CSTE Retreat on Organization Growth/Change

Denver, Colorado
January 16 – 17, 2008

Prepared by Kristine Moore, MD, MPH
under a contract with CSTE

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Retreat Planning

Before the retreat, the following items were sent to retreat participants to help focus the discussions.

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.

Specific Issues to be Addressed

- Is there a greater role for local, tribal, academic and other epidemiologists within CSTE, and if so, should there be any changes within our membership, organizational structure and/or name?
- How should specific areas of epidemiology be integrated into the structure of CSTE?
- Is the current CSTE EC composition adequate to address the diverse interests in the organization?

Participants

The following people participated in the retreat:

- **Current Executive Committee members:** Eddy Bresnitz, Gail Hansen, Bob Harrison, John Horan, Mel Kohn, Michael Landen, Tom Safranek, Perry Smith, Martha Stanbury

- **Invited members:** Henry Anderson, Gus Birkhead, Jerry Gibson, Richard Hoffman, John Middaugh, Patricia Quinlisk, Mack Sewell, Rick Vogt

- **Facilitator:** Kristine Moore

- **CSTE staff:** Pat McConnon, Beverly Christner, Shundra Clinton, Jennifer Lemmings, LaKesha Robinson

Retreat Agenda

The retreat ran from 2:00 pm to 5:30 pm on January 16 and from 8:00 am to 1:00 pm on January 17. A summary of the agenda is provided in the table below.

Retreat Agenda	
Welcome **Review Purpose and Objectives** **Overview**	• Review of purpose and objectives • Retreat road map • Summary of membership perspectives • Response to a changing environment: Impact on CSTE's future vision
Role of Local Epidemiologists within CSTE	• Discussion of key questions* • Impact on CSTE (mission, organization, structure) • Resolution/consensus • Action items
Management of Specialty Areas within CSTE	• Discussion of key questions* • Impact on CSTE (mission, organization, structure) • Resolution/consensus • Action items
Composition and Functions of the Executive Committee	• Discussion of key questions* • Impact on CSTE (mission, organization, structure) • Resolution/consensus • Action items
Review and Summary	• Next steps
*A list of key discussion questions for each of the three major topic areas is provided at the end of this report as Appendix A. Key topic areas are discussed in the sections below.	

Response to a Changing Environment: Impact on CSTE's Future

At the beginning of the retreat, participants were asked to identify and discuss the following issues. 1) What are the changing environmental forces that have contributed to the current situation within CSTE and what forces will have a major impact on the organization into the future? 2) What is the unique niche that CSTE fills (and that should be maintained) as the organizations grows and adapts? 3) What is CSTE's vision for where the organization should be in 3 to 5 years?

What are the changing environmental forces that have contributed to the current situation within CSTE and what forces will have a major impact on the organization into the future?

- The landscape of public health epidemiologic has changed dramatically over the past 20 years. In the past, states primarily had a State Epidemiologist and, at best, some limited additional capacity. Now, many more epidemiologists with specialty training are working in state and local health departments. This, in part, reflects the success of career development and training programs, such as EIS.
- The practice of epidemiology at the state and local level has become more complex, for a number of reasons.
    - Because of greater community needs and an expanded workforce, public health organizational structures have become more complicated (such as adding epidemiologists at the regional level), which creates additional policy implications.
    - Rapid expansion and technological changes within the field of informatics are impacting public health practice.
    - Over the past years, the scope of public health practice has changed to include additional disciplines.
    - The recent availability of funding for other specialty areas (such as substance abuse) has allowed expansion of program activities into new areas of public health practice.
- Over the years, the general public has become aware of the integral role that public health plays in supporting communities at the state and local level; this has increased expectations and demands on public health agencies.
- Public health practice increasingly is moving toward evidence-based decision making, which requires engagement of highly trained epidemiologists and other scientists who possess sophisticated skill sets and competencies.
- The move toward accreditation of health departments will force health departments to be more accountable to those they serve.
- Federal funding streams continue to evolve and diversify. In response, local and state health departments need to engage a broader array of federal partners.
- All of the above changes in public health practice have led to changing needs of the workforce. For CSTE to thrive in this environment, the organization must continually adapt to the needs of its members (and anticipate those needs) while maintaining its integrity and core mission.

