

If Nothing Changes...Then, Well...Nothing Changes

An Analysis of Interventions Presented at the 2015 CDC EIS Conference and the 2015 TEPHINET Conference

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Background:

Global Field Epidemiology Training Programs, the Training Programs in Public Health Interventions Network (TEPHINET), and the American CDC Epidemic Intelligence Service (EIS) programs are the premier training programs for epidemiology and evidence-based healthcare research in the developing world. They concentrate almost exclusively on observational epidemiology. Fields of health services research that concentrate on interventions such as randomized controlled trials or operations research are seldom taught and neither the CDC EIS Program nor TEPHINET have training modules in interventional epidemiology (nor economics). We believe this is a mistake; unless interventions are taught and subsequently performed, health and healthcare are not improved. We analyzed the oral presentations of the 2015 EIS Conference (2015 EISC) and the 2015 TEPHINET Conference (2015 TEPHINETC) to determine how frequently interventions were performed.

Methods:

Three reviewers read abstracts. Two reviewers read the 2015 EISC and two the 2015 TEPHINETC. Abstracts were judged to have had an intervention or not and, if so, whether the principal intention was to present an intervention ("primary intervention") or, if the intervention followed a nonintervention epidemiology investigation, a "secondary intervention." Abstracts were then graded by whether the presenters called for an intervention to be done or not ("intervention needed"). Discrepancy in scoring was resolved by discussion.

Results:

Neither book contained the words "randomized controlled trial," "operations research" or "operational research." The 2015 TEPHINETC contained 126 presentations, of which 28 (22.2%) contained an intervention (three primary, 2.4%; 25 secondary, 19.8%). Eighty-five abstracts (67.5%) called for an intervention to be done. The 2015 EISC contained 103 presentations but we have been able to read to date only 61. Of these, 11 (18.0%) contained an intervention (three primary, 4.9%; 8 secondary, 13.1%). Thirty abstracts (49.2%) called for an intervention to be done.

Conclusions:

FETPs, CDC, and TEPHINET do not emphasize intervention epidemiology. While the need for an intervention is highlighted by CDC and FETP authors, it is unclear who will do those or if they will be done. We believe FETP and CDC EIS training programs should be revised to emphasize interventional epidemiology (and economics)

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