

CSTE update

Winter

2005

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President's Message

Thank you for participating in CSTE! We had a very successful meeting in Boise last year. Since our meeting, a lot has happened that I'd like to share with you briefly. The Executive Committee welcomed new members Mark Baptiste and Mel Kohn, and has met regularly by phone and twice in person. The Executive Committee, active CSTE members and national office staff have worked together to:

- Publish *National Assessment of Epidemiologic Capacity in Chronic Disease: Findings and Recommendations*, September 2004
- Publish *Essential Functions of Chronic Disease Epidemiology In State Health Departments*, September 2004
- Publish *2004 National Assessment of Epidemiology Capacity Findings and Recommendations*, December 2004
- Convene with CDC an expert panel to develop competencies for applied epidemiology for mid-to senior-level public health epidemiologists working in government
- Welcome the second class of CDC/CSTE Applied Epidemiology Fellows
- Receive reports from 48 states that have a written draft or final Pandemic Influenza Preparedness Plan following the Pandemic Influenza Plan Development Workshop at the CSTE annual meeting. As of December 2004, the remaining two states reported a plan "in process."
- Launch a new CSTE workgroup on Border and International Health
- Publish CSTE's Report: A National Assessment of the Status of Planning for Public Health Preparedness for Chemical and Radiological Contaminating Terrorism"

I would like to gratefully acknowledge the leaders of each of these projects and the participant CSTE members who make these reports and activities relevant and important. Other efforts are ongoing that I don't have room to mention, and I would like to thank everyone involved in these as well.

Working with the elected Executive Committee, I have adopted the following priorities for this year: 1) Ensure continued good direct working relationships between CSTE and CDC during the CDC's Futures Initiative reorganization; 2) Continue to be a strong voice for maintaining state and local relationships with health care providers and other partners in our states; and 3) More widely engage the CSTE membership in CSTE organizational issues and activities.

As always, we welcome your active membership! If you would like to become more involved at CSTE, please contact Shundra Clinton scClinton@cste.org for a survey of your interests.

I look forward to working with you all in 2005, and I'm looking forward to seeing all of you again in Albuquerque in June!

Christine Hahn, MD
State Epidemiologist, Idaho



CALLING ALL MEMBERS

We would appreciate your feedback about the newsletter. Please e-mail Shundra Clinton with comments, ideas or suggestions; scClinton@cste.org.

 Save The Date
2005 CSTE Annual Conference
June 5 – 9, 2005
Albuquerque, New Mexico 

for more information see our web site www.cste.org

INDUSTRY UPDATES

Epidemiology Capacity Assessment Report Released

The Council of State and Territorial Epidemiologists conducted an epidemiology capacity assessment of epidemiologists working in U.S. state and territorial health departments from May to September 2004. The assessment was used to measure the current status of core epidemiologic capacity and training needs in the U.S. and territories and, whenever possible, to compare the data with baseline data collected prior to the distribution of an increase of nearly \$1 billion in federal bioterrorism funds. The results are compiled in a report entitled "2004 National Assessment of Epidemiologic Capacity: Findings and Recommendations."

In this report, CSTE makes several recommendations based on its findings. These recommendations target epidemiology capacity, sources of capacity funding and workforce training needs.

The report is now available online at www.cste.org. If you have any further questions, please contact John Abellera (jabellera@cste.org) or Jennifer Lemmings (jlemmings@cste.org) via e-mail. Additional publications will be made available this year. Please continue to check the CSTE Web site for any updates.

CSTE/CDC Competency Development Update

In October, the first in-person meeting for the development of CSTE/CDC applied epidemiology competencies was convened in Atlanta, Ga. This panel includes representatives from state and local health agencies, academia, private industry and from across CDC. Competencies are being defined for mid- to senior-level governmental public health epidemiologists.

The panel began by examining existing public health and epidemiologic competencies, which were mapped to the "Council on Linkages Between Academia and Public Health Practice" (www.phf.org/Link.htm) competency framework. Currently, the panel is refining the competencies further and identifying those that are critical for public health epidemiologists, as well as for public health practitioners who use epidemiology as a tool. The draft will be vetted widely throughout the public health community and available for comment early this spring. In late spring, CSTE plans to conduct a validation study of the competencies with practicing epidemiologists prior to final revision, dissemination and use in the field.

