

**Galveston County Health District &
Texas Public Health Association**

present the

**82ND ANNUAL
TPHA CONFERENCE**



**Leading Collaborations and
Preparing for Future Health
Challenges**

**The Hotel Galvez
February 25-27, 2007
Galveston, Texas**

TPHA 82nd Annual Education Conference Guide

Welcome from the President

I have been extremely proud to work for the issues important to TPHA and to do so with such passionate TPHA members and partners. The three main issues for this year will continue to be issues that need action on in the future: Public Health Infrastructure, Prevention of Chronic Diseases and Preparedness for Health Emergencies. During this Annual Education Conference you will have the opportunity to hear from national, state and local experts who have implemented successful programs on these subjects and take back with you information on actions that have worked in making an impact on these issues. Best wishes and thank you for working to improve the health of all Texans!

Continuing Education: Pick up your CEU paperwork at the continuing education desk.

CME: This event has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the joint sponsorship of Texas Department of State Health Services and TPHA. Texas Department of State Health Services is accredited by TMA to provide continuing medical education for physicians. Texas Department of State Health Services designates this educational event for a maximum of 11.5 in category 1 credits(s) toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational event.

CNE: The Texas Department of State Health Services, Continuing Education Service is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

A maximum of 11.75 continuing nursing education contact hours has been awarded by the DSHS CE service. Each nurse should claim only those hours of credit that he/she actually spent in the educational event.

CHES: Application for Category I continuing education contact hours for CHES has been made to the Texas Department of State Health Services, CE Service which has been designated as a provider of continuing education contact hours by the National Commission for Health Education Credentialing, Inc. The TDSHS CE Service has awarded a maximum of 11.5 contact hours.

SW: The Texas Department of State Health Services, under sponsor number CS3065, has been approved by the Texas State Board of Social Work Examiners to offer continuing education units to social workers. The CE Service has awarded a maximum of 11.5 continuing education credits.

RS: Certificate of Registered Sanitarians: "The Texas Department of State Health Services is considered a sponsor of Registered Sanitarians according to the Texas Administrative Code, Title 25, Part 1, Chapter 265, Subchapter K, Rule §265.147. The PHW CE Service has awarded a maximum of 11.5 hours.

Exhibitors: Commercial and educational exhibitors will be located in the Veranda in the Hotel.

Exhibitor hours are Sunday, February 25 from 12:00 noon—5:00 pm and Monday, February 26 from 9:00 am—5:00 pm. Please visit the exhibits during those times!

Posters: Abstracts on **Public Health Education Materials** (Projects designed to educate the public on a public health topic) **Research Papers: (Original research of an empirical nature, conceptual or methodological issues or innovative techniques in a public health area)** and **Poster Presentations: (Original research of an empirical nature, conceptual or methodological issues or innovative techniques in a public health area)** will be presented and/or displayed.

Evaluations: Your feedback helps us to make each subsequent conference a meaningful, educational and fun experience for you. Please complete the evaluation and submit it prior to your departure.

President's Reception: The Reception will be held Monday, February 26 from 6:00 to 7:30 pm. The following awards and recognition will be presented during the President's Reception: Recognition of Officers, Governing Council and Committees, New Fellow Recognition, Exhibitor Recognition, Recognition of New XL Club Member, Media Awards, Recognition of Immediate Past President, Outstanding Service Awards, President's Award, Thinking Progressively for Health (TPHA) Award, Honorary Life Member Award and James E. Peavy Memorial Award.

Sunday, February 25, 2007

9:30 – 11:30 am **Research and Data Gathering for the Grant Writing Process** sponsored by the Texas Public Health Training Center **Conference Room A & B**

Helena Von Ville, MLS, University of Texas School of Public Health, Houston and Michelle Malizia, MA, National Libraries of Medicine

1pm – 3pm **Opening General Assembly - Lessons Learned from Past Disasters (Infectious, Natural, Manmade, Behavioral, Environmental)** **Music Hall**

Welcome by TPHA President Jennifer Smith, County Judge James D. Yarbrough and Mayor Lyda Ann Thomas

Commissioner of Health Message– Janet Lawson, MD, FACOG, Acting Commissioner for the Division of Regional & Local Health Services, Texas Department of State Health Services, Austin

Scott R. Lillibridge, MD, Professor of Epidemiology and Director, Center for Biosecurity and Public Health Preparedness at The University of Texas Health Science Center at Houston

Herminia Palacio, MD, MPH, Director, Harris County Public Health Department

Mark Guidry, MD, MPH, CEO and Health Authority, Galveston County Health District

3pm – 3:30pm **Grand Opening of Exhibit Hall and Poster Presentations** **Veranda**

3:30–5 pm **Research Paper Presentations** **Music Hall**

Telemedicine for the Assessment of Patient Admission and Psychiatrist Job Satisfaction, Lisa Chu-Weininger, PhD, MBA, MPH, UT Health Science Center at Houston

Prevalence Estimates of Multiple Sclerosis in TX, 1998-2003, Laurie Wagner, Department of State Health Services

Glaucoma Among African Americans in the State of Georgia, Curry Jones, MPH, University of Washington

Impact of Treatment & Socioeconomic Status on Racial Disparities in Survival among Older Women with Breast Cancer, Xianglin Du, MB, MS, PhD, Associate

Professor, UT School of Public Health Houston

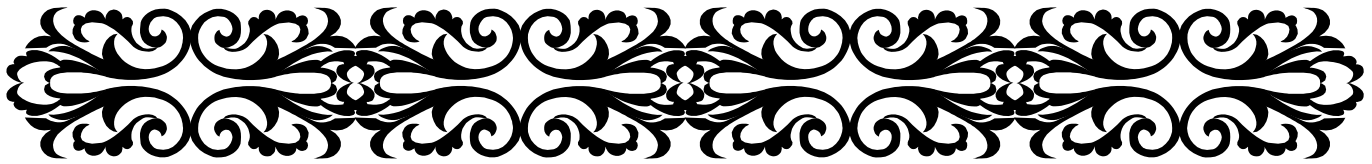
**The Number of Illegally Abandoned & Legally
Surrendered Newborns in the State of Texas,
Estimated from News Stories, 1991-2006**

Sandi L. Pruitt, MPH, Predoctoral Fellow, Center for Health
Promotion & Prevention Research, University of Texas
School of Public Health

5:30 – 6 pm
6-6:30 pm

Executive Board Meeting
Governing Council Meeting

Conference
Room A & B



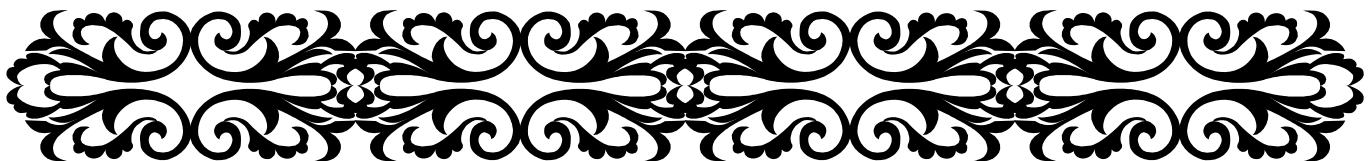
Thank you to the following contributors
to the 82nd Annual Conference

Texas Public Health Training Center

The University of Texas School of Public Health-Houston

The University of Texas Health Science Center-Houston
Center for Biosecurity and Public Health Preparedness

Texas Department of State Health Services



Monday, February 26, 2007

6:30 – 7:15am Health Walk

Meet in Lobby

8 – 9:30am General Assembly Panel

Music Hall

**Potential New Threats to the Public's Health
(Infectious, Natural, Manmade, Behavioral,
Environmental)**

**Potential Threats Through Infectious Diseases
Hepatitis B, C, HIV Threats**

Miriam Alter, PhD, MPH, Director of the Infectious Disease
Epidemiology Program, Institute for Human Infections and
Immunity, University of Texas Medical Branch at Galveston

Robert Emery, DrPH, Assistant Vice President for
Environmental Health and Safety, Chair of the University
Safety Council, and Assoc. Professor of Occupational Health
at University of Texas Health Science Center at Houston

**2007 Texas Cardiovascular Health Promotion Awards
Presentations by the Texas Council on CVD and
Stroke**

9:30 – 10 am Break and visit exhibits and poster sessions

Veranda

10 am – 6 pm **Basic Disaster Life Support**
Sponsored by The University of Texas Health Science
Center-Houston, Center for Biosecurity and Public Health
Preparedness

Music Hall

Michael W. Proctor, MD, Regional Director of Extramural
Training, The University of Texas Health Science Center-
Houston, Center for Biosecurity and Public Health
Preparedness

Robert Emery, DrPH, Assistant Vice President for
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Houston

Ben King, The University of Texas School of Public Health,
Center for Biosecurity and Public Health Preparedness

Elizabeth Barney, The University of Texas School of Public
Health, Center for Biosecurity and Public Health Preparedness

