

ABOUT CSTE

What is CSTE?

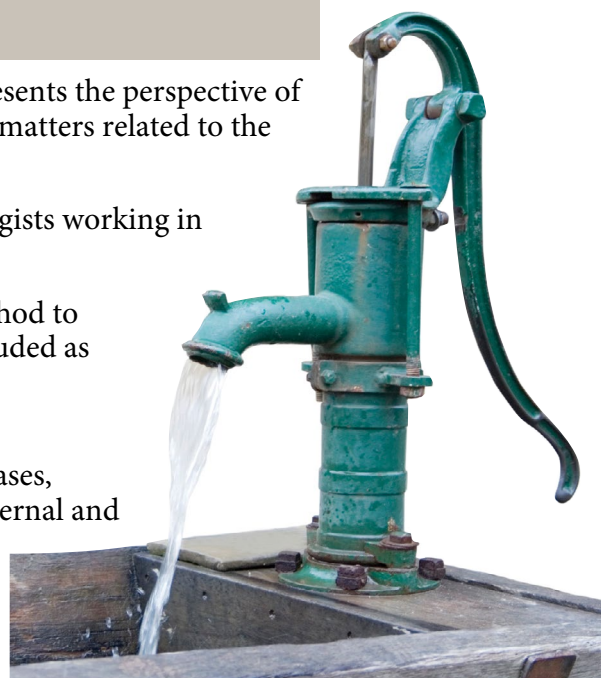
CSTE is an organization of member states and territories and represents the perspective of epidemiologists working in state and local levels of government in matters related to the practice of public health.

CSTE is also a professional association of public health epidemiologists working in states and local health agencies and territories.

The organization was founded in 1951 to develop a systematic method to identify and define communicable diseases to be reported and included as nationally notifiable diseases.

CSTE members have surveillance and epidemiology expertise in a broad range of areas including occupational health, infectious diseases, immunization, environmental health, chronic diseases, injury, maternal and child health, and substance abuse.

Projects, consultations and assessments are undertaken to increase workforce capacity, monitor emergence and spread of disease, and improve public health practice.



Membership

CSTE is comprised of Active, Associate and Student members who represent federal, state and local epidemiology in all program areas.

Why join CSTE?

As a CSTE member, you will have many opportunities for involvement with the organization. Most importantly, you will have the opportunity to positively affect public health policy development. To become a CSTE member, fill in the information at the “join CSTE” link at www.cste.org.

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JOIN CSTE

Cost of membership is \$50.00 a year for Active and Associate Members, \$30.00 for student members. Your membership is good for 1 year from the date of purchase or renewal.

Please visit www.cste.org for more information about CSTE membership.

VISION STATEMENT

The Council of State and Territorial Epidemiologists is committed to improving the public's health by supporting the efforts of epidemiologists working at the state and local level to influence public health programs and policy based on science and data.

MISSION STATEMENT

CSTE promotes the effective use of epidemiologic data to guide public health practice and improve health. CSTE accomplishes this by supporting the use of effective public health surveillance and good epidemiologic practice through training, capacity development, peer consultation, developing standards for practice, and advocating for resources and scientifically based policy.

VISIT WWW.CSTE.ORG

For more information about all of CSTE's activities and news.

CSTE Executive Board

CSTE is governed by a 10-member Executive Board. All Board members are active members elected by the membership and serve three-year terms. Four members serve as officers, three as Members-at-Large, and three Steering Committee chairs who represent Infectious Diseases Epidemiology, Maternal and Child Health/Chronic Diseases/Oral Health Epidemiology, and Environmental Health/Occupational Health/Injury Epidemiology. The Steering Committee chairs appoint subcommittee chairs. Subcommittees are dedicated to specific topics established by Steering Committee chairs.



INFECTIOUS DISEASES Steering Committee: Al DeMaria

- Adult immunization
- HAIs and antibiotic resistance
- STDs
- Childhood immunization
- HIV
- Enteric disease/Food safety
- Influenza

CD/MCH/ORAL HEALTH Steering Committee: Sara Huston

- Cancer
- Chronic disease epidemiology capacity building
- Chronic disease indicators
- Cardiovascular disease
- Maternal and Child Health
- Surveillance & informatics

ENVIRONMENTAL/OCCUPATIONAL/INJURY Steering Committee: Marthy Stanbury

- Climate change
- Injury surveillance and control
- Disaster epidemiology
- Occupational health surveillance
- Environmental epidemiology

SURVEILLANCE/INFORMATICS Steering Committee: Janet Hamilton

- Electronic laboratory & disease reporting
- Surveillance indicators
- Indicators
- Surveillance practice & implementation
- Surveillance policy

CROSS CUTTING I Steering Committee: Katrina Hedberg

- Alcohol
- Overdose
- Alcohol and other drug indicators
- Substance abuse
- Local epidemiology
- Workforce

CROSS CUTTING II Steering Committee: Joe McLaughlin

- Border/International health
- Public health law
- Emergency preparedness
- Tribal epidemiology
- Health disparities