The next in-person meeting will be March 3-4, 2005 in Atlanta. A draft of the competencies will be presented and available for comment at the 2005 CSTE Annual Conference in June. If you have any questions about this project, please contact Jennifer Lemmings at jlemmings@cste.org or 770-458-3811 or visit our Web site at www.cste.org.

MEMBERSHIP CORNER

It's Time to Renew Your Membership!

Membership dues are assessed at \$40 per year for returning members, covering January through December 2005. Your membership gives you a subscription to our quarterly newsletter, a bi-monthly Washington Report, and a discount for the 2005 Annual Conference in Albuquerque, N.M. on June 5-9, as well as many other benefits.

CSTE would like to thank the 500 members who have already renewed their memberships.

To renew your membership, please go to our secure Web site, www.cste.org. Should you have any questions about your membership, please do not hesitate to contact Shundra Clinton at scClinton@cste.org. We are grateful for your support and look forward to your renewing your membership.

Shundra Clinton
Members Services Coordinator, scClinton@cste.org

CSTE MEMBERS PRESENT AT APHA MEETING

CSTE members presented at the 132nd Annual Meeting, Nov. 6 - 10, 2004 in Washington, D.C. We have included a brief description of each presentation below for your information. Congratulations to all the presenters!

TOPIC RELATIONSHIP BETWEEN PRENATAL CARE UTILIZATION AND PRETERM DELIVERY IN VIRGINIA: 1998-2000

This topic examined the association between inadequate prenatal care utilization and preterm delivery in Virginia and determined if a relationship existed after adjusting for confounders. The data were obtained from birth certificates for all singleton, first births between 20 and 45 weeks gestation in Virginia from 1998 to 2000. Prenatal care utilization was measured using the Adequacy of Prenatal Care Utilization index, which takes into consideration onset of care and percentage of ACOG recommended visits for gestational age. After controlling for potential confounders, including drug and alcohol use, age, marital status, education and method of payment, there was a significant association between no prenatal care or inadequate prenatal care utilization and preterm delivery.

Presenter: Aileen G. Buckler, MD MPH
Deputy State Epidemiologist
Medical Director, Center for Acute Disease Epidemiology
Iowa Department of Public Health
321 E. 12th St
Des Moines, IA 50319
Phone: (515) 242-3892
abuckler@idph.state.ia.us

TOPIC CONSULTING WITH PRIME TIME TV WRITERS ON INFECTIOUS DISEASE TOPICS

Heightened public awareness about recent disease outbreaks including SARS, Avian influenza, West Nile Virus and bioterrorism has led to increased attention to these topics in entertainment media. Analyses of national Healthstyles data from 1999-2001 reveal that up to half of regular prime time television viewers learn about diseases and how to prevent them from TV shows, and some take action as a result (Beck et al, 2001). The media has a powerful influence on audiences, with the potential to educate about public health issues when writers receive accurate and timely information.

Through entertainment education efforts, public health experts consult with TV writers to provide credible information for more accurate portrayals in TV storylines. Hollywood, Health & Society – a program funded by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute at the USC Annenberg School for Communication – identifies topic experts and coordinates consultations when TV writers request assistance. Los Angeles County health officials are among the many experts who work with the USC program to consult on disease

outbreak storylines that appear in daytime and prime time dramas. Through phone consultations and writers' room briefings, county officials have consulted with writers on rabies, botulism, bioterrorism and health care facility outbreaks to offer guidance for more accurate and realistic depictions of these topics. We will describe the roles of public health consultants and their process in working with TV writers as a way to educate U.S. viewing audiences about infectious disease topics.

Learning Objectives: Describe an entertainment education approach that supports TV writers in their efforts to incorporate public health messages into storylines.

