A manual developed to help the new State Epidemiologist have a productive first 120 days.
The New State

Epidemiologist’s First Days

A Planning Guide

A manual developed to help the new State Epidemiologist have a productive first 120 days.
This guide was based on a document “The New State Health Official’s First Days” produced for the Association of State and Territorial Health Officials by the State Health Leadership Initiative grant administered through the National Governors Association and provided by the Robert Wood Johnson Foundation.
A PLANNING GUIDE FOR THE NEW STATE EPIDEMIOLOGIST

The State Epidemiologist position is difficult, complex, demanding, and challenging—and one of the most rewarding and memorable experiences a public health professional can have. A State Epidemiologist fills many roles: leader, manager, health expert, disease investigator, emergency responder, public figure, and convener. Most State Epidemiologists arrive in the job with experience in some of these roles. Few can anticipate everything needed to succeed and be effective. The health department director, the governor, the state board of health, employees within the state health agency, local health officials, and the citizens of your state all will share your success. The opportunity to work with dedicated public health professionals, shape the public health agenda, and impact the health of your state is a tremendous responsibility and potentially a great joy.

Immediately establishing the goals of your tenure is imperative. You can ease your unit’s transition by avoiding such common pitfalls as

- An unclear agenda that leaves staff wondering “What are the new priorities?”
- An inadequately briefed health department director caught by surprise about a disease outbreak.
- Entire programs that feel ignored and complain to the health department director.
- A less-than-stellar presentation at a legislative budget hearing.
- A leak to the news media of important information about a disease outbreak because of delayed notification of the public by your unit.

With input from experienced State Epidemiologists, CSTE developed this manual to help the newly appointed State Epidemiologist set priorities in the first 30–120 days.

ORGANIZATION OF THE MANUAL

Each of the four chapters begins with a checklist of actions suggested to make your first 30–120 days as State Epidemiologist successful. A narrative follows that discusses these actions and illustrates how they can improve your effectiveness.
CSTE developed a checklist of major activities for your first 30–120 days as State Epidemiologist and suggests you incorporate these activities as early as possible in your new job. Depending on your agency’s structure and culture, you may want to work with your supervisor to initiate some of these activities, such as meeting with higher-level staff.

**Challenge One: Understand the Job.**
- Understand the agency and your unique responsibilities within it: Meet with your supervisor, people you will directly supervise, and your peers to thoroughly learn the traditional responsibilities of and expectations for your position.

**Challenge Two: Understand the Political Power Structure.**
- Establish a strong relationship with the health department director to determine his/her expectations for whether, or how, you will communicate with him/her.
- Establish solid relationships with the heads of departments (laboratory, legal, statistics, information technology) and programs with which you will work. Meet with the heads of these departments, and plan for regular interaction, such as scheduled meetings and methods of communication for impromptu discussions and updates.

**Challenge Three: Take Charge of the Epidemiology Unit.**
- Develop relationships with your staff by setting up group meetings. Share your agenda and priorities with them.
- Meet with the state board of health and local health districts. Share your agenda and priorities.
- Meet with your health department or state agency press officer. Review press office protocols and procedures you should follow when contacted by the news media.
- Learn your role in interactions with federal agencies, including the Centers for Disease Control and Prevention (CDC), the Department of Homeland Security, and the Federal Bureau of Investigation (FBI).
- Identify and meet with your agency’s fiscal staff to review and understand the agency’s budget, the governor’s budgetary priorities, and the budget process.
- Identify and understand the “hot” issues that may affect the epidemiology unit by talking with your staff, your supervisor, and the press officer.

**Challenge Four: Make Strong Alliances.**
- Identify, communicate with, and learn about primary constituencies and their issues.
- Develop and disseminate your communications strategy and process in conjunction with your press office.
- Become active in local and national public health and professional organizations.
Chapter One: Understanding the Job

UNDERSTAND THE AGENCY AND YOUR UNIQUE RESPONSIBILITIES.