What is the unique niche that CSTE fills (and that should be maintained) as the organization grows and adapts?

- CSTE is an organization whose members are engaged in public health practice at the government level. CSTE members have unique power and authority to impact the health of the communities they serve (through mandates, such as disease reporting rules, police powers, etc.).
- CSTE offers unique leadership at the federal level as the only organization representing epidemiologists who are engaged in public health practice at the state, territorial, and local levels.
- CSTE is an affiliate of ASTHO and the organization draws much of its authority from the fact that many of its active members represent their State/Territorial Health Officers.
- CSTE's focus consistently has been on applied epidemiology with a strong scientific basis (rather than a political basis), which accounts for much of the credibility of the organization.
- Because CSTE members represent jurisdictions and the populations within those jurisdictions, member epidemiologists are able to operate from a population-based perspective.
- CSTE members have unique skill sets that combine scientific/epidemiologic expertise, programmatic and managerial skills, and an awareness of political forces that impact public health practice.
- CSTE has a unique role in educating, training, and mentoring the public health work force that focuses on applied epidemiology at the state and local level.
- Because of its unique role and credibility, CSTE is able to effectively advocate for federal funding to support state, territorial, and local public health programs.

What is CSTE's vision for where the organization should be in 3 to 5 years?

- CSTE should work to address the issues identified above regarding changing environmental forces and adapt as necessary.
- CSTE should continue to meet the needs of its core membership (practicing public health epidemiologists).
- CSTE should maintain its position as a credible, authoritative advisory group to the nation on issues involving applied epidemiology and public health practice. In order to do this, CSTE must:
    - Maintain its perspective as an organization that represents state-level government.
    - Continue to support development of core competencies among its membership, including providing ongoing training and mentoring as needed.
- CSTE needs to continue to expand its scope as the landscape of public health practice changes over time.
- CSTE should continue to grow and expand its core membership to incorporate new specialty areas and to include broader representation from local health departments, while maintaining its foundation as a state-based organization.

Role of Local Epidemiologists within CSTE

Discussion of Key Questions

A list of questions used to focus this discussion is provided in Appendix A. Key points that were made during the discussion are outlined below.

Retreat participants generally supported greater involvement in CSTE by local epidemiologists for the following reasons:

- Epidemiologists practicing at the local level do not have another avenue to come together as a group. By engaging local epidemiologists, CSTE can provide that avenue to them. In turn, a broader base for the CSTE membership will ultimately strengthen CSTE's national role.
- It is more advantageous for CSTE to incorporate local epidemiologists into CSTE than to have them form their own separate group, where competing priorities may arise.
- Epidemiologists practicing at the local level and at the state level have similar issues, but with somewhat different perspectives. Expanding the dialogue among members to include both state and local perspectives will ultimately enrich the organization.
- As noted above, the landscape of public health practice has changed over the past 20 years. In order for CSTE to remain a vital force in that landscape, the organization needs to adapt to changing needs. Expanding the organization to incorporate local epidemiologists is one key way that CSTE can proactively respond to the changing environment.
- NACCHO appears to be very supportive of incorporating local epidemiologists into CSTE and local epidemiologists are enthusiastic about being part of CSTE. (*Note: This information was provided to retreat participants by Rick Vogt, who serves on the NACCHO Infectious Disease Committee.*)

A plan for engaging local epidemiologists should be developed that will phase-in various activities over time (see the Action Items outlined below).

The issue of engaging tribal epidemiologists also was raised during this discussion and participants agreed that efforts are needed to better engage this group. In response, tribal epidemiologists will be included as a sub-group of local epidemiologists and all of the outreach efforts to local epidemiologists also will apply to tribal epidemiologists.