Related Web page: www.entertainment.usc.edu/hhs

Presenter: Elizabeth A. Bancroft MD, SM
Medical Epidemiologist
Acute Communicable Disease Control
Los Angeles County Department of
Health Services
313 North Figueroa, Room 212
Los Angeles, CA 90012
Phone: (213) 240-7941 - day
(213) 250-8669 - after 5 p.m.
Fax: (213) 482-4856
ebancroft@ladhs.org

TOPIC PRACTICAL APPLICATIONS OF SYNDROMIC SURVEILLANCE: DUAL USE STRATEGIES FOR EMERGENCY PREPAREDNESS FUNDING (USES OF SYNDROMIC SURVEILLANCE FOR PURPOSES OTHER THAN BIOTERRORISM, AND THE IMPORTANCE OF A WELL-PLANNED RESPONSE)

From an epidemiological perspective, outbreaks caused by the intentional release of a pathogen are similar to naturally occurring outbreaks. In either case, the ability to rapidly identify and monitor the outbreak is essential to controlling the spread of disease. In many jurisdictions, emergency preparedness funds have been spent on developing and implementing syndromic surveillance systems designed to rapidly identify a covert bioterrorist attack. Although it is not often considered in the initial design, syndromic surveillance systems can be adapted easily to monitor common, endemic diseases. Through this "dual use" of syndromic surveillance systems, the naturally occurring patterns of disease in a community can be understood better, enhancing the ability of public health agencies to detect outbreaks of any origin.

CSTE MEMBERS PRESENT AT APHA MEETING, CONT.

Although syndromic surveillance systems create new opportunities to monitor disease and identify outbreaks, they also create new challenges for public health agencies. The need to respond rapidly and appropriately to anomalies in disease trends identified by syndromic surveillance systems is not often considered when public health agencies request funds to implement those systems. A comprehensive response plan is essential to the appropriate utilization of syndromic surveillance systems, and should be considered in the cost of a system.

Presenter: Brian Labus, MPH
Senior Epidemiologist
Clark County Health District
Office of Epidemiology
PO Box 3902
Las Vegas, NV 89127
Phone: (702) 759-1300
Fax: (702) 383-4936

TOPIC DEFINING DUAL USE: A LOCALLY-DRIVEN APPROACH TO IMPLEMENTING AND EVALUATING PUBLIC HEALTH PREPAREDNESS

This topic described findings from several studies conducted by the authors detailing the benefits and challenges of identifying opportunities for dual use public health preparedness. It described the necessary steps and suggested options for overcoming the challenges using local consensus-building processes.

Presenter: David L. Driscoll, PhD, MPH
Center for Health Promotion Research
Research Triangle Institute
3040 Cornwallis Road - P.O. Box 12194
Research Triangle Park, NC 27709-2194
Phone: (919) 541-6565
Fax: (919) 485-5589
Driscoll@rti.org

TOPIC TRENDS IN HIV INCIDENCE IN KING COUNTY, WASHINGTON

The topic summarized the experience of Seattle & King County using CDC's Serologic Testing Algorithm for HIV Seroincidence to estimate the incidence of HIV infection since 1997 among high-risk populations.

Presenter: Gary Goldbaum, MD, MPH
Senior Medical Epidemiologist
Director, HIV/AIDS Epidemiology Unit
Public Health - Seattle & King County
400 Yesler Way, 3rd floor
Seattle, WA 98104
Phone: (206) 296-4991
Fax: (206) 205-5281
gary.goldbaum@metrokc.gov

TOPIC AN OUTBREAK OF SALMONELLA ENTERITIDIS ASSOCIATED WITH MULTI-USE RUBBER GLOVES

An outbreak of *Salmonella enterica* Enteritidis occurred in June-July 2003 in New Hampshire. During the outbreak, 19 people were reported ill, three were hospitalized and one developed kidney failure following the illness. All isolates had indistinguishable pulsed-field gel electrophoresis patterns when tested by Xba I and Avr II enzymes. Case interviews, a cohort study and a case-control study were conducted. Statistical analyses revealed an association between disease and consumption of potato salad prepared by one local food establishment. Relative risk in the cohort study was 4.38 (95% CI 0.66 - 29.03), and odds ratio in the case-control study was 5.71 (95% CI 0.53 - 61.41). The Mantel-Haenszel odds ratio was 7.32 (95% CI 1.28 - 41.83). The food facility was inspected two weeks and one month after the disease onset of the last recognized case. There were no food samples or other environmental samples available for microbiological testing during the investigation. Three primary deficiencies were noted during the inspection: inadequate egg boiling technique; inappropriate storage of the finished product; and the use of multi-use rubber gloves for the mixing of potato salad. Multi-use gloves may have contributed to this outbreak and official recommendations for their use must be clarified.

