CSTE Executive Board Meeting
October 21-23, 2008

Tuesday, October 21, 2008

Present:	Perry Smith	Michael Landen	Melvin Kohn
	Martha Stanbury	Sara Huston	Tom Safranek
	Duc Vugia	Patty Quinlisk	Jeffery Engel
	Steve Ostroff	Beverly Christner	Amber Leonard
	Lakesha Robinson	Lisa Dwyer	
Guests:	Oscar Alleyne	Barry Rhodes	

Agenda

Minutes
The minutes from the Oct. 10, 2008 Executive Board conference call were approved.

Action Item:
Post on CSTE Web site.

National Office Update on CSTE Cooperative Agreement-Funded Activities

- **Chronic Diseases:** $233,887
  MCH Fellowship Activities, Capacity Building, Consultation

- **Core:** $1,509,805
  Capacity Building, Nationally Notifiable Diseases, Workforce Development, Cross Cutting Indicator Development, Tribal Activities and Training

- **Environmental Health**: $467,000
  Capacity Building, Indicator Development, EH Fellowship Activities and Consultations

- **Epidemiology:** $2,682,985
  Workforce Development, Fellowship Activities, Capacity Building, Influenza Activities, ALS Project, Global Health Activities, Annual Meeting, Informatics, Consultations and Injury Epidemiology Activities

- **Food Safety:** $453,691
  CIFOR, NASPHV Activities and Consultations

- **HIV/AIDS Surveillance:** $136,479
  Capacity Building, Peer Exchanges, Capacity Assessment and Consultations

- **Infectious Disease:** $218,804
  Capacity Building, Workforce Development, Fellowship Activities and Consultations

Action Items:
- Develop road map that tracks back to the specific funding sources as laid out by CDC. For example: Capacity Building - list of all the subject areas that it applies to Provide a summary to the Executive Board of what CDC Centers are funding under the CSTE Cooperative Agreement.
- Steve Ostroff will meet with Pat to discuses CSTE budget.
- Pat will forward a balance sheet to the Executive Board.
- CSTE budget will be placed on the agenda for the next Executive Board meeting.

Steering Committee Reports

Environmental, Occupational, Injury: Martha Stanbury

Environmental

Environmental Public Health Indicators
- The Asthma Workgroup has developed and pilot tested indicators on asthma hospitalizations and chronic lower respiratory disease mortality. The Workgroup is currently piloting a new indicator on asthma emergency department visits.
- The Air Quality Workgroup has finalized indicators on ambient concentrations of pollutants, exceedances of air quality indices and standards, traffic, and greenhouse gas emissions. The Workgroup is working to finalize an indicator on hazardous air pollutants, and the CSTE consultant is finalizing a lessons-learned document regarding the production and pilot of the currently finalized air indicators.
- The Climate Change Workgroup has developed a set of health outcomes, population vulnerability, environmental/ecological, and developmental indicators. Templates and how-to guides have been completed by CSTE consultants and are currently under review by the Workgroup leads, Paul English and Christine Davis.

Environmental Health Workforce and Consultation Programs
- There are currently five CSTE environmental health Applied Epidemiology Fellows located in Clarke County, Washington, New Mexico, Minnesota, Vermont and California.
- The National Center for Environmental Health-CDC asked CSTE to identify two state representatives to attend an August training and strategy session at CDC about radiation preparedness. The two CSTE reps, Michael Heumann (OR) and Andrea Paykin (NYC), prepared a consultancy report with some recommendations for future collaborations, which was provided to the CSTE national office.
- Henry Anderson, the CSTE lead environmental health consultant, has been working on several projects:

- Working with the Biosurveillance Coordination Unit State, Local, Tribal and Territorial Working Group (SLTT), including a meeting, teleconferences and review of the draft National Biosurveillance Strategy for Human Health.
- Working with the CSTE Surveillance Policy Group on nationally notifiable disease issues.

Position statements

- A position statement titled "State-level environmental disease epidemiology capacity" was finalized and approved at the 2008 annual meeting.
- The position statement recommending lead as a nationally notifiable disease was revised by the CSTE contractor, OntoReason, to meet the new template specifications, and the revisions were reviewed by a committee of CSTE members. Additional work is needed on this document before it is presented to the annual meeting in June 2009, because the group wants to make some substantive changes, including changes in the case definition.

Other accomplishments

- A meeting was held at CSTE in July with the Division of Environmental Hazards and Health Effects-CDC, CSTE staff, and selected CSTE members from the states. The purpose of this meeting was to discuss ways that CSTE/states and CDC environmental epidemiology programs can further their collaborations. The meeting summary, which identifies some priority activities for the next year, is available.
- As follow-up to this meeting, a draft "charter" for the CSTE Environmental Health Subcommittee has been drafted, in an effort to mobilize state/local environmental epidemiologists to participate in CSTE-organized activities.
- The planning for the 2009 annual meeting is under way, under the leadership of Betsy Lewis-Michl (NY) and her committee.
- Martha and some others have been providing assistance to CSTE staff involved in developing a survey of state programs to determine which states are doing surveillance for neurological diseases, including amyotrophic lateral sclerosis. This is being developed under contract with ATSDR-CDC. (The few states that do ALS surveillance generally do this in their environmental programs, but some other conditions of interest (e.g., Parkinson's disease) fall under chronic.
- CSTE and CDC/NCEH will work to draft a guidance document to describe the minimum and essential functions of environmental epidemiology at the state and local public health levels.

