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Dear CSTE Members, Leaders, Partners and Stakeholders,

It has been a year of heartening progress for the Council of State and Territorial Epidemiologists.

We continue to be inspired by the CSTE members, Executive Board, subcommittees, contractors, consultants, technical monitors, and national office staff. The success that CSTE has had this year is due to your energy, perseverance and commitment. Thank you.

The 2014 CSTE Annual Conference in Nashville, Tennessee saw the second highest attendance ever and 16 pre-conference sessions, 82 roundtable sessions, 101 breakout sessions, 3 plenary sessions, and 241 posters. CSTE membership has surpassed its all-time high, now with more than 1,300 members. CSTE recently released the latest Epidemiology Capacity Assessment report, empowering public health department leadership across the nation to prioritize strategic allocations. New subcommittees, such as Vaccine-Preventable Disease and Vectorborne Disease, will lead to important conversations and inter-organizational partnerships.

Ebola in West Africa has presented new challenges to the national workforce, and to meet these challenges CSTE forged new collaborations and reorganized activities. The critical role in domestic response and unified communications of CSTE applied epidemiologists have informed response and public discourse. CSTE members are also responding to the epidemic in Africa.

With this report the Executive Board is pleased to announce the new 2015-2017 strategic plan, providing direction that is forward-looking and critically focused. As CSTE’s role in national public health continues to evolve, we are unveiling CSTE’s new logo to more accurately portray the dynamic scope of applied epidemiology in the United States.

We are deeply encouraged by your dedication to CSTE’s mission in these challenging times. It is clear that this year will be one of equal consequence for CSTE, the nation, and the world.

Sincerely,

Alfred DeMaria

Jeff Engel

December 2014
strategic plan

2012-2014: How Did We Do?

The 2012-2014 CSTE Strategic Plan has helped prioritize organizational development and strategic priorities. Approved and set into motion in 2012, here is the original verbiage of the plan:

The central challenge that frames the CSTE Strategic Plan was to drive the use of epidemiologic data to address the major preventable causes of morbidity and mortality in the nation.

There are four organizational priorities under this challenge:

- **Priority 1:** Build and sustain applied epidemiology programs
- **Priority 2:** Be recognized as the home organization for all applied public health epidemiologists
- **Priority 3:** Diversify funding sources
- **Priority 4:** Improve communications both internally and externally

Each priority has specific objectives:

**Priority 1: Build and sustain applied epidemiology programs**
- Objective 1: Recruit and retain CSTE member champions
- Objective 2: Enhance chronic disease, mental health/substance abuse and maternal & child health epidemiologic programs
- Objective 3: Enhance environmental health, occupational health and injury prevention epidemiologic programs
- Objective 4: Support robust infectious disease programs in existing and emerging threats

**Priority 2: Be recognized as the home organization for all applied public health epidemiologists**
- Objective 1: Improve recruitment and outreach to applied PH epidemiologists at all levels
- Objective 2: Strengthen CSTE national office operations
- Objective 3: Restructure CSTE governance

**Priority 3: Diversify funding sources**
- Objective 1: Develop funding map and identify gaps for key priorities
- Objective 2: Seek funding from federal agencies that harmonizes with CDC-based activities
- Objective 3: Solicit grant opportunities from private sector funders
- Objective 4: Create a corporate alliance of business donors

**Priority 4: Improve communications both internally and externally**
- Objective 1: Establish a marketing and communications function at the national office
- Objective 2: Strengthen relationships with sister agencies such as NACCHO, APHL and ASTHO
The following measures have been employed to track the success of the four 2012-2014 CSTE Strategic Plan priorities

**Priority 1: Build and sustain applied epidemiology programs**

Over the past 3 years, CSTE has supported over 100 consultancies. Thus far in 2014, CSTE has supported 37 consultancies but is on track to support over 60 (in 2013 there were 58 consultancies).

The proportion of members engaged in at least one CSTE workgroup has steadily increased over the past 10 months during the same period of time that the membership overall has been increasing. Membership has risen beyond the all-time high of 1,239 members; with over 600 of them participating in at least one workgroup (many members participate in more than one workgroup).

CSTE hosts webinars and conference calls throughout the year and has seen an increase in the number of webinars and calls each year. The data for 2014 is on track to surpass 2013 results.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>Webinars</td>
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<tr>
<td>Conference Calls</td>
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**Priority 2: Be recognized as the home organization for all applied public health epidemiologists**

The proportion of membership that represents local public health agencies has increased over the past year and a half from September 2013 through July 2014. The number of local epidemiologists involved with CSTE has risen from 100 to 165 in the past year.

**Priority 3: Diversity funding sources**

Strides have been made in diversifying funding including:

- Two new funding sources via CDC
  - Health Resources and Services Administration (HRSA) – for MCH programs and fellowship positions
  - Environmental Protection Agency (EPA) – for Waterborne fellowship positions
- New funding (approximately $250,000) from SAMHSA to support indicator development and 2 to 3 Applied Epidemiology Fellowship (AEF) fellows

Of the 328 annual conference attendees who completed the evaluation, 241 (73%) would attend events sponsored by a corporate sponsor.

**Priority 4: Improve communications both internally & externally**

The number of website views for the CSTE website has remained consistent each year with spikes around the beginning of each year.

CSTE created a marketing and communications position.

Cooperative agreements/contracts have been strengthened with:
- Preparedness/National TB Controllers; ELDR – NAPHS, NACCHO; ISDS
The new strategic plan reflects a new direction in CSTE’s commitment towards serving the modern applied epidemiology workforce.

