DECEMBER 2011

CSTE UPDATE

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

A MESSAGE FROM THE CSTE EXECUTIVE DIRECTOR

CSTE is committed to strengthening its public health informatics capacity-building assistance to state and local health departments. CSTE's third Workforce Summit, held in February 2011, brought together leaders in applied epidemiology to describe challenges to the applied epidemiology workforce and develop recommendations that provide a strategic direction for future activities of CSTE. A major theme that emerged from the meeting was the crucial need for more epidemiologists in state and local health departments who have informatics training.

Efforts already under way to increase informatics capacity include the creation of a fellowship training program—the Applied Public Health Informatics Fellowship program—to encourage new public health informaticists to join the state and local health department workforce. This fellowship program seeks to provide an accelerated training experience for the Fellows while providing much-needed capacity building within state and local health departments in public health informatics. Also, CSTE is continuing efforts to expand the existing CDC/CSTE Applied Epidemiology Fellowship program by offering host site placements in informatics. Informatics capacity also can be increased by addressing the 'pipeline' and encouraging schools of public health to offer education in public health informatics in MPH programs. Unlike the current efforts, certificate training targets epidemiologists already embedded in, and committed to working at, the state and local levels. CSTE is seeking funding to provide scholarships for up to 75 epidemiologists to complete the informatics certificate training during the next 3 years. This training will immediately impact the ability of state and local health departments to strengthen informatics capacity and public health surveillance and response systems.

Evidence of the need for increased informatics competency was shown by CSTE's 2009 Epidemiology Capacity Assessment (ECA), which documented that many states do not have the technologic capacity needed for enhanced surveillance practices. States lack automated electronic laboratory reporting, Web-based provider reporting and cluster-detection software. Additionally, the use of geographic information system (GIS) coding is not routine so states cannot look at the nature of the neighborhood of residence as a demographic factor to describe the distribution of disease in the population. Electronic

For more information about the Applied Public Health Informatics Fellowship program, please visit www.aphif.org.

Continued on page 2.

INSIDE

CSTE
Council of State and Territorial Epidemiologists

A MESSAGE FROM THE CSTE EXECUTIVE DIRECTOR

Continued from page 1.

laboratory reporting is operable only in 53% of states, Web-based provider reporting in 41%, and cluster-detection software in 24%. Routine geocoding is being done in less than 50% of states: 39% geocode births, 41% deaths, and 29% all reportable disease data.

The 2009 ECA also found that 20% of entry-level epidemiologists self-identify competence in using informatics tools in support of epidemiologic practice and 43% agree that additional training is needed. More experienced epidemiologists identified additional training needs, including "developing and managing information systems to improve effectiveness of surveillance, investigation, and other epidemiologic practices" and "ensuring application of principles of informatics, including data collection, processing, and analysis in support of epidemiologic practice." A continued effort to train the workforce to address technologic advances in epidemiology is needed to increase capacity at the state and local levels.

CSTE will continue working through the Surveillance/Informatics Steering Committee and through other committees to educate our members about public health informatics, give them tools to improve their informatics skills, and facilitate our relationship with partners to increase information sharing within the informatics community.

BIOSENSE 2.0

CSTE is collaborating with CDC, ASTHO, NACCHO, and ISDS on BioSense 2.0, a CDC-led effort to redesign BioSense into a user-driven, nationwide syndromic surveillance system. BioSense 2.0 will provide regional and nationwide situational awareness for all-hazard health risks and support national, state, and local public health responses.

BioSense 2.0 will provide utility to state and local health departments for performing syndromic surveillance within their own jurisdictions as well as sharing data with other states, cities, and counties across the country. The new application launched November 15, 2011 and provides users with three main capabilities:

- A Meaningful Use-ready, HIPAA compliant environment that provides a "Catcher's Mitt" where your health department can receive and store automated, health-related data;
- Analytics tools, such as ESSENCE and R, that your jurisdiction can use for data analysis within the BioSense infrastructure;
- A shared space where you can exchange data with other jurisdictions on an ad hoc or routine basis as defined by your jurisdiction-specific data use agreement.

CSTE has been engaging and educating members about BioSense 2.0 through a pre-conference workshop at our 2011 Annual Conference, which had more than 70 registered attendees, and a webinar series this fall. Webinar topics have included an introduction to BioSense 2.0, uses for syndromic surveillance, and CDC's uses of original BioSense data. All webinars have been recorded and are available on the CSTE website.

