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## Membership Renewal

Don't forget! Renew your CSTE membership for 2003. Log onto [www.cste.org/-purchase/default1.asp](http://www.cste.org/-purchase/default1.asp) today.

## calling all members

We would appreciate your feedback about the newsletter. Please email Shundra Clinton with comments, ideas or suggestions; [scClinton@cste.org](mailto:scClinton@cste.org).

## President's Message

As each year draws to a close, we often look back on the past months and consider all that has happened for the year. In 2002, we saw many changes and challenges, and I am glad to say that we were up to them.

Many of us have been consumed with bioterrorism and preparedness issues, working almost non-stop to meet deadlines and create state-based response plans. It has been difficult work. As epidemiologists, we are used to working with outbreaks and reacting to these situations to improve and protect the public's health. For example, with last year's anthrax incidents, we were able to respond to events when people actually became sick. Now we are being asked to perform more risk assessment, which is not the way public health normally operates. We are planning around "what if" scenarios, which is very challenging and raises questions about our traditional roles.

In some ways, public health now is becoming a big part of national security. The issues are complex and the deadlines are tight. It has become a different world, and we are adjusting to new methods and models that are being put into place.

I believe that we have seen just the beginning of the changes. And as with any time of big, rapid changes, a major challenge is communication. More than ever,

we will need to work together and keep the channels of communication open. Last year, we put the word out to the community that CSTE is here as an organization to help. And the response has been positive. The number of working groups and committees CSTE is involved in is increasing dramatically. We look forward to working with many different groups and providing our expertise and commitment to public health.

On another note, I would like to take this opportunity to acknowledge those in our field who aren't necessarily working on bioterrorism. These epidemiologists work quietly on the day to day work that is so important to public health – in chronic disease, maternal and child health, occupational health, environmental health – and I would like to recognize their great contributions. As budgets shrink in these areas, their work becomes even more difficult. We appreciate the very important work they continue to carry out in these core functions of epidemiology. Thank goodness these epidemiologists still exist.

And thank you to all our members for your support. We had a good year, and we're looking forward to a great 2003!

Gianfranco Pezzino, M.D., M.P.H.  
State Epidemiologist, Kansas

# 2003 CSTE

annual conference

*"Practicing Epidemiology in Time of Change"*

**SAVE THESE DATES! June 22 – 26, 2003.**

# Workforce Development

In November, the Institute of Medicine (IOM) released two reports – “The Future of the Public’s Health in the 21st Century” and “Who Will Keep the Public Healthy: Educating Public Health Professionals for the 21st Century.” These reports reiterated the ongoing concern about the training and state of readiness of our public health work force. Unfortunately, the field of epidemiology is not immune from this concern.

A recent survey of state health departments by CSTE supports the IOM conclusions and expands upon them to include deficiencies in the practice of epidemiology in specific fields like chronic disease, environmental health, and maternal and child health, among others. As a result of these findings, CSTE is committing its efforts to a three-pronged work force development activity.

First, to meet the need of state and local public health agencies to attract public health professionals interested in applied epidemiology, CSTE and CDC will establish an Applied Epidemiology Fellowship Training Program. This program will assist states in recruiting, training and

retaining public health workers in the field of applied epidemiology. CSTE will facilitate the recruitment and placement process in addition to providing an initial “public health 101” training course. Fellows will then be paired with a mentor in a state or local public health department to learn the practical application of epidemiology through hands-on experience. The final goal is the transition of Fellows to state or local public health employees after the assignment ends, thus increasing epidemiology capacity.

Not only is training needed for “front line” public health workers, it is necessary for current and emerging public health leaders as well. For this reason, CSTE will work to establish a Leadership Institute for state epidemiologists and other emerging leaders in the field of epidemiology. The institute will provide training in management, coping with the press and other leadership skills. In addition, it will provide an ongoing forum for the participants to share the successes and challenges of their positions so others may learn from their experiences.

Finally, the IOM report on training public health workers stressed the need for accreditation of those workers. CSTE will explore the feasibility of establishing a certificate program in epidemiology for the public health work force. Focusing on a combination of education, work experience and continued training, CSTE seeks to create an accreditation program based on a set of defined competencies in the field of epidemiology. The first step in this effort is to produce a white paper investigating current and previous efforts at certification of public health workers and how the lessons learned may be applied to a program in epidemiology.

To direct these activities, CSTE convened an advisory group on work force development comprised of current state epidemiologists and other leaders in epidemiology, representatives from the Epidemiology Program Office at the Centers for Disease Control, and CSTE administration members. The group’s purpose is to provide direction and expertise in all phases of each activity from planning to inception.