**ENSURE THAT PUBLIC HEALTH EPIDEMIOLOGY INFORMS DECISION MAKING IN AN ERA OF INCREASING COMPLEXITY AND INSTANTANEOUS INFORMATION SHARING**

**Address Critical Gaps in Population Health Surveillance**
- Develop a prepared workforce in public health informatics
- Guide applied epidemiology workforce and program development
- Adapt applied epidemiology practices to meet the challenges posed by advanced molecular detection
- Identify methods to leverage the electronic health record for population monitoring

**Increase Visibility and Recognition as the Applied Public Health Epidemiology Resource**
- Be known as the organization whose members monitor the health of the population and respond to public health threats
- Build stronger linkages with healthcare providers and their representative organization

**Continue to Build a Sustainable Funding Portfolio**
- Accelerate implementation of the funding diversification plan
- Build expertise in fundraising
2013-2014

cste executive board

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JOSEPH MCLAUGHLIN, MD
Member-at-Large
Alaska Department of Health and Social Services
financials for year ending

September 30, 2014

CSTE revenues
Year ending 9.30.14

- Grants: $544,019
- Memberships: $91,699
- Annual Meeting: $6,100
- Interest Income: $5,811
- Miscellaneous: $10,728,058

CSTE expenses
Year ending 9.30.14

- CDC: $228,488
- Non-Federal: $522,179
- NIOSH: $895
- RWJF: $10,499,525
As of January 2014, CSTE had 1,300 members across the United States. The dots on this map correspond to population zones. The larger the dot on the map, the more members there are in the area.
Chronic Disease, Maternal and Child Health, and Oral Health Epidemiology Steering Committee

Chair: Renee Calanan

- Completed modules for chronic disease, maternal and child health, and oral health epidemiology as part of the 2013 Epidemiology Capacity Assessment (ECA)
- Developed the Chronic Disease Epidemiologist Orientation Manual with a wider public release expected in 2015
- Created the Oral Health Subcommittee
- Initiated new funding partnership with Westat to develop estimates of diabetes prevalence
- Renewed funding partnership with AMCHP to build and support MCH epidemiology capacity
- Hosted preconference workshops at the 2014 CSTE Annual Conference:
  - Harnessing the Power of a Data Warehouse and Applications for Maternal and Child Health
  - Health Information Technology and Quality Reporting 101 for Chronic Disease Epidemiologists
- Hosted a webinar on the overview of the CDC Chronic Disease Cost Calculator
- Published a report in the CDC Morbidity and Mortality Weekly Report, Volume 64, Number 1, called "Indicators for Chronic Disease Surveillance--United States, 2013"
steering committee accomplishments

Cross Cutting Steering Committees

*Members-at-Large: Megan Davies and Marci Layton*
*President-Elect: Joe McLaughlin*

- Completed the 2013 ECA to collect information on state and individual-level epidemiology capacity
- Developed a toolkit of resources for epidemiologists working with tribal health data linkage
- Completed an assessment of state health department perspectives on data sharing practices with tribal epidemiology centers
- Finalized indicators for hospitalizations attributable to alcohol and other drugs (with the potential for abuse and dependence)
- Initiated a new funding partnership with Substance Abuse and Mental Health Services Administration (SAMHSA) to support increased epidemiology capacity in substance abuse surveillance and the development of substance abuse and behavioral health indicators for national surveillance standardization
- Renewed funding partnership with the National Association of County and City Health Officials (NACCHO) to support epidemiologists in local health departments

Continued on following page
Cross Cutting Steering Committees (Continued)

- Provided technical expertise to public health associations, such as the Association of State and Territorial Health Officials, Public Health Informatics Institute, Association of Public Health Laboratories, and Centers for Disease Control and Prevention in the form of our CSTE member consultancies
- Hosted 2014 preconference workshops on crosscutting and workforce topics including:
  - Epidemiology Training: Effective Techniques for Communicating Public Health Information
  - Epi Info™ 7 preconference workshop
  - Community Health Assessments: The Role of Epidemiologists in a Post-ACA Environment
  - Joint Criminal and Epidemiological Investigations Workshop
- Hosted 12 webinars related to public health workforce and crosscutting issues
- Published a report in *MMWR* on alcohol-attributable deaths and years of potential life lost in 11 states using data from 2006-2010
steering committee accomplishments

Environmental Health/Occupational Health/Injury Steering Committee

Chair: Sharon Watkins

- Highlighted and generated state occupational health success stories on the CSTE website
- Convened the 7th Annual Western States Occupational Network (WestON) Meeting to support western states and academic centers:
  - Discussions included the emerging concern of climate change’s effect on occupational health, fatalities and exposure hazards in the oil and gas industry, injuries in the meat-packing industry, all-terrain vehicle hazards, occupational mental health, occupational data coding systems (NIOCCS), and partnerships for occupational safety in Canada and Navajo Nation
- Collaborated with the Association of Occupational and Environmental Clinics (AOEC) Occupational Health Internship Program (OHIP) to fund four students for an eight-and-a-half-week summer internship (June-August 2014) in occupational health
- Completed a recommendations report on counting work-related injuries and illnesses
- Maintained 23 occupational health indicators for surveillance and state-provided data on the CSTE website
- Updated the Guide for Tracking Occupational Health Conditions and Their Determinants
- Submitted formal comments to the Occupational Safety and Health Administration (OSHA) in response to proposed rule to update and amend Occupational Injury and Illness Recording and Reporting Requirements to “Improve Tracking of Workplace Injuries and Illnesses.” Docket # OSHA-2013-0023
- Submitted a letter to the chair of the ICD-9-CM Coordination and Maintenance Committee in support of proposed changes to external cause codes for work-related musculoskeletal disorders caused by ergonomic hazards in ICD-10-CM
- Convened the 5th Annual Disaster Epidemiology Workshop to:
  - Provide relevant and timely learning opportunities for epidemiologists, public health emergency preparedness coordinators, emergency managers and academics in disaster epidemiology
  - Provide opportunities for attendees to network and build partnerships with epidemiologists from across subject disciplines to share best practices and collaborate on epidemiologic approaches towards improving all-hazard disaster preparedness and response capacities at local, state, regional, and national levels

Continued on following page
steering committee accomplishments

Environmental Health/Occupational Health/Injury Steering Committee (Continued)

