Leading Causes of Death, Prevalence of Diseases and Risk Factors, and Use of Health Services Among Hispanics in the United States

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Disclaimers

- The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry.
- We have no conflicts of interest related to this presentation.

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Vital Signs: Leading Causes of Death, Prevalence of Diseases and Risk Factors, and Use of Health Services Among Hispanics in the United States — 2009–2013

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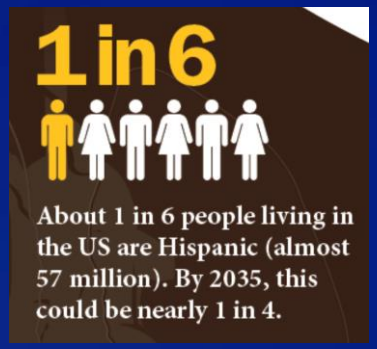
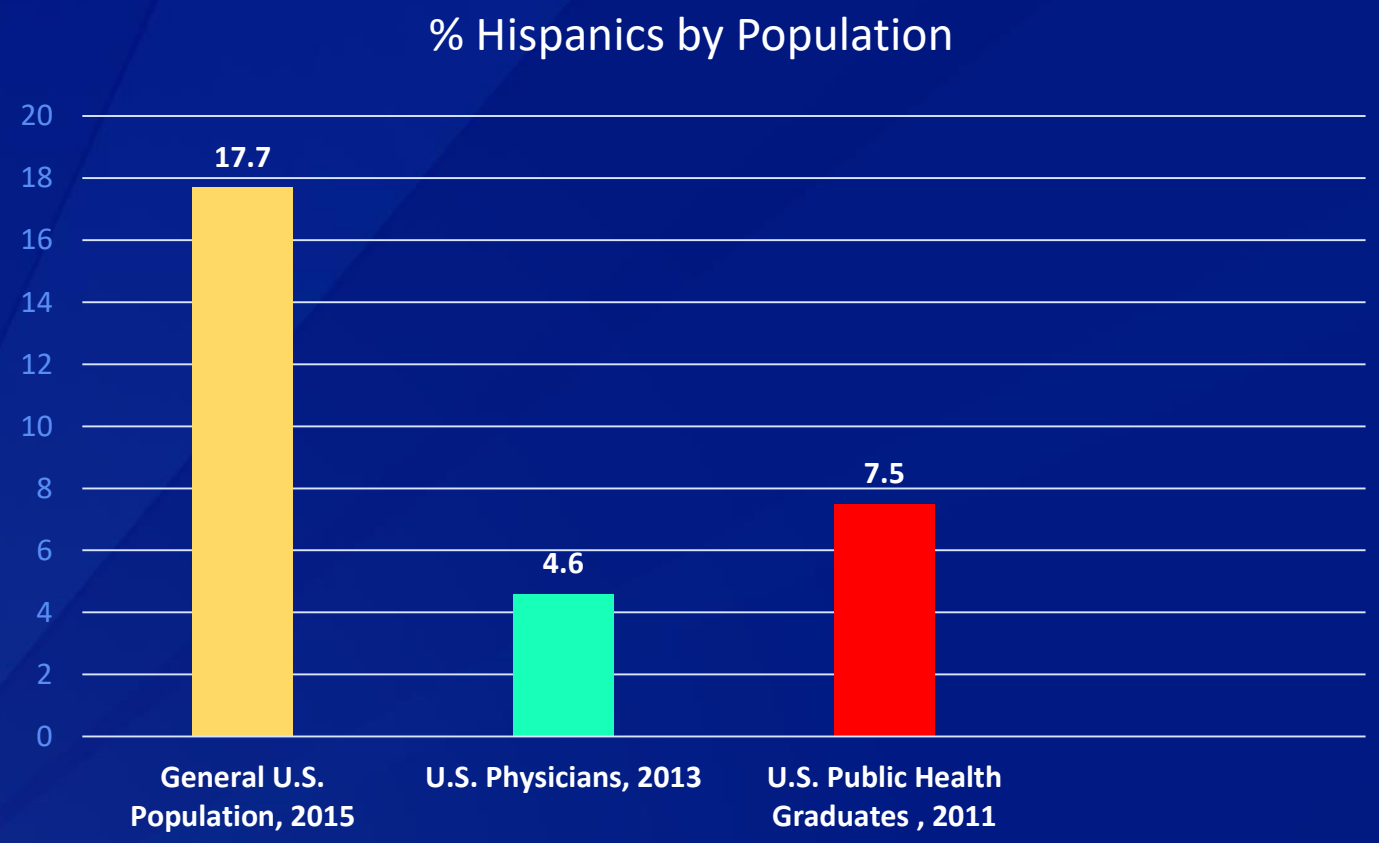
Introduction

- Hispanics estimated to represent about 1 in 6 people (2015) & 1in 4 people (2035) in the U.S.
- Largest racial/ethnic minority population in U.S.
- Hispanic Community Health Study in four cities in U.S. - shows key differences by Hispanic origin and other factors.
- Published national health estimates by Hispanic origin and nativity are lacking.



(1): Hispanic community health study/study of Latinos data book: a report to the communities. Bethesda, MD: National Institutes of Health; 2013. NIH Publication No. 13–7951.

Hispanics Severely Underrepresented in Fields of Medicine and Public health

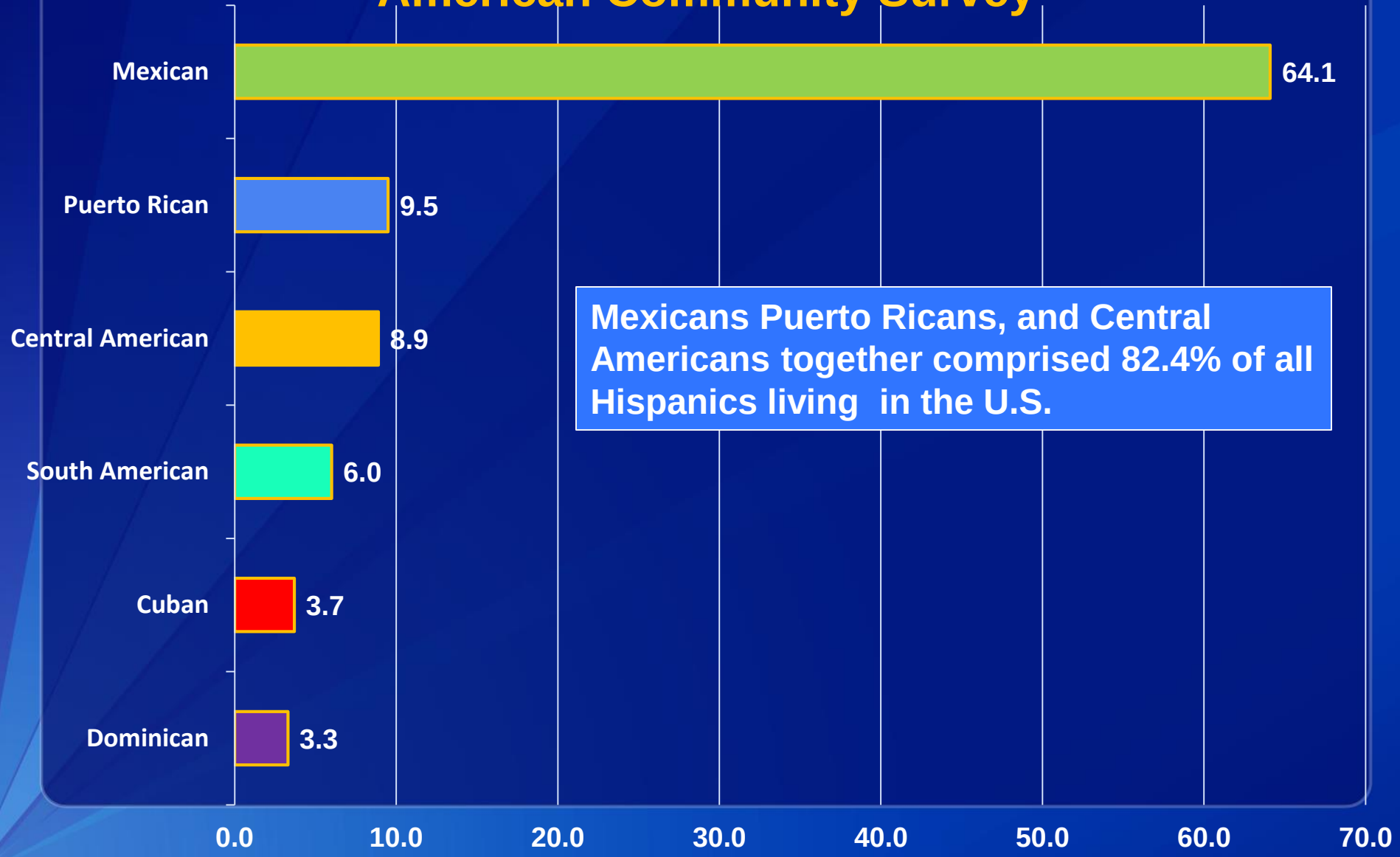


1. Association of American Medical Colleges. Table 2: US physicians by race, ethnicity, and sex 2009–2011. Available at http://aamcdiversityfactsandfigures.org/section-iv-additional-diversity-data/#tab2 .
2. Association of Schools of Public Health. Association of Schools of Public Health Annual Report 2011.

Purpose/Methods

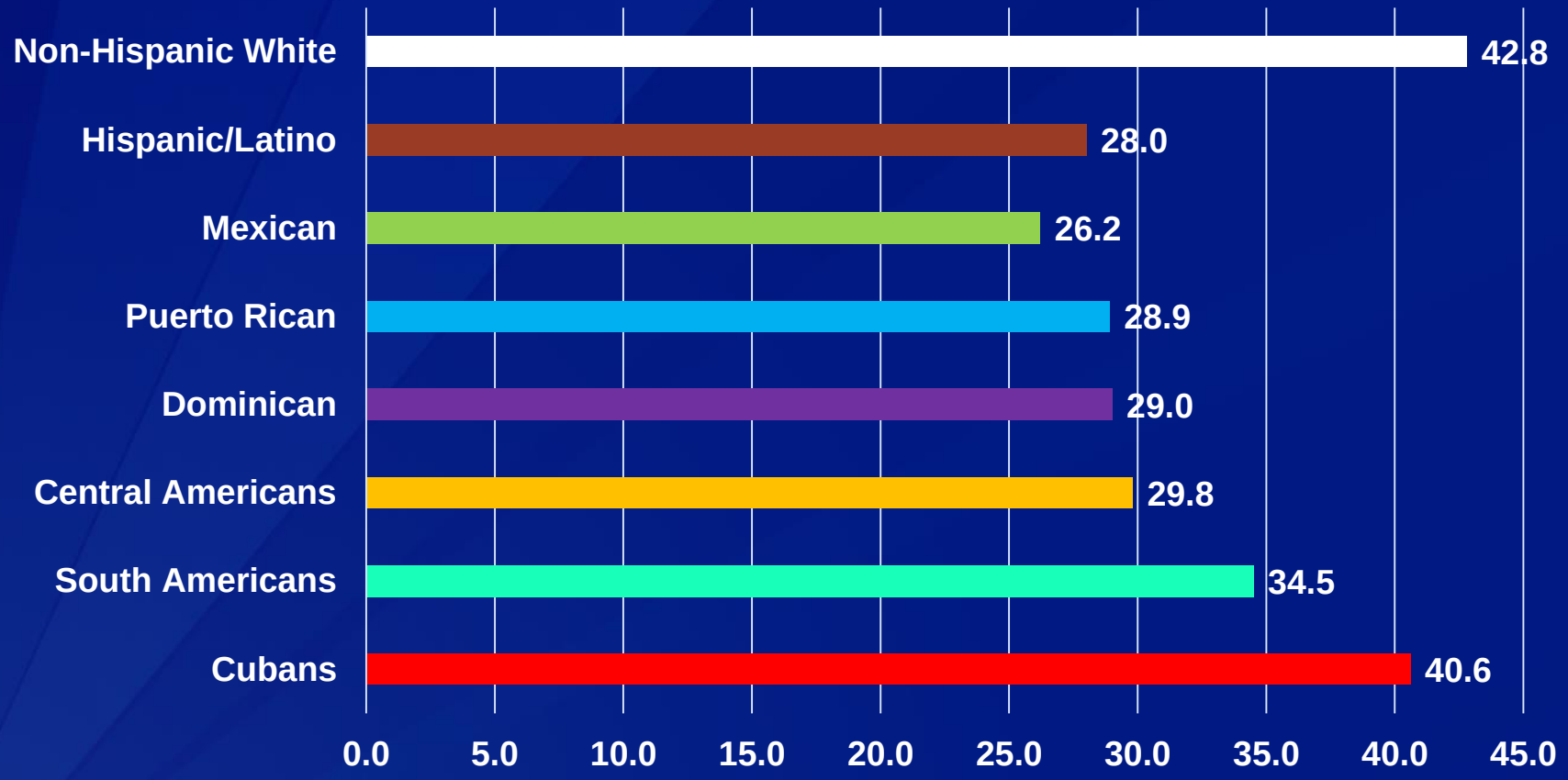
- **Purpose: Nationally representative study of causes of death, prevalence of disease and risk factors, and use of health services**
- **Methods:**
  - Compared Hispanics, Hispanic subgroups, and non-Hispanic whites by nativity and sex (where possible)
  - Ages 18-65 during 2009-2013 (unless otherwise specified)
  - Socio-demographics – American Community Survey (Census)
  - Leading causes of death – National Vital Statistics System (CDC)
  - Disease prevalence and risk factors– National Health Interview Survey and National Health Examination and Nutrition Survey (CDC)
  - Use of health services – National Health Interview Survey (CDC)

