Quarterly Progress Report

Name: Caroline C. Stampfel **Date: November 1, 2005**

Host Health Agency: Virginia Department of Health

Primary Mentor: Derek Chapman, PhD

Secondary Mentor: Janice Hicks, PhD

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

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

Design the Evaluation Plan for the Virginia Congenital Anomalies Tracking and Prevention Improvement Project II (VaCATPIP II).

As part of ongoing efforts to improve birth defects surveillance in Virginia, the Division Child and Adolescent Health Pediatric Screening and Genetic Services applied for a grant from the CDC to improve congenital anomalies tracking and prevention. An objective of this grant is to establish and implement a VaCARES Surveillance Methodology Evaluation Plan. This activity will be carried out in conjunction with the overall evaluation of the VaCARES system. The planned evaluation will provide valuable information for the design of a standard evaluation protocol.

Activities since last progress report:

1. Attended biweekly meetings for the grant steering committee committed to improving the surveillance of congenital anomalies (CATPIP II).

2. Reviewed grant "Virginia Congenital Anomalies Tracking and Prevention Improvement Project" which is funding the improvement of VaCARES to obtain information on what is required for evaluation.

2. Evaluation project progress:

Project (Brief Background)

Evaluate the birth defects surveillance system in Virginia, VaCARES: Virginia Congenital Anomalies Reporting and Education System. This surveillance system is undergoing a major improvement project. The evaluation will provide valuable insight to the grant implementation team for their activities over the next three years.

Activities since last progress report:

1. Read Guidelines for Evaluating Public Health Surveillance Systems and contacted key VDH staff involved in administrating the VaCARES system.

2. Met with Nancy Ford (Director, Pediatric Screening and Genetic Services), Allison Schreiber (Genetic Counselor), Sharon Williams (Virginia Genetics Program Manager), and Pat Dewey (Virginia Newborn Hearing Screening Program Manager) to identify stakeholders and help focus the evaluation towards what is useful and relevant for the program.

3. Attended monthly meetings for the grant steering committee committed to updating the computer system (VISITS II) used to enter and manage data for VaCARES.

4. Attended biweekly meetings for the grant steering committee committed to improving the surveillance of congenital anomalies (CATPIP II).

3. Bioterrorism preparedness and response activities:

Activities since last progress report:

1. **Utilized the VaTRAIN website and the VDH Emergency Preparedness and Response Programs website to identify opportunities.**

4. Progress made on major project:

Virginia MCH Surveillance Improvement Project

Timetable listing tasks completed through October 2005.

See below for progress made with Virginia MCH Surveillance Improvement Project:

Year	Month	Activities
2005	September	✓ Discuss with mentor possibilities for major project. Mentor identified need for overall improvement of MCH surveillance, particularly access to data and dissemination of surveillance findings. ✓ Receive all birth and death certificate data from vital records department
	October	✓ Begin work on birth and death certificate data access. ✓ Begin designing data cleaning statistical programs to improve the quality of raw data.
	November	• Clean and provide access to raw birth data • Create new common-use variables for birth data

	December	• Clean and provide access to raw death data • Create new common-use variables for death data
2006	January	• Create documentation for cleaning procedures and new variables for birth and death data • Train epidemiology staff for use of birth and death data
	February	• Clean and provide access to fetal death data and intentional termination of pregnancy data (ITOP) • Create new common-use variables for fetal and ITOP data
	March	• Create documentation for cleaning procedures and new variables for fetal death and ITOP data • Extract birth defects data from existing database • Use a subset of birth defects data (Neural Tube Defects) to test various methods of cleaning and de-duplication utilizing birth records linkage
	April	• Train epidemiology staff for use of fetal death and ITOP data • Compile ICD codes for death and hospital data
	May	• Obtain hospital data from 1996-2004 • Begin loading hospital data
	June	• Begin cleaning hospital data
	July	• Continue cleaning hospital data
	August	• Finish cleaning hospital data • Create new common-use variables for hospital data • Provide access for hospital data • Conduct training for epidemiology staff on hospital data use
	September	• Explore automation of birth defects data de-duplication using birth certificates – explore software/methods
	October	• Begin exploring novel birth defects linkages
	November	• Prepare birth defects data for analysis • Train users for birth defects data analysis
	December	• Provide ongoing consultation and statistical support for reporting of birth defects data
2007	January	• Meet with division staff to plan Health Disparities Report
	February	• Draft report contents outline
	March	• Get feedback and approval for report contents outline • Confirm with divisions what data will be contributed to the report, and provide statistical support to division staff
	April	• Begin data analysis for report
	May	• Finish data analysis • Compile data submitted from each division into draft report

		• Submit draft to divisions for feedback and revisions
	June	• Make revisions to draft report • Submit second draft to divisions for final revisions
	July	• Complete Health Disparities Report • Submit for publication and dissemination
	August	• Finish fellowship

Meetings, conferences, or presentations attended:

1. Watched MCH Epi Grand Rounds webcasts for September (Measuring Racial and Ethnic Disparities in Prenatal Care) and October (MCHP/CDC/HRSA Safe Motherhood Partnership State Maternal Mortality Review).
2. Attended Health Commissioner's video conference with district health directors

Presentations given (date, title, and forum):
Activities since last progress report:
1. Conducted in-class exercise for MCH Epidemiology class at VCU/MCV to assist mentor. Using the Kotelchuck Index of Adequacy of Prenatal Care Program on Births in Virginia, 1999. October 5, 2005

2. Presented research from Masters Degree project to the MCH Epi Work Group. Intimate Partner Violence And Post Traumatic Stress Disorder: Does Pregnancy Matter? October 21, 2005

Training courses, seminar series attended:
Training course, seminar series attended since last progress report:
1. CSTE Orientation, September 12-16, 2005 Atlanta, GA

