

Abstract

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

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## Abstract

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**Background:** Field Epidemiology Training Programs, TEPHINET, and the CDC EIS Program concentrate almost exclusively on nonintervention epidemiology. Fields of health services research that concentrate on interventions such as randomized controlled trials or operations research are seldom taught. We believe this is a mistake; unless interventions are 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.

**Objective:** To determine the frequency that authors perform interventions.

**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 noninterventional 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 set of abstracts 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:** 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 intervention epidemiology.

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