- Understand the organizational structure and chain of command. Know the statutory public health authorities and regulations of state and local agencies. Learn your expected duties and your statutory, regulatory, committee, and board responsibilities. Learn how the job has been defined in writing and how it relates to the health department director’s (or other appointing authority’s) view of the position.
- Meet with and obtain briefing documents from senior staff and division or program directors. Pay close attention to information about the breadth of the epidemiology unit and interactions with other units in the agency.
- Ask for verbal and written briefings on your unit, including budgets, staffing, statutory authorities, major issues, controversies, legislative proposals, constituency support or conflicts, and relationships with local health agencies.
- If the agency is part of a larger umbrella agency, meet with your peers in other agencies and the health department director to determine how your position and unit fit into the larger picture.
- Meet with the health department communications director and/or press officer to understand policies, procedures, and expectations in communicating with the media, including those regarding release of public information and confidentiality.
- Meet with your legislative liaison to learn your role in responding to inquiries from legislators.
- Review policies and procedures with the fiscal staff responsible for your unit.
- Meet with a human resources representative to learn how personnel policies, civil service requirements, and union bargaining units may affect your workplace.
- Identify important deadlines for activities or documents that may be due or overdue (e.g., to the public, committees, other agencies, the health department director).
- Learn about the health status of your state and its changing demographics. Request briefings with senior managers, chief medical officer, and director of health statistics. Incorporate appropriate data into your priorities.
- Learn the roles of other state agencies and what they expect from public health (specifically the epidemiology unit). Learn the role of the state public health laboratory in relation to the epidemiology unit.
- Review the agency’s strategic plan, plans and policies of the epidemiology unit, and other planning documents.
- Interview the managers under your supervision about their areas of responsibility and the strengths and challenges of their programs.
- Meet with legal counsel to learn about the process for legal representation. Obtain a copy of state statutes and rules relating to reportable diseases and other laws related to your responsibilities. Review conflict of interest and other ethics procedures.
- Obtain briefings on major controversies and outstanding legal suits pertaining to the epidemiology unit. Understand your expected role in those issues.
- Obtain a briefing on management procedures, major players, and contact information for emergency response and preparedness.
- Thank the health department director or the appointing authority and the people who recommended you for the State Epidemiologist position.
THE STATE EPIDEMIOLOGIST USUALLY SERVES AT THE PLEASURE OF THE APPOINTING AUTHORITY.

In most states, the appointing authority is the health department director. In some cases, the state board of health or a department head of a super-agency is the appointing authority. Regardless of the structure, the State Epidemiologist must make decisions, foster agendas that require support of political leadership, and work with conflicting interests on major public controversies.

THE CHALLENGES OF THE POSITION OF STATE EPIDEMIOLOGIST CAN SEEM OVERWHELMING.

Although the organization and leadership of public health vary from state to state, all State Epidemiologists have wide-ranging and impressive responsibilities. You might manage a large budget, direct a large staff, be responsible for identifying and responding to health threats throughout the state, and serve as the authority for a wide array of clinical and public health issues.

To do well in the job, you must understand the job. Certain legal or delegated responsibilities and authority may be written in statute or state regulation. Positions on various boards and committees—ranging from immunization committees to committees that determine requirements for medical insurance coverage—result by virtue of the position. If your state has a state board of health, you might sit on the board and should understand the board’s powers.

When your appointment is announced, the epidemiology unit staff most likely will prepare briefing documents. If not, ask for helpful information, such as

- General information about the units, divisions, and locations of the department; the budget; and the staff.
- Directory of staff, board of health members, and others.
- Contact information (e.g., home and cell phone numbers, pagers) of critical staff and others.
- Unit-level information such as
  - Description of the programs,
  - Background information about critical staff members,
  - Budget and staffing figures,
  - Current hot issues and problem areas,
  - Strengths and weaknesses of the programs, and
  - Primary stakeholders and constituencies.
- Detailed information about the state board of health and main committees on which the State Epidemiologist serves.
- Proposed or likely legislative and budget initiatives.
- Critical deadlines and schedule information.
- Emergency response information.

Travel and memberships in organizations can become a political and media issue if perceived as excessive or out of line with your administration’s political position. In some states, agency budgets can support organizational membership, in some they cannot. Although such issues seem mundane, they can become problematic if handled incorrectly. The purchasing director in your department can brief you on handling such matters.

Staff are an important source of information about your State Epidemiologist position and about decisions on authority and delegation. Therefore,

- Find out what has been delegated in the past and to whom.
- Determine who approves out-of-state or international travel.
- Decide whether you want to personally approve contracts and out-of-state travel requests.
- Learn whether someone can be designated to sign letters and other documents for you.
FOR A STATE EPIDEMIOLOGIST, TIME IS THE MOST PRECIOUS RESOURCE.

Learning how to maximize use of your time is an immediate challenge. The state’s executive branch may have procedures or regulations that require you personally to handle certain issues. Staff can help devise a system enabling you to obtain enough information about various areas and determine how much time to devote to administrative details.

Many people and organizations will vie for your time, and you want to be as accessible as possible. Set your priorities in accordance with the priorities of your agency and the most immediate demands and pressing deadlines. Ensure individuals with whom you wish to always have immediate access—for example, your director, critical staff, the state board of health chair, and other leaders—can always reach you. Schedule time to return phone calls, meet with staff, and begin working with the various epidemiology programs.

Decide whether your administrative assistant (if applicable) or other staff can schedule meetings for you, how scheduling decisions will be made, and whether you want private time reserved. Because not every meeting needs your personal attention, delegate or decline some events. In the beginning, however, err on the side of attending too many meetings.

Decide how you wish to handle grants. Because a typical state epidemiology unit may have up to 40 grants annually, reviewing all of them might not be a good use of your time. Determine whether you want to delegate oversight responsibility for grants to program heads or whether you prefer to oversee grants above a certain dollar amount.

At times staff or others may ask you to make decisions quickly and without sufficient information. Resist pressure to sign anything quickly that needs additional analysis or input.

A MAJOR PUBLIC HEALTH CRISIS IS A TOUGH TEST FOR ANY STATE EPIDEMIOLOGIST.