Presenter: Jose Thier Montero, MD
Chief Communicable Disease Control Section
New Hampshire Department of Health and Human Services.
Phone: (603) 271-5325
jmontero@dhhs.state.nh.us

TOPIC INFLUENZA PANDEMIC PLANNING NEEDS

A state perspective on influenza pandemic planning needs, with a reflection on the events surrounding vaccine shortages during the 2003-04 and the 2004-05 seasons. This presentation was part of a four-member panel discussion of pandemic influenza. Other speakers included Tim Uyeki, CDC, presenting on the current Avian influenza situation in SE Asia; Ray Strikas, CDC, discussing vaccine issues from the NIP perspective; and Ben Schwartz, NVPO, addressing the current draft national pandemic influenza plan.

Presenter: Kathleen F. Gensheimer, M.D., M.P.H.
State Epidemiologist
Bureau of Health
Maine Department of Health and Human Services
286 Water Street, Key Plaza, 8th Floor
11 State House Station
Augusta, ME 04333-0011
Phone: (207) 287-5183
Fax: (207) 287-6865
Kathleen.F.Gensheimer@Maine.gov

CSTE MEMBERS PRESENT AT APHA MEETING, CONT.

TOPIC DEVELOPMENT OF A SURVEILLANCE SYSTEM FOR DRUG RESISTANT NEISSERIA GONORRHEA IN MICHIGAN

Quinolone-Resistant *Neisseria gonorrhoea* (QRNG) is a growing concern, and detection is diminishing due to increasing use of nucleic acid tests. In July 2002, the Michigan Department of Community Health, Bureau of Epidemiology and Bureau of Laboratories partnered with clinical labs and STD clinics around the state to develop a surveillance system for QRNG. The state laboratory partnered with laboratories using culture techniques to detect gonorrhea and requested submission of these samples for susceptibility testing. A follow-up questionnaire was developed by epidemiologists to send to the provider for behavioral, demographics and treatment information. In 2002, 187 isolates for *Neisseria gonorrhoea* were submitted to the MDCH labs for susceptibility testing, and in 2003, 460 isolates were submitted. Epidemiological follow-up was conducted via fax to the providers with a 75% return rate. Laboratory testing detected 15 cases of QRNG. Only four cases reported travel to areas with endemic QRNG. QRNG accounts for a higher percentage of gonorrhea cases among patients who are male, age 30 years or older, and men who have sex with men. In addition, a cluster of locally acquired QRNG led to treatment recommendation changes in a six-county area in Michigan, a general advisory in one county, and general testing changes for the whole state.

Learning Objectives: Detect *Neisseria gonorrhoea* drug resistance by developing a surveillance system with partners including state epidemiologists and laboratorians, clinical laboratories and private providers.

Topic by: Kathryn Macomber, MPH
Michigan Department of Community Health
Phone: (517) 335-9807
macomberk@michigan.gov

Presenter: Carla Merritt, MPH
Michigan Department of Community Health
3423 N MLK Blvd.
P.O. Box 30195
Lansing MI, 48909

