**Executive Committee Meeting**
**March 4-5, 2008**

**Attendees:** Eddy Bresnitz, Perry Smith, Robert Harrison, John Horan, Michael Landen, Tom Safranek, Martha Stanbury, Melvin Kohn, Gail Hansen, LaKesha Robinson

The meeting was called to order by Eddy Bresnitz.

## Review of agenda and minutes

The minutes were reviewed and the following changes were recommended:
Add page numbers to all EC minutes.
Make changes (WECCI and CD Capacity) example
Post to website

## Committee Reports

### Executive

Workforce

### Fellowship

30 Total Current Fellows

- 9 Infectious Disease
  - New York City (2)
  - New York State (2)
  - New Jersey
  - Atlanta- CDC-Influenza Division
  - Tennessee
  - Washington State
  - Michigan
- 6 Infectious Disease-Quarantine
  - El Paso
  - San Diego
  - Miami
  - Atlanta-Global Migration and Quarantine Headquarters-CDC (2)
  - New York City
- 2 Birth Defects
  - Minnesota
  - Virginia
- 5 Maternal and Child Health
  - Alaska
  - Massachusetts
  - Florida
  - Pennsylvania
  - Washington State
- 1 Injury

    - Oregon
- 4 Environmental Health
    - California
    - Wisconsin
    - New Mexico
    - Clarke County, Washington State
- 3 Chronic Disease
    - Georgia
    - North Carolina
    - Maine

Graduates:

35 Graduates

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

Received applications for Class VI on February 14, 2008

- 117 Completed and reviewed
- 379 started
- Sent out 61 to external review committee

Interviews will be held the second week in March
Placements made by April 1
Expected number of fellows to be accepted in 2008

**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 room.
    - 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*) has been printed and will be distributed with the March issue.
- ASPH is currently mapping curriculum to competencies. Expected date of completion is March 15, 2008. Products include:
    - Sample curricula that are explicitly mapped to appropriate CDC/CSTE Applied Epidemiology Competencies (AECs), in the analytic/assessment domain for Tier 1 professionals.
    - Guidelines and examples for how to develop practica and/or rotations that map to some of the more applied competencies.

**Other**

- State Epidemiologist Orientation Manual: *The New State Epidemiologist's First Days*
    - Reviewed by Jo Hoffman, Chris Hahn and our technical editor, Karen Foster
    - Next steps:
        - Inclusion of introduction by Dr. Bresnitz
        - Send as a courtesy to Gus Birkhead and ASTHO

**Other Cross-Cutting**

- Eddy provided an update on meeting with the Department of Education around FERPA.
    - Pat McConnon, Eddy Bresnitz, James Hodge, and John Middaugh attended the meeting.
    - Notes from the meeting should be distributed to the EC for review.
    - James Hodge has proposed an amendment to the law that will exempt public health uses of data from education records.
    - If a law is being proposed Marcia should be folded into the discussions.
    - Local Epidemiologists should be removed from the list and a new list formed to include them.
    - A suggestion was made to include a tribal epidemiology fellow in future years.
    - Tribal updates should be separate from the ID committee reports for future EC meetings.
    - A motion was made to accept the written report provided on the retreat. None opposed.

**Environmental/Occupational/Injury**

Note: Items marked by (*) indicate updated or new activity since the January report.