Emergencies come as floods, fires, hurricanes, disease outbreaks, major chemical spills, or bioterrorism threats (such as anthrax incidents). You cannot plan for every contingency, but you should prepare for the variety of scenarios that rely heavily on the epidemiology unit’s resources and personnel. Review the state’s documents on bioterrorism emergency preparedness and responses to specific outbreaks, for example, pandemic influenza. Learn your expected role and the protocols for implementing control measures in investigations of major outbreaks of disease. Understand laws and regulations related to public health actions, such as orders from the health officer and isolation and quarantine. Determine what resources are available to address a natural disaster, toxic exposure, or bioterrorism event that could require the epidemiology unit’s attention. Consider suggestions from health officials previously affected by terrorist or bioterrorist events (see box on next page).
Leading Suggestions for Emergency Preparedness

- Establish strong relationships with top state officials in law enforcement to avoid complex chains of command.
  - Discuss chain-of-evidence procedures and other crime-investigation issues.
  - Understand your agency’s planned response to emergencies by participating in training and exercises if possible. Know whether your state uses the Incident Command Structure or another organizational structure during responses.
- Prepare for the possibility that the FBI, Department of Homeland Security, state and local law enforcement, and other official agencies may have their own communication challenges.
- Prepare procedures for addressing classified information issues.
  - Build protocols with law enforcement for determining what information is classified and what can be made public.
  - Determine whether you can gain security clearance; initiate the process, if needed.
- Address in advance of an emergency who on your staff will need FBI security clearance.
- Plan in advance for events that may involve multiple jurisdictions and require regional input.
- Review plans for media and public communications, including contact information for toll-free public information call centers.
- Arrange for the availability of an immediate 1-800 phone number, and announce its availability immediately.
- Capitalize on strong relationships between the public health and provider communities.
  - Work with local public health authorities to reach out to providers.
  - Distribute fact sheets, diagnostic guides, procedural protocols, and contact information to providers.
- Identify occupational health monitoring systems already in place, and improve access to them. Strengthen such systems if possible.
Chapter Two: Understanding the Political Power Structure

ESTABLISH STRONG RELATIONSHIPS WITH THE HEALTH DEPARTMENT DIRECTOR AND HIS/HER STAFF.

- Learn to navigate the reporting relationships within the health department director’s staff.
- Become familiar with the health department director’s primary initiatives, including any based on executive orders, and the governor’s legislative agenda.
- Understand the preferred communication modes of the health department director, governor, chief of staff, press officer, and other critical staff.
- Learn the process preferred by the health department director’s office for responding to the media and to legislators.
- Determine whether you can attend legislative sessions uninvited.

Note: If you do not report to the health department director, you can modify these actions for reporting to another agency senior manager, state board of health, or cabinet head of a super-agency.

FOR MOST STATE EPIDEMIOLOGISTS, THE HEALTH DEPARTMENT DIRECTOR IS THE BOSS.

A health department director usually is appointed by the governor and thus understands that the actions of the health department and its senior staff contribute to public opinion about the governor’s performance. Health department directors do not like surprises and do not tolerate well any embarrassment to their administration from the actions of their key officials—such as the State Epidemiologist—or their departments.

State Epidemiologists often come to their positions after many years of high-level work in the public health arena. They have developed their priorities and their sense of issues important to the health of the state. However, as a unit director, you now serve as a member of a team that has both political objectives and broad-based goals for the state. Thus, your personal goals might not match the health department director’s priorities and issues.

In other words, your agenda is based on the political agenda of the governor and goals of the health department director—a reality that might be a challenge. A key to your success as State Epidemiologist is an understanding of the values and strategies that motivate the health department director so public health issues can be addressed positively. Sometimes he/she can be advised and informed to embrace new public health agendas. At times, public health issues will be subservient to defined gubernatorial goals for other public issues, such as transportation or education. Although you may have greater opportunity for candor behind closed doors, once the health department director takes a final position, you are expected to support that position.

To better understand the health department director’s goals and intentions, become familiar with the governor’s campaign promises and major initiatives. Your interview for the State Epidemiologist job might have given you clues about the administration’s expectations for public health issues. The governor’s policy office might be able to give you a list of campaign promises, recent initiatives, and executive orders.

The best, and perhaps only, successful way to move the public health agenda is to first understand how to most effectively communicate ideas and information to the health department director and his/her staff. Some health department directors will welcome in-depth discussions with senior staff; others prefer group interaction during senior staff meetings or information filtered through trusted staff. Keep the boss informed, and learn how information flows. Your professional knowledge can greatly assist the health department director or other appointing authority embrace new and enhanced priorities and provide policy development expertise to the administration.
PERCEPTIONS OF YOUR UNIT ARE IMPORTANT TO YOUR SUCCESS OR FAILURE.

Public health is blessed with—and plagued by—high-profile issues. AIDS, hazardous waste, bioterrorism, unsafe drinking water, and inadequate acute and long-term health care are examples of issues that frighten the public, concern special interest groups, and generate headlines. Certain other issues, such as family planning, fluoridation, and regulation of industry, lend themselves to strong social opinions. Regular communication about emerging issues or problems with reasonable solutions will move the agency past potential crises.

