



update

Spring

2003

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Read and Win

Are you a CSTE Membership Card holder? If so, read the CSTE newsletter and search for your membership number. If you find your number hidden somewhere within this issue, you win! Contact Shundra Clinton at sclinton@cste.org to receive your prize. Good Luck!

Calling all Members

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

2003 CSTE

annual conference

"Practicing Epidemiology in Time of Change"

If you haven't done so already, mark your calendar for the CSTE annual conference, June 22-26 in Hartford, Connecticut. This year's focus is "Practicing Epidemiology in Time of Change." The conference will provide an opportunity for all of us to share information and best practices and to work toward moving the public health agenda forward, particularly in the areas of epidemiology and surveillance.

The preliminary agenda includes sessions on the expanding role of state-level epidemiology; the changing legal aspects of epidemiology; and the

future role of applied epidemiology in public health.

Complete conference information is available on the CSTE Web site. You can also register for the conference online or link to one of the conference hotels to make reservations. Simply go to www.cste.org and click on "Click here to go to the 2003 Conference Home Page."

We look forward to seeing you in Hartford!

SAVE THE DATE

The 2003 Western Regional Epidemiology Network (WREN) Conference will be held May 15-17 in Ashland, Oregon. WREN is the annual conference of western state and local health department professionals in the fields of toxicology, exposure assessment, and environmental, occupational and injury epidemiology.

The 21st annual conference is being hosted by Washington's Offices of Epidemiology and Environmental Health Assessments.

For complete conference information, go to www.wrenconference.org.

CSTE Staff UPDATE

JOHN P. ABELLERA joined the CSTE staff in February 2003 and will serve as an Associate Research Analyst working on National Office projects. His bachelor's degree is from the



University of California at Irvine, and he has an M.P.H. from the University of South Florida.

John's work experiences include all three levels of government (local, state and federal). He previously worked for the Georgia Emerging Infections Program, where he

established a syndrome-based surveillance system for Acute Liver Failure in the greater metro-Atlanta area.

ANGELA SYLVESTER joined CSTE in December 2002. As the Assistant to the Executive Director, Angela is responsible for the day-to-day organizing of activities in the Office of the Executive Director and for providing support for the Executive Committee.

She received a bachelor's degree in Mathematics and Accounting from Seton Hall University.



A Reminder for CSTE Epi-X Users to UPDATE After-Hours Notification Profiles

Epi-X CSTE would like to remind all CSTE-affiliated *Epi-X* users that notification technology used currently by *Epi-X* to locate

key staff during an emergency is effective only if the locating information provided is current and accurate. At a minimum, this information should include:

- Office telephone number, and extension
- Home telephone number

- Pager numbers (digital and alpha-numeric) and PIN numbers
- Cell phone numbers (business and personal)

To update your profile, go to <https://epix.cdc.gov> and select "My Profile"

CSTE appreciates your cooperation in fulfilling CDC's mission-critical requirements to safeguard the health of all Americans. Take a moment to ensure you can be reached 24/7, in the event of a public health emergency.

Director's Message

Have you noticed a change in the CSTE National Office? Based on the CSTE President's priorities, we have been focusing our energies on creating an environment conducive to engaging the membership in CSTE activities. We'd like members to feel welcome when they contact the National Office; included in important communications; engaged in CSTE activities that support public health practice in states; connected to other important public health partners such as CDC, FDA, EPA, ASTHO, NACCHO and APHL; and supported by their Executive Committee and National Office staff.

Some of the changes you may have noticed include updated and streamlined consultant lists and e-mail distribution lists for members who are actively engaged with CSTE programs and projects. We also have a revamped Website geared to be a useful resource to members and to provide utility functions such as travel reimbursement, conference registration, and membership renewal.

Members should have received a copy of Senator Frist's book on bioterrorism and a complimentary subscription to *Public Health Reports*. We are trying to ensure personal phone coverage for at least core hours (8 am – 4:30 pm EST) so that members can conduct business with the National Office more effectively. These may seem like small things, but they are the kind of actions that send a message, and we want to send a message of welcome and inclusiveness.

Since the beginning of 2003, members have been involved in more than 30 consultations with CDC, FDA, EPA, ASTHO and NACCHO. Subject areas range from compensation/liability issues for smallpox vaccination to malaria chemoprophylaxis. Some of these we have designated as requiring a report, which you can find on the CSTE Web site.

In addition to the CDC/CSTE Cooperative Agreement, we have submitted proposals to FDA and EPA for Cooperative Agreement support. The FDA proposal is for conference support — we will use these funds to support members who normally cannot attend the CSTE annual conference because of extraordinary travel constraints and represent under represented sectors of public health such as the U.S. Territories. The EPA proposal is to support a CSTE project on the elderly and environmental health issues.

