2012-2013 CSTE Executive Board Meeting

January 30-February 1, 2013
CSTE National Office

Executive Board Present

Laurene Mascola (CA)	Tim Jones (TN)	Tom Safranek (NE)
Marci Layton (NY)	Katrina Hedberg (OR)	Alfred DeMaria (MA)
Sharon Watkins (FL)	Janet Hamilton (FL)	Joseph McLaughlin (AK)
Sara Huston (ME)		

CSTE Staff Present

Jeff Engel	Beverly Christner	LaKesha Robinson
Jennifer Lemmings	Lauren Rosenberg	Shundra Clinton
Ashlyn Beavor	Monica Huang	Meredith Lichtenstein
Annie Tran	MarySue Shulin	Erin Simms
Virginia Dick		

Wednesday, January 30th

Guests *(Discussions are not recorded)*

1. Ali S. Khan, MD, MPH, ASG/RADM (Ret.), USPHS
   Director, Office of Public Health Preparedness and Response
2. Denise Cardo, MD
   Acting Deputy Director for Office of Surveillance, Epidemiology and Laboratory Services
3. Pam Diaz, MD, MPH
   Acting Director, Public Health Surveillance and Informatics

The meeting was called to order by CSTE President, Laurene Mascola at 8:05am. The President welcomed everyone and presided over the meeting.

Minutes

The minutes from the October 2012 Executive Board Meeting in Pasadena California were discussed.

Motion: To approve the minutes of the October Executive Board Meeting.

Motion: Approved with edits.

Discussion of Strategy for Meeting with CDC Principals

Laurene led a discussion on common themes related to the CSTE questions submitted to the Centers for Disease Control and Prevention (CDC) invited Principals.

1. New Information Technology
2. Surveillance Data
3. OSEL Vision/CDC Vision
4. Funding

5. Role of Public Health as it transitions to the new Health Care Safety System and Health Care Reform

CSTE Committee Reports

Cross Cutting II Steering Committee Chair: *Joe McLaughlin*
Border & International Health/Health Disparities/Public Health Law/Emergency Preparedness/Tribal Epidemiology

Discussion Items

- **2013 Annual Conference Planning –** Members of the Cross Cutting Planning Committee are currently reviewing 74 abstracts (47 breakout, 8 poster, 19 roundtable)

Border / International Health – Ken Komatsu

- The Border/International Health Subcommittee had a call on Nov 19. Subcommittee members are involved in the following activities:
    - The US-Mexico Binational Technical Working Group (TX, NM, AZ, AL, WA) has been transmitting line lists of cases via a secure portal to DGMQ and Mexico partners. Thus far, 66 notifications have been made from U.S. states of reportable conditions.
    - An abstract for a panel discussion was submitted for the 2013 CSTE Annual Conference on the topic of International Health regulations.
    - OSELS has put together a OMB package and plan to submit a position statement to add a "binational case field" and "country of birth" field (US or other) to NNDSS. This variable would be specific to certain countries (within North America) and would not necessarily be used for all countries.
- Subcommittee members are being asked for feedback on a data dictionary and universal screen form from the Association of Refugee Health Coordinators to help standardize data collection across states.
- The subcommittee will continue to meet quarterly, with the next call scheduled for February 25 at 3:00 pm EST.
- International Health Regulations Webinar Feb. 5 - follow-up to 2012 IHR assessment to raise awareness of IHRs among State Epis; Steve Ostroff, Katrin Kohl (CDC DGMQ), and Aaron Fleischauer (CEFO in NC) presenting

Health Disparities – Duc Vugia

- A request for proposal (RFP) was forwarded to states for a health disparities pilot project. CSTE is funding 10 states or county health departments to do the project and 3 additional states have volunteered to be a part of the project without funding.
- All piloters submitted an abstract to the CSTE annual conference for an intended Health Disparities Pilot Project session(s).
- Duc and Jim provided feedback to the Affiliate Health Equity Subcommittee of ASTHO on Public Health Accreditation Board standards and measures, which they are in the process of revising.

Public Health Law – Jean O'Connor & Priscilla Fox

- The subcommittee was reconvened with new leadership and held a kick-off call on Jan 11. The subcommittee is in the process of identifying its priorities and areas of focus for the next year. The subcommittee is getting input from members on the purpose and structure of the subcommittee as well as training needs of subcommittee members. Joe McLaughlin (AK) and Fred Shaw (CDC) will be leading a roundtable at the 2013 CSTE Annual Conference on the leading public health law issues facing states.
- The subcommittee currently plans to meet at least quarterly, and more frequently if needed.

Public Health Emergency Preparedness – Richard Danila

- The subcommittee is collecting feedback on the CDC PHEP Performance Measures for PHEP Budget Year 11 (Aug 10, 2011 – Aug 9, 2012). This request was sent to subcommittee members and state epidemiologists. This feedback will be sent to CDC to be considered in revising the performance measures this spring.
- The subcommittee will be holding a call with feedback providers in early Feb to finalize comments before sharing with CDC.

Tribal Epidemiology – Michael Landen

- The subcommittee conducted an assessment of current data sharing practices between tribal epidemiology centers (TEC) and state health departments, from the perspective of TECs. Once follow-up with non-responders has been complete, we will begin coordinating conference calls between TECs and state partners to discuss assessment results.
- The subcommittee will be hosting another in-person meeting in late Spring 2013. Subcommittee members have been polled regarding potential host cities, themes, and topics. This meeting will build upon previous meetings encouraging data sharing and improving data quality of AI/AN data.
- The next Tribal Epidemiology Subcommittee Quarterly Call will be held on February 7 at 2:00 pm EST.

