COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTE update

Fall *2007*

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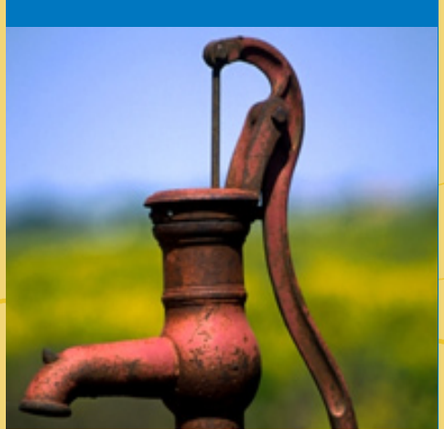


CALLING ALL MEMBERS

We would appreciate your feedback about the newsletter. Please e-mail Shundra Clinton with comments, ideas or suggestions; **sclinton@cste.org.**

CSTE President's Message

Dear Colleagues,

It is a privilege and honor to be serving as President of CSTE this year, a short time to make a mark on any organization. But a CSTE president makes his/her mark in the context of serving on the Executive Committee (EC) over several years. We make progress in achieving our goals as our role as an EC member changes – usually – from secretary/treasurer to president-elect to president and then past-president. As president, any achievements reflect a collective effort, building on those efforts of our predecessors and colleagues in CSTE. Key areas for us are workforce development, surveillance and partnerships.

We are pursuing workforce development initiatives through several avenues including seeking additional funding for our fellowship program; encouraging national implementation of our competencies for practicing epidemiologists by CDC in the EIS program and in public health education in schools of public health; developing an orientation manual and program for new state epidemiologists; and hosting an annual meeting.

We plan on continuing to offer medical education credits to physicians attending our annual meeting. I was very pleased that a sizeable number of eligible members took advantage of this great benefit at a nominal cost. Next year's meeting is shaping up to be even better. The theme of the meeting in June will be Public Health Epidemiology: Adapting to a Changing World.

Surveillance is our core mission and the world of surveillance is changing. Staying on top of advancing technology will continue to be critical in the performance of our responsibilities as practicing PH epidemiologists. Electronic disease surveillance has been slow in development, but several states are already doing much of their surveillance reporting electronically. There is a consensus that those of us in public health need to work together on this, but we need to really assess how we can take advantage of electronically stored data in medical records and laboratories for surveillance purposes, through state-of-the art technology. And we are doing this collaboratively with our national PH partners.

We also need to continue to strengthen our partnerships with ASTHO, NACCHO, APHL and CDC. CDC has survived a difficult reorganization during a tumultuous few years, which made it more difficult to function as usual. It appears that new, experienced, open and well-respected leadership at various levels is now in place. I encourage everyone to recognize the progress CDC has made and recognize we have common goals, and we can all adjust to the recent changes and move forward.

Finally, the EC will be having a strategic retreat in January to take stock of where we are and where we are going as an organization that has grown to well over a 1000 members. More on that in the next newsletter.

I look forward to helping to lead CSTE's efforts in these and other areas, and I look forward to working with you many of you throughout the year. If you have any suggestions, please don't hesitate to contact me. Have an enjoyable holiday season.

Eddy Bresnitz.

CSTE Executive Director's Message

Greetings!

Congratulations to the CSTE staff for putting on a fantastic annual conference in New Jersey earlier this year. And congratulations to our members for helping make it the largest CSTE annual meeting ever, with 1,010 attendees! The conference included extraordinary plenary speakers and sessions in all subject areas. The conference surveys showed that the agenda carried the day with participants giving very high marks to the conference plenaries.

We were even able to overcome the meeting being picketed by a group objecting to some of our case definition presentations. I'm happy to say that all of CSTE handled the situation professionally.

We also achieved a great deal during the business meeting. We elected five board members, led by our new president, Eddy Bresnitz, and president-elect, Perry Smith. We continued to strengthen partnerships with other public health groups.