Occupational

Occupational Health Indicators (OHI)

- 15 states contributed data on 19 indicators for 2000-2003, which are now posted on the CSTE OH web page (http://www.cste.org/OH/OHmain.asp). 2004 data are almost ready for posting.
- The CSTE indicators Web site has been updated with revisions to the text.
- The "How-to" guide for generating the OHIs has been updated this year for 2005 data. 2005 data have been submitted by most states.

- A presentation summarizing results of the evaluation of the OHI indicator process was made at the June CSTE meeting.

CSTE occupational health (OH) Web page

- The OH Web page has had a number of additions and enhancements – see http://www.cste.org/OH/OHmain.asp .

Promoting state, regional, national collaboration

- The Workgroup met in Cincinnati April 22-24, 2008, in conjunction with a workshop on occupational health disparities organized by NIOSH.
- Barbara Materna (CA), the CSTE liaison to the NIOSH Surveillance Coordinating Group (SCG), does an excellent job both in presenting our issues to that group and in distributing updates from the SCG to the states through the CSTE group mailing list.
- The Workgroup asked if NIOSH would add a section to their monthly electronic newsletter that would report on state-based occupational health surveillance activities. NIOSH has agreed. The first submission, which discussed CSTE and the Workgroup and included a brief summary of the Indicator development process, was published in the March NIOSH E-News and state contributions have been published monthly since then.
- At the upcoming November meeting, the Workgroup will be considering the pilot of a multi-source-document project that would explore counting amputations and carpal tunnel syndrome cases in a handful of states. This project will be done in coordination with the U.S. Bureau of Labor and Statistics.
- CSTE OH Surveillance Workgroup members from the Western states worked with NIOSH, Colorado regional office, to host the Western States Occupational Network meeting (WESTON) on Sept. 25-26. The goal of this meeting was to build state-based occupational epidemiology capacity in the Western States and to provide a networking opportunity for state representatives and their Agricultural (AG) and Education and Research Center (ERC) academic colleagues in the Western states.

Position statement activity

- "Criteria for Inclusion of Conditions on CSTE Nationally Notifiable Condition List…": As a result of the changes that were made in this position statement, which was approved at the June 2008 meeting, at a minimum, lead, silicosis and pesticides qualify for inclusion on the list of nationally notifiable conditions.
    - The CSTE contractor, OntoReason, made revisions to the lead position statement, and a group of CSTE (State) and CDC/NIOSH occupational and environmental subject matter experts reviewed it, following which OntoReason made additional changes. The CSTE/CDC group plans on making additional changes before the June 2009 meeting, including making some changes to the case definition.
    - The Workgroup will be discussing the process for revising silicosis and pesticides during their meeting in November as well as gathering ideas and volunteers to author new position statements for the upcoming annual conference.

- "State-level Occupational Illness and Injury Epidemiology Capacity": This position statement was finalized and adopted at the June 2008 annual meeting.

Other accomplishments

- The document approved by the CSTE Executive Committee in the fall of 2007, titled *Guidelines for Minimum and Comprehensive State-Based Public Health Activities in Occupational Safety and Health,* has just been published by NIOSH.
- An additional outcome of collaborating with NIOSH on this document is the need to create a dissemination strategy for important documents and reports from the Workgroup, which is being developed.
- Ten states are continuing coordination of the analysis of questions on their 2007 state BRFSS on worker injuries in order to estimate the percentage of those employed who sustain a work-related injury and the percentage of those for whom medical care was covered by workers comp. Dave Bonauto (WA) is the lead for this project.
- States continue to represent CSTE on the NIOSH NORA Sector Councils and are promoting the importance of State-based surveillance. (NORA is a NIOSH initiative: National Occupational Research Agenda. See www.cdc.gov/niosh/nora.)
- The planning committee for the occupational health sessions for the CSTE 2009 annual meeting has had several conference calls and has met deadlines. Kitty Gelberg (NY) again has volunteered to chair this planning group.
- A welcome to the new Acting Director of NIOSH was sent on CSTE letterhead, giving her a brief summary of the accomplishments of the Workgroup and describing some concerns about the future of NIOSH funding to states for occupational health surveillance.

Injury

CSTE Injury Applied Epidemiology Fellows

- There is currently one CSTE injury Applied Epidemiology Fellow located in New York City.

Workgroup for External Cause Coding Improvement (WECCI)

- This is a collaborative effort led by CSTE, including CDC, STIPDA, ASTHO, PHDSC (Public Health Data Standards Consortium) and "others" (e.g., Sue Gallagher), and is led by Mel Kohn.
- WECCI members from CDC/NCHS organized a meeting of Federal Agencies on External Cause of Injury Coding in Washington, D.C., in collaboration with the 2008 NCHS Data Users Conference. CSTE co-sponsored the meeting and traveled three CSTE members to present examples of states with high External Cause Coding and how the data are used for state and local injury surveillance and prevention activities. The meeting also provided an opportunity for agency representatives with an interest in this issue to meet each other.
- WECCI members are currently working to organize an external cause coding summit with non-federal stakeholders across states in collaboration with the STIPDA annual conference in Washington, D.C., in February 2009. The primary goal is to identify priorities among those suggested in the March MMWR R&R (written by WECCI

members); participants will then split into smaller groups to develop action plans. CDC/NCHS will publish plans and hopefully identify resources.