Cross Cutting I Steering Committee Chair: *Katrina Hedberg*
Substance Abuse/Workforce/Local Epidemiology

Discussion Items

- Fellowships/Scholarship – APHIF and Class XI Fellowship applications are currently open with huge response.
- 2013 ECA - Completed questionnaires for organizational-level and individual forms and 4 modules: Environmental Health, Chronic, MCH, and Oral Health. Currently working with programmer to build online forms. Tentatively planning piloting in February and launch in March.

Substance Abuse (Alcohol, Alcohol and Other Drugs Indicators (AOD), Overdose (OD), and Substance Abuse Epidemiology Capacity) – Jim Roeber, Steve Wirtz and Tom Largo, Denise Paone, Corrine Miller and Michael Landen

- The Alcohol Subcommittee continues to prepare state level estimates of alcohol-related mortality by select demographic features using the CDC Alcohol-Related Disease Impact (ARDI) software. The committee decided to update the study period to reflect the most current years of data available (2006-2010 instead of 2005-2009). This has delayed the

project slightly but will result in more timely data. Data analysis is in its final stage and the subcommittee has begun drafting an article for MMWR submission.

- The AOD Indicator Group continues to hold monthly conference calls to develop the definitions for the hospitalization indicator. Members are pilot testing the how-to-Guide and data template. Data analysis and QA of the data will continue this winter.
- The Overdose subcommittee is coordinating the Poisoning Surveillance Workgroup and will be presenting this work at the 2013 CSTE Annual Conference in the Substance Abuse Preconference Workshop and in a Poisoning Panel. This work will result in recommendations for substance abuse surveillance for various levels of data access and capacity. The 4 data access levels described in this project include access to (1) single cause of death, (2) multiple causes of death, (3) text on death certificates, (4) toxicology reports.
- The Substance Abuse Subcommittees are planning a preconference workshop for the 2013 CSTE Annual Conference on public health surveillance of drug use, excessive alcohol use and related harms. This workshop will feature subject matter experts who will discuss basic public health surveillance methods and findings on drug use and excessive alcohol use as well as more advanced topics, including evidence-based prevention strategies
- The most recent Substance Abuse Subcommittees Quarterly Call was held on January 17 at 1:00 pm EST.

Workforce – Bob Harrison

- 30 Class X CDC/CSTE Applied Epidemiology Fellows were placed during June-August 2012 and 27 Class IX Fellows are in their 2nd year.
- The Class XI Fellowship application is open until February 1, 2013. Over 560 applications have been started.
- The 8 Class I Applied Public Health Informatics Fellows (APHIF) are mid way through their 1 year fellowship assignment.
- CSTE accepted 22 Class II APHIF Host Site applications.
- The Class II APHIF application deadline is February 15, 2013 with 82 applications started.
- CSTE is continuing to support existing applied epidemiologists to complete UIC's online Public Health Informatics Certificate program. The first cohort of scholarship recipients entered their third semester in January 2013. 10 new epidemiologists were selected to begin the program in January 2013.
- CSTE has convened a workgroup to plan the 2013 national Epidemiology Capacity Assessment (ECA). Matt Boulton and Jim Hadler are lead consultants for the ECA. The assessment is complete and is currently being built by IT. It is expected to be piloted in Feb and launched in late Feb/early Mar with a complete technical report by Jun 2013, and published in MMWR by Dec. 2013.
- The CSSE (Convocation of Southern State Epidemiologists) meeting is in West Virginia Jan 27-30, 2013. Amanda is attending.
- The CDC Orientation for New State Epidemiologists will be Feb 25-27, 2013. 7 participants expected to attend (Colorado, Arkansas, Texas, Utah, Florida, South Carolina, and Virgin Islands)

- CSTE is submitting request for funding to begin implementation and administration of an Applied Epidemiology Externship Program (AEEP) for MPH epidemiology students (formerly the Epi Scholars program in NYC, LA, and Seattle.)

Local Epidemiology – Brian Labus

- CSTE recently surveyed membership about changing the voting structure of the organization so that it would reflect the entire membership, while maintaining the unique role of the Council. This will require a change of the bylaws to be voted on at the June 2013 annual meeting. Brian Labus continues to serve as the CSTE Liaison to the NACCHO epidemiology workgroup.

Motion: To move the Local Epidemiology subcommittee to a Liaison category
Motion: Approved

<u>Environmental/Occupational/Injury</u> Steering Committee Chair: *Sharon Watkins*

Discussion Items

- The Injury Planning Committee is reviewing 32 abstracts (26 breakout, 4 poster, 2 roundtable); the Environmental Planning Committee is reviewing 51 abstracts (32 breakout, 15 poster, 4 roundtable); the Occupational Planning Committee is reviewing 48 abstracts (41 breakout, 5 posters, 2 roundtables)

Injury Subcommittee: Michael Bauer (NY) Chair

- CSTE signed on to a letter drafted by the Injury & Violence Prevention Network (IVPN) addressed to Vice President Biden containing recommendations for reducing gun violence.
- The subcommittee will be exploring a position statement on the role of public health in preventing gun violence for the 2013 CSTE Annual Conference.
- Subcommittee members continue to participate on the Poisoning Surveillance Workgroup with the Overdose Subcommittee.