The CDC agreement includes projects and programs in infectious diseases, chem-terrorism, chronic diseases, MCH, injury, environmental health, tribal health, food safety, and workforce development. Since December 2002, CSTE has published three (3) reports on epidemiology capacity — Maternal and Child Health, Food Safety, and Epidemiology Capacity in Public Health. This last report, *National Assessment of Epidemiology Capacity in Public Health: Findings and Recommendations* was released on March 31, 2003. It represents the first comprehensive, nationwide assessment of core epidemiology infrastructure and should be an important resource to states. It includes data on salary, training, funding sources and more. It should also be important in evaluating the impact of funding (beginning in 2002) for epidemiology capacity in the nation. We expect to repeat the assessment at two-year intervals beginning in 2004. This effort was led by Dr. Matthew Boulton (CSTE Member-Michigan) and Knachelle Hodge in the CSTE National Office with strong support from many, many CSTE members. Thanks to all for an important report.

In the last *CSTE Update*, I mentioned a project CSTE was working on related to workforce development issues: An Applied Epidemiology Training



Fellowship Program. The following is a brief update on this issue. The CSTE/CDC Workforce Development Workgroup will recommend to the CSTE Executive Committee that CSTE launch the Applied Epidemiology Training Fellowship Program this year with 10-15 Fellows. Dr. Kris Moore and colleagues at the University of Minnesota, Center for Infectious Disease Research Policy developed the implementation plan for this program. The plan included input from all the Centers at CDC, and representatives from ASPH, ASTHO, APHL, Emory University, and the University of Minnesota School of Public Health, as well as many CSTE members.

Once we get a final plan, we will post it on the CSTE Web site for comment. The National Office staff is excited at the prospect of this important program coming on line. CSTE is beginning a recruitment process for a full time Program Director to head up the new program. We look forward to your feedback as the new program gets started.

Pat McConnon
Executive Director, CSTE

Maternal and Child Health Epidemiology Capacity

The CSTE Maternal and Child Epidemiology Capacity Assessment final report entitled *National Assessment of Epidemiologic Capacity in Maternal and Child Health: Recommendations and Findings* has been distributed to State Epidemiologists, MCH program directors, and the MCH data contact in your state. The report highlights major findings of the assessment, which seeks to address the epidemiological abilities of public health agencies as recommended by the Institute of Medicine (IOM), Healthy People 2010 Objective 23-14 and the National Action Alliance.

There were three objectives for the assessment, which are as follows:

1. to assess the human capacity, systems capacity, and MCH-data related activities at state and territorial public health agencies,
2. to gather data on the baseline MCH epidemiologic capacity at state and territorial public health agencies, and
3. to provide information for the National Action Alliance and assist in its effort to build MCH epidemiologic capacity at all levels throughout the nation.

The 42-question assessment was formatted around the Ten Essential Public Health Services. This report is intended to equip policymakers, as well as federal and state partners, with information needed to develop policies and initiatives that will help increase the MCH epidemiology capacity of state and territorial health departments.

If you would like to receive a copy of the document or if you are an MCH program director and would like data specific to your state, please contact Rachel Barron-Simpson at the National Office at rsimpson@cste.org or (770) 458-3811.

CSTE Poll Results

"CSTE Poll" questions are posted on www.cste.org to find out your opinions and help CSTE serve your needs better. Here are the results from poll questions you responded to in 2002 and the beginning of 2003:

1. Is the West Nile Virus a serious concern? 12/14/01-1/14/02 N=65

Yes	59.4%
No	21.9%
Maybe	18.8%

2. Does the information provided to you by CSTE assist you in your work activities? 2/8/02-3/07/02 N=42

Yes	70.7%
No	14.6%
Sometimes	14.6%

3. How would you like to see the results of CSTE surveys made available to you? 03/14/02-05/30/02 N=62

Mailed Written Report	11.5%
Web access to written Report	59.0%
Summarized in an e-mail	23.0%
Scholarly publication	6.6%

4. How would you prefer to complete CSTE questionnaires? 8/02/02-9/05/02 N=16

Web	73.3%
Telephone	26.7%
Paper	0.0%
Face-to-Face	0.0%
Electronic form (non-web)	0.0%

5. Would you like CSTE to provide training/informational workshops? 09/05/02-10/09/02 N=307

Yes	85.0%
No	15.0%

6. Why do you attend the CSTE Annual Conference? 10/28/02-11/18/02 N=57

Networking	51.8%
Program Agenda	28.6%
Opportunity for Oral Presentation	3.6%
Organization Reputation	8.9%
Other	7.1%

