COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTE update

Fall *2004*

Contents

Calling all Members

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

Distinguishing between Public Health Practice and Research

The final report, "Public Health Practice vs. Research: A Report for Public Health Practitioners Including Cases and Guidance for Making Distinctions," has been posted on the CSTE Web site. The purpose of this report is to provide a practical guide principally for state and local public health officials, their staff and their partners on the distinctions between public health practice and research for activities carried out by, or under the authority of, state or local health departments. This effort was led by John Middaugh, Alaska State Epidemiologist, and members of a CSTE expert advisory committee, in collaboration with James Hodge and Larry Gostin from the Center for Law and the Public's Health.

To view the report, visit the CSTE Web site. If you have any questions concerning the report, please contact John Abellera at **jabellera@cste.org**.

CSTE/CDC Applied Epidemiology Competencies

This fall, CSTE and CDC will begin developing a set of applied epidemiology competencies, which will assist state and local health departments and CDC in their development of epidemiologist-targeted training. We hope they also will influence curriculum development at schools of public health and other academic centers. Improved training and curriculum development will help ensure epidemiologists will have the skills required to perform their essential job functions.

To facilitate this process, we have identified a team of experts in several areas of applied epidemiology. The panel will be comprised of individuals representing the Federal government (i.e. CDC), State and Local Health Departments, academia, private sector, and public health organizations and will include nurses, public health program managers, professors, and others involved in the practice of epidemiology. The invited panel participants represent different geographic regions and areas of small and large populations.

This competency development project is convened by CDC (represented by Dr. Denise Koo, Director, Division of Applied Public Health Training in the Epidemiology Program Office) and CSTE (represented by Dr. Matthew Boulton, Chief Medical Officer for the State of Michigan Department of Health). The project will be co-chaired by Dr. Kathy Miner, Associate Dean in Applied Public Health at Rollins School of Public Health at Emory University, and Dr. Guthrie (Gus) Birkhead, Director of the Center for Community Health AIDS Institute at New York State Department of Health.

The final set of core competencies is tentatively scheduled to be released next June at the 2005 CSTE Annual Conference. If you have any questions about this project, please contact Jennifer Lemmings at **jlemmings@cste.org** or 770-458-3811.

2004 Pumphandle Award Winner Patricia Quinlisk, M.D., M.P.H.

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

As a volunteer with the Peace Corps, Dr. Patricia Quinlisk worked in Nepal from 1979 to 1982, where she was introduced to epidemiology in the field. Like many who are devoted to public health and epidemiology, once she started, she was hooked. "We spent four months hiking through the Himalayas to find out why people living in the region were anemic, "she says." All we had was a booklet, 'The Handbook of Epidemiology,' to help us determine that. But I saw the positive effects of our work."

She already had two degrees and had worked as the head of microbiology for the clinical lab at a county hospital, but back in the United States, Quinlisk returned to school to learn more about public health. She received her Master of Public Health degree from Johns Hopkins University and went on to get her M.D. from the University of Wisconsin. During her time in medical school, she began working as an epidemiologist with the Wisconsin Division of Health. "I enjoyed helping people, and in the Peace Corps I had seen the effects of famine and a measles epidemic. I saw the chronic problems that public health could address," she says. And she's been in public health ever since.

As the current State Epidemiologist and Medical Director for the Iowa Department of Public Health, Quinlisk puts into practice the beliefs she's developed from years in the field. "The whole point [of public health] is preventative medicine. And for me, curative medicine can't hold a candle to it."

Over the years, she has worked on a wide variety of preventative issues, and has sometimes had to get quite creative in handling them. When it became clear that many methamphetamine users weren't coming to vaccine clinics because they were afraid of being identified, Quinlisk helped set up clinics where users would come. The clinics were held in casinos in the middle of the night. It was an unorthodox approach, but it worked. At 3 a.m., users could be fairly certain they wouldn't be identified.

Another challenge was what Quinlisk calls the "not-so-rabid bear" incident. A bear cub at a petting zoo bit a visitor and subsequently was determined to have rabies. While that diagnosis was later established as incorrect, in the meantime the public health department had the task of tracking down all the visitors who potentially had come in contact with the bear – all 170 of them. Many had signed in at the petting zoo, but often with just a name and city. Thanks to improvements in technology and the Internet, as well as many hours of legwork, all the visitors were identified. Quinlisk laughingly says, "One thing I learned from this is that you cannot hide. We found everyone!"