Occupational Subcommittee: Tish Davis (MA) and Ken Rosenman (MI) Co-Chairs

- The Subcommittee submitted a letter of comment to the Health IT Policy Committee on draft stage 3 recommendations for Meaningful Use. The Subcommittee also facilitated submission of a number of state and individual citizen comments.
- Convened Southeastern States Occupational Health Network (SouthON) Meeting and Fall Occupational Health Subcommittee meetings this past December. Outcomes included new ideas for multi-state projects, publications, and workgroups.
- The Subcommittee will host a follow up meeting to a 2009 meeting convened entitled *Counting work-related injuries and illnesses: Taking Steps to Close the Gap* on April 17 - 18, 2013 in Washington D.C. It will bring together invited state and federal surveillance experts, researchers and key stakeholders to review new knowledge and advances made since the 2009 meeting, and identify concrete next steps forward to improve surveillance of work-related injuries and illnesses at the national and state levels.
- The success stories workgroup is finalizing guidance for states on submitting short, written success stories which will be published on the CSTE website in the future.
- The occupational health indicator (OHI) workgroup finalized a guidance document and form for adding/deleting OHIs.

- CSTE staff continues to facilitate publication of state surveillance articles in monthly e-newsletter from NIOSH.

Environmental Subcommittee: Henry Anderson (WI) and Martha Stanbury (MI) Co-Chairs

- CSTE and CDC/NCEH/ATSDR have collaborated to provide updated, practical guidelines to state and local health departments on cancer cluster investigations, an update to 1990 MMWR Guidelines for Investigating Clusters of Health Effects (MMWR 39(RR-11)). The document is currently being cleared at CDC for an MMWR publication later this year.
- The Draft National Climate Assessment Report of the National Climate Assessment and Development Advisory Committee is currently open for public comment before it is finalized. CSTE members of the Climate Change subcommittee are one of 240 authors that contributed to this report.
- The fourth annual National Disaster Epidemiology Workshop will be held in Atlanta, Georgia on May 8-9, 2013. The theme this year is: Partners in Disaster Response—Crosscutting Collaborations in Disaster Epidemiology.
- CSTE is collaborating with CDC/NCEH/ATSDR and CDC/NIOSH to coordinate regional disaster epidemiology trainings. CSTE has forwarded a registration request form to State, Territorial and Large City Epidemiologists in addition to Public Health Emergency Preparedness Directors.
- The Subcommittee has completed an environmental health module to be included in the 2013 CSTE Epidemiology Capacity Assessment.
- A small workgroup of the Subcommittee is finalizing an assessment tool that intends to collect information from states about their process and experience monitoring for non-communicable disease events and exposures.
- Publications:
    - Completed – *Biomonitoring in Public Health: Epidemiologic Guidance for State, Local, and Tribal Health Agencies*, now available on the CSTE website and publications page.
    - In Process – *The Role of Applied Epidemiology Methods in the Disaster Management Cycle* and *Developing New Environmental Public Health Indicators*.
- Current national assessments: Disaster Mental Health Surveillance Assessment – sent to State and Deputy State Epidemiologists, due Feb 5th.

<u>Chronic/MCH/Oral Health</u> Steering Committee Chair: *Sara Huston*
Chronic Disease/Maternal & Child Health/Oral Health

Discussion Items

- Candidates for Committee Chair and EB member for Chronic Disease/MCH/Oral Health and leadership transition.

Chronic Disease Epi Capacity Building – Renee Calanan

- Members of the subcommittee are currently drafting chapters for the Chronic Disease Epidemiologist Orientation Manual. The manual will provide an overview of the programs, processes, and surveillance systems with which CDEs should be familiar. A

draft of the manual is currently being reviewed by workgroup members and some members not involved in writing the manual.
- Planning for three webinar trainings for mid- to senior-level chronic disease epidemiologists has begun. The webinar series will take place in spring 2013. Possible webinar training subjects include multi-level modeling, geospatial analysis, program evaluation, and publication preparation.

Chronic Disease Surveillance and Informatics
- No subcommittee updates at this time.
- NACDD Liaison: The coordinated calls with CDC have continued to be positive. Although Dr. Jim Buehler has left the agency, the new director Dr. Pam Diaz and her team are just as committed to working with the CSTE.

Cancer Subcommittee/BRFSS Liaison – Youjie Huang
- No subcommittee updates at this time.
- BRFSS Liaison: Youjie will be traveling to Bangladesh Feb 14-28 to provide continued technical support in initiating a BRFSS-like health survey in Bangladesh. This is a follow-up to a previous consultation conducted in Dec 2011 supported by CDC/OGH.

Maternal and Child Health Subcommittee – Patricia McKane
- CSTE members were involved in developing indicators for disaster-affected pregnant and post-partum women and infants. The purpose of the indicators is to identify salient conditions to be monitored via surveillance or post-disaster data collection, to promote use of consistent measures across post-disaster studies, and to build scientific knowledge in this area. The indicators have been finalized and will be available on the DRH website following clearance.
- The MCH Epi Group (CSTE, AMCHP, CityMatCH) hosted a networking session at the MCH Conference on Dec 13.
- Patti is representing CSTE on a CDC PRAMS Scientific Workgroup to provide input on current PRAMS topics and identify priority areas to aid in PRAMS questionnaire development and revision in the context of major health systems and economic climate changes.
- Patti will attend the National Birth Defects Prevention Network Annual Meeting Partnership Breakfast on Feb 27.