10–11:30am	Concurrent Sessions – Past and Potential Health Issues: Lessons Learned and Recommendations for Preparing For the Future (Infectious, Natural, Manmade, Behavioral, Environmental)	
10–11:30am	<p>Administration – Bing Burton, PhD, Moderator</p> <p><u>Partnering with State and Federal Legislatures</u> Patricia Gray, former State Representative from Galveston and Chair of the House Public Health Committee</p> <p>Erik With, US House of Representatives, District Director for Congressman Michael C. Burgess, M.D. (TX-26)</p> <p>Wayne Farrell, Director Bell County Public Health District, Representing TALHO and TAMHO</p> <p>Robert Galvan, Dr PH, MPH, MS, DAAS, Interim Director of the El Paso City-County Health and Environmental District, Representing TPHA</p> <p>Camille Miller, President and Chief Executive Officer, Texas Health Institute</p>	Conference Room A
10–11:30am	<p>Environmental & Consumer Health–Janice Hartman, RS, Moderator</p> <p><i>Pathogens in the news</i> Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Joann M. Schulte, DO, MPH, Capt. USPHS, CDC Career Field Epidemiology Officer, Texas Department of State Health Services</p> <p>Mosquito Control and West Nile Virus in an Urban Setting, Tom Hatfield, Director, City of Richardson</p> <p>Listeriosis in Soft Cheeses, Christie Greer, Texas Department of State Health Services</p>	Conference Room B
10–11:30am	<p>Preparedness – Linda Kaufman, MSN, RN, CS, Moderator</p> <p>Weapons of Mass Destruction, Special Agent J.P. Riordan, FBI</p> <p>Trend in Hurricane Frequency and Intensity, Bill Read, MS, BS, National Weather Service</p> <p>State Planning Through the Governor's Division of Emergency Management, Jack Colley, Texas Department of Public Safety</p>	East Parlor

10–11:30am Obesity/Chronic Disease Mary Guzman, RD, LD, Moderator **West Parlor**

Modeling Population Dynamics: Obesity & Diabetes
Bobby Milstein, PhD, MPH, Centers for Disease Control & Prevention, Syndemics Prevention Network

Sarah Kuester, MS, RD, Centers for Disease Control & Prevention, Public Health Nutritionist

11:30am–1 pm **Lunch on your own**
Past Presidents' Luncheon (Restaurant)
Section Meetings Held – Open to All Participants

1-3 pm **Concurrent Sessions - Past and Potential Health Issues: Lessons Learned and Recommendations for Preparing For the Future (Infectious, Natural, Manmade, Behavioral, Environmental)**

1-3 pm Administration – Hardy Loe, Jr., MD, Moderator

Conference Room A

Moving Forward with a National Program for State and Local Public Health Department Accreditation

Dennis Lenaway, PhD, MPH, Centers for Disease Control and Prevention, Director, Office of Standards and Emerging Issues in Practice and Representative to Exploring Accreditation Project

Panelists:

Lou Brewer, RN, MPH, Director, Tarrant County Public Health Department

Matt Richardson, Texas Association of Local Health Officials

Ben G. Raimer, MD, Vice Chairperson, Galveston County Health District United Board of Health

Janet Lawson, MD, FACOG, Acting Commissioner for the Division of Regional & Local Health Services, Texas Department of State Health Services, Austin

Beth Quill, MPH, Associate Professor, University of Texas School of Public Health, Member Association of Schools of Public Health Practice Council

1-3 pm Environmental & Consumer Health – Dan Dennison, RS, MT, MBA, Moderator

Conference Room B

Potential Threats to Food and Water Supply

FDA Update: Transforming and Collaborating to Protect Public Health, Dennis Baker, Food & Drug Administration, Dallas

Malevolent Acts-Risk of Biological and Chemical Contaminants in Drinking Water, Anthony Bennett, BS, Turner Collie & Braden, AECOM

FDA's Food Defense "ALERT" Program, Sheryl McConnell, Public Affairs Specialist, Food & Drug Administration, Houston

1-3 pm

Preparedness – Linda Kaufman, MSN, RN, CS, Moderator

East Parlor

Influenza Control-Seasonal and Pandemic, W. Paul Glezen, MD, Influenza Research Center, Baylor College of Medicine

Infection Control Practices, Dr. C. Glen Mayhall, Hospital Epidemiology, UTMB

Best Practices in Prevention and Public Health Response, Dr. Vincent Fonseca, Texas Department of State Health Services

1-3 pm

Obesity/Chronic Disease–Mary Guzman, RD, LD, Moderator

West Parlor

Comprehensive Community Obesity Prevention Model in Texas, Stephanie Stevens, Colorado Physical Activity Nutrition Program

WIC Wellness Works: Statewide Example of Worksite Wellness, Robin Atwood, EdD and Nell Gottlieb, PhD, University of Texas at Austin

3 – 3:30pm

Break and visit exhibits and posters

3:30 – 5 pm

Concurrent Sessions - Past and Potential Health Issues: Lessons Learned and Recommendations for Preparing For the Future (Infectious, Natural, Manmade, Behavioral, Environmental)

3:30 – 5 pm

Administration–Carol Lee Hamilton, JD, RN, Moderator

Conference Room A

Using Evidence to Manage Chronic Disease at the Local Level
The Austin Experience, David Lurie, Director, Austin Travis County Health & Human Services Department

Resource Exchange

State, local & community-based representatives share resources and experiences

3:30 – 5 pm	Environmental & Consumer Health–Janice Hartman, RS, Moderator	Conference Room B
	<u><i>Foodborne Illness Investigation Teams: Effective Collaboration</i></u>	
	The role of the Epidemiologist , Shelly Stonecipher, DVM, MPH, Texas Department of State Health Services	
	The role of the Public Health Nurse , Janet Glowitz, RN, Collin County Health Department	
	The role of the Sanitarian , Janice Hartman, RS, DSHS Foods Unit North, Arlington	
	The role of the Public Information Officer , Doug McBride, Texas Department of State Health Services	
3:30 – 5 pm	Preparedness – Linda Kaufman, MSN, RN, CS, Moderator	East Parlor
	Helotes Fire: The Christmas Gift that Keeps on Giving , Kyle Cunningham, RS, San Antonio Metropolitan Health District	
	Medical Reserve Corps, Coordinating Medical Volunteers , Stacy Sayre, BS, Regional MRC Coordinator, Department of Health & Human Services	
3:30 – 5 pm	Obesity/Chronic Disease–Mary Guzman, RD, LD, Moderator	West Parlor
	2007 Texas Nutrition and Physical Activity Best Practices Winners	
	Wharton County “Fit Kidz!” Program – Texas Cooperative Extension – Wharton , Marilyn Sebesta Wharton County Extension Agent - Family & Consumer Sciences, Texas Cooperative Extension	
	Steps to a Healthier Houston, Harris County Consortium (STEPS) CATCH Project – Harris County Public Health and Environmental Services – Houston , Martha Cuccia & Stephanie Jones-Wood, Project Director (MC) and Steps Consortium Coordinator (SJW), Harris County Public Health and Environmental Services	
	Meals for Kids – Meals on Wheels and More – Austin , Diane Papillon, MPH, RD, LD, Nutrition Services Director, Meals on Wheels and More	
6 – 7:30pm	President’s Awards Presentations/Reception Included in Full conference registration – please join us and help us congratulate this year’s award winners!	Terrace

Tuesday, February 27, 2007

6:30 – 7:15am	Health Walk	Meet in lobby
8 – 9 am	Breakfast Buffet Line	Outside of Music Hall
9 – 11 am	Closing General Session Collaborations and Preparation for the Next Health Challenges (Infectious, Natural, Manmade, Behavioral, Environmental)	Music Hall
	Unhealthy Behaviors and Chronic Diseases: A True Threat to the Health of Texans	
	Moderator: Eduardo J. Sanchez, MD, MPH, Director, Institute for Health Policy, UTSPH Houston	
	Panelists: Richard H. Carmona, MD, MPH, FACS, Former US Surgeon General Paul Handel, MD, Medical Director, BlueCross BlueShield of Texas	
11 – 11:30 am	Closing Remarks, Transfer of the Gavel and Incoming Presidents Remarks by Sandra Strickland, RN, DrPH, followed by 2008 AEC Program Planning Committee Meeting (San Antonio) in the Board Room	Music Hall

HEALTH WALK 2007

The TPHA invites you to participate in our SUNRISE BEACH HEALTH WALKS to take place each morning of our 82nd Annual Education Conference on beautiful Galveston Island February 25-27, 2007.

We will meet Sunday, Monday and Tuesday mornings at 6:30 am in the Hotel Lobby.

The route is approximately 1.5 miles and meets the minimum guidelines for physical activity recommended by the Surgeon General.



Presenters and Moderators

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Personalized eyecare has been VSP's focus for more than 50 years. Everyday, we connect millions of members nationwide to caring and dedicated doctors in our extensive private-practice network. From covered exams to valuable savings on eyewear, our benefits are designed to help your employees or members envision a healthier tomorrow.



