Executive Committee Meeting
January 15-16, 2008
Adam's Mark Hotel
Denver, Colorado

Present:	Eddy Bresnitz	Perry Smith	Pat McConnon	Mel Kohn,
	Bob Harrison	Gail Hansen	Tom Safranek	John Horan
	Michael Landen	Martha Stanbury	Lakesha Robinson	
	Jennifer Lemmings	Beverly Christner	Shundra Clinton	

Welcome
Dr. Bresnitz acknowledged the great service of Allen Craig who resigned as a Member at Large on the Executive committee to take an international position with CDC.

Committee Reports

Infectious Disease

Influenza Activities
- The CDC/CSTE Influenza Surveillance Steering Committee and Workgroups Meeting occurred December 5-6 in Atlanta and brought together the local, state, and federal public health officials who have participated in the CDC/CSTE influenza surveillance workgroups formed to address the recommendations of the November 2006 meeting.
- Working with CDC on the review and revision of documents on pandemic influenza intervals, triggers and actions.
- Coordination of CSTE-related seasonal influenza surveillance plans and projects (position statement, program guidance for influenza surveillance pilot projects and pilot project review, and funding).

Super Sentinel Project
- CSTE distributed a RFP to enable 2-3 states to participate in the *Influenza Super Sentinel Surveillance Pilot Project*, which will 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.
  - CSTE received 12 letter of intent
  - Application deadline is January 15.

Avian Influenza Rapid Response Training
- CSTE provided on average of $20,636 to 37 state, local, and territorial health agencies as part of the avian influenza rapid response trainings held in early 2007.
  - With these funds, state, local, and territorial health agencies expect to train up to 7,169 avian influenza response personnel through 118 training courses.

- Many states have completed their trainings. CSTE is compiling results from the final reports to determine the number of public health and other response officials that were trained.

Food Safety/CIFOR (Council to Improve Foodborne Outbreak Response)

CIFOR

- Current CSTE CIFOR activities include:
  - Development of overall program guidelines (Lead Technical Consultant: Jac Davies) and incorporation of the completed program performance evaluation indicators and guidelines for responding to multi-jurisdictional outbreaks.
  - Funding is available for up to three new CIFOR projects. CSTE is working with CIFOR and the CIFOR Governance Board to determine which priority projects should be funded.
- CIFOR officially accepted the governance guidance document which describes the roles of the participating organizations of CIFOR.
  - Convened the CIFOR Governance Committee (responsible for providing overall guidance for CIFOR) that is comprised of five organizations (CDC, CSTE, NACCHO, NEHA, and APHL).
- The National Foodborne Epidemiologists Meeting is again being held in conjunction with the CSTE Annual Conference (2008).
- The next CIFOR meeting will be February 28-29, 2008 in New Orleans.

HIV/AIDS

- Staffing monthly conference calls of HIV/AIDS Surveillance Coordinators and maintaining email distribution lists.
- Maintaining a secure on-line discussion board for HIV/AIDS Surveillance Coordinators and a secure online national database of HIV/AIDS surveillance contacts.
- Joint letter with NASTAD on HIV Surveillance funding sent to Julie Gerberding (Kevin Fenton, Rob Janssen, Tim Mastro, and Irene Hall were copied).
- National Assessment of HIV/AIDS Surveillance Capacity and Training:
  - Preliminary results presented at the 2007 National HIV/AIDS Surveillance Workshop on December 5, 2007.
  - Writing of comprehensive report – deadline for completion is March 2008.
- Developing a new Surveillance Coordinator Orientation Manual – deadline for completion is February 2008.

NASPHV

- Providing members with travel support for various upcoming compendiums and meetings (Rabies Compendium and Psittacosis Compendium).

Tribal

- Staff support for quarterly conference calls of the Tribal Workgroup
- Assessed states to evaluate the public health surveillance issues associated with Indian Country
    - Waiting for results from two additional non responding states
- Submitted proposal to Robert Wood Johnson Foundation for a Tribal Epidemiology Consultation Meeting to develop recommendations to states, federal agencies and CSTE regarding public health surveillance, data sharing and public health authority in Tribal communities.