- Partnered with the National Association for Public Health Statistics and Information Systems (NAPHSIS) to strengthen the surveillance capabilities of the National Vital Statistics System (NVSS) for tracking disaster-related deaths, especially radiologic disasters, to develop consensus case definitions in collaboration with CSTE and CDC, as well as standards for certifying disaster-related deaths by developing guidelines for consistent cause of death reporting using electronic death registration systems
- Completed a draft public health emergency preparedness capabilities and disaster epidemiology crosswalk, which highlights how disaster epidemiology tools, resources, and trainings can assist local and state health departments with meeting the capabilities
- Completed the following training workshop: Using SAS Survey Procedure for BRFSS Descriptive Analyses with Industry and Occupation
- Completed an environmental health module of the 2013 Epidemiology Capacity Assessment (ECA)
- Hosted Disaster Epidemiology 101 and Occupational Health Surveillance 101 webinars
- Hosted preconference workshops at the 2014 CSTE Annual Conference including:
  - National Meeting of Occupational Health Epidemiologists
  - Environmental Health and Disaster Epidemiology: Harmony Between Collaborations and Innovations
- Approved two CSTE position statements within the CSTE Environmental Health/Occupational Health/Injury Steering Committee at the 2014 CSTE Annual Conference Business Meeting:
  - Access to Census of Fatal Occupational Injuries Case-Level Data for Public Health Purposes
  - Inclusion of Work Information as Data Elements in CDC Surveillance Systems
Infectious Disease Steering Committee

Chair: Kristy Bradley

- Coordinated Ebola response activities among CSTE members with CDC, CSTE partner organizations, and other relevant partners
- Continued as Co-Chair for the Council for Improvement of Foodborne Outbreak Response (CIFOR) and supported many CIFOR activities
- Completed and distributed the second edition of the CIFOR Guidelines for Foodborne Disease Outbreak Response, which describes the overall approach to foodborne disease outbreaks, including preparation, detection, investigation, control, and follow-up
- Supported and hosted 17 attendees from Centers of Excellence sites to the September CoE Epi Ready Train the Trainer course in Seattle, WA
- Provided 30 SAS e-learning training courses to HIV/AIDS surveillance coordinators and participated in peer-to-peer consultations for new and less established coordinators
- Continued to support influenza surveillance at multiple sites through three projects: the Influenza Hospitalization Surveillance Project (IHSP), Influenza Incidence Surveillance Project (IISP), and Severe Acute Respiratory Infections (SARI) project
- Supporting eight sites to promote One Health initiatives by educating youth on the epidemiology, prevention, and control of zoonotic diseases with public health impact
- Partnered with The Ohio State University to perform testing of swine respiratory specimens, which provide data to develop evidence-based recommendations to prevent swine-to-human transmission of influenza A virus occurring at agricultural fairs and livestock exhibitions
- CSTE consultants led several international influenza surveillance reviews in several locations including Nigeria, Cote d’Ivoire, Rwanda, Kyrgyzstan, the Maldives, Paraguay, and Albania
- Partnered with CDC and WHO to conduct a training on influenza data management and epidemiological analysis for southeastern Europe countries in Athens, Greece

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Infectious Disease Epidemiology Steering Committee (Continued)

- Convened the Hepatitis C Taskforce to assess the current surveillance capacity for Hepatitis C in the United States in order to define the burden of disease and impact of providing appropriate and effective care.
- Partnered with The National Foundation of Infectious Diseases (NFID) to develop and launch the online HPV (human papillomavirus) Resource Center as a product of the Promotion of HPV Vaccination through Partnerships project.
- Supported the 2014 Rabies Compendium Committee Meeting convened by National Association of State Public Health Veterinarians (NASPHV).
- Completed the Assessment of Capacity in 2012 for the Surveillance, Prevention and Control of West Nile Virus and Other Mosquito-borne Virus Infections in State and Large City/County Health Departments.
- Convened the Vectorborne Diseases (VBD) Subcommittee.
- Provided a formal comment on the CMS-Proposed Fiscal Year 2015 Inpatient Prospective Payment System (IPPS) Rules for Acute Care Hospitals and Long-Term Care Hospitals.
- Hosted 2014 preconference workshops on crosscutting and workforce topics including:
  - Healthcare-Associated Infections (HAI) Prevention Workshop
  - Enhancing the Epi-Lab partnership
  - National Association of State Public Health Veterinarians (NASPHV) Annual Business Meeting
  - National Meeting of Influenza Surveillance Coordinators
  - Always Drink Upstream of the Herd: Moving the Dial on Waterborne Disease Prevention with Limited Resources
  - New Tools for Improving Multi-State Foodborne Outbreak Investigations
- Hosted webinars including: HPV Vaccination Insights from States with Highest and Lowest HPV Vaccination Rates; Overview of Influenza Surveillance in the United States; CSTE Vectorborne Diseases Subcommittee Webinar Series: Vector Biology 101 Webinar; and Five Key Steps to Improve HPV Vaccination Rates in Your Practice.
- Approved 10 CSTE position statements within the CSTE Infectious Disease Steering Committee at the 2014 CSTE Annual Conference business meeting.
Surveillance and Informatics Steering Committee

**Members-at-Large: Janet Hamilton**

- Supported jurisdictions in the National Notifiable Diseases Surveillance System (NNDSS) Modernization Initiative (NMI), beginning a multi-year collaboration with CDC and the Association of Public Health Laboratories (APHL)
- Supported CDC Message Mapping Guide Development through comments and CSTE-hosted webinars
- Hosted webinars, including:
  - Using Electronic Death Registration Systems (EDRS) to Conduct Real-Time Disaster Mortality Surveillance
- Completed the 2013 State Reportable Conditions Assessment (SRCA)
- Completed the 2013 Electronic Laboratory Reporting (ELR) Assessment
- Finalized and pilot-tested two standardized travel history questions for case investigations in 26 jurisdictions
- Partnered with CDC to demonstrate the feasibility of the RCKMS in an electronic laboratory reporting (ELR) pilot project
- Submitted comments on the Notice of Proposed Rulemaking (NPRM) allowing Certified Electronic Health Record Technology (CEHRT) flexibility and extension of MU Stage 2, and the NPRM for 2015 EHR Certification
- Developed ELR-onboarding and ELR readiness metrics that are being collected by the Epidemiology and Laboratory Capacity (ELC) ELR Implementation Support and Monitoring Team
- Supported liaison activities including Joint Public Health Informatics Taskforce (JPHIT), Public Health Community Platform Steering Committee, and the NBS User Group
- Hosted a preconference workshop at the 2014 CSTE Annual Conference on Future Directions in Public Health Surveillance and an informatics meeting, titled Organizing Surveillance and Informatics within State and Local Health Departments
workforce accomplishments