Percentage of Hispanic/Latino Population by Hispanic Origin Subgroup, United States, 2013, American Community Survey



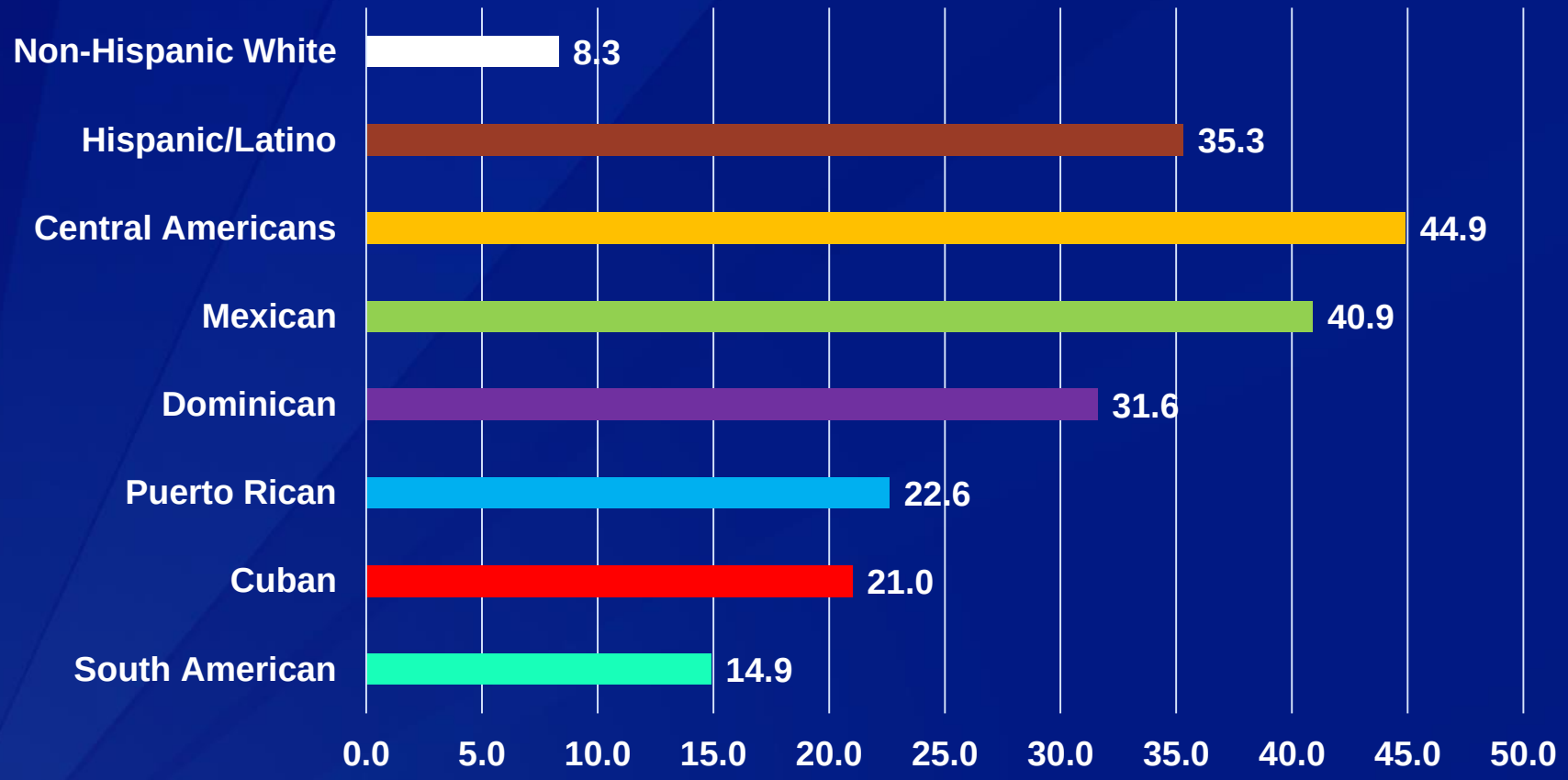
Mexicans Puerto Ricans, and Central Americans together comprised 82.4% of all Hispanics living in the U.S.

Median Age (years) of Hispanics by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2013, American Community Survey



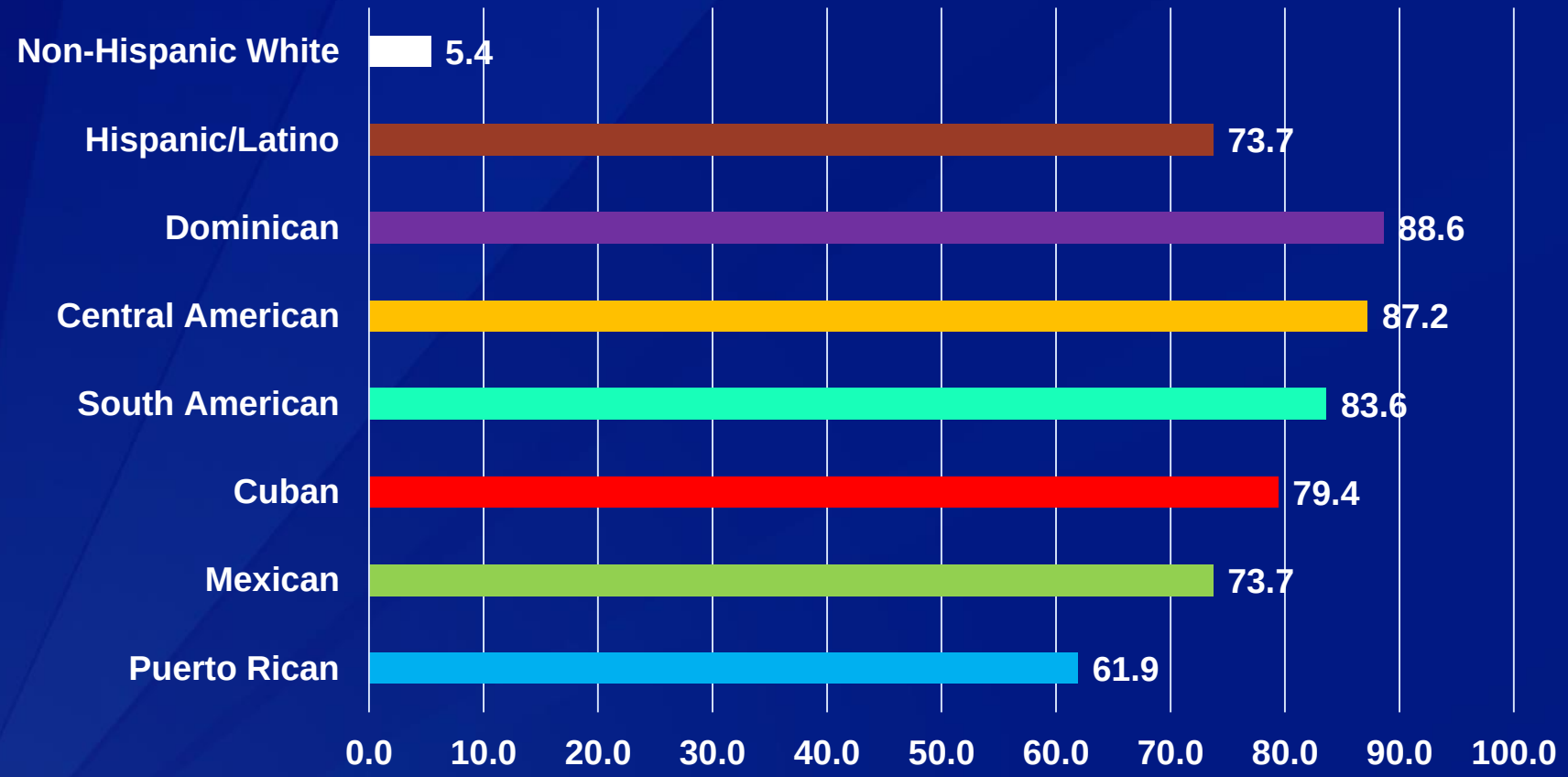
Hispanics were on average 15 years younger than non-Hispanic whites

Percentage with less than a High School Diploma of Hispanics by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2013, American Community Survey



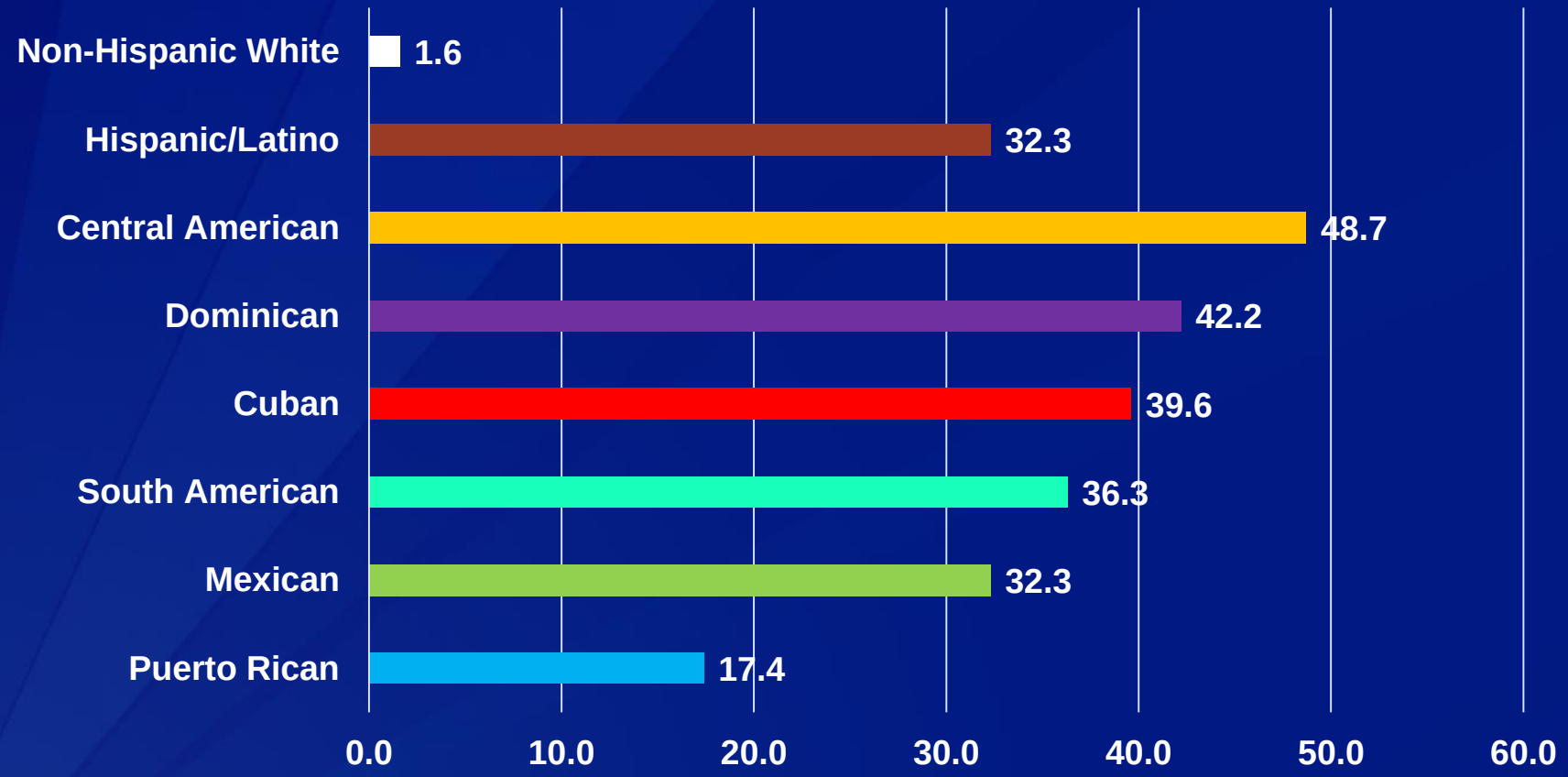
Hispanics were about 4 times as likely as non-Hispanic whites not to have completed high school

Percentage with Language other than English Spoken at Home among Hispanics by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2013, American Community Survey



