The Tennessee Public Health Association Presents

BRIDGING HEALTH ACROSS THE SPAN OF LIFE

Cool Springs Marriott Hotel & Conference Center
Franklin, Tennessee
October 31 - November 2, 2007
Welcome to the 2007 Tennessee Public Health Association Conference – Bridging Health Across the Span of Life. This year’s program covers a broad range of topics and issues and provides numerous opportunities for healthcare professionals and the public health workforce to increase their knowledge, awareness, skills, and motivation. This conference reflects a continuing commitment to one of TPHA’s primary missions… to provide opportunities for health professionals representing diverse service areas to meet and share ideas in an effort to maintain high standards of quality in all aspects of public health.

More than 80 years ago, the Tennessee Public Health Association had its beginning as a Conference of Public Health Workers. Those charter members recognized the importance of taking time each year to meet and share information, ideas, and experiences. Just as then, we have set aside time this year to learn from experts from across the nation and to network and share our ideas and experiences with one another. Eight decades ago and eight decades from now, we will be partnered across time in our desire to advance public health in Tennessee.

Take time to browse through the conference agenda and select from 24 workshop sessions and five plenary sessions. I am confident you will find this year’s offerings second to none. Please take full advantage of every exciting opportunity this year’s conference has to offer.

I want to thank every member of this Association for your part in making this a very successful year for TPHA. TPHA is a very large and active organization, and it takes a lot of hard-working committee members to get the Association’s work accomplished. I also extend a very special “Thank You!” to all the dedicated members who served as chairpersons of the TPHA committees. And most of all, I want to express my gratitude to the membership for having confidence in me to provide leadership and guidance for our Association during the past year.

Welcome to our conference!

David E. Brumley
2006-07 TPHA President
## 2007 TPHA Conference At-A-Glance

### Wednesday, October 31st

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<tr>
<th>Time</th>
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<tr>
<td>9:00 AM – 4:00 PM</td>
<td>Conference Registration</td>
<td>Registration Area</td>
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<tr>
<td>10:00 AM – 5:00 PM</td>
<td>Exhibits</td>
<td>Salons 7-10</td>
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<tr>
<td>10:00 AM – 10:45 AM</td>
<td>TPHA New Member Orientation</td>
<td>Williamson</td>
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<tr>
<td>10:00 AM – 11:00 AM</td>
<td>TPHA Program Committee Meeting</td>
<td>Franklin</td>
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<tr>
<td>10:00 AM – 5:00 PM</td>
<td>Poster Session</td>
<td>Conference Center Main Hallway</td>
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<tr>
<td>11:30 AM – 12:00 PM</td>
<td>Opening General Session</td>
<td>Champion Ballroom</td>
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<tr>
<td>12:00 PM – 1:00 PM</td>
<td>Opening Session Luncheon</td>
<td>Champion Ballroom</td>
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<tr>
<td>1:00 PM – 2:00 PM</td>
<td>Plenary Session #1</td>
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<tr>
<td>2:00 PM – 3:00 PM</td>
<td>Plenary Session #2</td>
<td>Champion Ballroom</td>
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<tr>
<td>3:00 PM – 5:00 PM</td>
<td>Silent Auction</td>
<td>Arabian &amp; Clydesdale</td>
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<tr>
<td>3:30 PM – 4:45 PM</td>
<td>Workshops #1 – #6</td>
<td>Various Locations</td>
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<tr>
<td>6:30 PM – 8:00 PM</td>
<td>Reception &amp; Haunted Health Department</td>
<td>Champion Ballroom</td>
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<tr>
<td>8:00 PM – 11:00 PM</td>
<td>Entertainment – Scary-oke</td>
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### Thursday, November 1st

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:00 AM – 7:30 AM</td>
<td>Group Walk with Mark Fenton</td>
<td>Marriott Hotel Lobby</td>
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<tr>
<td>7:30 AM – 9:00 AM</td>
<td>Continental Breakfast</td>
<td>Registration Area</td>
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<tr>
<td>7:30 AM – 3:00 PM</td>
<td>Exhibits</td>
<td>Salons 7-10</td>
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<tr>
<td>7:30 AM – 4:00 PM</td>
<td>Conference Registration</td>
<td>Registration Area</td>
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<tr>
<td>7:45 AM – 9:15 AM</td>
<td>Nursing Section Meeting</td>
<td>Salon 6</td>
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<tr>
<td>8:00 AM – 2:00 PM</td>
<td>Silent Auction</td>
<td>Arabian &amp; Clydesdale</td>
</tr>
<tr>
<td>8:00 AM – 3:00 PM</td>
<td>Poster Session</td>
<td>Conference Center Main Hallway</td>
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<tr>
<td>8:00 AM – 9:15 AM</td>
<td>TPHA Section Meetings</td>
<td>Various Locations</td>
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<tr>
<td>9:45 AM – 11:00 AM</td>
<td>Workshops #7 – #12</td>
<td>Various Locations</td>
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<tr>
<td>11:30 AM – 12:15 PM</td>
<td>TPHA Awards Luncheon</td>
<td>Champion Ballroom</td>
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<tr>
<td>12:15 PM – 1:00 PM</td>
<td>Plenary Session #3 – Awards Luncheon</td>
<td>Champion Ballroom</td>
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<tr>
<td>1:00 PM – 1:45 PM</td>
<td>TPHA Awards Presentation</td>
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<tr>
<td>2:15 PM – 3:30 PM</td>
<td>Workshops #13 – #18</td>
<td>Various Locations</td>
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<tr>
<td>4:00 PM – 5:15 PM</td>
<td>Workshops #19 – #24</td>
<td>Various Locations</td>
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<tr>
<td>6:30 PM – 8:00 PM</td>
<td>President’s Reception</td>
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<tr>
<td>8:00 PM – 12:00 AM</td>
<td>Entertainment &amp; Dance – The Kadillacs</td>
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### Friday, November 2nd

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<tbody>
<tr>
<td>7:00 AM – 7:30 AM</td>
<td>Morning Stretch Class</td>
<td>North Hallway</td>
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<td>7:30 AM – 8:30 AM</td>
<td>Continental Breakfast</td>
<td>Registration Area</td>
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<tr>
<td>8:30 AM – 9:30 AM</td>
<td>TPHA Business Meeting</td>
<td>Champion Ballroom</td>
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<tr>
<td>10:00 AM – 11:00 AM</td>
<td>Plenary Session #4</td>
<td>Champion Ballroom</td>
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<tr>
<td>11:00 AM – 12:00 PM</td>
<td>Plenary Session #5</td>
<td>Champion Ballroom</td>
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*This project is partially funded under an agreement with the state of Tennessee.*
### Speaker Overview

#### Wednesday, October 31st

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<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
<th>Location</th>
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<tbody>
<tr>
<td>1:00 PM – 2:00 PM</td>
<td>Dr. Pat Cooper</td>
<td>Comprehensive School Health</td>
<td>Champion Ballroom</td>
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<tr>
<td>2:00 PM – 3:00 PM</td>
<td>Father Nick Mezacapa</td>
<td>Service and Sanity</td>
<td>Champion Ballroom</td>
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<tr>
<td>3:30 PM – 4:45 PM</td>
<td>Dr. James Gray</td>
<td>Preconception Care</td>
<td>Salons 1&amp;2</td>
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<tr>
<td></td>
<td>Dr. Tim Jones</td>
<td>Foodborne Disease Outbreaks</td>
<td>Williamson</td>
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<tr>
<td></td>
<td>Dr. Tom Elasy</td>
<td>Diabetes Management Update</td>
<td>Meeting Room 2</td>
</tr>
<tr>
<td></td>
<td>Patrick Libbey</td>
<td>LHD Operational Definition</td>
<td>Salons 3&amp;4</td>
</tr>
<tr>
<td></td>
<td>Teri Covington</td>
<td>Child Death Review</td>
<td>Franklin</td>
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<tr>
<td></td>
<td>Dr. Jeanne Jordan</td>
<td>Emergency Preparedness &amp; Response</td>
<td>Meeting Room 1</td>
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#### Thursday, November 1st

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<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
<th>Location</th>
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<tbody>
<tr>
<td>9:45 AM – 11:00 AM</td>
<td>Jean DuRussel-Weston</td>
<td>Childhood Obesity–Project Healthy Schools</td>
<td>Salons 1&amp;2</td>
</tr>
<tr>
<td></td>
<td>Dr. Tim Aldrich</td>
<td>Using Public Health Data</td>
<td>Williamson</td>
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<tr>
<td></td>
<td>Mark Fenton</td>
<td>Physical Activity for Communities</td>
<td>Meeting Room 1</td>
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<td></td>
<td>Keith Wehner</td>
<td>Oral Rabies Vaccine Program</td>
<td>Salons 3&amp;4</td>
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<td></td>
<td>Dr. Stephanie Schrag</td>
<td>Group B Streptococcal Disease</td>
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<td></td>
<td>Allison Adams</td>
<td>Aging &amp; Exercise</td>
<td>Meeting Room 2</td>
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<tr>
<td>12:15 PM – 1:00 PM</td>
<td>Commissioner Susan Cooper</td>
<td>Public Health Update</td>
<td>Champion Ballroom</td>
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<tr>
<td>2:15 PM – 3:30 PM</td>
<td>Dr. Bill Allen</td>
<td>ADHD</td>
<td>Salons 1&amp;2</td>
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<tr>
<td></td>
<td>Dr. Tim Aldrich</td>
<td>Response to Disease Cluster Reports</td>
<td>Williamson</td>
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<td></td>
<td>Dr. Sharon Thompson</td>
<td>Animal Disaster Response</td>
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<td></td>
<td>Dr. Judy Schmidt</td>
<td>Immunization Update</td>
<td>Salons 3&amp;4</td>
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<td></td>
<td>Mark Fenton</td>
<td>The Power of Walking</td>
<td>Meeting Room 1</td>
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<td></td>
<td>Dr. Elizabeth Pivonka</td>
<td>Increasing Fruit &amp; Vegetable Consumption</td>
<td>Meeting Room 2</td>
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<tr>
<td>4:00 PM – 5:15 PM</td>
<td>Dr. Joseph Awad</td>
<td>Hepatitis C Update</td>
<td>Salons 1&amp;2</td>
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<td></td>
<td>Panel Discussion</td>
<td>Tattoos, Grills, &amp; Piercing</td>
<td>Williamson</td>
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<td></td>
<td>Dr. Bill Allen</td>
<td>Autism</td>
<td>Meeting Room 1</td>
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<td></td>
<td>Patrick Libbey</td>
<td>Public Health Accreditation</td>
<td>Salons 3&amp;4</td>
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<td></td>
<td>Onjewel Smith</td>
<td>Smokefree Law Implementation</td>
<td>Franklin</td>
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<td></td>
<td>Dr. Amy Potter</td>
<td>Obesity &amp; Type 2 Diabetes</td>
<td>Meeting Room 2</td>
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#### Friday, November 2nd

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<tbody>
<tr>
<td>10:00 AM – 11:00 AM</td>
<td>Dr. Claude Earl Fox</td>
<td>21st Century Public Health</td>
<td>Champion Ballroom</td>
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<tr>
<td>11:00 AM – 12:00 PM</td>
<td>Sam Venable</td>
<td>Living Can be Hazardous to Your Health</td>
<td>Champion Ballroom</td>
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Conference Evaluation Forms

Conference evaluation forms are included in every registration packet. Each attendee is asked to complete an evaluation at the end of all plenary sessions and workshops attended. At the end of the conference, completed forms can be left at the continuing education table or at the information booth in the registration area. Your feedback, comments, and suggestions play a very important part in planning future TPHA-sponsored conferences and events!

