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From: Sarah.Patrick@state.sd.us [mailto:Sarah.Patrick@state.sd.us]
Sent: Monday, June 18, 2001 4:57 PM
To: dknutson@cste.org; sroohi@cste.org
Subject: Epidemiology Congress 2001, Toronto, Canada

Thank you for the opportunity to represent the Council of State and Territorial Epidemiologists with Dr. Don Goodwin at the Epidemiology Congress in Toronto, June 14-17, 2001. This meeting--the first ever organized by the American Public Health Association Epidemiology Section, the Society for Epidemiologic Research, the American College of Epidemiology and the Canadian Society for Epidemiology and Biostatistics--was the largest known epidemiology meeting ever held. Over 1,600 epidemiologists from 33 countries participated in this excellent conference!!

The June 1 supplement to the American Journal of Epidemiology presents the abstracts from the Congress. The congress agenda is also available at: http://www.epi2001.org/documents/epi2001_program.pdf

I was thrilled at the variety and applicability of the work presented to the work we do daily as applied epidemiologists. I appreciated the biostaticians reminder to consider our whole tool book of epidemiologic and statistical methods available for the practice of our work. There were many academicians whose work clearly showed an understanding of and appreciation for the practice of public health; there were some who needed to be reminded of the "So what?" question. It was encouraging to see students tackling important public health problems and to discuss the organization and practice of public health with our colleagues from many nations.

* After rousing opening plenary sessions (which should have been videotaped or used for distance education, but weren't), I was thrilled to participate in a Leadership Luncheon of the various epidemiology associations participating in the congress.

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Dr. Michael Bracken, Chair of the 2001 Congress of Epidemiology Planning Committee, informs the Associations of the organizational purpose and process for the Congress.

There were (to our knowledge):

* American Academy of Pediatrics-Epidemiology Section
* American College of Epidemiology
* American College of Preventive Medicine
* American Diabetes Association Epidemiology and Statistics Council
* American Epidemiology Society
* American Heart Association-Epidemiology Section
* American Public Health Association-Epidemiology Section
* American Statistical Association- Epidemiology Section
* Canadian Society for Biostatistics and Epidemiology
* Council of State and Territorial Epidemiologists
* International Epidemiology Association
* International Genetic Epidemiology Society
* International Society of Environmental Epidemiology

* International Society for Pharmaco-Epidemiology
* Society for Epidemiologic Research
* Society for Pediatric Epidemiologic Research

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The Leadership meeting resulted in the following goals: (1) increase communication between the associations by linking together the Boards (and EDs, if they exist) of the Associations via a listserve, (2) hold a CDC-sponsored conference call in approximately 6 months, and (3) develop a web-based list of all the associations, their contact information, and mission. There was no commitment to holding (or not) another Epidemiology Congress--the Associations decided to go back to their memberships for feedback on value and available resources before that question is resolved. Certainly, the people I talked to at the Congress were VERY happy with the opportunity for so many epidemiologists to share with each other and my personal vote would be to hold another Congress in 2-3 years.

Although we were unable to have a strong CSTE presence at the Congress because of the timing with the CSTE/APHL conference, there was strong interest in local, state, and provincial epidemiology. On the LAST day, I facilitated a breakfast roundtable. It was hard for me to drag myself there at 6:30 a.m., so I was not anticipating a full table (I was praying I wouldn't be the ONLY one there). Well, our table was packed and diverse: epis from local, state, and provincial health departments; academicians from 2 schools of public health and 1 medical school; MPH, MD, and PhD epidemiologists; males and females; new grads and not-so-new-grads. It was great! The CSTE Epi Capacity Tool was distributed to all participants. Common concerns among applied epidemiologists included (no special order):
* Continuing education opportunities (including travel to conferences such as the Congress)
* Career track "I'm 28, already promoted to 'Senior Epidemiologist' and I have NO WHERE to go."
* Lack of political/personnel/some administrators understanding of what an epidemiologist does
* Recruiting (challenges varied by organization, some had problems hiring entry level epis, while others had difficulty reaching doctoral epis)
On the flip side, our academic friends said they had a hard time KNOWING about jobs in applied public health! People did not think that a state-by-state Bureau of Personnel search was very attractive to students.
* Need for applied public health to work more closely with schools of public health, MPH programs, and medical schools.

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Can you believe that this photo was taken the LAST day of the conference? The very large auditorium was overflowing and people were sitting on the floor for a session titled, "Epidemiology and molecular genetics: wave of the future or tsunami?"

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I'm sure the folks from CDC's Office of Genetics MUST have been pleased!!

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