Assignment Description

The Iowa Department of Public Health is divided into five divisions with a varying number of bureaus within each Division. The Bureau of Family Health is administratively located within the Division of Health Promotion and Chronic Disease Prevention. The Bureau of Substance Abuse is located within the Division of Behavioral Health.

The Bureau of Substance Abuse is part of the Division of Behavioral Health, in the Iowa Department of Public Health. The Bureau focuses on and provides oversight for all aspects related to substance abuse prevention and treatment services in Iowa, in addition to injury prevention programs.

The bureau actively works to address Prevention and Treatment needs by providing focus for training efforts, identifying and securing available grant funding, monitoring grant compliance, and regulating licensure for treatment programs. Specifically, the bureau is responsible for several programs or services including Comprehensive Substance Abuse Prevention, School-Based Collaboration, the Iowa Youth Survey, and more.

Day-to-Day Activities

This fellowship entails a variety of research, surveillance, and evaluation opportunities. These activities will involve close collaboration with governmental entities at the federal, state, and local level, non-profits organizations, and academic institutions. While IDPH has numerous data sets, we have limited resources to conduct data analyses, research, surveillance, and evaluation on all the information that is received. The fellow can take a leadership role in carrying out these activities based on his/her interests, fellowship competency requirements, and agency needs. While at the IDPH, the fellow will be immersed in these activities and work side-by-side with program and epidemiology staff. Day to day activities may include data collection at various sites within the state, data analysis at IDPH facilities in Des Moines, and collaboration with external partners through in-person or virtual communication and conferences.

Potential Projects

Surveillance Activity   Development of Substance Abuse Rapid Response Team

Like many states, Iowa has seen an increasing number of substance use-related outbreaks in recent years including K2 contaminated with brodifacoum, opioid overdoses, and most recently vaping-associated lung injury. These acute non-infectious events have highlighted a need to develop a multidisciplinary approach to outbreak response at the Iowa Department of Public Health. A fellow would be tasked with helping to assess the current capacity, identify needs, and develop a plan for response and development efforts moving forward to better address these issues in the future.
Surveillance Evaluation  Evaluation of the Iowa Naloxone Administration Reporting System

In July 2018, The Iowa Department of Public Health made naloxone administration a reportable condition. The goal of issuing this reporting order and establishing a surveillance system for administration was to allow for a timely source of data on overdose events that could be used to inform intervention activities. The initial system was established using a set of questions administered through a secure Survey Monkey link and required hospital emergency room personnel to report naloxone administrations (regardless of where they occurred) within 72 hours. This system has already led to some important insight regarding the needs of providers and patients in Iowa, however it has also highlighted some important challenges with establishing a surveillance system for this kind of event. The fellow would assist in evaluating the performance of this system and making recommendations for going forward with this kind of surveillance.

Major Project  Examine the Sensitivity and Specificity of the Hospital Discharge Data to Detect Severe Maternal Morbidity Compared to Medical Records

Iowa has monitored severe maternal morbidity (SMM) based on the Centers for Disease Control and Prevention’s guidance for several years. The CDC calculation uses hospital discharge data. It is not clear how well the hospital discharge data estimates the true SMM rate. This analysis can build confidence in the measure for both public health professionals and clinicians. On the other hand, a sensitivity and specificity analysis may illustrate a need to revise the hospital discharge data-based calculation. The analysis will align with the goals and objectives of the State Maternal Health Innovation Program award. Iowa was one of 9 award recipients.

Additional Project  What Is the Effect of OB Unit Closures in Rural Iowa on Access to Prenatal Care and Birth Outcomes?

Since 2000 thirty-four community level hospitals have discontinued their maternity services. Closure of these units may affect both providers and those needing obstetrical services. The availability of hospitals that provide obstetrical services is especially important to Iowa families living in rural communities. The Fellow would have the opportunity to examine how these OB unit closures affect access to care and birth outcomes.

Additional Project  Analysis of Iowa PRAMS Data

Analyze data from the Iowa Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based surveillance project of the Centers for Disease Control and Prevention (CDC) and IDPH. PRAMS collect state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. Iowa is a relatively new PRAMS state, having started data collection in 2013. PRAMS analysis provides the Fellow with the opportunity to use SAS-callable SUDAAN for analysis.
**Preparedness Role**

Within the IDPH, the division of Acute Disease Prevention and Emergency Response provides support, technical assistance and consultation to local public health agencies, hospitals, emergency medical service programs, and local health care providers regarding infectious diseases, disease prevention and control, injury prevention and control and public health and healthcare emergency preparedness and response. The Fellow’s primary mentor would facilitate the Fellow’s participation in emergency preparedness activities as directed by the Fellow’s interests and learning needs. The secondary mentor would also work to support the Fellow in any emergency preparedness work they undertake. The Fellow would have the opportunity to participate in preparedness training and activities with the CDC, through the Division of Reproductive Health.

**Additional Activities**

Data analysis and data linkages: Link PRAMS data to the Iowa Prenatal Care Survey data to explore topics such as prenatal depressive symptoms compared to post-partum depressive symptoms, breastfeeding initiation in the hospital and continued breastfeeding, breastfeeding workplace policies and breastfeeding duration, and problems obtaining prenatal care and having experienced discrimination during pregnancy.

The Fellow will have the opportunity to attend local (IDPH Learning Management System) and community-based offerings, state (Governor’s Annual Conference on Public Health) and national (MCH EPI Annual Conference, AMCHP) level meetings and trainings as part of this fellowship. The Fellow will also have the opportunity to make presentations to national, state and community-based groups and coalitions.

**Mentors**

**Primary**

Debra Kane PhD, MSN, BSN

MCH Epidemiologist

**Secondary**

Caitlin Pedati MD, MPH, FAAP

Medical Director & State Epidemiologist