The Executive Committee requested the National Office to organize a retreat for the Committee and Past Presidents to focus attention on where CSTE is headed next as an organization.

The following briefly describes the purpose and objective of the retreat:

Purpose:
To convene active members for the purpose of examining the effects of the rapid growth of CSTE to determine what, if any, changes are required in the mission, organization, structure, and operations of CSTE to accommodate and effectively manage the changes.

Background:
CSTE individual membership has nearly tripled between 2002 and 2007 and currently has over 1,100 active and associate members. There has been commensurate growth in size and scope of the CDC Cooperative Agreement funding and the addition of other funders including RWJ, universities, and separate agreements with NIOSH. The number of very active subject area groups has increased and now includes: Environmental Health, Occupational Health; Injury; Tribal Epidemiology; Food Safety; HIV/AIDS Surveillance Coordinators; Workforce; Public Health Law; Public Health Informatics; NEDSS; ELR; Surveillance Policy; Pandemic Influenza; Preparedness and Response; and, Veterinary PH. CSTE legislative and advocacy agenda is also reflective of this growth with greater interest and participation in the national public health agenda.

The growth in size and scope of CSTE has also created a new set of concerns around responding to the sheer growth of the organization, assimilating new interests, accommodating new groups' and members' desires to participate and reconciling the change with CSTE's core mission of surveillance, disease reporting, consultation, policy, and training.

Objectives:
- Identify current and potential problems associated with growth and the effect on mission, organization, structure, and operations
- Identify changes and options for dealing with these organizational growing pains
- Gauge the impact of the changes and response options on the membership and CSTE's traditional core mission around surveillance, reporting, response, & training
- Develop recommendations to be presented to the general membership for comment

Congratulations again. Let's follow the Olympic ideal and make the next conference even better!

Pat McConnon

HIV/AIDS Surveillance Capacity and Training Assessment Tool

The Council of State and Territorial Epidemiologists' HIV/AIDS Consultancy Team developed and administered an online tool of the National Assessment of HIV/AIDS Surveillance Capacity and Training to states, large cities and territories in early August 2007. The assessment was developed in collaboration with State Epidemiologists, CDC technical staff and NASTAD representatives.

HIV/AIDS Surveillance Coordinators from 64 jurisdictions were invited to participate in this assessment, which aimed to identify and share best practices as well as identify resources needed in HIV/AIDS Surveillance Programs.

The instrument assessed the:

1) resources surveillance programs have available through various funding grants,

2) the collaboration and integration opportunities available to surveillance programs with respect to other health department programs, and

3) various working components of jurisdictional practices, rules and/or regulations that impact surveillance, security and confidentiality practices, and data dissemination.

The assessment also serves to provide the HIV/AIDS Consultancy Team within CSTE with valuable information that will allow the entire group to articulate, in greater detail, the resources needed to meet increasing workloads as well as identify 1) technical assistance needs, 2) opportunities for provision of peer-to-peer technical assistance, and 3) items to include in future cooperative agreement application. A final report of the findings will be available on the CSTE Web site by the end of 2007.

For more information, contact Tanja Walker at 770-458-3811.

2007 Pumphandle Award Winner

James Hadler, M.D., M.P.H.

The Pumphandle Award of the Council of State and Territorial Epidemiologist is awarded annually for outstanding achievement in the field of applied epidemiology.

This year's recipient of the Pumphandle Award, Dr. James Hadler, understands first hand the challenges that experts in the field of public health have in "feeling like a real doctor," and he believes that addressing this is a key component of continuing to attract talented people to the field.

After receiving his medical degree, Hadler spent two and a half years working for the Centers for Disease Control's Tuberculosis Control Division, first with the Navajo Area Indian Health Service in Arizona, and then with a joint CDC-World Health Organization survey in Western Samoa and American Samoa in the South Pacific.