Continuing Education

Continuing education (CE) credit is available for conference attendees in the following disciplines: certified health education specialists (CHES), dental assistants, dental hygienists, dentists, dieticians, EMTs, environmental health specialists, nurses, pharmacists, physicians, and social workers. Please check at the CE table located in the registration area for CE-related forms and evaluations. The CE table will be staffed throughout the conference by CE committee members who will answer questions and provide additional information.

Exhibits

Exhibits are an important part of the educational presentations of the annual conference. Exhibits are located in Salons 7-10 and will be open from 10:00 AM until 5:00 PM on Wednesday and from 7:30 AM until 3:00 PM on Thursday. Please visit the exhibits and get acquainted with the representatives. They welcome your questions and requests for literature. Let them know that we appreciate their participation and help in making this annual conference a great success!

Name Badges & Tickets

Conference name badges must be worn at all times to enter the educational sessions, meetings, special events, and the exhibit hall. It serves as your proof of registration, and it’s a great way to meet other people. Special event tickets must be presented for the Opening Session Luncheon, Awards Luncheon, Wednesday and Thursday evening receptions, and entertainment on Wednesday and Thursday nights.

Information and Message Center

An information booth will be maintained in the registration area throughout the conference. Messages will be posted at this location.

No Smoking Policy

The Marriott Hotel and the TPHA Board of Directors have adopted a smoke-free policy throughout all areas of the hotel and at all events associated with the annual conference. To accommodate the needs of attendees who smoke, the Marriott offers special designated smoking areas outside the building.

Cell Phones and Pagers

As a courtesy to our speakers and conference attendees, please silence your cell phones and pagers while attending all conference sessions and events.
Plenary Session Speakers

**Pat Cooper, EdD**

Dr. Pat Cooper currently serves as the CEO of the Early Childhood and Family Learning Foundation in New Orleans, Louisiana. This is a public-private, non-profit foundation whose members have come together to accomplish three things: 1) establish quality childhood programs across New Orleans for every child from birth to five-year-olds, 2) initiate complete coordinated school health programs in all New Orleans schools, and 3) be a vehicle for policy change regarding funding and programming issues for the previously mentioned programs. Just prior to this appointment, he served as Superintendent of Schools in McComb, Mississippi. He served in that capacity for the last ten years and is in his 36th year of public education service.

Dr. Cooper earned his undergraduate and master’s level education degrees at Louisiana State University and his Doctorate in education administration at the University of Northern Colorado. Dr. Cooper has served as a classroom teacher of the emotionally disturbed, principal, university faculty member, and as Assistant State Superintendent in the Louisiana State Department of Education. Prior to becoming superintendent in McComb, Dr. Cooper served four years as executive director for the CDC-funded National School Health Education Coalition (NaSHEC) in Washington, DC. As well, Dr. Cooper has served as a national consultant in the area of promotion of coordinated school health for the past ten years, performing national and international work for a variety of organizations and agencies.

Dr. Cooper is president of the Mississippi Alliance for School Health (MASH), and he has been instrumental in assisting the organization in its growth and status with other state agencies. He routinely commits time to the organization in grant writing, lobbying, and advocacy. He serves on the Governor’s Health Committee, working with the National Governor’s Association in developing a national network on school/health partnerships.

The McComb School District just completed the ninth year of a planned 13-year longitudinal study relative to the relationship of coordinated school health programs to school reform. Valuable baseline data and successive year data have been collected. The results have been extremely positive to this point. There have been significant documented gains in the academic, social, and emotional arenas. It is the belief in McComb, Mississippi that successful negotiation up through Maslow’s ‘Hierarchy of Needs’ is key to the success of educational reform, and that coordinated school health is the avenue best used to satisfy those needs.

**Commissioner Susan R. Cooper, MSN, RN**

Susan R. Cooper, MSN, RN, made Tennessee history on January 20, 2007, when she became the first nurse to serve as Commissioner of the Tennessee Department of Health. Commissioner Cooper is a master’s prepared registered nurse and earned both her Bachelor and Master of Science nursing degrees from Vanderbilt University School of Nursing. Her priorities are to protect, promote, and improve the health of all Tennesseans. She considers this the most important work she will face in her career.

Commissioner Cooper first came to the state level in 2005 as a special policy and health advisor to the Governor. She was charged with developing Tennessee’s Health Care Safety Net program for citizens facing disenrollment from TennCare. Commissioner Cooper later assumed leadership of Project Diabetes, a program the Governor created to address the threat of Type 2 diabetes facing young people in Tennessee. In addition, she helped facilitate the creation of the Governor’s GetFitTN initiative. The statewide public awareness program is aimed at addressing the rising epidemic of Type 2 diabetes and risk factors, like obesity, that lead to diabetes. The program involves educating adults and children on how they can make modest lifestyle changes to delay or prevent the onset of Type 2 diabetes.
Before joining state government, Commissioner Cooper was a faculty member and Assistant Dean of Practice at Vanderbilt University’s School of Nursing, overseeing the nurse-managed clinics and operations led by the School of Nursing. She also served as co-director of the Health Systems Management program at Vanderbilt University School of Nursing. Commissioner Cooper has an extensive background in health policy, health care regulation, and evidence-based practice. She helped create the Center for Advanced Practice Nursing and Allied Health at Vanderbilt University Medical Center, covering the regulatory needs and credentialing for the hundreds of non-physician providers at Vanderbilt.

Commissioner Cooper was born and raised in West Tennessee. Her father was an ophthalmologist, and her mother was a nurse. One of the Commissioner’s first jobs as a teenager was in her father’s office in West Tennessee, checking in patients and later performing routine vision checks. She currently resides in Franklin and enjoys spending time with her three grown children and three grandchildren.

Claude Earl Fox, MD, MPH

Dr. Claude Earl Fox is a public health physician who has headed federal, state, and local agencies in a greater than three-decade career dedicated to equal access to health care. He is currently a professor in the Department of Epidemiology and Miller School of Medicine at the University of Miami and is the founding director of the Florida Public Health Institute. He was previously the first permanent director of the Johns Hopkins Urban Health Institute and professor at the Johns Hopkins Bloomberg School of Public Health with joint academic appointments in the Johns Hopkins School of Nursing and School of Medicine.

Prior to joining Johns Hopkins, Dr. Fox served as the administrator of the federal Health Resources and Services Administration (HRSA) in the Department of Health and Human Services. HRSA was responsible for administration of the Ryan White/HIV AIDS program, the Office of Rural Health Policy, all federally funded community health centers, as well as the Maternal and Child Health Block grant and numerous health professions training programs. While HRSA administrator, Dr. Fox also co-chaired development and implementation of policies for the State Child Health Insurance Program.

Dr. Fox has been a leader in public health at the federal, state, and local levels. From November 1995 to March 1997, he was Deputy Assistant Secretary for Health in the Department of Health and Human Services’ Office of Disease Prevention and Health Promotion. Prior to that he served as HHS regional health administrator in Philadelphia, overseeing federal health and human service programs in Pennsylvania, Maryland, Virginia, West Virginia, Delaware, and the District of Columbia. Dr. Fox was Alabama’s state health officer from 1986 to 1992, Mississippi’s deputy state health officer from 1983 to 1986, and has served as president of the Association of State and Territorial Health Officials.

Dr. Fox is a 1968 graduate of Mississippi College, earned his medical degree at the University of Mississippi in 1972, and received his Master of Public Health from the University of North Carolina in 1975. He performed his pediatric residency at Johns Hopkins Hospital and the University of Mississippi. He is board certified in preventive medicine and public health and is a Fellow of the American College of Preventive Medicine.
Father Nick Mezacapa

Father Nick Mezacapa has been ordained to the Episcopal Priesthood for the last 25 years. He has served as the rector of Calvary Episcopal Church, right across the street from The Mayo Clinic for the past 20 years. Before coming to Minnesota he served churches in Iowa, Michigan, and New York. A graduate of Heidelberg College in Tiffin, Ohio, he was trained as a teacher and athletics coach and worked in the field for seven years. It was after his teaching career that he attended Colgate/Rochester/Bexley Hall/Crozer Divinity School in Rochester, New York to receive his Master’s in Divinity and subsequent ordination to the priesthood.

Nick brings his experience as teacher, coach, priest, husband, and father to his presentations with passion and authenticity. His experiences as a prostate cancer survivor, radio personality, and an active thespian combine to generate a style and urgency that is unique. He has delivered his presentations to a wide variety of groups across the country, focusing on the subject of ‘Survivorship and Spirituality.’ You will find his perspective refreshing and inspiring!

Sam Venable

Sam Venable is a native of Knoxville and a graduate of the University of Tennessee with a degree in journalism and minor studies in forestry and wildlife management. Prior to joining the Knoxville News Sentinel’s staff, he worked as a police reporter and feature writer for the Knoxville Journal and the Chattanooga News Free Press.

Winner of more than three dozen writing awards, Sam also has been widely published outside the newspaper field. He sold his first magazine article as a senior in college and since has compiled more than 150 periodical credits to his record. Sam is author of nine books, and in recent years, he has become increasingly popular on the after-dinner speaking circuit. He delivers his bizarre look at life on a wide variety of topics – everything from how to speak ‘hillbillyese’ to the perils of growing older.
Tuesday, October 30, 2007

2:00 PM – 4:00 PM | TPHA Board of Directors and Committee Chairs Meeting (Franklin)

Wednesday, October 31, 2007

9:00 AM – 11:30 AM | **Dance Dance Revolution!**

Visit the GetFitTN interactive area located outside the exhibit hall and get your groove on by playing *Dance Dance Revolution!* GetFitTN uses *Dance Dance Revolution!* to show simple ways to move more such as dancing, and shows young people that video games can be used to encourage movement rather than just sitting in front of the TV screen.

9:00 AM – 4:00 PM | Conference Registration (Registration Area)

10:00 AM – 5:00 PM | Exhibits (Salons 7-10)

10:00 AM – 10:45 AM | TPHA New Member Orientation (Williamson)

10:00 AM – 11:00 AM | TPHA Program Committee Meeting (Franklin)

10:00 AM – 5:00 PM | Poster Session (Conference Center Main Hallway)

11:30 AM – 12:00 PM | **Opening General Session** (Champion Ballroom)

Presiding: Dr. David Brumley
TPHA President

Color Guard: Centennial High School ROTC
Franklin, Tennessee

National Anthem: Bethany Hawks
Centennial High School, Franklin, Tennessee

Opening Remarks: The Honorable Rogers Anderson
Mayor, Williamson County

Tammy Burke
President, Southern Health Association

12:00 PM – 1:00 PM | **Opening Session Luncheon** (Champion Ballroom) – TICKET REQUIRED

Invocation: Father Nick Mezacapa
Calvary Episcopal Church, Rochester, Minnesota

Special Presentations: Doris Spain
Executive Director, Tennessee Public Health Association

Tammy Burke
President, Southern Health Association

Remarks: The Honorable Governor Phil Bredesen
Plenary Session #1 (Champion Ballroom)
Introduction: Dr. David Brumley

There is Life After Tests… and Before
Pat Cooper, EdD, Chief Executive Officer, Early Childhood and Family Learning Foundation, New Orleans, Louisiana

Dr. Cooper’s presentation will point out the problems associated with traditional education reform as a result of not including comprehensive school health programs as a major priority. There will be specific references to the societal impact, educational impact, and the impacts on the individual child. These negative impacts include the creation of an ‘abnormal’ society as reflected by an ‘abnormal’ bell-shaped curve scenario.

