

NACCHO/CSTE

2017-18 Local Epidemiology Capacity Assessment (ECA)

Frequently Asked Questions

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Questions About Survey Content

1. What is an epidemiologist?

According to John M. Last (A Dictionary of Epidemiology, 4th Ed., 2001), an epidemiologist is defined as “an investigator who studies the occurrence of disease or other health related conditions or events in defined populations. The control of disease in populations is often also considered to be a task for the epidemiologist.”

The discipline of Epidemiology is defined as the “study of the distribution and determinants of health related states or events in specified populations, and the application of this study to control of health problems.”

- “Study” includes surveillance, observation, hypothesis testing, analytic research and experiments.
- “Distribution” refers to analysis by time, place, and classes of persons affected.
- “Determinants” are all the physical, biological, social, cultural, and behavioral factors that influence health.
- “Health related states or events” include diseases, causes of death, behaviors such as use of tobacco, reactions to preventative regimens, and provision and use of health services.
- “Specified populations” are those with identifiable characteristics, such as precisely defined numbers.
- “Application [...] to control” makes explicit the aims of epidemiology: “to promote, protect, and restore health.”

Potential sources of information to use in completing the ECA:

- Organizational charts
- Other local health department staff within subject-specific program areas or Human Resources

2. Who should be counted as an epidemiologist?

Epidemiologists who work at the local or state level who are employed or contracted by the state are considered epidemiologists. Epidemiologists who are paid by an academic institution but work for state public health should be considered epidemiologists.

Local epidemiologists include:

- All those employed by your health department
- All those working in your health department who are either federal assignees (e.g. epidemic intelligence service officer [EISO], career epidemiology field officer [CEFO], public health

association program [PHAP] fellow), state assignees, or contract employees (e.g. Council of State and Territorial Epidemiologists [CSTE] trainee, contracted from a school of public health to work at or for your health department, contracted from a private company).

When considering who should be counted, please focus on the functions performed by the individual rather than the job title.

3. What do you mean by civil service versus non-civil service employees?

Civil service employees include full-time equivalents (FTEs) that are either salaried or hourly and those designated as federal or state assignees (e.g., EISO, CEFO, PHAP).

Non-civil service employees include contract employees or temporary staff (e.g. CSTE trainee, contractor from school of public health to work at or for your health department, or a contractor from a private company).

4. Can you clarify what you are asking for in question (Q) 6 versus Q7?

For **Q6**, we are asking about the funding sources that support expenses (e.g, software, computers, supplies) related to epidemiology activities beyond personnel.

Epidemiology activities include actions, tasks, work done to:

- monitor the health status to identify and solve community health problems;
- diagnose and investigate health problems and health hazards in the community;
- evaluate effectiveness, accessibility and quality of personal and population-based health services; and
- research new insights and innovative solutions to health problems.

For **Q7**, we are asking about the funding sources that support staff salary and related benefits (e.g., fringe). All epidemiologists employed by your health department plus those working in or assigned to your health department should be included. This includes non-civil service epidemiologists (e.g., PHAPs, state or federal assignees, and contractors).

5. For Q6 and Q7, should we compile finance data for fiscal year (FY) 2016-2017 or 2017-2018?

This assessment is for a point in time so you should select the FY that covers the period in which you are completing this assessment (January – February 2018).

6. For Q6 and Q7, regarding the funding source, for federal and state grants that are not part of funding for core epidemiology services. Do we count those in the federal and state categories or do they go in the other category?

Include the federal grants with federal funding and state grants with state funding.

7. For Q6, regarding epidemiology activities, should this include the collection of data or only the analysis of them? Should this include IT, training, and travel costs that are related to epidemiology work?

This should include all expenses for epidemiology activities that are not personnel. Regarding inclusion of travel costs, specifically, you should include travel costs depending on the purpose of travel. As a general rule of thumb, if you relate travel purpose back to essential public health services 1, 2, 9, or 10, you can count it.

8. For Q6, regarding epidemiology activities, should we include grant-funded work that is beyond the essential epidemiology public health responsibilities? Should we include preparedness activities?

Yes, include all work that you have the capacity to do, including grant-funded work. This also includes preparedness grant-funded work.

9. For Q7, when you refer to all epidemiology personnel, should we include staff who are funded on grant projects and working on activities beyond the essential epidemiology public health responsibilities? Should we include preparedness staff?

Yes. As for funding source you would indicate that they are grant (federally or state grant funded).

10. When the survey mentions epidemiology personnel, we are including statistical research specialists, epidemiologists, communicable disease nurses and preparedness planners. All have an important role in epidemiology activities but most are not epidemiologists. Is this appropriate?

Yes, you would include all of those who function as epidemiologists regardless of their title. For individuals you included that function as epidemiologists but do not have epidemiology in their title, please list the titles or roles in **Q20**, "What other thoughts, comments, concerns, or questions would you like to share with NACCHO and CSTE with regard to the epidemiology workforce and training?".

11. Should we include environmental health surveillance (e.g., air quality monitoring, ground-truthing of temperature data, inspectional program surveillance, etc.) as part of epidemiology activities and functions?

Yes, those activities and functions, along with the staff performing them, would be included. You should count epidemiologists based on their job function and not necessarily their titles.

Questions About Survey Mechanics

12. Do we need to complete a PDF version of the survey or complete the survey online?

You will need to eventually enter and submit responses online. However, you should use the PDF version of the survey and accompanying spreadsheets to compile information from multiple units before entering responses online.