COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTEupdate

SPRING 2010

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CSTE President's Message

Dear CSTE members,

It's late spring, which for our Annual Conference Planning Committee – as well as the CSTE National Office staff – means that it's almost show time. The final touches are being put on the program for the meeting, and by the time you read this it will be at the printer.

This year's meeting promises to be terrific – and not just because it will be in beautiful Portland. Our lineup of plenary speakers will be covering the most pressing issues of the day for epidemiologists, and our breakout sessions, built around the record-breaking number of abstracts we received this year, will be wide-ranging and thought-provoking.

For me personally, the Annual Conference will mark the end of my year as President, and so I've been thinking about what an exciting and challenging time this has been for practicing epidemiologists. It's been an honor to help lead CSTE during this time.

It's been reinvigorating and gratifying to have CDC leadership prioritize the strengthening of public health science and state and local health departments. This is a clear statement that the work that we do every day is dearly valued. And it also means that we will have strong resources at CDC upon which we can draw in the future.

One landmark event that occurred for CSTE this year was to have Congress recognize the vital role of epidemiology by including historic levels of funding for the public health system in health reform legislation. The Executive Board, Marcia Mabee (our Washington consultant) and our National Office staff have been working for several years to get funding for epidemiology workforce development and several key surveillance programs. The fruits of this effort are the inclusion in this legislation of these items at unprecedented levels of funding.

We've been challenged this year to use our epidemiology skills to guide our response to a host of serious public health problems, such as the H1N1 pandemic, the epidemic of obesity and other chronic diseases, climate change, food safety and prescription drug overdose, just to name a few. This is a heady time to be working as an epidemiologist in public health practice.

We've also made strides organizationally, improving our working relationship with ASTHO so that the good epidemiology we do will not just sit on a shelf, but be used to guide public health practice and policymaking. Next year, as Past President, I hope to follow through on the activities we have undertaken this year, as well as support the next President, Steve Ostroff, as he develops his priorities for the coming year.

I've been attending CSTE Annual Conferences since 1994, and one of the things I enjoy most is the opportunity the Annual Conference affords to reconnect with friends and colleagues, as well as meet new epidemiologists. In that spirit I look forward to hosting you all in Portland in just a few weeks. It'll be here before you know it!

Melvin Kohn
CSTE President

CVD Surveillance Pilot

In March, CSTE awarded three states (Nebraska, Massachusetts and Wisconsin) the opportunity to participate in the *State-based Cardiovascular Disease (CVD) Surveillance Data Pilot* Project. States proposed methods to link disparate sources of CVD-related data to inform decisions surrounding strategies and recommendations for enhancing public health policies in the area of cardiovascular disease surveillance, prevention and mortality reduction. There are currently gaps in state CVD surveillance, but also many opportunities to improve CVD surveillance and the applicability of these data for public health action.

Each site prepared a successful application that explained the benefit of certain databases being linked and the potential impact the resulting data would have. Major products from this project that many of our members will be eager to view are: aggregated de-identified data that can be included on the CDC Division of Heart Disease and Stroke Prevention (DHDSP) surveillance Web site, and a final report that includes linkage methodology and a data analysis and dissemination plan.

For more information, please contact Ed Chao at 770-458-3811 or echao@cste.org.

CSTE Executive Director's Message

In March, members of the CSTE Executive Board, along with other CSTE members, went to Capitol Hill in Washington, D.C., to meet with members of their Congressional delegations. CSTE makes a focused effort during this visit to advocate for its members and for the practice of epidemiology.

Our Washington Liaison, Marcia Mabee, and our National Office staff keep track of legislative events and policy issues affecting the practice of epidemiology. We weigh in on these issues regularly either as a single organization or with our partners. Because of the nature of the work that we do and those it represents, CSTE's portfolio for advocacy is limited in scope. Although our activities are educational in nature, we are careful to segregate the funding for these activities and use only individual member dues to support these special activities and other similar activities.

Here is a summary of our Hill visit and this year's central issues:

This year, the meetings focused on CSTE's funding and health care reform priorities in an educational format. CSTE members attended approximately 35 meetings with various members and staff persons, followed by a group meeting with House Energy and Commerce Committee staff and then Office of Management and Budget (OMB) officials. This week was an exciting and propitious time to be in Washington as the House prepared for its historic vote on health care reform. CSTE's message urged support for comprehensive health care reform and H.R. 3590, the Patient Protection and Affordable Health Act, noting the strong public health provisions in the bill.