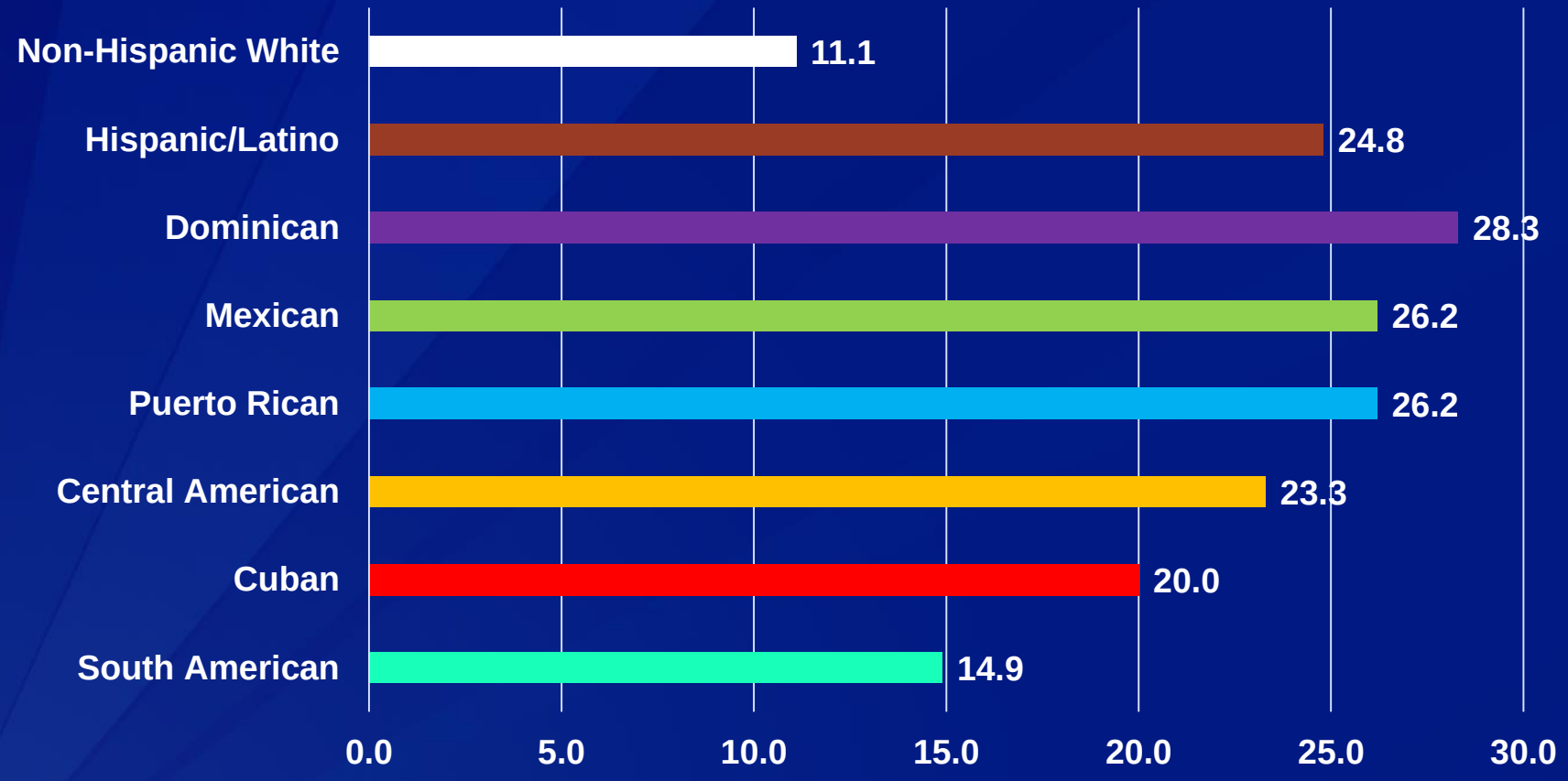
Hispanics were almost 14 times as likely to have a language other than English spoken at home compared with non-Hispanic whites

Percentage who speak English less than very well among Hispanics by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2013, American Community Survey



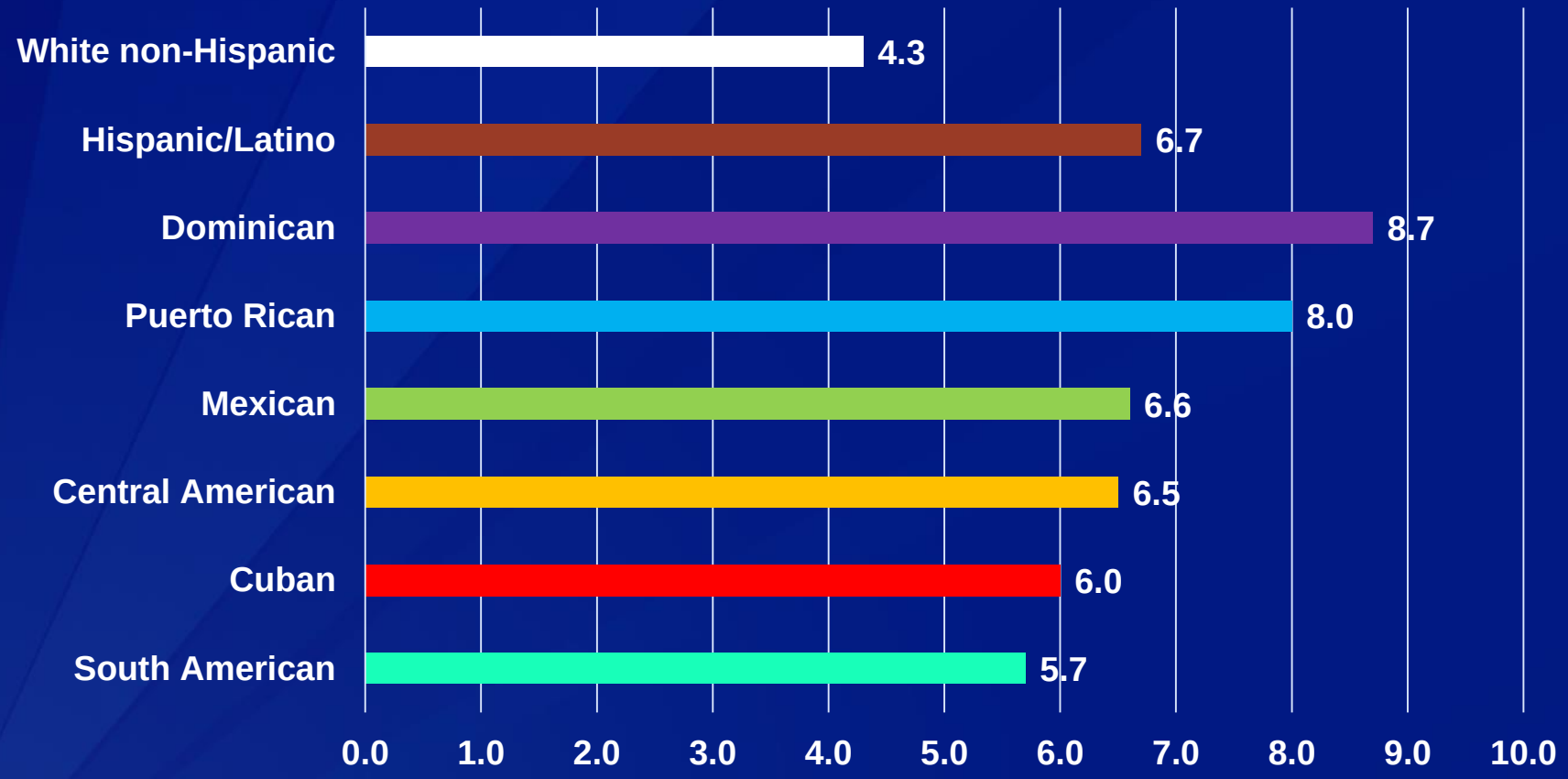
Hispanics were about 20 times as likely to speak English less than very well compared with non-Hispanic whites

Percentage Living below the Poverty Line among Hispanics by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2013, American Community Survey



Hispanics were about twice as likely to live below the poverty line compared with non-Hispanic whites

Percentage Unemployed among Hispanics by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2013, American Community Survey



Hispanics were 1.6 times as likely to be unemployed compared with non-Hispanic whites

Summary of Results: Socio-demographics

Among Hispanics living in the US:

- Mexicans, Puerto Ricans, and Central Americans represent 82.4% (64%, 9.5%, and 8.9% , respectively) of Hispanics in the US.
- About 1 in 3 has not completed high school (non-Hispanic whites [NHWs]-about 1 in 10);
- About 1 in 4 lives below the poverty line (NHWs –about 1 in 10)
- About 1 in 3 does not speak English well (NHWs-about 2 in 100)

Results - Leading Causes of Death (LCOD) in U.S.

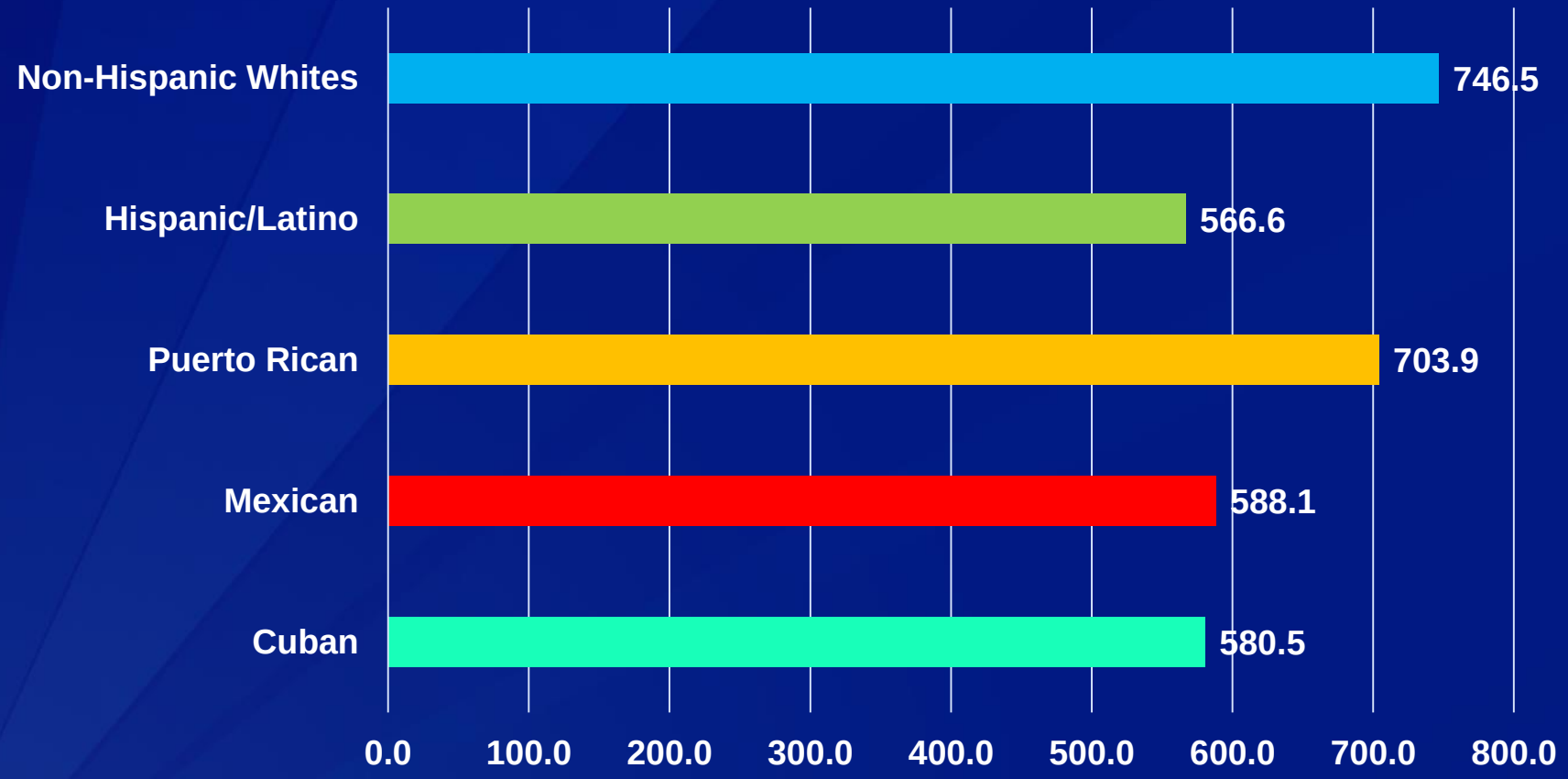
- Cancer and heart disease - first two LCOD of death for Hispanics and non-Hispanic whites (NHWs) (2 in 5 deaths)
- Cancer is first LCOD in Hispanics, heart disease in NHWs
- Hispanic death rates for 7 of 10 LCOD lower than NHWs (#1,2,3,4,7,8,9). Similar death rates for kidney disease (#10).
- Hispanic death rates higher than NHWs for diabetes and chronic liver disease & cirrhosis (#5, 6).