Dr. Cooper’s presentation will also focus on how comprehensive health programs have much to offer teachers and administrators relative to reaching the academic goals of traditional education reform. Information will be provided to help educators and healthcare personnel implement a comprehensive school health program in their schools and communities by utilizing dollars already present in the system in different ways.

Plenary Session #2 (Champion Ballroom)
Introduction: Dr. David Brumley

Walking the Line Between Service and Sanity
Father Nick Mezacapa, MDiv, Calvary Episcopal Church, Rochester, Minnesota

This talk focuses on the shortness and uncertainty of human life and our responsibility to live our lives with that in mind. Working in the public health environment requires your professional best and a high degree of personal investment. This presentation focuses on the reassurance that accompanies adequate self-care.

Break (with refreshments)

Poster session presenters will be available at their tables for Q&A and discussion during this 30-minute break.

Silent Auction (Arabian & Clydesdale)

Concurrent Workshops

Workshop #1
Location: Salons 1&2
Moderator: Sheila Abbott

Preconception Care – Interventions to Improve Women’s Health and Pregnancy Outcomes
James C. Gray, MD, FACOG, Medical Consultant, Regional Women’s Health Program, Upper Cumberland Region, Tennessee Department of Health, Cookeville, Tennessee
This workshop will review the CDC Recommendations for Preconception Care (MMWR, April 21, 2006, Vol. 55, No. RR-6). These are recommendations from the CDC for preconception interventions by clinical medicine, public health, communities, individuals, and researchers which will improve women’s health and result in improved outcomes of their pregnancies. The evidence that these interventions will improve maternal and perinatal health will be presented. As public health advocates, all participants of the workshop will find a role in helping achieve the preconception care goals as outlined in this CDC document.

Workshop #2
Location: Williamson
Moderator: Beverly Ferguson

Popeye, Peter Pan, and the Taco Bell Dog: Fractured Fairytales – Lessons from Recent Foodborne Disease Outbreaks
Timothy Jones, MD, Deputy State Epidemiologist, Tennessee Department of Health, Nashville, Tennessee

Recent experiences in the United States with large foodborne disease outbreaks due to non-traditional vehicles will be examined to understand how foodborne disease epidemiology is changing. These outbreaks suggest that our current approach to investigating and terminating outbreaks also needs to change to meet new threats.

Workshop #3
Location: Meeting Room 2
Moderator: Tammy Burke

Diabetes Management Update: Controversies and Consensus
Tom Elasy, MD, MPH, Associate Professor and Medical Director, Vanderbilt Eskind Diabetes Center, Vanderbilt University School of Medicine, Nashville, Tennessee

This session is intended to review standards of care for diabetes and provide a concise rationale for those standards. Of primary importance, the practitioner should emerge from the session comfortable with a knowledge of new therapies in diabetes and be able to implement and intensify management for diabetes in a sensible manner.

Workshop #4
Location: Salons 3&4
Moderator: Barry Moore

What Your Community Should Expect: An Operational Definition of a Functional Local Health Department
Patrick M. Libbey, Executive Director, National Association of County and City Health Officials, (NACCHO), Washington, DC

The variety of roles and responsibilities fulfilled by local health departments (LHDs) across the country results in uneven governmental public health protections from community to community. In order to promote consistency, NACCHO developed the Operational Definition of a Functional Local Health Department. The Operational Definition comprises standards that were vetted through public health officials and elected officials at all three levels of government, thus reflecting a shared understanding of what the public should reasonably expect from local governmental public health. Most significantly, the Operational Definition has been cited as the framework for LHD standards for
the new Public Health Accreditation Board. This session will provide an overview of the standards and assistance that NACCHO provides to LHDs that are seeking to align themselves with the standards.

**Workshop #5**
Location: Franklin
Moderator: Dr. Toni Bounds

**Child Death Review: A Community Approach to Preventing Child Deaths**
Teri Covington, MPH, Director of the National Center for Child Death Review Policy and Practices, Michigan Public Health Institute, Okemos, Michigan

This presentation will highlight the child death review (CDR) process and provide information on its status in the United States. Linking child death review and local health departments can further advance the common mission shared by these two entities to keep children safe, healthy, and protected. Review teams in all 50 states have demonstrated their effectiveness in moving from reviews to child health and injury assessment, and to prevention policy and practice. The session will demonstrate how CDR can identify the key risk factors in child deaths through a multidisciplinary review that can assist public health with assessment, informing and educating the public on review findings and prevention, and improving community resources and policy development that can help set priorities among numerous needs.

**Workshop #6**
Location: Meeting Room 1
Moderator: Kevin Morris

**No One Left Behind: Hurricane Katrina at Tulane University Hospital and Clinic**
Jeanne Jordan, MD, Associate Medical Director, Bureau of TennCare, Department of Finance and Administration, Nashville, Tennessee

Dr. Jordan was the chief physician on-site at Tulane University Hospital and Clinic (TUHC) in New Orleans during Hurricane Katrina and the aftermath. Her team at TUHC successfully evacuated over 200 patients by helicopter, as well as 1500 family members, employees, and physicians. Dr. Jordan will share her experiences surrounding Hurricane Katrina, including preparations, the storm itself, and the evacuation and aftermath. She will discuss the institutional and personal challenges faced and lessons learned from the disaster and give her unique insights on disaster readiness planning. This presentation contains a variety of messages about preparedness and emergency response that are pertinent for public health and healthcare providers in general.

6:30 PM – 8:00 PM

**Reception (Champion Ballroom) – TICKET REQUIRED**

During the evening reception, join us for a scary Halloween tour through the Haunted Health Department with rooms displaying ultimate public health program nightmares. Regional staff will dress in Halloween attire and will be waiting in their curtained rooms for your visit!

8:00 PM – 11:00 PM

**Entertainment (Champion Ballroom) – TICKET REQUIRED**

**Scary-oke** – DJ Blake Chaffin has been a mobile disc jockey for over nine years. Blake has state-of-the-art sound and lights and a huge selection of all styles of music. He also provides Scary-oke when requested!
Thursday, November 1, 2007

7:00 AM – 7:30 AM
Group Walk with Mark Fenton *(Marriott Lobby)*

7:30 AM – 9:00 AM
Continental Breakfast *(Registration Area)*

7:30 AM – 3:00 PM
Exhibits *(Salons 7-10)*

7:30 AM – 4:00 PM
Conference Registration *(Registration Area)*

7:45 AM – 9:15 AM
Nursing Section Meeting *(Salon 6)*

7:30 AM – 4:00 PM
Conference Registration *(Registration Area)*

7:45 AM – 9:15 AM
Nursing Section Meeting *(Salon 6)*

8:00 AM – 2:00 PM
Silent Auction *(Arabian & Clydesdale)*

8:00 AM – 3:00 PM
Poster Session *(Conference Center Main Hallway)*

9:15 AM – 9:45 AM
Break

9:15 AM – 9:45 AM
Poster session presenters will be available at their tables for Q&A and discussion during this 30-minute break.

**Concurrent Workshops**

**Workshop #7**
Location: Salons 1&2
Moderator: Becky Brumley

**The Battle Against Childhood Obesity: Lessons From the Front Lines – Project Healthy Schools**
Jean DuRussel-Weston, RN, MPH, CHES, Administrator of Community Health Initiatives, University of Michigan Health System, Ann Arbor, Michigan

*In the last 30 years the number of overweight children has nearly tripled and now more than 17 percent are classified as obese. Overweight children are 70 percent more likely to become overweight adults. Project Healthy Schools is a community & University of Michigan Health System collaborative providing school-based programming to reduce childhood obesity. This presentation will describe how to build a successful school-based health education program for 6th graders and discuss the research findings from three years of programming.*
**Workshop #8**
Location: Williamson  
Moderator: Dr. David Brumley

**Making Use of Public Health Data**  
Timothy E. Aldrich, PhD, Associate Professor, Department of Public Health, East Tennessee State University, Johnson City, Tennessee

This session is a primer for using public health data to make educational and informational products. The presentation will feature a review of Tennessee (e.g., HIT) and national (e.g., CDC) data sources with guidance for the data content and its use with reporting. Descriptions will be given for local data manipulation and statistical testing and features instruction for preparing a variety of conventional public health products from a single-page brief to interpretative reports. For each product there will be discussion of their format, focal audience, and structure. Participants should have a basic grasp of statistical methods and a familiarity with both database and graphics software (e.g., Excel and Word).

**Workshop #9**
Location: Meeting Room 1  
Moderator: Hugh Barnes

**Fighting the Epidemic No One is Talking About: Increasing Physical Activity for Entire Communities**  
Mark Fenton, MS, Walking Instructor, Consultant, and Author, Scituate, Massachusetts

This presentation is an engaging and thought-provoking look at what communities will have to do to create social and built environments that encourage routine physical activity. Mark will offer specific advice for our daily work and how we can become more effective activity promoters. By the end of the session, participants will:

- Understand the need to focus on the physical inactivity epidemic and its co-morbidities, not just on a so-called ‘obesity epidemic.’
- Understand the social ecology model and limitations of recent attempts at increasing physical activity based only on behavior modification.
- Be able to describe four key elements of environments that will encourage routine physical activity (specifically walking and cycling).
- Be prepared to use several specific intervention tools to build coalitions and capacity to create more active settings, using three P’s: programs, physical projects, and policy change.

**Workshop #10**
Location: Salons 3&4  
Moderator: Mark Houser

**The Oral Rabies Vaccine Program in Tennessee: A Six-Year Perspective on Controlling the Raccoon Variant of Rabies**  
Keith Wehner, BS, Rabies Field Coordinator, Wildlife Services National Rabies Management Program, United States Department of Agriculture, Knoxville, Tennessee

This presentation will discuss the Oral Rabies Vaccine (ORV) program in Tennessee from 2002 to present. Specific topics will include how Tennessee plays into the National Rabies Management Program’s strategies; how monitoring and surveillance efforts identify successes, failures, and/or the need for additional study; how the Tennessee program is planning to move forward with additional research and proposed changes in ORV bait distribution zones; and how analysis of the first five years of sample data provides guidance for future directions.
Workshop #11
Location: Franklin
Moderator: Dr. Allen Craig

Early-onset Group B Streptococcal Disease Prevention: Epidemiology, Prevention, and Priorities
Stephanie Schrag, PhD, Epidemiology Team Lead, Respiratory Diseases Branch, National Center for Immunizations and Respiratory Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia

Perinatal group B streptococcal (GBS) disease emerged in the United States and several other developed countries in the 1970s and rapidly became a leading infectious cause of neonatal morbidity and mortality. In the U.S., before active prevention was in place, an estimated 6500 neonatal cases occurred annually among babies less than a week of age (early-onset disease). Case fatality rates were as high as 50 percent. In the 1980s intravenous penicillin or ampicillin administered during the intrapartum period was identified as an effective intervention. This session will review the epidemiology, risk factors, and burden of perinatal group B streptococcal disease in the United States, discuss the history of prevention efforts from the early 1990s until the present, present key features of the current universal screening prevention strategy, and present data on the impact of prevention efforts and key areas of missed opportunities for prevention. The session will also present some data specific to Tennessee collected by Tennessee’s Emerging Infections Program.