Impact on CSTE

Even though there was general support for greater involvement in CSTE by local epidemiologists, retreat participants agreed that the unique role/authority of CSTE (see section above) must not be compromised or diluted through this process. Points made to address this issue include the following:

- It is essential that CSTE keep its focus as a state-based organization and that "CSTE be an organization of states, not an organization of members." Therefore, the one-state/one-vote policy must be maintained.
- However, local epidemiologists can be incorporated into the organization by further promoting the formation of state delegations that can work collectively with the state voting member (i.e., the State Epidemiologist) to develop state-specific positions on key issues. In order to accomplish this, time should be set aside at the CSTE Annual Conference for state delegations to "caucus" before the business meeting.

The possibility of adding a position on the Executive Committee (EC) specifically to represent local issues was discussed briefly. This issue was tabled to a later discussion specific to the EC (see section below).

The possibility of changing the name of CSTE was discussed. Retreat participants generally agreed that a name change was not warranted at this time. However, they agreed that a tag line should be added below the current name indicating that "CSTE is an organization that supports epidemiologists practicing at the state, territorial, tribal, and local levels." The need for changing the name of CSTE should be revisited periodically.

Resolution/Consensus

Retreat participants agreed that steps should be taken to actively support greater involvement of local (including tribal) epidemiologists in the organization and that a plan to move this forward needs to be developed.

Action Items

The action items are presented here in general terms. The CSTE National Office will develop a more specific work plan to address these items and assure that they are accomplished. Action items are summarized in Appendix C.

- Host a reception at the CSTE Annual Conference specifically for local epidemiologists. The reception should include several presentations geared toward this group. A small group of interested members should be formed as soon as possible to develop the agenda for this reception and move this forward.
- Create a CSTE Workgroup to explore how best to engage local epidemiologists in CSTE and to develop the plan for accomplishing this goal.
- Educate the membership and others on the current position of local epidemiologists within CSTE (according to the existing constitution and bylaws). Key points are:
    - Local epidemiologists are eligible for active membership in the organization.
    - Local epidemiologists are eligible to run for office or membership on the EC.
- Include tribal epidemiologists as part of the group of local epidemiologists (unless they are federal employees). This implies that non-federal tribal epidemiologists are eligible for active membership.

- Write a report and update for NACCHO and assure that NACCHO is on board with the approach outlined above.
- Inform ASTHO of this approach as well and seek their feedback.
- Revise the CSTE tag line by adding the following (or something similar): "*CSTE is an organization that supports epidemiologists practicing at the state, territorial, tribal, and local levels.*"
- Add agenda time for state delegations to discuss issues at the CSTE Annual Conference (i.e., caucus time) before the business meeting.
- Implement a process for State Epidemiologists to contact members of CSTE within their respective states (e.g., through list serves provided by the National Office). In addition, State Epidemiologists should be encouraged to more actively engage these members as part of their state delegation.
- Support greater participation by local epidemiologists in the CSTE regional meetings by offering travel funds
- Periodically reassess the possibility of changing the name of CSTE.

Management of Specialty Areas within CSTE

Discussion of Key Questions

A list of questions used to focus this discussion is provided in Appendix A. Key points that were made during the discussion are outlined below.

Participants discussed a number of the specialty areas that are active within CSTE. Most of these areas fall into existing workgroups or teams. All of the current workgroups and teams identified on the CSTE Web site are outlined in Appendix B. Retreat participants noted, however, that some areas (such as mental health) are not currently represented within the existing organizational structure.

Retreat participants agreed that it is critical for CSTE to maintain and promote expertise within the specialty areas.

- As part of this process, CSTE needs to consider the needs of these various groups. For example, in response to a request from the HIV Surveillance Coordinators, the CSTE bylaws were recently changed to allow specialty groups to form their own organizational structure within the CSTE umbrella.
- This approach has worked well for the HIV Surveillance Coordinators and should be actively promoted as a model for other interested groups (such as the STD group).