"In the course of my medical training, I had become interested in internal medicine, and in particular, infectious disease," Hadler said. "I very much enjoyed running the TB control program on the Navaho reservation, and working on the medical and statistical information. But I still wanted to finish that 'real doctor' feeling." So over the next several years, he completed his internal medicine residency in Waterbury, Connecticut as well as an infectious disease fellowship and preventive medicine residency at Yale University School of Medicine.

Luckily for public health and CSTE, during this time Hadler also had the opportunity to serve as a medical epidemiology consultant for the Connecticut State Department of Health Services. "The state couldn't fill the position full time, so it was a one-day-a-week job," said Hadler. "But along with my work with the TB Control Division, it was definitely one of my formative experiences in public health."

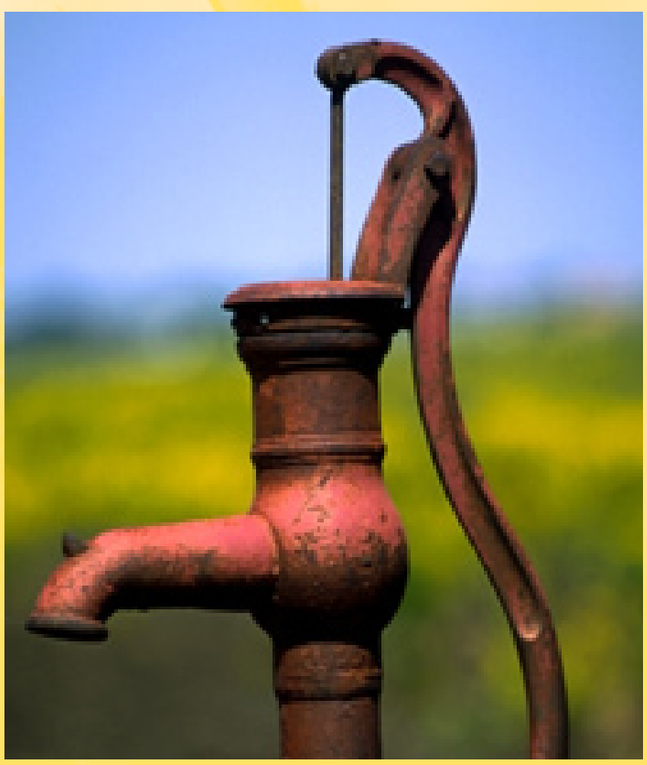
In 1984, Connecticut was able to fill the position, and Hadler has served as state epidemiologist and director of the Infectious Diseases Division ever since. In 1994, he also took on the responsibilities of director of the Connecticut Emerging Infectious Diseases Program (EIP), one of nine federally-funded special population-based EIPs in the country.

In his work with the state of Connecticut and as an assistant professor (University of Connecticut) and associate professor (Yale University) of medicine, Hadler continues to see the challenge of getting people interested in public health, for many of the same reasons he had years ago. "For one thing, Individual patient care is enjoyable," he said. "Most people don't see the excitement in using data from others to look at the stats and help people on a large scale." Other issues include what he calls, "answering to friends and family" – who think if you don't see patients, you must not be a real doctor. "Once people understand public health, they find the work attractive on the public health side, but it's important that we continue to think about how to get people to really try public health as a career," he continued. "Without actual public health experience, it's difficult to get a real feel for it."

Hadler believes that one thing epidemiologists can do is share their experiences to show others what the field is really about. "It's not all charts and numbers, either. One of the most exciting things now is figuring out the potential use of new technologies," he said. "How can we use these technologies to help us take new approaches and really benefit the public?"

He also cites the increase in resources and domain as a draw to bring quality people into public health. "There has been a huge infusion of resources and people since I started as a state epi in 1984. There is now a different level and aspect to the job – more planning, more issues, more scrutiny," he said. "It's a challenge to deal with."

