

CSTE UPDATE

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS



A MESSAGE FROM THE CSTE EXECUTIVE DIRECTOR



Pat McConnon beginning his career in public health!

As my 10-year anniversary with CSTE nears and after the close of the 2012 CSTE Annual Conference, I am considering our successes in the last decade and what the next decade will bring CSTE.

Building capacity at the state and local levels (STLT) is a critical issue for applied epidemiology as the workforce continues to face challenges in sustaining adequate capacity. To help meet the ongoing need for well-trained epidemiologists at the STLT levels, we developed the CDC/CSTE Applied Epidemiology Fellowship, which places trained Fellows at STLT host sites. This program graduated 149 Fellows between 2003 and 2012, 67 percent of whom remain working in epidemiology at the local, state, tribal or federal level.

We also need to continue to identify new skills needed at state health departments. The Applied Public Health Informatics Fellowship was created to help address the need for increased capacity in informatics skills, and Class I Fellows have begun their placements, providing improved informatics competencies to state and local health departments. Part two of this is a nascent effort to provide distance training in informatics for members of the existing epidemiology workforce who have an interest and aptitude for expanding their approach to include informatics. For people in public health practice, it seems that informatics and epidemiology are really extensions of one another or a specialty subset one could consider “epidemiology systems” or “systems epidemiology.”

These fellowship programs, all based on the Applied Epidemiology and Informatics Competencies, and other training opportunities are ways that CSTE has and will continue to build capacity and emphasize the need for improving the skills of applied epidemiologists in state and local settings.

Since Alexander Langmuir recognized the importance of state input in decision making in the 1950s, states have been important partners in public health surveillance and in modern-day examples of removing the pump handle from the well, just like John Snow. One of CSTE’s most important roles is to sustain the relationship between states and

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CSTE STAFF AT THE 2012 ANNUAL CONFERENCE



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A MESSAGE FROM THE CSTE EXECUTIVE DIRECTOR

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CDC. This partnership has resulted in enhanced surveillance for emerging public health issues and diseases, reciprocal subject matter expertise for a wide range of diseases and concerns at CDC and in the field, and the development of a network for epidemiologists to find solutions and best practices for public health problems. Maintaining the relationships between states, CDC and CSTE is essential for a vibrant and functional public health system.

As an organization, CSTE has to come to grips with the changing environment of public health. CSTE started as an organization of 50 epidemiologists in 1951 who met every other year with CDC to decide which diseases were to be voluntarily reported to CDC, with the strong implication that states make these diseases reportable in their jurisdiction. From this, CSTE has emerged as a key player on the stage of public health and practice. As I've mentioned, CSTE has really excelled in workforce issue and provides value through its members who represent science- and data-driven solutions and translations into programs and resources for CDC, ASTHO, and others seeking consultation on epidemiology and surveillance from the practice perspective. We know we also have a place on the national stage of public health for advocacy and legislation, having experienced some small successes. We've had a terrific reception from legislators, staffers, OMB and others, and we could have a bigger voice if we decided to pursue this tactic.

So we've grown from 50 members representing a narrow focus on disease reporting and data sharing with CDC – which is preserved and nurtured as the core responsibility of the "Council" – over 60 years later. As we've grown, the organization has morphed in a number of ways that make us look very much like a "Professional Association" with strong representation from all states, major urban areas, tribal epidemiology centers, territories, and many smaller local agencies. In a sense, we have a part of the organization with a "one state, one vote" for policies and positions statements and another part of the organization that populates 62 subcommittees, numerous workgroups, liaisons, and the experts who participate in over 200 consultations each year.

Another part of this changing environment is the growth of epidemiologists at the local level. CSTE seems like the natural home for these professionals, particularly the part of the organization that populates the committees and consultations, but we need to overcome the exclusiveness of the "original 50." Maybe we even consider options for reorganizing into a Senate/House-driven organization, or even a more radical approach into two organizations—maintaining the original Council with the current policy-setting agenda with a separate "Professional Organization" of applied epidemiologists. OUCH! I hear the screams from the old timers, and being one myself I will be the first to admit that my last sentence contains half-baked ideas that could be the beginning of a healthy discussion for the future of practice epidemiology in our country and may, in fact, never be fully baked.

The future of applied epidemiology will require a balance of the new and the old: technology, new priority areas and emerging threats, and looking forward, as well as good old shoe-leather epidemiology, working with colleagues and partners, and the occasional loyajirga, a grand assembly, to reassess priorities.

