DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

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Patrick J. McConnon, M.P.H.
Executive Director
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341

Dear Mr. McConnon:

Thank you for sharing the position statement "State-level Occupational Illness and Injury Epidemiology Capacity," recently adopted at the Council of State and Territorial Epidemiologists' (CSTE) Annual Conference on June 12, 2008. I see from your correspondence that many agencies, including the Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH), have been contacted. I believe NIOSH will provide a separate response focused on occupational safety and health. My comments in this letter will address the CSTE statements that focus on partnership between CDC and state health departments.

Successes in both the recruitment and retention of occupational epidemiologists in state health departments are important to CDC. In addition to their roles in describing and identifying occupational illness and injury problems, these epidemiologists expand state-based capacity that may be applied to other public health domains such as injury prevention, environmental health, and chronic disease prevention. CDC has a long-standing commitment to occupational illness and injury surveillance capacity building in state health department. I expect that future cooperative solicitations from CDC will continue to support the establishment and expansion of state occupational health surveillance programs.

CSTE's position statement identifies nine steps to advance occupational illness and injury epidemiology capacity building. This letter addresses CDC's role in the following two steps identified in achieving the functions to enhance the abilities of states to prioritize, plan, promote, implement, and evaluate evidence-based interventions.

> *CDC should include language in other/related cooperative agreements that explicitly encourages support for occupational epidemiologists and provides mechanisms and opportunities to give states greater flexibility in using categorical funding, including resources from multiple grants, to support these positions. In particular, CDC should encourage collaboration between state occupational health surveillance, Environmental Public Health Tracking, and Public Health Preparedness programs.*

Many CDC programs have categorical funding that targets surveillance and prevention programs. CDC's support of state-based surveillance activities comes through a number of such discrete funding streams. Our stewardship of these programs must be sensitive to legislative and other fiscal mandates. As new programs or funding opportunity announcements are developed, CDC will explore potential synergies that might result through collaboration among CDC centers.

> *Mechanisms for capacity development such as the CDC/CSTE Applied Epidemiology Fellowship Program, Epidemic Intelligence Service, Public Health Prevention Service, and state-based epidemiology training programs should be supported as part of grant programs using both direct assistance and financial assistance to accomplish the objective of minimum epidemiology workforce in each state within five years.*

CDC has a long history of providing direct assistance and financial support to state health departments. The Epidemic Intelligence and the Public Health Prevention Services are important fellowship programs to both CDC and the states. Since their inception, these programs have assigned Epidemiologic Intelligence Service Officers and Public Health Prevention Services Fellows to state for one- and two-year assignments. In addition to providing state with epidemiologic and program management capacity through these assignments, many of these officers and fellows are offered and accept permanent employment by their host state programs. These CDC-state partnerships advance our shared goal of building state-based epidemiologic capacity.

The CSTE and its member states are essential prevention partners to CDC. I look forward to continued collaboration between CSTE and CDC as we build the nation's future epidemiologic workforce.

Sincerely,

Julie Louise Gerberding, M.D., M.P.H.
Director

Author progress report: 08-OC-01 and 08-IMJ-01: "State-level Occupational Disease Epidemiology Capacity"
Prepared by: Martha Stanbury, Michigan Department of Community Health
Date: April 27, 2009

The lead recommendation of this position statement was to strengthen occupational epidemiology capacity in states. Responses to the Position Statement, which are posted on the CSTE website, are from the Director of CDC and from the Director of OSHA. The NIOSH Acting Director acknowledged in a 3/3/2009 letter to Martha Stanbury in response to a letter from the CSTE Occupational Health Workgroup about stimulus funds that funding from NIOSH would be needed to increase state capacity in occupational epidemiology as well as funding a robust CSTE occupational epidemiology fellowship program.

Since the resolution was passed in June 2008, a number of activities supporting this recommendation have occurred at CDC/National Institute for Occupational Safety and Health CSTE, although they cannot necessarily be attributed directly to the Position Statement itself.

1. With extra funding support from NIOSH, CSTE hosted a two-day conference on state-based occupational health for states in the western U.S. (the Western Occupational Network – WestON). This conference brought states with considerable experience in occupational health surveillance together with those states that have not had programs, in an effort to encourage inexperienced states to become more active in this public health arena. A Conference Grant proposal has been submitted to fund a follow-up conference.
2. The Occupational Health Surveillance Workgroup (the occupational subcommittee of CSTE) has been active in promoting strategies to improve occupational illness and injury surveillance. As a result, the Bureau of Labor Statistics is funding some pilot programs to address issues in the undercounting of occupational illnesses and injuries in their survey, and in April '09 CSTE hosted an important meeting of states, NIOSH, BLS, OSHA, academics, labor union representatives and other groups to do some strategic thinking about how to address the undercount, including enhancing state-based surveillance.
3. The Acting Director of NIOSH has demonstrated an interest in increased interactions with CSTE and the Occupational Health Surveillance Workgroup. Here interests were expressed both in person when she met with the CSTE Executive Board on March 3, 2009, and in a lengthy letter to Martha Stanbury that was a response to a letter to her from the Workgroup about stimulus funds and state occupational epidemiology priorities.
4. One '09 class CSTE epidemiology fellow has been placed in an occupational epidemiology program. This is the first time CSTE has been able to fill an occupational billet.
5. The Workgroup has been active in the Position Statement process, including revisions to three Position Statements relevant to occupational health (lead, silicosis, and pesticides). In addition, the Workgroup and its NIOSH partners

have been concerned about the omission of occupational data elements in all of the proposed revised position statements and have responded by initiating discussions with the Infectious Disease Committee of CSTE and related activities at CDC and the federal level. These data elements are critical for occupational epidemiologists.

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