Other

- 2008 CSTE Annual Conference program agenda development.
- Rapid Assessment on Pharmacy Reporting of anti-TB medications:
    - 37 of 57 respondents completed the assessment
    - One-page report distributed to each state, large-city, and territory
    - Three states reported using pharmacy reporting of anti-TB medications as a means for enhancing TB surveillance efforts; most states were not supportive of efforts to make anti-TB medications pharmacy reporting mandatory.

2008 Position Statement

- The following are possible infectious 2008 position statements
    - West Nile Virus
    - NASPHV Rabies
    - Varicella
    - Dengue Fever

Chronic Disease

- Chronic Disease Epidemiologic Capacity
- 2003 Capacity Assessment Survey
    - Distributing to States
    - Plans for further analyses (lead person Katie Myer)
- Repeat survey in future years
- CDC Cooperative Agreements-draft language to support capacity development
- Chronic Disease Indicator Surveillance
    - Chronic Disease Indicator Website- http://appsnccd.cdc.gov/cdi/ (Paul Siegel from CDC has taken the lead)
    - Preventing Chronic Disease journal notice
      The Chronic Disease Indicators (CDI) Web site is now available at www.cdc.gov/nccdphp/cid. CDI is a cross-cutting set of 90 indicators that were developed by consensus and that allows states and territories to uniformly define, collect, and report chronic disease data that are important to public health practice and are available at the state level. The indicators are provided in the following seven categories: Physical Activity and Nutrition, Tobacco and Alcohol Use, Cancer, Cardiovascular Disease, Diabetes, Overarching Conditions, and Other Diseases and Risk Factors. Users can generate a profile of indicator data for any state compare data across states and to national data, and download results to a spreadsheet.

MCH

- State-Local MCH Epidemiologists Organizational Proposal
  - Bill Sappenfield is the lead contact. The MCH Epidemiologists are in a holding pattern and are not ready to make a decision on where to make their organizational home.

Oral Health Topics

- Possible presentation on State Oral Health Epidemiologic Capacity-National Oral Health Conference, Miami, FL, April 28-30, 2008

Occupational

CSTE Occupational Health Web Page

- The OH web page has had a number of additions and enhancements – see http://www.cste.org/OH/OHmain.asp
  - It includes links to state OH websites
  - Occupational Health Indicator data were posted on the site in web format (see below)
  - A number of publications were posted

Occupational Health Indicators (OHI)

- 15 states contributed data on 19 indicators for 2000-2002, which are now posted on the CSTE OH web page.
- 2003 and 2004 data have been submitted to CSTE in preparation for adding to the web posting. Staff from MI and MA is working with Erin on edits and other details.
- The "How-to" guide for generating the OHIs is being updated this year.
- States collected quantitative and qualitative information about the dissemination and uses of the original OHI publication (with 2000 data – document on CSTE OH website) on an "Evaluation Template". Results were submitted to NIOSH.
- A plan for maintaining the OHIs is in development. Since the OHIs are now a required component of the NIOSH-funded programs for state-based OH surveillance and several states will routinely generate the OHIs, a long-term plan is needed for sustaining the functionality and utility of the OHIs.
- Workgroup members are collaborating on a multi-year, multi-state report of the OH indicators. Idea will be to look at several of the indicators across states over time to see if the data lends itself to a multi-state report and to address trend analysis methods.

Promoting state, regional, national collaboration

- A meeting of CSTE Occupational Health Workgroup was held in collaboration with NIOSH-funded states and NIOSH in San Francisco, November 2007. Minutes and PowerPoint presentations will be posted on CSTE OH website soon. Note: (1) Results of the OHI evaluation were presented at this meeting (2) Peggy Filios (NIOSH) did an outstanding presentation titled "Electronic Health Records: Implications for Surveillance". (3) Martha followed with a presentation on the

"Nationally Notifiable Conditions" (NNC) initiative at CSTE and its implications for surveillance. A small group agreed to consider the NNC issue in more detail.