## CSTE Staff Update

There have been a few changes in the CSTE administrative staff recently:

- Member Services Coordinator Wendy Nelson and Program Coordinator LaToya Osmani resigned in November.
- Program Director Crystal M. James resigned in December.
- Shundra Clinton is now the Member Services Coordinator.
- MarySue Shulin came to CSTE in December 2002 as the new Business Manager. MarySue is responsible for all CSTE fiscal matters including budgets, expenditures, and internal and external reporting. She has more than 25

years of accounting and management experience with companies such as Brunswick Corp., Interface Corp., and the Atlanta Journal/Constitution. Her bachelor's degree is from Indiana University, and she has an M.B.A. from Oklahoma State University. She holds a C.P.A. license from the state of Indiana. MarySue is currently the Secretary of the North Atlanta Chapter of the Georgia Society of CPA's. If you would like to contact her, please email: [mshulin@cste.org](mailto:mshulin@cste.org).



**MarySue Shulin**

# Director's Message

The last three months have been extraordinary for everyone involved in public health and particularly those closely involved with emergency preparedness activities. Many, many of our members are devoting long hours to address the critical work and timelines for planning and preparedness outlined by CDC, HHS and the White House. The national office staff has been trying to keep up with communications demands and also fill the numerous requests for consultants on a variety of issues related to emergency preparedness and response.

CSTE continues to be a source of expertise on subjects ranging from data standards to malaria chemoprophylaxis for a variety of public health partners including CDC, ASTHO, NACCHO, EPA, IOM and others. The national office staff is working hard with the Executive Committee and particularly the new President, Gianfranco Pezzino, to help organize the committees, workgroups, consultants and liaisons for the year beginning January 2003. Most CSTE members who identified an interest in subject areas during the CSTE annual conference last June will be contacted to participate in CSTE activities.

Workgroup members, Liaisons, and subject area Consultants: the Executive Committee, which is responsible for overseeing these activities, would like to see the CSTE membership broadly represented in these activities.

Our Membership Services Coordinator, Wendy Nelson, left CSTE last month after an extended time on leave. In her absence, Shundra Clinton is the new MS Coordinator. We are most fortunate that Shundra is a long-term

(4 years) employee and knows most of the membership from her previous position. This has enabled her to keep things moving forward nicely and at the same time help with the transition of much of our membership activity to the CSTE Web site in collaboration with the CSTE Web-meisters, Stephen Clay and Kevin Gibbs. For those of you who visit the Web site, you will notice many cosmetic and substantive changes, including public health news updates in the morning and afternoon, a soon-to-be active function to allow for consultant activities and reports to be done online, and updated directories. Kudos to Kevin and Stephen for their hard work on the site.

Later this month, we will post the listing of Committees, Workgroups, Consultants and Liaisons on the site for your information. Members also should have received Senator Frist's book on bioterrorism, When Every Moment Counts, and a complimentary subscription to Public Health Reports.

CSTE Program Staff, in collaboration with lead CSTE member(s), have worked hard over the years to complete general epidemiology capacity assessments at the state level, as well as assessments for food safety and maternal and child health. All three of these assessments will be published in December or January and should be widely available. Other subject-specific assessments are in the pipeline.

On the initiative side, CSTE has obtained planning grant funding from CDC embedded in our new cooperative agreement to develop implementation plans for a CSTE/CDC Epidemiology Training Fellowship Program, and an Applied Epidemiology Leadership Institute. Both plans should be completed by April 1, 2003. We will share



the plans as they become available. We are also looking at the feasibility and appropriateness of a CSTE Applied Epidemiology Certification Program.

Finally, the CSTE national office wishes you a healthy new year.

Pat McConnon  
Executive Director, CSTE

# Accommodations for 2003 CSTE Annual Conference

We are pleased to announce that hotel accommodations for the 2003 CSTE Annual Conference in Hartford, Connecticut are available at two hotels, Hastings Hotel and the Hilton Hartford Hotel.

The Hastings Hotel is the location for all conference activities, including plenary sessions, breakout sessions, registration, round-table lunch discussions, exhibit hall, posters and cyber café. The room block at the Hastings Hotel is limited, so we are announcing the hotel information to our membership before the general announcement on our Web site. Our group rate is \$126.00 per night, excluding tax, but you must mention group code CSTE to receive the rate.

The Hilton Hartford Hotel is designated as the overflow hotel. Our group rate there is also \$126.00 per night, excluding tax. Shuttle service will be provided between the Hilton Hartford Hotel and Hastings Hotel.

After May 20, 2003, rooms and rates are subject to availability with the hotels.