Workshop #12
Location: Meeting Room 2
Moderator: Beth Rader

Aging & Exercise: You’re Never Too Old to Exercise nor Too Old to Begin
Allison Adams, BS, Health Educator, Buffalo Trace District Health Department, Maysville, Kentucky

Learn the benefits of beginning or maintaining a physical activity regimen during older adult life through this interactive presentation. Included in the presentation will be an explanation of the health effects of regular physical activity, components of an exercise program, and identification of exercise strategies for older adults.
Awards Presentation *(Champion Ballroom)*

Presiding: Dr. David Brumley  
TPHA President

Presenter: Gail Harmon  
TPHA Awards Committee Chair

**Partners and Leadership (PAL) Award** – Presented to a non-public health professional, group, or organization that has made a significant contribution on behalf of public health.

**Public Health Group Award** – Presented to a group, unit, or department that has made an outstanding contribution to public health.

**Public Health Worker of the Year** – Presented to a person in the field of public health who during the past three years has provided outstanding service to public health.

**Alex B. Shipley, MD, Award** – Presented to an employee of a regional or local health department who has made outstanding contributions in the field of public health over a period of several years.

**R. H. Hutcheson, Sr., MD, Career Award** – Presented to a person in the field of public health who has made outstanding contributions to public health throughout his or her career.

**Distinguished Service Award** – Presented to a Tennessee Public Health Association member who has made outstanding contributions to the Association over a period of several years.

1:45 PM – 2:15 PM

Break

2:15 PM – 3:30 PM

**Workshop #13**

Location: Salons 1&2  
Moderator: Colleen Edgell

**ADHD: Frustration Tolerance and Practical Interventions**  
William B. Allen, PhD, NCSP, Vice President of Children’s Services, Cherokee Health Systems, Talbott, Tennessee

After reviewing the primary symptoms of ADHD, participants will look at the role of frustration tolerance and how this is learned (and not learned) by children living in the age of instant information. This session will also cover conditions that may mimic ADHD and five behavioral techniques that can be learned and implemented by parents and teachers. A reproducible parent handout will be available for all workshop participants.

**Workshop #14**

Location: Williamson  
Moderator: Dr. David Brumley

**Public Health Response to Disease Cluster Reports**  
Timothy E. Aldrich, PhD, Associate Professor, Department of Public Health, East Tennessee State University, Johnson City, Tennessee

This workshop will address perspectives of citizen concern for localized health risks. These often take the form of disease cluster reports, especially cancer and birth defects. Organizational protocols and CDC recommendations will be discussed. Statistical and analytic methods will be presented. Issues of
media roles/contact and community risk communication will be described with conventional guidance provided. This session will provide participants with a general overview of disease clusters. Options for more in-depth training will be provided as well as a bibliography of references and a historical profile.

**Workshop #15**
Location: Franklin
Moderator: Blaine Hill

**Response to an Animal Disaster: Key Issues**
Sharon R. Thompson, DVM, Director, Center for Agriculture and Food Security and Preparedness, University College of Veterinary Medicine, Knoxville, Tennessee

This session will provide an overview of issues that would need to be addressed in a significant animal disaster response. A description will be given of the different agencies that would participate in an animal disaster response, and participants will understand how volunteers can be utilized in the response effort. Key federal initiatives will be highlighted that will impact animal disaster response efforts.

**Workshop #16**
Location: Salons 3&4
Moderator: Tammy Burke

**Immunization Update 2007**
Judy Schmidt, RN, MS, MA, EdD, Public Health Educator, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia

New vaccines and new recommendations for vaccination of infants, adolescents, and pregnant women that were published by CDC’s Advisory Committee on Immunization Practices (ACIP) will be highlighted in this session. Discussion will include the rationale for new recommendations for vaccines such as hepatitis A and B, rotavirus, adolescent and adult Tdap (tetanus, diphtheria, and acellular pertussis), influenza, varicella, human papillomavirus, and MMR. Changes in immunization recommendations will round out the session and broaden the participant’s knowledge.

**Workshop #17**
Location: Meeting Room 1
Moderator: Hugh Barnes

**The Power of Walking**
Mark Fenton, MS, Walking Instructor, Consultant, and Author, Scituate, Massachusetts

This session is an entertaining and informative talk on how to build and sustain successful walking programs and the four key elements of the built environment that are needed to help sustain behavior change programs to increase physical activity. Current physical activity recommendations from ACSM, USDA, and the U.S. Surgeon General, and current levels of attainment by the U.S. population will be discussed. By the end of the workshop, participants will be able to implement a 20% Boost Pedometer walking program for a target population and answer common questions from beginning walkers such as how to select proper shoes, whether they should use hand weights, weighted vests, walking poles, etc. In addition, Mark will have an intriguing slide show about the amazing places that mere walking can take us!

**Workshop #18**
Location: Meeting Room 2
Moderator: Glenn Czarnecki
Increase Fruit & Vegetable Consumption by Understanding the Consumer
Elizabeth Pivonka, PhD, RD, President & CEO of the Produce for Better Health Foundation, Wilmington, Delaware

From five to more… the face of fruit and vegetable nutrition education is changing! In this energetic and informational session led by one of the nation's foremost authorities on fruit and vegetable nutrition, participants will learn more about how to improve the health of individuals, families, and communities in Tennessee. We'll look at how fruits and vegetables affect the risk of many chronic diseases, discuss the new Fruits & Veggies – More Matters™ initiative, and explore new research in the area of improving health through dietary changes.

DEADLINE FOR CASTING ELECTION BALLOTS

3:00 PM
3:30 PM – 4:00 PM Break (with refreshments)
4:00 PM – 5:15 PM Concurrent Workshops

Workshop #19
Location: Salons 1&2
Moderator: Melanie Pafford-Failor

Hepatitis C Update
Joseph Awad, MD, Associate Professor of Medicine and Pharmacology, Vanderbilt University, Nashville, Tennessee

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have the disease. Hepatitis C is serious for some persons, but not for others. Most persons who get hepatitis C carry the virus for the rest of their lives and will eventually have some liver damage. Some persons with liver damage due to hepatitis C will develop cirrhosis of the liver and liver failure, which may take many years to develop. This session will provide a review of hepatitis C focusing on key issues that affect need to treat, success of treatment, and risk of hepatocellular carcinoma in fibrotic liver disease.

Workshop #20
Location: Williamson
Moderator: Dr. Lorraine Macdonald

The Body Canvas as an Expression of Art: Tattoos, Grills, and Piercing
Tommy Eubanks, Environmentalist II, Metro Health Department, Nashville, Tennessee; Thomas L. Lawrence, MD, Upper Cumberland Otolaryngology Clinic, Cookeville, Tennessee; and Rhonda Switzer, DMD, Executive Director, Interfaith Dental Clinic, Nashville, Tennessee

This workshop is a panel discussion of the expression of art using skin and body organs. The panel includes a state regulator, an otolaryngologist, and a dentist, all of whom have a different perspective on the pros and cons of tattooing and piercing. Participants will learn who is qualified to perform these procedures and what complications are seen. Certification and laws that govern the procedures and protect the patients will be discussed.

Workshop #21
Location: Meeting Room 1
Moderator: Deborah Molder
Bridging Health Across the Span of Life

The Mystery of Autism
William B. Allen, PhD, NCSP, Vice President of Children’s Services, Cherokee Health Systems, Talbott, Tennessee

With the incidence rate skyrocketing, all health care providers should have basic information about autism. This session will cover symptoms, variants, theories of causation, methods for diagnosis, and evidence-based interventions to promote development. Participants will be amazed by some of the mysteries of autism.

Workshop #22
Location: Salons 3&4
Moderator: Cindy Anders

Preparing for Accreditation
Patrick M. Libbey, Executive Director, National Association of County and City Health Officials, Washington, DC

The Public Health Accreditation Board (PHAB) is a new, voluntary national accreditation program for state and local public health departments. The goal of this program is to improve and protect the health of the public by advancing the quality and performance of state and local public health departments. This session will provide an overview of PHAB, including its governance structure, how standards will be developed, potential benefits of and incentives for becoming accredited, as well as advice for LHDs interested in positioning themselves for accreditation.

Workshop #23
Location: Franklin
Moderator: Bart Perkey

You Mean We Are Not Finished? Implementing Your New Smokefree Law
Onjewel Smith, Southern States Consultant, Americans for Nonsmokers’ Rights, Ridgeland, Mississippi

Participants will hear firsthand accounts of implementation efforts and leave with the tools and knowledge needed to conduct a successful implementation campaign. Participants will understand that strong implementation activities improve public support and change social norms around smoking, leading to the ultimate benefit of protecting the public’s health.

Workshop #24
Location: Meeting Room 2
Moderator: Perrie Hutcherson

Obesity and Type 2 Diabetes in Children and Adolescents
Amy Potter, MD, Assistant Professor of Pediatrics and Medicine, Pediatric and Adult Endocrinology, Vanderbilt University Medical Center, Nashville, Tennessee

Type 2 diabetes is increasing rapidly in the pediatric population in parallel with the rise in obesity. Health care providers need to be able to recognize youth at risk and initiate appropriate screening, be able to diagnose type 2 diabetes, and have a basic understanding of approaches to treatment.

5:30 PM – 6:00 PM
TPHA Board of Directors Meeting (if necessary) – (Franklin)

6:30 PM – 8:00 PM
President’s Reception (Champion Ballroom) – TICKET REQUIRED

The President’s Reception brings out the best of French Quarter cuisine. The Firehouse Dixieland Band will set your feet firmly on Bourbon Street in Old New Orleans with songs from Louie Armstrong to
Fats Waller plus many old favorites like Sweet Georgia Brown, Royal Garden Blues, Hard Hearted Hannah, Basin Street Blues, and When the Saints Go Marching In. Dress is business casual.

**Entertainment & Dance (Champion Ballroom) – TICKET REQUIRED**

The Kadillacs, featuring three stunning female singers and one soulful male singer combined with a powerhouse horn section and four-piece rhythm section, will perform music from the 40’s big band through the incredibly popular standards of the 60's and 70's to the more sophisticated hits of today.

