSTE agrees to compensate each fellow in the form of a stipend, the amount of which is listed on the fellowship appointment agreement. Stipends follow U.S. Health and Human Services Public Health Service (USPHS) guidelines and the government's GS-rating scale. Stipends will not be considered salaries and, therefore, no taxes will be withheld from them. Each fellow is responsible for ensuring that appropriate taxes are paid on the stipend received.

Payment will be distributed to the fellow on a biweekly basis from CSTE. The stipend payments will be managed by CSTE and mailed to the fellow's personal mailing address. CSTE encourages fellows to use direct deposit for receipt of their stipend.

Relocation Stipend

CSTE is required to follow OMB Circular A-122.42 regarding relocation costs. To be eligible for relocation expenses, a fellow must meet one of the following:
1) The costs of transportation of the employee, members of his/her immediate family and his/her household and personal effects to the new location.
(2) The costs of finding a new home, such as advance trips by employees and spouses to locate living quarters and temporary lodging during the transition period, up to maximum period of 30 days, including advance trip time.

The specifics of the relocation circular are included in the Appendix.

Health Insurance

In addition to the stipend described above, CSTE will help defray the costs for individual health insurance for each fellow up to $3,200/year. These funds are to be used only for basic health insurance. In extenuating circumstances, CSTE will supplement plans that exceed the $3,200 limit. However, there is no guarantee that additional funds will be secured each year. Each fellow is responsible for identifying a health plan in their area in which they wish to enroll and is encouraged to pursue the best coverage available within the annual health insurance allowance. Individual health insurance must be in place by the first day the fellow reports to the host health agency. CSTE will provide reimbursement to the fellow on a monthly or quarterly basis for health insurance costs, beginning on the first day that the fellow reports to the host agency and continuing through the end of the month in which the fellow terminates the program. If significant financial strain while awaiting reimbursement is a concern, the fellow may forward billing invoices to the Fellowship Program Administrator for direct payment by CSTE; please submit invoices four weeks before payment is due if this payment option is exercised.

It is anticipated that fellows will receive significantly better health coverage by choosing a plan that operates locally.

CSTE Annual Conference and Additional Conference Information

Fellows are required to attend the CSTE Annual Conference each year of their fellowship (2010 and 2011). Fellows are **not** expected to use their professional development allowance to attend the conference. The 2010 Annual Conference is scheduled for Portland, Oregon, June 6-10, 2010. The Fellowship Program Administrator will contact each fellow to make travel arrangements.

Fellows are expected to submit an abstract for the CSTE Annual Conference, and they are strongly encouraged to submit abstracts to additional professional conferences they plan to attend. 1st year fellows will submit an abstract for the CSTE Annual Conference for the evaluation of a surveillance system project. 2nd year fellows can submit an abstract for any other project.

Professional Development Allowance

As a benefit of the fellowship, CSTE has allotted $970 per year to defray professional development expenses. These funds are to be used for the purpose of travel to meetings or conferences, attending short-term training programs, purchasing of Fellowship-work related books, and attendance of classes intended to aid in Fellowship-work related projects. An example of an inappropriate use of funds is to pay for poster expenses, commuting, or work related travel expenses, travel to local and in-state meetings, and other general administrative expenses. The host state agency should be responsible for covering these expenses.

The professional development funds must be used for activities that fall within the fellow's Plan of Action. CSTE also strongly encourages host health agencies to provide funds for fellow travel and training. CSTE communicates with all primary and secondary mentors, encouraging the health department to share the responsibility of supporting fellows to attend conferences, meetings, and reimbursement for in-state travel.

Professional development funds for year 1 must be used by the 1 year anniversary of the start date. Professional development funds for year 2 must be used at least 3 months before the last day of the fellow's assignment. The only exceptions to this rule are: if a fellow has approval from his/her mentor to attend and present work during his/her fellowship (i.e. poster session or other presentation) at a meeting scheduled within 3 months of the fellowship completion date and has approval from the CSTE Executive Director in an extraordinary circumstance.

Professional Development Funds Guidelines:

- Travel/purchases using year 1 funding must be completed by the 1 year anniversary of the start date
- Travel/purchases using year 2 funding must be completed at least 3 months before the end of the Fellowship.
- Requests must be made to the CSTE Fellowship Program Administrator
- Sufficient funds must be available in the fellow's professional development allowance account
- Professional development funds cannot be used for international travel.
- CDC sponsored conferences for the program area in which the fellow works must take precedence over any other conference for the use of the professional development funds. For Example: Infectious Disease fellows must use their professional development monies to travel to the ICEID Conference.
    - CSTE works closely with partners at CDC to secure scholarships for fellows to travel to these conferences, but there is no guarantee that this money will be available every year to supplement fellow attendance at these meetings. Fellows will be notified as early as possible if travel scholarships are to be awarded.
- Service fees for travel made through American Express will **NOT** be deducted from your professional development funds
- When traveling, Fellows must follow CSTE Sponsored Travel policies

Travel and Expense Reimbursement Information

- CSTE sponsored travel requires preauthorization from CSTE. Please contact the Fellowship Program Administrator for authorization.
- Expense reimbursement forms are used for all eligible travel and training courses.
- Expense reimbursement forms must be completed and submitted to CSTE within 30 days of expense occurrence by mail or fax. **Email reimbursement forms are not accepted.**
- For travel, the expense reimbursement form must itemize per diem, lodging, and other costs by date of travel, and be signed by the fellow. **Original receipts for any claimed expense of $25 or more must accompany the form, along with flight itinerary/boarding passes.**
- All air travel should be arranged through American Express Travel by calling (800) 872-9954 (Gail Harris), and identifying yourself as a CSTE Applied Epidemiology Fellow. Flights arranged by American Express will be billed directly to CSTE; the fellow must record the cost in the "Direct CSTE Charges" column of the expense reimbursement form.

- If approved, CSTE will support transportation, registration, lodging, and per diem for the meeting up to the maximum dollar remaining in the fellow's professional development allowance account. CSTE assumes no liability for the fellow while he/she attends any meeting after the completion of the fellowship.

All CSTE fellows are expected to follow CSTE's travel policy while traveling.

Withdrawal/Termination

CSTE reserves the right to terminate the fellowship assignment agreement upon authorization by the CSTE Fellowship Advisory Committee in response to unacceptable conduct, disciplinary problems, or performance-based actions by the fellow. A written request, accompanied by documentation sufficient to justify termination action, must be submitted to CSTE for review and consideration by the Advisory Committee. CSTE may also terminate this agreement if the fellow fails to comply with any of the terms specified in this agreement. Stipend and other allowances will be disbursed through the last day worked by the fellow.

In the event the fellow wishes to voluntarily withdraw from the assignment at any time, he or she must provide 30 days notice and written notification to both CSTE and the host health agency. CSTE may terminate the fellowship assignment in the event that grant support cannot be obtained and provided. CSTE will inform the parties involved and provide 30 days notice.

Liability Disclaimer

Neither CDC, CSTE, ASPH, the host health agency, nor persons acting on their behalf will be responsible for:

Any alleged or actual liability, cost or expense incurred as a result of personal injury to or death of persons, including the fellow, or damage to or destruction of property, or for any other loss, or damage, or injury of any kind whatsoever; except where such death, injury, loss, or damage is the result of willful negligence or intentional misconduct of an officer, agent, or employee of CSTE, CDC, ASPH, or the host health agency.

Any claims, losses, or expenses or damages, including, but not limited to, bodily injury, death, or property damage caused by negligence or misconduct of the fellow.

Security Clearance Procedures

All fellows must comply with the security, safety, and personnel requirements established by their host health agency. Fellows should contact their host mentor and/or facilitator to discuss these procedures, as this may affect their start date with the host health agency.

All fellows must be trained in HIPAA health information security before accessing patient data. It is the fellows responsibility to ask the host health agency for this training before working with any health data that is linked to identifying personal information.

Publication Acknowledgement

Copies of all papers published as a result of the fellow's appointment (including those published after the assignment has ended) must be sent to the Fellowship Program Administrator at CSTE. All published reports, journal articles, or professional presentations that rely on the work conducted during participation in the fellowship should carry an acknowledgement such as the following:

"This study/report was supported in part by an appointment to the Applied Epidemiology Fellowship Program administered by the Council of State and Territorial Epidemiologists (CSTE) and funded by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement Number 1U38HM000414."

Ethical Standards and Behavior

Fellows are expected to conduct research and day-to-day epidemiologic investigations, data analysis, and information synthesis according to the highest scientific and ethical standards. Fellows must comply with all applicable laws, regulations, and policies regarding privacy protection, human research subjects, use of laboratory animals (if applicable), and safety. Fellows are to follow all rules and regulations that apply to host health agency personnel (safety, breaks, security access, etc.).

Employment at Host Health Agency During the Fellowship

Fellows are expected to complete the entire two-year fellowship to which they have been appointed. In accepting an Applied Epidemiology Fellow, the host health agency and CSTE agree to support the unique educational and training opportunities afforded to a fellow by the program. Applied Epidemiology Fellows will perform services beginning on the date that the fellow reports to his/her designated host health agency. After 12 months, CSTE will evaluate the appointment based on the availability of federal funds, satisfactory progress of the Fellow and mentor performance. After a favorable evaluation, the CSTE National Office will recommend the renewal of a contract for the remaining 12 months of the fellowship. Host health agencies may extend an offer to a fellow for employment only after all the competencies have been met for the fellowship. CSTE expects all fellows to complete requisite activities and competencies. If an opportunity for employment arises before the fellow has completed the full two years, CSTE would consent to the fellow's employment if all required activities have been achieved or an agreement has been made satisfy the competency requirements.

Grievance Process

Fellow Grievance: In the event that a fellow has a grievance with the conduct or quality of the program, an official complaint must be submitted in writing to the Fellowship Program Administrator at CSTE. It is expected that the fellow will have discussed the issue with his or her mentor and health agency director prior to submitting any written complaint. CSTE will attempt to facilitate resolution of the issue within two weeks of receipt of the official complaint. If no resolution is made, the Advisory Committee will take up the issue.

Host Health Agency Grievance: If the host health agency has concerns about the actions or attitude of the designated fellow, or is unable to meet training requirements, written communication should be sent directly to CSTE, for mediation within two weeks. If no solution is reached within that period, the Advisory Committee will then be invited to assist. All communications of this nature are to be filed in writing at CSTE and identified as a formal grievance. The parties involved will keep all communications in confidence.

Leave

The fellow agrees to report to the worksite in accordance with the regular workweek schedule, holiday schedule, and inclement weather policies as established by the host health agency. Fellows are not to be away from their assignment for extended periods of time. CSTE reserves the right to suspend the stipend payment accordingly if it deems necessary, as well as terminate this agreement in the event of excessive absenteeism on the part of the fellow.

Fellows are to be granted the same amount of vacation and/or sick leave that a first year health department employee receives. Fellows are not required to account to CSTE for their time off. However, fellows must receive approval from his/her mentor for any absences. Fellows must comply with a mentor's request for time accountability.

In compliance with the Family and Medical Leave Act of 1993, up to twelve weeks leave may be offered to any Fellow who needs to take an extended leave of absence due to injury, pregnancy, or illness. Upon request from the host agency, the fellow will be offered six (6) weeks of time off where the Fellow will be receiving 60% of the full stipend amount. If host agency's policy requires, the fellow may be required to utilize vacation and sick time accrued from time worked at the host agency before receiving the reduced stipend. If further leave time is required after the six -weeks reduced stipend and host agency's vacation and sick time have been used, the Fellow will not receive any portion of the stipend for the remainder of the leave. The other provisions of the Fellowship will not be affected by the leave of absence (e.g. health insurance reimbursement support, professional development, etc). This position is consistent with the Family and Medical Leave Act followed in states where fellows are assigned and integrated into the host site environment and expected to follow the administrative guidelines and leave policies.