- Another Workgroup meeting is planned for April in Cincinnati, in coordination with a meeting sponsored by NIOSH on disparities issues in occupational health. The group will meet in Cincinnati in March in conjunction with a workshop on Occupational Health Disparities Surveillance organized by NIOSH. The purpose of the occupational health disparities workshop is to explore a range of approaches and methods for conducting surveillance of occupational health outcomes/hazards faced by low income immigrant and minority workers/contingent workers whose experiences are not well captured in our traditional systems. We are hoping to generate some papers for publication.
- There is funding in the CSTE cooperative agreement with NIOSH to support travel for interested states not funded by NIOSH for occupational health. Four unfunded states attended the November meeting.
- Erin set up a web board for OH postings, at the request of attendees at the Nov meeting.
- Barbara Materna (CA) is the CSTE liaison to the NIOSH Surveillance Coordinating Group and 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.
- Tish Davis (MA), chair of the Workgroup, did two CSTE consultancies recently.
- Martha coordinated concerns about bronchiolitis obliterans ("popcorn lung") between NCEH-CDC and NIOSH, and coordinated concerns about MRSA disinfection guidelines between NIOSH and the Workgroup, and CDC.

Position statement activity

- "Criteria for Inclusion of Conditions on CSTE Nationally Notifiable Condition List…" Martha has expressed concerns about implications for non-infectious disease surveillance in various venues, and for occupational health specifically at the November Workgroup meeting. As a result, Henry Anderson has started working with the CSTE Surveillance Policy Group and concerned Workgroup members to incorporate some changes in wording to the Position Statement so that, at a minimum, lead would qualify.
- "State-level Occupational Illness and Injury Epidemiology Capacity": Martha has drafted this Position Statement and it is being reviewed by the Workgroup. It is modeled on the Position Statement passed in June 2007 for Chronic Disease Epi Capacity.
- Several Workgroup members are going to develop a position statement on Electronic Medical Records and occupational health surveillance.

Other accomplishments

- The document approved by the EC last fall titled "Guidelines for Minimum and Comprehensive State-Based Public Health Activities in Occupational Safety and Health" has just gone through a peer review process required by NIOSH in advance of its publication by NIOSH, and Martha has responded in writing to the peer reviewers' comments.

- The Workgroup is proceeding to edit and revise another CSTE/Workgroup document titled "The Role of the States in a Nationwide, Comprehensive Surveillance System for Work-Related Diseases, Injuries and Hazards." This was published July 2001 and is also posted on the CSTE OH web site.
- Nine states are coordinating the addition of questions to their 2008 state BRFSS on worker injuries in order to estimate the number of work-related injuries that are not compensated by Workers Compensation.
- 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 CSTE '08 conference planning committee did a great job and met their deadlines. Thanks to Kitty Gelberg (NY) for her leadership.

Environmental

Environmental Public Health Indicators

- The State Environmental Health Indicators Collaborative (SEHIC), the CSTE workgroup for the development of state indicators, is moving forward with its initiatives, after some slowing down between Amy Patel's departure from and Erin's arrival to CSTE. SEHIC indicator focus has been on air quality, asthma, climate change, and water.
- SEHIC activities include:
  - There have frequent conference calls among involved states and CSTE, including weekly calls with SEHIC leadership and one call with all SEHIC members.
  - A technical consultant, Amber Sinclair, has been hired to facilitate indicator development, including editing templates and "how-to" documents, pilot testing and compiling of data, and new indicator development.
  - A GIS consultant, Zev Ross, has been hired to develop and implement spatial analyses.
  - Several states have pilot tested the Air Quality indicators and submitted data to CSTE.
  - The Asthma indicator templates and how-to documents are close to being finalized, in conjunction with pilot testing. A "Lessons learned" document has been drafted. Several new Asthma indicators are being planned.
  - Climate change indicators are under various stages of development including heat, flooding, and vector-borne diseases.
  - There will be a full SEHIC meeting in Chicago in May.
  - The SEHIC Climate Change workgroups will meet in St. Louis in March. There will be speakers to inform the climate change indicator development process and time for work on developing indicators.
  - There has been considerable staff turnover since the SEHIC workgroups were defined and there is a need to identify some new leadership. Due to a job reassignment, Kristen Malecki, one of the co-leads for SEHIC, needs to cut back on her involvement.

- Workgroup members can now communicate through a CSTE web board created for SEHIC. Workgroup members can post items and engage in informal discussion.