- Workgroup members will do an update on WECCI activities at APHA, including the two summit meetings at the injury data issues roundtable Tuesday, Oct. 28 at 2:30, Session # 4282.0.
- The National Safety Council has endorsed WECCI's goals and is actively developing a strategy to address external cause coding.
- The Injury Subcommittee is working to suggest priority action items for future Injury surveillance activities at CSTE.

Annual meeting

- The injury planning group for the June 2009 meeting has been identified and is being led by Holly Hedegaard.
- The planning committee is collaborating with representatives from CDC/NCIPC on planning an injury-related pre-meeting workshop for the CSTE annual conference. Topics include a technical meeting related to some aspect of National Violent Death Reporting System (NVDRS), or a session entitled "Injury Epidemiology for Non-Injury Epidemiologists."

Action Item:

- A proposed position statement on NEDSS for the 2009 annual conference.

Infectious Diseases: Jeff Engel

Influenza

Super Sentinel Project

- CSTE is funding three states to build upon the existing Influenza Sentinel Provider Surveillance Network to enhance ILI and virologic surveillance during the interpandemic period and to test protocols that could meet some of the needs for increased surveillance during a pandemic.

Advancing Strategies to Improve Influenza Surveillance

- CSTE is supporting five state health departments to develop and evaluate novel or enhanced approaches to influenza surveillance in the areas of pneumonia and influenza mortality reporting; laboratory data reporting; and influenza associated hospitalization reporting.

Develop and Pilot a Modular Online Influenza Training Program

- CSTE and The North Carolina Center for Public Health Preparedness at the North Carolina Institute for Public Health, in the University of North Carolina School of Public Health, will develop and pilot a modular online training program in collaboration with the CDC Influenza Division, CDC Office of Global Health (COGH), and CDC Office of Workforce and Career Development (OWCD).
- Online program will be finalized in early 2009.

Miscellaneous
- International Consultations
- CSTE Consultation on Pandemic Influenza Planning and Surveillance in Atlanta (Nov. 13)

Avian Influenza Rapid Response Training
CSTE supported states to locally conduct a training course to provide guidance for state and local health departments in identifying and controlling human infections and illness associated with high pathogenicity avian influenza (HPAI).

Food Safety/CIFOR (Council to Improve Foodborne Outbreak Response)
Current CSTE CIFOR activities include*:*
- Draft Foodborne Disease Outbreak Response Guidelines**:** Guidelines intended to aid governmental agencies that are responsible for preventing and managing foodborne disease. Public comment period ended Oct. 15, 2008
- CSTE has funded these additional activities:
    - Evaluation of Cluster Definitions for Foodborne Outbreak Investigations (Craig Hedberg, University of MN)
    - Regular Epidemiology/Laboratory Integrated Reporting Pilot
    - Increase Availability of Foodborne Disease Outbreak Training
    - For more information, visit www.cifor.us

HIV/AIDS
- Surveillance Coordinator orientation manual to be released soon
- Surveillance capacity assessment report drafted and being fine-tuned
- Updates and revisions to the operating rules of the subcommittee are drafted and will be coming to the Executive Board for approval by the next meeting.
- CSTE has purchased SAS training units for surveillance coordinators to use to improve their SAS skills. Several peer-to-peer technical assistance trainings have also been submitted.

NASPHV
- Rabies compendium – Sept. 26-27, 2008
- Animal Contact compendium – Oct. 20-22, 2008
- Psittacosis compendium – Dec. 11-12, 2008

Action Item:
None required

Chronic/MCH: Sara Huston

Designation of subcommittee chairs and liaisons
With a new committee chair in place and few existing subcommittee chairs, the CD/MCH/OH Steering Committee has had to start from ground zero. The first step has been the recruitment of subcommittee chairs, which has been an exciting and

worthwhile process. The first kick off call was Friday, Oct. 17, 2008. Work is continuing to identify and recruit for the additional subcommittee chair and liaison positions needed for the committee's work.

Cancer	Youjie Huang (Florida)
Cardiovascular Disease	TBD
CD Epidemiology Capacity Building	TBD
Chronic Disease Indicators	TBD
Maternal Child Health	Violanda Grigorescu (Michigan)
Surveillance and Informatics	Khosrow Heidari (South Carolina)
BRFSS Liaison	Youjie Huang
NACDD Liaison	TBD (conference call w/ NACDD 10/28)

Production/dissemination of one-page Chronic Disease Epidemiology Capacity Profiles for each state

Members and staff from CSTE, NACDD and CDC have worked collaboratively over the past couple of years to create state-specific, one-page Chronic Disease Epidemiology Capacity Profiles using the data from the 2003 CSTE Chronic Disease Epidemiology Capacity Assessment. This work involved identifying key indicators of capacity as well as analyzing the data for each state and creating the profiles. In the first week of October 2008, CSTE disseminated these profiles to the state chronic disease epidemiology point of contact and the state epidemiologist, with each receiving the profile for their respective state. Although these profiles were based upon data from 2003, the group is currently working on a Chronic Disease Epidemiology Capacity Rapid Assessment to be conducted in 2009 that will allow the creation of 2009 state profiles, which can then be compared with the 2003 profiles. The feedback from states has been quite positive, often times with plenty of reassurance that capacity has improved since 2003.

