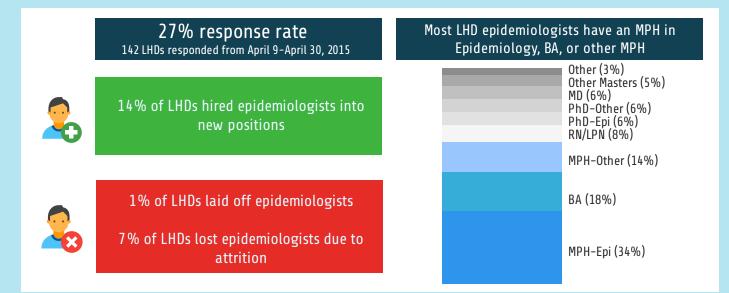
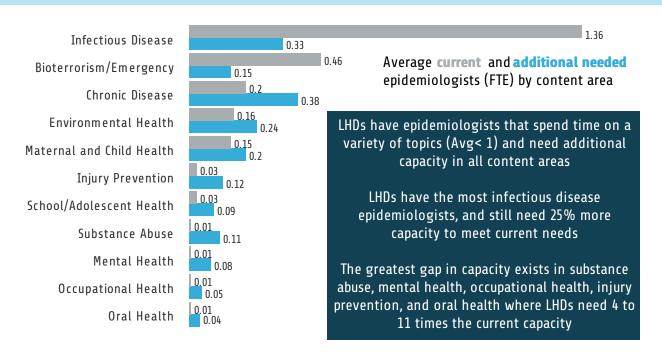


Epidemiology Capacity Assessment 2015



The National Association of County and City Health Officials (NACCHO) and the Council of State and Territorial Epidemiologists (CSTE) conducted an assessment to better understand the epidemiology workforce at local health departments (LHDs) and develop strategies to increase epidemiology capacity and trainings that meet the needs of local epidemiologists





Epidemiology services at most local health departments are funded by federal, state, and local sources. 44% of funding for LHD epidemiologists comes from local sources

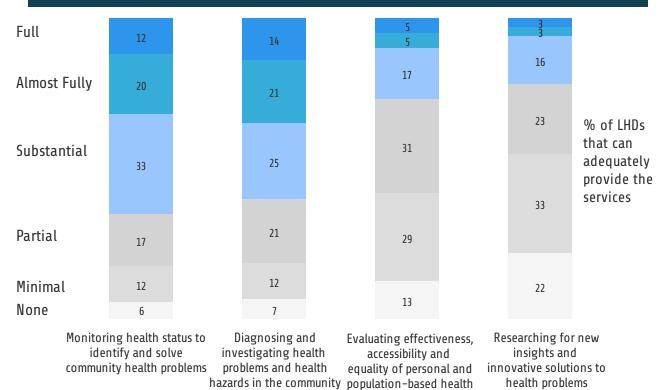
44%	24%	16%	15%
Local	State	Federal	CDC Other



Epidemiology Capacity Assessment 2015

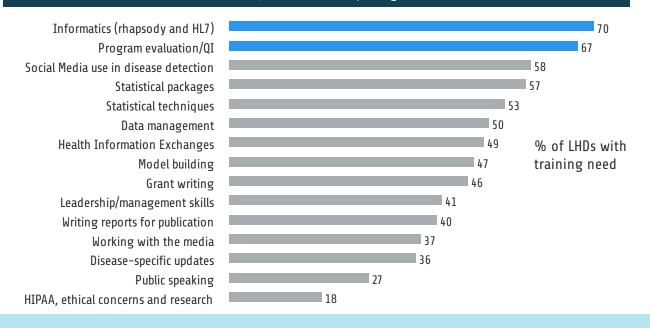


Most LHDs can adequately provide the basic public health services of monitoring health status and diagnosing and investigating health problems, but do not have the capacity to fulfill more complex services such as evaluation and research



LHD epidemiologists have many training needs, but there is an emphasis on program evaluation, quality improvement, and using technology to analyze and collect data through informatics, social media, and statistical packages

services







Epidemiology Competencies: The competency statements below are abbreviated from the comprehensive competency statements in CSTE's Applied Epidemiology Competencies document

% LHDs	Ability			Training Required		
Nor	ne Basic Int	Advanced	Expert	1-Less 2	3 4 5-More	
Model interpersonal skills in communications with agency personnel, colleagues, and the public	2 10 30	45	13	17 25	35 13 10	
Design surveillance for a public health issue and identify surveillance data needs	4 12 27	44	12	10 18	39 18 15	
Communicate info through oral presentations or written documents to nonprofessionals	4 15 18	42	21	16 27	28 14 14	
Implement new or revise existing surveillance systems and identify key findings	5 14 32	41	8	7 23	32 23 14	
Apply epidemiologic methods to make recommendations regarding the validity of epidemiologic data	5 14 28	39	14	12 22	30 20 15	
Use laboratory resources to support epidemiologic activities	14 15 24	4 38	9	12 33	28 15 12	
Promote collaborations, strong partnerships, and team-building to accomplish epidemiology program objectives	2 14 29	35	20	13 23	35 16 14	
Create analysis plans and conduct analysis of data	9 17 3	1 33	10	9 13	38 21 20	
Define database requirements and manage a database	7 19 3	31 31	11	11 20	27 25 18	
Use informatics in support of epidemiological practice	7 30	31	27 5	5 16 30	22 26	
Conduct a community health assessment and recommend public health priorities	9 19 3	31 25	16	15 13	29 16 26	
Use leadership and systems thinking in epidemiologic planning and policy development	7 23	40	25 6	4 17 31	28 21	
Conduct an evaluation of a surveillance system	7 26	41	22 3	4 16 29	28 23	

Key Outcomes

LHDs have an epidemiologic emphasis on infectious disease

Epidemiology capacity, expertise, skills, and knowledge are highly variable across LHDs

Limited epidemiology capacity results in a focus on outbreak investigations and day-to-day duties

The role of epidemiologists is always expanding

Epidemiologists at LHDs carry a large burden and are constrained by time and resources