Other challenges include new and emerging infectious diseases, currently diminishing funding in relation to the surge of funding after 9/11, and national public health preparedness. "I see public health continuing to be a demanding field because of these and other issues," said Hadler. "These are challenging but very interesting times to be in public health."



CSTE congratulates Dr. James Hadler on his recognition as the 2007 Pumphandle Award winner.

2007 Jonathan Mann Memorial Lecturer

To view a complete PDF of Dr. Marks' lecture, visit http://www.cste.org/AnnualConference/JMLecturerindex.htm

James S. Marks, M.D., M.P.H.

James Marks is the senior vice president and director of the Robert Wood Johnson Foundation Health Group. He is responsible for the overall planning, budgeting, staffing, management and evaluation of all program and administrative activities of the RWJF Health Group.

Before joining the Foundation in December 2004, Marks had served as the acting director of the Centers for Disease Control and Prevention's (CDC) Coordinating Center for Health Information and Service. From 1995 until May 2004, he was director of the CDC's National Center for Chronic Disease Prevention and Health Promotion. Throughout his career at the CDC, he developed and advanced systematic ways to address the nation's growing epidemic of obesity, reduce tobacco use, and prevent diseases such as cancer, heart disease and diabetes. In addition, Marks has served on the National Advisory Committee for The Robert Wood Johnson Foundation's Health and Society Scholars program.

Marks has received numerous federal, state and private awards, including the U.S. Public Health Service Distinguished Service Award, the Surgeon General's Award for Distinguished Service, the Association of State and Territorial Chronic Disease Directors' Award for Excellence, the American Cancer Society's Distinguished Service Award, and the National Arthritis Foundation's Special Award of Appreciation. He has published extensively in the areas of maternal and child health, health promotion and chronic disease prevention, and has served on many government and nonprofit boards and committees devoted to improving public health.

Marks received an M.D. from the State University of New York at Buffalo. He trained as a pediatrician at the University of California at San Francisco, and was a Robert Wood Johnson Clinical Scholar at Yale University, where he received his M.P.H.

Gift Ensures Extension of Jonathan Mann Lecture

The Jonathan M. Mann Memorial Lecture is held at the annual conference of the Council of State and Territorial Epidemiologists. The lectures are sponsored by the Hoffman Family Foundation through the CDC Foundation in recognition of Dr. Mann's exemplary work as New Mexico's state epidemiologist.

Richard Hoffman, a medical epidemiologist and past president of CSTE, and the Hoffman Family Foundation recently extended funding for the Jonathan M. Mann Memorial Lecture at CSTE's annual conference.

"This gift means another 10 years for the Mann lecture, and we are very grateful for it," said CSTE Executive Director Pat McConnon. "The lecture has become a very important part of the conference each year. It has become an honor to attend as well as an honor for the speakers to take part in such a celebration of the profession of epidemiology and appreciation of the people who follow in Jonathan Mann's footsteps in doing this work."

The lecture was started in 1999 as a memorial to recognize Jonathan Mann's work in public health after his death in a plane crash the previous year. Hoffman, who worked under Mann as an EIS officer, saw the lecture as an opportunity to honor his former mentor and supervisor while helping CSTE. "By the time he died, Jonathan had become a great leader through his role in public health and human rights efforts, and his work with the WHO HIV/AIDS program," said Hoffman. "He was a great role model as a state epidemiologist, and it seemed fitting to honor him in a way that also furthers public health discussion and work."

Hoffman was slightly concerned that current members might not know Mann, but has been reassured by strong attendance at the conferences and continued support for the lectures. "It's gratifying that the membership seems to like the series. And because of Jonathan's name in public health, we've been able to attract excellent speakers over the years," he said. "I hope we have more in the future so we can continue to inspire the members and broaden their experience, possibly show them new approaches to public health issues."