Some of the groups identified on the list above are not adequately incorporated into the CSTE structure and are not officially represented on the EC (such as mental health, and public health informatics).

- Participants suggested that a Cross-Cutting Workgroup should be formed to better engage such specialty groups.

- Oversight of the Cross-Cutting Workgroup could then be assigned to one or more of the At-Large members on the EC. This approach would provide these groups with adequate support and representation. This issue is further addressed under the discussion on the EC (see below).

Retreat participants spent some time discussing the organizational structure of CSTE; however, this discussion was hampered by lack of an organizational chart.

- Participants agreed that an organizational chart should be developed as soon as possible before this issue can be adequately addressed.
- An organizational chart would clarify the current structure regarding committees, workgroups, consultancies, etc. and increase understanding of how information flows and is managed within the organization.
- An organizational chart also would help to clarify how the organization works as a whole, where the organizational structure is deficient, and what changes could be made to address any areas of concern.
- The question of engaging an external consultant with expertise in organizational development was raised, but no consensus was reached on this possibility.

Retreat participants acknowledged that the Infectious Disease Committee is extremely large and the functioning of that Committee needs to be reviewed and evaluated. Several organizational approaches were discussed. Because this issue is relatively narrow in scope, Gail Hanson (Chair of the ID Committee) agreed to convene a small group of ID Committee members to assess this issue and made recommendations for changes as necessary.

Leadership development was cited as an important issue for CSTE to support. Grooming leadership appears to be working well within the HIV Surveillance Coordinators group for example (again, supporting the adoption of this model by other groups). Some specialty areas of the organization do not have a pool of potential leaders to keep them actively engaged in the organization or engaged at the national level. Efforts are needed to recruit members who can move into leadership positions over time.

Several communication issues were identified as part of this discussion:

- The organizational chart should be shared with members.
- Further steps are needed to support new members and inform them about how they can become involved in the organization.
- A summary of current Cooperative Agreement activities should be developed and shared with the membership.
- Activities of various committees and workgroups should be shared with the membership on an ongoing basis; possibly through an email push system coordinated by staff at the National Office. Information also can be posted on the CSTE Web site (which is going to be revamped in the near future).

Impact on CSTE

Once the organizational chart is developed, further efforts to examine issues around organizational development and impact on the organization can be addressed. Changes to the bylaws likely will be needed as part of this process (see Action Items below).

Issues addressed will also impact the At-Large EC members (this is further discussed below).

Steps should be taken to improve coordination and communication within the organization (see Action Items below).

Resolution/Consensus

Retreat participants agreed that efforts should be made to improve support for specialty groups within CSTE and to assure that these groups are adequately represented. As part of this process, retreat participants supported the model being used by the HIV Surveillance Coordinators and agreed that it should be promoted among other specialty groups as a model to keep members engaged and enhance leadership development within the organization.

Action Items

Some of the action items below are presented in general terms. The National Office will develop a more specific work plan to address these items and assure that they are accomplished. Action items are summarized in Appendix C.

- Develop an organizational chart for CSTE that clarifies how the different entities fit within the organization (e.g., committees, consultants, workgroups, etc.)
    - This should be completed before the next EC meeting in March.
    - EC members who will work on this project include Eddy Bresnitz, Bob Harrison, Mel Kohn, Mike Landen, and Perry Smith.
    - This group also will explore the possibility of developing a Cross-Cutting Workgroup as part of the CSTE organizational structure.
    - The group also will review the existing bylaws and make recommendations for any necessary changes.
- Educate members regarding the structure that the HIV Surveillance Coordinators group has put into place.
    - Promote this structure as a model for other groups within the organization.
    - Create leadership opportunities through this model.
- Review and revise the current consultancy form.
    - Make the form more user-friendly and relevant.
    - Assure that the format reflects the new organization chart.
    - This should be accomplished before that Annual Meeting.
- Provide additional support from the National Office to: 1) keep the membership better informed (through emails and redesign of the Web site), 2) improve functioning of the various workgroups and committees, and 3) provide year-to-year continuity.