Chronic Disease Epidemiology Capacity Rapid Assessment development

Members and staff from CSTE, NACDD and CDC have been working collaboratively to design a Chronic Disease Epidemiology Capacity Rapid Assessment instrument, which can be use to assess state capacity periodically, perhaps every few years. A draft instrument was circulated and discussed during the CD/MCH/OH Committee business meeting in June and is currently being revised based upon comments received at that meeting. The rapid assessment is planned to be conducted in spring 2009. The committee has been talking with the 2009 Epidemiology Capacity Assessment (ECA) Workgroup about the possibility of incorporating the CD Rapid Assessment into the 2009 ECA, and has shared the current draft of the instrument with the ECA Workgroup.

2009 Epidemiology Capacity Assessment

Two members of the CD/MCH/OH committee are serving on the 2009 ECA Workgroup and have been providing input on the survey design.

Position statement activity

As part of the accelerated "Reformatting of Nationally Notifiable Diseases/Conditions into the 2009 CSTE Position Statement Template" project, a team of epidemiologists and informaticians from OntoReason drafted a reformatted position statement on Cancer. The CD/MCH/OH Chair identified seven individuals to serve as Cancer Subject Matter Experts; four of these individuals were able to serve as reviewers within the required timeframe and provided input on the revised cancer position statement.

Chronic Disease Indicators

Members of the CD/MCH/OH committee provided input to CDC on the technical specifications and definition of a new Chronic Disease Indicator: "Recommended Physical Activity among Youth." This new indicator replaces "Vigorous physical activity among youth." Changes to the Youth Risk Behavior Surveillance System instrument allowed the creation of this new indicator, which is more in line with current recommendations for physical activity among youth.

Maternal and Child Health

Recent efforts to better organize maternal and child health (MCH) epidemiologists in state and local public health agencies are under way. Initial discussions among MCH epidemiologists and partners took place at the 2007 MCH EPI Conference. Since then, a committee has been working on proposals for a more formal organizational structure and is now deciding how best to accomplish them. A call is scheduled on 11/21 to continue this discussion with partners.

Oral Health

Recent oral health epidemiology efforts at the state level have been focused on the integration of epidemiology within the oral health program goals, to use epidemiology's specific methods for the implementation of surveillance, special studies, and generation of epidemiologic information needed for policy and program development. We are currently reaching out, through organizations such as the Association of State and Territorial Dental Directors, to oral health epidemiologists who may be interested in being active on this committee.

CSTE Annual Meeting Planning

The CD/MCH/OH Chair is participating in the CSTE Annual Meeting Planning Committee, and CD/MCH/OH Committee members have been actively involved in

creating the list of topics for the call for abstracts as well as beginning to plan session topics.

Action Item:
None required

Cross Cutting: Duc Vugia

Workforce Subcommittee

- Currently discussing the proposed questions for the Defining and Measuring Epidemiology Capacity Assessment. Workgroup is currently convening twice monthly and is developing the questionnaire for the 2009 ECA.
- Defining and Measuring Epidemiology Capacity (DEC) met in April 2008 and the discussion resulted in a report regarding the current status of epidemiology capacity models in the literature and those developed during the expert panel meeting.
    - One final expert panel meeting will be held to discuss next steps moving the project forward into FY 2009.

Public Health Law Subcommittee

- CSTE is collaborating with the University of Michigan on an RWJF grant to discuss national best practices, policies and laws on isolation and quarantine in the 50 states and D.C.
- A national assessment will be distributed to the State Epis to delve deeper into each state's isolation and quarantine policies.
    - Estimated timeline: January 2009
- John Middaugh (Clark County, NV) has reenergized the effort to organize coastal states to collaborate with the Cruise Line International Association (CLIA) Medical Committee to discuss homogenizing reporting rules by states to which cruise ships sail.
    - Medical committee meeting Oct. 26

Bioterrorism/Preparedness Subcommittee

- At the CDC conference on Emergency Preparedness and Response on Oct. 6 (an internal conference for those involved in these issues across all areas of CDC), Patricia Quinlisk spoke on the issues between the states and CDC in this area. She received assistance from the CSTE EB, ASTHO, and those at the Iowa health department to ensure that the most important issues were raised.
    - Slides from this presentation are available from Patty.
- With the current economic situation, and the approaching elections, there are obviously concerns about the impact on BT funding.
- It is unknown at this time what impact there will be, but we will keep members up-to-date with any information we receive.

Action Item:
None required

Tribal and Local Epidemiology

Subcommittee:

Substance Abuse	Corinne Miller and Michael Landen
Tribal Epidemiology	Michael Landen
Local Epidemiology	Patricia Quinlisk

Substance Abuse Workgroup

Epidemiology Capacity Assessment

The CSTE Substance Abuse Workgroup has been working with SAMHSA/CSAP on a substance abuse epi capacity assessment. The purpose of the assessment is to define, assess and measure the substance abuse epidemiological capacity at state (single state agencies for Alcohol, Tobacco and Other Drug [ATOD] prevention, state health departments, and other key stakeholders) and community/local level (community coalitions, regional/county centers and other key stakeholders). The information can be used to determine the need for additional resources and the types of resources needed.