Exhibitors

Centers for Medicare & Medicaid Services

Melissa Scarborough, MPH,
CHES
1301 Young Street, Room 827,
Dallas, Texas 75202
214-767-4407 214-767-0323
melissa.scarborough@cms.hhs.gov

A Public Health Agency with a mission to ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries, CMS is a federal agency responsible for administering the Medicare, Medicaid, SCHIP (State Children's Health Insurance), HIPAA (Health Insurance Portability and Accountability Act), CLIA (Clinical Laboratory Improvement Amendments), and several other health-related programs. At our exhibit, we will be promoting our preventive benefits in particular, as well as providing general information on how to make the most of Medicare, including our new www.MyMedicare.gov website.

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Kim Ruddock
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kruddock@channing-bete.com

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Division of Community Outreach, UTMB

Deborah Flaniken
301 University Blvd
Galveston, Texas
409-772-7884 409-772-7886
deflanik@utmb.edu

The Division of Community Outreach works to advance the health of all Texans by bringing the educational and healthcare resources of the University of Texas Medical Branch directly into Texas communities. Community Outreach coordinators from the East Texas Area Health Education Center, Community Relations, and Continuing Medical Education work diligently to make a real and positive difference in meeting the health needs of Texas by providing community-focused programs and services aimed at building healthy communities and improving the lives of all Texans.

DSHS Immunization Branch

Antonio Martinez
1100 West 49th Street
Austin, Texas 78756
512-458-7284 512-458-7288
tony.martinez@dshs.state.tx.us

Information on immunizations for children, adolescents, and adults. Information on vaccine preventable diseases and school requirements. Information about ImmTrac, the Texas Immunization Registry and the Texas Vaccines for Children will also be provided.

DSHS Newborn Screening Department

Judy Chrisman
1100 West 49th Street
Austin, Texas 78756
512-458-7111 ext. 2682
512-458-7421
judy.chrisman@dshs.state.tx.us

Newborn Screening Expansion: Babies in Texas will now be screened for 27 disorders. Booth will have information for anyone involved with OB, neonatal, perinatal or pediatric practice. Information regarding disorders and changes to the Newborn Screening process will be available.

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504-352-6560 985-809-9902
Cathy_Russell@merck.com

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Preventive Medicine and Community Health Graduate Student Organization

Frank Lemus
700 Harborside Drive, Suite 1.128,
Galveston, Texas 77555-1153,
409-772-6630 409-772-2573,
fclemus@utmb.edu

The Preventive Medicine & Community Health Graduate Student Organization (PMCH GSO) is a non-profit, educational association, which exists to foster the development and growth of graduate students enrolled in the Graduate Program in PMCH at the University of Texas Medical Branch, Galveston, Texas

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Texans for Medical Marijuana

Noelle Davis
PO Box 12905
Austin, Texas 78711
512-659-1108 512-478-7303
noelledavis04@yahoo.com

Educational information about medical marijuana science and policy

Texas Poison Center Network

Jon Thompson
301 University Blvd. 3.112
Trauma, Galveston, Texas
77555-1175, 409-766-4400
409-747-6200,
jdthomps@utmb.edu

The Texas Poison Center Network is a consortium of six regional centers providing comprehensive poison control center services, including information, treatment recommendations, and public/professional education; to enhance the health of the residents of Texas. The Network is an essential part of the sentinel monitoring system for community, state and national emergency preparedness and disaster response.

Texas Public Health Training Center

Nancy Crider
1200 Herman Pressler Drive,
RAS E-905, Houston, Texas
77030, 713-500-9399 713-
500-9397
nancy.m.crider@uth.tmc.edu

The Texas Public Health Training Center (TPHTC) is a workforce development consortium of the University of Texas, School of

Public Health at Houston; the University of North Texas Health Science Center, School of Public Health; and the Texas A&M University System Health Science Center, School of Rural Public Health. TPHTC is a formal partner with the UT Center for Biosecurity and Public Health Preparedness. Principal funding for the Center is provided through a grant from the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (USDHHS).

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Liz Medders
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emedders@hsc.unt.edu

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Sheryl McConnell
1445 North Loop West #420
Houston, Texas 77008
713-802-7534 713-802-7503
sheryl.mcconnell@fda.hhs.gov

Distribution of food defense and other related materials.

UT School of Public Health

Stephanie Tamborello
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Houston, Texas 77030
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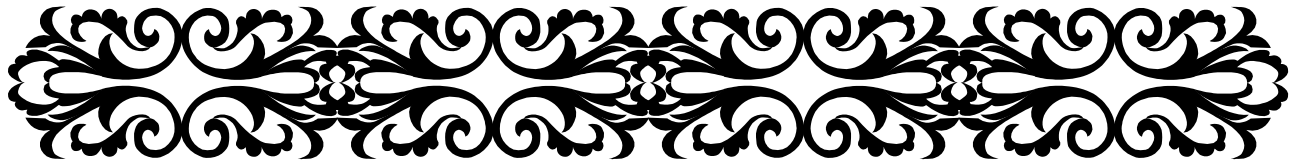
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The Texas Public Health Association extends its gratitude
to the following individuals for their excellent work
in contributing to the overall success of the
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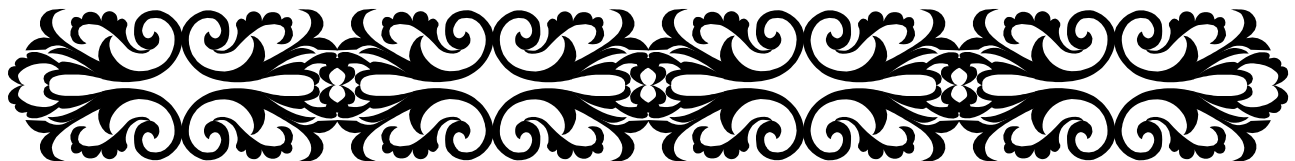
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Thank you to those of you who brought door prizes!



Papers, Posters and Educational Materials Abstracts

Papers

Telepsychiatry for the Assessment of Patient Admission: Costs, Benefits, and Provider Job Satisfaction

Ming Ying Lisa Chu-Weininger, PhD, MBA, MPH, MSLIS, FRIPH, CHES, and Kim Dunn, MD, PhD, School of Health Information Sciences, University of Texas Health Science Center at Houston

Ignacio Valdes, MD, MS, Department of Psychiatry and Behavioral Science, University of Texas Health Science Center at Houston

Target audience: Healthcare managers and/ or providers interested in the investment and application of telemedicine and related job satisfaction, mental health providers, and the allied health professionals.

How need for research was established: Psychiatrists agreed telemedicine was acceptable means for assessment of hospital admission. However little is known if relatively "low cost" technologies for this purpose will yield provider and staff job satisfaction, and service related benefits.

Objectives of research: To identify variables that may be associated with provider and staff job satisfactions in video-telephone conference psychiatry for the assessment of hospital admission, and to assess costs and benefits observed at two psychiatric institutions located at urban and semi-rural Texas.

This study examined video-and-telephone conference technologies applied at two mental health institutions for the assessment of patient admission, related costs,

observed benefits, and provider and staff job satisfactions. In summer, 2006, Likert-scale items were adapted from the telemental health kit developed at the Veterans Administration, for the provider and staff job satisfaction surveys. Instrument validity and reliability were considered on the 18 selected items of each instrument on administration to 11 telemedicine providers, and 33 staff who handled telemedicine, respectively. Six face-to-face interviews with technicians and hospital administrators provided information on cost and observed benefits. Spearman correlations, descriptive and qualitative analyses were performed. Results suggested that the "low cost" technologies applied at the two institutions were associated with provider and staff job satisfactions. In particular, telemedicine was associated with provider and staff productivity. It saved providers time and cost in traveling to the hospital, which helped night-shift provider recruitment and retention. Telemedicine also helped retain patients who were unwilling to wait for a provider to come. Clinical efficiency and effectiveness variables were associated with provider job satisfaction. Good image quality was associated with staff job satisfaction. Overall, results and lessons learned have implications for future telepsychiatry investment and protocol development.

Prevalence Estimates of Multiple Sclerosis in Texas, 1998-2003

Laurie Wagner, Natalie Archer, Dhelia Williamson, Judy Henry, Randolph Schiffer

Target Audience: Public health officials, state/local health agencies, MS patients, physicians

How need for research project was established: This research project came about through a citizen concerned about an excess of multiple sclerosis (MS) cases in an El Paso neighborhood. The Texas Department of State Health Services (DSHS) and the Agency for Toxic Substance and Disease Registry (ATSDR) conducted a public health consultation, which recommended a prevalence study of MS among persons living in two El Paso communities. The study found an apparent excess of MS cases, but a lack of appropriate comparison prevalence estimates for Texas precluded an exact estimate of risk. Prevalence studies were subsequently undertaken to develop current MS prevalence estimates for Texas.