Develop a rapport with recipients of critical information within your agency (e.g., health department director, chief and deputy chiefs of staff, policy director, legislative liaison, health policy director, communications director, legal counsel, budget director). Understanding how best to communicate ideas, problems, and issues to them will help you perform your job effectively.

The media’s portrayal of the health department’s programs and issues shape the images of the governor, the health department director, your agency, and you as State Epidemiologist. A vital first step in communications strategy is to know when and how the communications office and staff of the health department director and governor want to be involved. The health department director may prefer to share the spotlight with positive news stories and might want to be involved in strategies to handle difficult issues. For some tough issues, don’t be surprised if the epidemiology unit needs to take the lead, providing distance from (and cover for) the health department director. If you and the health department communications director have a good relationship with the communications director in the governor’s office, both offices can easily collaborate on the best media strategy.

In an emergency, be ready to cancel existing plans. The state and your boss will want you on the job to reassure the citizens about emerging health issues and threats. Make every effort to maintain and increase the health department director’s confidence in your ability to handle high-profile issues in a way that supports, or at least does not denigrate, the administration.

Attendance at legislative sessions that address major concerns to your unit may be in your best interest. Determine whether uninvited attendance to these sessions is acceptable and, if so, the standard etiquette for visitors. For pending bills involving epidemiology programs, work with the governor’s legislative liaison for health-related issues or directly with legislative staff, if permitted. Cast epidemiology as a nonpartisan, science-based resource for the state. Make epidemiology compelling and relevant to nonscientists.
Chapter Three: Taking Charge of the Epidemiology Unit

A. Staff Relationships

DEVELOP RELATIONSHIPS WITH THE EPIDEMIOLOGY UNIT STAFF.

- Recognize that your unit staff will align with a leader who shows an interest in them. Establish yourself as their champion, and voice their achievements outside the unit.
- Become acquainted with the staff as quickly as possible. Schedule staff meetings, and attend program or unit staff meetings. Seek opportunities to communicate your vision for the unit and your delight about being part of their team.
- Connect with people in key departmental positions, including chief medical officer, communications director, legislative liaison, budget director, legal counsel, state veterinarian, and state laboratory director.
- Form your unit management team. Together develop your mutual vision and goals.
- Review existing staffing procedures to understand your ability to select staff.
- Assess the strength of current staff. One source of information will be other agencies’ impressions of the staff. Note which staff members are respected by their colleagues and constituencies.
- Solicit advice from the human resources or administrative director about procedures for selection, promotion, union relationships, and civil service policies and practices. Emphasize your commitment to upholding a policy of nondiscrimination.
- Invigorate your unit and staff using a cross-cutting project.

IN MOST CASES, ONLY ONE STATE EPIDEMIOLOGIST, BUT HUNDREDS OF STATE HEALTH EMPLOYEES, WORK IN THE EPIDEMIOLOGY UNIT.

Most staff in place when you arrive assume they still will be in place when your replacement arrives. Although some respect and legitimacy come with the position and title State Epidemiologist, more respect and confidence come when you empower your staff through common purpose. Working toward and accomplishing positive change in public health are powerful motivators when staff know the boss supports them both as individuals and as a unit. Thus, as State Epidemiologist, you need to quickly connect with staff to establish credibility, gain their confidence, and provide the foundation on which to build direction and promote progress. You’re more likely to accomplish your agenda when you and your staff direct your energies, enthusiasm, and ideas to the same goals.

Unifying themes can unite a complicated and fragmented agenda. State health agencies are diverse, with many categorical and programmatic silos that separate staff, and they will appreciate seeing the bigger picture. Charting progress on the Web site and celebrating successes will energize both staff and constituencies.

Clearly communicate to your staff your expectations, your appreciation of and respect for them, your desire to touch base frequently and honestly, and your desire to know them. Techniques for reaching hundreds of employees include sending all-agency e-mails, scheduling staff meetings, inviting staff to “breakfasts with the boss” and brown bag lunches, asking to speak at divisional staff meetings, attending retirement events and other rites of passage, visiting branch offices, and otherwise showing respect for the work of the individual employees.

Review the agency’s practices in regard to employee recognition. You can put your stamp on employee relations within the division with individual recognition for a “job well done.”
Heads of the epidemiology programs can be invaluable. They usually are experienced managers, familiar with the state system, and experts in their programs. Developing comfortable, trusting relationships with program heads to whom you can delegate responsibility will make your job more manageable. Decide whom you want in your senior-level staff meetings. Encourage program heads to speak freely and provide feedback on issues and strategies. If you do not have a medical degree, you may need to immediately identify a chief medical officer who can provide scientific support and the advice of a valued colleague.

A vital but sometimes underrated position is that of the administrative assistant or secretary. Fill this important position thoughtfully. The administrative assistant needs to be organized, discreet, knowledgeable about major players, loyal, and pleasant during difficult situations. He or she will help you be efficient, maintain a manageable schedule, inform you of the agency’s currents and undercurrents, and represent you to the world with every phone call answered and visitor greeted.

In choosing a cross-cutting project, review successful and innovative programs by Harvard University’s Kennedy School of Government listed below.