Starting in October, CSTE began contacting health departments about joining BioSense 2.0 and connecting interested states with CDC's technical team.

For more information about BioSense 2.0 or to view webinar recordings, please visit www.cste.org/biosense.asp or contact Beth Dunbar at edunbar@cste.org.

THE CDC/CSTE APPLIED EPIDEMIOLOGY FELLOWSHIP PROGRAM WELCOMES CLASS IX

The CDC/CSTE Applied Epidemiology Fellowship program, a workforce initiative developed to increase capacity and train recent graduates in applied epidemiology, continues to grow each year. CSTE is pleased to announce the entry of Class IX, with 27 fellows.

Fellows in Class IX started their position assignments beginning in June 2011 and recently participated in a five-day orientation program held at the end of August in Atlanta, Georgia. The orientation covers a variety of topics related to developing the program competencies such as data collection, scientific writing, data dissemination and health risk communication, questionnaire design, and outbreak investigations. Sessions are taught by CSTE members, CDC epidemiologists and staff, and faculty at schools of public health. In addition, Fellows attend CDC area-specific site visits to acquaint them with the CDC programs and leadership in their focus area.

Class IX Fellows are placed in the program areas of Infectious Diseases, Healthcare-Associated Infections, Quarantine, Maternal and Child Health, Chronic Diseases, Occupational Health, and Environmental Health. The Fellows are assigned to 21 state and local health departments throughout the country. CSTE is excited to welcome this new class of Fellows and looks forward to working with them during their two year Fellowship!

Class IX Applied Epidemiology Fellows

Class IX Applied Epidemiology Fellows

First Row (from left): **Stefanie DeVita, MPH,** *Infectious Diseases-HAI, Maine;* **Audrey Martyn, MPH,** *Chronic Diseases, Georgia;* **Sarah Yoder, MPH,** *Environmental Health, Alaska;* **Laura Stadelmann, MPH,** *Infectious Diseases, New York City, New York;* **Kelley Bemis, MPH,** *Infectious Diseases, Connecticut;* **Miranda Chan, MPH,** *Infectious Diseases, New Jersey;* **Ashley Borin, MPH,** *Maternal and Child Health, Portland, Oregon;* **Annie Demuth, MPH,** *Chronic Diseases and Injury, North Carolina* Second Row (from left): **Hannah Friedlander, MPH,** *Infectious Diseases, Minnesota;* **Kelsey OYong, MPH,** *Infectious Diseases-HAI, Los Angeles, California;* **Sybil Wojcio, MPH,** *Environmental Health, Maryland;* **Jessie Clippard, MPH,** *Infectious Diseases, Michigan;* **Cassandra Harrison, MPH,** *Infectious Diseases, New York City, New York;* **Natalie Levy, MPH,** *Infectious Diseases, New York City, New York;* **Kate Corvese, MPH,** *Infectious Diseases, Virginia;* **Kathryn Lane, MPH,** *Environmental Health, New York City, New York;* **Lauren Torso, MPH,** *Infectious Diseases-HAI, Pennsylvania* Third Row (from left): **Zeshan Chisty, MPH,** *Infectious Diseases-HAI, Hawaii;* **Heather Fowler, DVM, MPH,** *Infectious Diseases, Minnesota;* **Kate Altschaefl, MPH,** *Infectious Diseases, New York;* **James Matthias, MPH,** *Infectious Diseases, Florida;* **Reed Sorensen, MPH,** *Environmental Health, Washington State;* **Andrew Thornton, MPH,** *Infectious Diseases-Q, San Diego, California;* **Jason Lempp, MPH,** *Infectious Diseases-HAI, Arizona;* **Laura Tomedi, PhD,** *Chronic Diseases, New Mexico;* **Danielle Abraham, MPH,** *Infectious Diseases, New York;* **Jessie Gleason, MPH,** *Environmental Health and Occupational Health, New Jersey*

CDC/CSTE Applied Epidemiology Fellowship Program Prepares for 10th Year!

CSTE is excited to announce that the CDC/CSTE Applied Epidemiology Fellowship program is preparing for its tenth class of Fellows. The Class X Fellowship application is open online at www.cste.org through February 1, 2012.