**<u>Update: Environmental</u>**

1. 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.
    - Building on previous CSTE workgroup models, SEHIC activities have established a process (methodology) and series of tools that states and other national partners have used in the consideration and development of indicators.
    - There have been 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 Asthma indicators and submitted data to CSTE. A “lessons learned” document has been drafted. (*) A new Asthma indicator utilizing Emergency Department data is in development.
- (*)The Air Quality indicators have been piloted by the consultants and will be piloted in states in early March. Publications will follow.
- (*) Climate change indicators, including population vulnerability to heat, flooding, CVD hospitalizations, air pollution & extreme weather, and excess morbidity/mortality are under various stages of development.
- Many Climate Change workgroup members participate in monthly ASTHO Climate Change Webinars organized by the ASTHO climate change workgroup (who will be represented at the March Climate Change meeting).
- There will be a full SEHIC meeting in Chicago May 14-15th.
- (*) The SEHIC Climate Change workgroups will meet in St. Louis in March 5-6. There will be speakers from EPA, city of St. Louis department of health, Emory University, CA department of health, and Operation Weather Survival to inform the climate change indicator development process. Workgroup members will also be given time to 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.
- Relationship between the SEHIC work and work of the Environmental Public Health Tracking (EPHT) program.
    - SEHIC is working to flesh out its role in coordination/conjunction with CDC/NCEH surveillance activities and working to facilitate a bridge between EPHT funded states and non-EPHT funded states. There is a need for states that are not funded as part of the national EPHT program to become aware of the tools being developed for environmental health practitioners. (*) These issues are expected to be discussed at the May SEHIC meeting.
    - The SEHIC tools have been used by the CDC NCEH EPHT program for indicator development. The SEHIC asthma, air and drinking water workgroups laid the foundation of indicators for the EPHT program to consider during their initial network development.
    - SEHIC’s focus on emerging environmental health concerns (e.g., climate change) provides states additional tools for addressing environmental health indicators not being developed in other venues, including EPHT.

2. Environmental Health Workforce and Consultation Programs

- There are currently 4 CSTE environmental health Applied Epidemiology 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.
    - Working with the CSTE Surveillance Policy Group on nationally notifiable disease issues.

3. Position statements
    - (*) A position statement titled “State-level environmental disease epidemiology capacity” has been drafted for the 2008 annual meeting.
4. Other accomplishments
    - The CSTE website for Environmental 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.
    - A record number of abstracts were submitted for this year’s annual conference. The planning committee for the environmental sessions did a great job and met their deadlines for abstract reviews and scheduling of breakout sessions, and planning the Sunday environmental session. Thanks to Tom Talbot (NY) and Shao Lin (NY) for their leadership on the environmental planning committee.
    - (*)Martha has been working with Lisa Dwyer at CSTE and Steve Macdonald (WA) to consider some clarifications to the recently administered CSTE/CDC SRCA survey, because of her concern that the distinction between “explicit” and implicit” was not clear enough in the original instructions to ensure that some non-infectious diseases were identified correctly as being reportable. The survey may be reopened for State Epis to make corrections
    - (*)Martha was invited to represent CSTE at a meeting February 27 in Washington DC to discuss national surveillance with poison center data. Richard Hopkins (FL) and Richard Danila (MN) were also invited to attend representing CSTE. A joint presentation was prepared, which included how Michigan uses PCC data for environmental surveillance. ASTHO also was invited to send representatives. CDC, National Center for Environmental Health, and the American Association of Poison Control Centers (AAPCC) co-hosted the meeting.
    - (*) In the interest of promoting more involvement by CSTE membership in occupational, environmental, and injury, Martha has been working with Erin to get CSTE listservs updated and to send out programmatic summaries with an

invitation to get more involved. The first one went out in February, and consisted of edited versions of the updates presented to the EC in January in Denver.

**Update: Occupational**

1. 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). (*) 2003 data were added in February.
   - (*) 2004 data have been submitted to CSTE in preparation for adding to the web posting. Tom Largo (MI) and Kathleen Gratten (MA) are working with Erin Simms (CSTE) on edits and other details.
   - (*) Authors (or state indicator leads) have also updated the website text corresponding to their indicators. Tom, Kathleen, and Erin are currently reviewing the edits and will update the indicator website text shortly.
   - The "How-to" guide for generating the OHIs is being updated this year by authors of the original guide.
   - States had 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 Tracking Tool". An abstract summarizing results was submitted for presentation at the June CSTE meeting.
   - A plan for maintaining the OHIs is in development. Because 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 evaluating four occupational health indicators to compile multi-state data in Microsoft Excel. The group is discussing options for visualization and will present findings at the April Workgroup meeting in Cincinnati, OH..

2. 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 - it will have others once the new CSTE web design is rolled out.