Tribal Epidemiology Center (TEC)/CSTE Workgroup

James Hodge, associate professor in law at Johns Hopkins School of Public Health, will be:

- Investigating data sharing policies
- Analyzing state regulations that authorize or limit the sharing of identifiable public health data
- Recommending revisions to state-specific laws with regards to data sharing for those eight states
- State Survey Analysis Workgroup – led by Jeanne Bertolli (CDC)
  Analysis of 2006 data sharing between state health departments and Tribal Epi centers

Local epidemiology

An offer was extended by Pat McConnon and the Executive Board to the Leadership of the local epidemiologists (Rick Vogt) to extend a revolving invitation for a local epidemiologist to attending the in-person Board meetings. The purpose of such a move is to allow the Board to better understand how the local perspective can contribute to CSTE.

Action Item:
None required

Surveillance and Informatics: Tom Safranek

Public Health Informatics Subcommittee

- The PHI Subcommittee has provided comments to CDC on the Biosurveillance Strategic Plan FY 2009-2012 and the Biosense Strategic Plan FY 2008-2012.

- Participating in the CDC PHIN Communities of Practice

Surveillance Coordination Subcommittee
- Launching the 2008 State Reportable Conditions Assessment (SRCA)
- Further refining the Nationally Notifiable Conditions List: project is still currently under way, with OntoReason drafting revised position statements; will need to address issue of how we keep codes up to date
- Refining the Knowledgebase roadmap

Electronic Laboratory Reporting Subcommittee
- Met with the Biosurveillance Coordination Unit to discuss the ELR portion of the Biosurveillance Strategic Plan FY 2009-2012
- Working out the relationship between this existing ELR subcommittee and the CDC PHIN ELR Community of Practice

NEDSS Base System Subcommittee
- Submitted the NEDSS Assessment article to the MMWR for publication on 10/8/08

Surveillance Policy Subcommittee
- Collaborating with the PHI subcommittee on the Biosurveillance and Biosense Strategic Plans
- Collaborating with CDC to determine the specific mechanisms of what is 'immediately' notifiable from states to CDC (e.g., timeliness and methods of reporting)

Action Item:
None Required

Building the Knowledgebase for Disease Reporting & Data Sharing

Rational for a Knowledgebase
- Lack a central repository of all reporting requirements of reportable conditions
- Rely on information in newsletter, poster, and PH agency Web sites
- Reporting requirement lists: limited distribution

Rational for Knowledgebase (2)
Unknown frequency of Web site updates
- Often do not match updated lists
- Reporting requirements generally scattered amongst multiple agency web pages
- Changes in the rules-fragmented implementation with substantial time lags
- No central repository for procedures for case notification to CDC.

Goals of the Knowledgebase

- Make reporting rules/information available for viewing and in machine-readable format to be incorporated into electronic clinical and laboratory systems
- To provide state/territory health agencies with full details on procedures for notification of a case of a NNC to CDC

Take Home Goal

- Collate the current (piece meal) reporting processes and information into one electronic database that can be accessed and used by multiple stakeholders.

Uses of the Knowledgebase

All stakeholders will have consistent "realtime" state/territory reporting rules:

- Reporting criteria (clinical, laboratory, epidemiologic)
- Timeliness requirements for reports
- Circumstances for reporting (outbreak cases, aggregate vs. individual case reporting, work-related, etc)
- Data elements to be included in initial case/lab reports, and mechanisms for reporting

Scope of the Knowledgebase

Phase I (2009)

- Reporting criteria by state/territory
- Data elements for initial case/lab reports
- Circumstances for reporting

Phase II (˜2012)

- Timeliness requirements for reports
- Automated case classification criteria
- Details on procedures for notification of NNC to CDC

Example of Uses of the Knowledgebase

After Phase I

- Clinical labs can query a specific condition's reporting requirements for every state in the country
- Case reports will have condition-specific data elements for reporting

CDC's Role in the Knowledgebase

- CDC to allow NEDSS funds (or provide additional funding), for states/territories to establish and maintain own secure Web sites with condition-specific reporting rules.
- Joint CSTE-CDC collaboration for:
  - States and CDC to agree upon standardized template for use on state/territory Web sites.
  - States and CDC come to a consensus regarding phases and timeline for implementation of KSNC.

Role of the SRCA

- The State Reportable Conditions Assessment (SRCA) is the current method of collecting data on the specifics of reporting rules
- Each state/territory's requirements are detailed, including whether a certain condition is explicitly mentioned, implied through vague "catch all" phrase, or is not reportable
- SRCA captures robust information on who is required to report (i.e., Clinician, Hospital, Laboratory, Other)
- Additional information is collected: work-related cases or outbreak-related cases, and case data reported in individual case reports or in aggregate form
- SRCA-intended to phase out and transition into the Knowledgebase

Role of SRCA (2)

SCRA Time line

- Initial pilot: Aug. 8, 2008
- Second/final pilot: Sept. 19, 2008
- Rollout of final SRCA: October 2008
- Completion of all follow up: November 2008
- CDC NNDSS data for MMWR: February 2009

Role of the NNC Position Statement Reformatting Process

- The 2009 Template for Position Statements requires authors to provide detailed criteria for electronic reporting
  - Authors provide information on case notification to CDC
  - Authors identify extended data elements for initial case/lab report
  - This essential information is slated for incorporation into the initial phase of KSNC