FALL WestON MEETING

Occupational Health Subcommittee

The fourth Western States Occupational Network (WestON) meeting was held September 22-23, 2011, in Denver, Colorado. This meeting was convened to provide a venue for state occupational safety and health (OSH) professionals throughout the western United States to meet and share ideas for collaboration, information exchange, and capacity building. Representatives from nearly all western states participated in this meeting, sponsored by the NIOSH Western States Office, CSTE, and the NIOSH Mountain and Plains Education and Research Center (ERC). In addition to presentations that addressed a wide variety of western OSH issues, mini-workshops were held to provide help to attendees in getting students and fellows matched up with OSH surveillance projects, using the NIOSH OHI data tool and understanding approaches to research translation. State participants were able to interact extensively with representatives from NIOSH Divisions, ERCs, Agricultural Centers and OSHA. Post-meeting evaluation comments from attendees indicated that the meeting provided a much-needed and desired opportunity for networking with important contacts to address OSH needs in the West. Presentations can be accessed at **http://ucdenver.edu/academics/colleges/PublicHealth/research/centers/maperc/training/weston/Pages/default.aspx**. The fifth WestON meeting is planned for September 20-21, 2012, in Denver.

For more information on this meeting or initiatives to foster state OSH capacity in the West, please contact Erin Simms at esimms@cste.org or Yvonne Boudreau at yboudreau@cdc.gov.

HEALTH DISPARITIES GEOCODING PILOT PROJECT

Health Disparities Subcommittee

A small workgroup of members from the CSTE Health Disparities Subcommittee has been working with the Harvard Public Health Disparities Geocoding Project (PHDGP) to develop guidance materials for a possible pilot study to geocode state and local level data to investigate health disparities. In May 2011, a meeting was held in Atlanta, GA that convened representatives from the CSTE Health Disparities Subcommittee, CDC, and PHDGP to determine a methodologic approach to health disparities geocoding. The product of that meeting is an interim document from PHDGP, which focuses on using area-based socioeconomic status measures with public health surveillance data to monitor health inequalities in the U.S. population. A workgroup of the Health Disparities Subcommittee, with assistance from PHDGP, is using this document to develop step-by-step guidance for the interested parties to analyze risk factors and track trends in health disparities using geocoding programs.

While plans for the pilot are still being formulated, the preliminary project plan invites interested states to implement the instructions and recommendations outlined in the guidance document and provide feedback on the process. Pilot states would have regular communication with the Health Disparities Subcommittee to ask questions and provide comments on the methodology and data analysis. The pilot states would also have access to a group of mentors with previous experience in geocoding state and local data as well as an index of references and resources on geocoding that is currently being compiled. The plans for the pilot project are tentatively scheduled to be finalized later this year and interested parties are invited to apply at that time.

For more information, please contact Erin Simms at esimms@cste.org.

Friend us on Facebook!
www.facebook.com/csteepi

Follow us on Twitter!
www.twitter.com/csteconference

NATIONAL CONVERSATION ON PUBLIC HEALTH AND CHEMICAL EXPOSURES

Environmental Health Subcommittee

In 2009, a diverse group of organizations, agencies, and individuals from across the country came together to participate in the *National Conversation on Public Health and Chemical Exposures*. This effort was supported by CDC's National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry. CSTE Environmental Health Subcommittee chair Henry Anderson co-chaired the initiative and Environmental Health/Occupational Health/ Injury Steering Committee chair Martha Stanbury served on the Leadership Council. The product of this national discussion was recommendations to government agencies and other organizations describing action items to implement working towards protecting the public's health from harmful chemical exposures. The recommendations, *Addressing Public Health and Chemical Exposures: An Action Agenda*, is organized into seven chapters that discuss primary prevention methods, data collection and dissemination, investment in chemical research, vulnerable populations, public engagement, public health and health provider capacity to address these issues, and chemical emergency preparedness and response. The Action Agenda is available on the *National Conversation* website at **http://www.nationalconversation.us/action-agenda**. These recommendations are widely supported by CSTE and other stakeholders such as the American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), and National Environmental Health Association (NEHA). This resource is a valuable tool for state and local health departments that provides steps they can take to address the concerns of harmful chemical exposures. As key stakeholders, health departments are encouraged to become involved in the *National Conversation* to strengthen the success of this White House Open Government Initiative.

For more information, please contact Erin Simms at esimms@cste.org.