- Develop draft working group rules similar to HIV/AIDS Surveillance Coordinators to share with the membership (these will be prepared by Jerry Gibson and the CSTE National Office).
- Review the dues structure and consider changing dues to compensate for additional demands on the National Office.

Composition and Functions of the Executive Committee

Discussion of Key Questions

A list of questions used to focus this discussion is provided in Appendix A. Key points that were made during the discussion are outlined below.

- The roles and functions of the At-Large members on the EC are not clear and the purpose of the At-Large members needs to be revisited.
    - Retreat participants agreed that the At-Large positions need a "job description."
    - At-Large members could each be assigned a core portfolio of selected focus areas.
    - Another option is to eliminate at least one of the At-Large positions and create a new position focused primarily on just one area, such as surveillance/IT, cross-cutting issues, or local epidemiology.
- Participants agreed that it is not realistic for the EC to represent all of the expertise that is needed. In certain situations, it is more appropriate to bring people with the necessary expertise to the EC meetings as needed.
- There was significant discussion about whether or not to have an EC member dedicated to the practice of epidemiology at the local level.
    - Advantages of having a position on the EC dedicated to local issues include:
        - Locals can offer a different perspective.
        - Having a position on the EC dedicated to local epidemiologists is a significant step toward engaging locals.
        - This would give representation on the EC to local epidemiologists.
        - There may be a political advantage to having local representation on the EC.
    - Disadvantages of pushing for local representation on the EC include the following:
        - It is not clear whether this is something wanted by local epidemiologists who are members of CSTE.
        - It is not clear that there are members who are willing to serve in this capacity on the EC.
        - City-state local epidemiologists (e.g., NYC, Chicago) offer a different perspective than local epidemiologists from small county health departments; there is not "a one-size fits all."

Impact on CSTE

The issues identified in this section will provide additional structure for the At-Large EC positions and will assure better representation on the EC for specialty areas and local epidemiologists. These steps will improve the overall functioning of the organization and enhance leadership development. The bylaws may need to be revised as part of this process.

Consensus/ Resolution

Participants agreed that each At-Large EC member should be assigned a core portfolio of issues for which they will have responsibility. A Cross-Cutting Committee should be developed, with EC representation (i.e., one of the At-Large EC members will be assigned to deal with cross-cutting issues as a primary focus area). Participants also agreed that local epidemiologists should have some form of representation on the EC. The group agreed that no additional positions should be added to the EC at this time (although this question should be revisited periodically).

Action Items

Some of the action items below are presented in general terms. The National Office will develop a more specific work plan to address these items and assure that they are accomplished. Action items are summarized in Appendix C.

- The workgroup of EC members charged with developing an organizational chart (see issue above) also will develop a plan for assigning focus areas to the At-Large EC members. As noted earlier, this workgroup includes Eddy Bresnitz, Bob Harrison, Mel Kohn, Mike Landen, and Perry Smith. This will assure that specialty areas have EC representation.
- Steps will be taken to assure that the local perspective is represented on the EC.
    - Local epidemiologists should be recruited for the At-Large EC position to be voted on at the next Annual Conference.
    - Local epidemiology should be a focus area that is assigned to one of the At-Large EC positions.
    - The membership should be informed that, according to the current bylaws, local epidemiologists can currently run for positions on the EC.

Next Steps

- The CSTE National Office will review the Action Items identified for the various topic areas and will develop an overall plan for addressing them.
- The workgroup of EC members assigned to address the organizational chart and the roles of the At-large EC members (see Action Items above) will address these issues before the next EC meeting in March.
- A portion of the March EC meeting will be devoted to follow-up of the issues identified during the retreat.