How it all fits together

- SRCA: who reports what information from clinicians, hospitals, etc. to state/local health departments
- NNC: data elements, electronic coding and when to report and how to notify CDC
- Knowledgebase: data elements, reporting rules, when to report, who needs to report, how and when to notify CDC

Outcomes of the Knowledgebase

- Increased timeliness and completeness of reporting
- Increase volume of reporting to LHD/SHD/CDC
- Workforce and infrastructure
- Unforeseen uses and results

<u>Position Statement Process Update</u>

Update on the Accelerated NNC Reformatting Position Statement Process

- OntoResason contract extended to Nov. 28, 2008
- 25 NNCs Completed (post epi review)
- 47 NNCs to be reviewed and finalized

2009 Position Statement Process

2009 CSTE Position Statement Timeline

	Ordinary Process	Expedited Handling	Presidential Review	Interim Position Statement
Criteria for acceptability	None. Should be sponsored by an active member, whenever possible.	Criteria to be judged by the Secretary-Treasurer: 1. Issue is time-sensitive, AND 2. The issue has substantial importance due to its impact on public health, AND 3. The quality of the draft position statement is adequate (e.g., format follows standard CSTE template and criteria, agencies for response are appropriately identified, references are provided, statement of problem or desired action is clearly defined.), AND 4. The chair of the appropriate committee agrees to accept the proposal into the Expedited Handling process.	Extremely urgent and relevant issues, as judged by the President.	Issue is time-sensitive, AND Cannot wait until the next business meeting to be addressed, as judged by the EC.
Time for Submission	Until 10 weeks before business meeting **4/2/09**	Between 10 and 3 weeks before the business meeting **4/3/09 – 5/21/09**	Last 3 weeks **5/22/09** (but not later than 48 hours) before business meeting	Any time.
Review by Resolution Committee	By 8 weeks before business meeting **4/16/09**, resolution is assigned to specific committee, which finds members to assist in review. By 6 weeks before business meeting **4/30/09**, resolution is reviewed and suggestions for revision are sent to author. Revised resolutions must be submitted by 4 weeks before the business meeting **5/14/09**.	None, but must be reviewed and approved by EC. Authors may be required to make rapid revisions.	None. President consults with EC members, as deemed appropriate. Authors may be required to make very rapid revisions.	None. Must be reviewed and approved by the EC, and ratified at the next business meeting.
Post on CSTE website	Before 3 weeks preceding the business meeting **5/21/09**	As soon as possible, but no later than 2 weeks before business meeting **5/28/09**	After adoption	Immediately after approval.

Activity

- Indentify authors for the position statement (November 2008)
- Contractors complete the NNC position statement (Nov. 28, 2008)
- CSTE staff review "final position statement from contractors (Dec. 1, 2008)
- CSTE staff distribute position statements to original reviewing SMEs, and CSTE steering and subcommittees for subsequent informal review process (Dec. 5, 2008)
- Full position statement process begins:
  - Final position statements posted to a document sharing online
  - Official changes made on this site, authors, CSTE members and invited guests granted access (Jan-Mar 2009)
- CSTE staff set up conference calls to facilitate review (Jan-Mar 2009)
  - Committee conference calls will be scheduled to address position statements.
- After review process is complete, set up logistics of Annual Conference Review. (May 2009)
- Pre-conference workshop: discuss complex position statements resolve remaining issues (Sunday, June 2009)

- Proposed: Two Infectious Disease breakout sessions scheduled for the Conference (Proposed, Tuesday and Wednesday, June 2009)

Marketing and Education
- One-source communications
- Steering committee chairs
  - Subcommittee chairs and members
- SME invitation to pre-conference workshop
- Publication to CSTE Web site: current NNC reformatting activity, progress, next steps, general information

Challenges and Flexibility
Position statement process - new challenges
- 72 NNCs, other position statements
- Case definition changes (˜15/72)
- CSTE/CDC/APHL SME Conference Attendance Discuss: Separate "Technical revisions"
  - (LOINC/SNOMED code) from traditional approval process
- Revise the overall position statement process

Next Steps
- Surveillance Policy Subcommittee and CDC to define mechanics of "immediately notifiable to CDC."
- Continue to engage authors, SMEs (subcommittee) and other key partners
- Harmonize case definition changes with: data element changes, electronic codes

BioSense: Invited Guest Barry Rhodes

BioSense Program
- BioSense application is only one part of BioSense program
- Extramural Research: Six Centers for Excellence in Public Health Informatics
- CDC HIE Awardees: New York State, Indiana, Washington and Idaho
- Regional Collaborative: Outgrowth of Presidential Directive 21; involves agreement of states to determine what level of data can be shared across state borders and what level of data can be shared between local level, states, and CDC
- Workforce development and increased PH capacity
- NHIN integration: Mid-December a HIV demonstration
- Standards adoption

BioSense Application
Real time nationwide data from the healthcare system to:
- Ensure detection of outbreaks at an early stage
- Confirm the presence of and rapidly define the extent of outbreaks and other health threats

- Support federal, state, and local public health response

Summary of Progress in FY 2008

Production System Enhancements

- 223 new non-federal hospitals added (total 594)
- Two new state systems: Georgia and Ohio

