

In Maine, epidemiologic support for public health programs is provided by members of the Epidemiology Team, whose members sit in the Divisions of Chronic Disease and Family Health. Although the two Divisions are distinct organizationally, there is much overlap in their content and their staff work together on projects of mutual interest. This application reflects projects in the Division of Chronic Disease specifically, but the Fellow would be encouraged to address, when appropriate, the populations and public health concerns that relate to both Divisions.

The Fellow would work closely with members of the Team and program staff on projects related to program goals and objectives, including for surveillance, evaluation, and applied public health research.

Within the Division, surveillance activities are in place for diabetes, asthma, cardiovascular disease, tobacco, and oral health. In each area there would be numerous opportunities for expansion of surveillance activities or evaluation. A cross-cutting, general topic is the need for more work to identify disparate populations in Maine. Below are specific examples of potential projects.

The Fellow could work with the multidisciplinary team charged with evaluating activities and surveillance for the Tobacco and Cardiovascular Health Programs. An area of great interest is whether the initiation of smoking has shifted from high school students to young adults. The adolescent smoking rate has declined in the past decade, but similar decreases have not been observed in the young adult population. Understanding this seeming discrepancy is vital to planning prevention approaches in the young adult population. In addition, the Tobacco Program would like to compare the profile of current adult smokers to adult smokers in the past, to better target public health interventions and messages.

The Cardiovascular Health Program is currently exploring possibilities for using state Emergency Medical System (EMS) data to better understand patterns of EMS use and the relations between EMS-level variables and health outcomes. This project could include using mapping software to geographically correlate cardiovascular outcomes and EMS activities. A specific area of interest is the prevalence of non-EMS transport, which could be studied by comparing numbers in the EMS and the inpatient/outpatient data. Linking the EMS data to the death and hospitalization files could allow for study of the effect of transport time and specific ambulance characteristics on health outcomes. Another area of interest is hospitalizations related to heart disease and stroke and patient outcomes, especially for those under 65 years of age. Maine's new all-claims database could be used to tie pharmaceuticals, outpatient visits, and inpatient data.

The Diabetes Program is exploring options for data collection on populations not covered in the current overall surveillance system. Specific groups of interest include the incarcerated population, those in nursing homes or long-term care facilities, and children with type 2 diabetes. The Fellow could be involved in discussing options for data collection and for creating appropriate data collection instruments and database systems. A second diabetes-related project might involve conducting a medical record review to better understand diabetes management and disease complications among the population with psychiatric diagnoses. This study would aim to validate and expand on state data that suggest that people with both diabetes and psychiatric

diagnoses have a greater incidence of complications than the overall population of people with diabetes. Another potential project would be an evaluation of the Diabetes Self-Management and Education (DSME) Program. Questions include examining who receives referrals to the DSME Program, who among those attends the Program, and how the distribution of diabetes-related outcomes (e.g., complications) relates to referral and Program attendance.

There would also be occasion to work with Cancer Registry staff to create a surveillance effort focused on childhood cancers or to evaluate aspects of the ongoing Cancer Registry system. In addition, Maine's Comprehensive Cancer Program plans to institute a broad cancer surveillance system, which would include cancer incidence and mortality data from the Cancer Registry, risk factor and screening data from population surveys, and data from inpatient hospitalizations and outpatient settings.

Members of the Epidemiology Team are part of Maine's bioterrorism response team. The response team offers ongoing training, in which the Fellow can participate. The Fellow would be linked with appropriate personnel on the bioterrorism response team to discuss possible projects. In addition, we will also connect the Fellow with appropriate staff in the Division of Disease Control to participate in field investigations.

An advantage of working in Maine is that, as a small state, the environment is remarkably conducive to collaborative efforts across programs. Further, there is much room for flexibility, on the Fellow's part, in both selecting projects as well as working with multiple programs through the course of the Fellowship Program. We are committed to creating an experience in which the Fellow can best pursue their interests and grow intellectually.

Assignment Location: Augusta, ME

Primary Mentor: Katie Meyer, ScD, MPH
Chronic Disease Epidemiologist

Advanced Degrees: ScD, Harvard School of Public health (2002)
MPH, University of Minnesota (1997)

Secondary Mentor: Erika Lichter, ScD, MS
MCH Epidemiologist

Advanced Degrees: ScD, Harvard School of Public Health
MS, Harvard School of Public Health