Quinlisk is particularly pleased with improvements over the past 10 to 15 years in how public health and epidemiology are perceived by others in the medical field. "When I started, it was common to hear remarks that students weren't really worth teaching if they were in public health," she says. "In public health, you were not considered a real doctor." Now there is respect from fellow medical professionals and a change in the general mentality about public health, especially among students. "It's been fun to watch the evolution of public health. And it's really great to see students excited about the possibilities in the field."

As public health continues to evolve, Quinlisk believes some of its non-traditional areas will be increasingly important. For many health departments and organizations, risk communications has become paramount in recent years. "So much of public health now is what we say and how we say it," she says. As an extension of that idea, she believes, "Public health now must learn to address the psychological consequences of what we do. How do we get the word out about certain issues without freaking people out? That has be to a piece of our response, and we're learning more about that now."

Changes such as these, as well as the day-to-day variety of her job, are part of what have kept Quinlisk in public health. She says, "It definitely keeps you from being bored. You never know what new issues will come up or how you'll have to approach them."

CSTE congratulates Dr. Patricia Quinlisk on her recognition as the 2004 Pumphandle Award winner.

INFECTIOUS DISEASE UPDATE

PANDEMIC INFLUENZA WORKSHOP

The Pandemic Influenza Workshop held at the CSTE Annual Conference was an enormous success. Since the workshop, we have received nothing but wonderful feedback on the workshop's timeliness and effectiveness. A Web site has been developed that includes all of the materials, PowerPoint presentations and supplemental reference materials from the workshop. All workshop information can be found at **www.cste.org/04flu/index.html**. In addition, a link to the Pandemic Influenza Response and Preparedness Plan can be found at **www.cste.org**.

JONATHAN M. MANN MEMORIAL 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.

The theme of the 2004 CSTE Annual Conference this past June in Boise, Idaho was "Balancing Tradition with the 'New Normal' in Epidemiology." This year's Jonathan M. Mann Memorial lecturer, Dr. Bill Foege, understands just what it takes to achieve that balance. Having worked in a wide variety of areas in public health, including county health departments, the World Health Organization and the CDC, Foege has seen the increasing importance of public health and epidemiology as we respond to the continuing changes in our world.

Foege is best known for his work in the 1970s to eradicate smallpox from the globe. But of course, there were still many other public health issues to approach, and his work in public health didn't stop there. He established the "surveillance/containment" method currently used in public health departments, and went on to serve as the Director of the CDC from 1977 to 1983. As Director, Foege reorganized the agency, putting more resources into preventative medicine, and worked on major health crises such as toxic shock syndrome, Reye's syndrome and AIDS. As new challenges have arisen in public health through the years, he has been a leader among those heading the response.

From 1986 to 1992, Foege served as the Executive Director of the Carter Center, a public policy institute affiliated with Emory University in Atlanta, Georgia. Currently, he is the Senior Health Advisor for the Bill and Melinda Gates Foundation, which works to promote greater equity in four areas: global health, education, public libraries, and support for at-risk families in Washington state and Oregon.

Foege believes that the capability to measure inequities in health among different groups is the core concern of public health, and that the use of epidemiology has become more powerful as the ability to measure such differences has improved. "But it should be used more effectively in making policy decisions on where to put resources," he says, "and it needs to be used more widely to measure health outcomes in order to improve our health care delivery system."

His focus for the future of public health is on its continued expansion into areas that can lead to "less than optimal" health. "Public health has expanded from infectious diseases to addressing a wide variety of problems including cancer and chronic diseases. And in recent decades, we have seen an important expansion into injury control," he says. Now he believes that public health should move toward understanding and addressing issues including mental health, poverty, illiteracy and other conditions that can affect health adversely. "And we need to pursue using the tools of epidemiology to improve the quality and expenditures in health care delivery," he says.

Changes in all aspects of public health and epidemiology are likely to continue – this is part of our "new normal" – and Dr. Bill Foege will continue balancing a lifetime of field experience and knowledge with the need to move forward and respond appropriately to the public's changing health issues.

For the complete text of the sixth Jonathan M. Mann lecture, given by Dr. Bill Foege at the 2004 CSTE Annual Meeting, visit the CSTE Web site at **www.cste.org**.

