COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTE UPDATE

Volume 1995 No. 2
November 6, 1995

A LETTER FROM OUR PRESIDENT

The rate of change and level of activity in our organization since the May meeting in Austin has been astounding. From all indications, many of us have had a very busy summer, but the accomplishments of CSTE, on behalf of state and territorial epidemiology programs, have been impressive. In this newsletter, you will read about the 1996 annual meeting plans, the new CSTE National Headquarters office, the details of the CDC Cooperative Agreement, new staff, and the list of consultants. You'll get a quick overview of the amount and caliber of work done by our National Headquarters, and I heartily encourage you to read it thoroughly.

There are two continuing issues that rise to the top of discussions for the organization this year. First, the continuation of the work on national surveillance issues must be maintained. At the December 1994 meeting, a new vision for national surveillance was discussed and a good review of most of the reportable communicable diseases took place. Now, other conditions of public health importance should be considered to take their place in the new paradigm for national public health surveillance. Sources for these may include databases that are not usually in the bailiwick of the state epidemiology programs (e.g., cancer registry, BRFSS, vital stats) and this necessitates that we work with partners to develop a system that serves the public health information needs for the upcoming century. We must maintain the momentum from the efforts of 1994 and 1995, and your participation and input are vital.

Secondly, recent history has clearly suggested that we, as an organization, need to have a clear and timely understanding of activities in Washington D.C. as they affect the operation of our programs in the states and territories, and our federal partners. At the business meeting this year, we approved increased state and territory dues to pay for a presence in D.C. which will keep track of important actions that may require a response (always due yesterday), of new or changing legislation (e.g., HIV Testing, Safe Drinking Water Act), or of federal budget issues. All of these issues can impact our work. CSTE is preparing a proposal to solicit and contract for these services. Recall that the funding for this important activity must come from state and individual dues, so please take whatever measures necessary to support this work.

These are certainly interesting times in D.C., Atlanta, and I'm sure in each of your home states. The organization can best serve your needs when you take an interest in the national scene during these times. Let us know how we can best utilize the enormous talents of the entire membership. Give us a call, or come visit the new offices in Atlanta.

Dennis M. Perrotta, Ph.D.
President, CSTE

NATIONAL OFFICES IN NEW SPACE

The CSTE National Offices have moved to new space in Suite 303, 2872 Woodcock Boulevard, Atlanta, Georgia 30341. The offices are in the Duke Building, Koger Center which is at Chamblee-Tucker Road and Interstate 85 (Exit 34) in the northeast metro Atlanta area. The new telephone number is 770-458-3811;

(Con't on Page 2)

FAX: 770-458-8516.

You are invited to visit the National Office at anytime. If you need directions, just call and we can send a map showing the way.

1996 ANNUAL MEETING

Dr. David Fleming, CSTE President-elect, has announced that the 1996 CSTE annual meeting will be in Portland, Oregon June 2-6, 1996. The Portland Hilton will be the meeting site so mark your calendars now. The hotel has excellent rooms and meeting facilities with multiple opportunities for shopping, walking, and city entertainment. Room rates will be $89 single; $104 double.

CSTE will provide scholarships to approximately 20 chronic disease and/or environmental epidemiologists to attend the meeting.

More details on the meeting and scholarships will be provided in early 1996.

1995/1996 COOPERATIVE AGREEMENT WITH CDC

CSTE has been awarded a total of $2.2 million for activities through September 29, 1996. The funds include $30,000 from the National Public Health Information Coalition (NPHIC) which provides them with a national office focus. Kathy Getz, CSTE Office Manager, is assisting NPHIC as part of this collaboration. A brief summary of each of the projects and the amount of funds follows:

1. **Project No. 1: Providing Consultations to CDC ($248,500)**

This project is to assist CDC in incorporating perspectives of state and local epidemiologists and health department staff on important topics of national, public health interest. In addition, the project enables the CSTE Executive Committee to meet to discuss items of mutual interest with CDC staff.

2. **Project No. 2: Provide a Forum for the Exchange of Information ($22,000)**

This project assists CSTE in providing travel scholarships for personnel to attend the CSTE annual meeting and for a representative to attend meetings regarding development of a telecommunications link between state epidemiology offices and public health laboratories.

3. **Project No. 10: Improving State-based and CDC Surveillance and Telecommunications Systems ($5,000)**

This project provides for a CSTE representative to serve on the CDC Surveillance Coordination Group.