Differences in the 10 leading causes of death, NON-HISPANIC WHITES vs HISPANICS

	Non-Hispanic Whites		Hispanics
1	Heart Disease	1	Cancer
2	Cancer	2	Heart Disease
3	Chronic Lower Respiratory Diseases	3	Unintentional Injuries
4	Unintentional Injuries	4	Stroke
5	Stroke	5	Diabetes
6	Alzheimer's Disease	6	Chronic Liver Disease & Cirrhosis
7	Diabetes	7	Chronic Lower Respiratory Diseases
8	Influenza & Pneumonia	8	Alzheimer's Disease
9	Suicide	9	Influenza & Pneumonia
10	Kidney Diseases*	10	Kidney Diseases*

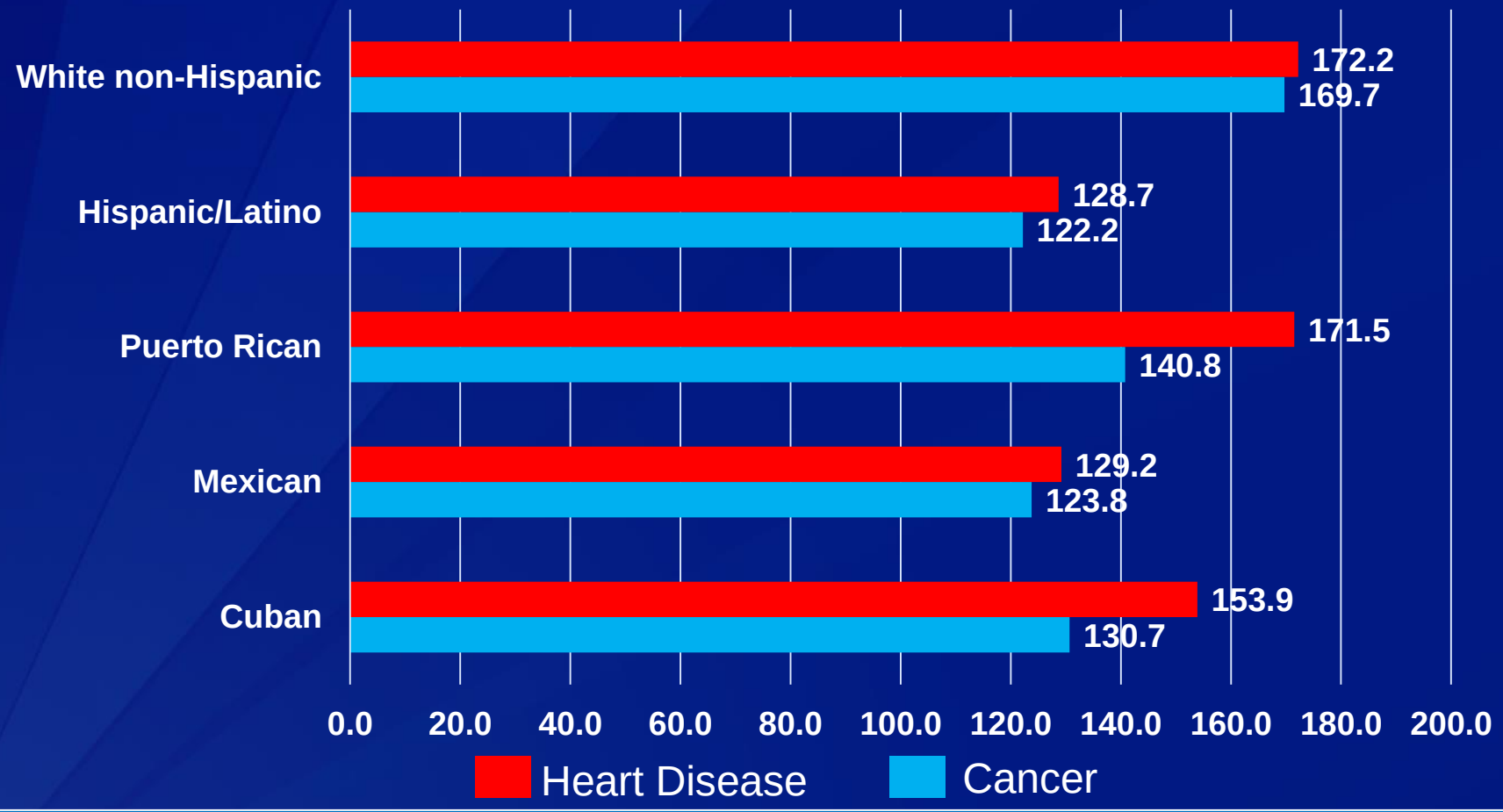
*Types of kidney diseases–Nephritis, Nephrotic Syndrome & Nephrosis

All Cause Mean Age-Adjusted Death Rates (per 100,000) among Hispanics by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2013, Vital Statistics Cooperative Program



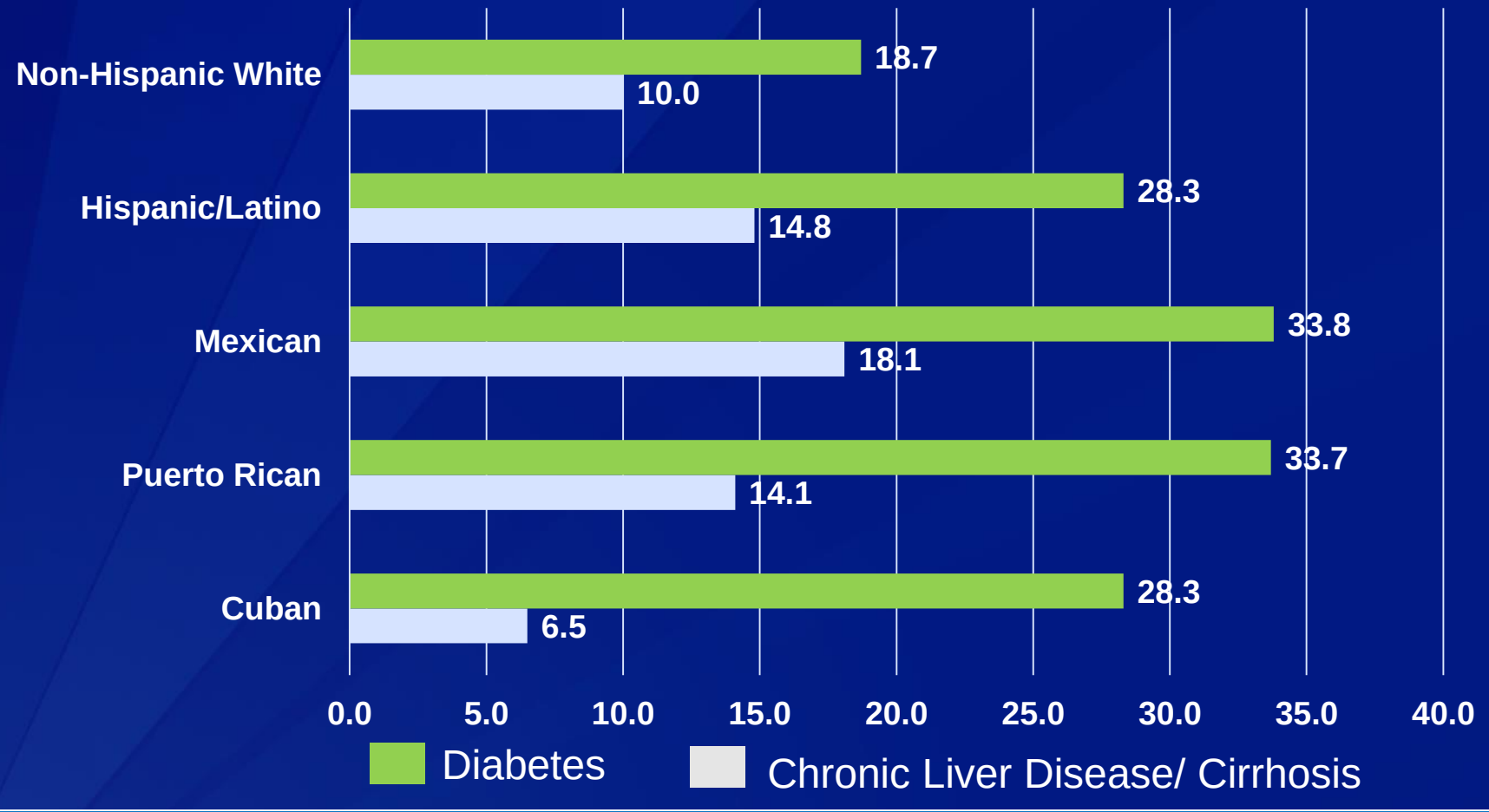
The overall Hispanic all-cause mortality rate was 24% lower than for non-Hispanic whites. However, the all-cause mortality rate for Puerto Ricans was 20% higher than for Mexicans and Cubans and only 6% lower than for non-Hispanic whites

Mean Age-Adjusted Death Rates (per 100,000) for Cancer and Heart Disease among Hispanics by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2013, Vital Statistics Cooperative Program



Non-Hispanic whites had greater death rates from heart disease and cancer than Hispanics overall. Puerto Ricans had similar death rates from heart disease as non-Hispanic whites and higher death rates from cancer than Mexicans and Cubans.

Mean Age-Adjusted Death Rates (per 100,000) for Diabetes Mellitus and Chronic Liver Disease/Cirrhosis among Hispanics by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2013, Vital Statistics Cooperative Program



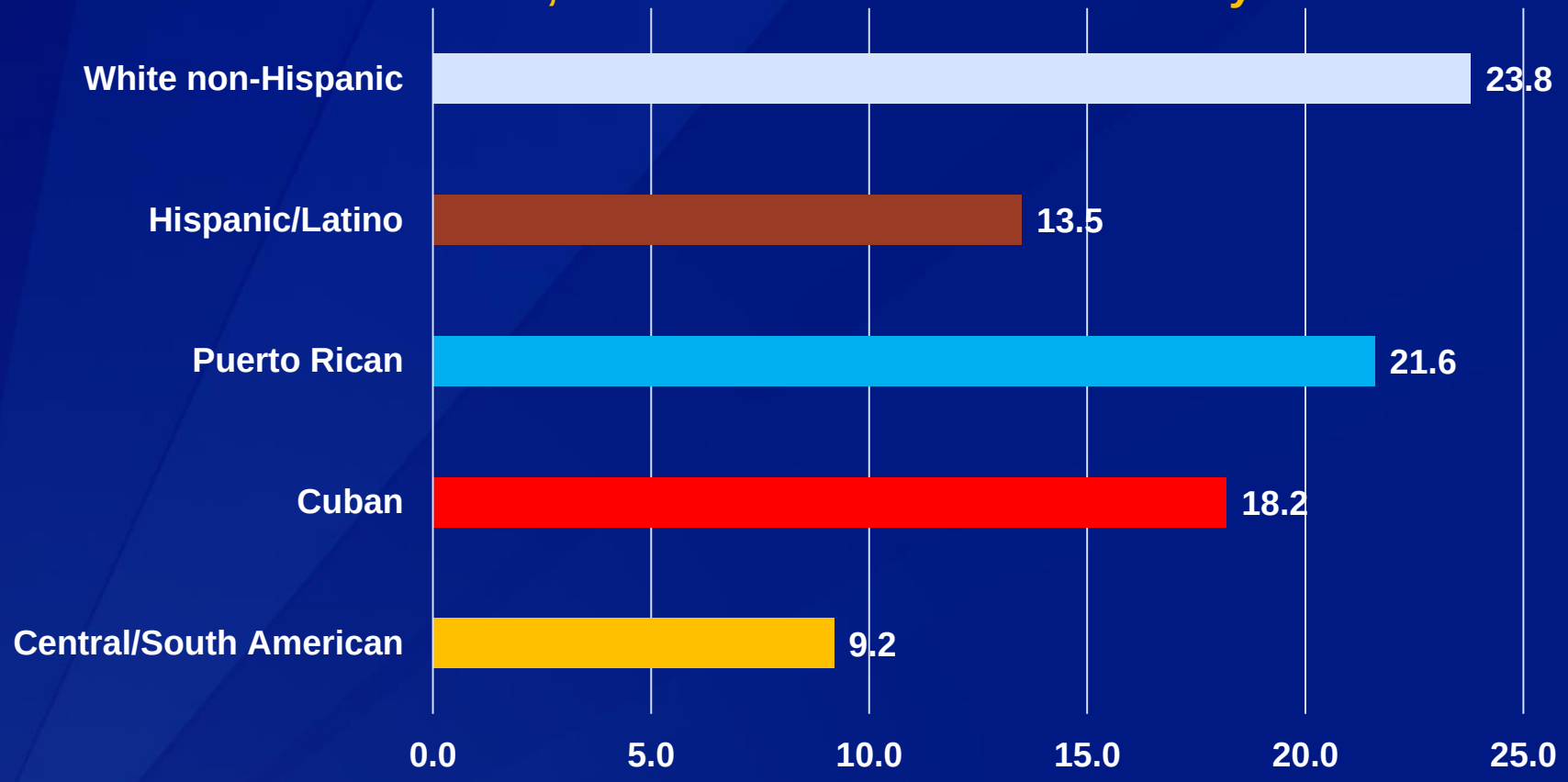
Hispanics had about 50% greater death rates from both diabetes and chronic liver disease/cirrhosis than non-Hispanic whites.

Mexicans and Puerto Ricans had about 80% and 40% greater death rates, respectively, from chronic liver disease/cirrhosis than non-Hispanic whites.