Income Taxes

The Internal Revenue Service (IRS) has determined that individuals who participate in the Applied Epidemiology Fellowship Program are considered "Fellows" (versus employees) for income tax purposes, due to the specific characteristics of the assignment. Therefore, CSTE assumes no responsibility for federal, state, and local tax withholding from stipend payments. Although subject to some of the same policies and procedures, Applied Epidemiology Fellows are not considered employees of CSTE, CDC, ASPH, or the host health agency. **CSTE assumes no tax liability and will not**

submit a Form 1099 at the end of the year during the fellow's training, but will provide a summary of earnings for each calendar year. Fellows should seek individual tax advice as necessary from qualified professionals.

The Internal Revenue Code, Section 117, applies to the tax treatment of all scholarships and fellowships. Under that section, non-degree candidates are required to report, as gross income, all stipends and any monies paid on their behalf for course tuition and fees required for attendance. CSTE stipends are not considered salaries.

Important Contacts

CSTE
2872 Woodcock Boulevard, Suite 303
Atlanta, GA 30341-4015
Phone: (770) 458-3811
Fax: (770) 458-8516
www.cste.org

Amanda Masters, MPH
Workforce and Fellowship Coordinator
(770) 458-3811
amasters@cste.org

Patrick McConnon, MPH
Executive Director
pmcconnon@cste.org

MarySue Shulin
Business Manager
mshulin@cste.org

American Express Travel
Primary contact: Gail Harris
Phone: (800) 872-9954

Mentoring a CDC/CSTE Applied Epidemiology Fellow

The goal of the Applied Epidemiology Fellowship program is to attract and prepare public health epidemiologists for careers with state and local health departments. The two-year program recruits and trains qualified candidates to support public health initiatives and provide opportunities for neophyte epidemiologists to expand their skills to a level where they function as competent epidemiologists with little or no supervision. Upon completion of the fellowship, graduates will be prepared to conduct day-to-day epidemiological activities and research on issues that affect public health.

The Applied Epidemiology Fellowship is designed to accomplish one of CDC's defined prevention strategy goals of "strengthening local, state, and federal public health infrastructures to support surveillance and implement prevention and control programs." Further, Healthy People 2010 workforce objectives are being met in areas of:

- Incorporation of specific competencies in the essential public health services into the personnel systems
- Increase proportion of Tribal, State, and Local public health agencies that provide or assure comprehensive epidemiology services to support essential public health services

The Role of the Mentor

The mentor is expected to fulfill the responsibilities outlined here. Although fellows may possess sophisticated skills, they require guidance and direction from their mentors. The mentor will:

- Oversee the fellow's work activities by:
  - Creating an environment that fosters professional development
  - Offering advice and assistance
  - Integrating the fellow into the host site environment
- Help the fellow broaden his/her network of professional colleagues
- Help the fellow assess resources needed to accomplish goals by, for example, gaining access to data and subject-matter experts
- Support and encourage the fellow in his or her technical and professional development
- Express a caring and interested attitude in the fellow's present activities, future goals, and interpersonal relationships with agency staff

Responsibilities of the Mentor

Fellows are to be provided with the same administrative support and provisions that entry level host site employees are provided.

Before the Fellow's arrival:

- Ensure appropriate office space and equipment (telephone, computer, statistical software etc.) are available. Have essential items for the fellow's assignments and day-to-day activities available.
- Arrange with the responsible administrative party the following:
  - Identification badge
  - Building/parking/office access keys
  - E-mail account
  - HIPAA information privacy training
  - Health and safety information
  - Parking permits
  - Computer passwords and access is setup on Fellow's computer for all programs the fellow will use
  - Other training, especially related to computer policies and use
- Provide assistance/recommendations for the fellow, if necessary, for lodging for the duration of the fellowship.
- Just before fellow's arrival, inform co-workers and office staff of his/her arrival date and make sure the administrative details given above are in order. Be sure that everyone understands the purpose and terms of the fellowship, including how long the fellow will be with the agency and general scope of activities in which he/she will be involved.

Upon the Fellow's arrival:

- Welcome the fellow to your agency and introduce him/her to the staff (including the Agency director), environment, and resources.
- Orient the fellow, reviewing the purpose, goals, and objectives of the fellowship, his/her role, the role of the mentor, and any other pertinent information.
- Ensure that the fellow receives an identification badge, keys, computer access, e-mail address, and other items as outlined in the section above.
- Work with fellow to develop a mutually agreed upon Plan of Action document, to be submitted to CSTE no later than 90 days after fellow start date. The fellow will receive specific information on Plan of Action preparation at the Applied Epidemiology Fellowship Orientation.

Replacement of Mentor (s)

CSTE requires that each fellow has a primary and secondary mentor for the duration of their fellowship. CSTE will approve each primary and secondary mentor on the basis of their submitted application and relevant supervisory experiences. If circumstances arises where either the primary or secondary mentor resigns from the mentor position either due to job status change, relocation etc, please notify CSTE immediately of this change so that CSTE can work closely with the host agency to identify a replacement in a timely matter. CSTE will require a resume of the identified replacement and will conduct a mentor orientation to familiarize the new mentor with the policy and procedures of the fellowship.

Overseeing, Reviewing and Evaluating Fellowship Assignment Work

- The mentor is responsible for general oversight of the scientific and technical aspects of the fellow's work assignments. Advice and assistance should be offered to ensure successful progression of applied epidemiologic training over the course of the fellowship. Mentors should be available to spend at a minimum 4 hours per week with the fellow during the first month of the fellowship and 2 hours per week thereafter for the rest of the fellowship. The CSTE National Office will provide administrative support and ensure that the Fellow is working with the mentors to meet competency requirements. The mentor is also expected to ensure that administrative and logistical matters are addressed.

- The mentor is required to evaluate the fellow's performance biannually; however more frequent informal evaluations are encouraged. Biannual and final evaluation forms can be found on pages 43-50.

- The mentor is responsible for encouraging the fellow's professional development and for securing financial assistance to ensure professional development. In addition to ensuring that the fellow is free to attend conferences, seminars, and meetings throughout the Agency, the mentor will encourage the fellow to provide feedback on his/her experience(s) within the Agency. The mentor will assist the fellow in making contacts at public health agencies, other federal agencies, and academic institutions to foster professional development.

- The mentor will be familiar with the "Core Competencies" of the fellowship and strive to ensure that the fellow achieves all training requirements to the extent that

each activity can be performed unaided by the completion of the fellowship. A list of the core competencies can be found on pages 5-6. Thus, the mentor will allow the fellow increasing levels of responsibility and leadership in work assignments as the fellowship progresses.

- The mentor will discuss future plans with his/her fellow, including possible professional opportunities which might be available for individuals with their acquired experience and abilities.

Checklist of Mentor Responsibilities

Before the Fellow's arrival:

___ Sign Fellow-Host Health Agency agreement and return to CSTE

___ Provide assistance/recommendations for suitable long-term housing

___ Ensure appropriate office space, software and equipment

___ Essential items needed for assignment:
- ___ Map of workplace
- ___ Phone directory
- ___ Relevant publications, references, and work-tools

___ Administrative details
- ___ Identification badge and access keys
- ___ Health and safety information
- ___ HIPAA information security training
- ___ Parking permit (as needed)

___ Inform co-workers and office staff of the fellow's arrival, including the purpose and terms of the fellowship

Upon the fellow's arrival at the host health agency:

___ Welcome and introduce to staff

___ Review purpose, goals, and objectives of the fellowship and mentor's role

___ Ensure the fellow receives ID badges, keys, and other items listed above

___ Begin working with fellow to develop the Plan of Action

During the Fellowship Period

___ Approve the Plan of Action before the end of the fellows 3rd month

___ Fill out Fellow Evaluation Forms and review with fellow. Sign fellow's progress reports and final report.

Biannual Evaluations Due

6-month
18-month
1 year
Final

Final Evaluation and Report Due: Two weeks before fellows last day of work

Fellow Information Record

The following information will assist in maintaining a current record of your business and home address and phone numbers. Please inform CSTE promptly of any changes.

Fellow name: _____

Social Security Number: _____

Home Address: _____

_____

Home phone: _____

Emergency Contact:

Name: _____

Phone: _____

Host Health Agency: _____

Address: _____

_____

_____

Phone (for fellow): _____

Fax (for fellow): _____

E-mail (for fellow): _____

Primary mentor: _____
Phone: _____
E-mail: _____
Work Address:
_____

Secondary Mentor:
Phone: _____
E-mail: _____

Business Cards

All fellows should be provided personalized business cards for distribution at meetings, to colleagues and associates, and others as necessary. The host site is responsible for providing fellows with business cards.

Fellow Brochure

All fellows will be included in the online and printed Fellow brochure. This information must be submitted electronically and follow the format in the example below. Please submit text in font 12 Times New Roman. Do not use periods after titles/degrees. This information must be submitted as an electronic attachment to the Fellowship Program Administrator.

Name (as you want it to appear below your photograph):

Place of Birth:

Highest Degree, concentration, and location:

Certifications (if applicable):

Placement:

Subject Area:

Mentors: Primary:
Secondary:

Future plans after the fellowship:
Summarize your future plans in less than ½ page (12 point font, New Times Roman, 1 inch margins). Bullets or numbers can be used to separate activities.

Why you chose the CSTE Fellowship:
Summarize why you chose the CSTE fellowship in less than ½ page (12 point font, New Times Roman, 1 inch margins). Bullets or numbers can be used to separate activities.

CSTE Direct Deposit Authorization Form

CSTE offers direct deposit of stipend to the bank(s) and account(s) of your choice.

- You may choose up to three separate accounts.
- Attach a voided personal check and/or deposit slip for each account to this form to verify your account number and bank routing number.
- Your direct deposit should begin within two pay periods after submission of form.

Check below, as applicable:
☐ Begin Deposit
☐ Change Information
☐ Cancel my direct deposit

Name: _____ **Social Security Number**: _____

(1) Bank Name/Address _____

Account #: _____

Routing # _____ *(nine characters)*

Amount $_____ or ☐ Entire Net Amount

☐ Checking ☐ Savings

(2) Bank Name/Address _____

Account #: _____

Routing # _____ *(nine characters)*

Amount $_____ or ☐ Entire Net Amount

☐ Checking ☐ Savings

(3) Bank Name/Address _____

Account #: _____

Routing # _____ *(nine characters)*

Amount $_____ or ☐ Entire Net Amount

☐ Checking ☐ Savings

I hereby authorize CSTE to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize bank to accept and to credit any credit entries indicated by CSTE to my accounts. In the event CSTE deposits funds erroneously into my account, I authorize CSTE to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until CSTE and bank have received written notice from me of its termination in such time and in such manner as to afford CSTE and bank reasonable opportunity to act on it.

_____ _____

Employee Signature Date

CSTE 2009 Payroll Schedule

2009

Pay Period		Payday
May 31	Jun 13	Jun 19
Jun 14	Jun 27	Jul 3
Jun 28	Jul 11	Jul 17
Jul 12	Jul 25	Jul 31
Jul 26	Aug 8	Aug 14
Aug 9	Aug 22	Aug 28
Aug 23	Sep 5	Sep 11
Sep 6	Sep 19	Sep 25
Sep 20	Oct 3	Oct 9
Oct 4	Oct 17	Oct 23
Oct 18	Oct 31	Nov 6
Nov 1	Nov 14	Nov 20
Nov 15	Nov 28	Dec 4
Nov 29	Dec 12	Dec 18

CSTE Proof of Insurance

Each fellow is required to attain and maintain individual health insurance for the duration of the fellowship.

Please attach to this form proof of insurance from your provider.