4. **Project No. 14: Developing a Telecommunication Data Link Between State Epidemiology Offices and Public Health Laboratories ($0)**

Funding for this project has been provided in Project No. 2. Funds are for a CSTE representative to attend workgroup meetings.

5. **Project No. 20: Prevention Effectiveness ($5,500)**

This project enables CSTE representation on the CDC Prevention Effectiveness Technical Working Group.

6. **Project No. 24: Prevention Effectiveness Strategies to Increase Therapy for Tuberculosis Among the Foreign Born ($101,713)**

This project will result in having more complete information concerning foreign-born populations and will help in the development of more effective culturally appropriate strategies for providing TB services to high-risk foreign-born populations. ($96,713 will be available in contractual funds to the New York State Health Department.)

7. **Project No. 26: State Epidemiologic Capacity Development Pilot Project ($84,890)**

This project is to help states accomplish basic epidemiologic functions and investigations. Funds are to continue pilot testing of assessment protocol.

8. **Project No. 27: Building Capacity of Occupational Disease and Injury Surveillance in State Health Departments ($82,790)**

(Con't on Page 3)

This project enables CSTE and NIOSH to collaborate on the planning and holding of meetings for state health departments and other interested state agencies on target-condition-specific state-based occupational health surveillance. Funds also provide for part-time staff in the CSTE national office.

9. **Project No. 36: Dengue Surveillance in Puerto Rico: Enhancing and Integrating the Efforts of the Puerto Rico Health Department ($19,868)**

This project is to enhance the surveillance for severe dengue in Puerto Rico.

10. **Project No. 41: A Survey and Analysis of State and Federal Laws and Regulations to Measure and Control Contamination of Drinking Water Supplies with Bacteria, Protozoa, and Viruses ($82,096)**

This project will be done under contract with a legal consulting firm.

11. **Project No. 42: Epidemiologic Technical Assistance for Surveillance of Vaccine Preventable Diseases ($237,420)**

This project enables CSTE to provide technical assistance to state and local health departments. Funds provide for part-time staff in the CSTE national offices, and two-full time epidemiologists.

12. **Project No. 43: Epidemiologic Technical Assistance for Lead Surveillance and Other Environmental Public Health Activities ($452,740)**

This project enables CSTE to provide technical assistance to state and local health departments. Funds provide for part-time staff in the CSTE national office, three epidemiologists and a systems analyst/programmer.

13. **Project No. 44: Epidemiologic Technical Assistance for HIV Prevention Community Planning ($259,161)**

This project enables CSTE to provide epidemiologic technical assistance to state and local HIV prevention community planning. Funds provide for part-time national office staff and two epidemiologists.

14. **Project No. 45: Case Control Study of Acute Ciguatera Fish Poisoning in an Endemic Region ($70,000)**

This project will be conducted under contract with the U.S. Virgin Islands Department of Health. All funds are restricted pending CSTE and VIDH obtaining project assurances pertaining to the research to be conducted.

15. **Project No. 47: Developing Chronic Disease Epidemiologic Capacity at the State Level ($350,000)**

This is a four-year collaborative project to develop and institutionalize the capacity of selected state health agencies to conduct chronic disease epidemiology.

CSTE National Headquarters Office ($190,727)

CSTE maintains a national headquarters office and staff located in the Duke Building - Koger Center, Suite 303, 2872 Woodcock Boulevard, Atlanta, Georgia 30341. (Telephone: 770-458-3811; FAX: 770-458-8516)

Total 1995/1996 Funding: $2,212,405

If you have any questions regarding the Cooperative Agreement or the award process feel free to call.

1996 UNSOLICITED PROPOSALS

Since the 1996 annual meeting is later in the year, it will be necessary to begin an earlier process for requesting unsolicited proposals from CSTE members. Our 1996 application, which will be for project renewal rather than continuation, will likely need to be submitted to CDC by June 30. Since the annual meeting is June 2-6, insufficient time will be available during this period for CDC to review the concept proposals, the CSTE Executive Committee to approve proposals for submission, and the applicant to prepare a final proposal. The last meeting of the Executive Committee before the annual meeting is scheduled for April 24, 1996; during that session we will need to have the concept proposals available for their review

(Con't on Page 4)

and discussion. Those proposals which meet the criteria outlined in the 1995 CSTE position statement No. 8 entitled, "Vision for the Role and Funding of the CSTE National Headquarters" will be considered. Additional information will be provided early next year.

NEW NATIONAL OFFICE STAFF

John Hybarger joined CSTE May 1, 1995 as a Special Projects Officer. He is a CDC retiree, and most recently, was Chief, Extramural Programs Branch, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). John's expertise in the chronic disease area is well-known, as he was responsible for the financial and programmatic tracking of the $340 million extramural budget of NCCDPHP.