Disease Prevalence and Health Care Utilization - Key Differences between Hispanics and non-Hispanic Whites

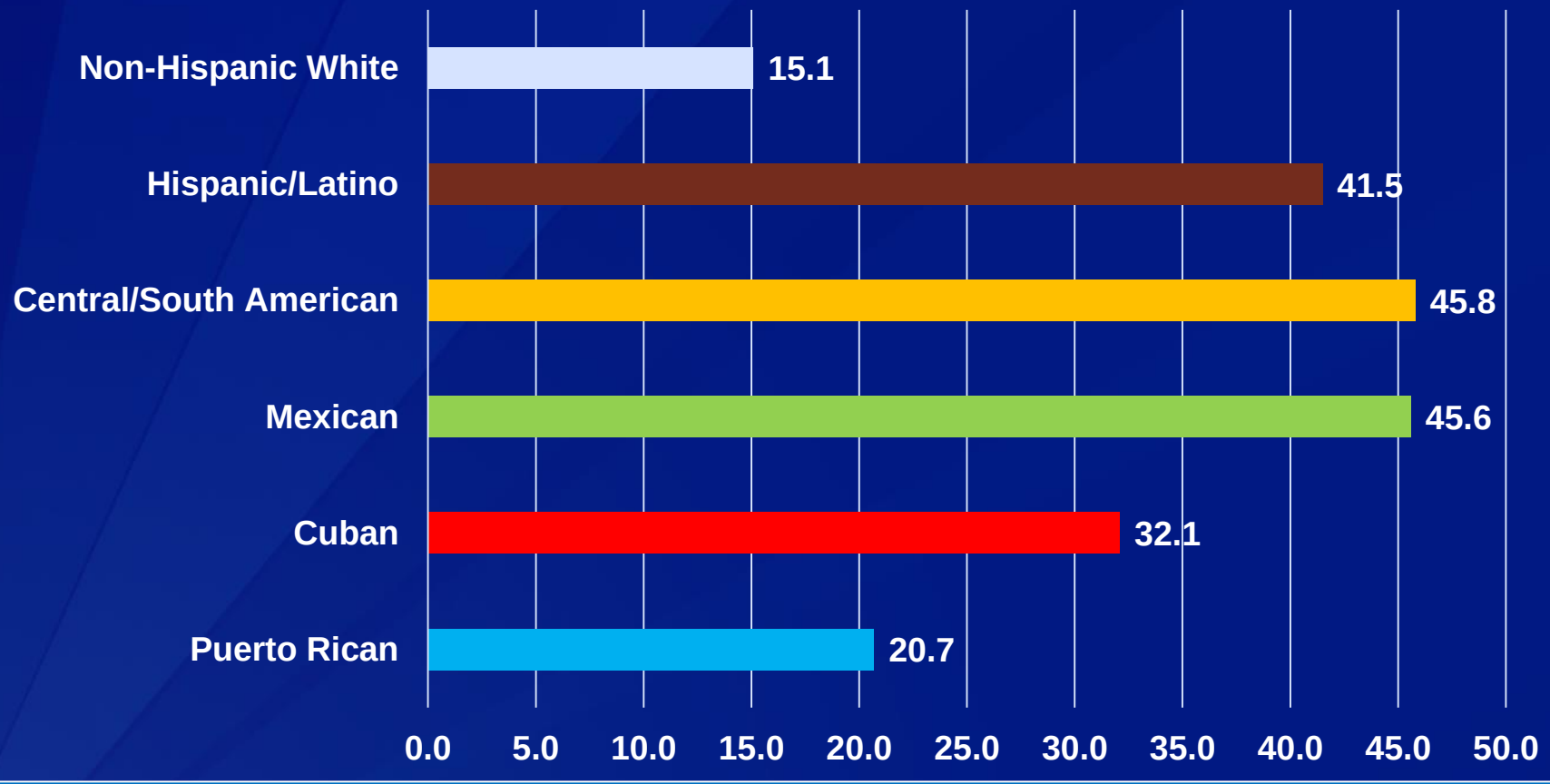
- Hispanics had lower self-reported prevalences of cancer (↓49%) & heart disease (↓ 35%), but showed higher diabetes prevalence (↑ 133%).
- Hispanics less often reported smoking (↓ 43%), but showed a higher prevalence of obesity (↑23%).
- Hispanics were 28% less likely to report having had recommended colorectal cancer screening.
- Hispanic women were 7% less likely to report having had recommended screening for breast cancer (mammogram) and cervical cancer (Pap test).

Prevalence (%) of Current Cigarette Smoking among Hispanics, age 18 – 64 years, by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2009-2013, National Health Interview Survey



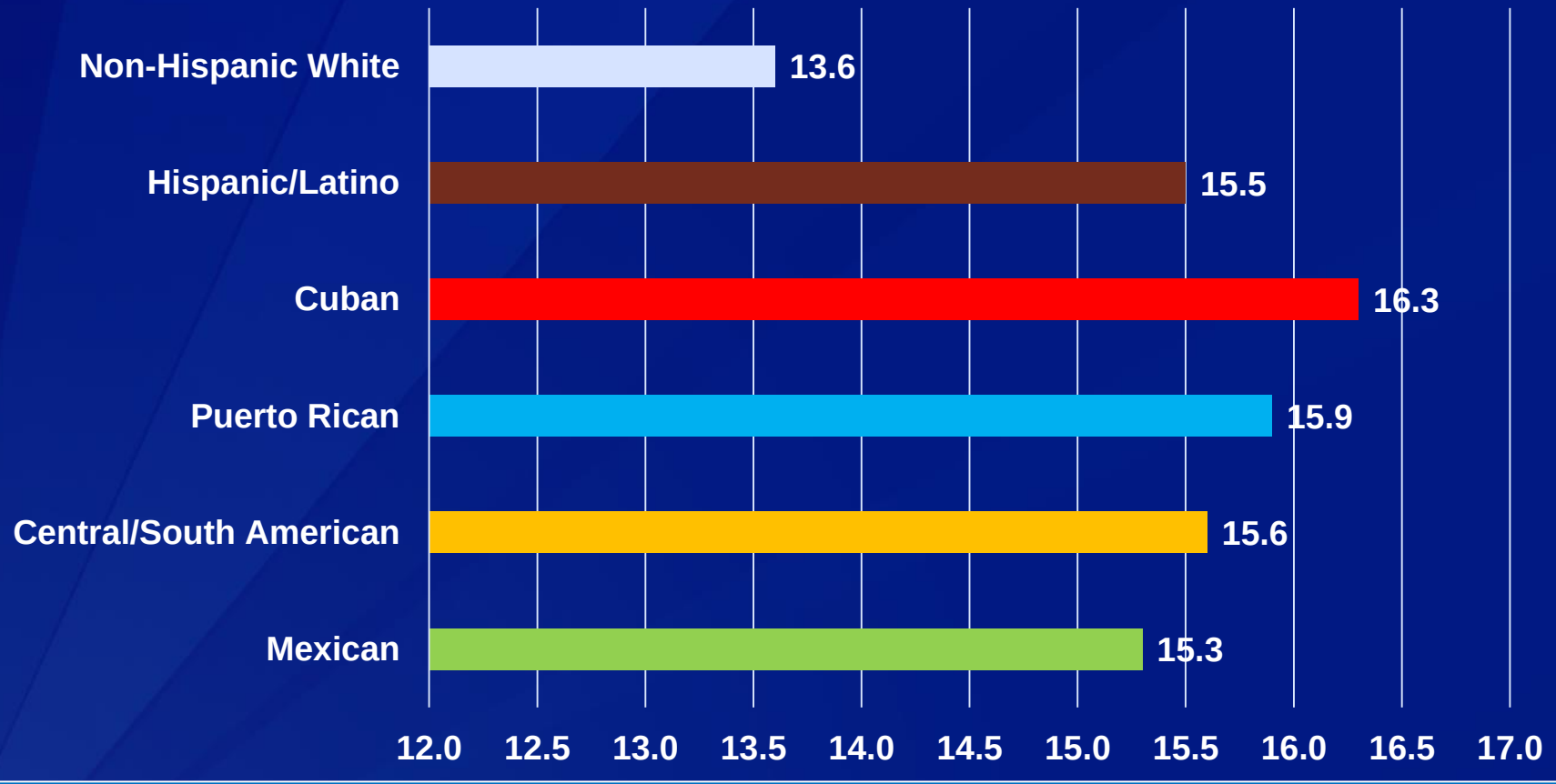
Hispanics overall were on average 57% as likely as white non-Hispanics to report being cigarette smokers. However, Puerto Ricans were equally as likely as non-Hispanic whites to report being cigarette smokers. Cubans were *statistically* as likely as Puerto Ricans (but not as likely as non-Hispanic whites) to report being smokers.

Prevalence (%) of Lack of Health Insurance among Hispanics, age 18 – 64 years, by Hispanic Origin Subgroup and of non-Hispanic Whites, United States, 2011-2013, National Health Interview Survey



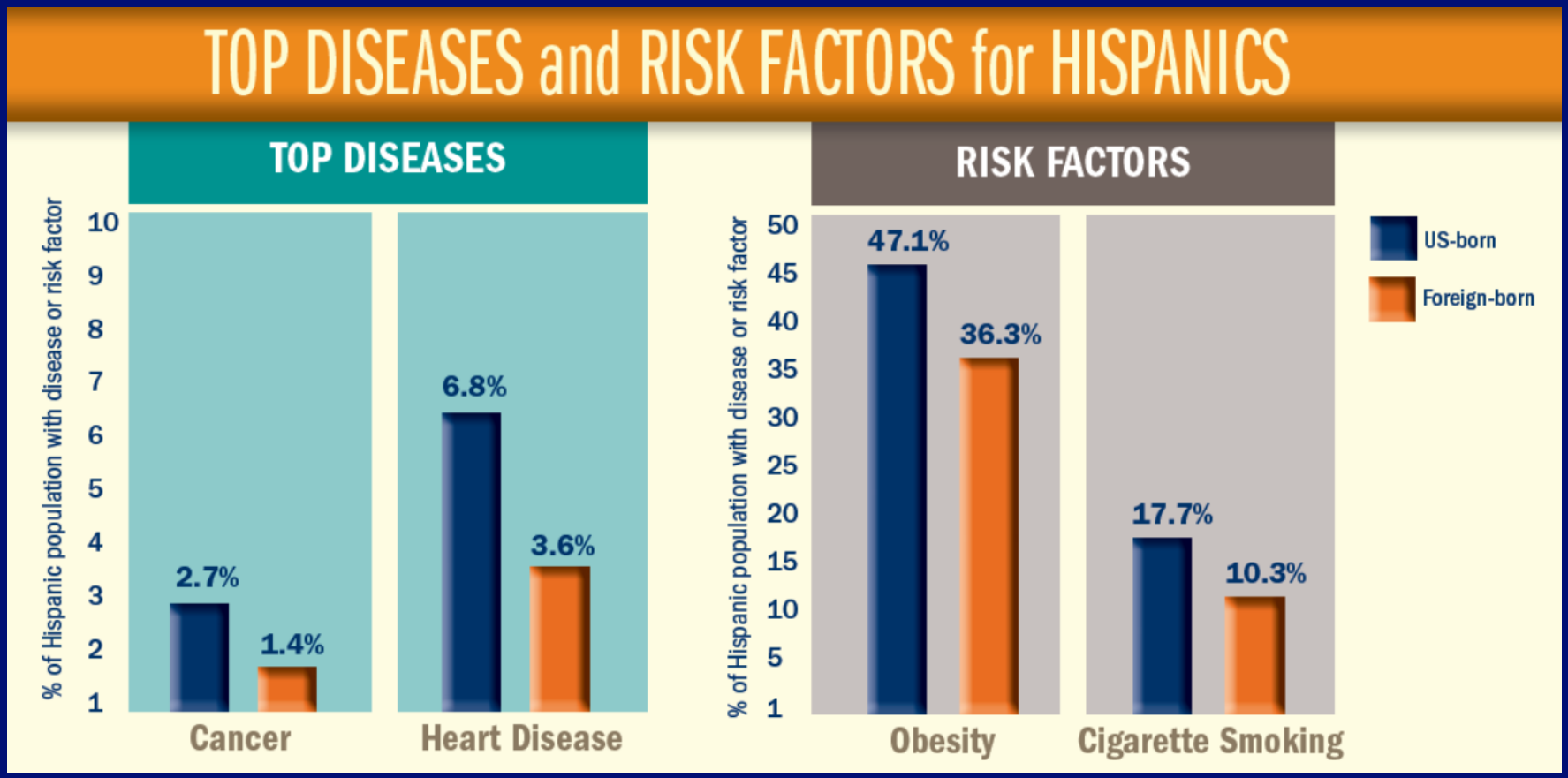
Overall, Hispanics were on average nearly 3 times as likely to report lack of health insurance compared with non-Hispanic whites. Central Americans/South Americans (combined) and Mexicans were about 2 times as likely to report not having health insurance compared with Puerto Ricans.