Fellow Name: _____

Insurance Provider: _____

Effective Date of Coverage: _____

Policy number: _____

Primary Care Physician: _____

Complete only if CSTE is providing financial support for insurance:

Monthly premium and effective dates: _____
(Please provide documentation from insurance provider)

□ I will be responsible for paying the monthly premium and submit an expense reimbursement to CSTE with a copy if the processed check each month

□ I will set up a direct bill to CSTE through my health insurance plan. CSTE will be responsible for paying the monthly or quarterly premiums for my health insurance.

Emergency Contact(s) Data

Please designate two emergency contact individuals, and provide information requested:

Primary contact:
Name: _____

Relationship to you: _____

City, State of residence: _____

Home telephone: _____

Work telephone: _____

Cellular telephone: _____

Secondary contact:
Name: _____

Relationship to you: _____

City, State of residence: _____

Home telephone: _____

Work telephone: _____

Cellular telephone: _____

Fellow Plan of Action

Plan of Action

Name:
Program Area:
Year: 2009
Primary Mentor:
Secondary Mentor:

1. **Surveillance activity in which the fellow will participate**
   TITLE OF PROJECT

   BRIEF DESCRIPTION OF PROJECT

2. **Surveillance system to be evaluated**
   TITLE OF PROJECT

   BRIEF DESCRIPTION OF PROJECT

3. **Role in bioterrorism preparedness and response**
   BRIEF DESCRIPTION OF ROLE:

4. **Major Project (including timeline)**
   TITLE OF MAJOR PROJECT

   BRIEF DESCRIPTION OF MAJOR PROJECT

Timeline:

Year	Month	Activities
2009	July	•
	August	•
	Sept.	• •

	Oct- Dec.	• •
2010	Jan.	•
	Feb.	•
	March	•
	April	•
	May	•
	June	•
	Jul.- Aug.	•
	Sept.	•
	Oct.	•
	Nov.	•
	Dec.	•
2011	Jan.	•

5. National, state or regional meeting(s) to be attended

Future Meetings:

1.

6. Other activities

A.

Fellow Progress Table

Epidemiologic Methods:	Manner Fulfilled	Date Anticipated:
Design surveillance systems to assess health problems		
Evaluate surveillance systems and know the limitations of surveillance data		
Design an epidemiologic study to address a health problem		
Design a questionnaire or other data collection tool to address a health problem		
Collect health date from appropriate sources (e.g. case interviews, medical records, vital statistics records, laboratory reports, or pathology reports)		
Create a database for a health data set		
Use statistical software to analyze and characterize epidemiologic data		
Interpret findings from epidemiologic studies, including recognition of the limitations of the data and potential sources of bias and/or confounding.		
Recommend control measures, prevention programs, or other public health interventions based on epidemiologic findings		

Communication	Manner Fulfilled:	Date Anticipated:
Write a field investigation report resulting from an a		
Write a surveillance report		
Make an oral presentation using appropriate media		
Present data graphically and know how to use graphic software		
Understand the basics of health risk communication and communicate epidemiologic findings in a manner easily understood by lay audiences		
Master's level fellows: present a poster at a national or regional meeting, public a technical report, or prepare a manuscript for publication in a peer reviewed journal		
Doctoral-level fellows: prepare a manuscript for publication in a peer reviewed journal		

The plan of action will be updated periodically throughout the fellowship to reflect changes and new activities. The following participants in the CDC/CSTE Applied Epidemiology Fellowship program have approved this Plan of Action in its current form:

Fellow Signature: _____
Date: _____
Mentor Signature: _____
Date: _____
Mentor Signature: _____
Date: _____

Fellow Quarterly Progress Report

Please submit the following information to CSTE electronically on or before the due date listed on page 8 of this handbook.

Quarterly Progress Report

Name:

Date:

Host Health Agency:

Primary Mentor:

Secondary Mentor:

Note: Activities since the last progress report are in bold.

1. Overview of activities and accomplishments to date according to the Plan of Action.

    a. Surveillance project participation:
    Overview of Project:

Activities completed on project:

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Activities since last progress report:

NEXT PROJECT (BRIEF BACKGROUND)

Recent activities and project status:

(1)
(2)
(3)
(4)
(5)
(6)

Activities since last progress report:

NEXT PROJECT (BRIEF BACKGROUND)

Recent activities and project status:

(1)
(2)
(3)
(4)
(5)

Activities since last progress report:

NEXT PROJECT (BRIEF BACKGROUND)

Recent activities and project status:

(1)
(2)
(3)
(4)
(5)
(6)

Activities since last progress report:

NEXT PROJECT (BRIEF BACKGROUND)

a. Evaluation project progress:

Project (Brief Background)

Activities since last progress report:

(1)
(2)

b. Bioterrorism preparedness and response activities:
(1)
(2)

Activities since last progress report:

(1)
(2)

c. Progress made on major project:
TITLE OF MAJOR PROJECT:
(1) A Timetable listing tasks completed through _____
(2)

See below for progress made with INSERT MAJOR PROJECT NAME:

Year	Mon	**Activities (√= Activity Complete)**
2009	Aug.	
Activities since last report:	Sep.	
	Oct.	
	Nov.	
	Dec.	
2010	Jan.	
	Feb.	
	Mar.	
	Apr.	

	May.	
	June	
	July	
	Aug.	
	Sept.	

d. Meetings, conferences, or presentations attended:
(1)
(2)
(3)
(4)

e. Presentations given (date, title, and forum):
(1)
(2)
(3)

Activities since last progress report:

(1)
(2)

f. Training courses, seminar series attended:
Web cast presentations:
(1)
(2)
(3)

Web cast attended since last progress report:

(4)
(5)

g. Participation in cluster/outbreak investigation(s):
BRIEF DESCRIPTION OR BACKGROUND OF WORK

h. Publications (papers/abstracts/posters):

i. Keeping primary and secondary mentors updated of Fellow's progress:

Summary of overall fellowship experience to date:

Comments:

a. **Fellow comments:**

b. Mentors comments:

Fellow Evaluation Form – 6 months

Please complete a formal evaluation of the fellow using the criteria below. Discuss your evaluation with the fellow and obtain his/her signature.

Due to CSTE on or before end of 6th month of fellowship.

Name: _____

Date: _____

1. Please describe the progress that the fellow is making on his/her Plan of Action.

2. Please rate the fellow in the following areas:

Rating scale:
1 – Needs significant improvement
2 – Needs some improvement
3 – Meets expectations
4 – Exceeds expectations
5 – Consistently exceeds expectations

	5	**4**	**3**	**2**	**1**
Skills:					
Technical					
Analytical					
Task Management:					
Quality of work					
Quantity of work					
Organizational skills					
Creativity					
Communication					
Written					
Verbal					
Contribution to team effort					
Judgment					
Degree of independence					
Motivation					
Leadership					
Teamwork					
Interpersonal skills					

3. Describe strengths the fellow has demonstrated over the past six months.

4. Identify areas for improvement that the fellow can strive for in the next six months

1° Mentor signature: _____Date: _____

2° Mentor signature: _____Date: _____

Fellow signature: _____Date: _____

Fellow Evaluation Form – 12 months

Please complete a formal evaluation of the fellow using the criteria below. Discuss your evaluation with the fellow and obtain his/her signature.

Due to CSTE on or before end of 1st year of fellowship.

Name: _____

Date: _____

1. Please describe the progress that the fellow is making on his/her Plan of Action.

2. Please rate the fellow in the following areas:

Rating scale:
1 – Needs significant improvement
2 – Needs some improvement
3 – Meets expectations
4 – Exceeds expectations
5 – Consistently exceeds expectations

	5	**4**	**3**	**2**	**1**
Skills:					
Technical					
Analytical					
Task Management:					
Quality of work					
Quantity of work					
Organizational skills					
Creativity					
Communication					
Written					
Verbal					
Contribution to team effort					
Judgment					
Degree of independence					
Motivation					
Leadership					
Teamwork					
Interpersonal skills					

3. Describe strengths the fellow has demonstrated over the past six months.

4. Identify areas for improvement that the fellow can strive for in the next six months.

1° Mentor signature: _____Date: _____

2° Mentor signature: _____Date: _____

Fellow signature: _____Date: _____

Fellow Evaluation Form – 18 months

Please complete a formal evaluation of the fellow using the criteria below. Discuss your evaluation with the fellow and obtain his/her signature.

Due to CSTE on or before end of 18th month of Fellowship.

Name: _____

Date: _____

1. Please describe the progress that the fellow is making on his/her Plan of Action.

2. Please rate the fellow in the following areas:

Rating scale:
1 – Needs significant improvement
2 – Needs some improvement
3 – Meets expectations
4 – Exceeds expectations
5 – Consistently exceeds expectations

	5	**4**	**3**	**2**	**1**
Skills:					
Technical					
Analytical					
Task Management:					
Quality of work					
Quantity of work					
Organizational skills					
Creativity					
Communication					
Written					
Verbal					
Contribution to team effort					
Judgment					
Degree of independence					
Motivation					
Leadership					
Teamwork					
Interpersonal skills					

3. Describe strengths the fellow has demonstrated over the past six months.

4. Identify areas for improvement that the fellow can strive for in the next six months.

1° Mentor signature: _____Date: _____

2° Mentor signature: _____Date: _____

Fellow signature: _____Date: _____

Fellow Evaluation Form – Final

Please complete a formal evaluation of the fellow using the criteria below. Discuss your evaluation with the fellow and obtain his/her signature.

Due to CSTE two weeks before the end of fellowship.

Date: _____

1. Has the fellow achieved the goals documented in their Plan of Action? If not, describe progress made.

2. Please rate the fellow in the following areas:

Rating scale:
1 – Needs significant improvement
2 – Needs some improvement
3 – Meets expectations
4 – Exceeds expectations
5 – Consistently exceeds expectations

	5	**4**	**3**	**2**	**1**
Skills:					
Technical					
Analytical					
Task Management:					
Quality of work					
Quantity of work					
Organizational skills					
Creativity					
Communication					
Written					
Verbal					
Contribution to team effort					
Judgment					
Degree of independence					
Motivation					
Leadership					
Teamwork					
Interpersonal skills					

3. Describe strengths the fellow has demonstrated during the fellowship.

4. Identify areas for improvement that will help the fellow have a successful career as an epidemiologist.

5. Briefly list significant accomplishments of the fellow.

6. Additional comments or advice for the fellow.

1° Mentor signature: _____Date: _____

2° Mentor signature: _____Date: _____

Fellow signature: _____ Date: _____

Fellow Final Report

This form must be submitted to CSTE at least 2 weeks prior to the Fellow's separation with their host health agency.

Fellow name: _____

Host Health Agency: _____

Dates of fellowship assignment: _____

Provide a summary of your training, research, and applied epidemiology experience. Please include your most significant accomplishments.

List and describe any of the following in which you participated during your fellowship:

Publications, including abstracts, posters, and/or Agency reports. List date, title, forum, etc. (If you have not already done so, please forward a copy to CSTE).
Outbreak investigations. Include summaries of your activities for each investigation.
Domestic and/or international meetings or conferences (give dates).

What impact did you have on your host health agency? This may include procedures, policies, and/or new projects and collaborations.

4. Did this program meet your training objectives as submitted in your original application? Describe.

5. What changes would you like to see in this program for future Applied Epidemiology Fellows?

6. What are your post-fellowship career plans?

7. Please provide your permanent forwarding contact information (address, phone, e-mail)

8. Mentor comments:
   Please ask your mentor(s) to review your Final Report and provide additional comments and a final statement.