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**Friday, November 2, 2007**

7:00 AM – 7:30 AM  
A Morning Stretch Class (North Hallway)

7:30 AM – 8:30 AM  
Continental Breakfast (Registration Area)

8:30 AM – 9:30 AM  
TPHA Business Meeting (Champion Ballroom)

9:30 AM – 9:45 AM  
Installation of 2007-08 TPHA President

9:45 AM – 10:00 AM  
Break

10:00 AM – 11:00 AM  
Plenary Session #4 (Champion Ballroom)  
Introduction: Glenn Czarnecki

**Public Health in the 21st Century: Survive or Thrive?**
Claude Earl Fox, MD, MPH, Professor, Department of Epidemiology and Miller School of Medicine, and Founding Director, Florida Public Health Institute, Fort Lauderdale, Florida

Public health like the rest of our culture has evolved over the last century and will continue to do so. To be relevant to the U.S. health system in the future, we have to get outside our comfort zone and seek new challenges. Opportunities exist for public health to engage in areas such as healthcare financing and healthcare quality, and these will be detailed. At the same time we look for new roles for public health, some issues continue to demand our attention. There is a continuing need to define and refine the public health workforce. Recruitment and retention of public health workers has and continues to be an issue in maintaining an effective public health department. The political environment is also an ever increasing factor in the development and delivery of public health policy. This presentation will provide suggestions for ways in which public health can continue to be a leader in the 21st century.

11:00 AM – 12:00 PM  
Plenary Session #5 (Champion Ballroom)  
Introduction: Glenn Czarnecki

**WARNING! Living Can be Hazardous to Your Health**
Sam Venable, Author, Humorist, and Columnist, Knoxville News Sentinel, Knoxville, Tennessee

Sam Venable delivers his hilarious look at warning labels on consumer products. His homespun humor and folksy common sense help illuminate some of the most unusual and unhelpful warning labels imaginable. Sam delights in the ‘legalistic stupidity’ associated with bizarre, ridiculous, and confusing warning labels. His talk will leave you laughing and thinking about how we can improve the delivery of consumer product safety information.

12:00 PM  
Adjourn
**Special Events & Entertainment**

**Wednesday’s Reception**

During the evening reception, join us for a scary Halloween tour through the Haunted Health Department! Each region has an opportunity to decorate a room in the Haunted Health Department to display an ultimate public health program nightmare. Regional staff will dress in Halloween attire and will be waiting in their curtained rooms for your visit. Participating regions will earn 3,000 Fun & Fitness points, and additional points will be awarded by a panel of judges. Attend the Haunted Health Department in full Halloween costume and earn 100 additional points for your region.

**Following Wednesday’s Reception – Scary-oke!**

Plan to stay after the reception on Wednesday for what is guaranteed to be a night of great entertainment – Halloween Scary-oke! DJ Blake Chaffin has been a mobile disc jockey for over nine years. Blake has state-of-the-art sound and lights and a huge selection of all styles of music. He also provides Scary-oke when requested! Participants who sing will earn 100 Fun & Fitness points for their region. Please remember, this is an exhibition, not a competition, therefore no betting is allowed!

**TPHA President’s Reception**

Our TPHA President invites everyone to join him Thursday evening in the French Quarter of New Orleans. This year the President’s Reception brings out the best of French Quarter cuisine. And for your entertainment, enjoy listening to The Firehouse Dixieland Band. From Basin Street Blues to When the Saints Go Marching In, The Firehouse Dixieland Band sets your feet firmly on Bourbon Street in Old New Orleans with songs from Louie Armstrong to Fats Waller plus many old favorites like Sweet Georgia Brown, Royal Garden Blues, and Hard Hearted Hannah. Dress is business casual.

**Dance Following the President’s Reception**

Nashville’s hottest party band, The Kadillacs, has been performing throughout the U.S. since 1985. This 12-piece band features three stunning female singers and one soulful male singer combined with a powerhouse horn section and four-piece rhythm section. The Kadillacs perform any style music from the 40’s big band through the incredibly popular standards of the 60’s and 70’s to the more sophisticated hits of today.

The Kadillacs have performed for corporate functions, national and regional conventions, presidential inaugural balls, society and charity balls, grand openings, festivals, and private parties. They were the first live performing group at the Nashville Arena (now the Sommet Center) and Adelphia Coliseum (now LP Field). The Cadillac Horns have performed in the pit orchestras for more than 50 Broadway shows and have performed as back-up musicians for such notable artists as: Natalie Cole, The Fifth Dimension, The Temptations, The Four Tops, Little Richard, Stevie Nix, Lou Rawls, Dianne Warwick, Kathy Mattea, Trisha Yearwood, Trace Adkins and many others throughout the years.
Their vast repertoire includes hits from such great artists as Aretha Franklin, Wilson Pickett, Otis Redding, Tina Turner, Anita Baker, Whitney Houston, Elvis, Tanya Tucker, Patsy Cline, Bonnie Raitt, the Beatles, and on and on...this band plays it all! They are The Kadillacs… Experience them on Thursday night!

**Dance Dance Revolution!**

Visit the GetFitTN interactive area located outside the exhibit hall and get your groove on by playing *Dance Dance Revolution!* GetFitTN uses *Dance Dance Revolution!* to show simple ways to move more such as dancing, and shows young people that video games can be used to encourage movement rather than just sitting in front of the TV screen.

**Poster Session**

Poster presentations are available for viewing on Wednesday from 10:00 AM until 5:00 PM and on Thursday from 8:00 AM until 3:00 PM. Posters are located in the Conference Center Main Hallway and the Marriott Hotel Lobby outside the Stirrup Cup Lounge. Presenters will be at their posters for Q&A and discussion during the 3:00-3:30 PM break on Wednesday afternoon and the 9:15-9:45 AM break on Thursday morning. The poster session is a great opportunity to learn about innovative projects that are happening in our communities across the state.

**Silent Auction**

This year’s Silent Auction, located in the Clydesdale & Arabian rooms, is open Wednesday from 3:00 PM until 5:00 PM and again on Thursday from 8:00 AM until 2:00 PM. A very special “Thank You!” is expressed to everyone who contributed items this year. Don’t forget… Browsing through the Silent Auction earns 100 Fun & Fitness points for your region. In addition, winning bidders earn additional Fun & Fitness points for their generosity. One point is earned for your region for each dollar you spend on your winning bid. Each year the money generated from the Silent Auction funds TPHA’s scholarships the following year, so bid early, bid often, and bid high. Don’t let someone else leave the conference with those items you want!

**Scavenger Hunt**

Get to know your fellow TPHA members! A Fun & Fitness Scavenger Hunt form is in your registration packet. On Wednesday and Thursday, fill in each box with the signatures of the persons who fit the descriptions. Complete the entire form and receive 100 Fun & Fitness points for your region. Please remember – completed forms must be turned in at the information booth by 7:00 PM Thursday evening.

**Thursday Morning Walk**

Join us at 7:00 AM on Thursday morning in the Marriott lobby for a group walk with ‘walking guru’ Mark Fenton. Be prepared to go outside, so wear comfortable footwear and clothing! All fitness levels are invited to walk. Participants earn 100 Fun & Fitness points for their region.

**Friday Morning Stretch Class**

Wake up to a gentle exercise class after a late night of dancing and entertainment. Join us at 7:00 AM on Friday morning at the North Hallway in the conference center for a ‘Morning Stretch’ with Williamson County Parks and Recreation. After the class enjoy a healthy continental breakfast. We will have a door prize drawing for one lucky participant, and prizes will be awarded to all who attend. What a great way to end the conference!
Allison Adams has been a health educator for six years at the Buffalo Trace District Health Department in Maysville, Kentucky. Prior to this position, she worked with geriatric rehabilitation programs for two years at Columbia Hospital in Maysville. She earned her Bachelor of Science in sports medicine with a minor in psychology from Marietta College in Ohio and is a candidate for a Master’s degree in public administration at Northern Kentucky University. Allison is a certified leader instructor for the Arthritis Foundation and is a winner of the American Cancer Society Mid-South Division Volunteer of the Year and Heart of the Relay Award for innovative cancer health education delivery.

Dr. Tim Aldrich serves as an associate professor with the Department of Public Health at East Tennessee State University, a position he has held since 2005. He also serves as an adjunct associate professor, University of Louisville, School of Public Health and Information Sciences; adjunct associate professor, University of Kentucky, College of Public Health; adjunct associate professor, University of South Carolina School of Public Health; and associate professor, University of Tennessee, Department of Health and Safety Sciences. Dr. Aldrich received his Bachelor of Science in population biology from the University of Alabama Birmingham and a Master of Public Health in epidemiology from the UAB School of Public Health. Dr. Aldrich earned his Doctorate in epidemiology at the University of Texas School of Public Health.

Throughout his public health career, Dr. Aldrich has lead several research projects, served in numerous editorial and administrative roles, and authored more than 50 peer-reviewed journal articles and book chapters. Dr. Aldrich has served as a consultant to: the Centers for Disease Control and Prevention (1997-present), Agency for Toxic Substances and Disease Registry (1986-present), Council for State and Territorial Epidemiologists (1999-present), Ohio State Cancer Center (2003), Macro Inc. (2004), Health Care Resources Solutions (2005-06), South Carolina Department of Health and Environmental Control (1992-present), Utah Department of Health (1996-2004), Tennessee Department of Health (2002-present), and Kentucky Department of Health (2002-present).

Dr. William (Bill) Allen is vice president of Children Services for Cherokee Health Systems, a position he has held since 2000. Cherokee Health Systems is a community-based provider of integrated primary care and behavioral health services in East Tennessee. Dr. Allen is responsible for developing and coordinating comprehensive health services for children, identifying community needs for children’s health care, and providing direct services to preschool and school-aged children in school and community settings.

Dr. Allen received his undergraduate degree in human development and learning from Christian Brothers College in Memphis. He earned his Master’s degree and Doctorate in psychology at the University of Tennessee in Knoxville. He furthered his education at UT with post-graduate training in infant and toddler assessment. Dr. Allen is a nationally certified school psychologist and was named the Health Care Contact of the Year by the National Association of School Psychologists in 2003. Throughout his career, Dr. Allen has made many presentations at healthcare conferences across the U.S. and has authored numerous scientific articles in peer-reviewed journals.

Rogers Anderson is the County Mayor of Williamson County, Tennessee. He took office September 1, 2002, and as chief executive officer of Williamson County, Mayor Anderson is responsible for the county’s fiscal management and exercises a role of leadership in county government. He also served Williamson County as a County Commissioner from 1986 to 2002, serving as its chairman for four years. Mayor Anderson is a graduate of the University of Tennessee – Knoxville, receiving his Bachelor of Science in business and education. He is a Veteran of the United States Air Force, having served in Africa and Vietnam. After being elected County Mayor, Rogers left the commercial insurance industry after 25 years experience servicing commercial insurance accounts and clients.

Mayor Anderson is a board member for the Williamson Medical Center, Williamson County United Way, and the American Hospital Association Committee on Governance. He is an active member of the Williamson County/Franklin Chamber of Commerce, Franklin Noon Rotary, Regional Transportation Authority, Greater Nashville Regional Council, Workforce Essentials Board, Williamson County Economic Development Council, Franklin Tomorrow, and the League for Deaf & Hard of Hearing. Rogers currently serves as vice-president of the Transportation Management Authority and was 2005 chairman of the Metropolitan Planning Organization.

Dr. Joseph Awad is an associate professor of medicine and pharmacology at Vanderbilt University. His clinical and investigative interests center on liver disease and liver transplantation. Dr. Awad received his undergraduate education at Vanderbilt University and earned his medical degree at Washington University in St. Louis, Missouri. He completed a residency at Barnes Hospital – Washington University and a fellowship at Vanderbilt University.
Conference Speakers

Dr. Awad’s practice is based at the VA Tennessee Valley Healthcare System Nashville Campus where he is chief of the Transplant Service and medical director of the Liver Transplant program that serves much of the mid-United States. His other major interest is drug therapy and is the course director for pharmacology for second-year medical students at Vanderbilt University and chairman of the Pharmacy and Therapeutics Committee of the VA Tennessee Valley Healthcare System.