John is Project Officer for the (1) Epidemiologic Capacity, (2) HIV Technical Assistance for Community Planning, (3) Chronic Disease Projects and for (4) Building Capacity for Occupational Disease and Injury Surveillance in Health Departments.

Matt Pericles is working with CSTE as a systems analyst programmer to provide assistance to state and local health departments in the development and implementation of childhood lead surveillance activities. He began work July 5, 1995.

Victor Coronado, M.D., joined CSTE August 31, 1995 as a medical epidemiologist to provide scientific and technical assistance to state and local health departments on vaccine-preventable disease surveillance and other activities. Victor most recently served in the Surveillance Branch, Division of HIV/AIDS, NCID, CDC and was an EIS officer during 1991-1993.

June Miller began work with CSTE October 2, 1995 as a secretary. June will be handling our mailing lists, membership records, and other general office activities. She has recently completed advanced secretarial training with the Asher School of Business.

Sandra W. Roush, M.T., M.P.H., began work with CSTE on November 1, 1995. Sandra will be working with state and local health departments on vaccine-preventable disease surveillance activities. She recently served as an epidemiologist in the Alachua County Health Department in Gainesville, Florida.

Clara M. Jenkins, M.B.A., will be the CSTE Business Manager starting December 4, 1995. Clara has been a grants management officer in the CDC Procurement and Grants Office; she retired from Federal service October 30. She will be managing our business and personnel activities.

Kathy Getz continues as the CSTE Office Manager (and also assists NPHIC); Joyce Neal, Ph.D., continues with the HIV technical assistance for community planning project; and Willis Forrester continues as Executive Director.

Still Recruiting

CSTE is continuing to recruit for three epidemiologist positions for the environmental health project and one epidemiologist for the HIV technical assistance for community planning project. Interested persons should send a letter and *curriculum vitae* to John Hybarger at the CSTE national office if they wish to be considered.

CSTE MEMBERSHIP UPDATE

Over the past year, CSTE has more than doubled its membership! CSTE's 300 members have a diversity of interest and expertise including: state/territorial epidemiologists (19 percent), environmental (13 percent), chronic (13 percent), injury (14 percent), occupational (1 percent) and other epidemiologists (40 percent). Please find enclosed a copy of the CSTE brochure to share with other colleagues who may be interested in joining our organization.

Welcome to New State Epidemiologists in:

Kansas	Dr. Gianfranco Pezzino
North Carolina	Dr. Michael Moser
Oklahoma	Dr. James Crutcher
California	Dr. Stephen Waterman
Tennessee	Dr. William Moore

State Epidemiologist Positions Vacant in:

Indiana
Vermont
New Jersey
Arizona

(Con't on Page 5)

If you would like to obtain a full copy of the CSTE Membership list, please contact the national office at 770-458-3811.

CSTE CONSULTANTS: 1996/1997

The epidemiologists listed below have been appointed as lead and co-lead consultants for CSTE for 1996/1997. CSTE is frequently requested to participate in work groups, review documents, make presentations, and otherwise provide important state and local health department input into a wide range of public health topics. Consultants are appointed by the CSTE President based upon information submitted by members in the annual membership expertise/interest survey.

Consultants may be contacted directly when their participation is needed; after a consultation is provided, a brief report outlining the highlights and recommendations provided on behalf of CSTE should be provided to the national office. If the lead or co-lead are not available, the CSTE national office may be contacted for the names of alternates. If you would like to have a copy of the full listing of CSTE consultants, please contact the national office.

Cancer
Lead: Richard Hopkins Phone: 904-488-2905
Co-Lead: Daniel Goldman Phone: 512-458-7354

Cardiovascular Diseases
Lead: Philip Huang Phone: 512-458-7534
Co-Lead: Norma Kanarek Phone: 410-225-6784

Day Care Facilities
Lead: Kristine MacDonald Phone: 612-623-5414
Co-Lead: K. Gensheimer Phone: 207-287-5301

Diabetes
Lead: Philip Huang Phone: 512-458-7534
Co-lead: Nancy Stroup Phone: 404-657-6448

EIS Program
Lead: Richard Hoffman Phone: 303-692-2662
Co-Lead: Paul Stehr-Green Phone: 360-705-6040

Enteric Infectious Diseases
Lead: Dale Morse Phone: 518-474-1055
Co-Lead: M. Osterholm Phone: 612-623-5414