Oral Health – Gregg Reed
- A consultant will be hired in February (request for proposals) to develop an operational definition for HP 2020 Objective OH-16 and write a paper describing oral and craniofacial health surveillance and detailing components of a state oral and craniofacial health surveillance system.
- CSTE and CDC staffs are exploring ways to use the Applied Epidemiology Fellowship as a means of direct assistance in the upcoming funding announcement from CDC.

Other Updates
- Chronic Disease Indicators: Process to review and update the chronic disease indicators through NACDD cooperative agreement with input from CDC, NACDD membership, and CSTE membership.
    - An abstract on the CDI revision has been submitted to the CSTE Annual Conference

    - The workgroup will begin drafting a position statement on adopting the revised CDIs for the CSTE Annual Conference
- 2013 Annual Conference Planning – Members of the committee are currently reviewing 71 abstracts submitted for the Chronic Disease/Maternal & Child Health/Oral Health conference track (46 breakout, 21 poster, 4 roundtable).
  2013 Epidemiology Capacity Assessment (ECA): Chronic Disease, MCH, and Oral Health modules were developed for the 2013 ECA

<u>Surveillance/Informatics</u> Steering Committee: *Janet Hamilton*

Discussion Items:
- Meaningful Use Stage 2 coordination
- NNDSS Evaluation Report
- Letter to CDC regarding inclusion of non-infectious Nationally Notifiable Conditions in the *MMWR*
- Workgroup updates: travel history, antibiotic resistance reporting, new case vs. ongoing illness, national vs. nationwide terminology

Surveillance Practice and Implementation Subcommittee (Lesliann Helmus)
- State Reportable Conditions Assessment (SRCA): 2012 SRCA will be similar to 2011 and include 2011 data pre-populated. Currently working with programmers on 2012 SRCA. Tentative launch date: February 2013.
- Developed CSTE comments in response to HIT Policy Committee's Meaningful Use Stage 3 Request for Comments, in coordination with other subcommittees and associations.
- Reportable Conditions Knowledge Management System (RCKMS): currently piloting in several jurisdictions (CO, DE, NY, NYC, San Diego Co., UT, WA) and working on securing future funding
- Travel History: workgroup aims to develop guidelines for how travel history is collected electronically and during case investigations in a 2013 position statement.
- Antibiotic Resistance Reporting: position statement in final draft phase, will be distributed to the S/I and ID Steering Committees in early Feb. and calls for formation of joint CSTE-CDC taskforce to address issues in AR surveillance; taskforce will have representation from states, locals, federal agencies, and commercial labs.
- New Case vs. Ongoing Illness: workgroup developed language to add to position statement template to address issue of counting cases of new vs. ongoing illness; language is being reviewed by various ID and environmental/occupational health subcommittees.

Surveillance Policy Subcommittee (Tim Jones)
- NNDSS and OMB approval process – submitted list of SRCA conditions for CDC to use in seeking OMB "pre-approval" for CDC to accept data if these conditions are made Nationally Notifiable in the future.
- Drafted updated position statement templates to clarify terminology for "National" vs. "Nationwide" Surveillance.
- Drafted letter to CDC about inclusion of non-infectious conditions in the *MMWR*.

Electronic Laboratory and Disease Reporting Subcommittee (Kathy Turner)

- 2012 NEDSS Assessment completed, currently analyzing data and developing reports, including planned 4-pager, presentations at 2013 Annual Conference, and potential *MMWR* or peer-reviewed articles
- NNDSS Evaluation: Perry Smith has submitted final draft to CSTE and CDC. Report will be edited and formatted to be posted publically on the CSTE website.
- National ELR Workgroup: plans to release National ELR Assessment this spring, currently forming editorial review board to minimize duplication with CDC ELR monitoring activities and other assessments.
- ELR certification: workgroup provided input into ONC/NIST criteria for 2014 EHR certification for ELR.
- Planning pilot projects to demonstrate electronic case reporting using C-CDA and guidelines developed by the Standards & Interoperability Initiative Public Health Reporting Initiative

BioSense 2.0

- Continuing to manage BioSense 2.0 Implementation Support Grants to 9 funded jurisdictions through May 2013 (AR, DC, IL, LA County, NM, ND, PA, RI, WV)
- BioSense governance group is holding elections to form the permanent governance group

Motion: To approve and submit letter to CDC regarding inclusion of non-infectious nationally Notifiable Conditions in the *MMWR.*
Motion: Approved

<u>Infectious Disease</u> Steering Committee: *Alfred DeMaria*

Food Safety – Kirk Smith, Lauren Rosenberg

- Revised Epi-Ready team training course material is posted on the CSTE website.
- Results of an evaluation of the CIFOR *Guidelines* & Toolkit will be available this spring.
- Consultant Jac Davies, a group of lead authors, & workgroup members are revising the *Guidelines* & the Toolkit.
- 3 CIFOR law project documents will be distributed this spring to help agencies improve their legal preparedness to conduct foodborne disease surveillance and outbreak response.
- CIFOR is working on a project to expand the performance indicators in the CIFOR *Guidelines.*

Healthcare Associated Infections – Marion Kainer, Meredith Lichtenstein

- The Subcommittee developed comments on the HAI objective in ONC's Health IT Policy Committee recommendations for Meaningful Use Stage 3.
- Recent subcommittee calls have featured follow-up presentations on HAI Epi-X outbreaks, CDC presentations on proposed initiatives to improve antimicrobial resistance reporting in NHSN, and constructive discussions of drafted 2013 position statements.
- The Standards Committee is finalizing position statements on inter-facility communication, NHSN data analysis and presentation standards, and labID events for MRSA and *C. difficile*.