- A summary of the retreat will be presented to the membership during the next annual meeting; this will include any recommendations for changes to the CSTE bylaws. (The EC may decide to send an email summary of the retreat to the membership before the Annual Conference).

Appendix A: Questions to Guide Discussion of Key Issues for the CSTE Retreat

Response to a Changing Environment: Setting the Stage

Discussion of key questions

- What are the changing forces in the broader environment that are impacting CSTE?
- What issues does CSTE need to deal with in order to address these changing forces (i.e., from a high-level perspective)?
- Keeping in mind the issues above, what should the CSTE mission be as we move forward into the future?
- What do we want CSTE look like 3 years from now? 5 years from now?
- What is the unique niche that CSTE fills?
    - Is CSTE an organization of states or an organization of members?
    - Given the previous questions, who should be part of CSTE?
    - Who qualifies as an epidemiologist (i.e., are our current membership requirements adequate)?

Role of Local Epidemiologists within CSTE

Discussion of key questions

- Will adding more involvement by local epidemiologists change the CSTE identity?
    - Some members believe that CDC and other entities listen to CSTE because CSTE represents state health departments. Will adding more involvement by local epidemiologists dilute CSTE's potential impact on national decision-makers?
    - Would adding more locals potentially change the focus on state-level issues?
- What are the advantages of adding more involvement by local epidemiologists?
- What are the disadvantages?
- If local epidemiologists have a greater role in CSTE, how does this affect the NACCHO/ASTHO/CSTE relationship?
    - Should NACCHO have their own epidemiology organization?
    - What steps are needed to move forward with NACCHO and ASTHO, as indicated?
    - Are there other steps that would need to be taken to formalize increased involvement by local epidemiologists?
- How would greater involvement of local epidemiologists be integrated into the CSTE structure?

Impact on CSTE

- How would adding more local involvement change the mission of CSTE?
- How would adding more local involvement change the structure and organization of CSTE?
- Following this discussion, are any changes in the bylaws or constitution needed to move forward with this issue?
- If a decision is made to integrate local epidemiologists into CSTE, should the name of CSTE change?
- Are there other considerations on the impact of CSTE?

Resolution/Consensus/Action items

- On what issues does the group have consensus?
- Are there any remaining conflicts? If so, how should these be addressed?
- What are the necessary action items?

Management of Specialty Areas within CSTE: Key Questions

Discussion of key questions

- What are the major key specialty areas within CSTE?
- How much effort should be made to meet and manage the needs of specialty focus areas within CSTE? How can this be accomplished?
- Should the model of the HIV Surveillance Coordinators be adopted more widely by other specialty areas?
    - What if the HIV Surveillance Coordinators contradict the EC or what if other conflicts arise?
- Should the overall organizational structure of CSTE change to be more conducive to "growing" specialty areas within CSTE?
- CSTE is a relatively flat organization; does the organization need a more complex organizational structure with more layers to it (more like APHA)?
    - What are the advantages to changing the CSTE structure?
    - What are the disadvantages?
    - Would changing the structure empower more of the membership?
- If multiple sections are created within CSTE, how many sections can one person belong to and are there potential conflicts for belonging to multiple sections?
- Some members perceive that the ID Committee is too large and lacks cohesiveness.
    - What can CSTE do to focus on the important issues of ID managers?
    - How can more time be devoted to ID policy issues?
    - Should there be two co-chairs for the ID Committee (with two seats on the EC)?
    - What other steps should be done to address this issue?

Impact on CSTE

- How would changing the management of specialty areas impact the mission of CSTE (if at all)?
- How should the structure and organization of CSTE be changed (if it should be changed) to better accommodate the management and needs of specialty areas within the organization?
- Following this discussion, are any changes in the bylaws or constitution needed?
- Are there other impacts on CSTE related to the management of specialty areas?

Resolution/Consensus/Action items

- On what issues does the group have consensus?
- Are there any remaining conflicts? If so, how should these be addressed?
- What are the necessary action items?