Signatures

Fellow: _____ **Date:** _____

Primary mentor: _____ **Date:** _____

Secondary mentor: _____ **Date:** _____

IV. CSTE Travel Policy

Purpose

CSTE appreciates the efforts of those who travel for the organization. Travelers should be comfortable while traveling, understand all travel related policies, and obtain reimbursement quickly. At the same time, it is necessary to keep costs within reasonable limits and to follow consistent reimbursement procedures. Expenses not specifically addressed in these guidelines must be approved by the CSTE National Office prior to incurring the expense. CSTE reserves the right to deny expenses exceeding reasonable or allowable costs as deemed appropriate by CSTE.

The travel policy meets the IRS definition of an "accountable plan"; therefore your travel reimbursement will not be reported as income. A complete expense reimbursement form accompanied by receipts substantiating the amount, time and business purpose of your expenses is required within 30 days of trip completion.

Air Travel

Travelers are expected to book the lowest-priced, coach class airfare available of any airline available that is within two hours of (prior to or after) desired flight time; the use of an alternative airport serving the destination city; and/or the use of multiple stop flights that may include layovers. Travelers choosing an airline for its amenities or frequent flyer programs will be responsible for the difference in cost. Although at the present time CSTE awards the benefits of frequent flyer clubs and hotel programs to its travelers, it reserves the right to change this policy. CSTE will not reimburse travelers for tickets purchased with frequent flyer miles.

Business and first class domestic travel will not be reimbursed unless the Executive Director has a letter explaining the medical reasons or extenuating circumstances that require such service in advance of ticket purchase. Documentation of approval is required with expense reimbursement form.

Airline Reservations

American Express Travel is the official travel agent for CSTE. In order to reserve the lowest ticketed price, reservations must be made no later than three weeks prior to your arrival date provided notification of travel is within this timeframe or as soon as notification is made. Reservations not made within a reasonable time period are subject to a fare differential that may be the responsibility of the traveler.

Travelers booking flights independent of the official travel agent must be approved by the CSTE National Office prior to incurring the expense by providing a comparative chart of the airfares, such as on a "Booking Buddy". Please see www.bookingbuddy.com. Documentation of approval and comparative chart is required with expense reimbursement form.

Upgrades for Domestic Air Travel

- An upgrade at the expense of CSTE is not permitted.
- A free upgrade or an upgrade at the expense of the traveler must be noted as such on the expense reimbursement form.

Sponsored Project Domestic Travel

Federally funded trips must be traveled on U.S. carriers at coach rates. Airfare costs in excess of the lowest available commercial discount airfare or customary standard (coach or equivalent) airfare on a U.S. carrier are not allowed except when such accommodations would:

- Require circuitous routing;
- Require travel during unreasonable hours;
- Excessively prolong travel;
- Result in increased costs that would offset transportation savings; and
- Be inadequate for the medical needs of the traveler.

For the complete federal travel regulations please refer to OMB Circular A-21.

Sponsored project travel should adhere to the guidelines set forth by this policy unless the sponsor imposes greater restrictions.

Cancellations/Changes

CSTE will not pay for airline change fees unless the changes are due to an emergency or approved by the CSTE National Office prior to incurring the expense. Documentation of approval is required with the expense reimbursement form.

- When a trip is cancelled after the ticket has been issued, the travelers should inquire about using the same ticket for future travel.
- Travelers can reuse airline tickets for future CSTE travel if airfare eligibility requirements are met. These requirements should be verified with the issuing ticketing agency.
- Unused airline tickets or flight coupons have a cash value and therefore must not be discarded or destroyed.
- To expedite refunds, unused or partially used airline tickets must be returned immediately to the travel agency that issued the ticket.
- Unused tickets must not be sent to the airline unless they were issued directly from the airline. Contact the airline for their return procedures and requirements.
- Travelers should not include unused tickets with their Expense reports.

Luggage Fees

CSTE will reimburse for one checked bag on travel requiring less than a one week stay. For travel requiring more than a one week stay, reimbursement fees for a second checked bag is allowed. No other luggage expenses will be reimbursed to travelers.

Lodging

- Travelers must stay in a standard room at a non-luxury hotel, unless CSTE has negotiated a rate with a particular luxury hotel.
- Per night room costs should not exceed the most expensive rate listed in the federal rate for that city without prior authorization. Please see www.gsa.gov for an up-to-date listing of federal lodging rates, as part of per diem.
- When available, travelers should request the hotel's government rate.
- Many hotels have frequent guest programs that reward travelers with free accommodations in exchange for a specified number of paid room nights at a hotel. CSTE will not reimburse travelers for the value of free accommodations used for business travel.
- Suites and concierge-level rooms are not reimbursed. A free upgrade must be noted on expense reimbursement form.
- For your safety and security, always investigate security measures for your hotel room (e.g. door locks, fire exits, and alarm systems).

Conference Reservations

- When traveling to a conference, it is appropriate to stay at one of the hotels hosting the conference at the conference lodging rate even if the rate exceeds the most expensive hotel listed in the federal per diem guidelines. When available, travelers should request the hotel's government rate.
- If there are several conference hotels, travelers should stay at a non-luxury property.
- Travel agents can often book the conference hotel rate based on codes provided in the conference information.

Hotel Upgrades

- An upgrade at the expense of CSTE is only permitted if the upgraded room rate does not exceed the highest rate listed in the federal per diem listing for that city and there is a preapproved business reason for the upgrade. Documentation of approval is required with expense reimbursement form.

Cancellations

- It is the traveler's responsibility to notify either the hotel or the agency with which reservation was made to cancel room reservations.
- Cancellation deadlines are based on the local time at the destination hotel.
- Travelers should request and record the cancellation number in case of billing disputes. CSTE will assist the traveler with any billing dispute on reservations they have made.
- Travelers will not be reimbursed for "no show" charges.

Hotel Personal Expenses
Personal expenses incurred while traveling will not be reimbursed.

Meal Expenses
Travelers are given per diem to cover lodging, meals and incidental expenses in connection with the performance of service to CSTE. Please refer to the following website for a complete, up-to-date listing of per diem rates www.gsa.gov. Travelers who use per diem allowances do not have to substantiate each meal expense, but they must demonstrate that the trip occurred with a receipt, such as an airline ticket or hotel folio, that indicates the dates of travel. For audit purposes this documentation must be attached to the expense report.

The federal per diem for meals will be awarded for the destination of the trip. The daily per diem must be accounted for on the travel reimbursement less meals provided by your travel destination or host, and partial day travel.

Per diem allowances may not be issued in lieu of service payments such as consulting fees or honoraria.

Ground Transportation
Taxis, shuttle services and local public transportation are encouraged for travel to and from airports. CSTE will only reimburse for ground transportation expenses to and from airports. Ground transportation fees within a venue city are not reimbursable unless the traveler receives prior approval from CSTE. Documentation of approval is required with expense reimbursement form.

Rental Cars
Rental car expenses are not reimbursable unless the traveler receives prior approval from CSTE. Documentation of approval is required with expense reimbursement form.

Personal Automobile
Mileage will be reimbursed at the prevailing IRS per-mile rate for business use of personal automobile. Other automobile expenses such as gas, oil, tires, and so on are not reimbursable expenses.

Use of personal automobiles for trips exceeding 600 miles round trip is not permissible without prior approval from CSTE. Travelers must provide a comparative chart of the airfares, such as a "Booking Buddy" with the request. Documentation of approval and comparative chart is required with expense reimbursement form. In all cases, the maximum amount of reimbursement will be the total cost of the most economical airfare (based on round trip in most cases).

Telephone Usage
Travelers will be not be reimbursed for phone calls. Travelers requesting reimbursement for internet use must request approval before travel occurs. Documentation of approval is required with expense reimbursement form.

Expense Reporting
- CSTE requires that travelers file an expense report within 30 days of trip completion. Expense reports filed after 60 days will not be paid unless approved by the Executive Director for reasonable cause.
- The expense report must include a date and the traveler's signature.
- Documentation should include receipts, name of the vendor, location, date, and dollar amount. In addition, the following must be included:
  1. air/rail ticket receipt
  2. hotel folio
  3. receipts for tolls and parking if costs exceed $25.00
- An expense report form and sample are attached.
- Electronic and fax copies can be accepted.

Incorrect or Incomplete Expense Reports
Expense reports that are incorrect or incomplete will be returned to the traveler for corrective action and may result in delay of reimbursement. Most frequent reasons for returned expense reports include missing traveler's signature and missing receipts.

A correction and/or change to the expense report as a result of an accounting audit of the report will be documented with a correction note. For errors in arithmetic and disallowed items, a correction note denoting the errors will be sent to the traveler and an appropriate adjustment made to the reimbursement.

Reimbursement
Reimbursement will occur within 30 working days of receipt by the CSTE Business Manager. Checks will be sent to the address provided on expense reimbursement form.

Fellow Plan of Action

Plan of Action

(All identifying information has been removed from this Plan of Action)
Name:
Program Area: Maternal & Child Health
Years:
Primary Mentor:
Secondary Mentor:

1. **Surveillance activity in which the fellow will participate**

   Perinatal Periods of Risk Assessment of Racial Disparities in Fetal-Infant Mortality

   Reducing racial disparities in perinatal outcomes in this state is one of top priorities of the Bureau of Family Health and the newly created Office of Health Equity in this state. Based on 2004 vital statistics, a substantially higher rate of infant mortality is observed among African Americans (15.0 deaths per 1,000 live births) in comparison to Hispanics (8.1 deaths per 1,000 live births), Whites (6.3 deaths per 1,000 live births), and Asians/Pacific Islanders (5.6 deaths per 1,000 live births). While the magnitude of the disparity in infant mortality across racial populations in this state has fluctuated some over recent years, the elevated risk observed among African Americans has remained constant. Identifying appropriate strategies for effectively addressing this disparity in part requires an understanding of the factors underlying differentials in the risk of infant mortality across racial populations. The Perinatal Periods of Risk (PPOR) technique provides a methodology for decomposing and assessing rates of infant mortality that facilitates such an understanding. This project will utilize the PPOR approach to examine state and selected county fetal and infant mortality rates. It is expected that such analyses will provide support for current activities within the Bureau of Family Health, while also aiding in the identification of strategic needs in the effort to address racial disparities in perinatal outcomes in this state.

   Fellow Activities:

   1. Review PPOR training materials and published research utilizing method
   2. Attend PPOR training at 2006 MCH Epidemiology Conference
   3. Submit request to the Bureau of Health Statistics & Research for birth certificate data linked with death certificate and fetal death certificate files
   4. Complete Phase I analyses
   5. Develop report outlining Phase I analytic findings
   6. Identify Phase II needs and implement targeted analytic investigations

7. Develop needed reports, issue briefs, and/or fact sheets outlining Phase II analytic findings and resulting prevention/intervention recommendations

2. **Surveillance system to be evaluated**

Childhood Blood Lead Levels –National Electronic Disease Surveillance System

Although a decline in the prevalence of elevated (i.e., ≥ 10 µg/dL) blood lead levels among children has been observed in this state in recent years, eradication goals outlined in the state Childhood Lead Poisoning Elimination Plan have yet to be achieved. According to the Centers for Disease Control and Prevention (CDC), this state ranks 5th in the United States with regards to the estimated number of children with elevated blood lead levels. A major contributor to the persistence of this public health concern is the high prevalence of children living below the federal poverty level in this state, as well as the state's high concentration of housing constructed prior to 1978. Current state guidelines recommend universal elevated blood lead level screening of all children at ages one and two, and for all children aged three to six without a confirmed prior blood lead test. Laboratories are required to report all blood lead testing results for children under the age of 16 to the Department of Health through the National Electronic Disease Surveillance System (NEDSS) specific to this state. Additionally, health care facilities and providers are required to report blood lead testing results for all treated cases of lead poisoning involving children under the age of 16 and pregnant women. NEDSS is not only an important component in ensuring the effective case management of children with elevated blood lead levels (EBLLs), but is also essential to understanding the epidemiology of EBLLs and in targeting primary and secondary prevention efforts. This project will utilize guidelines outlined by the Centers for Disease Control and Prevention (CDC) to evaluate childhood EBLL surveillance activities in the state, with a focus on NEDSS. It is expected that evaluation results will aid in the identification of strategies for improving the quality and completeness of childhood EBLL surveillance data collected through NEDSS.