- CSTE is working with consultant Rachel Stricof to develop training webinars on the recently completed NHSN Data Audit and Validation Toolkit. These webinars will take place spring 2013.

HIV – Thomas Shavor, Lauren Rosenberg

- Completed & distributed the HIV surveillance training manual, a reference guide for new & existing surveillance staff.
- Archives from a comprehensive 12-webinar series on the HIV *Technical Guidance* are available on the website.

Adult and Child Immunizations – Kathleen Harriman and Paul Cieslak, Meredith Lichtenstein

- The Subcommittees received updates on the Fall 2012 ACIP meeting and will meet bi-monthly moving forward.

Influenza – Chris Hahn, Matt Cartter, Andrea Giorgi

- CSTE continues to support 12 state or local health departments to participate in the Influenza Incidence Surveillance Project (IISP). A manuscript of the 2010-2011 IISP season is in progress, and an abstract describing the 2012-2013 season has been submitted for presentation at the CSTE Annual Conference.
- The surveillance year for the Influenza Hospitalization Surveillance Project (IHSP) began October 1. Five health departments are participating in the project with CSTE support.
- Since September, CSTE members have traveled to Uganda, Ethiopia, and Moldova as consultants to the CDC/CSTE international influenza surveillance reviews.
- CSTE may support international trainings in Africa related to influenza data management & writing

NASPHV – Carina Blackmore, Meredith Lichtenstein

- The Q-fever workgroup received final comments on a consensus document about human and animal health considerations when responding to Q fever events. Document will be finalized this spring.
- The Animal contact Compendium committee met in October 2012
- NASPHV held an Animal Contact Compendium appendix meeting on January 15-16 in Indianapolis to develop swine influenza guidelines for fairs.

STD – Lynn Sosa, Meredith Lichtenstein

- The subcommittee is developing a position statement to update the syphilis case definition. Other STD case definitions may be updated if time permits before the 2013 Annual Conference.

Other

- CSTE is working with consultant Eve Mokotoff & CDC to develop training materials to help state & local jurisdictions implement the Data Security & Confidentiality Guidelines for HIV, STD, TB, & hepatitis programs.
- The CDC/APHL Laboratory Efficiencies Initiative has engaged stakeholder input & reaction to proposals
- The Laboratory Technology Translation workgroup has engaged more CDC involvement & expanded scope.

Annual Conference

Annual Conference Analytics

1. Abstract & Registration -5 Year History
2. 2013 Abstracts Submitted by Committee
3. 2013 Abstracts Submitted by Presentation Type

*It was noted that most of the committees have an increase in abstract submission.

Plenary Update *(plenary sessions are not theme related)*

Monday, June 10, 2013, 8:30 am – 10:00 am (Opening)
***Richard Platt, Harvard Medical School (accepted)**
Healthcare reform and its implications for public health, potentially including issues with EHRs, data repositories and clinical networks
Richard Besser, ABC News (invited)
Public health communication
Neal Bear, Hollywood, Health& Society (invited)
Provides entertainment industry professionals with accurate and timely information for health storylines

Tuesday, June 11, 2013, 8:30 am – 10:00 am
***David Katz, Yale (accepted)**
Nutrition, weight management, and chronic disease prevention
Peter Hotez, Baylor College of Medicine (accepted)
Neglected diseases and their public health implications
Barbara Natterson-Horowitz (accepted)
Zoobiquity: What Animals Can Teach Us about Health and the Science of Healing

Wednesday, June 12, 2013, 8:30 am – 10:00 am
Poster awards given before session
***Deborah Cohen, RAND Corporation (accepted)**
Built environment and obesity
Todd Parks, Senior IT to White House (invited, will not confirm until March/April)
Public health informatics
OR
Larry Smarr (initial contact)
Computer scientist using a systems biology integrative approach
Micky Tripathi, CEO, Massachusetts eHealth Collaborative (accepted)
Future impact of state health information exchanges on public health practice

Alternative speakers discussed by Planning Committee, but have not been contacted:

- Ananda Bandyopadhyay: Polio Eradication, Research Program Officer, Bill & Melinda Gates Foundation (Al)

- Jerry Ellner: Infectious Disease, Boston University School of Medicine (Al)
- Paul Jarris, Executive Director of ASTHO: ASTHO Perception (Jeff)
- Howard Koh: Assistant Secretary of Health (Al and Sara)
- David Lakey, Pediatric Infectious, Academics (Jeff)
- Marion Kainer (Tim) (*Meningococcal Meningitis)*