The gift also will fund a five-year online subscription to the Journal of Public Health Management and Practice for CSTE members. "My sense was that many members didn't have easy access to this journal, as it is not one most public health departments subscribe to," said Hoffman. "I though it might be of interest to members in learning more about applied public health practice."

For more information about the Jonathan M. Mann Memorial Lecture, visit www.cste.org/conference.jmlectures.asp.

State and Local Disease Surveillance Systems Software Assessment Update

On Aug. 2, CSTE launched an online targeted assessment to all jurisdictions to evaluate the country's surveillance systems in terms of functionality, interoperability, integration and end-user satisfaction. The goal was to establish a resource of successfully implemented NEDSS projects, particularly those with potential benefit for other state and local health jurisdictions. The online tool was closed for data entry on Aug. 22, 2007 after 100% completion from all 50 states, large cities and territories. Preliminary results and actions steps were discussed during the PHIN 2007 Conference on Aug. 29, 2007. A report was drafted by the Executive Committee meeting held in late September and will be available on the CSTE Web site.

Robert Wood Johnson National Award for Outstanding Epidemiology Practice in Addressing Racial and Ethnic Disparities

There has been compelling evidence indicating that race and ethnicity correlate with persistent and often increasing health disparities among U.S. populations in all of these categories. Eliminating racial and ethnic health disparities requires enhanced efforts at preventing disease, promoting health and delivering appropriate care. This necessitates improved collection and use of standardized data to correctly identify all high risk populations and monitor the effectiveness of health interventions targeting these groups. RWJF funds will be used to create the Robert Wood Johnson Foundation Award for Outstanding Epidemiology Practice in Addressing Racial and Ethnic Disparities.

The Council of State and Territorial Epidemiologists (CSTE) is pleased to announce the 1st Annual Robert Wood Johnson Foundation National Award for Outstanding Epidemiology/Practice in Addressing Racial and Ethnic Disparities. This award will be presented to a state or local health official who has made significant contributions to addressing ethnic and racial health disparities and improving public health practice through effective use of data and epidemiology. The award recipient will receive a plaque and honorarium of $1,000 at the annual CSTE meeting. Potential candidates for this award must first submit an abstract with focus on disparities for a poster or breakout session presentation at the 2008 CSTE annual meeting.

Finalists will be notified of their abstracts' acceptance, invited to participate in the final program and their abstracts will be scored by a panel of judges. The criteria used to select the award recipient will include the impact of the work described in the abstract to the field of eliminating health disparities, contribution/ translation to public health practice, policy implications for long term change in eliminating and/or preventing health disparities, and the quality of the poster or breakout session presentation.

CDC/CSTE Applied Epidemiology Fellowship Fifth Class to Begin

The CDC/CSTE Applied Epidemiology Fellowship, a workforce initiative developed to train competent Applied Public Health Epidemiologists, is continuing to grow each year. A total of 67 fellows have started the Applied Epidemiology Fellowship program since its inception. CSTE is currently welcoming the fifth class of CDC/CSTE Applied Epidemiology Fellows, with 18 new CSTE Fellows, the largest class since the Fellowship's inception, slated to begin their journey into Public Health this year.

Class V Fellows are serving within the public health disciplines of Maternal and Child Health, Birth Defects, Infectious Disease-Quarantine, Chronic Disease, and Environmental Health. The Fellows were assigned to various health departments throughout the country, including New Mexico, California (San Diego Quarantine Station), Washington State, Florida (Miami Quarantine Station and the State of Florida), Georgia (CDC Influenza Division, Global Migration and Quarantine Headquarters and the State of Georgia), Texas, Massachusetts, North Carolina, New York State, New York City, New Jersey, Alaska and Virginia. The Class V Fellows traveled to the CSTE National Headquarters in Atlanta for orientation Sept. 17-21, where they received training from top experts in the field from CDC and the states.