#### Hotel Contact Information:

Hastings Hotel  
85 Sigourney Street  
Hartford, CT 06105

Direct phone: (860) 727-4200

Direct fax: (860) 727-4258

Web site: [www.dolce.com/hastings/the\\_hastings.html](http://www.dolce.com/hastings/the_hastings.html)

#### Hilton Hartford Hotel

315 Trumbull Street  
Hartford, CT 06103

Direct phone: (860) 728-5151

Direct fax: (860) 240-7247

Web site: [www.hilton.com](http://www.hilton.com)

If you have any questions, please contact the National Office at (770) 458-3811 or email Shundra Clinton, Acting Membership Coordinator, at [sclinton@cste.org](mailto:sclinton@cste.org).

## CSTE Members Present at APHA Meeting

**S**even CSTE members presented at the 130th APHA Annual Meeting and Exposition November 9-13 in Philadelphia. We have included a brief description of each presentation below for your information. Congratulations to all the presenters!

**Topic:** Changing demographics and the implications for public health at the local level: Disparities among Hispanics in Santa Clara County, CA as measured by the Behavioral Risk Factor Survey

**Background:** As the proportion of the Hispanic population continues to grow in Santa Clara County, the need to better understand their health status, including any health disparities, has become significant.

**Objective:** To measure the prevalence of various social, economic and health risk behaviors among Hispanics of Santa Clara County.

**Method:** 2547 adults who were selected through random digit dialing were interviewed in English or Spanish using the BRFs methodology adapted from the CDC.

**Results:** Of the 477 Hispanic adults (22.7% of the survey participants), 30.1% (95%CI:26.2-34) had less than a high school education, and 50% were under 200% of the Federal Poverty Level. 10.7% (95% CI: 8.1-13.3) reported cost as a barrier to health care in the past 12 months, 18.6% had no health care coverage, and 26.1% perceived their health status as poor (95% CI:22.4-29.8). The prevalence of these and some high risk behaviors (lower likelihood of using helmets, increased acute drinking, lower perception of condom effectiveness against HIV, acquiring higher number of new sexual partners in the past 5months, lack of attention to dental health, etc.) were significantly higher among Hispanics than those found in the overall county population as well as among Whites, African Americans, and Asians.

**Conclusion:** Various significant disparities were found in a number of social, economic, and health risk behaviors between Hispanics and other ethnic groups. These findings suggest the need for strengthening programs and services and increase community involvement to reduce health disparities among Hispanics.

**Presenter:** Kavita Thirumalai  
Epidemiologist  
Santa Clara County Public Health

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Phone: (408) 423-0731  
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**Topic:** Coordinating systems-based environmental public health practice with epidemiology and laboratory analysis: A waterborne outbreak of Norwalk-like Virus in the Big Horn Mountains of Wyoming

Discussion of a waterborne outbreak of "Norwalk-like virus" that occurred in Wyoming that illustrated the importance of coordinating systems-based environmental public health practice with the traditional outbreak investigation. This approach emphasizes exploring the whole system, such as a water-supply system, of a facility beginning from the source and continuing to disposal. It also underscores the importance of concentrating on the antecedents of an outbreak – the chain of events that led to the outbreak – in order to develop environmental health interventions. Using this approach led to effective outbreak

investigation and control, which incorporated the strengths of the laboratory, epidemiology and environmental health.

**Presenter:** Scott Seys, M.P.H.  
Deputy State Epidemiologist and  
Epidemiology Section Chief  
Wyoming Department of Health  
Hathaway Building, 4th Floor  
2300 Capitol Avenue  
Cheyenne, Wyoming 82002  
Phone: (307) 777-5596  
Fax: (307) 777-5226  
Pager: (307) 633-0503  
Email: saseys@state.wy.us

### Topic: Epidemiology Section Awards Session

**Wade Hampton Frost Lectureship Award**, which recognizes the contribution the recipient has made in addressing a public health issue of major importance by applying epidemiology. The 2002 winner is Marcelle Layton, M.D., Assistant Commissioner, NYC Department of Health, who will present, "Terrorism and Public Health—Rising to the Challenge."