2013 Sunday Workshop Sessions *(lunch will not be provided)*

1. Disaster Epidemiology: From Fukishima to Super Storm Sandy
2. Drug Use and Excessive Alcohol Epidemiology: Surveillance, Prevention, and Emerging Methods *(new workshop)*
3. Epi Info 7: A Users Workshop – Data Collection Strategies (AM Session*)*(new workshop)*
4. Epi Info 7: A Users Workshop – Data Analysis and Visualization (PM Session*)*(new workshop)*
5. Epidemiology Training: Development of Abstracts for Public Health Conference and Presentation of Epidemiologic and Public Health Data
6. Healthcare Associated Infections (HAI) Prevention Workshop
7. Methods for Hypothesis Generation during Multistate Foodborne Disease Outbreak Investigations
8. Opportunities for Strengthening Public Health Surveillance

National Meetings

1. NASPHV Annual Business Meeting
2. National Meeting of Influenza Surveillance Coordinators
3. National Meeting of Occupational Health Epidemiologists

CSTE Awards

List of Awards

1. Pumphandle Award Recipients
   - Announcement for nominees will go out to membership in February
2. Jonathan Mann Lecturers
   - Recipient has been invited/waiting on response
3. Distinguish Leader Award
4. Distinguish Partner Award
   - Recipient has been nominated
5. Super Staff Award
6. RWJF Award
7. Mentor , Foulkes Award
8. Poster Awards

There was much discussion about the amount of awards that are presented during the annual conference. One new award has been proposed: The Patrick J. McConnon Fellowship Alumnus Award. It was also suggested that awards be limited and redistributed throughout the conference for example, in the beginning of the Plenary, during the Business Meeting or Fellowship Reception. No decision was made at this time on the new proposed award.

There are a total of 3 Executive Board positions available for the 2013-2014 term.

Executive Board Election Positions

1. President Elect
2. Chronic/MCH/Oral
3. Member at Large

Thursday, January 31

Guests (Discussions are not recorded)

1. Rima F. Khabbaz, MD
   Deputy Director for Infectious Disease
2. Denise Koo, MD, MPH
   Director, Scientific Education and Professional Development Office
3. Judith Monroe, MD, FAAFP
   Deputy Director, Office for State, Tribal, Local, and Territorial Support

Executive Board March Meeting (March 19-21)

Jeff provided a brief update on the recruitment for the CSTE Washington Liaison position. After careful review, Emily Holubowich was selected from among the three finalists. Emily is the Senior Vice President of Cavarocchi Ruscio Dennis Associates Firm. The firm has since been hired to support CSTE's advocacy activities.

Motion: To approve the hire of Emily Holubowich as the New CSTE Washington Liaison.
Motion: Approved

Jeff noted that the first part of the March Executive Board Meeting will focus on educating the Executive Board on the current political and fiscal environment.

Proposed Draft Agenda and Invited Guest

Day 1: Education/Lobbying

- Educating the Executive Board of the political environment
- Debriefing of Hill Visit (who should CSTE visit?)
- Firm reception /debriefing

Day 2: CSTE Business Agenda/ Invited Guest
Day 3: Continue of CSTE Business Agenda

CSTE National Office Update

Budget Report

The CSTE budget report was presented by Jeff. He briefly reviewed Statements of Accounts for period ending September 30, 2012. He also noted that CSTE financial audit did not find any discrepancies and is in good standing.

Motion: To approve the CSTE Budget.
Motion: Approved

Cooperative Agreement Activities

The Cooperative Agreement Category B- Logic Model was distributedreceived during discussion.

Lakesha provided a brief summary of the CDC FOA. CSTE will be applying for the Category B grant from the FOA announcement. CSTE is submitting one application for cross-cutting capacity building assistance for the state, territorial, local and tribal epidemiology workforce for approximately $8 million. A Category B Project Narrative that will list CSTE activities will be provided to the Executive Board for review and comments before the submission.

Consultant Reports

The 2011-2012 Consultant Report was handed out by Jennifer Lemmings for Executive Board review. It was decided to require each CSTE sponsored Consultant to submit a brief Travel Report with their reimbursement.

Motion: To require a one page report with each consultant travel reimbursement form.
Motion: Approved

Assessment Queue

Ongoing/In the Field

- CSTE Disaster Mental Health Surveillance Assessment
    - To better understand the relationship between public health and mental health during an emergency, existing surveillance capacity, utilization, and barriers
    - The final result of this project will be to create guidance and tools for improved mental health response following a disaster

Upcoming and Under Consideration

- 2013 Epidemiology Capacity Assessment (ECA), Spring 2013
    - State Epidemiologists to complete organizational level questionnaire and distribute individual questionnaire to their staff.
    - Program-specific modules to be sent to appropriate points of contact via State Epidemiologists: chronic, MCH, environmental, and oral health
- 2012 SRCA, Feb/March 2013
    - To be completed by State Epidemiologists and/or their designees
    - Few changes from 2011, will be pre-populated with 2011 data to reduce burden on respondents
- 2013 National ELR Assessment, Spring 2013
- Assessment of state activities in non-infectious environmental health/exposure/contamination monitoring and investigation, Summer 2013
    - To be completed by State Epidemiologists or lead environmental epidemiologist

Assessments completed since September 2012

- HIV Surveillance Coordinator training needs assessment
- Evaluation of the CIFOR *Guidelines for Foodborne Disease Outbreak Response* and Toolkit
- 2012 NEDSS Assessment

- Varicella Surveillance Assessment
- CSTE Member Survey

Whistle Blower Policy

The Whistle Blower Policy is a document that is now a requirement in order to continue to receive funding for the cooperative agreement. The policy will be integrated into CSTE Policy and Procedures and be included in the Employee Handbook. The Whistle Blower Policy was based off of the recommendation guidelines from the Office of Research Integrity.