Environmental Health Workforce and Consultation Programs

- There are currently 4 environmental health Applied Epi Fellows. Major projects include: *Exposure to Pesticides along the US/Mexico Border; Occupational Heat Illness Tracking (OHIT) in California: A Pilot Project; The Awareness of Outdoor Air Quality Alerts and Their Impact on Outdoor Activity Level in Eight States; and Creating a Clark County Data Warehouse.*
- Henry Anderson, the CSTE lead environmental health consultant has been working on several projects:
  - With the FEMA-sponsored Medical and Public Health Working Group to define the role of environmental health specialists in emergency response and their credentials, to ensure that definitions are consistent across the states.
  - Participating in the upcoming NCEH radiation response workshop.
  - As noted above, working with the CSTE Surveillance Policy Group on nationally notifiable disease issues.

Other accomplishments

- The CSTE website for Environmental Health will be updated in the near future.
- CSTE is supporting legislation introduced by Clinton and Hatch to increase and expand funding for the "Coordinated Environmental Public Health Network Act", which would increase funding for state environmental public health surveillance activities, workforce development, and other related activities.
- The CSTE '08 conference planning committee did a great job and met their deadlines. Thanks to Tom Talbot and Shao Lin (NY) for their leadership.

Injury

CSTE Injury Fellows

- Two fellows currently in Oregon and Massachusetts

Injury Surveillance Workgroup 6 (ISW6)

- Exploring appropriate definition for an injury in hospital discharge data
  - 2003 definition recommended by ISW3 only counts as cases those with a primary diagnosis of an injury
  - NCHS definition for national emergency department database counts injury codes or E-codes in other fields; should we do the same for hospital discharge data?
- Pilot involving several states to see if these additional cases are ones we would want to count as an injury; may be as many as 20-30% more for some injuries

Workgroup for External Cause Coding Improvement (WECCI)

- Collaborative effort led by CSTE, including CDC, STIPDA, ASTHO, PHDSC, "other" (e.g. Sue Gallagher)

- Primary goals: put external cause coding back on the radar and prevent federal pre-emption of external cause coding back on the radar and prevent federal pre-emption of external cause coding mandate with implementation of ICD 10
- Coordinated position statements supporting importance of issue by CSTE, STIPDA, ASTHO, National Safety Council, PHDSC
  - APHA Executive Director to send letter to other organizations and to stewards/owners of hospital discharge data urging them to support
  - Developing a fact sheet and talking points
  - Monitoring federal legislation
- Helped CDC author MMWR R&R, due out March 7
  - Will use to convene meeting of federal agencies to address
- Working on MMWR on CSTE Survey of state efforts to improved coding
  - Techniques similar to other kinds of surveillance (e.g., providing feedback to reporters about how data are used, auditing coding completeness and sharing results with coders, coding training, etc.)
  - No single technique substantially better than others, but states that use more different kinds of techniques have more improvement from 1999-2004 indicator process (KS, OK, OR and HI).
  - Case studies of 4 states with >20% improvement form 1999-2004 indicator process (KS, OK, OR and HI).

Injury Indicators
- CSTE Coordination of indicators activities

Annual Meeting Planning
- No- pre-conference workshop planned this year.

Executive Committee Report

Public Health Informatics Team
- Currently under review: Position statement template for proposing conditions to be placed on the Nationally Notifiable list and the accompanying CMR common data elements.
- The Public Health Informatics Team reviewed the CDC Message Mapping Review guide process and informed CDC on methods to increase potential involvement by CSTE members.

Workgroup Updates

- NEDSS Subcommittee
  - State Electronic Disease Surveillance Software Systems Assessment
  - Master Patient Index special interest group conference calls are monthly and advancing states' specific needs
  - Assessment results are currently being drafted for in house publication.
  - CDC has sent out the re-bidding of a 3 year contract for IT

Surveillance Coordination Group

- Joint CSTE-CDC State Reportable Conditions Assessment
  - The online tool hosted on the CSTE website collected reportable condition data in November-December 2007.
  - Telephone follow up to confirm results for MMWR January 2008.
  - A query-results page will be programmed to use the database to allow users to query by any condition, jurisdiction and attribute housed in the database.