The bill, now Public Law 111-148, includes a Prevention and Public Health Fund (PPHF) funded with mandatory resources, over and above FY 2008 appropriations levels, at $500 million in FY 2010 gradually increasing to $2 billion by FY 2015 and beyond. The bill also requires insurance coverage, without deductibles or co-pays, for a number of proven clinical prevention services such as colonoscopy. Both the U.S. Preventive Services Task Force and the Task Force on Community Prevention are given important roles for informing ongoing implementation of the law. Also within the new law are provisions CSTE ensured were included that authorize the Epidemiology and Laboratory Capacity grant program (ELC) at the level of $190 million per year and authorize selected state-based CDC fellowship training programs, including the CDC/CSTE Applied Epidemiology Fellowship Training program at a level of $5 million.

Pat McConnon
Executive Director

Below is the actual language for the above-mentioned sections drawn from Public Law 111-148:

SEC. 4304. EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.

Title XXVIII of the Public Health Service Act (42 U.S.C. 300hh et seq.) is amended by adding at the end the following:

"Subtitle C—Strengthening Public Health Surveillance Systems

"SEC. 2821. EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.

"(a) IN GENERAL.—Subject to the availability of appropriations, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an Epidemiology and Laboratory Capacity Grant Program to award grants to State health departments as well as local health departments and tribal jurisdictions that meet such criteria as the Director determines appropriate. Academic centers that assist State and eligible local and tribal health departments may also be eligible for funding under this section as the Director determines appropriate. Grants shall be awarded under this section to assist public203

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health agencies in improving surveillance for, and response to, infectious diseases and other conditions of public health importance by—

"(1) strengthening epidemiologic capacity to identify and monitor the occurrence of infectious diseases and other conditions of public health importance;

"(2) enhancing laboratory practice as well as systems to report test orders and results electronically;

"(3) improving information systems including developing and maintaining an information exchange using national guidelines and complying with capacities and functions determined by an advisory council established and appointed by the Director; and

"(4) developing and implementing prevention and control strategies.

"(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $190,000,000 for each of fiscal years 2010 through 2013, of which—

"(1) not less than $95,000,000 shall be made available each such fiscal year for activities under paragraphs (1) and (4) of subsection (a);

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"(2) not less than $60,000,000 shall be made available each such fiscal year for activities under subsection (a)(3); and
"(3) not less than $32,000,000 shall be made available each such fiscal year for activities under subsection (a)(2).".

SEC. 5314. FELLOWSHIP TRAINING IN PUBLIC HEALTH.

Part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.), as amended by section 5206, is further amended by adding at the end the following:
"SEC. 778. FELLOWSHIP TRAINING IN APPLIED PUBLIC HEALTH EPIDEMIOLOGY, PUBLIC HEALTH LABORATORY SCIENCE, PUBLIC HEALTH INFORMATICS, AND EXPANSION OF THE EPIDEMIC INTELLIGENCE SERVICE.
"(a) IN GENERAL.—The Secretary may carry out activities to address documented workforce shortages in State and local health departments in the critical areas of applied public health epidemiology and public health laboratory science and informatics and may expand the Epidemic Intelligence Service.
"(b) SPECIFIC USES.—In carrying out subsection (a), the Secretary shall provide for the expansion of existing fellowship programs operated through the Centers for Disease Control and Prevention in a manner that is designed to alleviate shortages of the type described in subsection (a).
"(c) OTHER PROGRAMS.—The Secretary may provide for the expansion of other applied epidemiology training programs that meet objectives similar to the objectives of the programs described in subsection (b).
"(d) WORK OBLIGATION.—Participation in fellowship training programs under this section shall be deemed to be

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service for purposes of satisfying work obligations stipulated in contracts under section 338I(j).
"(e) GENERAL SUPPORT.—Amounts may be used from grants awarded under this section to expand the Public Health Informatics Fellowship Program at the Centers for Disease Control and Prevention to better support all public health systems at all levels of government.
"(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $39,500,000 for each of fiscal years 2010 through 2013, of which—
"(1) $5,000,000 shall be made available in each such fiscal year for epidemiology fellowship training program activities under subsections (b) and (c);
"(2) $5,000,000 shall be made available in each such fiscal year for laboratory fellowship training programs under subsection (b);
"(3) $5,000,000 shall be made available in each such fiscal year for the Public Health Informatics Fellowship Program under subsection (e); and
"(4) $24,500,000 shall be made available for expanding the Epidemic Intelligence Service under subsection (a).".