In my 10 years as CSTE's Executive Director, I have worked with CSTE members, with CDC, and with the National Office staff to bring us towards the future of applied epidemiology. CSTE is a great organization, one with a bright future, and most of all, one that is member-driven. The work each of you contributes, together with coordination at the National Office, will bring many more successes to public health. Your commitment to this organization and to this field is laudable, and it has been my pleasure to work with you.

Pat McConnon is retiring as Executive Director at CSTE after 10 years. He spent 11 years working in local and state health departments, 19 years at CDC headquarters, and 5 years in international public health.

2012 CSTE ANNUAL CONFERENCE



Dr. Thomas Frieden, Director of CDC, at the opening plenary at the 2012 CSTE Annual Conference.



CSTE Annual Conference attendees attend a plenary session.



Tom Safranek recognizing outgoing Executive Board member Martha Stanbury.



A MESSAGE FROM THE PRESIDENT

What a wonderful Annual Conference we just had in Omaha! The CSTE National Office staff, once again, did a fantastic job organizing the meeting. Tom Safranek was a great host. And the presenters were excellent – from the inspirational opening session to the student sessions. This year's sessions highlighted the range of interests among CSTE members and the quality and relevance of the work we do. Our first CSTE 5K run was well attended, too, as members got a chance to get together on a different playing field, so to speak.

We elected new Executive Board members as well. Sharon Watkins will serve as the new Environmental Health / Occupational Health / Injury Steering Committee Chair; Marci Layton was elected Secretary-Treasurer; and Tim Jones is the new President-Elect. We have a great Executive Board and I look forward to working with each of the board members, and with each of you. (See page 12 for more information on these new board members.)

The departure of Pat McConnon from the National Office leaves us with a huge gap to fill. Thank you, Pat, for your many years of outstanding dedication, leadership, and vision for CSTE – you will be greatly missed. Fortunately, with LaKeshia Robinson's transition to Chief of Project Planning and Grants Management as the main point of contact to CDC, CSTE remains a strong and able organization. We also have a strong slate of candidates who have expressed interest in the Executive Director position, and interviews are underway. This represents an opportunity to move CSTE forward and build on the great foundation that Pat has built.

Once a new director is in place, my goals as board president this year include continuing to encourage the growth and vitality of CSTE. As part of that, I believe we need to continue to increase the visibility of CSTE and public health to policy makers and the public and to encourage all public health stakeholders to assist in raising the visibility of programs at local and/or state levels.

Also, we need to learn how to better leverage resources to get the job done on the big issues that require more than just our own areas of expertise – things like obesity prevention; safer, healthier neighborhoods; etc. Forming a united front and consistent messaging with our partners like NACCHO, ASTHO, and APHL can help accomplish this.

I also want to continue CSTE's work to enhance the skill set of the current public health workforce and to build the workforce of the future, especially in the area of informatics. This is an area where all epidemiologists are being asked to do more and more, and IT people are interfacing more and more with epidemiologists.

Overall, I would like to continue the efforts to make CSTE *the* home for all applied epidemiologists working in public health at the state, territorial, tribal, and local levels.

Here's to a great year. I look forward to working with you all to accomplish these goals and to continue the great contributions CSTE and its members make to public health.

2012 CSTE ANNUAL CONFERENCE



Dr. Linda Rae Murray, Chief Medical Officer Cook County Department of Public Health, at the opening plenary at the 2012 CSTE Annual Conference.



CSTE Annual Conference opening reception at the Durham Museum.



Dr. William Foege, senior fellow in the Global Health Program, at the opening plenary at the 2012 CSTE Annual Conference.



CSTE congratulates 2012 Distinguished Leadership Award recipient Dr. Marion Kainer.

CSTE DISTINGUISHED LEADERSHIP AWARD

The second annual CSTE Distinguished Leadership Award was presented at the 2012 Annual Conference. The award was established by the Executive Board to recognize the efforts of a current CSTE Subcommittee Chair, Liaison or Consultant who provides exceptional guidance, leadership and dedication to the organization over the previous year.

When the recipient of this year's CSTE Distinguished Leadership Award is mentioned, the word "tireless" comes up again and again. Dr. Marion Kainer is the director of the Tennessee Department of Health's Healthcare Associated Infections and Antimicrobial Resistance Program. She serves as the chair of CSTE's Healthcare Associated Infections (HAI) Subcommittee and co-chairs the HAI Standards Committee.

As CSTE Research Analyst Lauren Rosenberg puts it, "She works tirelessly on both detailed and big picture levels to further HAI surveillance, data analysis, prevention... and everything else."

"I don't think there is any greater honor than to be recognized by your peers, so I was honored and thrilled," said Dr. Kainer on receiving the award. But she is quick to note that she isn't doing the work alone.