3. Promoting state, regional, national collaboration
   - (*) Martha has been working with Lisa Dwyer at CSTE and Steve Macdonald (WA) to consider some clarifications to the recently administered CSTE/CDC SRCA ("State Reportable Conditions Assessment") survey, because of her concern that the distinction between "explicit" and implicit" was not clear enough in the original instructions to ensure that some non-infectious diseases were identified correctly as being reportable. The survey may be reopened for State Epis to make corrections.
   - The Workgroup will meet in Cincinnati April 22-24, 2008, in conjunction with a workshop on occupational health disparities organized by NIOSH. The

disparities workshop will be the first day and a half and the Workgroup meeting will follow, lasting a day and a half. The purpose of the 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. (*) We are currently working to finalize both meeting agendas.

- The Environmental Public Health Tracking Network (EPHTN) has developed a CO indicator. At the November meeting, Workgroup members discussed state activities for CO and discussed possible data sources for occupational CO poisoning surveillance. (*) Workgroup members are discussing the possibility of drafting an occupational CO poisoning indicator to be used alongside the EPHTN indicator. A conference call was convened in late January.
- There is funding in the CSTE cooperative agreement with NIOSH to support travel to Workgroup meetings, including this April 2008 meeting, for interested states not funded by NIOSH for occupational health.
- CSTE has set up a web board for OH postings, at the request of attendees at the Nov meeting in order to enhance communications among Workgroup members.
- (*) 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.
- (*) Martha was invited to represent CSTE at a meeting February 27 in Washington DC to discuss national surveillance with poison center data. Richard Hopkins (FL) and Richard Danila (MN) were also invited to attend representing CSTE. A joint presentation was prepared, which included how Michigan uses PCC data for occupational surveillance. ASTHO also was invited to send representatives. CDC, National Center for Environmental Health, and the American Association of Poison Control Centers (AAPCC) co-hosted the meeting.
- (*) 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 discusses the CSTE and the Workgroup and a brief summary of the Indicator development process, should be published in the March NIOSH E-News.

4. Position statement activity
   - “Criteria for Inclusion of Conditions on CSTE Nationally Notifiable Condition List…”: Martha Stanbury had 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 (WI) has been 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.

- (*) In response to a request from Steve Macdonald (WA), several Workgroup members are working with Peggy Filios, the coordinator of state-based respiratory disease surveillance at NIOSH, to draft an example of a non-infectious disease Position Statement to illustrate the draft "Template for Placing Diseases or Conditions under National Surveillance." Silicosis was chosen for this because there is an existing Position Statement for silicosis and case reporting is from multiple sources.
- "State-level Occupational Illness and Injury Epidemiology Capacity": Martha has drafted and obtained review of this Position Statement from the Workgroup. (*) She has sent it to other EC members for comment, also noting that there was discussion at the January EC meeting that we should have similar position statements for injury, substance abuse, and environmental.
- Several Workgroup members are considering the development of a position statement on Electronic Medical Records and occupational health surveillance.

5. Other accomplishments
   - The document approved by the CSTE Executive Committee 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, the lead author, responded in writing to the peer reviewers' comments and well as making edits to the document.
   - The Workgroup is working on edits and revisions to 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. Ken Rosenman (MI) is the lead for this activity.
   - Nine states are continuing coordination of 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. 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)
   - A record number of abstracts were submitted for this year's conference in Buffalo. The planning committee for the occupational health sessions did a great job and met their deadlines for abstract reviews and scheduling of occupational health breakout sessions. Thanks to Kitty Gelberg (NY) for her leadership on this planning committee.
   - (*) Martha worked with Bob Harrison and Marcia Mabee to develop a new proposal to bring to our visits on the Hill March 3 for occupational lung disease surveillance.
   - (*) In the interest of promoting more involvement by CSTE membership in occupational, environmental, and injury, Martha has been working with Erin to

get CSTE listservs updated and to send out programmatic summaries with an invitation to get more involved. The first one went out in February, and consisted of edited versions of the updates presented to the EC in January in Denver.