2010 CDC Orientation for New State Epidemiologists

CSTE and CDC hosted the second annual CDC Orientation for New State Epidemiologists in Atlanta, February 24-26. This two-and-a-half-day meeting provided newly appointed State Epidemiologists an opportunity to become familiar with CDC activities and resources that provide support to state health departments. Goals for the Orientation included an introduction for new State Epidemiologists to CDC operations, personnel and resources; a facilitated information exchange between CDC and State Epidemiologists; and an opportunity for CDC programs to hear from incoming State Epidemiologists on their priorities, needs and interests.

Sessions focused on connections with CDC subject matter experts, resources such as EIS and state-based programs, emergency communication systems including EPI-X, and the Director's Emergency Operations Center (EOC). Presentations were given from approximately 50 CDC leaders, including a session with Dr. Frieden on CDC and state public health priorities and challenges. All sessions were interactive to allow time for discussion and Q&A.

State Epidemiologists in attendance included Nate Smith (Arkansas), Pam Pontones (Indiana), Stephen Sears (Maine), Megan Davies (North Carolina), Katrina Hedberg (Oregon), Keri Hall (Virginia), and Patsy Kelso (Vermont).

CSTE congratulates these new State Epidemiologists on their appointments and looks forward to working with them closely in the future!

One-Health Initiative Forum in Bangladesh

South Asia Regional One-Health Forum

In April, CSTE members Tim Jones (TN State Epidemiologist), Melinda Wilkins (MI Director of Communicable Disease), and Carina Blackmore (FL State Public Health Veterinarian) along with two CSTE National Office staff (Jennifer Lemmings and Ed Chao) attended the South Asia Regional One-Health Forum in Dhaka, Bangladesh. CDC and CSTE sponsored this two-day forum for human and animal health officials from the South Asia region, including Pakistan, India, Bangladesh, Sri Lanka and Bhutan. The forum brought together high-level health and veterinary decision makers and technical staff to discuss their countries' existing strategies for zoonotic disease surveillance and response and how those strategies might be strengthened through improved collaboration between human and animal health sectors.

The forum was held in Dhaka, Bangladesh at the Institute for Epidemiology and Disease Control and Research (IEDCR). The first day consisted of an overview of the One-Health strategy and a discussion of current One-Health efforts in Asia. The afternoon session was devoted to country-specific zoonotic disease discussions to identify priorities and to learn about each country's existing surveillance systems and their experience with One-Health. The second day, CSTE members provided a fantastic overview of the U.S. experience with One Health. In the afternoon, there was a strategic planning session to identify ways to promote cross-sector and cross-border efforts to prevent and control outbreaks of zoonotic diseases. The state perspective was greatly appreciated by the audience to be able to look into the infrastructure of organizations that are several years ahead of the curve in promoting animal-human health collaborations. Even still, these collaborations are still in development stages in states throughout the U.S.

The two-day forum was followed by a one-day conference entitled "One Health in South Asia" at the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B). Case studies of animal-human disease interactions were reviewed and presented by scientists, epidemiologists, veterinarians and other public health/wildlife experts.

One-Health Initiative Forum in Bangladesh

Several CSTE members and staff share their experiences from the One-Health Initiative Forum:

For me, participating in the South Asia One Health Forum was a wonderful culmination of my career path, which has widely traversed both the human health and animal health realms. Having worked both in Agriculture and Public Health, it is easy for me to see the clear need for linkage between the two areas as well as the overarching role of the environment (including wildlife).

To be able to work with health and agricultural officials from several countries in South Asia was delightful, giving me an opportunity to share my experiences and learn from the struggles and successes of others. We definitely have more similarities than differences and I look forward to forging ahead with the One World, One Health concept.

Melinda Wilkins, Director of the Division of Communicable Disease
Michigan Department of Community Health

CSTE staff member Ed Chao and Michigan Department of Communicable Disease director Melinda Wilkins consult at the Bangladesh One Health Initiative Forum

The opportunity to tour the ICDDR,B hospital as well as IEDCR facilities was both humbling and inspiring. The impact that a small epidemiology team can have on a developing country's health is truly remarkable. As outbreaks are identified and contained in a timely fashion, the rate of infection is unimaginably reduced. It was a sharp reminder that the health of Americans is directly tied to the health of South East Asians and their agriculture.

Ed Chao, CSTE Associate Research Analyst

CSTE representatives and Country representatives shared good and not-so-good experiences bridging animal health and human health. It was evident that participants shared the common thread of facing challenges around sustainable projects as focus often moves from one disease du jour to the next. Participants also shared their frustrations with working across different cultures and priorities in public health and agriculture agencies.