Participation in cluster/outbreak investigation(s):
Activities since last progress report:
None this quarter

Publications (papers/abstracts/posters):
None this quarter

Keeping primary and secondary mentors updated of Fellow's progress:
1. Weekly meetings with primary mentor to discuss progress and directions
2. Reports to secondary mentor

Summary of overall fellowship experience to date:

Comments:

a. **Fellow comments: So far the fellowship has been going very well. The staff of the health department have been friendly and welcoming. I was set up to work in record time. Health department funds were used to purchase a new computer, printer, and supplies for me. My mentors have provided guidance in getting started, putting together the quarterly report, and laying out the plan of action.**

b. **Mentors comments:**

Caroline has very quickly become an important member of our maternal and child health surveillance team. She is highly motivated and works independently. Her initial plan is very ambitious, but not unrealistic since her plans parallel planned activities of her primary mentor. Nevertheless, we will continue to monitor her workload to make sure that expectations remain reasonable.

Epidemiologic Methods:	Manner Fulfilled	Date Anticipated:
Design surveillance systems to assess health problems	• **Design VaCARES Surveillance Methodology Evaluation Plan**	• **Ongoing: Draft for February 2006**
Evaluate surveillance systems and know the limitations of surveillance data	• **Evaluate VaCARES, the Virginia Congenital Anomalies**	• **Ongoing: Submit abstract to CSTE meeting, present at meeting in June 2006**
Role in Bioterrorism/emergency preparedness and response	• **Utilize the VaTRAIN and VDH Emergency Preparedness and Response Programs websites to identify opportunities. Examples: Isolation and Quarantine Training, Annual Emergency Preparedness and Response Training event. Other possibilities are to enroll in training courses offered from the Virginia Department of Emergency Management or the FEMA Emergency Management Institute.**	**Anticipate completion by the end of fellowship**
Design an epidemiologic study to address a health problem		**Anticipate completion by the end of fellowship**
Design a questionnaire or other data collection tool to address a health problem		**Anticipate completion by the end of fellowship**
Collect health data from appropriate sources (e.g. case interviews, medical records, vital statistics records, laboratory reports, or pathology reports)	• **Used birth and death records data to produce health district data profiles.** • **Used birth and death records data to provide information on preterm births in Virginia**	✓ ✓
Create a database for a health data set	• **Creation of data mart (collection of databases that address a**	**Anticipate completion by the end of fellowship as part of major project**

	specific function or department's needs)	
Use statistical software to analyze and characterize epidemiologic data	• **Used birth and death records data to produce health district data profiles.** • **Used birth and death records data to provide information on preterm births in Virginia**	**Activities are ongoing – these were completed in September and October of 2005**
Interpret findings from epidemiologic studies, including recognition of the limitations of the data and potential sources of bias and/or confounding.	• **TA for MCH Epi class taught by primary mentor; facilitate discussion of MCH epidemiology and policy articles.** • **Grade and review class assignments**	**Ongoing**
Recommend control measures, prevention programs, or other public health interventions based on epidemiologic findings		**Anticipate completion in conjunction with surveillance projects.**
Communication	**Manner Fulfilled:**	**Date Anticipated:**
Write a field investigation report		**Anticipate completion by the end of fellowship**
Write a surveillance report	**Write a report from the VaCARES birth defects surveillance system.**	**Anticipate completion by the end of fellowship**
Understand the basic process for preparing a manuscript for publication*	**MMWR workshops at CSTE Orientation**	✓
Make an oral presentation using appropriate media	• **Presented to Epidemiology Work Group on Master's degree research** • **Present to Maternal and Child Health Epidemiology course on selected topics**	✓ **Ongoing activity for fall semester 2005**
Present data graphically and know how to use graphic software	• **Prepared district health profiles** • **Learn and use GIS**	✓ **Ongoing activity**

Understand the basics of health risk communication and communicate epidemiologic findings in a manner easily understood by lay audiences	• **Health risk communication session at CSTE Orientation** • **Prepared report on preterm births in Virginia** • **Prepared district health profiles** • **Prepare reports on topics such as health disparities across all divisions of family health services**	✓ ✓ ✓ **Anticipate completion by the end of fellowship as part of major project**
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	• **Present poster for surveillance evaluation project (CSTE Conference)** • **Prepare manuscript for publication**	**June 2006** **Anticipate completion by the end of fellowship**
Doctoral-level fellows: prepare a manuscript for publication in a peer reviewed journal	N/A	N/A
Public Health Practice, Policy, and Legal Issues	**Manner Fulfilled:**	**Date Anticipated:**
Have a basic understanding of public health law*	**Public health law session at CSTE Orientation**	✓
Understand the Health Insurance Portability and Accountability Act of 1996 (HIPPA)*	**Public health law session at CSTE Orientation**	✓
Distinguish between public health research and public health practice*	**Human subjects research session at CSTE Orientation**	✓
Understand policies for the protection of human subjects in research and the role of an Institutional Review Board (IRB)*	**Human subjects research session at CSTE Orientation**	✓

Know the essential public health functions*	**Essential functions of public health session at CSTE Orientation**	✓
Understand the roles of local, state, and federal public health agencies*	**Local, state, and federal public health roles and relations session at CSTE Orientation**	✓
Appreciate the diversity of how epidemiology is used in different program areas*	**CSTE Orientation**	✓
Effectively negotiate cultural sensitivity issues*	**Integration of cultural assessment in public health prevention session at CSTE orientation**	✓

*indicate Core Competencies address in the fellowship orientation curriculum

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: Caroline C. Stampfel **Date**: 10/28/05

Mentor Signature: David Chyn **Date**: 10/28/05

Mentor Signature: Janice M. Hicks **Date**: 10/28/05