Research project objectives: To conduct two prevalence studies in order to develop MS prevalence estimates for Texas. The study areas consisted of a 19-county area in north Texas and El Paso County.

ABSTRACT

The Department of State Health Services (DSHS) recently conducted two multiple sclerosis (MS) prevalence studies in Texas. The pilot study analyzed MS prevalence in a 19-county area in North Texas for the years 1998-2000. Patients who were diagnosed with MS by a neurologist, resided in the study area, and had an office visit during the study timeframe were included in the study. A consulting neurologist verified MS diagnoses for each patient using the Poser criteria.

The second study was an extension of the pilot study that included three additional years of data (1998-2003) and an additional study area (El Paso County). For this study's case definition, all MS-diagnosed patients were included, with no

case verification using Poser criteria required.

The pilot study's three-year MS estimate for the north Texas study area was 42.8/100,000, and the following study's six-year MS estimate for the same location was 71.5/100,000. The six-year prevalence for El Paso County was 49.4/100,000.

For both studies, MS prevalence was higher for females, age groups 40 to 59, and for non-Hispanic whites. These estimates offer valuable information about the epidemiology of MS in Texas, allow for comparison with national estimates, and provide much needed prevalence data for Hispanic populations.

Determinants of Glaucoma Awareness Among African Americans in Georgia

Curry Jones, MPH, University of Washington, Extended MPH Program

David Grembowski, MA, PhD, University of Washington, Dental Public Health Science

Carol Snype Crawford, MSW, Executive Director, Georgia Department of Community Health, Office of Minority Health

Ann Downer, MS, PhD, Executive Director, Center for Health Education and Research, University of Washington

Target Audience:

Primary Target Audience: People at High Risk. The major risk factors for developing glaucoma include ethnicity, age, and a family history of the disease. This audience includes: Blacks 40 to 65 years of age; Individuals with a family history of glaucoma and People with diabetes.

Secondary Target Audience:

The secondary target audience is those who can influence or support policy and funding for health education programs to

increase awareness about glaucoma and increase access to vision screening services. This audience includes:

Georgia Department of Community Health, Office of Minority Health
Prevent Blindness Georgia
Georgia Blind and Low Vision

How was the need for research project established:

Glaucoma is a ocular eye disease which over time, if undetected and untreated, leads to irreversible damage of the optic nerve and retinal fibers resulting in a progressive, permanent loss of vision. Numerous epidemiological studies have shown that African Americans are at most risk of visual impairment due to glaucoma. It is estimated that Georgia comprises 3% of all glaucoma cases nationally (people age 40 and greater). Among Georgia's Medicaid recipients, the prevalence of glaucoma was twice as high among African American (18.14 per 1000 people) than whites (7.15 per 1000 people). Because of the limited State-specific data/information on African American's knowledge, attitude, health beliefs regarding glaucoma, this study focused on assessing these attributes.

Objectives of Research:

The goal of this study was to assess the awareness of glaucoma among African Americans in the State of Georgia. The specific aim of this study was to describe the knowledge, beliefs, attitudes, and health behaviors about glaucoma and associated risk factors of African Americans in Georgia. The results from this report may aid the Georgia State Department of Community Health in determining whether additional steps statewide should be taken to address glaucoma in this population.

Abstract

The purpose of this descriptive cross-sectional study was to ascertain the knowledge, attitude, health beliefs, and behaviors

regarding glaucoma among African Americans in the State of Georgia. A mail survey was sent to a systematic random sample of African Americans across the State of Georgia to ascertain African Americans' family history of glaucoma, knowledge, attitudes and beliefs about the risk factors associated with the onset of glaucoma, access to health services (i.e., health care coverage and distance to care) for glaucoma, frequency of eye care visits, and socioeconomic status. The results of the survey revealed that African American respondents in Georgia aged 40-65 have limited knowledge of the symptoms of glaucoma, and limited knowledge about the race and age most at risk for glaucoma. The survey also showed African American respondents in Georgia aged 40-65 experience longer gaps without health insurance, and have increased travel times to eye care providers.

Impact of Treatment and Socioeconomic Status on Racial Disparities in Survival among Older Women with Breast Cancer

Xianglin L. Du, MD, PhD, Shenyang Fang, MD, MS, Tamra E. Meyer, MPH
School of Public Health, University of Texas Health Science Center, Houston, Texas.

Target audience: Public Health Researchers, Clinicians, and the Public.

How need for research or education project was established: Many of previous studies on racial disparities in survival have not adequately considered comorbidity, treatment and socioeconomic factors. Because these factors are strongly associated with survival among different ethnic populations, they should be measured and controlled for when examining racial disparities in survival.

Objectives of research or education project: To determine if the racial disparities in survival between African-Americans and Caucasians are still evident after considering their differences in treatment and socioeconomic status. If poorer survival in African Americans were mainly due to poorer socioeconomic status and suboptimal care, there should be important public health implications because these factors are modifiable, whereas race/ethnicity is not.

Abstract: We studied a nationwide and population-based cohort of 35,029 women with stage I-III breast cancer at age ≥ 65 from 1992-1999, identified from the Surveillance, Epidemiology and End Results-Medicare linked databases with up to 11 years of follow-up. We found that African-American women with breast cancer were more likely to live in the poorest quartiles of socioeconomic status than Caucasians (73.7% versus 20.7%, $P < 0.001$). Those living in communities with the lowest socioeconomic status were 11% more likely to die than those in the highest (hazard ratio=1.10, 95% Confidence Interval: 1.04-1.16). The risk of dying changed slightly after controlling for race/ethnicity (1.11, 1.05-1.18). Compared to Caucasian women with breast cancer, crude hazard ratios of all-cause and breast cancer-specific mortality were 1.35 (1.27-1.45) and 1.83 (1.56-2.16) for African-Americans. After adjusting for treatment and socioeconomic status, hazard ratio of all-cause mortality was no longer significant in African-Americans (1.02, 0.84-1.10), whereas the risk of breast cancer-specific mortality was marginally higher in African-Americans (1.21, 1.01-1.46). In conclusion, racial disparities in overall survival between African-American and Caucasian women with breast cancer were not present after controlling for treatment and socioeconomic status. Efforts to eliminate these barriers have

important public health implications for reducing disparities in health outcomes.

The Number of Illegally Abandoned and Legally Surrendered Newborns in the State of Texas Estimated from News Stories, 1991-2006

Sandi L. Pruitt

Target audience: Local and state public health workers, child welfare experts, maternal and child health professionals, and others interested in health policy and utilizing newspaper data for public health surveillance.

How need for research project was established: In 1999, Texas passed its Safe Haven policy, becoming the first state to legalize the anonymous surrender of a newborn infant at designated locations. Following the lead of Texas, 46 additional states have implemented similar legislation. Currently, no one agency in Texas or the federal government systematically and uniformly collects data on the total number or characteristics of illegally abandoned and legally surrendered infants. The goal of this study is to fill these gaps in knowledge using Texas newspaper accounts of cases in the state.

Objectives of project: The objectives of this study are to estimate the number of newborns <60 days of age that were 1) illegally abandoned in Texas, 1991-2006; 2) legally surrendered in Texas under the Safe Haven policy, 1999-2006; and to 3) describe the demographic characteristics of illegally abandoned and legally surrendered infants and/or their parents when reported in the news article.

Abstract

Background: In 1999, Texas passed a Safe Haven law allowing for the anonymous

surrender of unwanted newborn infants at designated locations. However, state agencies do not systematically collect data on the total number of illegally abandoned infants or infants legally surrendered under the law.

Objective

Using a review of newspaper articles, this study estimated the number of illegally abandoned and legally surrendered newborns <60 days old in the state of Texas, 1991-2006, and described their demographic characteristics.

Methods

Reports were obtained from a review of newspaper articles published in Texas 1991-2006 using the LexisNexis database.

Results

Of 113 infants (49% male) identified in news articles over the 16-year study period, 102 infants were illegally abandoned (66% found alive) and 11 were legally surrendered to Safe Havens. On average, 6.4 (range: 2-16) infants were illegally abandoned each year, with the greatest number found in 1999. Infants continued to be illegally abandoned following passage of the Safe Haven law. The mothers' mean age was 21.9 (range: 15-40).

Conclusion

The Safe Haven law does not seem to have caused a dramatic increase or decrease in the number of illegally abandoned infants. A statewide surveillance system should be implemented to evaluate this important public health problem.

Posters

Project Vision SOS Saving Our Sight

Susan Ferlitto-Gonzales, RN

Target audience: at risk adults for glaucoma

How need for research or education project was established: Friends of the Congressional Glaucoma Caucus Foundation (FCGCF) determined that only limited follow-up for at risk populations screened for glaucoma disease was occurring in San Antonio, Texas.

Objectives of education project: San Antonio Metropolitan Health District with funding from FCGCF developed Project Vision SOS Saving Our Sight is to link at risk persons for definitive diagnosis of glaucoma. The project uses navigators to connect clients to local vision health providers.