**Presenter:** Marcelle Layton, M.D.  
New York City Department of Health  
Assistant Commissioner  
Bureau of Communicable Disease  
125 Worth Street, Box 22A  
New York, NY 10013  
Phone: (212) 788-4193  
Fax: (212) 788-4268  
Email: mlayton@health.nyc.gov

### Topic: Ethical and Mental Health Implications of Bioterrorism Preparedness as Illustrated by Smallpox Post-event Planning

Recent terrorist incidents have been followed by high levels of acute and post-traumatic stress disorder in the US, and that smallpox, as a highly fatal and disfiguring disease, would be expected to cause great levels of stress. Furthermore, surveys show that most Americans are not confident that health departments are prepared to control a smallpox outbreak now. Our planning to respond to such events must therefore include actions to assure the public that we have a good and effective plan, and that we will implement it rapidly and fairly. That plan must include the assuming of special Emergency Health Powers such as isolation and quarantine, rationing and direction of scarce medicines and vaccines, and the power to require

hospitals to care for all severely ill patients. Presentation discusses ethical criticisms of recent state emergency health powers legislation and shows how such criticisms are not based on realistic assumptions or facts.

**Presenter:**  
James J. Gibson, M.D., M.P.H.  
Bureau of Preventive Health Services  
State Epidemiologist  
South Carolina Department of Health and  
Environmental Control  
Phone: (803) 898-0861  
Fax: (803) 898-0897  
Email: gibsonjj@dhec.sc.gov

### Topic: Matrix-based asthma planning in New York State: Integrating sporadic funding into achievable goals with partnerships to support implementation

**Method:** An inventory of all agency-wide asthma activities was conducted, identifying the various groups that had an interest in improving asthma outcomes. From this inventory, an organizational matrix-based framework was developed to integrate the existing \$10 million in disparate asthma-related activities and associated staff to focus on a set of achievable goals over the next five years. The framework focused on four priority areas: 1) surveillance and program evaluation, 2) community-based initiatives, 3) health care, and 4) research. Throughout the planning process, partnerships created through regional coalition building helped to support direction.

**Results:** An asthma plan was developed and federal funding obtained to support its implementation. The matrix-based framework for responding to asthma has continued to evolve and may become a model for responding to other NYS chronic diseases. The regional coalitions that have been supported throughout this process have grown to include over 250 partners at the local level including schools, healthcare, public health and many other public and private organizations. An Asthma Workgroup has been formed including representation from the major public and private stakeholders to help guide plan implementation and evaluate progress.

**Conclusions:** Creating a matrix-based organizational framework for asthma planning ensures a coordinated approach in identifying and supporting priority areas aimed at reducing the burden of asthma. Including public and private partnerships in planning and implementation helps to ensure statewide support and provides

opportunities to implement activities through existing networks.

**Presenter:**  
Dale L. Morse, M.D., M.S.  
Office of Science and Public Health  
New York State Department  
of Health  
Empire State Plaza  
Corning Tower Building, Room 1482  
Albany, NY 12237  
Phone: (518) 473-4959  
Fax: (518) 486-1455  
Email: dlm04@health.state.ny.us

### Topics: The Challenges of Epidemiology in the Next Century Putting the Public Into Immunization

Activities  
Epidemiology Poster Session  
Epidemiology Late Breakers Poster Session

**Moderator:** Sarah L. Patrick, M.P.H., Ph.D.  
Professor and Director, Center for Rural Health Improvement  
University of South Dakota School of Medicine  
Department of Family Medicine  
1400 West 22nd Street, Room 243  
Sioux Falls, SD 57105-1570  
Phone: (605) 357-1500  
Fax: (605) 357-1510  
Chair-Elect, Epidemiology Section  
American Public Health Association

### Topic: Work-related Asthma. An overview of the diagnosis, treatment and prevention of work-related asthma.

**Presenter:** Robert Harrison  
California Department  
of Health Services  
NIOSH  
1515 Clay Street Ste 1901  
Oakland, CA 94612  
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## executive committee

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 Epidemiology. The 2002-2003 Executive Committee members are:

| Office                            | Name and State              | Term<br>Expiration |
|-----------------------------------|-----------------------------|--------------------|
| President                         | Dr. Gianfranco Pezzino - KS | 2003               |
| Vice-President                    | Dr. Patricia Quinlisk - IA  | 2003               |
| President-Elect                   | Dr. Matthew Cartter - CT    | 2003               |
| Secretary-Treasurer               | Dr. Steven Macdonald - WA   | 2005               |
| Members-At-Large                  | Dr. Jesse Greenblatt - NH   | 2003               |
|                                   | Dr. C. Mack Sewell - NM     | 2004               |
|                                   | Dr. Stephen Wiersma - FL    | 2005               |
| Infectious Disease Epidemiology   | Dr. Christine Hahn - ID     | 2005               |
| Chronic Disease/Oral Health/MCH   | Dr. Kenneth Powell - GA     | 2004               |
| Environmental/Occupational/Injury | Dr. Robert Harrison - CA    | 2003               |



Council of State and Territorial Epidemiologists

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Atlanta, Georgia 30341