Surveillance Policy Committee

- The Surveillance Policy Committee is continually addressing policy issues related to surveillance.
  - Policy issues surrounding the establishment of a National Notifiable Disease list - Position statement currently under review by the committee that details how a disease makes this list.
  - CDC BioSense roundtable - The latest BioSense Roundtable was held in November 2007. Some of the main objectives for the future of BioSense were to increase collaboration with public health, increase connections with Health Information Exchanges, articulate the utility of BioSense to public health, and refine the vision and timeline of BioSense to engage stakeholders.
  - In early December, CDC engaged CSTE to discuss Health Information Exchange initiatives. CDC is discussing writing a white paper that discusses benefits for HIEs to exchange clinical data (notifiable diseases, ELR, situational awareness) with public health, and receive data back from public health.

CSTE Workforce Development

Competencies

- Materials will become a toolkit
  - Contents will include the competencies, competency related materials (brochure, PowerPoint presentation, position descriptions, and assessment guides), and a CD rom.
  - CSTE is developing a computer based program of the interactive competency quiz (introduces users to the competencies) that will be included in the toolkit.
  - Toolkit will be sent to all active members and associate members will receive a letter announcing release.
  - *Public Health Reports* supplemental issue devoted to competencies (*Competency-Based Epidemiologic Training in Public Health Practice)* will be published in March
  - ASPH is currently mapping curriculum to competencies. Expected date of completion is March 15, 2008. Products included:
  - Sample curricula that are explicitly mapped to appropriated CDC/CSTE Applied Epidemiology Competencies (AECs), in the analytic/assessment domain for Tier 1 professionals.
  - Guidelines and examples for how to develop practicum and /or rotations that map to some of the more applied competencies.
  - The toolkit is to mail out late February early March.

Fellowship Update
- Tragic Loss of Hillary Foulkes (Class V Fellow)
- 31 Total Current Fellows
- 10 Infectious Disease
- 6 Infectious Disease-Quarantine
- 2 Birth Defects
- 5 Maternal and Child Health
- 1 Injury
- 4 Environmental Health
- 3 Chronic Disease

Graduates
- 34 Graduates
- 25 (74%) working at the federal, state or local level
- 5 working in academia
- 4 working on obtaining a doctoral level degree in epidemiology

Applications for Class VI due February 1
- Placements made by April 1

International Epidemiology Exchange Program
- CSTE will establish the International Fellowship Exchange Training Program.
- CSTE has identified members at state and local health departments who are interested in participating in the program.
- CSTE and CDC will develop a 2-3 week competency based training program in which senior scientists from state/local health departments will participate.
- CSTE will develop a 3 month competency based training program in which international scientists will participate.
- CSTE is planning to support 4 international exchanges.

Other
- State Epidemiologist Orientation Manual: *The New State Epidemiologist's First Days* is under review
- Defining Epidemiology Capacity
  - Working in collaboration with the Office of Workforce and Career Development at CDC to establish a model and tools for defining capacity

Legislative Priorities for 2008/09
- Public Health Workforce
  - Applied Epidemiology Fellowship: FY 08 $957,967 and FY 09 CSTE recommendation $5million
  - Public Health Laboratory Fellowship: FY 08 $0 and FY 09 CSTE recommendation $5millon
  - *PH IT Fellowship an additional priority for this area*

- Public Health Capacity
  - Pandemic Influenza (S&L) : FY 08 $0 FY09 CSTE recommendation $350 million (may remove from this area of priority)
  - ELC (Epi Lab Coop Grant): FY 08 $56millon FY09 CSTE recommendation $87.5 million
  - PHHS Block Grant: FY08 $97.27million and FY09 CSTE recommendation $131 million (may remove from this area of priority)
  - Terrorism (S&L) FY 08 $746 million and FY09 CSTE recommendation $919 million (may remove from this area of priority)
  - Surveillance
    - BRFSS : FY08 $7.4 million FY09 CSTE recommendation $18 million
    - HIV/AIDS: FY08? FY09 CSTE recommendation $101.3 million
    - NVDRS: FY08 $3.3 million FY09 CSTE recommendation $10 million
    - Occupational State-based : FY08 $1.5 million FY09 CSTE recommendation $12.5 million
    - Environmental Health Tracking Grants: FY08 $23.8million FY09 CSTE recommendation $100 million (may remove from this area of priority)

CSTE Integrated Surveillance Bill

- The bill is presently being reviewed but is in need of additional permanent sponsorship.