TOPIC DETROIT HIV AND SYPHILIS CO-MORBIDITY STUDY REVEALS TRANSMISSION DYNAMICS DIFFER FROM OTHER HIGH-MORBIDITY CITIES

In recent years, there has been a nationwide increase in syphilis cases associated with men who have sex with men (many of whom also have HIV). In 2000, the Michigan Department of Community Health sought to determine the levels of syphilis and HIV co-morbidity in the City of Detroit. Syphilis cases reported in the Detroit Health Department jurisdiction from 1997-2003 were matched

to the statewide HIV/AIDS Reporting System. The percent of syphilis cases co-infected with HIV each year ranged from 2.8% to 4.9%, but has not increased significantly over time. This is vastly different from some cities reporting HIV and syphilis co-morbidity levels over 50%. Although the majority of co-morbid cases in Detroit are MSM (65%), this represents a small percentage of total syphilis morbidity and has not increased with time. As only 12% of interviewed male syphilis cases are MSM, the high percentage of MSM co-morbid cases are representative of the HIV rather than the syphilis risk distribution in Detroit. This confirms the fact that syphilis transmission in Detroit is largely heterosexual and differs from transmission in many other metropolitan cities. Despite low levels of co-morbidity, education and outreach was conducted, targeted to this high-risk behavior group, in an effort to prevent the spread of not only HIV but also syphilis.

Learning objectives: Determine how syphilis and HIV database matches can reveal epidemiological characteristics of a co-morbid population, which can be useful in targeting prevention messages to affected groups.

Topic by: Kathryn Macomber, MPH
Michigan Department of Community Health
Phone: (517) 335-9807
macomberk@michigan.gov

Presenter: Carla Merritt, MPH
Michigan Department of Community Health
3423 N MLK Blvd.
P.O. Box 30195
Lansing MI, 48909

TOPIC NATIONAL AGENDA FOR THE ENVIRONMENT AND THE AGING: A CASE STUDY ON AIR POLLUTION AND THE BROADER APPLICATIONS

This symposium addressed the development of a National Agenda for the Environment and the Aging by the U.S. EPA. A case study on air pollution was presented to illustrate the breadth of data needed to address the interaction of health and environmental exposures in older adults. Speakers discussed issues specific to older adults in modeling exposure and the health consequences of exposure to air pollution in healthy older adults and in individuals with pre-existing health conditions. An economist also presented data on impact that air pollution exposures played on the nation's health care expenditures.

Halûk Özkaynak, Ph.D., EPA National Exposure Research Laboratory, discussed how human exposures to indoor and outdoor pollutants vary depending on the sources and concentrations of pollutants, as well as human behavioral factors that determine the extent of an individual's contact with indoor or outdoor pollutants. In general, older adults spend more time indoors, and outdoors near residences,

CSTE MEMBERS PRESENT AT APHA MEETING, CONT.

than the rest of the population. Sources of pollutants that contribute to ambient pollution include stationary, mobile and area sources of particulates, gaseous pollutants such as nitrogen oxides and sulfur dioxide, and air toxics (e.g., ozone). Pollutants released outdoors also penetrate indoors, and thus indoor microenvironments may be a significant locus of exposure for outdoor pollutants.

Dr. Any Ghio, Human Studies Division, U.S. EPA, discussed inhalation of suspended particulate matter (PM) and the challenge it has presented to the lower respiratory tract in humans for thousands of years. Recently, epidemiologic investigation using the technique of time-series analysis has demonstrated a temporal association between exposures to PM at levels currently observed in cities worldwide and indices of acute human morbidity and mortality.

Dr. Wayne Cascio from the University of North Carolina, Chapel Hill discussed the cardiovascular effects of air pollution. Each year, as many as 60,000 excess deaths are estimated to occur in the U.S. secondary to exposure to particulate air pollution. Epidemiological studies indicate that acute and chronic exposures to airborne PM are positively associated with increased cardiovascular mortality. Acute exposure to PM increases the risk cardiovascular events and hospitalization for arrhythmia, myocardial infarction and congestive heart failure. The association between PM and health effects does not show a threshold effect.

Dr. Sarah Rosen Frank from the University of California, Berkeley presented the economic data on air pollution. The case for reduction of air pollution has been predicated primarily on the frequently observed relationship between pollution and mortality and morbidity. Because pollution control usually involves costs, a rational public policy will weigh the benefits against the costs. The study she discussed investigated another potential benefit from pollution reduction: namely, decreased use of medical care. A strong relationship was found between particulate matter and inpatient and outpatient care at ages 65-84 across 183 metropolitan statistical areas. The relationship is statistically significant at a very high level of confidence even after the region and population size of the areas, education, real income, racial composition, use of cigarettes and obesity are controlled for.

Presenter: Kathy Sykes, Senior Advisor
Aging Initiative Office of Children's Health Protection EPA
(Mail Code 1107A)
1200 Pennsylvania Ave. NW
Room 2512N (Ariel Rios North)
Washington, D.C. 20460
Phone: (202) 564-3651
Fax: (202) 564-2733
www.epa.gov/aging

TOPIC **TRENDS IN TUBERCULOSIS (TB) AMONG THE HOMELESS, UNITED STATES, 1994-2002**

To describe TB trends among the U.S. homeless, we analyzed data for cases reported to the national TB surveillance system during 1994-2002. Of 171,025 TB cases reported, 163,888 (96%) had information on homeless status; of these, 10,434 (6%) were in persons homeless in the year before diagnosis. Although the proportion of TB cases occurring among the homeless remained stable, the annual number decreased 37% (from 1,392 in 1994 to 880 in 2002). Of all TB cases in homeless persons, the proportion from the Northeast declined from 24% in 1994 to 11% in 2002, and the proportion from the South increased, from 30% to 42%. Most homeless cases (91%) occurred in persons aged 25-64, but the age distribution shifted. The proportion among those aged 25-44 decreased from 57% in 1994 to 42% in 2002 and, among those aged 45-64, increased from 34% to 48%. During 1994-2002, the majority of cases occurred in blacks (45%), whites (30%) and Hispanics (19%), and 83% were U.S. born. A high proportion had used excess alcohol (60%), noninjecting drugs (35%) and injecting drugs (16%) in the year prior to diagnosis, and 23% were coinfecting with HIV. The 1994-2002 decline in TB cases among homeless persons paralleled the overall decline in U.S. cases and likely resulted from successful measures to interrupt TB transmission. TB control and prevention strategies for this high-risk population should consider the increasing proportions from the South and in 45- to 64-year-olds, and the high prevalence of substance abuse.

Learning Objectives:

Describe the trends in tuberculosis (TB) among the homeless population in the United States from 1994 to 2002.

Recognize that the substantial overall decline in TB among the homeless in the United States likely resulted from successful measures to interrupt TB transmission.

Discuss the implications of changing demographics and the role of concurrent substance abuse for this high-risk, difficult-to-reach population.

Presenter: Todd W. Wilson, MS, CHES
National Center for HIV, STD, and TB Prevention
Division of Tuberculosis Elimination
Centers for Disease Control and Prevention
1600 Clifton Road, Mailstop E-10
Atlanta, GA 30333
Phone: (404) 639-5303
twilson@cdc.gov

TOPIC: OBESITY EPIDEMIC AND RELATED RISK BEHAVIORS AMONG HISPANICS IN FLORIDA, 2002

Objectives: Hispanics constitute 17% of Florida's population. Few studies are available on overweight among Hispanics in Florida in the era of the obesity epidemic. This study assesses overweight/obesity and related factors among Hispanics in Florida.

Methods: Prevalence of overweight (BMI \geq 25) and risk factors among Hispanics was analyzed by sex, age, education and regions using a large-scale Florida BRFSS survey in 2002.

Results: 2,164 Hispanic adults were surveyed, representing two million Hispanics. Fifty-six percent of Hispanics were overweight. The prevalence was higher among men (64%) than among women (49%). Middle-aged people had the highest prevalence (65%). There was no difference among regions or among education groups. Among Hispanics, 75% did not participate in regular physical activity. Among overweight Hispanics, people in urban areas (76%) and people with a high school education (80%) had a higher prevalence of physical inactivity than their counterparts. Seventy-eight percent of Hispanics consumed fewer than five servings of fruits and vegetables a day (<5-A-Day). Overweight people had a prevalence of <5-A-Day (81%) higher than normal weight people (74%). Among overweight people, the prevalence of <5-A-Day was higher for men (83%) and people with low education (86%) than their counterparts.