"The HAI Subcommittee is a very dynamic and problem solving group, and I've had lots of support." Along with the subcommittee, she cites the CSTE staff's "tremendous" work, as well as the willingness of members of other subcommittees, including Surveillance and Informatics, to comment on position statements and provide support.

"We could not do this work without them." She also calls the CDC's Division of Healthcare Quality Promotion "incredibly supportive and responsive to the needs of our members."

CSTE Executive Director Pat McConnon said, "Marion Kainer is special. It's hard to know where she gets the energy and enthusiasm to volunteer so much on behalf of the national effort to address the tremendous problem of health care associated infections. Wherever it comes from, it is a pleasure to be associated with Marion and an honor that she gives so much as a CSTE leader for state-based efforts."

Dr. Kainer encourages CSTE members to become involved with a committee or working group. "I really feel that it's fostered my career and leadership development. There are always others willing to mentor and help you, and I hope to help the newer folks now as well."

McConnon concluded, "Marion's colleagues nominated her, citing her expertise and experience, and CSTE is the lucky recipient, really. Distinguished Leader Award actually seems a little dry when you consider her contributions over the past several years."



CSTE DISTINGUISHED PARTNER AWARD

The 2nd Annual CSTE Distinguished Partner Award was presented at the 2012 Annual Conference. The award recognizes an individual or organization that makes significant contributions to CSTE and the work of CSTE's membership.

The second annual CSTE Distinguished Partner Award was presented during the 2012 CSTE Annual Conference to Matthew Boulton, M.D., M.P.H., Director of the Center of Excellence in Public Health Workforce Studies at the University of Michigan School of Public Health. Dr. Boulton is also an associate professor at the school, in the departments of Epidemiology, Health Management and Policy, and Internal Medicine, as well as the director of the Public Health / Preventive Medicine Residency.

"This award is a singular honor for me because it comes from epidemiology colleagues working in the field," said Dr. Boulton. "I have worked with CSTE for a number of years and was on the Executive Board as well when I was the State Epidemiologist in Michigan. I've been lucky to be able to continue my relationship with CSTE in my current role."

Dr. Boulton has worked with CSTE on five national Epidemiology Capacity Assessments, most recently the 2010 Food Safety Epidemiology Capacity Assessment. He has published six MMWRs and six other peer-reviewed articles with CSTE staff on capacity and workforce issues.

"Matt is a favorite of many of the CSTE National Office staff and has conducted national assessments and published MMWR and journal articles with our staff and other members since 2001," said CSTE Executive Director Pat McConnon. "Even when he left

his position as State Epidemiologist in Michigan to take up his position at the University of Michigan, he insisted on continuing his close ties with CSTE in support of our workforce and training activities."

Dr. Boulton also serves on the advisory board for the CDC/CSTE Applied Epidemiology Fellows Program. "I'm particularly proud that the University of Michigan School of Public Health leads the nation in student placements in the CSTE Applied Epidemiology Fellows Program," he said. "They represent the type of high-quality students we want in the epidemiology workforce."

Dr. Boulton cites CSTE's efforts on workforce capacity as a potential model for other organizations. "CSTE has led the way in characterizing the epidemiology workforce, a critical segment of our national public health infrastructure. They've been doing this for over 10 years, and other public health organizations are really just getting started," he said. "It's really become the model for how to make it work, and it's been a privilege to partner with CSTE on these important projects."

McConnon said, "For me, personally, and I know for the CSTE staff, we were very pleased that someone nominated Matt to recognize his work as a partner with CSTE and that the CSTE Executive Board chose him for recognition this year."



Dr. Paul A. Offit giving the 2012 Jonathan Mann lecture.

2012 JONATHAN MANN LECTURER PAUL A. OFFIT, M.D.

The Jonathan M. Mann Memorial Lecture is made possible annually by the CDC Foundation with proceeds from a generous grant provided by The Hoffman Family Foundation of Dallas, Texas. In 1999, the lecture was established to honor Dr. Jonathan Mann, who lost his life in the Swissair plane crash off Nova Scotia in 1998. Dr. Mann was an accomplished state epidemiologist who was called the "architect of the global mobilization against AIDS" for his role as the founding director of the World Health Organization's Global Program on AIDS.

Each year at the CSTE President's Banquet a lecture is given to honor Dr. Mann. Lecturers are selected by the CSTE Executive Board for their demonstrated leadership in the public health community.