7. What would prevent you from attending the CSTE Annual Conference? 11/19/02-12/11/02 N=133

Travel Restrictions	62.9%
Registration Fee Expensive	20.5%
Conflict with other Conference	6.1%
Other	10.6%

8. Should CSTE invite sponsors to support the 2003 Annual Conference activities (other than the president's banquet)? 12/12/02-1/21/03 N=280

Yes	73.1%
No	26.9%

9. Would you favor increased "State Dues" if it covered a few individual memberships? 1/22/03-2/9/03 N=222

Yes	44.4%
No	28.4%
Maybe	27.2%

Linking Data to Save Lives: Moving Data from File Cabinets to Useable Databases

The CDC National Center for Injury Prevention and Control will begin implementing the National Violent Death Reporting System (NVDRS)

There will be a session on NVDRS at the CSTE annual conference. Take the time and opportunity to find out more about this exciting project! To read more about NVDRS, please go to the "Features" section on the CSTE Website.

For further information, please contact John Abellera, Associate Research Analyst for CSTE, at (770)458-3811, ext. 2012 or via email at jabellera@cste.org.

Utilizing Data From:

- Medical Examiners
- Coroners
- Police
- Crime Labs
- Death Certificates

Chronic Disease Epidemiology Capacity

In conjunction with Centers for Disease Control and Prevention, Association of State and Territorial Chronic Disease Program Directors and state-based chronic disease epidemiologists, CSTE has developed the Chronic Disease Epidemiology Capacity Assessment. It is currently in the final stages of piloting in six states. The assessment is anticipated to serve as a tool that provides baseline information on state and territorial health departments' ability to collect, analyze and interpret data related to chronic disease. The objectives of the assessment are:

1. to describe the chronic disease epidemiologic capacity of state and territorial health departments,
2. to identify additional resources needed to improve chronic disease capacity, and
3. to enable CSTE, CDC, state and territorial health departments

and other interested organizations to develop and implement plans to redress their needs.

The final assessment is tentatively scheduled to be sent to your state for completion in April 2003. One of the following will be asked to complete the assessment: state chronic disease epidemiologist, chronic disease program directors, data managers and other agency epidemiologists.

An overview of the CSTE Chronic Disease Epidemiology Capacity Assessment was presented at the 17th National Conference on Chronic Disease Prevention and Control in St. Louis, MO, during a roundtable presentation on Wednesday, February 19, 2003. If you have any questions or concerns please feel free to contact the National Office.

Food Safety

In an effort to determine the priority areas for building food safety program support, the Council of State and Territorial Epidemiologists (CSTE) conducted an assessment of foodborne investigation capacity between October 2001 and February 2002. This assessment focused primarily on state and large-city health department foodborne epidemiologic and surveillance capacity. The assessment objectives are as follows:

1. to assess enteric disease surveillance and epidemiologic response capacity,
2. to assess the capability for handling sporadic cases and outbreaks of foodborne illness, and
3. to gather baseline data measuring the capacity of state health departments to detect and prevent foodborne illness.

Findings from this assessment were compiled into a final report entitled *National Assessment of Epidemiologic Capacity in Food Safety Programs: Findings and Recommendations*. The information provided in the report may be useful for state and local jurisdictions. It provides a justification for public health infrastructure investments in improving food detection and prevention in foodborne illness, including foodborne illness resulting from bioterrorist incidents.

If you would like to receive a copy of the report, please contact the CSTE National Office at (770) 458-3811. An electronic version of this assessment can also be found on the CSTE home page under Publications. This report is intended to equip policymakers, as well as federal and state partners, with adequate information to develop policies and initiatives to aid in increasing the foodborne illness epidemiology and surveillance capacity of state, local and territorial health departments.

IT Corner

In this month's **IT corner** we are addressing a problem that is common for some of our users. "I forgot my password. How do I log in?" The answer to your question is right before your eyes. If you have forgotten your password, you can click on the "Forgot Password?" link on the CSTE home page in the "member login" section (located in the upper right hand corner of the page). Enter your email address, and your password will be automatically and immediately sent to your email account. This feature will work as long as you are a current 2003 CSTE member. We hope you enjoy your CSTE Web experience!

The CSTE Website is best viewed in Internet Explorer 4.0 or better.

Staff Directory

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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 Occupational/Injury Epidemiology. The 2002-2003 Executive Committee members are:

Office	Name and State	Term 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. Steven 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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