Quest Diagnostics (lab) and Relay Health (pharmacy) national data sources added

- BioSense to NEDSS ELR Solution successfully piloted
- FluView tool completed and deployed

Research and Development

- NHIN and HIE integration demonstration project
- Case recognition prototypes
- PH-DGInet and Grid prototypes
- Open Source BioSense initiative

BioSense Program Strategic Plan

- CDC tasked with rethinking BioSense to meet the directives of HSPD-21 and PAHPA legislation
- BioSense Roundtables: to rethink what BioSense is about, building systems together, where the data is control etc..
- New NCPHI Director - New vision for BioSense
- Establishment of Board of Scientific Counselors
- Professional Judgement - 4 year timeline: What would it take to finish BioSense in four years: budgets, time projections?
- Need for Tactical Plan
- Next Steps with Strategic Plan

BioSense Program Tactical Plan

Define viable approaches to the realization of the strategic plan

- Formed workgroups comprised of NCPHI staff and representatives from ASTHO, NACCHO, APHL, and CSTE for each of the 7 strategic areas
- Define work packages for formulation of overall WBS
- Goal is to generate a set of science based, appropriate, and measurable outcomes and associated performance measures
- Produce project plans with milestones and deliverables

Overarching questions:

- How do we define success in a measurable way?
- How do we create a sustainable, valuable program?

Strategic Plan Principles

- Based on partnership, collaboration, and communication
- Encourages local, state, and regional analysis of data
- Fosters relationship building between local public health and community healthcare

- Work together so that state and local public health can develop and sustain their own Biosurveillance systems
- Funding that enhances cross jurisdictional communications, data sharing, and collaboration
- Allow states and localities to control access to their data and authorization level without the data leaving their jurisdiction
- Build an infrastructure to support multiple public health activities
- Open source collaborate development via Communities of Practice in which all members are equal partners

CDC's Role in the New Strategic Plan

- Conduit to national level data
- Provider of health situational awareness at a national level
- Foster collaboration between NHIN HIEs and Public Health
- Equal partner in a national network
- Provider of leadership to the Informatics community

In Depth Review of Strategic Plan

1) Recruitment of Data Sources & Enhanced Public Health Capacity

- Direct funding for state and local real-time Biosurveillance systems such as RODS, ESSENCE, EARS, Epicenter, RedBat, etc.
- Funding of Regional Collaborative (in process)
  - National Capital Region, Southern States, Pennsylvania and Ohio (RODS Laboratory), and St. Louis Regional Response System
- Funding of HIE – Public Health interface and NHIN Gateway Dec 2008 (in process)
  - New York, Indiana, Washington/Idaho
- Enablement of national level data (in process)
  - LabCorp, Quest Diagnostics, Relay Health, VA, DOD

2) Public Health Services & Open Collaborative Development

Move to open source collaborative development of all new NCPHI applications and some existing applications

Move to Service Oriented Architecture

- Vocabulary
- GIS
- Transport and message processing
- Decision support
- Grid
- Analysis and visualization

3) Enhanced Biosurveillance Functionality

Sustainability

- Case detection algorithms

- Electronic laboratory reporting
- MRSA and other HAI surveillance capability
- Functionality to support healthcare systems
- Interface to NHIN Gateway
- Multi-directional communication

4) Communication, Collaboration & Workforce Development
- Launch Biosurveillance Communities of Practice
- Funding for informatics training at public health departments via AMIA 10x10 program
- Commitment to openness and transparency

5) Scientific Research & Analysis
Research topics to include:
- Grid
- Case detection algorithms
- Forecasting of outbreaks via MIDAS
- Public Health ontologies
- New technologies

Continued emphasis on funding to Centers of Excellence in Public Health Informatics

Next Steps – Performance Outcomes
Convene a working group to help define outcomes and performance measures, e.g.:
- visits to Emergency Departments, clinical care and other health providers
- data types such as bed availability and death reporting
- national coverage through Regional Collaboratives
- states that have the ability to look across jurisdictions in order to investigate aberrations
- case detection systems providing early, sensitive and specific indicators of bioterrorism related events
- extramural funding for grants and cooperative agreements to public health stakeholders, academic, state and local organizations
- workforce development efforts supported by NCPHI
- Extramural funding to public health partners, academic, state and local organizations
- informaticians in state and local public health roles supported by CDC funds

CSTE Executive Board Meeting
October 21-23, 2008

Wednesday, October 22, 2008

2008 Annual Meeting Update

Conference Theme Selected
"Evidence-based Public Health in Challenging Times"

Topic areas have been selected by program chairs. Call for abstracts were issued last Friday, and the due date for abstracts is Dec. 5.

In creating sessions, chairs have agreed to aim for about 50% of sessions (or more) to be discussions or panels with discussions, rather than just "show and tell."

Tentative plenary topics and speakers (topics have not been finalized and speakers have not yet been contacted, so please keep confidential)
Where are we going with public health preparedness?