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<th>TEN LESSONS FROM INNOVATIONS</th>
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<td>Alan Altschuler, Harvard University Kennedy School of Government, identified “Ten Lessons from Innovations” from the winning projects of the Innovations in American Government Program. They all have applicability to public health projects and may help you delineate and implement a major cross-cutting issue for the department.</td>
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1. **Define a mission clearly and in terms of compelling problems.** If staff and outside constituents can understand the problem, the importance of the project will motivate employees and stakeholders.

2. **Define challenging but achievable outcomes against which to measure performance.** Results matter. If people can see progress, the project will generate support.

3. **Collaborate with other government agencies wherever possible.** The initiative will have more power if local agencies, academia, Medicaid, environmental protection agencies, and others have a stake in the success.

4. **Build partnerships with private and nonprofit sectors.** Bold projects provide opportunities to form new relationships and strengthen old ones.

5. **Respect the talents of the “front-line workers.”** Gaining ideas and new approaches from the staff, across division lines, creates energy in both the project and the agency.

6. **Identify clearly the citizens and groups who are entitled to your services, and focus attention as sharply as possible on their needs.**

7. **If your tasks involve regulation, consider working with the regulated parties to meet common objectives through compliance, rather than depending entirely on traditional enforcement.**

8. **Consider how market forces may complement the provision of public goods and services.**

9. **Use information technology to improve services to citizens.** Both the staff and the customers will appreciate technologic innovation.

10. **Be flexible, take risks, don’t give up.** The bolder the plan, the greater the rewards, but don’t expect instant success.
B. State Board of Health

ESTABLISH YOURSELF WITH THE STATE BOARD OF HEALTH.

- Understand the role of the state board of health and your relationship to the board.
- Introduce yourself to all state board members, if appropriate.
- Understand the appointment process for board members, and learn when their terms expire.
- Suggest possible board members when a vacancy arises.

STATE BOARDS OF HEALTH

Boards of health differ from state to state. Some states hire and retain the State Epidemiologist. In some states, the boards of health have rule-making authority, are appointed by the governor, and have the task of appointing high-level public health officials. Other states do not have a board of health at all.

The state board of health is an important stakeholder in public health practice. Discuss with the health department director the appropriateness of interacting with the chair of the board and other members. If appropriate, plan to attend all board meetings.

Understanding the roles of and relationship between the State Epidemiologist and the state board of health is important.
- Find out whether you are expected to present updates on epidemiologic or other significant issues at board meetings.
- Identify the major issues facing the board.
- Determine the relationship of the state board of health to the health department director or other appointing authority.
- Respond to queries from the board on issues within the boundary of your responsibilities.
- Determine the knowledge base of board members so you can adjust your presentation style. Some boards comprise medical providers, public health officials, and others with a health background, whereas other boards comprise members of the general public or legislators. In some states, medical societies, hospital associations, or legislative committees fill some roles usually held by state boards of health.

C. Local Health Districts

ESTABLISH YOURSELF WITH THE LOCAL HEALTH DISTRICTS.

- Review state statutes and regulations regarding legal authorities for public health action. Understand the balance of legal responsibility between state and local public health agencies.
- Meet with your local health liaison, or staff members who fill the role, about the strengths and weaknesses of the relationships between the local and state health departments.
- Meet with, and familiarize yourself with the issues of, the leadership of the organizations of local epidemiologists.
- Communicate your intention to visit local health agencies, and schedule visits to those with the most pressing issues.
LOCAL PUBLIC HEALTH AGENCIES CAN BE YOUR BIGGEST FANS OR GREATEST DETRACTORS.

In certain states, public health authority is the responsibility of the state health department, and in others, legal authority for interventions (e.g., health officer’s orders, isolation and quarantine) falls to local health departments or districts. A thorough understanding of the authorities in your jurisdiction is important for planning and working effectively with local agencies.

Local agency staff and directors have relationships throughout the state, especially with county commissioners and state legislators. The entire system of public health works better if teamwork and relationships between local and state agencies are strong and based on mutual trust and respect. Local and state health agencies share major goals and visions for the community; building on these strengthens cooperative relationships. In many states, the local health departments carry out the mission of the state health agency. Mutual sources of support and interest include local health organizations (such as the local public health directors association), the state public health association, and state associations of epidemiologists.

Local agency directors and epidemiologists report to their own political administrations, and their political pressures may differ from yours. Respect their political pressures. Include local directors in problem-solving activities that affect their agencies.

Tensions can arise, however, when state and local agencies compete for the same public health resources. Excellent communication with local health leaders and county commissioner associations will help avoid public conflict that negatively affects all the players. In some states, local partners include community health centers or district hospitals.

Many states have one or more major urban areas. Metro-area health agencies’ roles and their relationships with the state health agency may differ from those of their suburban or rural neighbors. Often urban health departments are involved in direct care, perhaps even running hospitals and clinics. Directors of these agencies appreciate knowing you understand their responsibilities and wish to work with them.