- Launched two new fellowship programs as part of the Project SHINE collaborative: the Health Systems Integration Program (HSIP) with nine fellows participating in Class I and the Informatics-Training in Place Program (I-TIPP) with 11 fellows participating in Class II
  - Five of the nine Applied Public Health Informatics Fellowship (APHIF) fellows in Class II graduated and four of the nine started a pilot extension second year:
  - 12 APHIF Class III fellows started their first year of the fellowship during summer 2014
  - 30 fellows graduated from Class X of the CDC/CSTE Applied Epidemiology Fellowship (AEF) program with 56 percent remaining in state, local, and federal epidemiology positions:
  - 30 Class XII Applied Epidemiology fellows started their first year of the fellowship during summer 2014
- Partnered with CDC to convene two Epi Info™ 7 Train the Trainer workshops in May and December 2014
cste applied epidemiology fellowship

• mission The CDC/CSTE Applied Epidemiology Fellowship is designed for recent master’s or doctoral level graduates in epidemiology or a related field who are interested in public health practice at the state or local level. The program provides rigorous training for its participants while also being flexible to meet the particular interests of the fellow. Fellows are carefully matched to host agencies based on the fellow’s career interests and the host agency’s available opportunities. Program participants develop a set of core skills through competency-based training.

• training Closely designed after the Epidemic Intelligence Service (EIS) program and using a mentorship model, the fellowship offers a unique opportunity for graduates to acquire and develop epidemiologic skills with high-quality, on-the-job training. Fellows work closely with highly trained and experienced epidemiologists at the state and local level, as well as those working at the federal level with the CDC. Eighty-eight percent of fellowship graduates worked in state, local, or federal public health environments for at least a year beyond the fellowship.

• mentors and host health agency Each fellow is assigned to a designated host health agency and two highly trained and experienced mentors (primary and secondary mentors). Host health agencies are approved by CDC and CSTE and have a demonstrated ability to provide fellows with technical training, research opportunities, and practical experience in the application of epidemiologic methods.
SHINE Fellowships

As part of a multi-organization partnership, CSTE has originated new fellowship opportunities through the Strengthening Health Systems through Inter-professional Education (SHINE) program. The Applied Public Health Informatics Fellowship (APHIF), Informatics-Training in Place Program (I-TIPP), and Health Systems Integration Program (HSIP) are fellowship programs that provide capacity building opportunities at health departments in health systems, informatics, and epidemiology. The fellowship programs’ mission is to meet the nation’s increasing and urgent need for applied public health informatics and epidemiology workforce capacity in state and local health departments. The fellowship programs focus on:

- Providing an accelerated training experience
- Strengthening capacity in applied public health informatics and epidemiology across public health institutions
- Providing service to the sponsoring agency
- Creating and training a core group of public health workers
- Providing inter-professional education in public health

Inter-Professional Education (IPE)

IPE is an innovative strategy for improving health outcomes through a workforce that is skilled in communication, coordination and cooperation, conflict resolution, and responsiveness to the health needs of patients and communities. IPE also fosters the convergence of broader systems and disciplines, including education, healthcare, and public health.
New in 2014

In 2014, Project SHINE launched I-TIPP and HSIP as brand new fellowships. There are 11 fellows in I-TIPP and 9 in HSIP.

For the first time, APHIF Fellows are being offered an extension for a second year in the fellowship, and four of the Class II fellows have elected to stay. Each of the fellows will take on a major project in immunization and immunization information systems for his or her second year. Their locations include: New York City, New York; Florida; Denver, Colorado; and Marion County, Indiana.
fellowship placements

As shown on this map, CSTE is impacting the applied public health workforce across the country. This map shows the recent placements for fellows in the Applied Epidemiology Fellowship (AEF), Applied Public Health Informatics Fellowship (APHIF), Informatics Training in Place Program (I-TIPP), and Health Systems Integration Program (HSIP).

- **HSIP**
  - Oregon
  - California
  - Arizona
  - Texas
  - Louisiana
  - Wisconsin
  - Michigan
  - Indiana

- **ITIPP**
  - Washington
  - Oregon
  - Minnesota
  - Texas
  - Kentucky
  - Ohio
  - Florida
  - Pennsylvania
  - Virginia

- **APHIF**
  - Washington
  - California
  - Colorado
  - Wisconsin
  - Illinois
  - Kentucky
  - Tennessee
  - Florida
  - North Carolina
  - New Jersey

- **AEF**
  - Oregon
  - California
  - Texas
  - Louisiana
  - Wisconsin
  - Michigan
  - Indiana
  - Minnesota
  - Wisconsin
  - Florida
  - Georgia
  - Tennessee
  - Ohio
  - Maine
  - New Jersey
  - Pennsylvania
  - North Carolina
  - Rhode Island
  - Washington
  - Hawaii
2014 CSTE annual conference
2014 CSTE
annual conference
2014 annual conference: activities and attendance

Conference Topics

- Infectious Disease
- Occupational Health
- Environmental Health
- Substance Abuse
- Chronic Disease
- Surveillance & Informatics
- Maternal & Child Health
- Injury Prevention & Control
- Cross Cutting
- Workforce

Who attends?

- 1200+ Attendees
- 70% State & Local Public Health

2014 CSTE Annual Conference

Nashville, Tennessee

June 22 thru 26

Strike a Chord: Epi with Impact

Agenda
Pumphandle Award
The Pumphandle Award is awarded annually for outstanding achievement in the field of applied epidemiology. The award honors a state, local, territorial, tribal, federal or global epidemiologist who exemplifies extraordinary contributions to and outstanding achievements in the field of applied epidemiology. The 2014 Pumphandle award was presented posthumously to Dr. William (Bill) E. Keene of Oregon. Accepting on behalf of the Keene family is Dr. Genevieve Buser of the Oregon Public Health Division.

Distinguished Leadership Award
The fourth annual CSTE Distinguished Leadership Award was presented to Thomas Largo, MPH of Michigan. The award recognizes the efforts of a current CSTE subcommittee chairperson, liaison, or consultant who provides guidance, leadership, and dedication to the organization over the previous year.

Distinguished Partner Award
The fourth annual CSTE Distinguished Partner Award was presented to James Daniel, MPH of the Office of the National Coordinator for Health Information Technology. The award recognizes an individual or organization that makes significant contributions to CSTE and the work of CSTE members.