Fellow Activities:

1. Review documentation concerning state and local childhood EBLL screening recommendations, state EBLL reporting requirements, and NEDSS
2. Review published research and reports concerning childhood EBLL surveillance
3. Meet with researchers at the University of Pittsburgh to discuss previous local evaluations of childhood EBLL surveillance activities
4. Submit application requesting access to NEDSS and attend user training
5. Identify relevant and feasible evaluation criteria and methods based on CDC guidelines, previous research, availability of external data sources, and specified programmatic needs
6. Complete evaluation of this state's NEDSS childhood EBLL surveillance activities
7. Develop a surveillance report outlining evaluation findings and recommendations
8. Submit abstract for a poster presentation at the 2007 CSTE Annual meeting

3. Role in bioterrorism preparedness and response

The Planning and Preparedness Section of the Bureau of Epidemiology within the Department of Health has primary responsibility for activities related to emergency preparedness and bioterrorism. The identification of opportunities to learn about and collaborate with the Planning and Preparedness Section will be an ongoing process throughout the fellowship.

Fellow Activities:

1. Recently met with the section leader, public health physician, and epidemiologist within the Planning and Preparedness section to discuss DOH emergency preparedness and bioterrorism activities. Planning and Preparedness staff provided an overview of the Health Alert Network System (HANS), VisualDX, Bio-surviellance, Syndromic Surveillance, NEDSS, and the DOH 800mhz statewide radio communication network.
2. Will meet with Planning and Preparedness section staff to discuss potential opportunities for involvement in efforts directed toward meeting the needs of maternal and child health populations
3. Plan to attend emergency preparedness and bioterrorism trainings as opportunities become available

4. Major Project (including timeline)

<u>The Impact of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) on Access to Prenatal Health Services and the Risk of Adverse Perinatal Outcomes Among Low Income Women in this State.</u>

Recently passed legislation reauthorizes the Temporary Assistance to Needy Families (TANF) block grant program through 2010. Since replacing the federal Aid to Families with Dependent Children (AFDC) entitlement program under the Personal Responsibility Work Opportunity and Reconciliation Act (PRWORA) of 1996, the debate concerning the impact of TANF legislation on low income families has primarily revolved around issues related to economic well-being. A less often researched, but equally as important issue is the effect of TANF on the health of low income families. Several characteristics of the TANF program, including lifetime time limits for program eligibility, work-related requirements for the receipt of benefits, and potentially inadequate provisions for enabling access to health enhancing resources, may have an adverse impact on health outcomes. The purpose of this project is to assess prenatal care utilization patterns among pregnant women receiving TANF, barriers to prenatal care utilization associated with TANF requirements, and the risk of adverse perinatal outcomes within TANF populations. In addition to utilizing existing databases within the Department of Health (DOH) and Department of Public Welfare (DPW), a survey will be developed and utilized to solicit detailed information concerning the perinatal

experiences of women receiving TANF during pregnancy. It is expected that analytic findings will aid in the identification of policies and programmatic strategies for better addressing the needs of low income women during the perinatal period.

Timeline:

Year	Month	Activities
2007	January	➢ Review literature concerning issues of poverty, employment, and welfare reform as they relate to health care utilization and perinatal outcomes ➢ Review available documentation concerning the following: • Structure of the TANF program in this state • Characteristics of the TANF population in this state
	February - March	➢ Meet with relevant Department of Public Welfare (DPW) staff to discuss the following: • Structure of the TANF program in this state • Data elements available through DPW tracking systems and databases • Procedures for accessing DPW tracking systems and databases ➢ Identify and outline appropriate analytic questions and study design based on literature review, data availability, Bureau of Family Health priorities, and time/resource restrictions
	April	➢ Meet with project stakeholders to present project proposal and solicit feedback ➢ Modify project proposal based on stakeholder feedback
	May	➢ Develop and validate needed recruitment, informed consent, and questionnaire forms
	June	➢ Submit proposal and forms to DOH IRB for review and approval ➢ Request access to birth certificate data and appropriate DPW data files
	July	➢ Create linked data file for identified study population ➢ Create database for survey data

	August - November	➢ Initiate survey of study population ➢ Complete data collection, data entry, and data cleaning
	December	➢ Conduct outlined analyses
2008	January - March	➢ Develop reports outlining analytic findings and recommendations ➢ Develop manuscript for publication
	June	➢ Present findings at 2008 CSTE Annual meeting

5. National, state, or regional meeting(s) to be attended

MCH Epi Team Meeting, Atlanta, GA (12/4/06)
PRAMS National Meeting, Atlanta, GA (12/5/06)
Maternal and Child Health Epidemiology Conference, Atlanta, GA (12/6/06 – 12/8/06)
Perinatal Periods of Risk Training, Atlanta, GA (12/8/06)
National Birth Defects Prevention Network Annual Meeting, San Antonio, TX (2/5/07 – 2/7/07)
CSTE Annual Conference, Atlantic City, NJ (6/24/07 – 6/28/07)

6. Other work-related, work-group, or steering committee meetings attended

Meeting With Bureau of Family Health Division Directors, (9/21/06)
CSHCN Stakeholder Group Meeting – Data Committee (9/7/06 – 9/8/06)
PRAMS Site Visit Meeting, (9/25/06)
PRAMS Steering Committee Meeting (9/27/06)
MCC - Childbirth at a Crossroads Press Conference (9/28/06)
PADOH Obstetrical Care Meeting (10/6/06)
Renal Disease Advisory Committee Meeting (10/20/06)
PADOH Federation of Cleft Palate Clinics Meeting (10/27/06)
MCH EPI Field Staff Conference Call (11/1/06)
Orientation to Planning and Preparedness Section (11/7/06)
PRAMS – Rutgers Site Visit (11/8/06)
Newborn Screening Technical Advisory Committee Meeting (11/15/06)
Meeting With Secretary of Health (11/20/06)

7. Additional Activities

- Pregnancy Risk Assessment Monitoring System (PRAMS)

  ➢ The Bureau of Family Health was recently awarded a grant to implement PRAMS in this state. As part of the protocol development process, fellow

responsibilities have focused on the development of an analysis plan for first year data. As opportunities arise, further responsibilities will be identified.

- Stakeholder/Advisory Committee Participation:

  - Children with Special Health Care Needs Data Committee
  - PRAMS Steering Committee
  - Newborn Screening Technical Advisory Committee
  - Infant Hearing Screening Advisory Committee

- Participation in cluster/outbreak investigation

  - Efforts are being directed toward identifying opportunities for involvement on a child death review team and/or participation in an outbreak investigation.

- Monitoring of Fellowship Progress

  - Maintain weekly discussions with mentors to discuss work progress, training opportunities, and other fellowship related issues.

Example Fellow Projects

- Developing a program evaluation plan to enhance the STEPS surveillance system, a five year project focused on the prevention and management of asthma, diabetes, and obesity in schools and communities
- Evaluating the Washington Asthma Initiative
- Utilizing the Washington State Cancer Registry Records to conduct data linkage and a field study involving adjuvant therapy for colorectal cancer
- Characterizing the health status of young adults in Maine
- Evaluating a child health assessment monitoring tool (The Child Health Assessment and Monitoring Program-CHAMP) for North Carolina
- Estimating the burden of asthma in Maine and Florida
- Organizing and disseminating the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) Annual Report
- Linking birth defects certificate data with a subset from the Diabetes Outreach Network database
- Conducting assisted reproductive technology surveillance in Massachusetts
- Conducting surveillance of the leading causes of cancer and trends in cancer incidence and mortality in Washington State
- Conducting an analysis of demographic factors related to screening for breast, cervical, colorectal and prostate cancers in Washington State
- Conducting the Washington Adult Health Survey, a door-to-door survey, to assess the prevalence of cardiovascular disease among adults
- Designing a module to address worksite health promotion activities and attitudes about worksite emergency preparedness activities for the Behavioral Risk Factor Surveillance System of Georgia (BRFSS)
- Conducting an evaluation of the Georgia Comprehensive Cancer Registry (GCCR)
- Utilizing the Perinatal Periods of Risk (PPOR) technique to decompose and assess the rates of infant mortality to help elucidate disparities in infant mortality in Pennsylvania
- Assessing the impact of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) on access to prenatal health services and the risk of adverse perinatal outcomes among low income women in Pennsylvania
- Developing and implementing a protocol for the surveillance of asthma, Fetal Alcohol Syndrome, and Cerebral Palsy in Washington State
- Developing a survey instrument, protocol, database and piloting the survey for the Alaska Childhood Understanding Behaviors Survey (CUBS)
- Evaluating the Louisiana Pregnancy Risk Assessment Monitoring System (LA-PRAMS)
- Linking the special supplemental nutrition program for women, infants, and children (WIC) data with vital records certificates of live births
- Linking Colorado's birth defects registry and the universal newborn hearing screening data set to evaluate congenital hearing loss
- Designing the evaluation plan for the Virginia Congenital Anomalies Tracking and Prevention Improvement Project II
- Utilizing the National Survey of Children's Health (NSCH) to identify potential opportunities to intervene with overweight school aged children in Florida
- Utilizing the NSCH to examine the pediatric oral health needs and elucidating disparities in unmet needs
- Assessing the circumstances surrounding fatal fall injuries in the elderly
- Evaluating an HIV-exposure and partner notification surveillance system

- Evaluating a poison control center to determine if the data can predict carbon monoxide poisonings.
- Creating a cumulative exposure index for workers in the World Trade Center Registry and characterize their exposures
- Conducting surveillance of passengers arriving on international flights, goods, and other methods of conveyance to prevent the importation and spread of communicable diseases of public health significance
- Conducting tuberculosis surveillance system for migrants (immigrants, refugees, and asylees)
- Investigating cancer clusters among firefighters
- Conducting a seroprevalence and behavioral study of intravenous drug users
- Utilizing the Youth Risk Behavior Survey (YRBS) to determine gambling patterns among youth
- Evaluating a childhood lead poisoning surveillance system
- Linking data to assess birth defects to infants born to women with diabetes
- Examining the relationship between socioeconomic and demographic factors and type of treatment for colon cancer
- An Analysis of Exposure Patterns after a Release of Methylmercury in Wisconsin
- The Awareness of Outdoor Air Quality Alerts and their Impact on Outdoor Activity Level in Eight States
- Developing Tools and Methods for Routinely Linking Health Effects with Air Emissions: A pilot project with childhood cancers
- Development of Indicators and Measures for Dane County and Wisconsin Cardiovascular Disease and Chronic Obstructive Pulmonary Disease
- Conducting Surveillance for Occupational Heat Illness Among California Workers by Gathering and Analyzing Data from the Worker's Compensation Information System on "Heat Prostration" Claims from 2005-2006
- Occupational Heat Illness Tracking (OHIT) in California– A Pilot Project
- Conducting an Evaluation of Rabies Post-Exposure Prophylaxis Surveillance System in Washington State
- Investigating the role of children in influenza transmission by designing a study using the Vaccine Safety Data Unit
- Characterizing communicable diseases syndromic surveillance at US ports of entry
- Conducting population enhanced laboratory hepatitis A surveillance
- Analyzing data from the Hispanic Health Awareness and Practice Survey (HHAPS)
- Assessing pneumococcal vaccination in a hospital using the Quality Assessment Review (QAR) tool
- Evaluating of the NYC mumps surveillance system
- Evaluation of Hepatitis A Binational Surveillance in El Paso, TX and Ciudad Juarez, MX from 1999 to 2005
- Conducting an All Terrain Vehicle (ATV) Death and Injury Pilot Surveillance Project
- Evaluating an adolescent suicide attempt data system
- Conducting a study to examine and assess the costs resulting from falls in the elderly and to determine the factors that are associated with the falls that lead to the need for long-term care
- Conducting an analysis of a public health laboratory's serum archive HIV data
- Evaluating the Michigan Syndromic Surveillance System (MSSS)
- Risk factors for extraintestinal non-typhoidal *Salmonella* infection and patient health outcomes
- Supplemental Public Health Surveillance of HIV, STI's, and Viral Hepatitis in Special Populations
- Consequences of Reporting Delays and the Resulting Incomplete Reporting on HIV Prevention and Care Services

Major Project Examples

All fellows are required to complete a Major Project during their fellowship. The Project must include a public health problem or program evaluation, use of epidemiologic methods and data analysis and interpretation. It is expected that fellows will have the opportunity to achieve many of the required core competencies while completing the Major Project. Below are examples of Major Projects from previous fellowships:

- *Explore the risk of West Nile virus transmission from birds to humans through atypical routes, such as fecal-oral or percuneous routes*. The fellow compared pre- and post-mosquito season of WNV antibodies (IgM and IgG) in bird handlers and controls. The fellow designed a questionnaire to be administered to study groups to identify risk and protective factors, which required the fellow to seek IRB approval. Results from the study were used to recommend precautions for bird handlers such as wearing protective equipment and frequent hand washing.