The navigator assists the client by explaining screening test results and the need for further evaluation.

Information like the names, addresses and phone numbers of eye care professionals may appear simple but maybe the barrier to the client getting a final diagnosis. Assisting clients with understanding the complex health plans, locating providers with affordable payment plans or arranging transportation begin to offer the client a pathway to care.

The term glaucoma is often not recognized by the general public as is diabetes. The navigator is able to assist the client with understanding the disease process and explaining medical concepts in terms the person understands or using visual displays that present a picture of the disease process. The navigator can teach the visually impaired client about special techniques and use of assistive devices to improve self reliance.

Project Vision is beginning to fulfill an emerging public health need. As our population ages, good eye health is critical for promoting good health.

Paternal Age and Prevalence of Selected Birth Defects

Authors: Natalie P. Archer, Peter H. Langlois, Lucina Suarez, Jean D. Brender, Ram Shanmugam

Target Audience: epidemiologists, birth defects registries, researchers

How need for research project was established: Although the effect of maternal age on birth defect prevalence has been looked at extensively, the effect of paternal age has not been as well studied, and for most birth defects for which paternal age has been examined at all, analyses have yielded inconsistent results. We felt that an analysis of Texas birth defect prevalence with respect to paternal age would be helpful.

Research project objective: To evaluate the association of paternal age with the prevalence of selected structural birth defects, using Texas Birth Defects Registry (TBDR) data.

Background: Unlike maternal age, the effect of paternal age on birth defect prevalence has not been well examined. We used cases from the Texas birth defect registry, born during 1996-2002, to evaluate the association of paternal age with the prevalence of selected structural birth defects. Methods: Poisson regression was used to calculate prevalence ratios (PR) and 95% confidence intervals (CI) associated with paternal age for each birth defect, adjusting for maternal age, race/ethnicity, and parity. Results: Relative to

fathers ages 25-29 years, fathers 20-24 years of age were more likely to have offspring with gastroschisis (PR 1.47, 95% CI 1.12-1.4), and fathers 40+ years old were less likely to have offspring with trisomy 13 (PR 0.40, 95% CI 0.16-0.96). No association was seen between paternal age and prevalence of anencephaly and encephalocele. A selection bias was observed for the other birth defects in which cases of younger fathers were more often excluded from study. Conclusions: In studies of birth defect risk and paternal age, the source of information may affect the validity of findings.

Pesticide Exposure Surveillance in Texas, 2005 Program Data

Maria Saucillo, Pest Program

The Pesticide Exposure Surveillance in Texas program maintains a database of information on pesticide and disinfectant exposures occurring in the state of Texas. The Program receives information from physicians and laboratories which are required to [report](#) occupation related pesticide poisonings through the Texas Occupational Condition Reporting Act, Health and Safety Code, Chapter 84. Additional surveillance data are obtained from other state agencies including the Texas Poison Control Network. Approximately 60% of our data comes from the Texas Poison Control Network. The surveillance program is responsible for conducting investigations of exposure incidents that meet program case criteria and providing educational information to reduce incidents of exposure.

Texas is a large state, both in population and land mass.

Texas has approximately 130 million acres of total farmland. To maintain this large agricultural industry, most farm owners find it necessary to use pesticides, therefore creating a great potential for work-related pesticide exposure and illness.

The potential for workers to be exposed to pesticides is not limited to agricultural occupations. Pesticides also are frequently used by commercial exterminators, golf course managers, parks and recreation departments, schools, highway departments, public health agencies, utility companies, and others. Retail workers may be exposed to pesticides while loading and unloading trucks, stocking shelves, or cleaning spills. Disinfectants are constantly being used in hospitals, hotels, and many other businesses.

The state's size, the potential for exposure, the occupational disease reporting law, and the existing pesticide illness surveillance system provide an excellent opportunity to evaluate and reduce the public health impact of work-related pesticide and disinfectant exposures illness.

The target audience: public health professionals, agricultural workers, custodians and any worker where pesticides or disinfectant might be found.

Medicare Coverage and Colonoscopy Screening: Who is Really Benefiting?

Kelly Lovell, Catherine Cooksley, Ya-Chen Tina Shih, Linda S. Elting

Target Audience: Health Promotion and Awareness Professionals

Need for Research: Prior research demonstrates disparities in screening colonoscopy among minorities, lower socioeconomic status, and rural populations. Medicare extended reimbursement for colonoscopy for average-risk beneficiaries in July 2001 to increase screening and reduce the screening disparity. Other studies showed that the new Medicare reimbursement increased the rate of screening and decreased the disparity for some minority populations. Texas differs from the rest of the United States with respect to its large racial and ethnic minority population and its lower than average colonoscopy screening rates (48.4% vs. 53.5%). We studied colonoscopy screening rates among Texas Medicare beneficiaries before and after the change in Medicare reimbursement in order to evaluate the impact of the policy change among Texans and to identify populations that remain at risk for low screening after access to care is provided. Our results will enable health care professionals to target vulnerable populations with appropriate screening interventions.

Research Objectives: The objectives were 1) to determine whether colonoscopy screening increased among Medicare Beneficiaries over the age of sixty-five in Texas after the change in reimbursement policy and 2) to determine whether rural and urban Texans of all racial and ethnic groups benefited equally from the policy change.

Abstract

Background: We examined the impact of a change in Medicare's colonoscopy reimbursement policy on screening rates among Texans, overall, and on

screening disparities, in particular.

Methods: We compared 1999 and 2004 colonoscopy screening rates among Medicare beneficiaries in Texas (from the Behavioral Risk Factor Surveillance System) using two-tailed chi-square statistics.

Results: Overall, screening increased in Medicare beneficiaries age 65 and over. Screening rates increased most among Hispanics, but also among non-Hispanic Whites. Screening rates decreased among non-Hispanic Blacks and Other Non-Hispanics, widening racial disparities. Colonoscopy screening rates increased in urban and some rural counties.

* Facilities refer to counties with at least one colonoscopy facility located within the county.

Discussion: We conclude that the change in Medicare reimbursement policy had a positive impact on Medicare beneficiaries in Texas. However, the benefits were not enjoyed by all Texans. Despite a favorable change in reimbursement policy, disparities among non-Hispanic Blacks and Non-Hispanic Other Races increased. This was not observed in previous nationwide studies, suggesting that Texans may differ from their same-race US counterparts with respect to other factors that affect screening behavior, such as socioeconomic status, health literacy, or access to care. Further elucidation of these factors is essential to reducing screening disparities among Texans.

Community mercury recycling program following mercury spill, Potter and Randall Counties, 2004.

Deree Duke, RS, Hector Mendoza, RN, J. Rush Pierce, Jr., MD, MPH, City of Amarillo, Department of Environmental Health; City of Amarillo, Department of Public Health; Amarillo Bi-City-County Health District; Texas Tech University Health Sciences Center, Amarillo.

Target audience:

Environmental health officials, sanitarians, public health officials, community health educators.

Established need and Objectives:

We describe an accidental mercury spill, which attracted much public attention. In addition to environmental clean-up and medical monitoring of exposed children, the Health District sponsored a voluntary recycling program. Local citizens voluntarily surrendered over 600 pounds of elemental mercury for safe disposal by the Environmental Protection Agency.

Background:

Elemental mercury (Hg) has a number of industrial uses. It is liquid at ambient temperature and slowly vaporizes with time. Liquid mercury is not usually toxic even if swallowed, but the vapor form can cause damage to the lungs, stomach, and nervous system. Exposure to mercury over weeks or months can be dangerous, especially to young children. Thus the chronic presence of mercury in the environment can represent a human health hazard.

Methods:

In September, 2004, our fire department responded to a hazardous materials call from a local school where a child had brought liquid mercury into a classroom. Subsequent investigation by the Health District determined that children of five different households had

found elemental mercury in a nearby location and transported it to their respective homes and to school. The Health District participated in the management of mercury spills inside five private residences and the monitoring of health effects in eleven children and one pregnant adult. No mercury toxicity was detected. As an example of cross jurisdictional cooperation, the State of Texas, the Federal Government and the local Health District provided assistance to the families, monitored health effects, and achieved restoration to the affected homes. The situation was of much interest to the community and local media. In cooperation with the Environmental Protection Agency, the Health District initiated a public education campaign about the health effects of mercury and sponsored a voluntary recycling efforts

Results:

The public education campaign and recycling effort resulted in voluntary surrender of 620 pounds of mercury in our community over the next six weeks.

Conclusions:

Health Districts can use local environmental contamination events to educate and motivate citizens to eliminate potentially hazardous materials from the environment.