Robert Wood Johnson Foundation (RWJF)
National Award for Outstanding Epidemiology Practice in Addressing Racial and Ethnic Disparities
The 2014 RWJF award was presented to Sarah Blackwell, MPH, a CDC/CSTE Applied Epidemiology fellow at the Wisconsin Department of Health Services in Maternal and Child Health.
2014 Jonathan M Mann Lecturer
CSTE and the CDC Foundation present a certificate and award in appreciation of the lecture by Thomas A. Farley, M.D.

Mentor of the Year Awards
The fifth annual Mentor of the Year Award was presented to Dirk Haselow, MD, PhD, MS of the Arkansas Department of Health as the AEF Mentor of the Year and Janet Hamilton, MPH of the Florida Department of Health as the APHIF Mentor of the Year. Accepting Janet’s award in her absence was Sharon Watkins. The award acknowledges the efforts of mentors in the CDC/CSTE Applied Epidemiology Fellowship and Applied Public Health Informatics Fellowship (APHIF) programs who provide exceptional training experience, guidance, support, and dedication to the professional growth of the fellow.

Hillary B. Foulkes Award
The seventh annual Hillary B. Foulkes Memorial Award was presented to Renata Howland, MPH of New York City Department of Health and Mental Hygiene. The award is presented to a graduating Fellow in memory of Hillary Foulkes, a Class V CDC/CSTE Applied Epidemiology fellow at the Texas Department of State Health Services working in Maternal and Child Health, who unexpectedly passed away. The Hillary B. Foulkes Memorial Award was created to remember Hillary and her work by acknowledging a graduating fellow who embodies her characteristics.

Patrick J. McConnon Fellowship Alumnus Award
The first annual Patrick J. McConnon Fellowship Alumnus Award was presented to Erica Smith, MPH of the Pennsylvania Department of Health. This award recognizes a former fellow from the CDC/CSTE Applied Epidemiology Fellowship program or the Applied Public Health Informatics Fellowship program who has demonstrated outstanding commitment, dedication, and contributions to the field of applied public health and epidemiology after graduating from a fellowship program.
Super Staff Award
The 14th annual Super Staff Award was presented to Meredith Lichtenstein, MPH. The award was created 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 the CSTE staff.

Outstanding Poster Presentation Awards
Chronic Disease/Maternal and Child Health/Oral Health:
James Peacock, Minnesota Department of Health

Cross Cutting:
Rachel Gicquelais, Arkansas Department of Health

Environmental Health/Occupational Health/Injury:
Rebecca Jackson, California Department of Public Health

Infectious Disease:
Ashley Fowlkes, Centers for Disease Control and Prevention

Surveillance and Informatics:
Hannah Jary, Michigan Department of Community Health

Student:
Katrina Stumbras, University of Illinois at Chicago
The Meaningful Impact of Position Statements

CSTE members work hard each year to develop position statements, which address a broad range of public health issues and health conditions for standardized surveillance. Over the past four years, there have been between 10 and 30 position statements submitted each year. Many of these position statements have had significant impacts on the public health environment. Below are a few of the position statements that have specifically addressed public health policy areas and the progress that has been made in these areas.

10-EH-01 Asthma: a continuing public health priority and 13-CD-01 Revision to the National Chronic Disease Indicators
These indicators involve CDC, NACDD, and CSTE updating and revising the Chronic Disease Indicators. The 2010 environmental health position statement instigated the partners working together to update the asthma indicators that are part of the Chronic Disease Indicators. After three years of review, revisions, and additions by experts, the full list of indicators was released January 15, 2015, including a CDC Morbidity and Mortality Weekly Report (MMWR) and a new website. In addition, due to the position statement process and advocacy, CDC continues to fund state partners to conduct asthma surveillance, and provide technical epidemiologic support to funded states. The work on asthma has helped lay groundwork in preparation for the Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities.

This position statement addresses the process for setting healthcare-associated infection (HAI) case criteria and data requirements. A CDC-CSTE HAI standards committee has been created and has met regularly for the past two years.

Continued on the following page
The Meaningful Impact of Position Statements

(Continued)

11-OH-01 CDC and Cleaning Products Messages
NIOSH convened an international working group in the NORA Healthcare and Social Services sector with expertise in infectious disease and occupational health to develop an analysis of cleaning products and infection control in healthcare. In 2012, the National Institute for Occupational Safety and Health (NIOSH) published a publication called “Protecting Workers Who Use Cleaning Chemicals.”

12-CD-01 Proposed New and Revised Indicators for the National Oral Health Surveillance System and 12-CD-02 Developmental and Emerging Indicators for the National Oral Health Surveillance System
The National Oral Health Surveillance System (NOHSS) includes developmental and emerging indicators. A workgroup was assembled in 2012 that published a publication in 2013 called “State-based Oral Health Surveillance Systems: Conceptual Framework and Operational Definition.” There is a group that is now reviewing the indicators and working towards a 2015 position statement to revise the indicators. There are also 21 states with funded state oral health programs for the 2013-2018 period. In 2014, the Association of State and Territorial Dental Directors State Synopsis added a new section on state surveillance systems, which assess the availability and use of selected NOHSS indicators. This will be released on the ASTDD site: http://www.astdd.org/publications/

13-ID-02 Healthcare-Associated Infections Data Presentation and Reporting Standards
A workgroup was formed in the fall of 2013 and it meets regularly via conference call. The workgroup produced the first draft of a toolkit, which was presented at the 2014 conference with feedback currently being integrated into the toolkit. It is anticipated that the toolkit will be completed by winter 2015.
Copies can be downloaded from the CSTE website at www.cste.org

