

CROSS CUTTING STEERING COMMITTEES

CSTE's Cross Cutting Steering Committees facilitate collaboration and support the efforts of epidemiologists working in state, territorial, local, and tribal health agencies in an array of topic areas affecting multiple sectors of public health. Due to the breadth of cross-cutting topics, CSTE has two Cross Cutting Steering Committees, comprised of the following program areas:

CROSS CUTTING 1 STEERING COMMITTEE CHAIR: Katrina Hedberg

SUBCOMMITTEE

Alcohol
Alcohol and Other Drugs Indicators
Local Epidemiology
Overdose
Substance Abuse
Workforce

CHAIR

Jim Roeber
Steve Wirtz & Thomas Largo
Brian Labus
Denise Paone
Corinne Miller & Michael Landen
Bob Harrison

CROSS CUTTING 2 STEERING COMMITTEE CHAIR: Joe McLaughlin

SUBCOMMITTEE

Border/International Health
Disparities
Emergency Preparedness
Public Health Law
Tribal Epidemiology

CHAIR

Ken Komatsu
Duc Vugia
Richard Danila
John Middaugh & Glen Patrick
Michael Landen

STAFF LEADS: Amanda Masters, Erin Simms, Annie Tran



Workforce Development

CSTE workforce development initiatives include two fellowship training programs: the CDC/CSTE Applied Epidemiology Fellowship Program and the Applied Public Health Informatics Fellowship. These Fellowship programs aim to strengthen the applied public health workforce by providing an advanced training experience in epidemiology and informatics at the state and local level. In addition to the Fellowship programs, CSTE conducts periodic assessments of epidemiologic capacity. In 2010, CSTE enumerated the state and local epidemiologists to monitor the impact of the fiscal crisis on the public health workforce. To address applied epidemiology workforce challenges, CSTE held its third Workforce Summit in 2011 to develop recommendations and a strategic direction for future workforce activities. Reports from these activities are available at www.cste.org.

Tribal Epidemiology

The Tribal Epidemiology Subcommittee consists of tribal epidemiologists working with American Indians/ Alaska Natives (AI/AN) in states, local health agencies, and territories and has brought together key players in public health surveillance, health data sharing, and public health authority in Indian country. In January 2012, CSTE released a report on data sharing and public health authority of tribal epidemiology centers, which is available at www.cste.org. In February 2012, a regional tribal epidemiology meeting was held in Phoenix, AZ to discuss the issues around data access and data quality. The subcommittee continues to conduct a case-control study of 2009 pandemic influenza deaths among AI/AN.

Alcohol & Substance Abuse Epidemiology

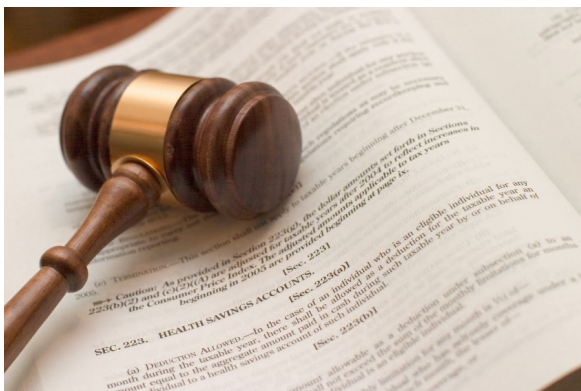
The Substance Abuse Subcommittees were developed to concentrate efforts within CSTE to comprehensively address state and local public health needs and/or interest in the epidemiology and surveillance of substance abuse. Subcommittee members are working on several projects including the development of an alcohol and other drug hospitalizations indicator and calculating state-level estimates of alcohol-related death rates by demographic groups.



Health Disparities

The mission of the Health Disparities Subcommittee is to address health disparities at the local, tribal, state, and territorial levels using best epidemiology practices. Subcommittee participants, with representatives from all major areas of public health, are working toward creating general methodological approaches to analyze available public data for health disparities across disease areas. The Subcommittee, in collaboration with the Harvard Public Health Disparities Geocoding Project, has identified a methodological approach using area-based socioeconomic status (SES) measures with public health surveillance data to monitor health inequalities

in the U.S. population. The outcome of this work is a guidance document, which will be used to develop a health disparities geocoding pilot project in late 2012 and will be posted on the CSTE website.



Public Health Law

CSTE deals with many legislative issues around surveillance policy, determining research versus practice, the impact of the Family Educational Rights and Privacy Act (FERPA) on data sharing agreements, and other policy initiatives that are of interest to CSTE members. CSTE routinely engages other public health stakeholders in assessing the Federal interpretations of FERPA and its impact on data sharing at the state level. CSTE submitted comments to the Federal Register to modify language in 45 CFR 46 to define public health practice.

VISIT WWW.CSTE.ORG

For more information about all of CSTE's activities and news.