- *Investigate cancer cluster among firefighters in Seattle, Washington*. The fellow performed a proportional incidence ratio (PIR) analysis to examine the proportional cancer incidence in a cohort of firefighters and that of the general population in three surrounding counties. While completing this project, the fellow experienced working with the local health department, presenting information to a non-technical audience, presenting information in a highly political and emotional situation, and becoming familiar with the department's cluster analysis protocol. The fellow also gained experience in preparing and submitting IRB applications for appropriate reviews.

- *Conduct an evaluation of a Newborn Screening (NBS) program using the CDC guidelines for evaluating a surveillance system*. The state ran a matching program between Newborn Screening data and birth certificates. The fellow determined the rate of participation in NBS, as well as the coverage rate of birth certificates by matching NBS data with birth certificates. The fellow also analyzed NBS data to determine the percent of newborns from birth certificates that have not been screened due to new 'opt out' provision and identify the provision's impact on surveillance. NBS data were analyzed by race/ethnicity, hospital, region and other demographic and/or risk factor variables as requested.

- *Design an epidemiologic investigation evaluating the potential role environmental exposures may play in hearing loss*. Environmental exposures were investigated in two stages. The first stage was an ecological investigation exploring potential correlations between aggregated level environmental exposures and hearing loss for hypothesis generating activities within the state's Environmental Public Health Tracking (EPHT) program. The second stage involved

a case-control study to examine hearing loss and environmental exposures using a survey questionnaire.

- *Conduct a 3-4 month pilot of the Pregnancy Risk Assessment Monitoring System (PRAMS).* The state in which the fellow was working planned to submit a grant to CDC for PRAMS and wanted to demonstrate a successful commitment to PRAMS. The fellow implemented the pilot project following the standardized PRAMS procedures developed by CDC. The Fellow prepared a protocol, budget, and IRB proposal. The fellow also worked with vital records department to develop a sampling frame from total live births to in-state residents from birth certificates and select a sample of women to survey. The fellow handled most of the administrative aspects of PRAMS pilot project, participating in training programs, sampling procedures, data collection, data analysis, and data dissemination. Results from this pilot project were used to prepare for CDC funding for PRAMS in 2005.

- *Assess pertussis vaccine using a case-control study.* The fellow conducted a study to evaluate pertussis vaccine effectiveness by number of vaccine doses, to determine if vaccine type (i.e. DTP, DTaP, or Td) is associated with acquisition of pertussis, and to identify potential factors contributing to a regional outbreak in the state in which the fellow worked. Cases were matched to controls on school and possibly classroom. Cases were identified using line lists from the four counties in which the outbreak originated and controls were identified by school rosters, with the assistance of school administrators. Vaccination records were obtained from the schools and if information was not complete, records will be verified with the child's health care provider.

- *Complete a retroactive exposure assessment pertaining to rescue recovery, and clean-up work at the World Trade Center following the attacks of 9/11/01 using the World Trade Center Registry Data.* The fellow compared two indices: one based on an industrial hygiene panel's ranking of various exposure variables available in the Registry and one based on the results of univariate modeling with each of these exposure variables for the outcome of three or more illnesses. The fellow then characterized the workers' exposures using a deterministic model (exposures to specific substances measured at one point in time are used to describe historic exposure levels based on the knowledge of changes in the worksite over time). For this model, the fellow described a timeline of the natural history of the recovery/clean-up process to document changes in the worksite and utilized environmental sampling data taken from the WTC site over time.

Quarterly Progress Report

Name: INSERT NAME **Date:**

Host Health Agency:

Primary Mentor:
Secondary Mentor:

Note: Activities since the last progress report are in bold.

2. Overview of activities and accomplishments to date according to the Plan of Action.

    a. Surveillance project participation:

Obstetrical provider access in Massachusetts hospitals

Many states have reported that increasing malpractice rates for obstetricians are threatening the availability of physicians to deliver babies. The purpose of this surveillance activity is to assess recent changes in the availability of obstetrical providers performing deliveries in hospitals in Massachusetts. Part of this project will be to enhance Massachusetts Department of Public Health's (MDPH) understanding of obstetrical provider availability challenges hospitals face and how to assist hospitals in attaining an optimum number of providers. Continuing efforts to monitor obstetrical provider access is needed to ensure that an adequate obstetrical care is available to expectant mothers. A survey is used to obtain information on obstetrical providers performing deliveries by perinatal hospital level and geography.

Recent activities and project status:

(1) Surveys were faxed and/or emailed to all 50 maternal hospitals in Massachusetts since June, 2004.

(2) Telephone follow-up efforts by our administrative assistant, Barbara Mackey, to encourage hospitals' participation since August 2004.

(3) Received completed surveys from 44 out of the 50 maternity hospitals and efforts continued to encourage the remaining 6 hospitals to return the surveys.

(4) Continued communication with the principal investigator, Dr. Angela Nannini, to discuss project status and direction.

(5) Maintained a data spreadsheet containing survey data and performed analyses of the data using a statistical package, Stata, and Microsoft Excel.

(6) Wrote an abstract for the MCH Epidemiology Conference on the preliminary findings and received feedback from mentor, Dr. Wanda Barfield, and principal investigator, Dr. Angela Nannini.

(7) Worked with geographic mapping specialists to represent OB loss by hospitals' locations.

(8) Prepared a powerpoint presentation on OB Access. Presentation slides were reviewed by mentors: Dr. Wanda Barfield and Dr. Nancy Wilber, Dr. Angela Nannini, and Sally Fogerty, the director of the Center for Community Health at Mass. Dept. of Public Health.

(9) Presented OB Access findings at our ASETS (Applied Statistics, Evaluation and Technical Services) general staff meeting on December 1, 2004 and received valuable feedback from attendees.

(10) Presented OB Access findings at the 10th Maternal and Child Health Epidemiology Conference, Atlanta, Georgia on December 8, 2004.

(11) Discussed policy implications with Dr. Angela Nannini, principle investigator, and Dr. Ronald Burkman, chair of Massachusetts Section of American College of Obstetricians and Gynecologists (ACOG) on Jan. 5, 2005. We will prepare a brief summary of our findings to distribute to the hospitals that participated in our survey.

Activities since last progress report:

(12) Attended ACOG Executive Committee Meeting, Waltham, MA on January 31, 2005. Dr. Angela Nannini presented our finding on obstetrical provider availability in Massachusetts hospitals to ACOG board members.

(13) Dr. Angela Nannini and I submitted an abstract for a poster presentation to the AcademyHealth's Annual Research Meeting, Boston, MA, from June 26 to 28, 2005 and the abstract was accepted.

Fetal-infant mortality surveillance using perinatal period of risk assessment (PPOR) approach

Racial and ethnic disparities in infant mortality persist in Massachusetts despite relatively low overall infant mortality rates as compared to the

national average. Massachusetts is experiencing a rapid growth of its minority populations. This project focuses on racial disparities in fetal and infant mortality rates using the perinatal periods of risk (PPOR) approach. MDPH received support from Association of Maternal and Child Health Programs (AMCHP) - MATRICHS (Matrixed Analytic Training for Reproductive, Infant, and Child Health Services) Learning Lab to develop plans for addressing racial disparities in perinatal outcomes. This project will analyze data pertaining to fetal and infant mortality both at the state level and at the community level. Recent activities and project status:

(7) Submitted an application to MDPH's internal Research and Data Access Review (RaDAR) committee for permission to use fetal file and birth file linked with infant death information on September 10, 2004.

(8) Attended a Perinatal Period of Risk Assessment workshop sponsored by the Association of Maternal and Child Health Programs (AMCHP) - MATRICHS (Matrixed Analytic Training for Reproductive, Infant, and Child Health Services) Learning Lab on August 11, 2004.

(9) Submitted a request for additional data variables for PPOR analysis and added our new MCH epidemiologist's name to the PPOR application to the RaDAR committee on October 21, 2004.

(10) Received the permission to analyze live births file, linked live births/infant deaths file, and fetal death file from 1998 to 2002 from the RaDAR committee on December 8, 2004.

(11) Attended the CityMatch PPOR Training Workshop at Atlanta, Georgia, from December 10 to 11, 2005.

(12) Began initial data conversion and data cleaning for PPOR analysis on December 13, 2004. Continued data analysis and verifying all requested variables were coded correctly.

(13) Used SAS program to conduct PPOR analysis.

<u>Activities since last progress report:</u>

(14) Performed data cleaning and re-coding of live birth data, linked live birth/infant death data, and fetal death data with Dr. Hafsatou Diop, Maternal and Child Health Epidemiologist.

(15) Talked with Registry of Vital Records and Statistics to understand the process of birth and death reporting and to clarify variable codes.

(16) We analyzed feto-infant mortality by birthweight, time of death, race/ethnicity, and communities in Massachusetts.

(17) Completed phase one of the PPOR approach for feto-infant mortality to identify opportunity gap among racial and ethnic groups in 3 communities of Massachusetts including Boston, Worcester, and Springfield as well as Massachusetts as a whole.

(18) Improved my SAS programming knowledge and proficiency.

<u>Risk of infant mortality associated with assisted reproductive technology (ART)/fertility drugs (FPs)</u>

Massachusetts is one of the states with highest use of ART. In 2002, Massachusetts experienced its highest rate of low birth weight infants in more than 20 years. This increase in low birth weight infants may be associated with the aging of mothers and the increase in multiple births, which may be related to the use of ART/FP. Multiple births are associated with greater morbidity and mortality. This project focus on understanding the risk of death associated with ART/FP use. Recent activities and project status:

(1) Conducted a literature review on ART/FP impact on birth outcomes.

(2) Learned about how birth certificates capture ART/FP use.

(3) Wrote a draft of ART/FP impact on birth outcomes in Massachusetts using birth certificate data and gave to co-authors to read.

(4) Continued to revise the draft of ART/FP paper incorporating feedback from co-authors.

(5) Began writing CSTE surveillance evaluation abstract on ART.

<u>Activities since last progress report:</u>

No new activities to report.