Ad hoc Bylaws Committee

The ad hoc committee has been assembled to address proposed governance recommendations to CSTE Bylaws. Marci Layton and Tom Safranek are chairing the Bylaws committee. Seven CSTE members have beeninvited to participate on the committee and at this time three have RSVP'd.

Questions to Address (*these were questions put forward during the discussionfor the Bylaws committee to discuss)*

1. What is a quorum?
2. Who can vote in Executive Board elections?
    a. Should it just be the Council?
    b. Who should vote (all members or just active)
    c. What will be the format to vote? Electronic or Mail (month to submit vote prior to Annual Conference)
    d. How to deal with run offs? Possible vote at the business meeting?
    e. When will results be announced? At the Annual Conference?
3. Who should vote for position statement?
    a. Who can vote for position statements that are Nationally Notifiable or Non-Notifiable?
    b. Should only Active Members vote for position statements that are not Nationally Notifiable?
    c. Should only State Epidemiologists vote for position statements that are Nationally Notifiable that Case Definitions or impact state public health laws?
    d. Position statements are developed in conjunction with CDC subject matter experts.
    e. Electronic voting?
4. How does the electronic voting affect the Annual Conference schedule and structure?
5. How will electronic voting affect State dues structure?
6. Is CSTE following Robert's Rules of Order regarding Electronic voting?

CSTE Strategic Plan

After a lengthy discussion with a host of suggested names, URLs and Domain issues for CSTE's new name, a motion was put forward to accept Association of Public Health Epidemiologists (APHE) as the name to replace CSTE.

Motion: To approve CSTE new organization name as the Association of Public Health Epidemiologists (APHE) as one of the proposed governance recommendations to CSTE Bylaws.

Motion: Approved

Communication & Marketing

Lauren Rosenberg who is the new CSTE's New Director of Marketing and Communications, provided a Summary of the Strategic Communications Plan and Membership Strategy for the Executive Baord to review , as well as with some Google Analytics data.

Summary of Strategic Communication Plan

One of the priorities from CSTE's new strategic plan is to improve communications both internally and externally, along several other strategic objectives that relate to communications. The Strategic Communications Plan is intended to lay out CSTE's approach to communications to ensure they are well-coordinated, effectively managed, and responsive to the needs of its members, partners, and all applied public health epidemiologists. This summary includes the major highlights of the plan.

Goals & objectives

The strengths and opportunities for improvement along with CSTE's history, mission, and vision, form the basis for this strategic communications plan and its goals and objectives.

1. **Define CSTE as the home for all applied public health epidemiologists**
   a. Educate partners and potential members that CSTE is their professional association
   b. Educate public health professionals that CSTE is the place to turn for epidemiologic expertise
2. **Engage current members, partners, and potential members**
   a. Provide personalized communication and interactions
   b. Create a community of epidemiologists
3. **Provide clear, consistent information through appropriate, coordinated channels**

Audiences

Audiences for these communications goals can be categorized into one of three groups:

- **Core:** Current members and partners
- **Internal:** National Office staff
- **External:** Potential members, potential funders, and related public health agencies.
- **Beyond the scope:** This strategy will not target the broader public and the public health community.

Key messages

Messages central to the organization and its goals can be used verbatim or in theme in various communications channels. These key messages are starting points for marketing messages; they convey CSTE's basic tenets.

- **CSTE uses the power of epidemiology to improve the public's health.**
- **CSTE is the home for *all* applied public health epidemiologists.**

- **Turn to CSTE for subject matter expertise and resources for applied epidemiology.**
- **CSTE members contribute in both small and large ways to affect the big picture.**
- **CSTE values its members – their expertise, their participation, their impact.**

Highlights of channels & strategies

Website

- Launch redesigned website (launched January 24) and update content regularly

Newsletters

- Transform existing groups' regularly-scheduled digest emails into e-newsletters through an email marketing service and extend the concept to other committees at varying frequencies, as appropriate for the group

Member spotlights

- Feature CSTE members in publicly-available spotlights on the website and in e-newsletters in order to recognize members' contributions and show potential members what members can and do accomplish
- Continue in-depth member spotlights in the members-only newsletter

Annual Conference

- Collect members' stories via photo, video, or sound booth, or other means – why is CSTE important to them? Why did they join CSTE? What have they found meaningful from belonging to CSTE?
- Create opportunities for meaningful interactions for members, e.g., a new member orientation sunrise session or a 'mentoring' panel to encourage discussion between new and more senior-level epidemiologists

Summary of Membership Strategy

The CSTE Membership Strategy is intended to lay out CSTE's approach to ensure that CSTE, as a member-based organization, is responsive to the needs of its members and relevant to potential members. It addresses membership engagement, retention, and recruitment and lays out goals and tactics to reach current and potential members. This summary includes the major highlights of the strategy.