Meeting with all local agencies during your first few months may not be feasible. However, meeting with local agencies is important when their epidemiology programs heavily rely on state resources or where diseases and prevention efforts are concentrated. These visits can include other key staff members. For example, the infectious disease program head can accompany you to an area challenged by outbreaks of waterborne diseases. If appropriate, inclusion of, and discussion with, the public health laboratory director may mitigate a local district’s concern about laboratory issues.

D. Interactions with Federal Agencies

BE PREPARED TO INTERACT WITH A MULTITUDE OF AGENCIES, PARTICULARLY IN AN EMERGENCY.

- Learn what and how information is reported to CDC.
- Develop lists of contacts at CDC (including emergency and after-hours contacts) and other federal agencies who serve as field experts in particular subject areas.
- Learn your expected role in a bioterrorist incident, large-scale outbreak, natural disaster, or other potentially harmful incident.
INTERACTIONS WITH FEDERAL AGENCIES CAN DETERMINE THE SUCCESS OR FAILURE OF EPIDEMIOLOGY PROGRAMS.

CDC collects and reports health-related data for the nation. Each State Epidemiologist is ultimately responsible for the accuracy, integrity, and completeness of the data reported to CDC from his/her state. Funding is prioritized on the basis of the data received from the state, not only for infectious diseases, but also for cross-cutting health-related agendas. Inaccurate, incomplete, or delayed reports may result in inadequate allocation of federal resources for preventing or controlling adverse health events in your state.

If you need expert consultation that is not available in your state, you can rely on the resources and subject-matter experts at CDC, Food and Drug Administration, U.S. Department of Agriculture, and other federal agencies. Consolidate contact information for federal agencies so it is immediately accessible during an emergency.

If you believe an investigation requires federal support from the Epidemic Intelligence Service, Food and Drug Administration, Nation Institute of Occupational Safety and Health, or other agency, remember that the decision to invite federal participation may require approval of the health department director and possibly the governor. Determine the approving authority before inviting any federal help.

In the event of a bioterrorist event, epidemic, or other large-scale human health risk, your responsibilities are set forth in the state emergency response plan. Determine and acquire in advance the security clearances you need. Meet the FBI contact for bioterrorism events, the health department liaison to the state police, and points of contact for emergency preparedness at all military facilities within your state. Discuss the FBI and its role in bioterrorism incidents with your supervisor and contact other State Epidemiologists if you need further advice and information.

E. Budgets

UNDERSTAND THE AGENCY BUDGET, THE HEALTH DEPARTMENT DIRECTOR’S BUDGETARY PRIORITIES, AND THE BUDGET PROCESS.

- Meet with the appropriate agency budget or financial officer. Learn about funding sources, sources of discretionary funds, and current budget initiatives.
- Meet with the program managers you supervise to review their budgets and funding sources.
- Learn the budget process and the fiscal calendar.
- Expect to represent the epidemiology unit in budget discussions.
- Discuss the unit’s budget with the state health agency budget director.
- Understand the state fiscal situation as it relates to surpluses or shortfalls.
- Understand the impact and extent of federal funding to the unit, including projected grant funding for the next fiscal year to each epidemiology program.
- Learn about extramural funding that may be available or is being used in unit programs.

THE BUDGET PROCESS IS CONTINUOUS AND ALWAYS IMPORTANT.

“The budget is truly the heart of the governmental and political process of our state.”—A former governor

You will need to learn the intricacies of your agency’s budgetary process, which is both political and policy-driven. Stewarding potential initiatives through the health department director’s and governor’s budget offices demonstrates leadership and directs staff, stakeholders, and the public. How dollars are spent is subject to many limitations. State and federal statutes and regulations, the governor’s approval, and the support of the legislature affect your fiscal priorities. In some states, the board of health also plays a role in the budgetary process.
The state health agency has at least three distinct monetary sources: state dollars; federal funds; and earned income through fees, permits, and licenses. Surprisingly, federal funds may represent the biggest share of the annual budget. Funding comes from CDC, Health Resources and Services Administration, U.S. Department of Agriculture, Food and Drug Administration, U.S. Environmental Protection Agency, and other federal sources. Some states require legislative approval to spend federal funds or hire federally funded staff. Others place the authority for spending federal dollars in the executive branch.

Most states require a balanced budget, often constitutionally. The governor balances the state’s priorities and urgent needs through the budget process. Public health competes with transportation, education, tax relief, and other areas for state dollars. The governor’s flexibility is limited by big-ticket items, such as public and higher education, welfare and Medicaid, state employee pay and benefit funding, and transportation, construction and maintenance.

As State Epidemiologist, you most likely will forward your budget requests to the state health department director’s office for consideration. If possible, discuss your requests and new initiatives in advance with the state health director or his/her staff. These requests are carefully analyzed and scrutinized to determine whether they are forwarded to the governor's budget office or, in some states, directly to the legislative budget office.

Obtaining new state resources is never easy. Obtaining support from the governor or the governor’s budget office for new initiatives requires compelling data and cogent stories. Constituencies can help obtain political support. However, support from single-issue interest groups or other advocacy groups must not appear to unduly pressure the health department director or the governor.