CSTE Action Items

- Marcia Mabee is to repackage and condense CSTE Legislative Priorities.
- Marcia will put together talking points for the Hill visits.
- Add PH IT fellowship to the Public Health Workforce.
- Check with ASTHO on the ELC funding: may want to edit.

CSTE Website

- The goal is to have one or two clicks to get to your final website destination.
- CSTE Website Highlights: program pages, streamline member services, rotating pictures on the home page, what's new, minutes, newsletters, publications and search function

CSTE Action Items

- A Beta test of the revised website will be sent to a small group for comments with feedback.
- Search specific to the position statements (we already have this in place).
- Ability for state epidemiologists to email all person within their state (can view and email now).Need distribution list for the State Epi so they could just email with 1 click.
- Additional Program pages to include topical areas Cross Cutting and Tribal.
- A logical grouping of all publications.

Consultant and Teams

- The Executive Committee approved the lead consultants for January – December 2008.

CSTE Action Items
- An official letter to be sent to all consultants to confirm lead appointments.
- The annual consultant form is to be revised by the Executive Committee before the 2008 annual conference.

CSTE National Office Priorities and Updates

- National Notifiable Disease List Update
- 2008 Annual Conference
- 2009 Epidemiology Capacity Assessment
- Maintain Support for CSTE Applied Epidemiology Fellowship
  - 11 Infectious Disease/Quarantine Fellows
  - 7 Maternal and Child Health Fellows
  - 2 Birth Defect Fellows
  - 2 Injury Fellows
  - 3 Chronic Disease Fellows
  - 4 Environmental Health Fellows
  - 2 Injury Fellows

- Cross-Cutting Indicator Web Development
- Epidemiology Training in Conjunction with CSTE annual meeting
- Provide technical input into the activities of the Epidemiology Education Movement
- Facilitate a Global Epidemiology Exchange Program

Chronic Diseases and Maternal and Child Health
- Support Consultations such as CDI working group
- Support for CD Fellows placed in North Carolina, Georgia and Maine
- Support for MCH Fellows placed in TX, FL, AK, MA, VA, WA, and PA

Environmental Health
- Host the Environmental Health Tracking Meeting in conjunction with the CSTE meeting
- Development and Pilot testing of EH Indicators in states
- Support for EH Fellows placed in NM and WA
- Support for multiple workgroups and enhanced indicator development process

Infectious Diseases
- Support for NASPHV Compendiums
- Provide support for short term technical consultations (Influenza) Southeast Asia and China
- A CDC/CSTE jointly sponsored consultation on *Routine Vaccination against Influenza for Older Children*

- Enable 2-3 states to participate in the *Influenza Super Sentinel Surveillance Pilot Project*
- Develop of standards and guidelines for Foodborne outbreaks and detection.
- Maintain Support for HIV/AIDS Surveillance Workgroup Activities
- Support for ID Fellows placed in Atlanta, FL, TN, NY, NJ, MI and CA

Injury
- Development of an E-codes Toolbox
- Assessment of State Injury Laws, rules, and regulations
- Support for INJ Fellows placed in OR and MA

Occupational Health
- Host the annual SENSOR/ABLES meeting in conjunction with the CSTE annual meeting
- Occupational Indicators work: updating guidance documents and generating indicator data.

Position Statement Template and CMR Common Data Elements
- Perry made editorial and technical edits and will forward comments and revisions to Steven Macdonald.

2008 CSTE Pumphandle Nomination
- Nominations are currently being accepted and the deadline is February 1. Nominations can be forward to Pat McConnon.

Miscellaneous
- Erin will assist with the development of the Cross Cutting Indicators Template. The group will have a project proposal for the annual meeting.
- Bob Harrison will develop a Policy on accepting abstracts and present it at the next Executive Committee Meeting in March.
- Minutes from Executive Committee Conference calls and meetings will be approved by the Secretary -Treasurer and then by the Executive Committee on during the scheduled Executive Committee Conference call and posted on the website after the being approved.