2012 ANNUAL CONFERENCE IMPORTANT DATES

JANUARY 6
Call for Abstracts deadline

FEBRUARY 1
Registration opens

APRIL 2
Call for Late-Breaker Abstracts open

APRIL 13
Call for Late-Breaker Abstracts deadline

APRIL 20
Early-Bird Registration deadline

www.csteconference.org

STATUS OF STATE ELECTRONIC DISEASE SURVEILLANCE SYSTEMS

Surveillance/Informatics Steering Committee

Results from a 2010 CSTE assessment of state electronic disease surveillance systems were compared with results from a previous assessment CSTE conducted in 2007. In 2010, there was a reported 17.5% increase from 2007 in general communicable disease electronic surveillance systems that were fully operational. There was also reported progress in interoperability, integration, and capacity to receive electronic laboratory reports. Thirty-nine states reported interoperable systems in 2010, a 200% increase from 2007. Regardless of development stage, all hybrid systems were integrated and interoperable, whereas seven (44%) commercially made systems were integrated and 10 (71%) CDC-developed systems were interoperable.

Overall, there has been continued progress in electronic disease surveillance system functionality. There is a noted improvement in public health agencies' ability to effectively address national health care and health-care data exchange priorities to improve the health of the U.S. population. However, the two most important challenges to electronic surveillance system implementation identified by states included funding shortages and lack of infrastructure support. Funding to maintain surveillance systems and employing the right mix of staff (i.e., with appropriate education and skills) remain ongoing challenges and areas for focus in the future.

Primary author, Kathy Turner from Idaho Department of Health and Welfare, states, "This report quantifies a great deal of progress in electronic disease surveillance system capacity and functionality between 2007 and 2010. I believe the results reflect the incredible skill and dedication of public health employees who continued to improve electronic surveillance systems in spite of limited resources. Since 2010, efforts to leverage the secure exchange of electronic health information to improve population health have escalated. These increased efforts require prioritization of funding and resources to ensure continued progress in the capacity of electronic surveillance systems to support national data exchange initiatives".

For more information, please contact Lisa Ferland at lferland@cste.org.

APPLIED PUBLIC HEALTH INFORMATICS FELLOWSHIP (APHIF)

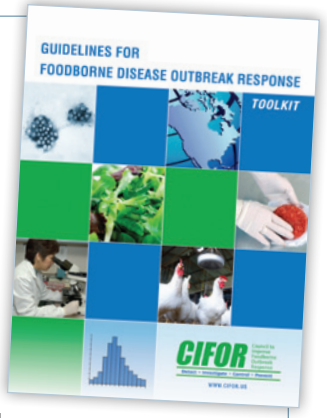
APHIF
Applied Public Health Informatics Fellowship

CSTE, in collaboration with CDC, ASTHO and PHII, is helping to build public health informatics capacity at state and local health departments via the new Applied Public Health Informatics Fellowship. The mission of the program is to meet the nation's increasing and urgent need for applied public health informatics workforce capacity in state and local health departments through a one year national fellowship-training program. The Fellowship is designed for doctoral or master level graduates in informatics or a related field who are interested in the practice of public health at the state or local level. While the program provides rigorous training for its participants, it is also designed with flexibility in order to meet the particular interests of the Fellow. Fellows are carefully matched to host agencies based on the career interests of the Fellow and available opportunities of the host agency. Program participants will develop a comprehensive set of core skills through applied competency-based training and experiences. At the end of the Fellowship, graduates will have received accelerated high quality training in practical public health informatics.

Fellowship applications will be open through February 1, 2012 but completed applications will be accepted on a rolling basis. Fellows may be placed at qualifying host health agencies on or before June 1, 2012.

For more information, please visit www.aphif.org or contact aphif@cste.org.