Conclusions: Overweight becomes a serious health problem for Hispanics in Florida. Some subpopulations are at higher risk of overweight. Physical inactivity and unhealthy diet are prevalent among Hispanics, particularly among overweight Hispanics. Prevention programs need to target Hispanic subpopulations with high prevalence of risk behaviors.

Learning Objectives:

At the conclusion of the session, the participants in this session will be able to:

- Describe prevalence of overweight and related risk behaviors among Hispanics.
- Identify target population for prevention of overweight among Hispanics.

Need:

Analysis by W, B, H:

Overweight/obesity

- by region (Urban/rural)
- by sex and age
- by education

Moderate PA

- by obesity and normal weight
- Overweight/obesity only

- by region (Urban/rural)
- by sex and age
- by education

5-a-day by obesity and normal weight

- by obesity and normal weight
- Overweight/obesity only
- by region; (Urban/rural)
- by sex and age
- by education

Authors: Youjie Huang, Zhaohui Fan and Marie Bailey
Florida Department of Health
Bureau of Epidemiology
2585 Merchant's Row Blvd
Tallahassee, FL 32399
Phone: (850) 922-9299

TOPIC: IMPACTING STUDENTS' ATTITUDES TOWARD TOBACCO USE IN FLORIDA: THE ROLE OF TOBACCO USE PREVENTION EDUCATION

Objective: Tobacco Use Prevention Education (TUPE) is an important element in dissuading students from initiating and using tobacco. This study addresses the impact of TUPE on middle and high school students' attitudes toward tobacco use in Florida.

Methods: 2002 Florida Youth Tobacco Survey (FYTS) data was analyzed to assess the difference in attitudes toward tobacco use among middle and high school students who received any TUPE during the current school year and those who did not receive any TUPE. Prevalence rates were adjusted by gender, grade, race and region respectively.

Results: Overall, students who had received TUPE demonstrated stronger anti-tobacco attitudes and behaviors than those who had received no TUPE. Among students who received TUPE, 68.5% would definitely not smoke a cigarette offered by a friend, while 62.7% of those who had not received TUPE would decline a cigarette offered by a friend. Of students who received TUPE, 46.3% had asked their friends to quit smoking; 40.7% of those who had not received TUPE had asked their friends to quit smoking. This pattern of anti-tobacco attitudes and behaviors among middle and high school students who had received TUPE versus those who had not received TUPE remains consistent between these two groups of students even after adjusting for gender, grade, race and region.

Conclusion: Middle and high school students who received any TUPE had stronger anti-tobacco attitudes and behaviors than those who had not received TUPE. These findings emphasize the importance of TUPE in preventing students from initiating and using tobacco.

CSTE MEMBERS PRESENT AT APHA MEETING, CONT.

Learning objectives:

- Describe the different attitudes toward tobacco use between students who received any TUPE and students who did not receive any TUPE.
- Discuss the association between TUPE and students' intention to use tobacco.
- Articulate the ways in which receiving TUPE might empower students to abstain from tobacco use.

Presenter: Zhaohui Fan, MD, MPH
 Chronic Disease Surveillance & Epidemiology Section
 Bureau of Epidemiology
 Florida Department of Health
 4052 Bald Cypress Way, Bin A-12 (Mail)
 Prather Building, Room 150L (HSDE)
 Tallahassee, FL 32399-1720
 Phone: (850) 245-4444 Ext. 2418
 Fax: (850) 413-9113
 Zhaohui_fan@doh.state.fl.us