Environmental Health
Lead: Henry Anderson Phone: 608-267-1253
Co-Lead: Bruce Brackin Phone: 601-960-7725

Health Facilities
Lead: Dennis Perrotta Phone: 512-458-7268
Co-Lead: Carmen Deseda Phone: 809-721-2000 Ext. 403

HIV/AIDS
Lead: Kristine MacDonald Phone: 612-623-5414
Co-Lead: Richard Hoffman Phone: 303-692-2662

HIV/AIDS Community Planning
Lead: Ken Gershman Phone: 303-692-2657
Co-Lead: J. Stehr-Green Phone: 360-586-0434

Immunizations
Lead: Reginald Finger Phone: 502-564-7243
Co-Lead: Patricia Quinlisk Phone: 515-281-4941

Influenza
Lead: K. Gensheimer Phone: 207-287-5301
Co-Lead: Matthew Cartter Phone: 203-240-9047

Injury Control
Lead: Mack Sewell Phone: 505-827-0006
Co-Lead: Ana Osorio Phone: 510-450-2400

Lead/Other Heavy Metals
Lead: Bela Matyas Phone: 401-277-2432
Co-Lead: Henry Anderson Phone: 608-267-1253

Maternal/Child Health
Lead: R. Meriwether Phone: 504-568-7210
Co-Lead: Nancy Stroup Phone: 404-657-6448

Occupational Health
Lead: Ana Osorio Phone: 510-450-2400
Co-Lead: Henry Anderson Phone: 608-267-1253

Other Chronic Diseases
Lead: Eugene Lengerich Phone: 919-715-3131
Co-Lead: R. Meriwether Phone: 504-568-7210

Quarantine/Refugee Health
Lead: Dale Morse Phone: 518-474-1055
Co-Lead: Richard Hopkins Phone: 904-488-2905

Respiratory and Other Infectious Diseases
Lead: Thomas Safranek Phone: 402-471-2133
Co-Lead: Carl Armstrong Phone: 804-392-3984

Sexually Transmitted Diseases
Lead: Diane Simpson Phone: 512-458-7729
Co-Lead: Robert Rolfs Phone: 801-538-6035

Surveillance
Lead: Guthrie Birkhead Phone: 518-473-4436
Co-Lead: Paul Stehr-Green Phone: 360-705-6040

(Con't on Page 6)

Tobacco
Lead: Phillip Huang Phone: 512-458-7534
Co-Lead: To Be Appointed

Tuberculosis
Lead: James Hadler Phone: 203-566-2540
Co-Lead: Richard Vogt Phone: 808-586-4580

Viral Hepatitis
Lead: James Rankin Phone: 717-787-3350
Co-Lead: Thomas Safranek Phone: 402-471-2133

Zoonoses
Lead: Millicent Eidson Phone: 505-827-0006
Co-Lead: Suzanne Jenkins Phone: 804-786-6261

NIOSH/CSTE OCCUPATIONAL HEALTH SURVEY

As was announced in May at the CSTE Annual Meeting in Austin, Texas, the NIOSH/CSTE project to describe the occupational safety and health activities of each State and Territory is now underway. The project is under the guidance of Principal Investigator Ana Maria Osorio, M.D., M.P.H., of the California Department of Health Services. The NIOSH Project Officer is Ruth Ann Jajosky, D.M.D., M.P.H., of the Division of Respiratory Disease Studies, NIOSH.

This project arose from the belief of the members of CSTE that there is a need for an increased level of expertise in occupational health at the state level. There is also a continuing interest in creating a nationally coordinated surveillance system for certain work-related illnesses, injuries, and exposures.

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention has the mandate to be the lead coordinating agency for occupational health surveillance. Good state-based occupational health data is essential in maintaining adequate national occupational health surveillance information. In keeping with the Healthy People 2000 Objectives for the Nation, this project will facilitate the development of state-based occupational disease expertise and surveillance efforts.

The occupational safety and health activities of the States and Territories will be assessed via a mailed questionnaire. The questionnaire was pilot tested in four states in early September. The questionnaire was sent to all states in October 1995.

At this time we are identifying the appropriate respondents to the survey. Each State Epidemiologist has been asked to identify the person or persons most knowledgeable about occupational health activities in his/her state. These people will be contacted to confirm their willingness to participate in our project.

We greatly appreciate the cooperation of all States and Territories in this important project, and look forward to seeing your responses. Anyone with questions or comments about this project should feel free to contact Janice Westenhouse, M.P.H., Project Coordinator, at 510-450-2481, 510-450-2411 (FAX), or Wonder Userid WEST117W.