The third class of Fellows, who began their fellowship in 2005, graduated during the spring and summer of 2007. They have distinguished themselves as CSTE Fellows and as members of the health departments in which they were placed. Ten of them are presently working at the state, local or federal level. Two Fellows have entered Ph.D. programs in epidemiology, and three others are currently working in the university setting. CSTE is very proud of their high level of achievement during their fellowships and their contributions made to their host site agencies.

The current fellows are working hard and contributing to their host sites while gaining invaluable experience. Some of the projects the fellows are undertaking or have recently completed are listed below:

- Developing a program evaluation plan to enhance the STEPS surveillance system, a five-year project focused on the prevention and management of asthma, diabetes and obesity in schools and communities
- Evaluating the Washington Asthma Initiative
- Utilizing the Washington State Cancer Registry Records to conduct data linkage and a field study involving adjuvant therapy for colorectal cancer
- Linking birth defects certificate data with a subset from the Diabetes Outreach Network database
- Conducting surveillance of the leading causes of cancer and trends in cancer incidence and mortality in Washington State
- Conducting an analysis of demographic factors related to screening for breast, cervical, colorectal and prostate cancers in Washington State
- Designing a module to address worksite health promotion activities and attitudes about worksite emergency preparedness activities for the Behavioral Risk Factor Surveillance System of Georgia (BRFSS)
- Conducting an evaluation of the Georgia Comprehensive Cancer Registry (GCCR)
- Utilizing the Perinatal Periods of Risk (PPOR) technique to decompose and assess the rates of infant mortality to help elucidate disparities in infant mortality in Pennsylvania
- Assessing the impact of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) on access to prenatal health services and the risk of adverse perinatal outcomes among low income women in Pennsylvania
- Developing and implementing a protocol for the surveillance of asthma, Fetal Alcohol Syndrome, and Cerebral Palsy in Washington State
- Developing a survey instrument, protocol, database and piloting the survey for the Alaska Childhood Understanding Behaviors Survey (CUBS)
- Evaluating the Louisiana Pregnancy Risk Assessment Monitoring System (LA-PRAMS)
- Linking the special supplemental nutrition program for women, infants and children (WIC) data with vital records certificates of live births
- Designing the evaluation plan for the Virginia Congenital Anomalies Tracking and Prevention Improvement Project II
- Evaluating an HIV-exposure and partner notification surveillance system

Overall, a total of 33 Fellows have graduated from the CDC/CSTE Applied Epidemiology Fellowship program since the program's initiation. Twenty-five of the graduates are now working at the federal, state or local level, thereby contributing to the applied epidemiology workforce. They are all excelling and distinguishing themselves in their current positions while working to improve the epidemiology capacity. CSTE looks forward to another year of training the nation's future leaders in epidemiology and to continuing to strengthen the workforce in applied epidemiology through this distinguished fellowship program.

CSTE Program Activity Update Influenza

Rapid Response Training: The Role of Public Health in a Multi-Agency Response to Avian Influenza in the United States

The Centers for Disease Control and Prevention (CDC), CSTE and the North Carolina Center for Public Health Preparedness provided three-day training courses adapted from the DHHS/CDC *Guidance for State and Local Health Departments for Conducting Investigations of Human Illness Associated with Domestic Highly Pathogenic Avian Influenza Outbreaks in Animals.*

Training courses were provided in Washington, D.C., Denver, Colo., and Atlanta, Ga., in early 2007. The courses included 295 participants and facilitators and represented local and state health agencies, federal agencies including CDC and USDA, wildlife, agriculture, public health laboratories, public health veterinarians, nursing, and industry. Training was provided to representatives of all 50 states and Washington D.C.; several large cities including Seattle, Chicago, Houston and New York City; Puerto Rico; American Samoa and the Virgin Islands. All participants were individuals responsible for the identification, surveillance, or response of avian influenza (AI).