Prevalence of Staphylococcus aureus and Methicillin-Resistant Staphylococcus aureus on Surfaces in a Jail Facility

Author(s): Kiersten Andrews; Marilyn Felkner, DrPH; Leanne Field, Ph.D.; Jeff Taylor, MPH; Jessica Presley

Target audience:

Persons involved in environmental health

and/or correctional facility healthcare

How need for research project was established:

In the last decade, correctional facilities in the United States, including Texas, have experienced multiple outbreaks of methicillin-resistant Staphylococcus aureus (MRSA) that have led public health officials to further investigate sources of transmission in order to implement prevention methods. This project was designed in consultation with correctional facility healthcare administrators.

Objectives of research:

To assess the prevalence of S. aureus and MRSA on environmental surfaces in a Texas county jail in order to determine whether the surfaces were a potential source of S. aureus transmission among inmates and staff. Until this study, no such assessment of the prevalence of S. aureus on environmental surfaces had been conducted in a jail or correctional facility.

Methods:

Specimens were collected from five areas of the jail over a period of four consecutive weeks using dry, cotton-tipped swabs. The swabs were inoculated onto various bacteriological media. Bacterial growth recovered was evaluated with biochemical tests, the API Staphylococcus Identification System, and pulse-field gel electrophoresis (PFGE). The resistance to methicillin of each isolate was determined using oxacillin E-tests.

Results:

S. aureus was recovered from 6.3% of surfaces tested, and 80% of these isolates were determined to be resistant to methicillin. MRSA-contaminated objects included a stair railing, toilet seat, toilet flush button,

common area table top, wound line chair, faucet buttons, and inmate transport van seats. Results of PFGE illustrated that two different clonal types were present in the jail.

Conclusions and recommendations: Surfaces in the Texas county jail are contaminated with *S. aureus* and MRSA, and as such, they represent a potential source for transmission to inmates and staff. It was recommended that the jail review compliance to disinfection procedures. Follow up studies in the jail facility need to be conducted to determine if implemented changes were effective.

An Assessment of Community Based Smoking Cessation Programs

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Target Audience:
Patients/Clients of the Harris
County Hospital District's
Community Health Programs

How need for research or education project was established: Smoking cessation has been identified as a major indicator of health outcomes. HCHD Health Promotion Services Department has an established comprehensive smoking cessation program that enables patients to learn more about their smoking habits, and ultimately gain knowledge and tools to assist them in their cessation efforts.

Objectives of Research or Education Project:

To assess the completion rate of participants enrolled in the program

To identify the quit rate of participants who completed the program in 3, 6, and 12-month intervals.

To compare patient quit rates with different methods used for quitting.

Impact of Socioeconomic Status on Racial Disparities in Survival in Men with Prostate Cancer: A Meta-Analysis

Tamra E. Meyer, MPH and
Xianglin L. Du, MD, PhD

Target Audience: The target audiences for this abstract are researchers who study cancer survival and researchers or policy-makers who are concerned with reducing racial health disparities.

Need for Research Project: We found that the results of previous studies reporting on racial disparities in survival with prostate cancer were inconsistent even after adjusting for socioeconomic status. In order to provide a more stable estimate of the effect of socioeconomic factors on racial disparities in survival for patients with prostate cancer we performed this meta-analysis that pooled the results from 7 original studies.

Objectives: To generate the pooled hazard ratio and 95% confidence intervals for studies measuring racial disparities in all-cause and prostate cancer-specific survival after adjusting for racial differences in socioeconomic status using random effects meta-analysis.

To examine the effects of socioeconomic status, tumor stage, grade, treatment and comorbidities on racial disparities in survival for men with prostate cancer.

Abstract: Prostate cancer is the third leading cause of cancer death in the US and affects ethnic populations disproportionately. Several studies reported that after considering differences in socioeconomic status (SES), African-Americans are more likely to die than Caucasians after prostate cancer diagnosis, whereas other studies found no survival differences. Because of these inconsistencies, we conducted a meta-analysis to better estimate the effect of SES on racial disparities in survival. We searched MEDLINE for English-language publications from 1966 to September 2006, and reviewed references for additional studies. Of 435 studies reviewed, seven met our inclusion criteria contributing 115,468 prostate cancer cases. There were no significant differences in all-cause mortality after considering SES for African-Americans compared to Caucasians (hazard ratio [HR]=1.06, 95% CI=0.99-1.14). However, the meta-HR for prostate cancer-specific mortality was significantly higher for African-Americans (HR=1.23, 95% CI =1.15-1.31) after adjusting for SES. Additionally controlling for demographic factors, tumor characteristics, treatment and comorbidities, weakened racial disparities for all-cause (HR=1.07, 95% CI=0.94-1.23) and prostate cancer-specific mortality (HR=1.24, 95% CI=1.00-1.53). In conclusion, there was no significant difference in all-cause survival between African-American and Caucasian men with prostate cancer after

considering SES and other factors, but there was a marginally significant difference in prostate cancer-specific survival.

Are Patient Navigators An Effective Intervention in Patients Receiving More Timely Cancer Diagnosis and Treatment?

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Abstract

In the United States, underserved populations are disproportionately burdened with cancer and early death due to cancer. According to the National Center for Health Statistics (2002), black women are twice as likely to die from cervical cancer as white women and breast cancer is the leading cause of cancer mortality in Latina women. As a result of these and other data, the National Cancer Institute initiated the Patient Navigation Research Program to address cancer health disparities. The UTHSCSA, partnered with SAMHD, was chosen as one of nine national sites to participate in this program. A Patient Navigator is a member of the healthcare team who assesses the patient for barriers that may cause an interruption in care along the continuum between abnormal screening and

treatment if a cancer diagnosis is made, and assists the patient in resolving those barriers. Demographic, social, and economic information about each participant will be collected and compared with a control population to measure the effectiveness of this type of intervention. Measurement parameters will include time from diagnosis to treatment, treatment to resolution, and cost effectiveness.

Neighborhood Predictors of Physical Activity in Texas Men and Women Using the 2004 Behavioral Risk Factor Surveillance System

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Target Audience:
Texas Public Health
professionals

Need and Objectives for Research:

Although the benefits of regular physical activity and exercise are well known, a large segment of the population remains sedentary. There is a growing body of research that examines environmental correlates of physical activity. This study investigates neighborhood characteristics as predictors of self-reported physical activity specifically for Texas men and women and examines gender differences using the 2004 Behavioral Risk Factor Surveillance System (BRFSS) data.

Introduction

The purpose of this analysis was to investigate gender differences in neighborhood characteristics as predictors of self-reported physical activity (PA) using the 2004 BRFSS data. Understanding the role of environmental characteristics as determinants of PA may help public health professionals prioritize health promotion interventions.

Methods: BRFSS is a state-based, ongoing telephone survey that gathers data on risk factors among non-institutionalized adults 18 years of age and older. Self-reported PA is accepted as a valid measure of PA in population studies. Descriptive statistics and Multiple Logistic Regressions were used for the analyses. Analyses controlling for income and ethnicity were also conducted.

Results: Most neighborhood characteristics are associated with leisure time PA (LTPA) for both genders. However, the associations are generally stronger for women, especially after controlling for sociodemographic variables. Variables showing marked gender differences include: street lighting, safety, feeling that neighbors can be trusted, and pleasantness of neighborhoods. With respect to meeting recommendations for moderate and vigorous physical activity (PA-rec), neighborhood factors also have a stronger association for women than for men.

Conclusion: Neighborhood characteristics do influence physical activity and these influences differ between genders. These findings underscore the importance of an

ecological approach to increasing physical activity.

Is an environmental health educational intervention sufficient to change behavior? Perceptions from an indigenous lake community in Guatemala.

Pezzia, Carla

Audience: Public Health practitioners.

Responding to high levels of intestinal infections associated with refuse in the streets, this project began as a collaborative effort between the researcher and Vivamos Mejor, a non-governmental organization around Lake Atitlan, Guatemala. This study looks at community perceptions of refuse and how receptive members of the town of San Pedro would be to attending classes on how to keep their environment and themselves healthy.

Background: The second leading cause of mortality in Guatemala is gastrointestinal infections, and San Pedro La Laguna, Guatemala, provides an opportunity to study these infections utilizing a human ecological approach. Traditional environmental health practices focus on education and exposure prevention, but the division between the biophysico-chemical and social environment keeps them from always being sufficient; human ecology seeks to bridge this division. **Methods:** Utilizing ethnographic fieldwork techniques, morbidity data were collected from the local health center, observations noted systematically, and both residents and tourists were interviewed regarding their perceptions of the community's environmental health. **Results:** Results found that residents who had no contact with tourists

stated that, for gastrointestinal infections due to refuse in the streets, education alone would not be sufficient to reduce this problem; most felt some type of government intervention would be necessary.

Conclusion: Since mandatory education was suggested by many but was not considered to be beneficial on its own, an intervention that combines education with other health-promoting practices has more potential for success. It is recommended that public health specialists employ a human ecological approach and refer to the community when designing an appropriate intervention.

Community Collaborations to Establish Chronic Disease Self-Management in Rural Communities

Hora, K.L., Fraidenburg, A.B., Prochaska, J.D., Bolin, J.N., Ory, M.G.