The presentations of CSTE representatives were well received and stimulated enthusiastic discussion. The audience often commented on how cooperation and coordination depended on individuals rather than systems. Unfortunately, these relationships could easily be lost as key personnel transfer out of their positions. The practical perspective of on-the-ground, frontline staff actively involved in the implementation of programs was particularly important for representatives from other countries who were there to learn about and develop realistic programs for their own governments. This activity highlights the value of including states' perspectives and experiences in international activities. CSTE should continue to take advantage of opportunities to share its members' expertise as widely as possible by playing an active role in such activities.

The South Asian Association for Regional Cooperation (SAARC) member group worked together to create a list of action items for the future. Items on this list ranged from improving informal communications through email and sharing of best practices between countries to creating official MOUs and directives through SAARC. A summary of the One Health Forum (OHF) was posted on the The Institute of Epidemiology, Disease Control and Research (IECDR) Web site at www.iedcr.org/.

Carina Blackmore, State Public Health Veterinarian
Florida Department of Health

Chris Hahn (Idaho State Epidemiologist) and LaKesha Robinson (CSTE Deputy Director) participate in the piloting of a training package for international influenza sentinel surveillance site staff that was developed by CSTE, CDC, and the University of North Carolina. The pilot was held in Ethiopia in February 2010.

New CSTE Activity – Disaster Epidemiology Workshop

The CSTE Disaster Epidemiology Subcommittee is sponsoring a Disaster Epidemiology Workshop on May 11-12, 2010, in Atlanta, Ga., in collaboration with the Centers for Disease Control and Prevention. This workshop is intended to bring together various disciplines of epidemiology including acute and communicable disease, environmental health, occupational health, chronic disease, injury, mental health, and behavioral health from state, federal, select local public agencies and academic centers to address the following objectives:

- Identify primary public health stakeholders in disaster-management, their roles, and their range of responsibilities as they pertain to disaster epidemiology
- Define disaster epidemiology terminology
- Identify common data elements and information sources both within and across disciplines
- Identify epidemiologic activities pertinent for each phase of the response cycle
- Highlight methods, best practices and procedures for conducting epidemiologic activities
- Identify current disaster epidemiology activities, tools and plans at the local, state and national level

The CSTE Disaster Epidemiology Subcommittee was established in June 2009 to bring together epidemiologists from across the subject disciplines to share best practices and collaborate on epidemiologic approaches towards improving all-hazard disaster preparedness and response capacities at local, state, regional and national levels. Members of the subcommittee include 78 epidemiologists from states, large cities and CDC. Using principles of epidemiology, emergency preparedness planning and a coordinated disaster response is critical for: describing the distribution of exposures and outcomes; rapidly detecting hazards, outbreaks or clusters; identifying and implementing timely interventions; evaluating the impacts of public health efforts; and improving public health preparedness planning. Our initial focus will be on natural disasters and large scale unintentional releases (such as those resulting from a train derailment, plant malfunction, etc.). For more information, visit the Environmental Health page of the CSTE website: www.cste.org/dnn/ProgramsandActivities/EnvironmentalHealth/tabid/325/Default.aspx.

CSTE Hill Visit – Occupational Health Subcommittee

In addition to participating in the CSTE Hill Visit with the Executive Board, members of the Occupational Health Subcommittee met with Dr. David Michaels, Assistant Secretary of Labor for the Occupational Health and Safety Administration (OSHA), and Dr. John Howard, Director of the National Institute for Occupational Safety and Health (NIOSH). They discussed OSHA's and NIOSH's interests in working with state occupational public health programs to protect workers' health and provided areas for collaboration.

One outcome of the meeting with Dr. Howard is a joint publication from CSTE and NIOSH highlighting success stories from states on how state programs prevent work-related injuries and illnesses. The completion of this document is currently in progress. Members also discussed the success of the CSTE/CDC Applied Epidemiology Fellowship program.

Several new ideas emerged out of the meeting with Dr. Michaels, who has committed OSHA staff to participate in the Subcommittee. Areas identified for collaboration include:

- Use of public health sentinel case data for targeting OSHA inspections;
- Use of public health data to evaluate existing OSHA policies and to inform new policies, such as reporting of hospitalized injuries and a revised isocyanate standard;
- Use of public health data to evaluate employer compliance with OSHA's record-keeping requirements;
- Identification of emerging problems; and
- Use of public health networks to reach underserved workers and employers.

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Executive Board

CSTE is governed by a 10-member Executive Board. Four members serve as officers, three as Members-at-Large, and three represent Infectious Disease Epidemiology, Chronic Disease Epidemiology, and Environmental Epidemiology.

The 2009-2010 Executive Board members are:

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2010 CSTE Annual Conference

Portland Oregon
June 6-10 2010
See you there!