Domain 1 for Chronic Disease Prevention and Control
Purpose & Agenda | Domain 1

Introduces the 4 Domains, provides information and context about Domain 1 for use in your programs!

- Definitions
  - Domains
  - Epidemiology and Surveillance
  - Examples
- Recommended Epidemiology Capacity
- Identifying the Gaps
- Bridging the Gaps
- Communications
- Questions & Answers

This work was conducted at the Centers for Disease Control and Prevention. The findings and conclusions are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
DOMAINS & STRATEGIES FOR CHRONIC DISEASE PREVENTION AND CONTROL

Defined
Defining Domains and Strategies

**IN GENERAL**

**Domain:** Field of study; A sphere of activity, concern, or function

**Strategy:** Direction; A pattern in a stream of decisions; The human attempt to get to desirable ends with available means

**Intervention:** Action provided to improve a situation

**IN CHRONIC DISEASE PREVENTION**

**Domain:** Area of activity, concern or function

**Strategies:** General approaches to improve public health at any level (not measured)

**Interventions:** Activities that support strategies (measurable)
A Look at the 4 Domains for Chronic Disease Prevention and Control

- Epidemiology & Surveillance
- Environmental Approaches
- Health Systems
- Community-Clinical Links
Strategies and Interventions that...

...use the principles of epidemiology to guide and monitor programs, interventions, research, and policy that...

...engage the environment, people’s surroundings, and policy to reinforce healthy behaviors that...

...improve the delivery and use of prevention, detection, and management clinical services in order to...

...connect clinical services and community programs/services so that high risk individuals have access to resources in order to...

manage or prevent chronic disease.
SURVEILLANCE & EPIDEMIOLOGY Defined
Epidemiology and surveillance allow us to collect, analyze, and share data to help identify and solve problems and evaluate public health efforts.

Determine best / promising practices

Mobilize

Set priorities

Communicate

Educate

Investigate

Intervention development

Identify successes

Research for Innovation

Identify gaps

Track progress

Monitor

Improve effectiveness

Leverage Resources
Examples of Strategies | Domain 1

- Improve state capacity for epidemiology and surveillance.
- Collect, use and disseminate data on chronic disease outcomes, social and economic determinants of health.
- Use surveillance data to monitor programs, guide decisions and improve chronic disease prevention and treatment efforts.
SURVEILLANCE & EPIDEMIOLOGY
Defining, Identifying and Meeting Capacity
Capacity Recommendations (CSTE)

**Staff:** 1 Lead Epidemiologist, at least 5 full time epidemiologists
- 1 PhD level

**Data:** Access and support for analysis of data
- Mortality
- Hospital Discharge / ER & Emergency Services
- BRFSS
- Registries
- Medicare / Medicaid

**Literature:** Timely access to journals

*Supplemental Report: Chronic Disease Epidemiology Capacity – Findings and Recommendations, 2009
Council of State and Territorial Epidemiologists*
Capacity Recommendations (CSTE)

Technology

• Computers
• Statistical Software (at minimum: SAS, SUDAAN)
• Geographical Information Systems
• Technical Support

Partnerships and Collaboration

• Substance abuse, mental health, preparedness epidemiologists
• Universities and academic institutions
• Training organizations (CDC, Schools of Public Health) to work toward competencies

Supplemental Report: Chronic Disease Epidemiology Capacity – Findings and Recommendations, 2009
Council of State and Territorial Epidemiologists
Capacity Gaps

Chronic Disease Epidemiology Functional Capacity, 2009
50 states and DC

- No capacity (0%)
- Minimal capacity (1-24%)
- Partial capacity (25-49%)
- Full capacity

Supplemental Report: Chronic Disease Epidemiology Capacity – Findings and Recommendations, 2009
Council of State and Territorial Epidemiologists
Lack of access to data:
- Medicare data: 6%
- Mortality data: 75%

Lack of technology:
- IT services: 25%
- GIS Software: 31%

Lack of support services:
- Medical journals: 35%
- Clerical support: 55%

Lack of collaboration (with):
- Mental health: 72%
- Substance abuse: 69%
CLOSING THE GAPS ... BUILDING CAPACITY

Staff • Data • Literature • Technology • Partnerships & Collaboration
Closing the Gap... Building Capacity
Less than ideal staff capacity

Retain 1 lead epi; ≥5 FTE

How? Take inventory of needs, determine which staffing options fit:

- New hires
- EIS Officer [www.cdc.gov/eis/](http://www.cdc.gov/eis/)
- CSTE Applied Fellowship Program [www.cste.org/?page=fellowship](http://www.cste.org/?page=fellowship)
- Direct Assistance – CDC FOA
- NACDD - Epi Mentor

Supports Domain 1 Strategy:
Improve state capacity for epidemiology and surveillance.
Closing the Gap... Building Capacity
Lack of access to data

Have access to relevant data, statistical software, GIS, and have the ability to use and disseminate data

How?

• Identify needs: Data, skills, resources
• Identify gatekeepers, partners
• Build a plan
• Gain buy-in, permission, access, expertise from gatekeepers

Supports Domain 1 Strategy:
Collect, use and disseminate data on chronic disease outcomes, social and economic determinants of health.
Closing the Gap... Building Capacity
Lack of collaboration

Have timely access to journals, training/education, and TA and access to technology, IT support, clerical support

How?

- Identify support service needs
- Utilize existing resources or identify internal / external partners:
  - Local academic institutions
  - CSTE
  - Evaluators’ Networks

Supports Domain 1 Strategy: Use surveillance data to monitor programs, guide decisions and improve chronic disease prevention and treatment efforts.
Closing the Gap... Building Capacity

Lack of collaboration

Why collaborate?

• Can help close many of the capacity gaps.
• It’s a low-cost strategy to achieve common goals.

More or stronger partnerships, collaboration with epidemiologists

• Generate ideas, address common challenges
• Increase staff capacity, support
• Access to relevant data
• Access to statistical software, GIS
• Ability to use and disseminate data

Accomplish shared public health goals

Supports Domain 1 Strategy:
Improve state capacity for epidemiology and surveillance.
Closing the Gap... Building Capacity
Lack of collaboration

How?

Think strategically
- Existing partners, non-traditional partners,
- Who can help? Who has what we need?
- Opportunities to mutually benefit? Who has similar interests?

Talk with your team
- Who can make or strengthen connections?
- What is the best approach for connecting?
- Preparation: What do we have in common? What outcome are we seeking?

“No one person, no one alliance, no one nation, no one of us is as smart as all of us thinking together.”
— Navy Admiral James Stavridis
SURVEILLANCE & EPIDEMIOLOGY
Effectively Communicating for Change
Using Data

Changing this:

To this:
SURVEILLANCE & EPIDEMIOLOGY

Questions