Tammy Burke received her Bachelor of Science in nursing from the University of Tennessee at Chattanooga in 1984. She has worked in public health for 21 years and is currently director of clinical services for the Chattanooga-Hamilton County Health Department. Her position includes responsibility for primary care, communicable disease control, maternal and child health services, dental, and support services. Prior to her current position, Tammy was the communicable disease program manager for 10 years.

Tammy has been a member of the Southern Health Association for 11 years and is currently serving as SHA President and as the TPHA representative on the Governing Council. She has also served as first vice president, second vice president, secretary, member-at-large, and on numerous committees. Tammy has been a member of TPHA for many years and has served in numerous capacities including President in 2004-05. She is also actively involved with the American Heart Association.

Theresa (Teri) Covington is the director of the National Center for Child Death Review, an organization which supports states in their efforts to translate child fatality reviews into efforts to prevent injuries and deaths. She managed the Michigan Child Death Review Program and the Michigan Infant Mortality Review Program from 1994-2004.

Teri has established and managed adolescent school-based health centers, comprehensive teen parenting programs, youth violence prevention programs, early childhood intervention services, young father support services, and child abuse and neglect community education programs. She is also a strategic planning and grant writing consultant. Teri received her Master of Public Health from the University of Michigan.

Jean DuRussel-Weston is a registered nurse and certified health education specialist. She earned her Bachelor of Science in nursing from Michigan State University and a Master of Public Health from the University of Michigan. She has over 25 years of experience in public health as a public health nurse and community health education coordinator. She has also been on the faculty of Eastern Michigan University’s School of Nursing and the University of Michigan-Flint’s School of Allied Health Professions and Studies.

Jean has presented at several national conferences including the Society of Public Health Educators and the American Journal of Health Promotion. Her current position at the University of Michigan Health System is administrator of community health initiatives which includes managing Project Healthy Schools. Project Healthy Schools, a community-university collaboration and school-based multidisciplinary education program designed to prevent obesity in youth and its long-term risks.

Dr. Tom Elasy received his medical degree from the University of Maryland, completed his residency and chief residency at the University of Colorado, and received his fellowship training at the University of North Carolina where he also obtained his Master of Public Health. He is an associate professor of medicine at Vanderbilt University Medical Center where he also serves as medical director of the Vanderbilt Eskind Diabetes Center and director of the Prevention and Control Core of the Vanderbilt Diabetes Research and Training Center. An active clinician, Dr. Elasy has also received grant funding from both the American Diabetes Association and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

Tommy Eubanks, a Nashville native, graduated from David Lipscomb University in 1986 with a Bachelor’s degree in food systems management. He has worked for the Davidson County Metro Public Health Department for more than nine years in the Division of Food Protection and in the Division of Public Facilities. Currently an Environmentalist II, he has inspected many tattoo establishments in Davidson County and is committed to assuring compliance with the state tattoo regulations for the health protection to everyone in Nashville.

Mark Fenton earned BS and MS degrees in mechanical engineering at the Massachusetts Institute of Technology. He is a vocal pedestrian advocate and recognized authority on public health issues and the need for community, environmental, and public-policy initiatives to encourage more walking and bicycling. He is an engineering consultant on the creation of more walkable settings and serves on the boards of the national pedestrian advocacy organization, America Walks, and of the East Coast Greenway Association.
Mark is host of the former PBS television series *America’s Walking*, a consultant to the University of North Carolina’s Pedestrian and Bicycle Information Center, and an instructor in the walkable community workshop series of the Washington, DC-based National Center for Bicycling and Walking. He is a contributing editor to *Health* magazine and has written numerous books, including *Pedometer Walking* (Lyons Press, 2006) and *The Complete Guide to Walking for Health, Weight Loss, and Fitness* (Lyons Press, 2001).

From 1986 to 1990, Mark was a member of the U.S. national racewalking team five times, represented the U.S. in several international competitions, and coached the U.S. team at the 1995 World Championships in Beijing. In addition, while training for the 1984 and 1988 Olympic Trials in the 50-kilometer racewalk, he studied biomechanics and exercise physiology at the Olympic Training Center Sports Science Laboratory in Colorado Springs, Colorado.

**Dr. James Gray** practiced obstetrics and gynecology in Cookeville, Tennessee from 1980-2004. In 2005, he left private practice and began working full-time for the Upper Cumberland Region of the Tennessee Department of Health. Dr. Gray serves as a physician provider in the primary care clinics and as the medical consultant for the regional women’s health program.

Dr. Gray received his Bachelor of Science in biology from Emory University in Atlanta and earned his medical degree at the Medical College of Georgia in Augusta. He completed a rotating internship and OB/GYN residency at Vanderbilt University Hospital where he served as chief resident. Dr. Gray is board certified by the American Board of Obstetrics and Gynecology and has been a Fellow of the American College of Obstetrics and Gynecology since 1983.

**Dr. Tim Jones** completed medical school at Stanford University and a residency in family medicine at the Brown University/Memorial Hospital of Rhode Island program, where he also completed a fellowship in maternal and child health. He practiced in an underserved population in Utah before joining the CDC’s Epidemic Intelligence Service in 1997, at which time he was assigned to Tennessee. Dr. Jones now serves as the deputy state epidemiologist for the Tennessee Department of Health and as director of the Tennessee FoodNet program.

**Dr. Jeanne Jordan** joined TennCare as Associate Medical Director in February, 2007. Prior to coming to TennCare, Dr. Jordan served as the chief medical officer at Tulane University Hospital and Clinic (TUHC) in New Orleans for more than six years. Dr. Jordan was the chief physician on-site at TUHC during Hurricane Katrina and the aftermath. Her team at TUHC successfully evacuated over 200 patients by helicopter, as well as 1500 family members, employees, and physicians.

Dr. Jordan is a native of Auburn, Alabama, and is a graduate of Emory University and the University of Alabama School of Medicine in Birmingham. She completed residency training in pediatrics at Tulane in New Orleans and also served as chief resident. She has held pediatric faculty appointments at the University of Alabama and Tulane Medical School. As chief medical officer, Dr. Jordan was active in a variety of hospital areas, including credentialing, clinical quality improvement, accreditation, risk management, and patient safety.

Dr. Jordan is board certified in general pediatrics. Her clinical interests include patient and parent education, preventive care, patient safety, and disaster readiness and response.

**Dr. Thomas Lawrence** is a private practice physician with the Upper Cumberland Otolaryngology Clinic in Cookeville, Tennessee. He earned his medical degree at Ohio State University where he also completed his residency in otolaryngology head and neck surgery. He also completed a general surgery residency at Riverside Methodist Hospital and is board certified in otolaryngology. Dr. Lawrence is a Fellow of the American College of Surgeons, the American Society for Head and Neck Surgery, and the American Academy of Facial Plastic and Reconstructive Surgery. He is also a Diplomate of the American Board of Otolaryngology.

**Patrick M. Libbey** is the executive director of the National Association of County and City Health Officials (NACCHO), the national voice of local public health serving nearly 3,000 local public health agencies nationwide. Under his leadership, NACCHO supports efforts that protect and improve the health of all people and communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

Prior to joining NACCHO in September 2002, Mr. Libbey, who has 28 years of local public health experience, was the director of the Thurston County Public Health and Social Services Department in Olympia, Wash. In addition to being the 2001-2002 president of NACCHO, he has provided leadership to a variety of professional organizations in Washington State.
Dr. Elizabeth Pivonka is president and CEO of the Produce for Better Health Foundation, a nonprofit foundation devoted to increasing consumption of fruits and vegetables. A passionate advocate of greater consumption of fruits and vegetables for America’s better health, Dr. Pivonka has been integrally involved with the Foundation’s efforts since it was incorporated in 1991 as a founding partner of the National 5 A Day for Better Health Program. She guides the Foundation’s efforts to work through industry members and government partners to advance the overall effort of increasing fruit and vegetable consumption. Dr. Pivonka also plays a critical role in the National Fruit & Vegetable Nutrition Program, a confederation of government, nonprofit, and industry groups working together to increase fruit and vegetable consumption for improved public health.

Dr. Pivonka is a nationally recognized expert on nutrition and the role fruits and vegetables can play to promote better health. She works closely with policy makers, legislators, regulators, academia, and industry on nutrition policy and programs and is widely quoted in consumer media. Her work has been published in leading professional journals, and she co-authored 5 A Day: The Better Health Cookbook (2001). Dr. Pivonka is a registered dietitian and holds a Doctorate in food and nutrition science from Kansas State University.

Dr. Amy Potter is originally from Texas where she received her Bachelor of Science in biology from the University of Houston. She earned her medical degree at the University of Texas Health Science Center at San Antonio. Dr. Potter came to Nashville in 1997 and completed both her internal medicine - pediatrics residency and her combined adult and pediatric endocrinology fellowship at Vanderbilt University Medical Center. She joined the faculty of VUMC in 2005 after the completion of her fellowship. Dr. Potter sees both adult and pediatric endocrinology and diabetes patients. She is an avid birdwatcher and is the current president of the Nashville Chapter of the Tennessee Ornithological Society.

Dr. Judy Schmidt is a public health educator with the National Immunization Program at the Centers for Disease Control and Prevention in Atlanta, Georgia. She earned her Doctorate in education at the University of San Francisco and has Master’s degrees in management and nursing from the University of Redlands and University of Colorado. Since coming to the immunization program at CDC in 2000, she has helped to create and present numerous educational offerings including onsite courses, satellite broadcasts, webcasts, and electronic and printed materials.

Dr. Stephanie Schrag is the lead of the epidemiology team in the Respiratory Diseases Branch, Division of Bacterial Diseases, at the Centers for Disease Control and Prevention (CDC). Since 2000, she has overseen domestic activities related to perinatal group B streptococcal disease prevention. She also leads domestic and international efforts to monitor and prevent the broader problem of neonatal sepsis.

Before her current position, Dr. Schrag was an Epidemic Intelligence Service Fellow and an American Society for Microbiology Fellow at the CDC and a post-doctoral Fellow in population biology at Emory University. Dr. Schrag received her Bachelor’s degree in biology in 1989 from Brown University in Providence, Rhode Island and her Doctorate in zoology in 1993 from Balliol College, University of Oxford, where she was a British Marshall Scholar. She has authored more than 50 publications.

Onjewel Smith is currently the Southern States Consultant for the American Nonsmokers’ Rights Foundation. She has worked in the public sector for nearly 15 years helping organizations and communities build their capacity for sustainable change. She is a nationally recognized trainer, conducting sessions on grassroots advocacy, coalition building, strategic planning, and fundraising.

Throughout her career, Ms. Smith has helped develop strategic alliances between local coalitions, community-based organizations, and city and state elected officials. In addition, she has helped organizations develop diverse revenue streams through earned income, donor development, and grant solicitation. Ms. Smith possesses a Bachelor of Arts in communication from the University of Colorado and a Master's degree in human resources development from Webster University in St. Louis.
Dr. Rhonda Switzer is the executive director of the Interfaith Dental Clinic in Nashville, a position she has held since 1995. She earned her Doctor of Medicine in Dentistry at the University of Manitoba in Canada and completed a general practice residency at the University of Louisville in Kentucky. Dr. Switzer is also an instructor of clinical dentistry at Meharry Medical College, Vanderbilt University, University of Louisville, and Medical College of Georgia.