Prevalence (%) of Delay or Nonreceipt of Needed Medical Care during the past 12 months because of Cost among Hispanics by Hispanic Origin Subgroup and among non-Hispanic Whites, age 18 – 64 years, U.S., 2009-2013, National Health Interview Survey



Hispanics overall had a slightly higher prevalence of self-reported delay or nonreceipt of medical care during the past 12 months, compared with non-Hispanic whites. Hispanic origin subgroups had statistically similar prevalences of self-reported delay or nonreceipt compared with one another.

Prevalences of selected diseases and risk factors among US-born and Foreign-born Hispanics



SOURCES: National Health Interview Survey, 2009-2013, National Health and Nutrition Examination Survey, 2009-2012.

Liver Cancer and Infectious Agents

- **Chronic hepatitis B virus (HBV) infection strongly associated with cirrhosis and liver cancer[1]**

- **In 2013, the age-adjusted death rate from viral hepatitis was 1.7-fold in Hispanics vs. non-Hispanic whites in the U.S. (3.2/100,000 vs. 1.9/100,000, respectively)[2]**

- **In 2014, HBV vaccination coverage (≥ 3 doses) for Hispanics significantly < non-Hispanic whites (23.7% vs. vs. 35.2%)[3]**

1. Donato F. et al. *Int J Cancer* 1998; 75 (3): 347-354.
2. National Center for Health Statistics. Deaths: Final Data for 2013. *National Vital Statistics Report*. 2013 http;//www.cdc.gov/nchs/data_access/vitalstatisticsonline.htm
3. Williams et al. *MMWR* 2015; 64:95-102.

Discussion

- **Better health outlook for all Hispanics combined compared with white non-Hispanics despite many social factors that present barriers to health - termed "Hispanic Paradox" (1).**

- **Hispanic paradox is partly explained by lower Hispanic smoking rates, migration to the US of healthy immigrants, and reverse migration of elderly or sick Hispanics (2)(3).**

(1) Palloni. Et al. Demography 2004; (2) Blue, et al. Int. J Epid (2011) ; (3) Singh, et al. Scientific World J 2013.

Discussion

- **The following findings in Hispanics may be interrelated (1):**
  - elevated death rates from diabetes and chronic liver disease
  - elevated obesity prevalence
  - positioning of cancer as the first leading cause of death.

(1) Palloni. Et al. Demography 2004; (2) American Cancer Society. Cancer Facts & Figures for Hispanics/Latinos 2012-2014. Atlanta: American Cancer Society, 2012

Discussion

- **Potential causes of elevated deaths from chronic liver disease in Hispanics:**
  - Higher deaths from and lower vaccination for Hepatitis B virus infection
  - Higher prevalence of binge drinking of alcohol
  - Higher levels of obesity
  - Overdose of liver toxic drugs

- **Effects from any of these potential causes can be additive**

(1) Palloni. Et al. Demography 2004; (2) American Cancer Society. Cancer Facts & Figures for Hispanics/Latinos 2012-2014. Atlanta: American Cancer Society, 2012

(2) Los Angeles County Department of Public Health. Office of Health Assessment and Epidemiology. Disparities in Deaths from Chronic Liver Disease and Cirrhosis. June 2012

Obesity associated with Type 2 Diabetes and Cancer

- **Chronic obesity is associated with nonalcoholic fatty liver disease, morphologic changes to liver cells, and liver cancer.**

- **Chronic obesity is also associated with elevated levels of Type 2 diabetes due to effects of fat on pancreatic islet cells that produce insulin.**

1. Gallagher EJ, LeRoith D. Epidemiology and molecular mechanisms tying obesity, diabetes, and the metabolic syndrome with cancer. *Diabetes Care* 2013;36(Suppl 2):S233–9.

Key Health Messages for Hispanics related to findings from Hispanic *Vital Signs*

http://www.cdc.gov/minorityhealth/promotores.html

IEIDC - Hispanic Vital Signs - Ken Dominguez 8 23 2015 - PowerPoint

http://www.cdc.gov/minorityhealth/promotores.html

CDC - Promotores d...

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Minority Health

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- Health Equity Matters E-Newsletter
- Conversations in Equity Blog
- Observances
- CDC Health Disparities & Inequalities Report
- Executive Orders & Initiatives
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- Programs
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    - Definitions
    - American Indian/Alaska Native
    - Asian American
    - Black or African American
    - Hispanic or Latino
    - **Promotores de Salud / Community Health Workers**
    - Native Hawaiian & Other Pacific Islander
  - Others At Risk
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Related Resources

Office of Women's Health (OWH)

Minority Health > Populations > Racial & Ethnic Minorities

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Promotores de Salud / Community Health Workers

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What are *Promotores de salud*?
"Promotores de salud", also known as "promotoras", is the Spanish term for "community health workers". The Hispanic community recognizes *promotores de salud* as lay health workers who work in Spanish-speaking communities.

Promotora Capacity Building through Federal Government

U.S. Department of Health & Human Services (HHS)

HHS Promotores de Salud Initiative

The goals of the HHS Promotores de Salud / Community Health Workers Initiative are to:

- Recognize the important contributions of promotores in reaching vulnerable, low-income and underserved members of Latino/Hispanic populations, and
- Promote the increased engagement of promotores to support health education and prevention efforts and access to health insurance programs.

Vital Signs, Hispanic Health

September 15th - October 15th

Hispanic/Latino Heritage Month!

October 15th

National Latino AIDS Awareness Day!

Strategies

SLIDE 3 OF 35 NOTES COMMENTS 47%

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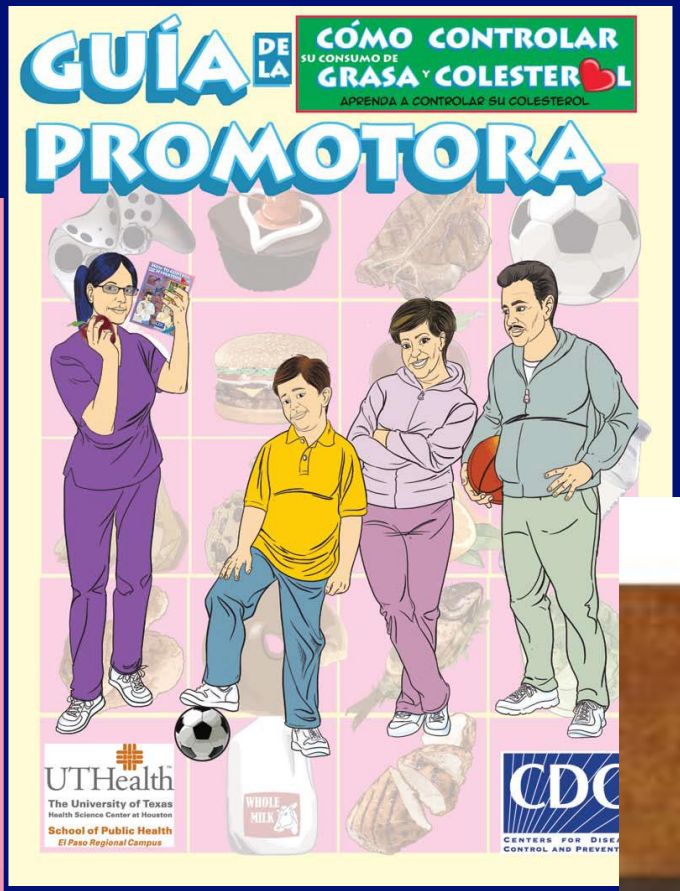
http://www.cdc.gov/minorityhealth/promotores.htm



Chronic Liver Diseases and Liver Cancer Prevention

- **Prioritize messaging around following liver health related public health education topics in Hispanic communities;**
  - Get vaccinated for HBV and screened for HCV
  - Avoid drinking alcohol, but for those who choose to drink, drink in moderation, that is < 1 drink/day for women and < 2 drinks/day for men
  - To decrease risk of chronic fatty liver disease due to obesity, exercise at a brisk rate at least 30 minutes per day
  - Follow directions on medication bottles and as directed by your physician to avoid damage to your liver

http://www.cdc.gov/hepatitis/hbv/pdfs/hepbgeneralfactsheet_sp.pdf

HEPATITIS B

Información general

¿Quién está en riesgo?

A pesar de que cualquiera puede

¿Qué es la hepatitis?

"Hepatitis" significa inflamación del hígado. El hígado es un órgano vital que procesa los nutrientes, filtra la sangre y combate infecciones. Cuando el hígado está inflamado o dañado, su función puede verse afectada.

En la mayoría de los casos, la hepatitis es provocada por un virus. En los Estados Unidos, los tipos más comunes de hepatitis viral son hepatitis A, hepatitis B y hepatitis C. El consumo excesivo de alcohol, las toxinas, algunos medicamentos y determinadas afecciones médicas también pueden causar hepatitis.

¿Qué es la hepatitis B?

La hepatitis B es una enfermedad del hígado que es contagiosa y resulta de la infección por el virus de la hepatitis B. Cuando una persona se infecta, puede desarrollar una infección "aguda," que puede variar en gravedad de una enfermedad muy leve con pocos o ningún síntoma a una afección grave que requiere hospitalización. La hepatitis B **aguda** se refiere a los primeros seis meses después de que alguien ha estado expuesto al virus de la hepatitis B. Algunas personas pueden combatir la infección y eliminar el virus. En otras, la infección permanece y da lugar a una enfermedad "crónica" o de por vida. La hepatitis B **crónica** se refiere a la enfermedad que ocurre cuando el virus de la hepatitis B permanece en el cuerpo de la persona. Con el tiempo, la infección puede causar problemas graves de salud.

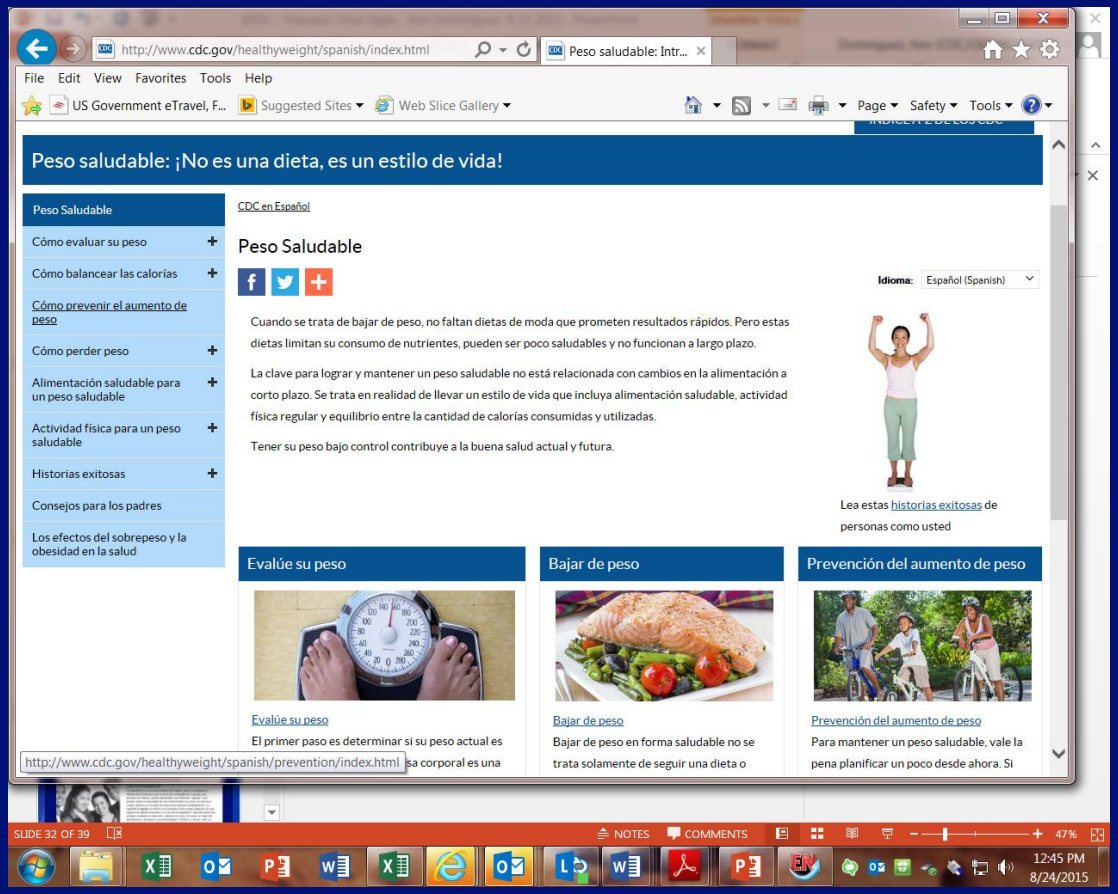
La mejor forma de prevenir la hepatitis B es a través de las vacunas.

http://www.cdc.gov/vitalsigns/alcohol-poisoning-deaths/index.html

Obesity Prevention

- **Eat more fruits and vegetables and fewer foods high in fat and sugar.**
- **Drink more water instead of sugary drinks.**
- **Limit TV watching to less than 2 hours a day; avoid a television in the bedroom**
- **Promote policies and programs at school, at work, and in the community that make the healthy choice the easy choice.**
  - Market – request fruits and vegetables be displayed front
  - Vending machines in parks and schools – ban sugary beverages and other sugary snacks
  - Provide safe areas to exercise in the neighborhood or to plant vegetable gardens
- **Try going for a 10-minute brisk walk, 3 times a day, 5 days a week.**
  - Provide safe zones to exercise in the neighborhood

http://www.cdc.gov/healthyweight/spanish/index.html



http://www.cdc.gov/diabetes/library/socialmedia/infographics.html

http://www.cdc.gov/diabetes/ndep/pdfs/19-road-to-health-flipchart-spanish.pdf

Smoking Prevention

- Ban advertisements for smoking targeting minority youth from minority neighborhoods
- Target young Hispanics at highest risk for smoking cessation activities in schools