Target Audience: Community Health Workers, Researchers, Educators and State Public Health Officials.

Research Objective: Texas A&M School of Rural Public Health was awarded a Prevention Research Center in late 2004 by the Centers for Disease Control. The PRC's initial demonstration research project is a 5-year, Community Based Participatory Research (CBPR) project in the Brazos Valley Region of Central Texas working collaboratively with local community and clinical members in exploring existing practices for diabetes management and working with both sectors in implementing best practice guidelines.

Background: The Year-2 goal of the PRC Core was to begin working in one rural community within the Brazos Valley to

jointly select at least one diabetes management/prevention best practice guideline to disseminate to the community and clinical arena. The estimated percentage of those living in the Brazos Valley with diabetes is 10% and overweight/obesity 33%. In order to choose a guideline(s) for translation, the PRC Core distributed surveys as well as conducted focused interviews with key stakeholders in the community. Self-management was the guideline selected and the Stanford Chronic Disease Self-Management (CDSM) program was chosen because of the evidence base and the potential for sustainability.

Principal Findings: Our paper describes the implementation process of a chronic disease self-management class in a rural community within the Brazos Valley using a Community Based Participatory Research approach. Specifically noted are the challenges and successes in working with community and clinical partners to establish this program, working with clinical providers to enhance referrals and recruiting participants and leaders.

Conclusions: To implement the CDSM within a rural community it is necessary to have a "community champion" and a non-research based agency take ownership of the class to ensure sustainability.

Public Health Education through Community Universities in Taiwan: An

Action Research Initiative after SARS Epidemic

Meei-shia Chen, Ph.D., MPH, Professor, Department of Public Health, College of Medicine, National Cheng Kung University, Tainan, Taiwan

Target Audience: Public health and medical professionals interested in community and national health

How need for research or education project was established: SARS impact in Taiwan led to the awareness of the problems with Taiwan's national health system

Objective of research or education project: to assess the major health problems in Taiwan, to hold educational workshops for "seed teachers" and the seed teachers to design continuing educational courses through community universities for the adults of the community. These three stages form a continuous circle of an action research.

Abstract

The SARS outbreak during the spring of 2003 had an enormous economic and social impact on Taiwan. This impact, exacerbated by Taiwan's failure in controlling the epidemic at the initial stage, led to the public's awareness that without a strong public health system, their lives could be left in jeopardy. Consequently, there were widespread calls for analyzing and reforming the public health system. In this context, a group of public health professionals launched an action research initiative. This initiative constitutes three major dimensions. First, the promoters of this initiative continuously assess major health problems and needs of Taiwan society. Second, based

on the result of this assessment, the program participants design a three-day educational workshop every semester for public health and medical professionals and graduate students recruited to serve as "seed teachers". Third, based on the contents of regular workshop, the seed teachers then design and teach the public health courses at the community universities which spread over counties and cities in Taiwan. These three stages of the program form a continuous circle – each stage is informed by others. The goal of this initiative is to educate and empower the public so they may eventually engage in the health care reform movement. The focus of this paper is to describe and analyze this action research.

Air Emission Check: Using Air Dispersion Modeling and GIS to Determine Concentrations of SO₂ and Affected Communities

Coty Marie Maypole

Target Audience: Regulatory Agency Employees (TCEQ, EPA, City of Houston) involved in air monitoring and enforcement of air quality standards, Related Industry Compliance Professionals, Health Providers, Community Groups, and Exposed and At-Risk Citizens

Background: This abstract constitutes a methodological case study of a recent release of sulfur dioxide (SO₂) from industry which required the evacuation of hundreds of workers, hospitalization of a dozen workers, and shelter-in-place of students in schools and residents in homes near the Houston ship channel.

Methods: Data on the release was obtained from the Texas Commission on Environmental

Quality. The concentration from a City of Houston air monitoring site was used to compare to the modeled concentration of SO₂. Dispersion modeling estimated SO₂ concentrations 100 m to approximately 4 miles downwind from the source. Maps created by geographic information system software, MapInfo Professional, showed HISD schools and residents affected by the release.

Results: Results from the study show the concentration for the model and the monitoring site are closely correlated. Additionally, SO₂ concentrations were 5 ppm and higher for distances 300 meters or less from the source and 130-230 ppb 2 miles from the source. Although three schools in the area sheltered-in-place, more schools in the area would have also benefited from the shelter-in-place due to their location in the dispersion path.

Conclusions: This study provides insight on how dispersion modeling can be used for both prospective and retrospective exposure assessments of communities close to industry.

Healthcare disparities among Culturally and Linguistically Diverse Immigrants in the U.S.

Cara Hamman, Love Johnson, Julius Larry, Kathryn Lowery, and Ankur Rustgi

Abstract: One of the greatest challenges faced by the United States (U.S.) healthcare system is how to provide cost-efficient, culturally and linguistically competent healthcare services to racially and ethnically diverse populations. This challenge is due to several issues ranging from disparity of healthcare services among such

populations, to language barriers, and to the dearth of bilingual and bicultural healthcare professionals who can provide these services. Mullan (2005) reported that an estimated 1.5 million legal and illegal immigrants arrive in the United States (U.S.) each year. As the number of immigrants increase residencies in the U.S., innovative measures must be implemented to address healthcare standards and assurances. In response to these issues, degree programs and professionals are seeking ways to improve healthcare access and services. This research project discusses the causes and suggested solutions to health disparities among racially and ethnically diverse immigrant communities. The scope of this project will specifically address issues related to the Texas Mexican immigrant population, currently the largest minority population within this state.

Research Origination, Target Audience and Objectives:

The learner objectives are targeted to audiences interested in immigrant health issues among minority populations residing in the United States. This graduate student research project resulted from a course titled principles of public health and current literature reviews that reveal an increasing need for research that examines public health professionals' ability to understand execute the following objectives:

Describe the public health literature regarding the causes, influences, and recommendations for healthcare disparities and reform in the United States;

Discuss suggested solutions to health disparities among racially and ethnically diverse communities; and

Outline ways in which universities, healthcare

agencies, and volunteer health organizations can serve as liaisons within the U.S. healthcare system, as the driving issue of healthcare disparities and reform permeates our society.

Texas Birth Defects Epidemiology & Surveillance Enhancing Inter-regional Data Consistency through Standardized Staff Training

Ann Phelps, Amy Case, Bobbie Mankowski

Target Audience: Supervisors and trainers of public health workers, particularly for regionally-based and/or surveillance programs.

Need for Project: The Texas Birth Defects Registry employs 50 full-time staff to perform field activities such as case finding, data abstraction, and quality assurance in approximately 200 facilities ranging across an area of 262,000 square miles. Staff are located in 5 offices and 5 sub-offices. Because of the phased-in nature of the surveillance program in addition to normal staff turnover, experience levels with birth defects surveillance range from 0-12 years. Since the inception of this regionally-based model, it has been acknowledged that a key challenge facing the program is the introduction of bias into the data due to different practices and procedures among the regions. In order to minimize this bias, one approach we have employed is to ensure that all staff demonstrate a minimal set of surveillance skills as well as an understanding of concepts such as embryological development, medical coding, and time management.

Objectives: To demonstrate whether a standard established

in 2004 was (that each employee of the expected to achieve 32 hours of training per year) was achieved consistently throughout the state and among various staff levels. Additionally, to describe usage patterns of various training methods (e.g. computer-based, staff meeting, college courses).

Methods: We analyzed monthly reports submitted by regional birth defects program staff documenting the type of training or education received, method of training, and number of hours. Averages were computed and compared among regions and job classifications.

Results: During the 12 month reporting period (November 2004 through October 2005), more than 2400 hours of training were received by regional field staff averaging almost 49 hours of training per regional position. Average hours ranged from 20 hours to 68 hours per person. The proposed poster/oral presentation will present data from 2005-2006 and will breakdown training data by topics, modes employed, and differences between regions. Next steps will also be described, including linking to quality control measures.

Conclusions: Training for new staff as well as continuing education for experienced staff in increasing efficiency and reducing errors.

Implementing the standardized reporting of training and 32 hour education goal is one step in the process of ensuring the increasing quality of registry data. These procedures are permitting the program to monitor and guide the training of the staff in a more efficient and effective manner.

Dog Bite Injuries and Fatalities in the US and Texas

Nancy Manning Crider, MS, RN, CNA

Target Audience: Parents, Dog Owners, Health Educators, School Nurses, Pediatricians, Animal Control Workers, Veterinarians

Established Need:

Dog bite-related injuries are under-reported, mainly preventable, and occur most frequently in children. Each year 20-25 dog bite-related fatalities occur in the United States. Relative to other states, Texas accounts for a high number of them; according to the Texas Department of State Health Services, 7 such fatalities have been reported to date in 2006.

Objectives of Research:

The objectives of the research study were to:

Determine the number of dog bite-related injuries and fatalities in Texas compared to other states.