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<tr>
<th>Title</th>
<th>Author</th>
<th>Committee Assignment</th>
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<tr>
<td><strong>Infectious Disease</strong></td>
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<tr>
<td>Recommendations for Strengthening Antimicrobial Stewardship in the United States, including the Role of the State and Local Health Department</td>
<td>Jeanne Negley</td>
<td>14-ID-01</td>
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<tr>
<td>Placing Outpatient Dialysis Events under Standardized Surveillance through the National Healthcare Safety Network (NHSN)</td>
<td>Meredith Kanago</td>
<td>14-ID-02</td>
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<tr>
<td>Update to Public Health Reporting and National Notification for Congenital Syphilis</td>
<td>Lynn Sosa</td>
<td>14-ID-03</td>
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<tr>
<td>Update to Arboviral Neuroinvasive and Non-neuroinvasive Disease Case Definition</td>
<td>Carina Blackmore</td>
<td>14-ID-04</td>
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<tr>
<td>Revision of the National Surveillance Case Definition for Invasive Haemophilus Influenza Disease</td>
<td>Joseph McLaughlin</td>
<td>14-ID-05</td>
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<td>Revision of the National Surveillance Case Definition for Meningococcal Disease</td>
<td>Joseph McLaughlin</td>
<td>14-ID-06</td>
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<td>Standardized Surveillance Case definition for Cryptococcus gattii Infection</td>
<td>Paul R. Cieslak</td>
<td>14-ID-07</td>
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<tr>
<td>Public Health Reporting and National Notification for Hantavirus Infection</td>
<td>Lon Kightlinger</td>
<td>14-ID-08</td>
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<tr>
<td>Standardized Surveillance for Campylobacteriosis and Addition to the Nationally Notifiable Condition List</td>
<td>Kristy K. Bradley</td>
<td>14-ID-09</td>
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<tr>
<td>Revision of Case Definition for National Notification for Dengue</td>
<td>Linda Gaul</td>
<td>14-ID-10</td>
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<td><strong>Occupational Health</strong></td>
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<tr>
<td>Access to Census for Fatal Occupational Injuries Case Level Data for Public Health Purposes</td>
<td>C. Mack Sewell</td>
<td>14-OH-01</td>
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<tr>
<td>Inclusion of Work Information as Data Elements in CDC Surveillance Systems</td>
<td>Sharon M. Watkins</td>
<td>14-OH-02</td>
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2014 subcommittees & liaisons by steering committee

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<thead>
<tr>
<th>Infectious Diseases Steering Committee</th>
<th>Chair</th>
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<tbody>
<tr>
<td>CSTE Staff</td>
<td>Dhara Patel, MPH</td>
</tr>
<tr>
<td></td>
<td>Nicole Bryan, MPH</td>
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<tr>
<td><strong>Sub-Committees</strong></td>
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<tr>
<td>Food Safety</td>
<td>Kirk Smith, DVM, MS, PhD</td>
</tr>
<tr>
<td>Healthcare Associated Infections</td>
<td>Marion Kainer, MD</td>
</tr>
<tr>
<td>HIV</td>
<td>Bridget Anderson, PhD</td>
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<tr>
<td>Influenza</td>
<td>Christine Hahn, MD</td>
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<td>Matthew Cartter, MD</td>
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<tr>
<td>STDs</td>
<td>Lynn Sosa, MD</td>
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<tr>
<td><strong>NEW</strong> Vaccine-Preventable Diseases</td>
<td>Susan Lett, MD, MPH</td>
</tr>
<tr>
<td><strong>NEW</strong> Vectorborne Disease</td>
<td>Carina Blackmore, DVM, PhD</td>
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<tr>
<td><strong>Federal Representatives and Liaisons</strong></td>
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<tr>
<td>Active Bacterial Core (ABC) Surveillance Steering Committee</td>
<td>Marion Kainer, MD, MPH</td>
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<tr>
<td>Advisory Council for the Elimination of Tuberculosis (ACET)</td>
<td>Shama Ahuja, PhD</td>
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<tr>
<td>Advisory Committee on Immunization Practices (ACIP)</td>
<td>Christine Hahn, MD</td>
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<tr>
<td>Association of State and Territorial Health Officials (ASTHO) Infectious Disease Policy Committee</td>
<td>Christine Hahn, MD</td>
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<td>Joe McLaughlin, MD</td>
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<td>Food and Drug Administration (FDA)</td>
<td>Tim Jones, MD</td>
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<tr>
<td>Healthcare Infection Control Practices Advisory Committee (HICPAC)</td>
<td>Marion Kainer, MD, MPH</td>
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<tr>
<td>Immunization Action Coalition</td>
<td>Bernadette Albanese, MD, MPH</td>
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<td>U.S. Department of Agriculture (USDA)</td>
<td>Vacant</td>
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<tr>
<td>National Association of Public Health Veterinarians (NASPHV)</td>
<td>Gary Balsamo, DVM, MPH &amp; TM</td>
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<tr>
<td>National Alliance of State and Territorial AIDS Directors (NASTAD)</td>
<td>Bridget Anderson, PhD</td>
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<tr>
<td>National Healthcare Safety Network (NHSN) Steering Committee Liaison</td>
<td>Marion Kainer, MD, MPH</td>
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<tr>
<td>Board of Scientific Counselors, Office of Infectious Diseases</td>
<td>Kristy Bradley, DVM, MPH</td>
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<tr>
<td></td>
<td>Ruth Lynfield, MD, Tim Jones, MD</td>
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<tr>
<td>Board of Scientific Counselors, Office of Public Health Preparedness and Response</td>
<td>Patricia Quinlisk, MD, MPH</td>
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## 2014 subcommittees & liaisons by steering committee