SURVEYS, SURVEYS, SURVEYS

Salary, HIV statutes, crypto statutes, crypto outbreaks, reportable diseases/conditions, STD, epi capacity, epi topic interest - you name it, it's been surveyed. We really appreciate all who take the time to response to the various surveys and hope that they do not impose too much of an extra load.

CHRONIC DISEASE EPIDEMIOLOGIC CAPACITY DEVELOPMENT PROJECT

At the annual meeting in 1992, CSTE members approved a Position Statement encouraging CDC and Health Resources and Services Administration (HRSA) to aggressively support efforts to develop chronic disease (CD) epidemiologic capacity at the state level. Following-up on that Position Statement in this year's grant application, CSTE requested and received funding for a four-year collaborative project to help selected states establish and institutionalize CD epidemiologist positions.

CSTE has compiled an initial listing of states eligible to compete for one of four contracts to be awarded using results from an unpublished 1994 CD capacity survey conducted by Drs. Philip Huang (Texas) and Len Paulozzi (CDC). In conjunction with the Chronic Disease Conference scheduled for December 6-8, 1995, CSTE, the Association of State and Territorial Chronic Disease Program Directors (ASTCDPD), and the

(Con't on Page

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), CDC, will convene a panel of CD, health education, nutrition, maternal and child health, vital statistics, epidemiology, and other experts to analyze CD grant information, organizational structure, and other pertinent data from each of those states and recommend a priority ranking.

By February 1996, CSTE will distribute a Request for Proposals (RFP) inviting the ten priority states to participate in a two-part process leading to the award of four four-year contracts. Evaluation criteria for the RFP will be weighted to favor states with the greatest need to establish capacity and potential for institutionalizing a position. During Part I of the process, CSTE, assisted by ASTCDPD, NCCDPHP, Epidemiology Program Office (EPO), and others, will conduct an assessment of the state's CD epidemiologic capacity using techniques and a protocol developed during the first year of CSTE's *"State Epidemiologic Capacity Development Pilot Project."* This EPO supported project, first funded in the 1994-1995 cooperative agreement, enabled CSTE to develop, conduct two pilot tests, and refine a protocol for assessing epi capacity entitled *"A Self Assessment Guide for Evaluating and Strengthening Epidemiologic Capacity of State Health Agencies."* This approach to capacity assessment will help to identify existing epidemiologic capacities, stimulate the development of plans for strengthening areas of perceived weakness, and help quantify the long term potential for institutionalizing a CD Epi position. Once completed, the assessment will provide each state with the documentation necessary to submit a complete contract proposal during Part II, the competitive phase, of the process.

Contracts will be awarded to four state health agencies on a decreasing support basis to help insure a continuing state commitment to institutionalizing epidemiologic capacity. During the first year, CSTE will provide 80 percent of the salary and fringe benefits for a qualified and appropriately placed epidemiologist. In the second, third and fourth years, CSTE support will decrease to 70, 55, and 40 percent respectively. Contractor performance requirements will be developed and negotiated with NCCDPHP and ASTCDPD, and routinely reviewed to assure continuing progress toward institutionalizing epidemiologic capacity.

POSITIONS AVAILABLE

The Minnesota Department of Health AIDS/STD Prevention Services Section has a current opening for a full-time, classified position as STD Epidemiologist. This position exists to provide expert epidemiological leadership in the area of STD surveillance, prevention and control in the state of Minnesota. For further information contact Kim Rosenwinkel, M.P.H., AIDS/STD Prevention Services Section, Minnesota Department of Health, 717 SE Delaware Street, P.O. Box 9441, Minneapolis, MN 55440-9441. Phone: 612-623-5642.

The University of Rhode Island is seeking applications for the position of Research Associate III (Epidemiologist) to design, implement and evaluate a surveillance system for violence against women in the state of Rhode Island, provide technical assistance for the evaluation of programs funded by the project; and to design and implement special studies to complement ongoing surveillance of domestic violence and sexual assault. Interested persons should submit a letter of application and resume by 11/10/95 to: Richard J. Gelles, Search Coordinators, (Log #021253), University of Rhode Island, P.O. Box G, Kingston, RI 02881.

CSTE UPDATE

Published by CSTE.
2872 Woodcock Blvd., Suite 303
Atlanta, GA 30341
(770) 458-3811 (tel); 458-8516 (fax)

Editor: Willis R. Forrester, M.P.A.
Executive Director, CSTE

Associate Editor: Kathy Getz
CSTE Staff