Determine if there is a temporal pattern in the occurrences of dog bite injuries and fatalities.

Identify public health prevention strategies to decrease the number and burden of dog bite-related injuries and fatalities.

Abstract:

The Centers for Disease Control and Prevention estimates that more than 4.7 million people, (~2% of the U.S. population) are bitten by a dog yearly. Most dog bites involve children, and most victims of fatal dog bites are <12 years of age. Severe injuries result in approximately 350,000 emergency room visits annually. Dog bites entail not only direct medical costs, but also social and emotional trauma, increased insurance claims, and legal costs.

Temporal and spatial analysis of national and Texas dog bite-injury data were completed using Stata 9 and Mapmaker Professional 8 computer software. The number of fatalities has remained relatively constant since 1980, averaging 20 deaths/year. Thematic mapping revealed excess cases in several Southern states of the U.S., including Texas and Georgia. Pit Bull, Rottweiler, and German Shepherd dog breeds were most likely to be involved in fatal dog bites. Non-fatal dog bites showed an annual cycle, with a summer peak and winter trough. Public health strategies to prevent and decrease the number of dog bite-related injuries and fatalities were identified. (i.e., public education about dogs and dog ownership, enactment and enforcement of local animal control laws, and improved reporting). Geographical distribution and temporal patterns will be illustrated in the presentation.

Descriptive Study of Submersions in Texas during 2000 - 2004

Ashweeta Patnaik, Michael Smolensky, John Hellsten, Beverly Willis, Nicole Brannon, Irina Cech, Keith Burau

BACKGROUND

Submersion injuries are a significant cause of mortality and morbidity in the US and Texas. Prevention of such events requires a better knowledge of their epidemiology.

TARGET AUDIENCE

Texas residents, Texas EMS workers, city, county and state public health practitioners, epidemiologists, public health educators.

METHODS

Submersion data and relevant corresponding reference population data for 2000 and 2004 were obtained from the Texas Submersion Registry (TSR) and 2000 Census, respectively. Addresses of submersion incidents were geocoded to map the geographic distribution and rates (per 100,000 population), by county and trauma service area using MapInfo, MapMarker GIS software. Data were further examined for 24-hour, weekly, and annual patterns by spectral, auto-correlation, and cosinor time series analyses using STATA.

RESULTS

A total of 1877 submersion incidents were reported to the TSR between 2000 and 2004. Most (72%) involved children (<15 years). The majority (60%) of child submersions occurred in apartment, hotel, home and public swimming pools. In contrast, most (77%) adult submersions occurred in open water bodies. Rates were highest in trauma service areas 'Q' and 'R'. Prominent annual (June peak), 7-day (weekend peak), and 24-hour (late afternoon peak) patterns were observed.

CONCLUSIONS

The wide variation in the occurrence of submersion events in space and time must be considered for identifying optimal targets and timings of public health education and prevention programs.

OBJECTIVES

The main aim of the study is to investigate the distribution by age, race, season and sites of Texas submersion injuries that were reported to the Texas Submersion Registry between 2000 and 2004. Secondary aims are to create an atlas of maps and graphs describing the

geographic distribution and temporal (annual, weekly and 24-hour) patterns of submersion injuries in Texas over the 5-year study span.

NEED FOR RESEARCH PROJECT

This study is needed to describe the public health burden of submersions in Texas and to identify vulnerable populations in terms of geographic location, age, race, time (hour of the day, day of the week and season) and place of occurrence. A geographical atlas describing the epidemiology and temporal patterns of submersions in Texas is needed to identify vulnerable populations by counties and trauma service areas, and to determine targets for future interventions and optimal public health prevention policies

Syndromic surveillance of the San Antonio Metropolitan Health District's long term shelter

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Background: Beginning September 2, 2005, San Antonio area shelters received approximately 12,700 evacuees from Hurricane Katrina. Two weeks later, another 12,000 evacuees from Hurricane Rita arrived. By mid-October, 2005, the in-shelter population was 1,000 people. There was concern regarding the potential for spread of infectious diseases in the shelter. San Antonio Metropolitan Health District (SAMHD) established a syndromic surveillance system with Comprehensive Health Services (CHS) who provided on-site health care. CHS was in daily contact with SAMHD to report symptoms of concern until the shelter closed December 23, 2005.

Methods: Each clinic visit was recorded by date, demographic information, chief complaint and medical disposition. Logs were obtained daily and subsequently entered into a Microsoft Access database and analyzed in Excel.

Results: During a nine week period, 4913 clinic visits were recorded and analyzed. Repeat visits made up to 93% of encounters. Chronic illnesses consisted of 21% of visits. Approximately 55% were acute care encounters. Of all encounters, 17% had infectious disease potential as gastrointestinal and respiratory syndromes.

Conclusions: The presence of health care services and syndromic surveillance provided the opportunity to recognize, document and intervene in any disease outbreak at this long-term shelter. Constant vigilance allowed SAMHD to reassure concerned communities.

Chlorine Gas Exposures Reported to the Texas Poison Center Network

Marcia Becker, MPH, CHES and Mathias Forester, BS

Exposure to chlorine gas can result in serious adverse effects including death. During 2000-2005, approximately 9,000 chlorine gas exposures were reported annually to poison control centers in the United States. A review of the literature failed to find any Texas-specific data concerning chlorine gas exposures. The authors conducted a retrospective review of Texas poison control center calls from 2000 to 2005 and found that 2,643 calls concerning human exposures to chlorine gas occurred during this six-year period. There was an increase in the number of these calls during this time period. The majority of exposures occurred at home and during the months of May-August. Inhalation was the primary mode of exposure; although ingestion, ocular and dermal exposures also were reported. While the majority of the exposures resulted in no or minor affects, approximately one-fourth of exposures necessitated the affected person be seen at a healthcare facility. Prevention activities are needed to educate people about the potential dangers associated with products that contain chlorine.

Producing a Comprehensive Health Indicator Report for Houston/Harris County Through a Multi-Agency Collaboration

Isaac Joyner, MPH, and Beverly Nichols, PsyD, RN

Target audience: Local health departments

How the need for the education project was established: The development

of a health indicator report is one of the four objectives for the Harris County Public Health Care System Council. The Council seeks to address unmet public health, medical care needs in Harris County. Building on a health indicator report developed by the Harris County Public Health and Environmental Services department, the Health Care Council convened a steering committee with representatives from six major local public health departments, providers and educators. The steering committee developed a format for the indicator report consisting of: an overview of health issue, trends, disparities, status relative to Healthy People 2010 indicators, public health actions to address issue, and reference web sites. The report addresses 42 topic areas, each with multiple indicators.

The State of Health of Houston/Harris County represents a coordinated countywide effort to assess the health of our area, and to provide measures for public and private healthcare decision makers, care providers, residents and others concerned with the health of our area.

Objectives of the education project: Provide an overview of the steps to develop and complete the indicator report.

Provide an overview of the contents of the report.

Receive feedback/comments from others who may suggest new ways to approach such an assessment.

COST-EFFECTIVENESS OF INFLUENZA VACCINATION IN WORKING-AGE CANCER PATIENTS

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Target Audience: Public health professionals, primary and oncology care providers, and third-party payers.

How need for research was established: Despite recommendations to immunize all patients at increased risk of influenza complications, the vaccine utilization among high-risk adults younger than 65 years in general, and cancer patients in particular, remains low and its cost-effectiveness unclear.

Objectives of research: We analyzed the cost-effectiveness of influenza vaccination in working-age adults (20 to 64 years of age) who are at increased risk of influenza-related complications from underlying malignancies. We hypothesize that even though adult cancer patients' immune response to influenza vaccination might be attenuated, the vaccine may still be cost-effective in this high-risk subpopulation.

Background: Despite recommendations to immunize all patients at increased risk of influenza complications, the vaccine utilization among high-risk adults remains low and its cost-effectiveness unclear. We analyzed the cost-effectiveness

of influenza vaccination in working-age (20-64 years) cancer patients.

Methods: We developed a decision-analytic model, from the societal perspective, using epidemiological, vaccine effectiveness, cost, utility, and survival data from published sources and from our institutional accounting system. Two strategies were compared: influenza vaccination of a 51-year-old cancer patient (the mean age for the SEER population of working-age patients within 5 years of cancer diagnosis), and no vaccination.

Results: The effectiveness of influenza vaccination was 6.02 QALYs at a cost of \$24. The effectiveness of the no vaccination strategy was 6.01 QALYs at a cost of \$28. Based on these gains, we estimated that vaccination of all working-age cancer patients within 5 years of diagnosis could lead to savings of over \$6 million in a year, in addition to clinical benefits. Using the benchmark of \$50,000/QALY, the model was only sensitive to changes in survival (threshold of 1.3 months).

Conclusions: Influenza vaccine is cost-effective for working-age cancer patients within 5 years of diagnosis and a life expectancy of at least 2 months.

NOTES:

