

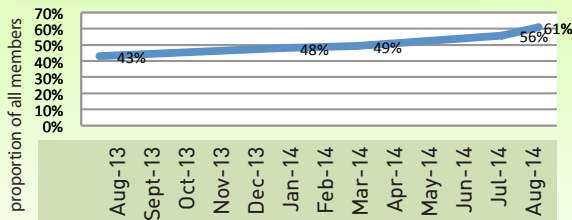
strategic plan 2012-2014: How Did We Do?

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).



Over the past 3 years, CSTE has expanded the funded work areas to include new funding and projects:

- 3 new applied informatics fellowships (I-TIPP, HSIP, APHIF)
- Additional MCH funding
- Expansion of funding and projects related to surveillance/informatics addressing data collection, tracking and reporting

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.

	2012	2013	As of Aug 2014
Webinars	19	36	18
Conference Calls	517	648	435

Priority 3: Diversity funding sources

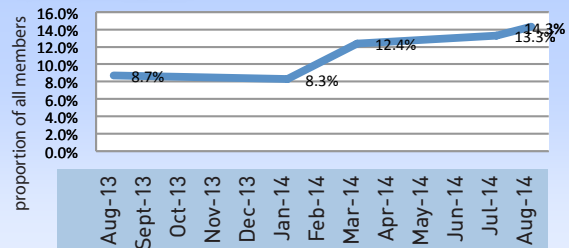
Strides have been made in diversifying funding including:

- 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

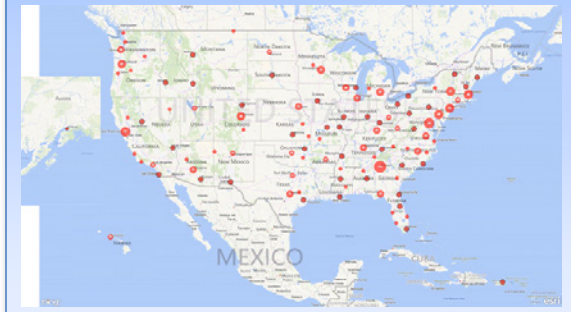
Of the 328 annual conference attendees who completed the evaluation, 241 (73%) would attend events sponsored by a corporate sponsor.

Priority 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.

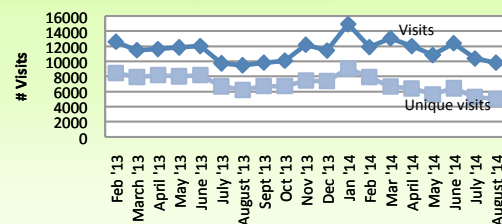


Members are located throughout the U.S. The larger the dot on the map below, the more members in that area.



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