Dr. Sharon Thompson is currently the director of the Center for Agriculture and Food Security and Preparedness at the University of Tennessee, College of Veterinary Medicine. In this capacity, Dr. Thompson is responsible for the initiation of outreach programs to federal, state, academic, and industry partners to enhance the College’s teaching, service, and research programs, with a special focus on public health, preparedness, and homeland security. She serves as Chair of the UT Institute of Agriculture Committee on Homeland Security and serves on the Laboratory and Animal Health Advisory Board for the Tennessee Department of Agriculture. Dr. Thompson was an invited expert for a Department of Homeland Security (DHS) review panel on risk-based modeling on the consequences of terrorism and potential countermeasures and was a lead member of the first DHS certified preparedness level course on agroterrorism and is also a DHS certified instructor on agroterrorism.

Dr. Thompson received her Doctorate of Veterinary Medicine from the Virginia-Maryland College of Veterinary Medicine and her Bachelor’s degree in biology from Harvard University. She is currently enrolled in the MPH Program at the University of Tennessee. She comes to UT with 12 years experience in the federal government. Most recently, she was the U.S. Department of Health and Human Services liaison to the Joint Institute for Food Safety Research in Washington, DC. Previously, she was the associate director for Veterinary Medical and International Affairs with the Center for Veterinary Medicine, U.S. Food and Drug Administration. Dr. Thompson has served as an invited expert for the World Health Organization, World Organization for Animal Health, the Codex Alimentarius, Pan American Health Association, U.S. Department of Agriculture, the Centers for Disease Control and Prevention, and U.S. Department of Homeland Security.

Keith Wehner graduated from Michigan Technological University in 1996 with a Bachelor’s degree in ecology. He worked in Oregon for five years as a seasonal wildlife technician for several state and federal agencies studying elk, mule deer, mountain lions, and spotted owls.

Keith moved to Tennessee in 2000 and began working for the TN/KY Program of USDA Wildlife Services as a wildlife specialist working to control wildlife damage in East Tennessee. In 2003, he was promoted to the TN/KY rabies biologist position and in this capacity, he managed all of the trapping, monitoring, ORV bait distribution, and enhanced rabies surveillance for the TN/KY program. In April 2007, Keith became the rabies field coordinator for the National Rabies Management Program and coordinates USDA field efforts in 15 eastern states. Keith is also very active within the professional association, The Wildlife Society, and has founded and chairs the Wildlife Diseases Working Group.
The Tennessee Public Health Association extends a very special THANK YOU! to the following corporate sponsors for supporting this conference and other public health activities.

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Glenda King  Representing Nutrition Section
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Belmont University School of Nursing, Nashville
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Bledsoe County Health Department, Pikeville
Blount County Health Department, Maryville
BlueCross BlueShield of Tennessee, Chattanooga
Bradley County Health Department, Cleveland
Campbell County Health Department, Jacksboro
Cannon County Health Department, Woodbury
Carroll County Health Department, Huntingdon
Carter County Health Department, Elizabethton
CHART, Nashville
Chattanooga/Hamilton County Health Department, Chattanooga
Cheatham County Health Department, Ashland City
Cherokee Health Systems, Knoxville
Chester County Health Department, Henderson
Children & Family Services, Inc., Covington
Citizens of Lake County for HealthCare, Tiptonville
Claiborne County Health Department, Tazewell
Clay County Health Department, Celina
Cocke County Health Department, Newport
Coffee County Health Department, Manchester
Crockett County Health Department, Alamo
Cumberland County Health Department, Crossville
Decatur County Health Department, Decaturville
DeKalb County Health Department, Smithville
Dickson County Health Department, Dickson
Dyer County Health Department, Dyersburg
East Tennessee Regional Health Office, Knoxville
Eskind Biomedical Library, Nashville
Fayette County Health Department, Somerville
Fentress County Health Department, Jamestown
Franklin County Health Department, Winchester
Gibson County Health Department, Trenton
Giles County Health Department, Pulaski
Grainger County Health Department, Rutledge
Greene County Health Department, Greeneville
Grundy County Health Department, Altamont
Hamblen County Health Department, Morristown
Hancock County Health Department, Sneedville
Hardeman County Health Department, Bolivar
Hardin County Health Department, Savannah
Hawkins County Health Department, Rogersville
Haywood County Health Department, Brownsville
Henderson County Health Department, Lexington
Henry County Health Department, Paris
Hickman County Health Department, Centerville
Houston County Health Department, Erin
HPERS Department, MTSU, Murfreesboro
Humphreys County Health Department, Waverly
Jackson County Health Department, Gainesboro
Jackson/Madison County Health Department, Jackson
Jefferson County Health Department, Dandridge
Johnson County Health Department, Mountain City
Knox County Health Department, Knoxville
Lake County Health Department, Tiptonville
Lauderdale County Health Department, Ripley
Lawrence County Health Department, Lawrenceburg
LeBonheur Children's Medical Center, Jackson
Lewis County Health Department, Hohenwald
Lincoln County Health Department, Fayetteville
Loudon County Health Department, Loudon
Macon County Health Department, Lafayette
Marion County Health Department, Jasper
Marshall County Health Department, Lewisburg

| Anderson County Health Department, Clinton |
| Bedford County Health Department, Shelbyville |
| Belmont University School of Nursing, Nashville |
| Benton County Health Department, Camden |
| Bledsoe County Health Department, Pikeville |
| Blount County Health Department, Maryville |
| BlueCross BlueShield of Tennessee, Chattanooga |
| Bradley County Health Department, Cleveland |
| Campbell County Health Department, Jacksboro |
| Cannon County Health Department, Woodbury |
| Carroll County Health Department, Huntingdon |
| Carter County Health Department, Elizabethton |
| CHART, Nashville |
| Chattanooga/Hamilton County Health Department, Chattanooga |
| Cheatham County Health Department, Ashland City |
| Cherokee Health Systems, Knoxville |
| Chester County Health Department, Henderson |
| Children & Family Services, Inc., Covington |
| Citizens of Lake County for HealthCare, Tiptonville |
| Claiborne County Health Department, Tazewell |
| Clay County Health Department, Celina |
| Cocke County Health Department, Newport |
| Coffee County Health Department, Manchester |
| Crockett County Health Department, Alamo |
| Cumberland County Health Department, Crossville |
| Decatur County Health Department, Decaturville |
| DeKalb County Health Department, Smithville |
| Dickson County Health Department, Dickson |
| Dyer County Health Department, Dyersburg |
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| Eskind Biomedical Library, Nashville |
| Fayette County Health Department, Somerville |
| Fentress County Health Department, Jamestown |
| Franklin County Health Department, Winchester |
| Gibson County Health Department, Trenton |
| Giles County Health Department, Pulaski |
| Grainger County Health Department, Rutledge |
| Greene County Health Department, Greeneville |
| Grundy County Health Department, Altamont |
| Hamblen County Health Department, Morristown |
| Hancock County Health Department, Sneedville |
| Hardeman County Health Department, Bolivar |
| Hardin County Health Department, Savannah |
| Hawkins County Health Department, Rogersville |
| Haywood County Health Department, Brownsville |
| Henderson County Health Department, Lexington |
| Henry County Health Department, Paris |
| Hickman County Health Department, Centerville |
| Houston County Health Department, Erin |
| HPERS Department, MTSU, Murfreesboro |
| Humphreys County Health Department, Waverly |
| Jackson County Health Department, Gainesboro |
| Jackson/Madison County Health Department, Jackson |
| Jefferson County Health Department, Dandridge |
| Johnson County Health Department, Mountain City |
| Knox County Health Department, Knoxville |
| Lake County Health Department, Tiptonville |
| Lauderdale County Health Department, Ripley |
| Lawrence County Health Department, Lawrenceburg |
| LeBonheur Children's Medical Center, Jackson |
| Lewis County Health Department, Hohenwald |
| Lincoln County Health Department, Fayetteville |
| Loudon County Health Department, Loudon |
| Macon County Health Department, Lafayette |
| Marion County Health Department, Jasper |
| Marshall County Health Department, Lewisburg |
2007 TPHA Agency Members

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McMinn County Health Department, Athens
McNairy County Health Department, Selmer
Meigs County Health Department, Decatur
Memphis/Shelby County Health Department, Memphis
Metro Public Health Department, Nashville
Metro-Moore Health Facility, Lynchburg
Mid-Cumberland Regional Health Office, Nashville
Monroe County Community Health Council, Madisonville
Monroe County Health Department, Madisonville
Montgomery County Health Department, Clarksville
Morgan County Health Department, Wartburg
Morgan County Medical Center, Wartburg
Northeast Regional Health Department, Johnson City
Obion County Health Department, Union City
Overton County Health Department, Livingston
Perry County Health Department, Linden
Pickett County Health Department, Byrdstown
Polk County Health Department, Benton
Putnam County Health Department, Cookeville
Rhea County Health Department, Evensville
Roane County Health Council, Rockwood
Roane County Health Department, Rockwood
Robertson County Health Department, Springfield
Rural Health Association of Tennessee, Murfreesboro
Rural Medical Services, Inc., Newport
Rutherford County Health Department, Murfreesboro
Scott County Health Department, Huntsville
Sequatchie County Health Department, Dunlap
Sevier County Health Department, Sevierville
Smith County Health Department, Carthage
South Central Regional Health Office, Columbia
Southeast Regional Office, Chattanooga
Southwest Community Services Agency, Jackson
Stewart County Community Medical Center, Dover
Sullivan County Health Department, Blountville
Sumner County Health Department, Gallatin
Tennessee State Employees Association, Nashville
Tennessee Academy of Family Physicians, Brentwood
Tennessee Dental Association, Franklin
Tennessee Hospital Association, Nashville
Tipton County Health Department, Covington
Trousdale County Health Department, Hartsville
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Union County Health Department, Maynardville
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University of Tennessee, Knoxville
Upper Cumberland Regional Health Office, Cookeville
Van Buren County Health Department, Spencer
Vanderbilt Ingram Cancer Center, Nashville
Warren County Health Department, McMinnville
Washington County Health Department, Johnson City
Wayne County Health Department, Waynesboro
Weakley County Health Department, Dresden
West Tennessee Regional Health Office, Jackson
West Tennessee Regional Health Office, Union City
West Tennessee Healthcare, Jackson
White County Health Department, Sparta
Williamson County Health Department, Franklin
Wilson County Health Department, Lebanon
# 2006-07 TPHA Committees

## Annual Meeting Arrangements

<table>
<thead>
<tr>
<th>Becky Brumley, Chair</th>
<th>Kristina Giard</th>
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<tr>
<td>Jo Ann Armbriester</td>
<td>Mark Houser</td>
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<td>Misty Claude</td>
<td>Janet McAlister</td>
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<td>Chris Freeman</td>
<td>Darla Sampson</td>
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## Audit & Finance