<u>The Massachusetts Pregnancy through Early Life Longitudinal (PELL) Linkage Project</u>

PELL is a public-private partnership between the Boston University School f Public Health, Massachusetts Department of Public Health, and the Centers for Disease Control, the funding agency. The core PELL linkage project is a

surveillance system consisting of data linking Massachusetts birth certificates, fetal death records, and birth-related hospital discharge data on both mothers and infants. Recent activities and project status:

(1) Attended bimonthly PELL team meetings since September 24, 2004.
(2) Attended bimonthly PELL Users Group (PLUG) meetings since September 28, 2004.
(3) Received updated PELL documentation including PELL governance, pledge of confidentiality, dictionaries for each dataset linked through PELL, and SAS program for selected PELL variables especially newly created variables.
(4) Currently, I am not working directly with PELL data, but PELL has provided me very useful information pertaining to birth certificate data, linked live birth/infant death data, and fetal death data. My mentor and I are working on linking PRAMS to PELL once PRAMS is established in Massachusetts.

Activities since last progress report:

(5) Continued attending bimonthly PELL meetings and bimonthly PELL Users Group (PLUG) meetings.
(6) The PELL dataset consists of multiple data sources as well as longitudinal data linked by mothers and children. We discussed some issues including method of delivery reported on birth certificate and hospital discharge, payer source, gestational age, mother's education, race/ethnicity, inter-pregnancy interval calculation, and hospital facility codes.

Massachusetts Births 2003 Report
Annual summary of births in Massachusetts. The 2003 Birth Report includes two new statistics: interpregnancy interval and fetal-infant mortality.

(1) **Attended meetings discussing preliminary birth 2003 results from January to April 2005.**
(2) **Participated in fetal-infant mortality analysis.**
(3) **Reviewed inter-pregnancy interval and fetal-infant mortality draft tables and the executive summary of birth 2003 report.**

j. Evaluation project progress:

Assisted Reproductive Technology Surveillance

(1) Conducted a literature review on adverse birth outcomes and ART use.

(2) Attended Dr. Angela Lin's lecture on ART use and birth defects at the bimonthly Birth Defects Surveillance Abstractor meeting (08/05/04).

(3) Spoke with Society of ART linkage project analyst at MDPH, Dr. Zi Zhang, to begin collaboration and learn about SART surveillance system and the projects currently going on ART surveillance in Massachusetts.

(4) Learned about the ART surveillance system using information available on Massachusetts birth certificates.

(5) Wrote a draft of the CSTE abstract on evaluating the ART surveillance system in Massachusetts using birth certificates and received feedback from Dr. Wanda Barfield.

Activities since last progress report:

(6) **Abstract entitled, "An Evaluation of Assisted Reproductive Technologies (ART) Surveillance Using Massachusetts Birth Certificates", was accepted by the 2005 CSTE Annual Conference.**

(7) **Continued learning and understanding issues surrounding ART reporting on the birth certificate.**

k. Bioterrorism preparedness and response activities:

(1) Met with Dr. Kenneth Mandl, director of Children's Hospital Syndromic Surveillance System and lead collaborator in Massachusetts Department of Health Emergency Preparedness plan, to understand the system and to discuss potential areas to assist in emergency preparedness for vulnerable populations, particularly pregnant women and infants (08/18/04).

(2) Attended several presentations given on bioterriorism preparedness and response during the American Public Health Association conference at Washington, DC (11/07/04-11/10/04).

Activities since last progress report:

(3) **Met with Ms. Fillonie Saint-Louis, Special Needs Coordinator, to discuss the implications of disaster**

planning for the pregnant women and the MCH population at risk on January 19, 2005.

(4) **Attended a webcast, "the Role of Public Health in a Nuclear or Radiological Terrorist Incident" on February 3, 1-2pm.**

l. Progress made on major project:

Pregnancy Risk Assessment Monitoring System (PRAMS): A Pilot Study in Massachusetts:

(1) A Timetable listing tasks completed through April 2006.

(2) Mailing for PRAMS pilot initiated on April 1, 2005.

See below for progress made with PRAMS pilot:

Year	Mon	**Activities**
	July	✓ Read PHASE V PRAMS protocol developed by CDC
	Aug.	✓ Look at survey questions: core and standard questions ✓ Obtain PRAMS survey samples from NYC, Maine, Rhode Island, and Hawaii. Rhode Island provided both English and Spanish version of their surveys. ✓ Maryland PRAMS sent me their 2001 annual PRAMS report (contact Pat—my former supervisor at Maryland Dept of Health) ✓ Ask help from several states for estimating printing cost (Rhode Island, Maine, NYC, and Hawaii) ✓ Meet with Frank Lane from Lane Printing to talk about the printing contract and preparing a budget ✓ Prepare a PRAMS pilot supplies' budget for March of Dimes: one budget for 3-month pilot and a budget for 4-month pilot submitted to Antonia at March of Dimes ✓ Talk to Pegus Research Inc. (telephone contractor recommended by Rhode Island) about PRAMS phone

		interview and request a quote
	Sept.	✓ Establish a MA PRAMS working group (Nancy Wilber, Wanda Barfield, Emily Lu, Hafsatou Diop, Penny Liu, Karin Downs, Joshua Nyambose, Jessica MacNeil, etc.) ✓ Meet with Stan Nyberg, Jane Purtill, and Karin Barrett from Vital Records and Alice Mroszczyk from Data Access and Confidentiality (mention the possibility of incorporating PRAMS into PELL (Pregnancy to Early Life Longitudinal) Linkage project)) ✓ Read Hawaii's PRAMS proposal ✓ Begin preparing a PRAMS proposal for MDPH HRRC review and RaDAR Committee review
	Oct.	✓ Present an overview of PRAMS and solicit help with Analysis Plan at ASETS all staff meeting (October 6) ✓ Present an overview of PRAMS to Birth Defects team (by Wanda) ✓ Site visit to Rhode Island PRAMS and receive Rhode Island's PRAMS proposal and IRB materials (October 13) ✓ PRAMS pilot 24AB Application circulated for feedback ✓ PRAMS pilot 24AB Application submitted to RaDAR Committee (October 27)
	Nov.	✓ PRAMS pilot 24AB Application to Dr. Joseph Cohen at State Lab (MDPH-HRRC) for IRB review on (Nov. 5) ✓ Organized IT installation of PRAMTrac on computers of Emily, Penny, Wanda, and Fifi. PRAMTrac materials available via web access provide by Jean Page ✓ Present an overview of PRAMS and solicit help with Analysis Plan to Chronic Disease Group (Nov. 18)

	Dec.	✓ Attend the 16th Annual PRAMS meeting at Atlanta from Dec. 6 to 7, 2004 to meet existing PRAMS states and CDC PRAMS team ✓ Attend the 10th Annual Maternal and Child Health Epidemiology conference at Atlanta from Dec. 8 to 10, 2004 to see PRAMS presentations ✓ Receive IRB approval for MA pilot PRAMS on December 15, 2004 from MDPH-HRRC ✓ Meet with Mary Kassler of the WIC program and present PRAMS (December 17) ✓ Submit telephone script for obtaining informed consent to MDPH-HRRC IRB review board (Dr. Joseph Cohen) and to RaDAR committee (Alice) (December 17) ✓ Seek additional funding internally (Kathy Messenger) and March of Dimes (Antonia Blinn)
Activities since last report:	Jan.	✓ **Meet with Karin Downs' group on Depression questions and get an analysis plan (January 6)** ✓ **March of Dimes agrees to fund the printing cost associated with pilot PRAMS project** ✓ **Meet with Carlene Pavlos' group on Injury and Domestic Violence questions and get an analysis plan (January 21)**
	Feb.	✓ **First PRAMS Working Group Meeting (February 11)** ✓ **Compile a task list of duties requiring extra assistance** ✓ **Utilize the desk adjacent to Emily's as PRAMS working space**
	Mar.	✓ **First PRAMTrac training with Rhode Island PRAMS Coordinator, Rachel Cain (March 9)** ✓ **Second PRAMS Working Group Meeting (March 9)**

		✓ **Get our Associate Commissioner, Sally Fogerty's signature on PRAMS Pre Letter** ✓ **Finalize PRAMS questions for pilot survey** ✓ **Work with Lane Printing & Advertising on survey design and layout** ✓ **Compile a resource list for PRAMS mothers** ✓ **Introduce and orient my student intern, Ms. Candice Belanoff to help with pilot project** ✓ **Second PRAMTrac training given by Emily (March 23)** ✓ **Questionnaire Development System (QDS) request for purchase to the Budget Office** ✓ **Receive a January birth sampling frame** ✓ **Apply exclusion criteria, perform random sample selection and data reformatting on the January birth sample** ✓ **160 mothers from the January birth certificate selected for PRAMS survey** ✓ **Get Spanish materials translated and proof read** ✓ **Work with Lane Printing to get materials printed (photo magnet, English & Spanish PRAMS folder, English & Spanish PRAMS survey, English & Spanish resource list, 3-year calendar, large mailing envelope, and return envelope)** ✓ **Work on all cover letters for PRAMS in English and Spanish**
	Apr.	✓ **Send out Pre letters to 160 mothers selected from the January birth sample** ✓ **Receive printed PRAMS materials from Lane Printing**

m. Meetings, conferences, or presentations attended:

(1) 07/07/04 – Geographic Information System software (GIS) for mapping
(2) 08/02/04-08/03/04 – Early Hearing Detection and Intervention meeting, New England site visit by CDC
(3) 08/05/04 – Bimonthly Birth Defects Surveillance abstractor meeting
(4) 08/10/04-08/11/04 – MATRICHS learning lab training session
(5) 10/26/04 – Massachusetts Child Fatality Review meeting at UMass Medical School, Shrewsbury, MA
(6) 11/16/04 – Boston Prematurity Summit 2004, Northeastern University, Boston, MA sponsored by March of Dimes
(7) 11/07/04-11/10/04 – 132nd Annual American Public Health Association (APHA) conference at Washington, DC
(8) 12/02/04 – MA MATRICHS Team Advisory Committee meeting, Boston Public Health Commission, Boston, MA
(9) 12/06/04-12/07/04 – 16th Annual PRAMS meeting at Atlanta, Georgia
(10) 12/08/04-12/10/04 – 10th Annual Maternal and Child Health Epidemiology conference at Atlanta, Georgia
(11) 12/10/04-12/11/04 – Attended the "How to Do" PPOR (perinatal period of risk) workshop at Atlanta, Georgia sponsored by CityMatCH, CDC, HRSA/MCHB and MOD
(12) **02/02/05 – Attended a presentation on "Racial Disparities in Health: Challenges + Opportunities" at Harvard School of Public Health**
(13) **02/09/05 – Attended a presentation on "The Social Indicator Study" by Ms. Hermik Babakhanlou-Chase, Bureau of Substance Abuse Services, MDPH**
(14) **04/06/05 – Attended ASETS monthly general meeting, "Interorganizational Network Analysis" presented by Mr. Peter Kreiner.**

n. Presentations given (date, title, and forum):

(1) 10/06/04 – "Pregnancy Risk Assessment Monitoring System (PRAMS)" at our ASETS (Applied Statistics, Evaluation And Technical Services) general staff meeting. Solicited suggestions for PRAMS analysis plan
(2) 11/18/04 – "Pregnancy Risk Assessment Monitoring System (PRAMS)" to the Chronic Disease Division staff at

Mass. Dept of Public Health. Solicited suggestions for PRAMS analysis plan

(3) 12/01/04 – "Measuring Obstetrical Provider Access at the hospital Level in Massachusetts" at our ASETS (Applied Statistics, Evaluation And Technical Services) general staff meeting. Received feedback to improve my presentation for the MCH Epidemiology conference

(4) 12/08/04 – "Measuring Changes in Obstetrical Provider Availability in Massachusetts Hospitals, 2002-2004" at the 10th Maternal and Child Health Epidemiology conference, Atlanta, Georgia.

(5) 12/17/04 – "Pregnancy Risk Assessment Monitoring System (PRAMS)" to the Women, Infant, Child (WIC) Program staff at Mass. Dept of Public Health. Solicited suggestions for PRAMS analysis plan.