Staff Directory

John Abellera: Associate Research Analyst
 E-mail: jabellera@cste.org

Shundra Clinton: Member Services Coordinator
 E-mail: sclinton@cste.org

Kevin Gibbs: Applications Programmer
 E-mail: kgibbs@cste.org

Adrienne Gil: Fellowship Program Administrator
 E-mail: agil@cste.org

Tarajee Knight: Administrative Assistant
 E-mail: tknight@cste.org

Jennifer Lemmings: Associate Research Analyst
 E-mail: jlemmings@cste.org

Jackie McClain: Associate Research Analyst
 E-mail: jmccclain@cste.org

Pat McConnon: Executive Director
 E-mail: pmccconnon@cste.org

Beverly McLeod: Director of Operations
 E-mail: bmcleod@cste.org

LaKesha Robinson: Director of Programs
 E-mail: lrobinson@cste.org

MarySue Shulin: Business Manager
 E-mail: mshulin@cste.org

Angela Sylvester: Executive Assistant
 E-mail: asylvester@cste.org

Executive Committee

CSTE is governed by a 10-member Executive Committee. Four members serve as officers, three as Members-at-Large, and three represent Infectious Disease Epidemiology, Chronic Diseases Epidemiology, and Environmental/Occupational/Injury Epidemiology. The 2004-2005 Executive Committee members are:

Office	Name and State	Term Expiration
President	Christine Hahn, MD Idaho	2005
President- Elect	C. Mack Sewell, DrPH, MS New Mexico	2005
Vice President	Matthew Cartter, MD, MPH Connecticut	2005
Secretary -Treasurer	Steven Macdonald, PhD, MPH Washington	2005
Members At-Large	Melvin Kohn MD, MPH Oregon	2007
	Bela Matyas, MD, MPH Massachusetts	2005
Environmental /Occupational/ Injury Epidemiology	Robert Harrison, MD, MPH California	2006
Chronic Disease/MCH/ Oral Health Epidemiology	Mark Baptiste, PhD New York	2007
Infectious Disease Epidemiology	Ellen Mangione, MD, MPH Colorado	2005
Executive Director	Patrick J. McConnon Council of State and Territorial Epidemiologists	

2005 CSTE ANNUAL CONFERENCE

“Forging Collaborations and Partnerships to Support Public Health Practice”

June 5 - 9, 2005 • Albuquerque, New Mexico

Registration Fees

Take advantage of the **Early Bird Registration Deadline April 1, 2005**

	Deadline April 1	Deadline May 6	
MEMBER	Early Bird	Pre-Conference	On-site
Full Conference	\$375	\$415	\$455
One Day	\$200	\$240	\$280
Student	\$150	\$190	\$230
NON-MEMBER			
Full Conference	\$425	\$465	\$505
One Day	\$250	\$290	\$330

Workshops TBD



Submissions for Abstracts

CSTE members are invited to submit abstracts for roundtable discussion
Jan. 28 through Feb. 25, 2005.



Hotel Accommodations

The Hyatt Regency Albuquerque is the conference hotel for the 2005 annual conference. The Hyatt Regency is the location for all conference activities, including plenary sessions, breakout sessions, registration, roundtables, exhibit hall, posters and cyber café.

The La Posada De Albuquerque and DoubleTree Hotel are designated as the overflow hotels.

Hotel Contact Information

Hyatt Regency Albuquerque

CSTE Group Rates: \$95.00 per night plus tax, single or double occupancy

330 Tijeras NW

Albuquerque, NM 87102

Reservations: (505) 842-1234 or (800) 233-1234

Web site: <http://albuquerque.hyatt.com/property/index.jhtml>

La Posada De Albuquerque

CSTE Group Rates: \$68.00 per night plus tax, single occupancy

\$83.00 per night plus tax, double occupancy

125 2nd Street NW

Albuquerque, NM 87102

Reservations: (505) 242-9090

Web site: <http://www.laposada-abq.com/default.htm>.

DoubleTree Hotel

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A Sneak Preview of the 2005

Jonathan Mann Lecturer

Donald R. Hopkins, M.D., M.P.H. directs all of the health programs of The Carter Center. Dr. Hopkins first came to The Carter Center in 1987 as the senior consultant for health for the Global 2000 program. His professional experience includes serving as deputy director (1984-1987) and acting director (1985) of the Centers for Disease Control and Prevention. He also was an assistant professor of tropical public health at the Harvard School of Public Health and directed the Smallpox Eradication/Measles Control Program in Sierra Leone, West Africa.

The preliminary conference agenda is now online.

For more information on the CSTE Annual Conference, please visit our Web site, www.cste.org.