Paul A. Offit, M.D., is the Chief of the Division of Infectious Diseases and the Director of the Vaccine Education Center at the Children's Hospital of Philadelphia. In addition, he is the Maurice R. Hilleman Professor of Vaccinology and a Professor of Pediatrics at the University of Pennsylvania School of Medicine. Dr. Offit has published more than 140 papers in medical and scientific journals in the areas of rotavirus-specific immune responses and vaccine safety. He is also the co-inventor of the rotavirus vaccine, RotaTeq, recommended for universal use in infants by the CDC.

Dr. Offit was a member of the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention and is a founding advisory board member of the Autism Science Foundation and the Foundation for Vaccine Research. He is also the author of four medical

narratives: *The Cutter Incident: How America's First Polio Vaccine Led to Today's Growing Vaccine Crisis* (Yale University Press, 2005); *Vaccinated: One Man's Quest to Defeat the World's Deadliest Diseases* (HarperCollins, 2007), for which he won an award from the American Medical Writers Association; *Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure* (Columbia University Press, 2008); and *Deadly Choices: How the Anti-Vaccine Movement Threatens Us All* (Basic Books, 2011).

Dr. Offit's lecture was entitled, "Communicating Vaccine Science to the Public." His talk focused on vaccine research, vaccines in the media, and communicating epidemiologic data to the public.



Ashley Borin accepts the RWJF Award from Tom Safranek

The 5th Annual
ROBERT WOOD JOHNSON
FOUNDATION (RWJF)
NATIONAL AWARD

for Outstanding Epidemiology Practice in Addressing Racial and Ethnic Disparities was presented to Ashley Borin, a CDC/CSTE Applied Epidemiology Fellow at the Multnomah County Health Department in Portland, Oregon, during the 2012 CSTE Annual Conference.

CSTE AWARD IN ADDRESSING RACIAL AND ETHNIC DISPARITIES

CSTE presented Borin with a plaque to commemorate the occasion and an honorarium valued at \$1,000. “I felt very lucky, actually,” said Borin of receiving the award. “I’m just starting my career in public health and I got such a good opportunity to be part of a really interesting and important project.”

Borin noted the importance of the CDC/CSTE Applied Epidemiology Fellowship in providing career and research opportunities as well as the chance to present at meetings such as the CSTE Annual Conference. “I highly recommend the fellowship to anyone going into applied epidemiology,” she said. “It provides such great training opportunities that we may not have otherwise.”

The RWJF award was established to recognize a presenter at the CSTE Annual Conference whose professional work advances public health knowledge through epidemiology and applied research in racial and ethnic disparities and improves public health practice through effective use of data and epidemiology.

More than 500 abstracts were submitted for participation in the conference, and 26 were considered for the award

according to eligibility requirements. A panel was convened to select five finalists and the award winner. Abstracts were judged on four criteria:

- Impact of work to the field of eliminating health disparities
- Contribution/translation to practice
- Policy implications for evoking long term change in eliminating and preventing health disparities
- Quality of poster or breakout session presentation

Borin’s breakout presentation was entitled, “Racial disparities of self-reported postpartum depressive symptoms among foreign born women in Oregon.” The study showed that non-white women suffer from postpartum depression (defined as depression up to one year after pregnancy) disproportionately when compared to white women, and foreign-born Asian women are at greater risk for depressive symptoms. Clinicians and public health professionals taking this into consideration can provide culturally appropriate screening and treatment for high-risk populations.



CSTE congratulates Dr. Donald R. Hopkins on receiving the 2012 Pumphandle Award.

2012 PUMPHANDLE AWARD WINNER DONALD R. HOPKINS, M.D., M.P.H.

The Pumphandle Award of the Council of State and Territorial Epidemiologists is awarded annually for outstanding achievement in the field of applied epidemiology. This year, two recipients were recognized: Dr. Donald Hopkins and Dr. Richard Hopkins.

Dr. Donald Hopkins says making people uncomfortable is part of his job description – which is a little unusual for someone who has dedicated much of his career to eradicating disease. “I like to say part of my job should be to develop data and use it to make the right people uncomfortable,” he said. “We can use our data to show decision makers – politicians, health workers, and so on – the consequences of acting or not acting as it applies to public health.”

For more than four decades, Dr. Hopkins has focused this approach on disease eradication throughout the world. He has worked to eradicate smallpox and Guinea worm disease and to fight a host of other diseases that impact the world’s most impoverished communities. Under his leadership, Guinea worm cases have been reduced by more than 99.9% worldwide, from approximately 3.5 million cases in 1986 to fewer than 1,000 today.

“Donald Hopkins is renowned as an eradication expert, and his unwavering commitment to improving the lives of the world’s most disadvantaged people using a data-driven approach is unparalleled,” said Laurene Mascola, CSTE president. “This award recognizes his contributions to public health and epidemiology.”

Dr. Hopkins currently serves as the Carter Center’s Vice President for Health Programs and as the chair of the International Task Force for Disease Eradication, housed at The Carter Center, helping identify potentially eradicable diseases. On receiving the 2012 Pumphandle Award, he said, “Two words come to mind: ‘surprised’ and ‘pleased.’ I’m very pleased.”

Looking forward, Dr. Hopkins says epidemiologists and others in public health will need to pay increasing attention to motivation. “Epidemiology in my lifetime has become increasingly sophisticated, along with an increase in prevention tools such as vaccines. But we have to remember that it’s also about sociology, anthropology and health education, not just numbers, pills, vaccines,” he said. “It’s people. You’ve got to be able to convince a group of villagers that it’s in their best interest to do what you are saying.”

He also believes it is important to remember that most diseases actually cannot be eradicated or eliminated, so those targeted for elimination should be chosen carefully. “But many more diseases can be better controlled with the tools and applied epidemiology we have today,” he said.



2012 PUMPHANDLE AWARD WINNER RICHARD HOPKINS, M.D., M.S.P.H.

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Dr. Richard Hopkins' "attendance" at his very first CSTE meeting was brief – about 10 minutes, he says – as he tracked down the Montana State Epidemiologist at the 1977 meeting held at the original CDC campus to say he had been matched to Montana as an EIS officer.

More than 30 years later, Dr. Hopkins has much more experience, both as an epidemiologist and with CSTE. After that first CSTE meeting, Dr. Hopkins went on to attend a number of Annual Conferences as a member, and eventually served on the CSTE Executive Board twice over the years. More recently, he has been a member and chair of several subcommittees, workgroups, and teams devoted to surveillance and informatics.

Dr. Hopkins has decades of experience in state health departments as an epidemiologist, focusing on public health surveillance, informatics, and technology, and is known for his innovation and use of data to drive public health decisions. He has been a leader at the Florida Department of Health for a total of 19 years in various capacities, including his current role as Acting State Epidemiologist. His research while Florida's State Epidemiologist was the basis for the landmark case Florida won against the tobacco industry in 1997.

"Richard Hopkins is known for his novel solutions to complex public health problems and his leadership in the field of applied epidemiology. The Pumphandle Award recognizes the high esteem in which he is held by his colleagues," said CSTE Executive Board President Laurene Mascola. "He is truly deserving of CSTE's highest honor."

Dr. Hopkins noted the previous recipients of the award, saying, "I was quite moved, and quite honored by the company that I am joining – the 23 previous winners of the award are all people I admire greatly. For me, the biggest thrill is in being recognized by my peers."

Having seen the impact of CSTE's work over many years, Dr. Hopkins says that looking forward CSTE can work to help further the development of epidemiology-related performance measures for public health emergency preparedness (PHEP). "In many states, PHEP funds are the biggest single source of funding for general epidemiology staff," he said.

Set to retire in July, Dr. Hopkins plans to spend a year doing some traveling. "After that, I hope to have an active role in the Epidemiology Department and the Emerging Pathogens Institute of the University of Florida and to assist CSTE as a consultant where I can be useful," he said.



CSTE congratulates Annie Tran on receiving the 2012 Super Staff Award.

2012 SUPER STAFF AWARD

The Super Staff Award was created in 2001 as a way to recognize CSTE National Office staff members for their dedication and for working “above and beyond” job requirements. Nominations are made and voted on by CSTE staff, and the award is presented at the CSTE Annual Conference.

“I was actually really surprised,” said Annie Tran, the recipient of the 2012 Super Staff Award. “I work with a lot of people who are very good at what they do, so I didn’t expect this!”

As an associate research analyst, Ms. Tran has worked with CSTE subcommittees in the areas of Chronic Disease, Maternal and Child Health, Oral Health, Injury Surveillance and Control, Substance Abuse, Tribal Epidemiology, Local Epidemiology, Border/International Health, and Public Health Emergency Preparedness.

“Working with CSTE is great. I’m fairly new to epidemiology, so getting to work with our members who have such a breadth and depth of epidemiologic experience has been amazing,” said Ms. Tran. “The subcommittee and steering committee chairs are phenomenal, and I rely on their expertise for our projects. They are so very important to CSTE and our efforts.”

Ms. Tran joined CSTE in 2010. She attended the University of Georgia, earning a bachelor’s degree in biochemistry and molecular biology, and a master of public health degree, with a concentration in epidemiology. Before coming to CSTE, she worked as an epidemiologist and public health liaison with the East Metro Health District in Lawrenceville, Georgia.

2012 CSTE ANNUAL CONFERENCE





CSTE congratulates Pat McConnon on receiving a special Super Staff Award in honor of his retirement.

2012 SPECIAL SUPER STAFF AWARD

Beginning in 2001, the CSTE staff has selected one of its own each year as the recipient of the Super Staff Award. The award is given to someone in recognition of his or her dedication and for working “above and beyond” job requirements.

Sometimes a “super” award just isn’t enough.

At this year’s annual conference, the staff recognized Pat McConnon with the first ever Special Super Staff Award for 10 years of dedicated service as Executive Director of CSTE. He will be retiring this August.

“Well, the CSTE National Office staff are a serious bunch when it comes to knowing what each other are doing and contributing, and it makes them very supportive of their colleagues at the National Office,” said McConnon. “It was nice to be on the receiving end of their appreciation for the work I do as well as the roasting at the President’s Banquet. I deny nothing.”

Congratulations to Pat on his upcoming retirement, and many thanks for his years of leadership.

CLASS VIII GRADUATING FELLOWS



A few comments about Pat from those who’ve worked with him over the years:

I have known Pat since I joined CSTE in 2004. CSTE has been very fortunate with the level of commitment, dedication, and guidance Pat has provided over the years. He has been an incredible leader for the organization and is extremely well respected by everyone at the CSTE National Office. I have been extremely fortunate to have been the recipient of so much advice and mentoring since I came to CSTE. I sincerely wish him the best during his retirement and I think I can speak for everyone at the CSTE National Office when I say he will be sincerely missed.

*- Jennifer Lemmings
Epidemiology Program Director, CSTE*

I’ve had the good fortune of working with Pat during three different phases of my career: when we both worked in the National Center for Infectious Diseases at CDC; when he became Executive Director of CSTE and I was still at CDC; and finally when I went to work for the health department in Pennsylvania. Certain attributes characterize Pat over that entire time period: he was resolute, consistent, organized, supportive, and an amazing problem solver. He had the institutional memory. He always knew things that were going on (at CDC, in the states, or internationally) almost before anyone else did, and why they were happening. That’s an amazing skill. People trust him, share information with him, and turn to him when they need to get things done.

If there’s one word I can think of for Pat’s time as CSTE Executive Director, it’s the word transformative. He literally brought stability to CSTE. And once the foundation was sound, he built our organization from the ground up. He did this by bringing in the best people, growing the financial resources, and making CSTE a reliable and trusted partner for every working epidemiologist around the country (in fact all over the world). Pat did this quietly, with grace, and with good humor.

He leaves behind a legacy of home office staff members who love him; legions of applied epidemiology fellows who owe their careers to his vision; and consultants, committee members, contractors, and board members like myself who can’t thank him enough for all that we’ve accomplished. His will be awfully tough shoes to fill.

*- Stephen Ostroff
Acting Physician General, Pennsylvania
Department of Health
CSTE Executive Board President, 2011-2012*

It has been an honor working with Pat. He has made a tremendous impact not only on CSTE and our staff/organization, but on the national landscape of applied epidemiology practice at the state and local level.

A big part of that impact includes his creation of the national CDC/ CSTE Applied Epidemiology Fellowship program to strengthen applied epidemiology capacity, which is in its 10th class of Fellows and has placed 199 Fellows in 38 states and 13 cities and counties. Also, he was integral in creating the Applied Public Health Informatics Fellowship program, which is in its first year.

*- Amanda Masters
CSTE Workforce and Fellowship Coordinator*

Where do I begin about Pat? He’s just an all-around great guy, and a pleasure to work for. He is all business about the work and the performance and integrity of CSTE, but at the same time, he can be relaxed, easy going, and fun to be around.

In meetings, you can really just see Pat’s desire and interest in everything every member of the staff is working on. He cares deeply about what each of us is doing, and he wants to make sure we are properly reflecting the professionalism CSTE requires and deserves.

Pat will be missed for sure. A great man, a great leader, and a great friend.

*- Kevin Gibbs,
CSTE Information Technology*

NEW CSTE BOARD MEMBERS

Please join us in welcoming three new members to the CSTE Executive Board: Dr. Tim Jones, Dr. Marci Layton, and Dr. Sharon Watkins. We look forward to working with them as CSTE continues to grow and work to serve our members.



TIM JONES, MD

President-Elect

Dr. Tim Jones received his M.D. degree from Stanford University and completed a residency in Family Medicine and fellowship in maternal-child health in Rhode Island. He subsequently worked with the National Health Service Corps in Utah. In 1997, he joined CDC's Epidemic Intelligence Service, assigned to the Tennessee Department of Health.

Following his EIS service, Dr. Jones joined the Tennessee Department of Health as a medical epidemiologist, overseeing the Emerging Infections Program FoodNet program. In 2001, he became the Deputy State Epidemiologist, and in 2007 was appointed State Epidemiologist in Tennessee. He currently oversees programs including HIV/STD, immunizations, TB, emergency preparedness, hospital infections, environmental epidemiology, informatics, and

general communicable diseases. He has a special interest in foodborne diseases and outbreak investigation. He has participated in numerous activities including work with the WHO, Institute of Medicine, FDA, and Global Foodborne Infections Network, and he serves on the IDSA National and Global Public Health Committee. He is on the Editorial Board of the MMWR and has co-authored more than 120 peer-reviewed publications.

Dr. Jones has been a CSTE member since he was an EIS Officer. He has served as the CSTE liaison to the ASTHO Food Safety Committee and the FDA, and was Secretary-Treasurer on the Executive Board beginning in 2012. Along with his duties as President-Elect, he is co-chair and CSTE representative on the Council to Improve Foodborne Outbreak Response.



MARCELLE LAYTON, MD

Secretary-Treasurer

Dr. Marcelle C. Layton is the Assistant Commissioner for the Bureau of Communicable Disease at the New York City Department of Health and Mental Hygiene. She received her medical degree at Duke University and completed residency training in internal medicine at State University of New York Health Sciences Center in Syracuse, NY. She has also completed fellowship training in infectious disease at Yale University School of Medicine and was an Epidemic Intelligence Service officer with the CDC.

Dr. Layton has participated as a member in the Institute of Medicine's (IOM) Forum on Emerging Infections; the University of Pittsburgh's Center for Civilian Biosecurity (which was formerly at Johns Hopkins School of Hygiene and Public Health); the Executive Session on Domestic Preparedness of John F. Kennedy School of Government, Harvard University; the IOM Committee on Effectiveness of National Biosurveillance Systems; Biowatch and the Public

Health System; the H1N1 Subcommittee to the President's Council of Advisors on Science and Technology and the CDC's Board of Scientific Counselors. She is a frequent lecturer at local, national and international conferences on topics related to bioterrorism and pandemic preparedness, as well as a range of emerging infectious disease issues.

Dr. Layton played a key role in New York City's public health response to the appearance of West Nile virus in 1999 and following the attacks on the World Trade Center and intentional anthrax release in 2001, and most recently led the surveillance response to the emergence of the 2009 pandemic influenza H1N1 outbreak. She has been recognized for her outstanding contributions to public health and was the recipient of the 1999 Public Health Association of New York City Special Merit Award, the 2000 Sloan Public Service Award, and the 2002 Pumphandle Award from the Council of State and Territorial Epidemiologists.

Continued on following page.

NEW CSTE BOARD MEMBERS

Continued from previous page.



SHARON WATKINS, PH.D., M.A.

Environmental Health / Occupational Health / Injury Chair

Dr. Sharon Watkins has more than 10 years of experience with the Florida Department of Health and has been a Sr. Environmental Epidemiologist since 2008 in the Bureau of Environmental Public Health Medicine. She oversees the Chemical Disease Surveillance program, which involves surveillance on pesticide poisonings, carbon monoxide poisonings and other notifiable diseases, as well as surveillance and epidemiologic response for other chemical and radiological events (preparedness). Dr. Watkins also oversees the Occupational Safety and Health Program, Analytical Environmental Epidemiology program, and the Birth Defects Program.

Dr. Watkins received her B.A. from Ohio Wesleyan University in Botany/Bacteriology, her M.A. from SUNY Albany in Physical Anthropology, and her Ph.D. from The Ohio State University in Preventive Medicine in 1996 with an emphasis in epidemiology.

Dr. Watkins has been a member of CSTE since 2007. She has served as a CSTE representative on the National Alliance for Radiation Readiness (NARR) since 2009, an organization brings together a wide variety of partner organizations to serve as a collective voice of health in radiation readiness and preparedness activities. She has also served on a national workgroup formed to rewrite the Guidelines for Investigating Cancer Clusters, scheduled to be released as an MMWR in 2012.

Dr. Watkins is co-chair and CSTE representative for the newly-created Community of Practice group, formed to build increased partnerships between Poison Control Centers and state health departments. She has also served as an advisor and conference participant to the CSTE Environmental Subcommittee. She has authored and co-authored more than 24 peer-reviewed, published papers and regularly presents at the CSTE Annual Conference.