**Update: Injury**

**CSTE Applied Epidemiology- Injury Fellows**

- Two fellows currently in Oregon and Massachusetts

**Injury Surveillance Workgroup 6 (ISW6)**

- This is the sixth generation of a collaborative led by STIPDA (State and Territorial Injury Directors Association), with CSTE, CDC and SAVIR (Society for the Advancement of Violence and Injury Research)
- The group has been exploring possibly expanding the definition for an injury in hospital discharge data
- Initial results from a pilot including OR and CO suggest that only a small percentage of cases identified using the expanded definition are actually injuries that we would want to count. Discussion is still ongoing about the best definition to use.

**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), "others" (e.g. Sue Gallagher) and led by Mel Kohn.
- Its primary goals: put external cause coding back on the radar and prevent federal pre-emption of external cause coding mandate with implementation of ICD10
- WECCI helped CDC author an MMWR R&R about external cause coding; plan is to use to convene meeting of federal agencies to address
    - Publication has been pushed out to March 28
- WECCI is working on an MMWR on a CSTE survey of state efforts to improve coding
    - Waiting for input from MMWR editor about whether or not this is likely to be accepted.

**Infectious Diseases**

**Influenza**

*Influenza Activities*

- Working with CDC for the review and revision of documents on pandemic influenza intervals, triggers and actions.
- Working with the multi-agency group on pandemic flu vaccine priorities, focusing on state response for key workers in private and public sectors.
- 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 a 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 identified 3 states to fund for this project. Reviewers of the RFP were made up of CDC technical experts, a CSTE member, and a CSTE technical consultant.

*Avian Influenza Rapid Response Training*

- 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.
- The CSTE National Office is working on a final report detailing these trainings and plan to discuss the results at APHA (in submission) and in a peer reviewed journal (TBD).

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

- 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.
- CSTE is currently in the process of funding four additional projects:
    - Evaluation of Cluster Definitions for Foodborne Outbreak Investigations (Craig Hedberg, University of MN).
    - Regular Epidemiology/Laboratory Integrated Reporting Pilot (with APHL – proposed)
    - Increase Availability of Foodborne Disease Outbreak Training (with NEHA - proposed)
    - Exploring the Feasibility and Usefulness of a National Foodborne Illness Complaint System Pilot (fund initial stakeholder meeting)
    - The National Foodborne Epidemiologists Meeting/OutbreakNet is again being held in conjunction with the CSTE Annual Conference (2008).
    - The CIFOR meeting was held 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.
- Developing Operational rules for HIV/AIDS Consultancy Team
- Updating Status of State Reporting on CD4 and Viral Load
- Rapid Assessment—use of HRSA (Ryan White and Prevention) funds for surveillance activities
- CSTE Position statement on required reporting of HIV drug resistance testing results
- Collecting data on state by state policies on testing pregnant women
- Website page planning
- Planning of HIV/AIDS Surveillance Coordinators Preconference Workshop
- National Assessment of HIV/AIDS Surveillance Capacity and Training:
    - Writing of comprehensive report – deadline for completion is June 2008.
- Developing a new Surveillance Coordinator Orientation Manual
    - Compiling/Formatting written sections for workgroup reviewer
    - Deadline for completion is March 2008

**NASPHV**

- Providing members with travel support for upcoming 2008 CSTE Annual Conference.
- Website page planning

**PAM (Primary amebic meningoencephalitis) Workgroup (Naegleria Workgroup)**

- Staffing monthly conference calls and establishing/maintaining email distribution lists
- Establishing a secure online discussion board for members to post information for the workgroup

**Tribal**

- 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.
    - Project is being recommended for funding by the Public Health Program Management Team. Is currently in the next step of the process.

**Other**

- 2008 CSTE Annual Conference program agenda development.
- Exploratory discussions with CDC (Scott Fridkin and Dawn Sievert) on next steps for MRSA surveillance at state and national levels. Defining scope and objectives of MRSA surveillance and next steps.

