Wisconsin_Maternal and Child Health and Chronic

Chronic Disease and Maternal and Child Health

The Bureau of Community Health Promotion (BCHP) in the Wisconsin Division of Public Health (DPH) consists of cross-cutting programs throughout the lifespan: chronic disease epidemiology, maternal and child health (MCH) [birth defects surveillance, PRAMS, reproductive health, genetics/genomics, UNHS/EHDI, children and youth with special health care needs (CYSHCN)]; injury prevention and EMS for children; physical activity and nutrition (including WIC); oral health; tobacco avoidance; cancer control and well-woman program. We have adopted the CDC Healthy People at Every Stage of Life framework: "All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life." For more than 2 years, we have had a very active Program Integration team to harmonize the health promotion/disease prevention messages throughout the lifespan. The CSTE fellow will have exposure to all areas of epidemiology, program evaluation and disease surveillance in BCHP, which has 15 epidemiologists specializing in various areas of chronic disease and MCH. These individuals and students from the University of Wisconsin School of Medicine and Public Health (UWMSPH) make up a learning community that contributes to public health workforce development; the 2 mentors alone have published more than 50 articles with students and fellows.

Day-to-Day Activities:

- Participate in the following meetings: BCHP-wide meetings (2X/yr); Integration-Team meetings (6-10X/yr); Statewide epidemiology meetings (2-3X/yr); Preparedness group meetings and trainings (6-8X/yr)
- Weekly progress meeting with mentors (2-4 hr/wk as specified, minimum)
- Attend and make at least 1 presentation in learning sessions with other students at DPH (med, nursing, epidemiology, MPH fellows)
- Attend weekly public health seminars at UWSMPH
- Choose one or more epidemiologic surveillance, program evaluation, or policy development projects and follow it/them from development to investigation to data collection to analysis to report or manuscript completion
- Become comfortable with indicator development, database linkage, GIS mapping, and evidence-based public health

Potential Projects:

Epidemiology and surveillance of health disparities: This is an important area of investigation in all aspects of MCH and chronic disease in Wisconsin. For example, in 2004, white infant mortality (IM) reached the HP 2010 goal of 4.5/1,000 live births; however, the black IM was 19.2, with a B/W disparity ratio of 4.3—the worst in the US. Similar chronic disease disparities exist. The fellow will be involved with data analysis, linkage, and display, including GIS mapping, as well a program evaluation, and policy development. The Governor and State Health Plan have a strong focus on disparity reduction (rural/urban, racial/ethnic, SES, age, gender, etc.) The fellow would be exposed to a variety of different topics, programs, and collaborators, and have an opportunity to prepare reports and manuscripts.

Chronic disease and MCH integration across the lifespan: As described above, BCHP has a perfect structure (N~100 FTE) to examine the epidemiology of broad, common risk factors for chronic disease and MCH outcomes. Through an integrative approach, great potential exists for efficient use of resources to develop a strong case for prevention. Projects in this area would have the advantage of providing exposure to specific-condition research, as well as integrated projects across conditions. These projects would consist of collaborative program planning, surveillance, and evaluation.

Reduction in birth-outcome disparities: This project would include quality improvement in evidence-based prenatal medical and non-medical support (e.g., home visiting, case management) services, by developing MA pay-for-performance programs; ethical and policy decisions regarding allocation of scarce resources and services; measurement of cultural competence of providers, as well as health literacy of "activated" patients to improve health behaviors, and tracking intermediary measures of changes in birth outcomes (prematurity and LBW, congenital anomalies, IM, C-sections). It would require linkages of MA and public health databases.

Child death review (CDR)/Fatal injury and violent death reporting: Wisconsin is now expanding the number of local CDR teams and will begin using the web-based standardized data and reporting system developed by the National Center for CDR. Projects related to quality and uniformity of data collection will be important, as well as linkage and utilization of data from the coroner/ME, crime lab, law enforcement, and death certificate reporting systems.

Preparedness: This project will focus on special populations: children, CYSHCN, older adults, individuals with chronic diseases and disabilities, low-income populations, and those with limited English proficiency, including Deafness. Epidemiologic studies, needs assessment, mapping, and disaster program planning would be developed.

Evaluation Component: (included with above projects)

Role in State Emergency Preparedness:
The fellow will participate in all ICS training and certification activities, and will be assigned a specific role in the event of an incident, such as an environmental spill, pandemic flu outbreak, fire, weather, or terrorist emergency.

Assignment Location:	Madison, Wisconsin
Primary Mentor:	Murray L. Katcher, MD, PhD Chief Medical Officer State Epidemiologist for MCH and Chronic Disease (1985-91 and 2003-present)
Advanced Degrees:	PhD, University of Wisconsin Graduate School (1972)

	MD, University of Wisconsin Medical School (1975)
Secondary Mentor:	Mark V. Wegner, MD, MPH Chronic Disease Medical Director
Advanced Degrees:	MD, University of Wisconsin Medical School (1999) MPH, Uniformed Services University of the Health Sciences (2001)