<table>
<thead>
<tr>
<th>Chronic/MCH/Oral Health Steering Committee</th>
<th>Renee Calanan, MS, PhD</th>
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<tr>
<td>CSTE Staff</td>
<td>Annie Tran, MPH</td>
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<td>Nidal Kram, MPH</td>
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<td><strong>Sub-Committees</strong></td>
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<tr>
<td>Chronic Disease</td>
<td>Champ Thomaskutty, MPH</td>
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<tr>
<td>CD/MCH/OH Epidemiology Capacity Building</td>
<td>Renee Calanan, MS, PhD</td>
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<tr>
<td>Maternal and Child Health</td>
<td>Patricia McKane DVM, MPH</td>
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<tr>
<td><strong>NEW</strong> Oral Health</td>
<td>Robert Graff, Ph.D</td>
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<td><strong>Liaisons</strong></td>
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<td>Association of State and Territorial Health Officials (ASTHO) Prevention Policy Committee</td>
<td>Chris Maylahn</td>
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<tr>
<td>Behavioral Risk Factor Surveillance System</td>
<td>Youjie Huang, MD</td>
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<tr>
<td>National Association of Chronic Disease Directors</td>
<td>Khosrow Heidari, MA, MS</td>
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<tr>
<td>National Salt Reduction Initiative</td>
<td>Vacant</td>
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<tr>
<td><strong>Environmental/Occupational/Injury Steering Committee</strong></td>
<td><strong>Sharon Watkins, PhD, MA</strong></td>
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<tr>
<td>CSTE Staff</td>
<td>Erin Simms, MPH</td>
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<td>Annie Tran, MPH</td>
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<td>Jessica Wurster</td>
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<td><strong>Sub-Committees</strong></td>
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<tr>
<td>Climate Change</td>
<td>Paul English, PhD, MPH</td>
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<tr>
<td>Disaster Epidemiology</td>
<td>Ashley Conley, MS, CPH, CHEP</td>
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<tr>
<td>Environmental Epidemiology</td>
<td>Henry Anderson, MD</td>
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<td></td>
<td>Sharon Watkins, PhD, MA</td>
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<tr>
<td>Injury Surveillance and Control</td>
<td>Michael Bauer, MS</td>
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<tr>
<td>Occupational Health Surveillance</td>
<td>Tish Davis, ScD, EdM, Kenneth Rosenman, MD</td>
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<tr>
<td><strong>Federal Representatives and Liaisons</strong></td>
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<tr>
<td>CDC/National Institute for Occupational Safety and Health (NIOSH) Surveillance Coordination Group</td>
<td>Kathy Leinenkugel, MPA, REHS, MT Barbara Materna, PhD</td>
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<tr>
<td>CDC</td>
<td>National Center for Environmental Health</td>
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<tr>
<td>SAFE STATES (Formerly STIPDA)</td>
<td>Holly Hedegaard, MD, MSPH</td>
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<tr>
<td>Association of State and Territorial Health Officials (ASTHO) Environmental Health Policy Committee</td>
<td>Henry Anderson, MD</td>
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<tr>
<td>Association of State and Territorial Health Officials (ASTHO) Climate Change Collaborative</td>
<td>Paul English, PhD, MPH</td>
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<td>Association of State and Territorial Health Officials (ASTHO) Prevention Policy Committee</td>
<td>Chris Maylahn</td>
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<tr>
<td>Association of State and Territorial Health Officials (ASTHO) Radiation Alliance</td>
<td>Sharon Watkins, PhD, Martha Stanbury, MS</td>
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# 2014 subcommittees & liaisons by steering committee

<table>
<thead>
<tr>
<th><strong>Surveillance/Informatics Steering Committee</strong></th>
<th><strong>Janet Hamilton, MPH</strong></th>
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<tbody>
<tr>
<td>CSTE Staff</td>
<td>Monica Huang, MPH, Meredith Lichtenstein, MPH</td>
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<tr>
<th><strong>Sub-Committees</strong></th>
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<tbody>
<tr>
<td>Electronic Laboratory and Disease Reporting</td>
<td>Kathy Turner, MPH</td>
</tr>
<tr>
<td>Surveillance Policy</td>
<td>Sarah Park, MD</td>
</tr>
<tr>
<td>Surveillance Practice and Implementation</td>
<td>Lesliann Helmus, MS</td>
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<tr>
<td>Association of State and Territorial Health Officials (ASTHO)</td>
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<tr>
<td>Health Level Seven International (HL7)</td>
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<tr>
<td>Joint Public Health Informatics Taskforce (JPHIT)</td>
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<td>National Association for Public Health Statistics and Information Systems (NAPHSIS)</td>
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<td>Public Health Data Standards Consortium</td>
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<td>NBS User Group</td>
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<td>Epi-X</td>
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<tr>
<th><strong>Cross Cutting 1- Local, Workforce, Alcohol, Alcohol and Other Drug Indicators, Overdose, Substance Abuse Steering Committee</strong></th>
<th><strong>Megan Davies, MD</strong></th>
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<tbody>
<tr>
<td>CSTE Staff</td>
<td>Annie Tran, MPH, Amanda Masters, MPH, Jessica Pittman, MPH</td>
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<tr>
<td>Alcohol</td>
<td>Laura Tomedi, PhD, MPH</td>
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<tr>
<td>Alcohol and Other Drug Indicators</td>
<td>Steve Wirtz, PhD, Tom Largo, MPH</td>
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<tr>
<td>Overdose</td>
<td>Jennifer Sabel, PhD</td>
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<tr>
<td>Public Health and Primary Care Integration</td>
<td>Katrina Hedberg, MD, MPH, Tom Safranek, MD</td>
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<td>Substance Abuse</td>
<td>Corinne Miller, PhD, DDS, Michael Landen, MD, MPH</td>
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<td>Workforce</td>
<td>Bob Harrison, MD, MPH</td>
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## Cross Cutting 2 - Public Health Emergency Preparedness, Tribal, Disparities, PH Law, Border and International Health

<table>
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<tr>
<th>CSTE Staff</th>
<th>Joseph McLaughlin, MD, MPH, TM</th>
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<td>Annie Tran, MPH</td>
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<td>Jessica Pittman, MPH</td>
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### Sub-Committees

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<tr>
<td>Border/International Health</td>
<td>Ken Komatsu, MPH</td>
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<tr>
<td>Disparities</td>
<td>Duc Vugia, MD, MPH</td>
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<td>James Hadler, MD, MPH</td>
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<td>Epidemiology Methods</td>
<td>Matthew Thomas, PhD</td>
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<tr>
<td>Public Health Law</td>
<td>Priscilla Fox, BA, JD</td>
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<td>Mary Kennedy, JD</td>
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<tr>
<td>Association of State and Territorial Health Officials (ASTHO) Public Health Preparedness Policy Committee</td>
<td>Richard Danila, PhD, MPH</td>
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<tr>
<td>Tribal Epidemiology</td>
<td>Michael Landen, MD, MPH</td>
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### Federal Representatives and Liaisons

<table>
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<tr>
<th>The National Association of County and City Health Officials (NACCHO) Epi Workgroup</th>
<th>Brian Labus, MPH</th>
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Webinars are available on the CSTE website at www.cste.org.