MEMBERSHIP CORNER

Thank you to those who joined us at the reception honoring the new members of the Council of State and Territorial Epidemiologists. CSTE is very proud of the number of new members that attended the first member's reception at the 2004 Annual Conference. Thanks to the overwhelming response, we are going to continue the New Members Reception indefinitely. I believe that this was a unique and informal opportunity for new members to become familiar with CSTE's Executive Committee Officers and CSTE activities.

I would also like to take a moment to thank the Executive Committee for attending the reception. CSTE knows that your time is valuable and we do appreciate your participation.

Again, thank you to the new members, who made this first time event successful. See you in New Mexico for 2005 CSTE Annual Conference.

Shundra Clinton
Member Services Coordinator

2004 Position Statements

The CSTE members voted to pass the following position statements. To view the entire position statement, please go to the CSTE Web site, www.cste.org, and click on "Position Statements 2004."

04-Env-01	Expanding the Environmental Public Health Tracking Program
04-EC-01	MMWR Dissemination of Data from the Nationally Notifiable Diseases Surveillance System (NNDSS)
04-EC-03	National Epidemiologist Awareness Day
04-EC-04	Collaborative Planning for Development and Implementation of Bioterrorism-Related Surveillance Systems for Public Health
04-ID-01	Revision of the National Surveillance Case Definition of Diseases Caused by Neurotropic Domestic Arboviruses, Including the Addition to the NNDSS of Non-Neuroinvasive Illnesses Caused by these Viruses
04-ID-02	Disclosing Food Distribution Information to Protect the Public Health
04-ID-03	Prevention and Control of Recreational Water Illnesses
04-ID-04	Influenza-Associated Pediatric Mortality
04-ID-05	Development of Population-based HIV-/AIDS Clinical Surveillance
04-ID-06	Improved Inter-Agency Coordination for Multi-State Outbreaks Associated with Salmonella Species
04-ID-07	Laboratory Reporting of Clinical Test Results Indicative of HIV Infection: New Standards for a New Era of Surveillance and Prevention
04-ID-08	Meningococcal Serogroup Surveillance
04-ID-09	Enhancing Surveillance and Confirmatory Testing of Creutzfeldt-Jakob and Other Human Prion Diseases
04-ID-10	Support for "Guiding Principles for HIV Prevention"
Executive Committee	Revision of CSTE Case Definition for Severe Acute Respiratory Syndrome (SARS)

External Cause of Injury Coding in Statewide Morbidity Data Systems

A CSTE Injury workgroup, in collaboration with the American Public Health Association and the State and Territorial Injury Prevention Directors Association, has collected and summarized current information about state-based injury surveillance and external-cause-of-injury coding guidelines and practices, as well as improving the rate and quality of external causes of Injury (ECI) coded data. This survey is designed to assess how states are collecting and using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) ECI codes in health care data systems, which was a follow up to the ECI Codes Assessment published in 1998 by ICEHS, entitled "How States Are Collecting and Using Cause of Injury Data." (For more information on the ECI Codes assessment, go to **www.tf.org/tf/injuries/aphabk98.pdf**.)

A summary report will be posted on the CSTE Web site in the coming weeks. For more information regarding this survey or report, contact John Abellera at **jabellera@cste.org**.

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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 2004-2005 Executive Committee members are:

Office	Name and State	Term Expiration
President	Christine Hahn, MD Idaho	2005
President- Elect	C. Mack Sewell, DrPH, MS New Mexico	2005
Vice President	Matthew Cartter, MD, MPH Connecticut	2005
Secretary -Treasurer	Steven Macdonald, PhD, MPH Washington	2005
Members At-Large	Melvin Kohn MD, MPH Oregon	2007
	Matthew Boulton, MD, MPH Michigan	2006
	Bela Matyas, MD, MPH Massachusetts	2005
Environmental /Occupational/ Injury Epidemiology	Robert Harrison, MD, MPH California	2006
Chronic Disease/MCH/ Oral Health Epidemiology	Mark Baptiste, PhD New York	2007
Infectious Disease Epidemiology	Ellen Mangione, MD, MPH Colorado	2005
Executive Director	Patrick J. McConnon Council of State and Territorial Epidemiologists	

SAVE THE DATE

June 5 – 9, 2005

CSTE 2005

Annual Conference

Albuquerque, New Mexico

For more information please visit our web site:

www.cste.org