The three-day training course provided guidance for state and local health departments in identifying and controlling human infections and illness associated with high pathogenicity avian influenza (HPAI). It focused on the human health perspective during an AI outbreak or case clusters and provided a mechanism through didactic lecture, reference materials, cases studies and tabletop exercises to facilitate discussion, interaction and planning with individuals within the same or neighboring states. Although the curriculum focused on human health, this training provided a context for officials working together with key agencies with different but related responsibilities during an AI outbreak.

As part of this training course, each participating state health agency was eligible for funding to support AI rapid response training in their jurisdiction using the curriculum presented. CSTE provided on average $20,770 to 37 state, local and territorial health agencies. With these funds, state, local and territorial health agencies expect to train up to 7,169 avian influenza response personnel through 118 training courses.

Routine Vaccination against Influenza for Older Children

The consultation on **Routine Vaccination against Influenza for Older Children (5-18 years) – Developing plans to address evidence gaps and implementation challenges** was held Sept. 10-11 in Atlanta, Ga. CSTE co-sponsored the meeting along with the CDC Influenza Division. Invited participants included child immunization experts, city/county and state public health and immunization program officials, education and student health officials, and other immunization implementation experts. The two-day meeting included plenary sessions focused on particular topics, as well as small working group sessions to address key issues. The objectives of the meeting were to:

- review the evidence base supporting expansion of recommendations,
- identify key data gaps, and,
- discuss implementation strategies.

The meeting summary was presented to the Advisory Committee on Immunization Practices (ACIP) in October 2007 as part of discussions on possible expansion of influenza vaccination recommendations to all children 5-18 years of age.

International AI Rapid Response Training and Pandemic Influenza Consultations

In late 2006, CDC sponsored a Training of the Trainer course for 10 state and large city epidemiologists and a similar cadre of CDC epidemiologists. Over the past 12 months, CSTE has supported seven international consultations for training and pandemic influenza planning:

Marci Layton	China and Egypt
Harry Hull	Uganda
Kathleen Gensheimer	Thailand
Raoult Ratard	China
Allen Craig	China
Susan Lance	China

Upcoming Activities

CDC & CSTE Influenza Surveillance Steering Committee and Workgroups Meeting

The Influenza Division of the CDC and CSTE are co-sponsoring the **Influenza Surveillance Steering Committee and Workgroups Meeting** on Dec. 5-6 in Atlanta, Ga. This is a follow-up meeting to the CDC/CSTE Influenza Surveillance consultation that was held in November 2006. This meeting will bring together the local, state and federal public health officials that have participated in the CDC/CSTE influenza surveillance workgroups formed to address the recommendations of the November 2006 meeting. Participants will also include other key individuals who attended the previous meeting to discuss the work they have done in the last year and finalize recommendations and plans for future influenza surveillance modifications and projects.

The two-day meeting will include:

- review and discussion of the process and work of each workgroup and the steering committee
- individual workgroup meetings to finalize recommendations and plans
- presentation and discussion of final workgroup recommendations, plans and proposed pilot projects

We expect that the conclusions of this meeting will directly guide CDC and states towards enhancing surveillance for influenza.

For more information or to participate in the CSTE Influenza Working Group, please contact Jennifer Lemmings at jlemmings@cste.org or 770-458-3811.

2007 Super Staff Awards

The Super Staff Award was created in 2001 as a way to recognize staff members for their dedication and for working "above and beyond" job requirements. Nominations are made and voted on by CSTE staff, and the award is presented at the CSTE annual conference.

This year's Super Staff Award winners may not be as well known to many CSTE members as other staffers, but it's not because they lack commitment or because their jobs aren't important. On the contrary, without these two dedicated employees, parts of CSTE's national presence would literally shut down.

Stephen Clay and Kevin Gibbs form CSTE's two-man Information Technology department, and they like their perspective on public health and epidemiology from "behind the scenes." Between the two of them, Clay and Gibbs are responsible for all of CSTE's technology-related initiatives, including the external Web site, internal programs and databases developed for staff use, and technology utilized at the annual conference.