**GRANT AND EXTRAMURAL FUNDING ARE EXTREMELY IMPORTANT SOURCES OF FUNDS FOR EPIDEMIOLOGY PROGRAMS.**

According to CSTE’s 2006 Epidemiology Capacity Assessment, more than 75% of state epidemiology funding derives from federal resources. Therefore, you will need to pay attention to state budget processes and to closely follow federal funding fluctuations. CSTE provides input to national congressional leaders about epidemiology funding needs and priorities. Because grants from CDC may constitute more than half of the funds supporting several epidemiology programs in states, paying particular attention to the federal funding renewal process will help you plan personnel and program priorities for the upcoming fiscal year.

Most states receive some funding for epidemiology programs from nongovernment organizations (NGOs) committed to public health. Grants awarded to epidemiology programs may alleviate other budget shortfalls or initiate a new project. Despite the voluminous paperwork involved in grant application and follow-up, such funding may be essential to keep many state epidemiology programs operating.

Grants awarded to your program may be difficult to obtain in full. Some states accept grant funding into the state treasury for disbursement to the programs. However, in state budget crises, the money may never be made available to the epidemiology program. Alternately, an intermediary public health NGO may be used to receive and distribute grant funds to the epidemiology programs. This too has drawbacks, with as much as 40% of the award charged to NGO administrative overhead. Carefully review historical access to the grant funds that your unit has been awarded to make informed decisions on the most beneficial method to accept extramural dollars.
F. Hot Issues

**IDENTIFY AND UNDERSTAND HOT ISSUES.**

- Hold discussions with your staff, the agency medical director, the public health laboratory director, local epidemiologists, the press officer, and constituencies to identify and learn about the most controversial issues that you might face.
- Identify programs, staff, or constituents that require “special consideration” because of support or opposition they might provide on various issues.

**HIGH-PROFILE ISSUES ARE THE TOUGHEST CHALLENGES FACED BY STATE EPIDEMIOLOGISTS.**

Public health regularly involves high-profile issues, and public health stories frequently become front-page headlines and evening news topics. The public has legitimate concerns about public health issues that could affect their families, their businesses, or themselves. Bioterrorism, outbreaks in nursing homes, infant mortality, and workplace exposures are among continually evolving and potentially “hot” issues. Discussions with policy makers, staff, and interested citizens will highlight the pressure points of the moment.

As a new State Epidemiologist, you'll need to understand these issues, know what your agency is doing about them, be informed of options and best practices, and know the position taken by the health department director or other appointing officials. Your briefings by agency managers should include a review of the most sensitive and current strategies to address them. You can then determine whether the agency is on top of the issues; identify legislative or budgetary strategies related to the issues; learn the positions of primary stakeholders and interest groups; and find out whether differences exist between expectations and the authority of the agency to act.

Develop a plan to identify and manage hot issues. Risk communication and media strategies are critical to successfully representing agency response to crises or serious public health problems. Communication and information sharing with the health department director and communications director become crucial during stressful times.

**LEARN ABOUT AREAS OF SPECIAL CONSIDERATION.**

Knowledge about groups or areas of special consideration is important because programs or initiatives may receive stronger-than-expected support from political leaders or constituencies. For example, the governor or a legislator may have strong political support for requiring human papilloma virus vaccination for adolescent girls as an entry requirement to high school because of support from special interest groups. Conversely, other programs may come under fire because of special interest opposition—for example, state clean needle exchange programs for persons with intravenous drug addiction to prevent disease spread or medication imported from international manufacturers as a less-expensive alternative to drugs manufactured in the United States.

Tragic events, such as severe illness or death from a suspected infectious or environmental cause or unexpected deaths in a long-term-care facility, also may focus attention on epidemiology programs. State- and federal-level programs have received additional resources and publicity on the basis of commitments by influential groups or well-placed individuals. Recognize these special considerations, and avoid political misunderstanding.
IDENTIFY AND COMMUNICATE WITH PRIMARY CONSTITUENCIES.

- Identify the expectations of the health department director’s office regarding coordinated agency efforts.
- Learn about issues of primary constituencies and how they fit with the health department director’s priorities. These constituencies include advocacy and industry groups, the state medical society, and professional and nonprofit organizations.
- Introduce yourself to the heads of the schools of public health and public health academic programs in the state.
- Join the state public health association and other professional organizations, as appropriate.

PUBLIC HEALTH HAS MANY ALLIES AND MANY STAKEHOLDERS.

Developing strategic alliances with constituencies, organizations, and colleagues can help you meet your goals. For every issue, you will find people with mutual interests and concerns. Nurturing and mobilizing relationships require time and energy. Although you cannot possibly meet with the leaders or attend meetings of all these groups during your first few months, visiting them on their territory, at their offices, towns, and meetings is a gracious and appreciated gesture of interest and sincerity. Establish close relationships with appropriate people within the state hospital association. Community health centers and their association leadership also may be important allies.

Public health academic leaders can be important allies as well. A call or visit to the dean of the school of public health and other public health faculty is a good beginning to a mutually beneficial relationship. Schools of public health; public health programs; and colleges of medicine, nursing, and allied health professions are excellent resources for the epidemiology unit. Many public health epidemiologists receive adjunct or clinical appointments in graduate programs. Faculty members can help with special research expertise and consultation. Continuing education programs can enhance skills of your staff. Potential opportunities for joint ventures are many.