Composition and Functions of the Executive Committee

Discussion of key questions

- What should be the main function (or functions) of the EC?
- Is power within CSTE too centralized to the EC?
- Is the EC too elitist?
- Is the distribution of work for Committee Chairs and At-Large members unequal?
    - If so, should this be made more equitable by giving the At-Large members more responsibility?
    - How could this be accomplished in a structured way?
- Should the EC change to reflect the current membership (i.e., greater proportional representation)?
- Should the EC be expanded?
    - Should a local representative be added to the EC?
    - Should representatives from additional specialty areas be added to the EC?
    - Should there be two co-chairs for the ID Committee, both with membership on the EC?
- Given the above discuss, what changes, if any, should be made to the EC?

Impact on CSTE

- Would changing the EC impact the mission of CSTE?
- How would changing the EC impact other organizational issues that have been discussed during the Retreat?
- Following this discussion, are any changes in the bylaws or constitution needed?
- Are there other impacts on CSTE related to the EC?

Resolution/Consensus/Action items

- On what issues does the group have consensus?
- Are there any remaining conflicts? If so, how should these be addressed?

- What are the necessary action items?

Other Issues

[Note: These issues were not discussed at the retreat owing to time constraints; however, the EC may wish to revisit these topics at a later date.]

Annual Meeting

- Is the current structure of the annual meeting the best way to address the needs of the membership?
    - Has the focus on policy issues been lost at the annual meeting?
    - Is there enough dialogue and discussion at the annual meeting?
    - Are there enough opportunities to share best practices?
- Is any further assessment of the annual meeting needed?
- Are any changes in the current annual meeting structure needed?

The Key Role of CSTE Consultants

- What does CSTE accomplish when sending consultants to various meetings?
- What should the role of consultants be?
- How can CSTE continue to train and "grow" more junior members to be leaders that can meet the needs of CDC, ASTHO, and others through serving as consultants to these organizations?

Appendix B: Summary of Existing CSTE Teams and Workgroups

The table below outlines the teams and workgroups that are listed on the CSTE Web site (as of January 2008). These represent the majority of specialty groups within the organization. (Some of these teams and workgroups are more active than others.)

Summary of Current Teams and Workgroups by Committee	
Executive Committee	
Teams	Border International Health EIS-PMR Programs Public Health Law BT PHI Team 08 Surveillance Policy Group Tribal Workforce Development Substance Abuse
Workgroups	Smallpox Vaccine Workgroup NEDSS Subcommittee
Infectious Disease Committee	
Teams	ABC Surveillance Antibiotic Resistance Emerging Infections Enteric Infectious Diseases HIV/AIDS Immunization: Adult Immunization: Child Nosocomial Infections STDs Tuberculosis Viral Hepatitis Zoonoses
Workgroups	HIV/AIDS Surveillance Coordinators Pandemic Influenza Workgroup Food Safety/CIFOR Workgroup
Chronic Disease Committee	
Teams	Arthritis BRFSS Cancer Cardiovascular Disease CD Epi Capacity Building Chronic Disease Indicators Diabetes Genetics Maternal and Child Health Nutrition Tobacco Obesity Physical Activity

Workgroups	Chronic Disease Epidemiology Capacity Building Workgroup Maternal and Child Health Workgroup
Environmental/Occupational/Injury Committee	
Teams	Asthma Environmental Health Capacity Injury Control Lead—Other Heavy Metals
Workgroups	Environmental Health Capacity Workgroup State Environmental Health Indicators Collaborative (SEHIC) Workgroup Injury Control Workgroup Occupational Health Surveillance Workgroup

Appendix C: Summary of Action Items

The table below summarizes all of the action items identified in the main body of this report.