**Chronic Diseases**

- John is providing language (with references to CSTE capacity building position statement) to CDC to provide flexibility in hiring CD epidemiologists
- CD Capacity Survey:
  Profiles for states have been developed
  A proposal to contact states to request permission to distribute to ASTHO and CDD was made.

**Committee Reports Action Items:**

- Notes from the FERPA meeting should be distributed to the EC for review.
- If changes to the law are being proposed, Marcia should be folded into the discussions.
- Limit the "State Epidemiologists" list only State and Territorial Epis—remove city epidemiologists from the website.
- Create a new listing for city epidemiologists.
- Develop a criteria for the city epidemiologist page (large cities and urban, all, etc.).
- Explore the options to assess states around their work with the poison control centers.
- Requests state permission to send CD Epi Capacity Profiles to ASTHO and CDD.
- Schedule meeting with SAHMSA and Mike Landen in DC to discuss opportunities for future collaborations.
- Follow up on NEDSS retreat action items.
- Remove tribal epidemiology report from the ID committee report.
- The final retreat summary should be distributed to the membership with a cover letter inviting comments.
- Set up a web based system (blog) to capture membership comments and feedback about the retreat summary and outcomes of the retreat.

**Discussion on Dues Increase**

- Make recommendation to the membership for a one time increase for states and individuals.
  - State dues will increase as proposed
  - Individual dues will increase in 2009 only to $50
- Develop a description of current uses of dues including tangible examples of products, increased benefits with increased dues, and budget justification and send to membership in cover memo ahead of the meeting.

**Organizational Proposal Action Items: Handout**

- Seek legal counsel to find out if CSTE needs to maintain both the Constitution and Bylaws
- Produce a proposal to the membership to combine the two documents.

- Create language for the by-laws to change tribal epidemiologists status from associate to active
- Each EC chair should review and edit the list of proposed subcommittees and edit the handout for consideration.
- Asthma should be moved to CD
- Add a description of subcommittees role and responsibilities to the consultant form
- Create an online system so that members can join and edit their subcommittee selection at any time.
- Mel will lead the bylaws discussion at the annual meeting.
- A discussion should be held during the PS discussion time at the conference.
- Make all proposed bylaws changes by March EC call.
- Add the final discussions of the bylaws changes to the March EC call agenda.
- Send timeline to Mel and Bob for the changes in bylaws and member review.
- Schedule next EC Call for 3/28 at 1 PM

**APHL Action Items**

- Remind Eddy to send Scott Becker information on a quality assurance team from CDC around newborn screening.
- Replace Allen Craig as consultant to APHL on the surge planning process.
- Partnership meeting with APHL and others during Leaders to Leaders conference.

**ASTHO Action Items**

- Share the language James Hodge developed with Jim Blumenstock
- Send the latest draft bill with Jim to secure the comments and support from ASTHO.
- Follow up with Jim about distribution of CD state profiles.

**Annual Meeting Action Items**

- On page 2 of latest printout there is a typo on the time.
- Add additional State Caucus time: Tuesday 5:15-6:00 PM
- Do we have a confirmation of attendance for moderators and speakers prior to final printing of agenda? If not, we should create a system to confirm attendance.
- On page 17 of full draft agenda, check times for a mistake.
- Re-label the Cochrane Injury Group presentation to Injury/Cross-Cutting.
- Change late breaker deadline to April 18th
- Notice of acceptance should go out April 28th or 30th
- Create review team: Perry, Tom, Gail and Mel
- OH will have a late breaker at 5:15 PM (day?)
- Create online CME evaluation
- Limit the number of CME evaluation packets to those individuals who preregister for CMEs.
- Make terminals available at CME table to complete evaluations on line.

- Send hotel confirmation numbers to EC members along with instructions to register and make their own travel arrangements.
- Send Kris Smith final accepted abstracts.
- Send a notice to program chairs to identify media worthy talks.

**Policy on Accepting Abstracts**: Handout

- Provide additional direction to moderators in Guidelines to moderators and session organizers about speaker substitutions.
- Update the Policies and Procedures Manual to reflect the changes in the handout

**Other**

- Schedule next EC call for March 28th at 1 pm.