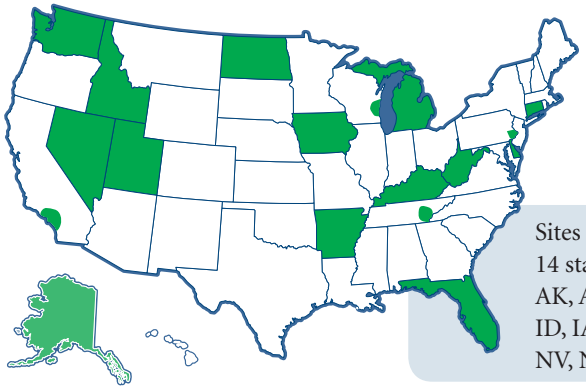
CIFOR TOOLKIT STATE TRAININGS



CSTE awarded subgrants to 19 sites to conduct trainings using the CIFOR (Council to Improve Foodborne Outbreak Response) *Guidelines for Foodborne Disease Outbreak Response* Toolkit. Each site conducted a multidisciplinary training between April and September using the Toolkit to identify recommendations from the *Guidelines* to be implemented. Earlier this year, the CIFOR released a Toolkit to aid in the implementation of the 2009 *Guidelines for Foodborne Disease Outbreak Response*. The Toolkit guides users through a process to better understand their current foodborne disease outbreak response activities, to become more familiar with the CIFOR *Guidelines*, to identify appropriate activities to improve performance, and to make plans to implement those activities. The *Guidelines* are broken up into 12 focus areas, which cover the most critical aspects of outbreak response that are likely to be common to most jurisdictions and outbreaks.

Over 875 people participated in the trainings, representing a wide variety of disciplines including epidemiology, environmental health, public health laboratories, public health nursing, and more. All of the trainings used a dedicated facilitator to go through the steps of the CIFOR Toolkit: describe current activities and procedures in a particular focus area and identify targets for improvement, prioritize CIFOR recommendations to address those targets, and outline steps to implement high priority CIFOR recommendations. The type of training varied from a 1-day training to a multiple-day training to regional trainings throughout the jurisdiction.

Many sites reported similar improvements to be made, such as better communication, better coordination, more training for staff, more post-outbreak debriefs, and utilizing written protocols. Representatives from the sites were appreciative of the opportunity to bring a multidisciplinary group together and talk about current practices and needed improvements. One site reported that "utilizing the Toolkit to guide a review of current practices was very valuable. We learned that we are doing a lot of things right but also learned that [other practices] could be improved."



CSTE is funding an additional round of Toolkit trainings to implement the CIFOR *Guidelines for Foodborne Disease Outbreak Response.*

If your jurisdiction is interested in conducting a Toolkit training, please contact Lauren Rosenberg at lrosenberg@cste.org.

Sites trained include
14 states:
AK, AR, CT, DE, FL, ID, IA, KY, ME, MI, NV, ND, WA, WV

2 county-based areas:
Knox County TN and Cuyahoga County OH

3 urban areas:
Los Angeles, Philadelphia, Milwaukee

STEERING COMMITTEE CALL CALENDAR

Chronic/MCH/Oral Health Steering Committee

December 7, 1 – 2:30 pm ET	Steering Committee call

Cross Cutting Steering Committees

December 19, 1-2 pm ET	Alcohol & Other Drug Indicators Subcommittee monthly call
December 22, 3 – 4 pm ET	Overdose Subcommittee call
January 4, 2-3 pm ET	Substance Abuse Subcommittee quarterly call
January 5, 1-2 pm ET	Alcohol Subcommittee monthly call

Environmental Health/Occupational Health/Injury Steering Committee

December 6, 3-4 pm ET	Asthma Workgroup monthly call
December 14, 2 – 3 pm ET	Environmental Health Planning Committee call
December 19, 2-3 pm ET	Climate Change Subcommittee monthly call
December 20, 2 – 3 pm ET	Disaster epidemiology workgroup call

Infectious Disease Steering Committee

December 14, 2-3 pm ET	HIV Subcommittee monthly call
December 20, 3-4 pm ET	Healthcare-associated Infections Subcommittee monthly call
January 4, 1 – 2 pm ET	Infectious Disease Steering Committee quarterly call
January 11, 2-3 pm ET	HIV Subcommittee monthly call
January 17, 3-4 pm ET	Healthcare-associated Infections Subcommittee monthly call

Surveillance/Informatics Steering Committee

December 9, 3-4 pm ET	Surveillance Policy Committee monthly call
December 21, 3-4 pm ET	Electronic Laboratory and Disease Reporting monthly call
January 13, 3-4 pm ET	Surveillance Policy Committee monthly call
January 17, 12.30-2 pm ET	Surveillance/Informatics Steering Committee bimonthly call
January 18, 3-4 pm ET	Electronic Laboratory and Disease Reporting monthly call

For call-in information or more details about any of these calls, please call the CSTE National Office at 770-458-3811.