**Surveillance Informatics (RCKMS)**
- Q&A Webinar for Reporters: RFP for Reportable Conditions Knowledge Management System (RCKMS) CDS Feasibility Demonstration Pilot for ELR
- Using Electronic Death Registration Systems (EDRS) to Conduct Real-Time Disaster Mortality Surveillance

**Infectious Disease**
- Human Papillomavirus (HPV) Vaccination Insights from States with Highest and Lowest HPV Vaccination Rates
- Overview of Influenza Surveillance in the United States

**Public Health & Primary Care Integration**
- The Possibilities are Endless: Public Health & Primary Care Integration
- The Role of the Epidemiologist in CHAs and Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs).
- A Practical Playbook: Public Health & Primary Care Together
- Health Weight Surveillance: Exploring Clinical and Public Health Integration
- Population Health Management
- Notes from the Field: Oregon’s and Illinois’ Experiences with Public Health and Health Care Integration
Webinars are available on the CSTE website at www.cste.org.

Cross Cutting
Joint Law Enforcement – Public Health Investigations: The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and Law Enforcement Exceptions to the Rule

Epi Methods
Use of a Dummy Dataset to Optimize Accuracy of Multi-Jurisdiction Data Submission: A Not-so-Dumb Idea

A Local Health Department’s Epidemiologic Consultation Process

Learning from Kindergarteners: Uncovering Racial and Socioeconomic Disparities in Alaska’s Vaccination Coverage

Analysis of Public Health Data Using Census Tract-Level Poverty

Communication Principles for the Epidemiologist

Overcoming Small Numbers in a Small State: Vermont’s Approach to Cancer Mapping

Disaster Epidemiology
Disaster Epidemiology 101

Public Health Law
Legislative Assault on Traditional Public Health Protections

Chronic Disease
An Overview of the CDC Chronic Disease Cost Calculator
Publications are available on the CSTE website at www.cste.org.

**Cross Cutting**
- Alcohol-Attributable Deaths and Years of Potential Life Lost — 11 States, 2006–2010

**Environmental Health**
- An Approach to Developing Local Climate Change Environmental Public Health Indicators, Vulnerability Assessments, and Projections of Future Impacts
- The Role of Applied Epidemiology Methods in the Disaster Management Cycle
- Investigating Suspected Cancer Clusters and Responding to Community Concerns: Guidelines from CDC and the Council of State and Territorial Epidemiologists
- Functions of Environmental Epidemiology and Surveillance in State Health Departments
- State-Level Emergency Preparedness and Response Capabilities

**Infectious Disease**
- National Capacity for Surveillance, Prevention, and Control of West Nile Virus and Other Arbovirus Infections — United States, 2004 and 2012
- Effective State-Based Surveillance for Multidrug-Resistant Organisms Related to Health Care-Associated Infections
- Public Health Surveillance for Suspected Smallpox in the United States, 2003-2005: Results of a National Survey
Publications are available on the CSTE website at www.cste.org.

**Surveillance/Informatics**
- "Blueprint Version 2.0": Updating Public Health Surveillance for the 21st Century
- Findings from the Council of State and Territorial Epidemiologists’ 2008 Assessment of State Reportable and Nationally Notifiable Conditions in the United States and Considerations for the Future
- Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome
- Case Definitions for Infectious Conditions Under Public Health Surveillance

**Cross Cutting**
- The Epidemiology Workforce in State and Local Health Departments — United States, 2010
- Assessment of Cross Cutting in State Health Departments, 2004-2009
- Assessment of Cross Cutting in State Health Departments — United States, 2009
- Assessment of Cross Cutting in State Health Departments, 2001–2006
- From Competencies to Capacity: Assessing the National Epidemiology Workforce
- Developing Competencies for Applied Epidemiology: From Process to Product
2013-2014

CSTE features articles

Articles are available on the CSTE website at http://www.cste.org/?page=Features.

Promoting the HPV Vaccine through Partnerships by Nicole Bryan

Inspiration or Obsession?
Real-life Outbreaks: Sorrow and Statistics
CSTE's Ebola Virus Disease Activities by Lauren Reeves

Small and Square and Vital by Renata Howland

The McConnon Strain - A Mysterious Outbreak of Unknown Spread

Integrating our Work with Primary Care by Katrina Hedberg

Telling the Stories Behind the Data by Robert Harrison and Laura Styles

Epidemiology Methods – Our Common Link by Matt Thomas

Alaska's New Vaccine Assessment Law by Joe McLaughlin

Increasing Informatics Capacity by Crystal Clay

Looking Ahead to 2014-2015
Charting an Epidemic, Confronting an Epidemic by Alfred DeMaria

We’ve Just Begun! by Jennifer Lemmings

Strike a Chord at the 2014 CSTE Annual Conference
Raw Milk Strikes Again by Tim Jones

CSTE Executive Board election Results: And the Winners Are... by Jeff Engel
2013-2014 cste features articles

Articles are available on the CSTE website at http://www.cste.org/?page=Features.

Position Statement Process Helps HAI Programs and Engages a CSTE Member
by Andrea Alvarez

Influenza Data Management and Epidemiological Analysis Course
by Dennis Perrotta

Why is it Important for Local Epis to Join CSTE?
by Laurene Mascola

Recreational Marijuana and the Role of the Colorado Department of Public Health and Environment
by Mike Van Dyke

5th Annual Disaster Epidemiology Workshop Emphasized Innovations in the Field
by Ashley Conley

When Something Smells Fishy
by Marcelle Layton

Applied Epi Fellowship Making a Difference!
by Virginia Dick

Electronic Laboratory Reporting: Opportunities for Innovation and the Public Health Workforce
by Janet Hamilton

CIFOR Releases the Second Edition of the CIFOR Guidelines for Foodborne Disease Outbreak Response
by Dhara Patel

When a Natural Disaster Strikes........
by Kristy Bradley

Synergy across Chronic Disease Programs: An Example from the Colorado Department of Public Health and Environment
by Renee Calanan

The Rocky Road to Complete Reportable Infectious Disease System Integration.
by Megan Davies

Welcome and Opening Plenary Sessions in Nashville
Dr. Thomas Farley to Give Mann Lecture in Nashville
by Sara Ramey

Navigating Cancer Clusters
by Sharon Watkins