NEW CSTE STAFF

Meredith Lichtenstein • *Associate Research Analyst*

Meredith Lichtenstein joined CSTE in June 2012 as an Associate Research Analyst. She supports both the Infectious Disease and the Surveillance and Informatics Steering Committees. Originally from Florida, Meredith moved to Atlanta to attend Emory University, where she received her Bachelor's degree in Chemistry. She subsequently earned her MPH in Epidemiology from the Rollins School of Public Health at Emory University in May 2012. During her time at Emory, she played the flute in the Emory Symphony and worked as a laboratory researcher at the Center for Global Safe Water on Norovirus and water/sanitation research projects. Meredith can be reached at mlichtenstein@cste.org or 770-458-3811.

Kim Miller • *Intern*

Kim Miller joined CSTE as an intern in June 2012. She is currently a rising second-year Master of Public Health candidate at the Rollins School of Public Health. Prior to entering graduate school, Kim worked in infectious disease medical publishing and received her bachelor's degree from Wellesley College in Wellesley, Massachusetts. Kim can be reached at kmiller@cste.org or 770-458-3811.

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Thai Ministry of Public Health, CDC, and CSTE representative Lisa McHugh attend the Annual Workshop for Influenza Surveillance, Nonthaburi, Thailand – May 2012

THAILAND INFLUENZA CONSULTATION

In May 2012, I traveled to Thailand and was joined by Karen Siener, CDC Influenza Division Project Officer, and Sonja Olsen, International Emerging Infections Program, Thailand Ministry of Public Health (MOPH) – US CDC Collaboration to conduct a review of the country's influenza surveillance system. The surveillance system set up by MOPH includes 11 influenza-like illness (ILI), in place since 2004, and 5 severe acute respiratory infection (SARI) surveillance sites, in place since 2009.

As part of the assessment process, we reviewed surveillance practices at two hospital sites in Nong Khai and Nonthaburi, Thailand. We also discussed the general setup and management of the ILI and SARI surveillance systems with MOPH staff. The final two days of the trip I was invited to attend the Annual Workshop for the Improvement of Influenza Surveillance, which brought together all surveillance sites for educational presentations and site recognition.

Overall, Thailand has established a strong influenza sentinel surveillance system with commitment from its many partners. A final report detailing key recommendations and opportunities for improvement will be provided to Thailand for further enhancement and improvement of their surveillance system.

My overall experience was educational and rewarding. I thoroughly enjoyed learning how an influenza surveillance system is set up and managed in another country, and I was impressed by the extensive influenza work being done in Thailand.

- Lisa McHugh, CSTE representative

CIFOR WEBINARS

CSTE & CIFOR hosted a webinar series in May developed to providing training and education on foodborne disease outbreak response to those at the state and local levels. The webinar series was developed in conjunction with University of North Carolina Gillings School of Global Public Health. Additional details about each webinar including links to the recordings and presentations are below.



Using the *CIFOR Guidelines for Foodborne Disease Outbreak Response* and Toolkit for Improving Outbreak Response

WEBINAR 1

This webinar, targeted to senior-level public health professionals involved in foodborne disease outbreak response, described how state and local health agencies can use the CIFOR Guidelines for Foodborne Disease Outbreak Response in improving their outbreak response and how participants can integrate the Guidelines using the CIFOR Toolkit into their agencies. One state will present its recent efforts to identify and implement needed improvements to outbreak response practices.

Webinar Goals:

- To describe ways in which the CIFOR Guidelines for Foodborne Disease Outbreak Response can support state and local health agencies
- To explain how to use the CIFOR Toolkit
- To give participants reasons to use the CIFOR Toolkit in their jurisdictions

[Click here](#) to view the webinar recording. [Click here](#) to download the PowerPoint presentation from the webinar.

WEBINAR 2

This webinar targeted public health professionals working in foodborne disease outbreak response. The speakers reviewed outbreak investigation methods and showed participants how to use the CIFOR Toolkit. Participants learned about implementing the CIFOR Guidelines using the Toolkit and hear about two states' recent experiences using the Toolkit to make needed improvements.

Webinar Goals:

- To review methods to investigate a foodborne disease outbreak
- To introduce the CIFOR Guidelines for Foodborne Disease Outbreak Response
- To describe the tools and focus areas included in the CIFOR Toolkit

[Click here](#) to view the webinar recording. [Click here](#) to download the PowerPoint presentation from the webinar.

2012 CSTE ANNUAL CONFERENCE





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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 who represent Infectious Disease Epidemiology, Chronic Disease/MCH/Oral Health Epidemiology, and Environmental/Occupational/Injury Epidemiology. The 2012-2013 Executive Board members are:

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2013 ANNUAL CSTE CONFERENCE

PASADENA CALIFORNIA

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