- May want to cover climate change and dual use
- Possible speakers: Rich Besser, Joel Acklesberg, Patty Quinlisk, Admiral Vanderwagen, Howie Frumkin

Healthcare and public health epidemiology

- Topics suggested include hospital-acquired infections, use of data from Canada's single payer system for public health epidemiology, public health and healthcare reform, use of electronic data from healthcare systems for public health purposes
- Possible speakers include Mike Edmonds on HAIs, speaker from Health Canada

Epidemiology for prevention

- Would want to include chronic disease as well as injury, occupational and MCH if possible
- Possible speakers include Jim Marks, Tom Frieden, speaker from the Trust for America's Health

Other possible plenary topics and speakers suggested since our last conference call
From Henry Anderson:

- New NIOSH Director on the NORA process and products
- Someone from NIOSH on their "Research to Practice Program"
- Tish Davis on integrating occupational health into mainstream public health
- Pesticide exposure and surveillance across environments

From Bob Harrison:

- David Michaels from GW School of PH to talk about science-based policy changes

- Michael Silverstein from U Washington to talk about OSHA regulation and worker protection
- Bob Harrison to discuss building occupational epi capacity

From Martha Stanbury:

- Using Internet social networking systems such as Facebook, MySpace, Flickr, Youtube, etc.

Othere suggestions:

- Calorie labeling in restaurants
- CSTE surveillance bill
- Food safety bill
- New HIV incidence estimates

Pre-conference Workshops

- Injury for non-injury epis (Holly Hedegaard to organize with CDC)
- Health Impact Assessment (need to find someone to organize)
- Occupational Health
- Environmental Health
- NASPHV Business Meeting
- Epi Training
- Reformatted Nationally Notifiable Condition Position Statement Discussion Workshop

Jonathan Mann Speaker

Suggestion from Eddy Bresnitz:
Tribute to Mike Gregg

Discussion and Schedule of Assessments and Surveys

The scheduled Assessments and Surveys below were approved by the Executive Board

- Rapid Healthcare Capability Assessment
- 2008 State Reportable Conditions Assessment
- Countermeasure Response Administration Assessment
- Epidemiology Capacity Assessment
- Foodborne Epidemiology Capacity Assessment
- Indicators of Chronic Disease Epi Capacity
- Injury Prioritization
- NEDSS/ELR Annual Assessment
- Rapid Healthcare Capability Assessment
- State Reportable Conditions Assessments
- Substance Abuse Epidemiology Capacity

Two Additional Surveys

- Hospital Acquired Infections
- Quarantine and Isolation Survey

Action Items:

- Pat will draft letter to notify the State Epidemiologists about the proposed CSTE surveys.
- CSTE staff will forward the Executive Board more information on the Healthcare survey.

CSTE Executive Board Meeting
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Thursday, October 23, 2008

Launching CSTE Efforts in Public Health Disparities

Michael Landen is the lead contact on the disparities project. Perry feels that CSTE can play a greater role in terms of publicizing and bring the issue of disparities into the public focus.

- Leadership
- Organization
- Membership
- Priorities

Action Items:

- It was proposed to get a dynamic speaker to address issues of disparities during the plenary sessions: Healthcare or Epidemiology for prevention.
- A proposed speaker on preparedness during a disaster - Eric Klinenberg Heat wave: social autopsy.

Strategy for Traditional Washington D.C. Meeting In March

During the March Hill visit, Marcia feels that the Executive Board should strictly focus on the CSTE Surveillance Bill.

Action Item:

- Marcia will be putting talking points together and a list of priorities for the EB Meeting.

Miscellaneous New Business

Vaccine Letter

The letter to Lance Rodewald regarding Immunization was approved by the Executive Board with approved edits.

Action Item:
None Required

CIFOR-Industry Funding

The food industry wants to provide funding to support CIFOR projects and a permanent position on a workgroup or committee with CIFOR. The funding is in the amount of $400,000. CIFOR and CDC are interested in entertaining the food industry proposal. The funding would be strictly for CIFOR and projects that are related to the food industries. The CDC Foundation is going to schedule a call with the food industry to see what they are proposing and what type of project activities they are interested in funding.

The question that is proposed to the Executive Board: Should CSTE continue with their working relationship with CIFOR?

Action Items:

- If CIFOR received money and it's not restricted and goes through the CDC Foundation, CSTE can continue with their working relationship with CIFOR.
- If funding is restricted, Pat will come back to the Executive Board with the question: Should CSTE continue with their working relationship with CIFOR?

Conference Call with James Blumenstock of ASTHO on the New Hampshire OIG Audit

The OIG has initiated two audits:

- One to look at cost accounting for public health emergency preparedness activities.
- Second to review the Gulf States for authorized expenditures for Hurricane Katrina response.

The New Hampshire audit raised two issues:

- One, whether or not New Hampshire complied with the administrative requirements in the OMB circular A 87 that states: that if you have a person working 100% on a Federal Grant, every 6 months you have to certify that the person did that work for that project 100% of their time.
- Second, if you have employees working on multi projects, you need cost accounting and time and effort reports to show how the time was managed.

The bottom line: OIG has requested that New Hampshire refund $9 million of the grant funding due to lack of documentation of time spent on legitimate projects activities by their staff over the past four years. New Hampshire is challenging the OIG Review.

CDC has pulled together a multi-center workgroup to review the OIG findings and methodology and principles they applied in making their determinations. The group will look at the evidence and come up with solutions to satisfy OIG. The first meeting took place two weeks ago. ASTHO at this time is trying to engage in this process and trying to influence a positive outcome.

Action Item:

- Jim has suggested that ASTHO, CSTE and other sister agencies should work as a coalition and communicate to the CDC workgroup to discuss concerns and to influence a positive outcome.