- **Smoking is linked to 2 of every 10 deaths in the United States:**
  - If you don’t smoke, don’t start!
  - If you smoke, get help to quit smoking!
  - See: www.espanol.smokefree.gov or http://smokefree.gov/

Limited English Proficiency

- **Encourage interventions to reduce barriers to health associated with limited English proficiency**
  - Use of interpreters
  - Use of promotores de salud
  - Promoting a pipeline Hospital staff reflect the racial/ethnic cultural diversity of the community it serves
  - Health education materials in English and Spanish
  - Labeling of medication dosing instructions in English and Spanish in both over-the-counter and prescribed medications

Improving representation of Hispanic/Latinos and other key variables in Public Health Databases

- **Hispanic/Latinos should always be reported as a category**
- **Report Hispanic subgroup where possible based on**
  - U.S.-born vs. Foreign-born
  - Specific place of birth
  - Self reported Hispanic ethnicity especially for U.S.-born Hispanics
- **Report primary language spoken, limited English proficiency**

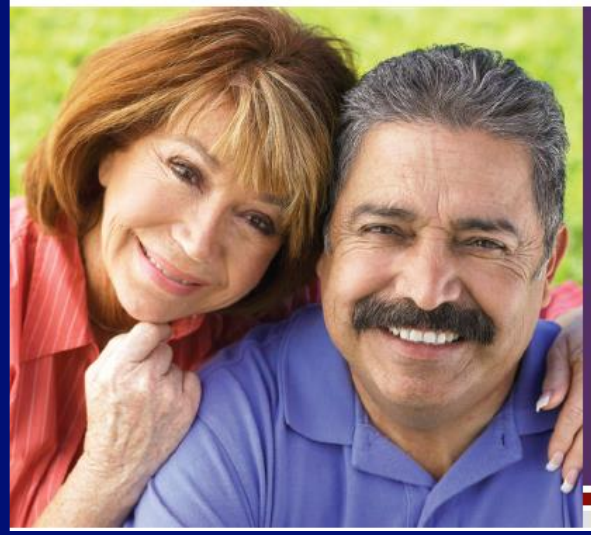
http://millionhearts.hhs.gov/Docs/4_Steps_Forward.PDF

Million Hearts™

National Alliance for Hispanic Health
www.hispanichealth.org

4 PASOS ADELANTE

Para reducir el riesgo de un ataque al corazón o un derrame cerebral



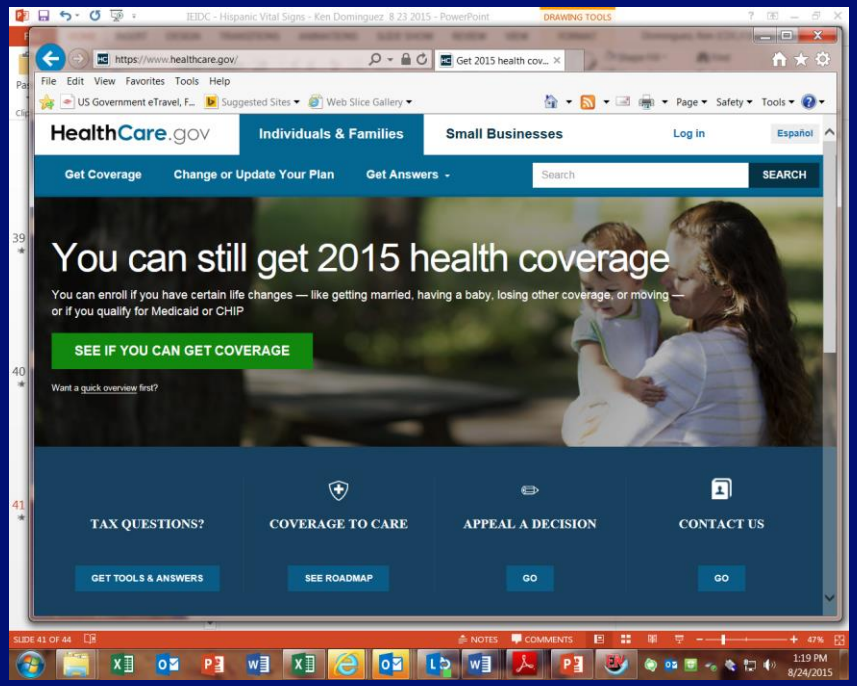
Todos los años en los Estados Unidos, las personas sufren más de **2 millones de ataques cardíacos y derrames cerebrales.** Pero, siguiendo estos 4 pasos, usted puede ayudar a reducir el riesgo y mejorar la salud de su corazón.

1. Tome aspirinas si el proveedor de servicios de salud se lo indica.
2. Controle su presión arterial.
3. Controle su colesterol.
4. No fume.

Teach newly insured how to maximize health benefits

- Dispel myths about using health insurance (differs from auto insurance)
- Teach newly insured how to use their insurance
- Understand the importance of going to the doctor both when one is ill and for the purposes of prevention

www.cuidadodesalud.gov/es/
https://www.healthcare.gov/



https://marketplace.cms.gov/technical-assistance-resources/c2c.html

CMS.gov | Health Insurance Marketplace

Centers for Medicare & Medicaid Services

Applications, Forms, & Notices | Technical Assistance Resources | Outreach & Education

Health Insurance Marketplace home > Technical Assistance Resources

From Coverage to Care

From Coverage to Care is an initiative to help people with new health care coverage understand their benefits and connect to primary care and the preventive services that are right for them, so they can live a long and healthy life. We have developed written resources, videos, and provided ways to connect with us. We encourage you to share these resources with consumers, and help them on their journey from coverage to care. We also hope you share information about local resources during your conversations, to help individuals know where and how to access care in your community.

Learn when new resources become available by signing up for notifications through our Minority Health listserv by entering your email address at https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_610.

Order From Coverage to Care materials! Instructions are on the Order From Coverage to Care Materials page.

Print your own booklets by selecting a file and changing your printer to "booklet" setting before printing. Files will print on standard 8.5x11" paper.

Resources

Enrollment Toolkit: Helping Consumers Choose the Health Plan That's Right For Them

Pub. #11909 (English)

Pub. #11838 (English) (Arabic / عربي ال) (Chinese/中文) (Haitian Creole/Kreyòl Ayisyen) (Korean/한국어) (Russian / Русский) (Spanish/Español) (Vietnamese/TIẾNG VIỆT)

Step 2 – Understand Your Health Coverage

Pub. #11839 (English) (Arabic / عربي ال) (Chinese/中文) (Haitian Creole/Kreyòl Ayisyen)(Korean/한국어)(Russian / Русский) (Spanish/Español) (Vietnamese/TIẾNG VIỆT)

Consumer Tool: Sample Insurance Card

Pub. #11818 (English) (Arabic / عربي ال) (Chinese/中文) (Haitian Creole/Kreyòl Ayisyen)(Korean/한국어) (Russian / Русский) (Spanish/Español) (Vietnamese/TIẾNG VIỆT)

Step 3 – Know Where to Go for Care

Pub. #11840 (English) (Arabic / عربي ال) (Chinese/中文) (Haitian Creole/Kreyòl Ayisyen)(Korean/한국어)(Russian / Русский) (Spanish/Español) (Vietnamese/TIẾNG VIỆT)

Consumer Tool: Differences Between Your Provider's Office and the Emergency Department

Pub. #11817 (English) (Arabic / عربي ال) (Chinese/中文) (Haitian Creole/Kreyòl Ayisyen)(Korean/한국어) (Russian / Русский) (Spanish/Español) (Vietnamese/TIẾNG VIỆT)

Step 4 – Pick a Provider

Pub. #11841 (English) (Arabic / عربي ال) (Chinese/中文) (Haitian Creole/Kreyòl Ayisyen)(Korean/한국어)(Russian / Русский) (Spanish/Español) (Vietnamese/TIẾNG VIỆT)

Step 5 – Make An Appointment

Pub. #11842 (English) (Arabic / عربي ال) (Chinese/中文) (Haitian Creole/Kreyòl Ayisyen)(Korean/한국어) (Russian / Русский) (Spanish/Español) (Vietnamese/TIẾNG VIỆT)

Step 6 – Be Prepared For Your Visit

https://marketplace.cms.gov/technical-assistance-resources/c2c-decide-if-provider-is-rig...

Conclusion

- Social determinants of health, including Hispanic origin and nativity, and infectious disease etiologies are important considerations in decreasing leading causes of death in Hispanics.

- Need for a feasible and systematic data collection strategy to reflect the health diversity in major Hispanic origin subpopulations, including by nativity.

Conclusion

- Need for culturally and linguistically appropriate health care and preventive services for Hispanics (e.g., bilingual health materials, use of bilingual health workers)

- Need for increased outreach to decrease the proportion of uninsured Hispanics and to educate insured Hispanics how to best utilize their insurance.

- Need for patient-centered medical homes to ensure use of key services among Hispanics (e.g., recommended screenings).

CDC Internships/Fellowships
www.cdc.gov/fellowships

Fellowships, Internships, and Learning Opportunities

An Epidemiology Elective Program student helps prepare laboratory samples during an Epi-Aid investigation into a leptospirosis outbreak among dogs. Arizona (2017)

Whether you are on a career track or deciding on which career you would like to pursue, CDC has many diverse fellowship, internship, training, and volunteer opportunities for students and professionals. Many of these opportunities provide invaluable experience and potentially offer clear cut paths to exciting careers with CDC.

August: Open Applications

Public Health Informatics Fellowship Program (PHIFP) is open now through 11/5/18.

Interview with CDC's Eric Kasowski

Listen to the podcast (28:48)

Health Yeah! Eric Kasowski talks with the National Assoc. of Chronic Disease Directors about CDC's population health fellowships.

Short-Term Internships

- High School Students
- Undergraduate Students
- Master's Degree Students
- Doctoral Students
- Medical Students and Residents (MD/DO, DVM/VMD, DDS/DMD, etc.)

Full-Time Fellowships (1-2 Years)

- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Medical, Veterinary, or Other Clinical Degree (MD/DO,DVM/VMD,DDS/DMD, etc.)

Work Experience Opportunities

- Middle/High School Teachers
- Public Health Professionals

Host Sites

Information for programs interested in hosting a fellow

Training & Education

- CDC Learning Connection
- Training and Continuing Education Online
- CDC TRAIN
- Field Epidemiology Training Program
- Additional Resources

CDC Internships/Fellowships
www.cdc.gov/fellowships

Fellowships, Internships, and Learning Opportunities

- Public Health Fellowships
- Short-term Internships for Students +
- Full-Time Fellowships −
  - **Bachelor's Degree**
  - Master's Degree
  - Doctoral Degree
  - Medical Students and Residents (MD/DO, DVM/VMD, DDS/DMD, etc.)
- Work Experience Opportunities +
- Minority Health Opportunities
- Become a Host Site +
- Training and Education
- Additional Resources
- Contact Us

Related Links

- Division of Scientific Education and Professional Development

Get Email Updates

To receive routine updates highlighting fellowship, internship and learning opportunities, enter your email address:

CDC > Public Health Fellowships > Full-Time Fellowships

Bachelor's Degree

Interested in Public Health?

We have a variety of fellowship opportunities for individuals who have, or will soon have, a college degree. These programs can help jump-start a career in protecting the public's health.

Topic	Description	Open To	Length/Salary	Application Period
Laboratory	Environmental Health Fellowship Program Fellows are assigned to APHL-member state public health laboratories where they will receive training based on the customized needs of the host laboratory.	Bachelor's degree by the beginning of the program. However, the host laboratory may require an advanced degree (or other specific education, skills, or experience)	2 Years, **paid**	TBD
General Interest	ORISE CDC Research Opportunities Education experience to create expertise, information, and tools that people and communities need to protect their health.	Undergraduates;graduate; post-master's; doctoral; postdoctoral	Varies, **paid**	Varies
General Interest	Public Health Associate Program (PHAP) Two year, field-based training program for early career public health professionals with little or no public health work experience who are interested in frontline public health practice.	Graduates with a minimum of a four-year degree, within 2 years of graduation. U.S. citizen, permanent resident, or U.S. national.	2 Years, **paid**	Five-day period every January

*Denotes fellowships offered in partnership with CDC

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CDC Internships/Fellowships
www.cdc.gov/fellowships

Master's Degree

Interested in Public Health?

We have a variety of fellowships for individuals who have, or will soon have, a graduate degree. These programs can jump-start your career in protecting the public's health.