AN IMPROVED EPI-READY WORKSHOP EXPERIENCE

CSTE, CDC, and the National Environmental Health Association (NEHA) are revising course content used in NEHA's *Epi-Ready: Foodborne Illness Response Strategies Team Training* workshop to ensure the content is current and effective. The new and improved version will continue to focus on the fundamentals of a collaborative foodborne illness outbreak investigation. Additional group exercises and more in-depth local and state-specific information will be incorporated. New material will address multijurisdictional outbreaks, communication, and the CIFOR *Guidelines for Foodborne Disease Outbreak Response.* Additionally, several discipline-specific breakout sessions will be added to allow for more advanced content and conversations. These changes are intended to create a more comprehensive and enhanced learning experience for all who attend, regardless of skill level or discipline.

The estimated time frame for completion of the revision is early 2012 with three CDC-funded pilot workshops to follow.

If your local or state health department is interested in hosting one of the three workshops, please contact Lauren Rosenberg at lrosenberg@cste.org or Elizabeth Landeen at elandeen@neha.org no later than December 16.

STAFF DIRECTORY

Pat McConnon
Executive Director
pmcconnon@cste.org

Ashlyn Beavor
Workforce and Fellowship Administrator
abeavor@cste.org

Angie Blocksom
Part-Time Accountant
ablocksom@cste.org

Beverly Christner
Director of Operations
bchristner@cste.org

Stephen Clay
Information Technology
sclay@cste.org

Shundra Clinton
Member Services Coordinator
sclinton@cste.org

Tarajee Curry
Administrative Assistant
tcurry@cste.org

Beth Dunbar
Associate Research Analyst
edunbar@cste.org

Lisa Ferland
Senior Research Analyst
lferland@cste.org

Kevin Gibbs
Information Technology
kgibbs@cste.org

Andrea Giorgi
Associate Research Analyst
agiorgi@cste.org

Monica Huang
Associate Research Analyst
mhuang@cste.org

Robert Jones
Part-Time IT
rjones@cste.org

Jennifer Lemmings
Epidemiology Program Director
jlemmings@cste.org

Amber Leonard
Administrative Assistant
aleonard@cste.org

Ellyn Marder
Program Intern
emarder@cste.org

Amanda Masters
Workforce and Fellowship Coordinator
amasters@cste.org

LaKesha Robinson
Deputy Director
lrobinson@cste.org

Lauren Rosenberg
Associate Research Analyst
lrosenberg@cste.org

MarySue Shulin
Business Manager
mshulin@cste.org

Erin Simms
Associate Research Analyst
esimms@cste.org

Caroline Tai
Program Intern
ctai@cste.org

Annie Tran
Associate Research Analyst
atran@cste.org

Shannon Whittington
Part-Time Accountant
swhittington@cste.org

EXECUTIVE BOARD

CSTE is governed by a 10-member Executive Board. Four members serve as officers, three as Members-at-Large, and three who represent Infectious Disease Epidemiology, Chronic Disease/MCH/Oral Health Epidemiology, and Environmental/Occupational/Injury Epidemiology. The 2011-2012 Executive Board members are:

President **TOM SAFRANEK**
Nebraska Department of Health and Human Services
tom.safranek@nebraska.gov

Vice President **STEPHEN OSTROFF**
Pennsylvania Department of Health
sostroff@state.pa.us

President-Elect **LAURENE MASCOLA**
Los Angeles County Department of Public Health
lmascola@ph.lacounty.gov

Secretary-Treasurer **TIM JONES**
Tennessee Department of Health
tim.f.jones@tn.gov

Chronic Disease/MCH/Oral Health Chair
SARA HUSTON
Maine Center for Disease Control and Prevention
sara.huston@maine.gov

Environmental/Occupational/Injury Chair
MARTHA STANBURY
Michigan Department of Community Health
stanburym@michigan.gov

Infectious Disease Chair **ALFRED DEMARIA**
Massachusetts Department of Public Health
alfred.demaria@state.ma.us

Member At-Large **JANET HAMILTON**
Florida Department of Health
Janet_Hamilton@doh.state.fl.us

Member At-Large **KATRINA HEDBERG**
Oregon Department of Human Services
katrina.hedberg@state.or.us

Member At-Large **JOSEPH MCLAUGHLIN**
Alaska Section of Epidemiology
joseph.mclaughlin@alaska.gov