Being recognized for their "super" work at this year's conference was a bit of a surprise, but a good one. "It was pretty cool to receive this award," said Gibbs. "I've been with CSTE for six years, so it's nice to be recognized, and it's a great gesture on the staff's part." Clay agrees, noting that the close-knit work atmosphere makes the award all the more meaningful. "Being in a small organization, it's great when your peers think you're doing a good job," he said. "Everybody at CSTE is so busy and does so much, so receiving this award really means a lot."

While they pinch hit for each other and help other staff members on various projects when needed, Gibbs handles most of the "database-related stuff," including a program to keep track of staff members' work time that was designed and built in-house. Since coming to CSTE as a contractor after working in IT in the marketing and health insurance industries, he is most proud of the work done on activities and technology related to the annual conference. "Technology-wise, the conference has come a very long way and we are quite proud of that," he said. "Every year, we look to take it to another level that makes the conference experience great for the attendees and the staff."

Clay also arrived at CSTE as a contractor, and was able to move from administration to IT when another staff member left the organization. Since then, he has been in charge of the external Web site as well as a wide variety of CSTE assessments and surveys. "We have built our assessments from scratch," he said. "So when we put them out there and get a good response from the membership, it's great." The Web site presents its own challenges, he says. "It's important to put the info out in an intriguing way so people respond to it." A new project on his plate is to rework the site. "Things grow and need to be revamped," he said. "I see it as an opportunity to make things on the site special."

Neither award winner is quick to sing his own praises, but they do make a point to compliment the others on the CSTE team. "CSTE hires people who are great at their jobs but who are also part of the family, which is nice," said Gibbs. "It makes it enjoyable to come to work."

CSTE congratulates Stephen Clay and Kevin Gibbs on their recognition as the 2007 Super Staff Award winners.

New CSTE Staff Member

Lisa Dwyer recently joined CSTE as the new Associate Research Analyst at the National Office in Atlanta. After obtaining her Bachelor's degree in Biology from The University of Tampa in 2004, Lisa continued her education at the Rollins School of Public Health at Emory University where she obtained her M.P.H. in Epidemiology in May 2007. While at Rollins, Lisa worked as research assistant at Grady Memorial Hospital, with Emory University's School of Medicine, conducting research assessing the relationship between hospital mortality and antimicrobial resistant bacterial blood infections. She is now working with CSTE's surveillance and public health law workgroups. Lisa is excited to work with the state and local epidemiologists in the stimulating and changing fields of informatics and public health policy.

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Executive Committee 2007 – 2008

CSTE is governed by a 10-member Executive Committee. Four members serve as officers, three as Members-at-Large, and three represent Infectious Disease Epidemiology, Chronic Diseases Epidemiology, and Environmental/ Occupational/Injury Epidemiology. The 2007-2008 Executive Committee members are:

Office	Name and State	Term Expiration
President	Eddy Bresnitz, MD, MS New Jersey	2008
President - Elect	Perry Smith, MD New York	2008
Past President	Robert Harrison, MD, MPH California	2008
Secretary - Treasurer	Melvin Kohn, MD, MPH Oregon	2008
Members-At-Large	Allen S. Craig, MD Tennessee	2008
	Michael Landen, MD, MPH New Mexico	2010
	Tom Safranek, MD Nebraska	2009
Environmental /Occupational/ Injury Epidemiology	Martha Stanbury, MSPH Michigan	2009
Chronic Disease/MCH/ Oral Health Epidemiology	John Horan, MD, MPH Georgia	2010
Infectious Disease Epidemiology	Gail Hansen, DVM, MPH Kansas	2008
Executive Director	Patrick J. McConnon, MPH Council of State and Territorial Epidemiologists	

C S T E

2008 Annual Conference

June 8 – 12, 2008
Denver, Colorado

More information available on the CSTE website at

www.cste.org