Every state has one or more public health associations. Membership in these associations by you and other staff expresses support for your state’s public health workers. Membership also allows your agency to have input in and to influence the association’s position or policy statements.

You want to be viewed as part of the team. Make time to attend meetings and participate on interdepartmental committees. Some relationships are vital to mutual success, such as those with vital statistics bureaus and other state institutions.
B. Communications Strategy and Process

DEVELOP A COMMUNICATIONS STRATEGY AND PROCESS.

- Determine whether you are authorized to speak to the media for the health department on specific issues.
- Determine the chain of command for media response in emergencies. Most states have a communications plan as part of their overall emergency response and preparedness plans.
- Communicate how your office will handle documents and letters for signature.
- Explain to staff how you want the communications offices of the health department director and the governor included in epidemiology unit communications.

PUBLIC HEALTH IS ABOUT COMMUNICATION.

The image of the state health department is closely linked to your ability to communicate both positive information and troubling news. Your duties may include representing your agency to the media and providing information to the public. Your communications procedures and strategy will be influenced by the preferences of the health department director’s office, the communications skills of agency staff, and the role of the communications director. Some State Epidemiologists prefer to handle most of the media interaction; others are required to defer all media requests to the health department administration. As one of your earliest tasks, determine who speaks for the agency and under what circumstances. Guidance by a skilled communications director with media experience can be priceless. Training in electronic media interviews is a good investment.

Effective and accurate communication is vital during a crisis. Seek out training in risk and crisis communications. Discuss the procedures and responsibilities of communicating in a crisis with the health department director’s staff. Find out if messages have been developed for communication in specific types of crises, such as bioterrorist events.

Err on the conservative side when approached by the media about a developing health issue, and refer requests to the health department communications director. If appropriate, the health department director’s staff will invite you to make a statement.

As State Epidemiologist, you may make many presentations. Be well prepared so you represent the agency well. Ask your staff to help prepare audiovisual materials. File presentations using an organized and accessible system so you can update and reuse the best materials.

You will be expected to sign many documents. Communicate to your staff the formats, styles, and approaches you prefer so the documents be consistent. In addition, use routing, logging, and approval processes to ensure that appropriate managers have seen and approved documents before you sign them. These processes take time to establish but will help avoid embarrassments, delays, and serious mistakes.
C. National Participation

**BECOME ACTIVE IN NATIONAL ISSUES.**

- Maintain agency involvement in national public health issues through memberships in such organizations as the Association of State and Territorial Health Officials and CSTE.
- Participate in national public health organizations (e.g., the American Public Health Association) and professional organizations related to your specialties and interests.
- Provide expertise on important issues, and contribute to policy development by volunteering for committees convened by national public health and professional organizations, such as CSTE and federal agencies.
- Get to know your neighboring states by contacting your colleagues in those states and establishing communications practices (e.g., receiving their Health Alerts).

**UNDERSTANDING NATIONAL ISSUES IS VITAL TO DIRECTING AND MANAGING STATE EPIDEMIOLOGY INITIATIVES.**

Most state health programs are funded with federal dollars. Therefore, direction by federal agencies and changes in federal laws and regulations often significantly affect how programs are run.

CSTE provides a network of peers and a national presence for State Epidemiologists. CSTE members and staff testify at congressional hearings and participate on committees of CDC and the Health Resources and Services Administration. You can help shape the national public health agenda by becoming active in CSTE by, for example, participating on committees, attending the CSTE Annual Conference, and serving in leadership positions at CSTE. Relationships and networking with fellow CSTE members are some of the most important peer connections you can make. You’ll learn best practices, find colleagues with similar professional challenges, and develop lifelong relationships.

In the national arena, become involved as an expert panelist for your field of expertise. Consider accepting invitations to give presentations in your subject area at national meetings. Serve as an advisory committee member to CDC on matters pertaining to your epidemiology program strengths. Your staff also can gain information and influence by working with CSTE’s many affiliates, such as the Association of Maternal and Child Health Programs, Association of State and Territorial Health Officials, and the Association of Public Health Laboratories.
THE DEMANDS ARE HUGE—BUT SO ARE THE REWARDS.

Regardless of your length of time as a State Epidemiologist, the memories and the satisfactions of directing an epidemiology unit of dedicated public health professionals, influencing statewide health policy, and participating in and observing high-stakes political drama will last a lifetime.

Balancing your life will be one of your biggest challenges. Don’t ignore personal needs. Reserve time for family, refresh yourself through other interests, and take time off. If you are a practicing health-care provider, maintain a link to that work; it can be a welcome break from the political and public pressures of the State Epidemiologist position.

In addition, think about the next generation of epidemiology professionals. Consider teaching graduate public health seminars or hosting a CDC/CSTE Applied Epidemiology Fellow.

Maintaining a personal perspective with integrity, energy and the professionalism of the State Epidemiologist is not easy.

Enjoy the ride. It may be the most exciting one you will ever take!

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