Summary of Action Items

Engaging Local Epidemiologists: Action Items

- Host a reception at the CSTE Annual Conference specifically for local epidemiologists. The reception should include several presentations geared toward this group. A small group of interested members should be formed as soon as possible to develop the agenda for this reception and move this forward.
- Create a CSTE Workgroup to explore how best to engage local epidemiologists in CSTE and to develop the plan for accomplishing this goal.
- Educate the membership and others on the current position of local epidemiologists within CSTE (according to the existing constitution and bylaws). Key points are:
    - Local epidemiologists are eligible for active membership in the organization.
    - Local epidemiologists are eligible to run for office or membership on the EC.
- Include tribal epidemiologists as part of the group of local epidemiologists (unless they are federal employees). This implies that non-federal tribal epidemiologists are eligible for active membership.
- Write a report and update for NACCHO and assure that NACCHO is on board with the approach outlined above.
- Inform ASTHO of this approach as well and seek their feedback.
- Revise the CSTE tag line by adding the following (or something similar): "*CSTE is an organization that supports epidemiologists practicing at the state, territorial, tribal, and local levels."*
- Add agenda time for state delegations to discuss issues at the CSTE Annual Conference (i.e., caucus time) before the business meeting.
- Implement a process for State Epidemiologists to contact members of CSTE within their respective states (e.g., through list serves provided by the National Office). In addition, State Epidemiologists should be encouraged to more actively engage these members as part of their state delegation.
- Support greater participation by local epidemiologists in the CSTE regional meetings by offering travel funds (as the CSTE budget allows).
- Periodically reassess the possibility of changing the name of CSTE.

Management of Specialty Areas within CSTE: Action Items

- Develop an organizational chart for CSTE that clarifies how the different entities fit within the organization (e.g., committees, consultants, workgroups, etc.)
    - This should be completed before the next EC meeting in March.
    - EC members who will work on this project include Eddy Bresnitz, Bob Harrison, Mel Kohn, Mike Landen, and Perry Smith.
    - This group also will explore the possibility of developing a Cross-Cutting Workgroup as part of the CSTE organizational structure.
    - The group also will review the existing bylaws and make recommendations for any necessary changes.
- Educate members regarding the structure that the HIV Surveillance Coordinators group has put into place.
    - Promote this structure as a model for other groups within the organization.
    - Create leadership opportunities through this model.
- Review and revise the current consultancy form.
    - Make the form more user-friendly and relevant.
    - Assure that the format reflects the new organization chart.

- This should be accomplished before that Annual Meeting.
- Provide additional support from the National Office to: 1) keep the membership better informed (through emails and redesign of the Web site), 2) improve functioning of the various workgroups and committees, and 3) provide year-to-year continuity.
- Develop draft working group rules similar to HIV/AIDS Surveillance Coordinators to share with the membership.
- Review the dues structure and consider changing dues to compensate for additional demands on the National Office.

Composition and Functions of the EC: Action Items

- The workgroup of EC members charged with developing an organizational chart (see issue above) also will develop a plan for assigning focus areas to the At-Large EC members. As noted earlier, this workgroup includes Eddy Bresnitz, Bob Harrison, Mel Kohn, Mike Landen, and Perry Smith. This will assure that specialty areas have EC representation.
- Steps will be taken to assure that the local perspective is represented on the EC.
  - Local epidemiologists should be recruited for the At-Large EC position to be voted on at the next Annual Conference.
  - Local epidemiology should be a focus area that is assigned to one of the At-Large EC positions.
  - The membership should be informed that, according to the current bylaws, local epidemiologists can currently run for positions on the EC.

Next Steps

- The CSTE National Office will review the Action Items identified for the various topic areas and will develop an overall plan for addressing them.
- The workgroup of EC members assigned to address the organizational chart and the roles of the At-large EC members (see Action Items above) will address these issues before the next EC meeting in March.
- A portion of the March EC meeting will be devoted to follow-up of the issues identified during the retreat.
- A summary of the retreat will be presented to the membership during the next annual meeting; this will include any recommendations for changes to the CSTE bylaws. (The EC may decide to send an email summary of the retreat to the membership before the Annual Conference).