(6) 01/06/05 – "Pregnancy Risk Assessment Monitoring System (PRAMS)" to the Perinatal Depression Internal Working Group at Mass. Dept of Public Health and solicited suggestions for PRAMS analysis plan

Activities since last progress report:

(7) **01/21/05 – "Pregnancy Risk Assessment Monitoring System (PRAMS)" to the Injury and Domestic Violence Group at Mass. Dept of Public Health and solicited suggestions for PRAMS analysis plan**

(8) **03/08/05 – Represented CSTE at the Annual Harvard School of Public Health Career Fair with CSTE fellow, Dr. LeeAnne Wallach**

o. Training courses, seminar series attended:

Web cast presentations:

(1) 08/16/04 – Smoking During Pregnancy Surveillance

(2) 09/22/04 – Integrating Oral Health and Child Health Programs

(3) 10/12/04 – Analysis of Clustered Data in Perinatal Epidemiology

(4) 10/22/04 – MassCHIP (providing access to 28 health status, health outcome, program utilization, and demographic data sets) training workshop

(5) 11/03/04 – Maternal Periodontal Infection and Adverse Pregnancy Outcomes

(6) 11/15/04 – Microsoft Access Intermediate workshop

Webcast attended since last progress report:

(7) **02/02/05 – Multilevel Modeling in Perinatal Epidemiology**
(8) **03/02/05 – Moving Beyond Logistic Regression**

p. Participation in cluster/outbreak investigation(s):

I shadowed Infectious Disease Epidemiologists at our Epidemiology and Immunization Program, Communicable Diseases Division, once a week starting Jan. 11, 2005 for 4 weeks.

(1) **Attended weekly staff meetings at Epidemiology and Immunization Program.**
(2) **Attended Methicilin Resistant *Staphylococcus aureus* (MRSA)/Community Acquired- MRSA presentation on January 11, 2005.**
(3) **Attended Foodborne Illness Control Working Group Meeting on January 18, 2005.**
(4) **Attended Pathogenic Bacteria presentation on January 25, 2005.**
(5) **Attended Rabies Advisory Committee Meeting on January 25, 2005.**
(6) **Attended Invasive Meningococcal Disease presentation on February 8, 2005.**
(7) **Observed epidemiologists handing calls and determining the appropriate response and follow-up.**
(8) **Followed the investigation of one potential food outbreak for the duration of my shadowing period and assisted in survey data entry and interviews.**
(9) **Observed one suspected human rabbies case work-up and one suspected smallpox case work-up. Both incidents the infectious disease epidemiologists worked with CDC in order to submit the right type of sample and used the CDC standardized intake sheet to get necessary patient medical history and exposure.**
(10) **At the end of shadowing period, MS. Emily Harvey, ID epidemiologist and I discussed possibility of going to a local health department to have more direct contact with subjects. She mentioned internship opportunities in the local health department level specifically for Bioterriorism investigation. I will follow up with her later.**

q. Participation in international activities:

Attended several presentations given on Maternal and Child Health issues in developing countries during the American Public Health Association conference at Washington, DC (11/07/04-11/10/04).

r. Publications (papers/abstracts/posters):

Abstract entitled "Measuring Obstetrical Provider Access at the Hospital Level in Massachusetts" accepted by the Tenth Annual Maternal and Child Health Epidemiology Conference at Atlanta, Georgia (presented on December 8, 2004).

Abstract entitled "Measuring Change in Obstetrical Provider Supply at the Hospital Level: MA 2002-2004" accepted by the AcademyHealth's Annual Research Meeting at Boston, MA.

s. Keeping primary and secondary mentors updated of Fellow's progress:
(1) Weekly one-on-one meetings with mentors to discuss my progress on projects and training opportunities.
(2) Regular communication through emails with mentors.

Summary of overall fellowship experience to date:

Comments:

c. **Fellow comments:**

d. Mentors comments:

Epidemiologic Methods:	Manner Fulfilled	Date Anticipated: (✓= comp
Design surveillance systems to assess health problems	• Make recommendation to enhance assisted reproductive technology (ART) surveillance through birth certificates • Design Pilot PRAMS project & submit to IRB • Lanuch Pilot PRAMS project	June 2005 October 2004 ✓ April 2005 ✓
Evaluate surveillance systems and know the limitations of surveillance data	• Evaluate ART surveillance through birth certificates as compared to Society of ART (SART) surveillance	June 2005
Design an epidemiologic study to address a health problem	• Use birth defect surveillance system or Early Intervention Program to monitor trends of health status of infants with ART use (historical trend study)	September 2005
Design a questionnaire or other data collection tool to address a health problem	• Design PRAMS pilot survey • Include a future contact option for subsequent follow-up study for PRAMS	March 2005 ✓ Not implemented for the pilo
Collect health data from appropriate sources (e.g. case interviews, medical records, vital statistics records, laboratory reports, or pathology reports)	• Work with Vital Statistics Registry to obtain fetal death records, live births records , and linked live birth/death records for Perinatal Period of Risk (PPOR) project • Work with Vital Statistics Registry to obtain a monthly births sample for PRAMS survey • Collect ART history from medical records as part of ART surveillance evaluation	December 2004 ✓ March 2005 ✓ June 2005
Create a database for a health data set	• Create a database for obstetrical provider surveys returned by hospitals	August 2004 ✓
Use statistical software to analyze and characterize epidemiologic data	Use SAS, Stata, SUDAAN: • Analyze obstetrical access survey using Stata • Convert text file of fetal death records, live birth records, linked	November 2004 ✓ January 2005 ✓

	live birth/death records into useable SAS files • Analyze data for PPOR project using SAS • Analyze MA PRAMS pilot data	 December 2004 to present September 2005
Interpret findings from epidemiologic studies, including recognition of the limitations of the data and potential sources of bias and/or confounding.	• Surveillance activities • Obstetrical Access surveillance • PRAMS pilot (Major Project)	Ongoing January 2005 ✓ October 2005
Recommend control measures, prevention programs, or other public health interventions based on epidemiologic findings	• Recommendations will be made based on evaluation of ART surveillance, obstetrical provider access survey, PPOR project, and PRAMS pilot.	Ongoing
Communication	**Manner Fulfilled:**	**Date Anticipated: (✓= comp**
Write a field investigation report	• Participate in shadowing activities at Epidemiology and Immunization Program, Communicable Diseases Division • Participate in an outbreak investigation	Jan.-Feb., 2005 ✓ TBD
Write a surveillance report	• A surveillance report with recommendations to enhance ART surveillance will be written • MMWR publication on ART	June 2005 TBD
Make an oral presentation using appropriate media	• Present PRAMS overview to MDPH ASETS staff (analytical team) • Present PRAMS overview to MDPH Chronic Disease staff • Present OB Access Survey Results to MDPH ASETS staff • Present OB Access Survey Results at the Tenth MCH EPI conference • Present PPOR to MATRICHS participants	October 6, November 18, 2004 ✓ December 1, 2004 ✓ December 8, 2004 ✓ May 2005
Present data graphically and know how to use graphic software	• Present PRAMS to MDPH during our analytic staffs' meeting	October 6, 2004 ✓ December 1, 2004 ✓

	• Present OB Access to MDPH during our analytic staffs' meeting • Present PPOR to MATRICHS participants • Poster presentation of Evaluation of ART Surveillance, CSTE Annual Conference	May 2005 June 2005
Understand the basics of health risk communication and communicate epidemiologic findings in a manner easily understood by lay audiences	• Provide communities included in PPOR analysis insights on their communities infant mortality rates and a platform to discuss prevention strategies • Provide hospitals a summary of the obstetrical provider access survey • Encourage physicians to obtain information about ART use and hospitals to record on birth certificate consistently	June 2005 May 2005 Ongoing
Master's level fellows: present a poster at a national or regional meeting, public a technical report, or prepare a manuscript for publication in a peer reviewed journal	• Poster Presentation at CSTE Annual Meeting of ART Surveillance Evaluation • Assist in preparing a MMWR article on risk of infant mortality associated with ART	June 2005 July 2004-present
Doctoral-level fellows: prepare a manuscript for publication in a peer reviewed journal	N/A	

Fellow Signature: _____
Date: _____

Mentor Signature: _____
Date: _____

Mentor Signature: _____
Date: _____

Relocation Expense Reimbursement Policy

General guidance follows:

Household goods and personal effects. You can deduct the cost of packing, crating, and transporting your household goods and personal effects and those of the members of your household from your former home to your new home.
If you use your own car to move your things, see *Travel by car*, earlier.
You can deduct any costs of connecting or disconnecting utilities required because you are moving your household goods, appliances, or personal effects.
You can deduct the cost of shipping your car and your household pets to your new home.
You can deduct the cost of moving your household goods and personal effects from a place other than your former home. Your deduction is limited to the amount it would have cost to move them from your former home.

You cannot deduct the cost of moving furniture you buy on the way to your new home.
Storage expenses. You can include the cost of storing and insuring household goods and personal effects within any period of 30 consecutive days after the day your things are moved from your former home and before they are delivered to your new home.
Travel expenses. You can deduct the cost of transportation and lodging for yourself and members of your household while traveling from your former home to your new home. This includes expenses for the day you arrive.
You can include any lodging expenses you had in the area of your former home within one day after you could no longer live in your former home because your furniture had been moved.
You can deduct expenses for only one trip to your new home for yourself and members of your household. However, all of you do not have to travel together or at the same time. If you use your own car, see *Travel by car*, earlier.

OMB Circular A-122
42. Relocation costs.
a. Relocation costs are costs incident to the permanent change of duty assignment (for an indefinite period or for a stated
period of not less than 12 months) of an existing employee or upon recruitment of a new employee. Relocation costs are
allowable, subject to the limitation described in subparagraphs b, c, and d, provided that:
(1) The move is for the benefit of the employer.

(2) Reimbursement to the employee is in accordance with an established written policy consistently followed by the employer.
(3) The reimbursement does not exceed the employee's actual (or reasonably estimated) expenses.
b. Allowable relocation costs for current employees are limited to the following:
(1) The costs of transportation of the employee, members of his immediate family and his household, and personal
effects to the new location.
(2) The costs of finding a new home, such as advance trips by employees and spouses to locate living quarters and temporary lodging during the transition period, up to maximum period of 30 days, including advance trip time.
(3) Closing costs, such as brokerage, legal, and appraisal fees, incident to the disposition of the employee's former home.
These costs, together with those described in (4), are limited to 8 percent of the sales price of the employee's former home.
(4) The continuing costs of ownership of the vacant former home after the settlement or lease date of the employee's new
permanent home, such as maintenance of buildings and grounds (exclusive of fixing up expenses), utilities, taxes, and property insurance.
(5) Other necessary and reasonable expenses normally incident to relocation, such as the costs of canceling an unexpired lease, disconnecting and reinstalling household appliances, and purchasing insurance against loss of or damages to personal property. The cost of canceling an unexpired lease is limited to three times the monthly rental.
c. Allowable relocation costs for new employees are limited to those described in (1) and (2) of subparagraph b. When
relocation costs incurred incident to the recruitment of new employees have been allowed either as a direct or indirect cost and the employee resigns for reasons within his control within 12 months after hire, the organization shall refund or credit the Federal Government for its share of the cost. However, the costs of travel to an overseas location shall be considered travel costs in accordance with paragraph 50 and not relocation costs for the purpose of this paragraph if dependents are not permitted at the location for any reason and the costs do not include costs of transporting household goods.
d. The following costs related to relocation are unallowable:
(1) Fees and other costs associated with acquiring a new home.
(2) A loss on the sale of a former home.
(3) Continuing mortgage principal and interest payments on a home being sold.
(4) Income taxes paid by an employee related to reimbursed relocation costs.