Goals & tactics

1. **Reinvigorate CSTE as a member-based organization**
    a. Define the value of membership and member benefits
    b. Collect more robust data from members through the membership form and a renewal survey
2. **Engage current members**
    a. Create a community of members and the expectation of engagement
    b. Reach out to new members via orientation materials, personal interaction, and an Annual Conference session
    c. Remind members of their member benefits
3. **Increase membership through retention and recruitment**
    a. Improve the member retention rate:
        - Implement a survey for renewing members

- Offer a modest discount (10%, for example) to members who renew early or on time
- Offer an auto-renewal option
- Ask members to encourage peers & colleagues to renew

b. Recruit new members:
- Use narrative to tell potential members what CSTE is and who belongs to CSTE, especially to persuade certain segments to join (e.g., local and non-infectious disease epidemiologists)
- Preview members-only content to show potential members the more tangible benefits of membership
- Ask State Epidemiologists and senior agency leaders to promote CSTE membership

4. Focus on student membership

Renewing Members Survey

A survey link was added to members' annual membership renewal emails in late December. Members can choose to respond to the survey or opt out and go directly to the CSTE website to renew their membership. The goal is to assess members' reasons for joining and renewing, amongst other categories. A summary of responses to date is below.

Question area	Most prevalent response
Total responses	73
Length of Membership	32% (23) have been members 6-10 years
Type of organization	64% (47) work in a state agency
Length of time in applied epidemiology	48% (35) 15 years or more
Main program areas	74% (54) infectious disease
Reason for joining	80% (56) To join applied epidemiology's professional association
Reason for renewing	76% (53) To join applied epidemiology's professional association
Membership dues	96% (53) Dues are well priced
Interactions with CSTE staff	64% (42) Very positive

Friday, February 1st

Guests (Discussions are not recorded)

1. Ursula Bauer, PhD, MPH
   Director, National Center for Chronic Disease Prevention and Health Promotion

Compilation of Executive Board's Motions

1. **Minutes**
   Motion: To approve the minutes of the October Executive Board Meeting**.**
   Motion: Approved with edits
2. **Cross Cutting I**
   Motion: To move the Local Epidemiology subcommittee to a Liaison category
   Motion: Approved
3. **Surveillance Informatics**
   Motion: To approve and submit letter to CDC regarding inclusion of non-infectious Nationally Notifiable Conditions in the *MMWR.*
   Motion: Approved
4. **March Meeting**
   Motion: To approve the hire of Emily Holubowich as the new CSTE Washington Liaison.
   Motion: Approved
5. **CSTE National Office**
   Motion: To approve the CSTE budget.
   Motion: Approved
   Motion: To require a one page report with each CSTE paid consultant travel reimbursement form.
   Motion: Approved
   Motion: To approve CSTE's new organization name as the Association of Public Health Epidemiologists (APHE) as one of the proposed governance recommendations to CSTE Bylaws.
   Motion: Approved

Action Items:

1. **Edits from the October Minutes**
    a. LaKesha clarified the context of Action Item for Cooperative Agreement Activities: CSTE was unclear about the timing of the new cooperative award vs. when the old award was going to expire and the board would need to take a look strategically at what projects and activities to continue in the Cooperative Agreement.
    b. A proposal to discuss hiring Richard Hopkins to further the work for the chronic Diseaseindicators project.
2. **Cross Cutting I Steering Committee Update**
    a. Remove Local Epidemiology as Subcommittee and make it a Liaison.
    b. Maintain the Local Epidemiology distribution list.
3. **Chronic/MCH/Oral Health**
    a. Recruitment for a new Steering Committee Chair. Tom Safranek CSTE Past President is charged to fill the Chronic Chair vacancy.
    b. Inform the subcommittee chairs that CSTE is officially collaborating with Association of Maternal & Child Health Programs (AMCHP) and National Association of Chronic Disease Directors (NACDD) to expand workforce.
    c. Schedule a conference call to further the discussion on the next steps for the indicators project.
4. **Infectious Disease**
    a. Defining and Implementing a Standard for Interview Timelines/During Multistate Foodborne Disease Outbreak Investigations document will be discussed during a Foodsafety subcommittee conference call scheduled for February 20, 2013.
5. **CSTE Budget Activities and Cooperative Agreement**
    a. CSTE will announce a Request for Proposal for the next financial audit.
    b. LaKesha will forward the Cooperative Agreement Narrative for review and comments before February 28, 2013.
6. **Executive Board March Meeting**
    a. Jeff will work on the agenda and guest list.
7. **Summary of Membership Strategy and Strategic Communication Plan**
    a. Lauren will forward both documents to Executive Board for approval.
8. **Consultant Report**
    a. Reinstate the Travel Report Form.
    b. Provide a formal report during each Executive Board Meeting.
9. **Annual Conference**
    a. Submit ideas for workshop for 2014 to LaKesha Robinson and program staff to be included in the cooperative agreement.

b. Continue discussion during the March meeting on the proposed Patrick J. McConnon Fellowship Alumnus Award along with the other CSTE Awards.
c. Planning committee will give Todd Parks until March to confirm. If Todd accepts invitation, Deborah Cohen will be removed from Wednesday speaker line up and replaced with Marion Kainer.
d. Tom Safranek will take the lead on the recruitment for vacant Executive Board positions.

10. Position Statement

a. Revised and update the position statement template for placing conditions under national surveillance.

11. Ad hoc Bylaws Committee

a. After the Bylaws committee has integrated the proposed governance changes into the Bylaws, Executive Board members will reach out to States Epidemiologists with talking points to support the changes.
b. The committee will convene once a week via conference call.
c. Proposal to bring Steve Macdonald on as a Robert Rules of Order consultant.