Topic	Description	Open To	Length/Salary	Application Period
Nursing	*AACN-CDC Fellowship Fellows learn in the area of population health and gain hands-on experiences at the community level to enhance their preparation for professional practice.	Nurses with master's degree or doctoral degree	1 Year, **paid**	August to September
Bioinformatics	APHL-CDC Bioinformatics Fellowship Fellows apply their skills to a range of important and emerging public health problems, while gaining experience in their fields (metagenomics, algorithm/software development, microbial genomics, or other research area).	Master's degree or doctoral degree in bioinformatics or a related discipline	1 Year, **paid**	November to February
Laboratory	APHL-CDC Infectious Diseases Laboratory Fellowship Program Fellows train for careers in public health laboratories and support public health initiatives related to infectious disease research.	Master's degree	1 Year, **paid**	APHL is not currently accepting applications for this program. Please check back in the fall of 2018 for information on the 2019 program.
Leadership/Management	*ASPPH/CDC Public Health Fellowship Program Training and experience in public health and prevention practice, informatics, and policy.	Those with a MPH or doctoral degree prior to the beginning of the fellowship	1-2 Years, **paid**	TBD
Epidemiology	CDC/CSTE Applied Epidemiology Fellowship Program Rigorous on-the-job training in applied epidemiology and public health at a state or local health agency.	Master's or doctoral degree in epidemiology or related field	2 Years, **paid**	October to January
Evaluation	CDC Evaluation Fellowship Fellows work under the leadership of CDC's Chief Evaluation Officer expand the capacity of CDC to conduct evaluation and demonstrate the impact of our work.	Master's degree or doctoral degree	2 Years, **paid**	February to April
Health Education/Communication	*DHPE Health Equity Fellowship Program The goal of this fellowship program is to address emerging needs of health equity, public health and health disparities, and to provide leadership	Recent graduates and doctoral level students of schools and programs of public health	1 Year, **paid**	Please note that DHPE is not currently accepting applications for the

CDC Internships/Fellowships
www.cdc.gov/fellowships

Doctoral Students

Interested in Public Health?

We have a variety of hands-on, short-term internship programs for doctoral students. All offer a unique experience in one of many public health fields.

Topic	Description	Open To	Length/Salary	Application Period
Laboratory	Biochemical Markers Involves developing and applying new methods to characterize and quantitate biochemical markers that are relevant in environmental exposures and chronic diseases.	Undergraduate and graduate students majoring in applied sciences	10 Weeks, **paid**	October to January
Public Health Law	CDC/ATSDR Branch of OGC Internship and Externship Opportunities Interns and externs/volunteers work with program attorneys on projects of mutual interest and are given opportunities to learn about varied areas of law. Paid internship is subject to the availability of funds. One paid internship position, and up to three externship positions (for academic credit) and/or volunteer positions are also available.	Rising 2nd and 3rd year law students; Only rising 3rd year students eligible for paid internship position.	10-12 weeks	For additional information contact Louise Moore or Kenya Ford at 404-639-7200.
Pharmacy	CDC Pharmacy Student Experiential Program Students learn about the roles pharmacists have within CDC, multidisciplinary processes for addressing a wide variety of public health issues, such as disease prevention and control, and ways to improve health.	Pharmacy students (Pharmacy-PY4)	4-6 Weeks, **unpaid**	For additional information, please send an email to: pharmacists@cdc.gov
Environmental Health	CDC Summer Graduate Environmental Health (GEH) Internship Projects where students utilize skills acquired through graduate studies and personal experiences, and activities that expose them to many facets of environmental health.	Master's degree students (currently enrolled, fulltime) interests or studies applicable to environmental health	9 Weeks, **paid**	November to February
General Interest	*Hispanic Association of Colleges and Universities (HACU) National Internship Program (HNIP) Provides direct experience matched to majors and career goals in a diverse array	Enrollment in a degree-seeking program (BA/BS, Masters, JD, MD, or PhD) and recent graduates	10-15 Weeks, **paid**	Spring: September to November; Summer: September to March; Fall: January to June

CDC Internships/Fellowships
www.cdc.gov/fellowships

Interested in Public Health?

We have a variety of hands-on, short-term internship programs for medical students and residents. All offer a unique experience in one of many public health fields.

Topic	Description	Open To	Length/Salary	Application Period
Pharmacy	*CDC Pharmacy Student Experiential Program Fellows are assigned to programs across CDC, specifically, Drug Services, Regulatory Affairs, Division of HIV/AIDS Prevention, Division of Bacterial Diseases-Respiratory Diseases, Division of Emergency Operations to address a wide variety of public health issues.	Pharmacy students (Pharmacy-PY4)	4-6 Weeks, **unpaid**	For additional information, please send an email to: pharmacists@cdc.gov
Epidemiology, Global health	Epidemiology Elective Programs for Medical and Veterinary Students Hands on experience working with CDC experts with an introduction to applied epidemiology, public health, and global health.	Medical and veterinary students	6 or 8 Weeks, **unpaid**	February to March
General Interest	*Hispanic Association of Colleges and Universities (HACU) National Internship Program (HNIP) Provides direct experience matched to majors and career goals in a diverse array of careers in the federal sector.	Enrollment in a degree-seeking program (BA/BS, Masters, JD, MD, or PhD) and recent graduates	10-15 Weeks, **paid**	Spring: September to November; Summer: September to March; Fall: January to June
Infectious Diseases	James A Ferguson Emerging Infectious Diseases Fellowship Opportunities for students interested in participating in infectious diseases and health disparities research. Ferguson Fellows are encouraged to submit their research to national meetings and for publication.	Students in doctoral programs in pharmacy, veterinary medicine, dentistry, medicine, and Master of Public Health (target students of underrepresented populations)	9 Weeks summer, **paid**	November to January
General Interest	*Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) An opportunity for students to work in the same federal programs as active duty Commissioned Corps officers while completing a health-related education.	Undergraduates who have completed 2 years study in baccalaureate degree program or at least 1 year of study in a master's or doctoral program Note: enrollment must be in certain professional disciplines	31-120 Days, **paid**	September to November
Occupational Health	Occupational Medicine Rotation Through on-site investigations, medical evaluations, exposure assessments, students get the opportunity to evaluate workplace health hazards, talk with employees and employers, and gain new	Medical residents of any specialty	4 Weeks, **unpaid**	We are currently booked until mid-2019 and will not be accepting applicants until further notice.

CDC Internships/Fellowships https://orise.orau.gov/cdc/applicants/current-research-opportunities.aspx

ORISE FELLOWSHIP

https://orise.orau.gov/cdc/applicants/current-research-opportunities.aspx

Current CDC Openings

Show 10 entries

Search:

Opportunity Title	Opportunity Number	Organization	Academic Levels	Location	Application Deadline
STD Surveillance Fellowship	CDC-NCHHSTP-2019-0006	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)	Postdoctoral, Post-Master's	Atlanta, GA	Apr 9, 2019
Public Health Library Transformation Fellow	CDC-CSELS-2019-0002	Center for Surveillance, Epidemiology and Laboratory Science (CSELS)	Post-Master's	Atlanta, GA	Apr 1, 2019
ORISE Evaluation Specialist	CDC-CSELS-2018-0188	Center for Surveillance, Epidemiology and Laboratory Science (CSELS)	Post-Master's	Atlanta, GA	Mar 29, 2019
PROST Salmonella Fellow	CDC-DFWED-2018-0186	Division of Foodborne, Waterborne, and Environmental Diseases (DFWED)	Post-Bachelor's	Atlanta, GA	Mar 26, 2019
Epidemiologist/Health Fellow	CDC-CSELS-2018-0185	Center for Surveillance, Epidemiology and Laboratory Science (CSELS)	Post-Master's	Atlanta, GA	Mar 25, 2019
Mathematical Statistician Fellowship	CDC-DFWED-2018-0175	Division of Foodborne, Waterborne, and Environmental Diseases (DFWED)	Postdoctoral, Post-Master's	Atlanta, GA	Mar 14, 2019
Mathematical Statistician Fellowship	CDC-DFWED-2018-0174	Division of Foodborne, Waterborne, and Environmental Diseases (DFWED)	Postdoctoral, Post-Master's	Atlanta, GA	Mar 14, 2019
Emergency Risk Communication Research and Evaluation Fellowship	CDC-OPHPR-2018-0180	Office of Public Health Preparedness and Response (OPHPR/OD)	Graduate Students, Postdoctoral, Post-Master's	Atlanta, GA	Mar 5, 2019
Health Equity Fellowship	CDC-NCHHSTP-2018-0173	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)	Postdoctoral	Atlanta, GA	Feb 22, 2019
Workforce Development Evaluation Fellow	CDC-NCHHSTP-2018-0144	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)	Post-Master's	Atlanta, GA	Jan 25, 2019

Showing 1 to 10 of 127 entries

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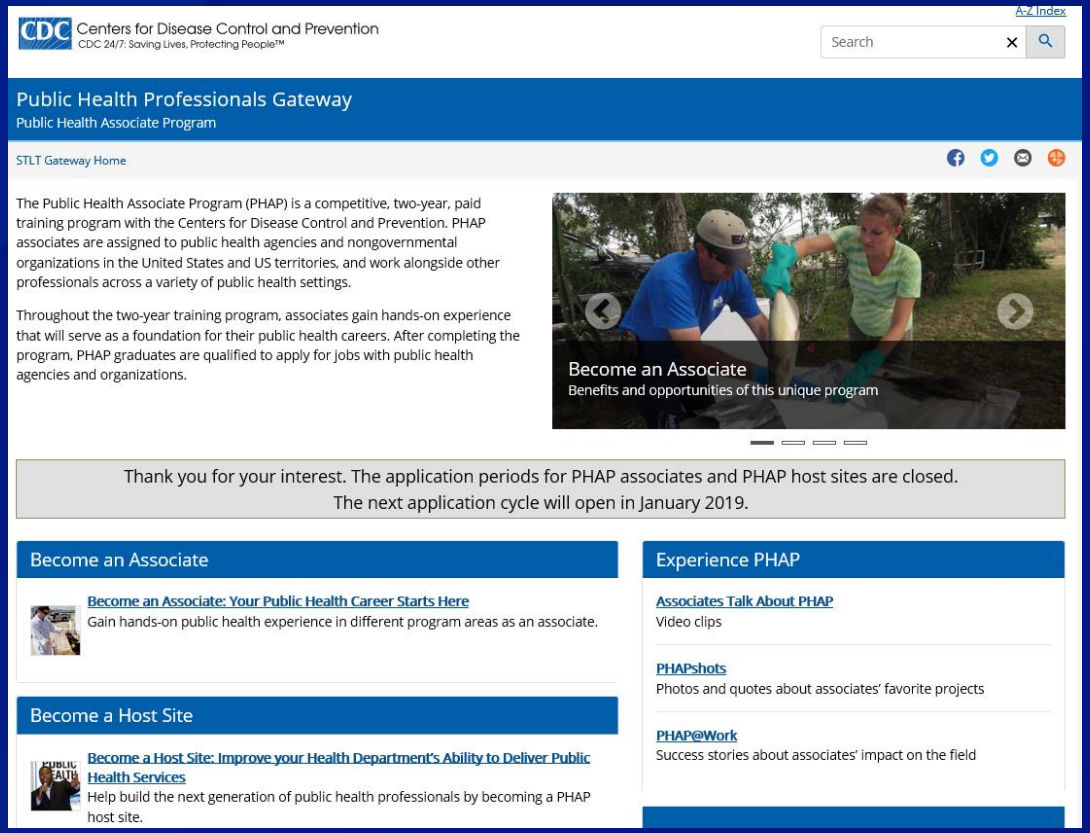
Public Health Associate Program (PHAP)
https://www.cdc.gov/phap/

- Two-year, paid training program with the Centers for Disease Control and Prevention for candidates who have completed a bachelor's degree.
- PHAP associates are assigned to public health agencies and nongovernmental organizations in the United States and US territories, and work alongside other professionals across a variety of public health settings.
- Throughout the two-year training program, associates gain hands-on experience that will serve as a foundation for their public health careers.
- After completing the program, PHAP graduates are qualified to apply for jobs with public health agencies and organizations.



Epidemic Intelligence Service
cdc.gov/EIS

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

SEARCH

CDC A-Z INDEX

Epidemic Intelligence Service

Watch the U.S. Surgeon General's lecture as he explains his motto and commitment to public health:

Better Health Through Better Partnerships

Dr. Jerome Adams delivered the Alexander D. Langmuir lecture during the 67th Annual Epidemic Intelligence Service conference in April 2018.

WHAT EIS OFFICERS DO

APPLYING TO EIS

REQUESTING EIS SERVICES

ATTENDING EIS CONFERENCE

Who We Are

EIS is a long-standing, globally-recognized fellowship program, renowned for its investigative and emergency response efforts. Learn about the disease detectives and alumni who make up this program's distinguished network.

CONTACT INFORMATION:

CAPT Kenneth L. Dominguez, MD, MPH

Division of HIV/AIDS Prevention,

National Center for HIV, Viral Hepatitis, STD, TB Prevention, CDC

Email: kld0@cdc.gov

For more information, please contact CDC's Office for State, Tribal, Local and Territorial Support

4770 Buford Highway NE, Mailstop E-70, Atlanta, GA 30341
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: OSTLTSfeedback@cdc.gov Web: http://www.cdc.gov/stltpublichealth

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.