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<tr>
<th>Judy Dias, Chair</th>
<th>Mickey Harchis</th>
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<tr>
<td>Dr. David Brumley</td>
<td>Sandy Hayes</td>
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<td>Peggy Tackett</td>
<td>Mark Houser</td>
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<td>Kolleen Kolassa</td>
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<td>Kevin Morris</td>
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## Awards

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<tr>
<th>Gail Harmon, Chair</th>
<th>Mickey Harchis</th>
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<tr>
<td>Marilyn Barnes</td>
<td>Sandy Hayes</td>
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<td>Helen Brakebill</td>
<td>Mark Houser</td>
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<td>Judy Dias</td>
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<td>Glenda Drum</td>
<td>Kevin Morris</td>
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<td>Lee Ann Moss</td>
<td>Janie Quick</td>
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<td>Lynne Ray</td>
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<td>Cheryl Shouse</td>
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<td>Cheryl Shouse</td>
<td>Michael Thomas</td>
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## Constitution and Bylaws

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<thead>
<tr>
<th>Dr. Mike Garrett, Chair</th>
<th>Karen Pershing</th>
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<tr>
<td>Dr. Michelle Bell</td>
<td>Andrea Shanks</td>
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<td>Dr. Charles Hamilton</td>
<td>Dr. Andy Thomas</td>
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<td>Tracie Long</td>
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## Continuing Education

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<tr>
<th>Jennifer Kozlca, Chair</th>
<th>Rubelyn Mays</th>
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<tr>
<td>Julia Axley</td>
<td>Shirley Pickering</td>
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<td>Dr. David Brumley</td>
<td>Carolyn Reviere</td>
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<td>Blaine Hill</td>
<td>Diana Richardson</td>
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<td>Donna Hurst</td>
<td>Micky Roberts</td>
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<td>Margaret Jones</td>
<td>Melissa Wolford</td>
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<td>Karen Larrimore</td>
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## Exhibits

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<th>Melissa Blair, Co-chair</th>
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<td>Chris Freeman, Co-chair</td>
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<td>Billy Dodson</td>
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## Fun & Fitness

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<thead>
<tr>
<th>Misty Claude, Co-chair</th>
<th>Robin Gibby</th>
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<tr>
<td>Kristina Giard, Co-chair</td>
<td>Wanda Jackson</td>
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<td>Chelsea Brandon</td>
<td>Hollie Keith</td>
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<td>Ron Campbell</td>
<td>Patricia Khalil</td>
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<td>Tina Kinder</td>
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<td>Meri-Leigh Smith</td>
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### Membership

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<th>Chair</th>
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<tr>
<td>Pam Isley</td>
<td>Sherry Adams, Jo Ann Armbrier</td>
<td>Paulette Cowan</td>
<td>Judy Dias, Snookey Hayes</td>
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<td>Dr. Kathy Brown, Dr. Lanora</td>
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<td>Debbie Hoy, Kolleen Kolassa</td>
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<td>Diana Krieder</td>
<td>Janet Lakeman, Jackie Neas</td>
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<td>Florence Patton, Jerry Tollett</td>
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### Nominations and Elections

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<th>Chair</th>
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<tr>
<td>Barry Moore</td>
<td>Glenn Czarnecki</td>
<td>Ami Mitchell</td>
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<tr>
<td>Dr. David Brumley</td>
<td>Pam Burnett, Tim Carson</td>
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<td>Christie Morris, Dick Swiggart</td>
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### Poster Session

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<th>Chair</th>
<th>Members</th>
<th>Chair</th>
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<tr>
<td>Evelyn Edwards</td>
<td>Lesa Byrum, Sandy Halford,</td>
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### Program

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<td>Kevin Morris</td>
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<td>Cindy Anders</td>
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<td>Hugh Barnes</td>
<td>Mark Houser, Perrie Hutcherson</td>
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<td>Dr. Toni Bounds</td>
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<td>Becky Brumley</td>
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<td>Tammy Burke</td>
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### Public Health Week

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<td>Lucia Vining</td>
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### Public Policy

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<td>Barbara Medlin</td>
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<td>Dot Watson</td>
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</table>
# 2006-07 TPHA Committees

## Public Policy – Legislative Subcommittee
- Bart Perkey, Chair
- Hugh Barnes
- Rosemary Cotham
- Paul Deepan
- Dr. Tony Emison
- Darrell Holden
- Mark Jones
- Gary Mayes
- Larry Stanifer
- Dr. Bob Stolarick
- Dot Watson

## Public Policy – Resolutions Subcommittee
- Tammy Burke, Chair
  - Dr. Allen Craig
  - Nettie Gerstle
  - Kaye Greer
  - Jeannette Sebes-McDonald

## Public Relations and Publicity
- Renae Pickens, Co-chair
- Lucia Vining, Co-chair

## Registration
- LeeAnne Kelley, Chair
  - Heather Bonner
  - Debbie Brown
  - Anna Childress
  - Jenny Crane
  - Cindy Eslick
  - Abby Forsythe
- Brandy Fox
  - Donna Gibbs
  - Melody Hatfield
  - Judy Hogan
  - Michelle Kelly
  - Cathy Maxwell
  - Terry Nayman
- Debbie Palmer
  - Linda Pantall
  - Mary Prince
  - Shirley Pruitt
  - Vanessa Watkins
  - Mitzi Wyrick

## Scholarship
- Katie Garman, Chair
  - Pam Browning
  - Tonya McKennley
  - Marti Smith

## Silent Auction
- Melissa Davis, Co-chair
  - Kim Villegas, Co-chair
  - Debbie Broadway
  - Dr. Kathy Brown
  - Laura Connor
  - Cissy Cooper
  - Glenda Drum
- Beverly Ferguson
  - Gail Harmon
  - Connie Ingram
  - Robbie Jowers
  - Valerie Lee
  - Paula Masters
  - Monica Means
- Frances Reece
  - Teresa Roberts
  - Denise Sanders
  - Sylvia Stamper
  - Terri Thacker
  - Michael Thomas
  - Jerry Tollett
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<tr>
<td>1940</td>
<td>Dr. J. B. Black</td>
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<td>1943</td>
<td>Dr. L. M. Graves</td>
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<td>1946</td>
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<td>1948</td>
<td>Dick Thompson</td>
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<td>Helen Jean</td>
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<tr>
<td>1950</td>
<td>Dr. Frank A. Moore</td>
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<tr>
<td>1951</td>
<td>Dr. R. H. Hutcheson, Sr.</td>
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<td>1952</td>
<td>Dr. Paul M. Golley</td>
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<td>Dr. George M. Cameron</td>
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<td>1954</td>
<td>Frank L. Roberts</td>
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<td>Dr. J. W. Erwin</td>
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<td>1955</td>
<td>Dr. M. F. Brown</td>
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<td>1956</td>
<td>J. Lashley Johnson</td>
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<td>Dr. A. H. Trithart</td>
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<td>Jane E. Holland</td>
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<td>Mildred Patterson</td>
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<td>Dr. R. B. Turnbull</td>
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<td>1961</td>
<td>Frank L. Cheney</td>
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<tr>
<td>1962</td>
<td>Dr. Alex B. Shipley</td>
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<td>1963</td>
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<td>1964</td>
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<td>Becky Barnes</td>
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<td>Dr. Tony R. Emison</td>
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<td>Anthony W. Harden</td>
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<td>2005</td>
<td>Tammy Burke</td>
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<tr>
<td>2006</td>
<td>Barbara Medlin</td>
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</tbody>
</table>
TPHA Award Recipients

Distinguished Service Award

Presented to a Tennessee Public Health Association member who has made outstanding contributions to the Association over a period of several years.

1973 Pat M. Winters, Secretary to Dr. Cecil B. Tucker
       Allie Farmer, Print Shop
1974 Dr. R. H. Hutcheson, Sr., Commissioner of Health
       Dr. Cecil B. Tucker, Deputy Commissioner of Health
1975 Dr. Alex B. Shipley, East Tennessee Regional Office
       Dr. R. M. Neudecker, West Tennessee Regional Office
1976 Ernest L. Shipe, Jr., Knoxville Branch Laboratory
       Joe Covington, Environmental Sanitation
1977 Dr. Homer P. Hopkins, Policy Planning
1979 Dr. Eugene W. Fowinkle, Commissioner of Health
1980 Dr. Durward R. Collier, Dental Health Services
1981 Dr. Mary B. Duffy, Knox County Health Department
1982 Sara Hood, Bureau of Environment
1983 Gerald E. Ingram, Bureau of Environment
1984 MaryJane Sassaman, Laboratory Services
1985 Kenneth W. Sanders, Metro Davidson County Health Department
1986 Charles Wood, Food and General Sanitation
1987 Doris G. Spain, Mid-Cumberland Regional Office
1988 Patricia Kempson Hager, Dental Health Services
1989 Janey Blackburn, Division of Information Resources
1990 Sandy Johnson Bowers, East Tennessee Region/Johnson City
1991 Larna Grindstaff Smith, Johnson City Environmental Field Office
1992 Dr. Fredia S. Wadley, Metro Davidson County Health Department
1993 Sandra J. Whittle, TPHA Office
1994 Martha Barber, West Tennessee Regional Office
1995 Hugh A. Barnes, Memphis-Shelby County Health Department
1996 Carol Ballard, Memphis-Shelby County Health Department
1997 Howard W. Roddy, Chattanooga-Hamilton County Health Dept.
1998 Becky Barnes, Chattanooga-Hamilton County Health Department
1999 Dr. Tony Emison, Jackson-Madison County Health Department
2000 DeeDee McKimm, Memphis-Shelby County Health Department
2001 Peggy Tackett, Montgomery County Health Department
2002 Dr. Wendy J. Long, Assistant Commissioner of Health
       Dr. James A. Gillcrist, Oral Health Services
2003 Dr. David Brumley, South Central Regional Office
2004 Rick Long, Mid-Cumberland Regional Office
2005 Tommy Smith, West Tennessee Region, Union City Office
2006 Vanessa Watkins, Robertson & Cheatham County Health Departments
# TPHA Award Recipients

**R. H. Hutcheson, Sr., MD, Career Award**

*Presented to a person in the field of public health who has made outstanding contributions to public health throughout his or her career.*

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<tr>
<th>Year</th>
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<tbody>
<tr>
<td>1975</td>
<td>Sammie G. Shapiro, Division of Nursing</td>
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<td>1976</td>
<td>Dean John P. Lamb, East Tennessee State University</td>
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<td>James L. Church, Bureau of Environmental Sanitation</td>
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<td>Jane Smoot, Upper Cumberland Regional Office</td>
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<td>Ernest Barnard, Johnson City Branch Laboratory</td>
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<td>James Payne, Division of Tuberculosis Control</td>
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<td>Hazel H. Fowler, Health Services Administration</td>
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<td>Helen Booth, South Central Regional Office</td>
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<td>Dr. Joseph M. Bistolish, Metro Davidson County Health Department</td>
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<td>Dorothy Latimer, Obion County Health Department</td>
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<td>1985</td>
<td>Dr. H. R. Anderson, Division of Tuberculosis Control</td>
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<td>Sarah Rice Miller, Dyer County Health Department</td>
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<td>Dr. A. J. Mueller, Jackson-Madison County Health Department</td>
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<td>Dr. Mary B. Duffy, Knox County Health Department</td>
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<td>Dr. Robert H. Hutcheson, Jr., Communicable Disease Control</td>
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<td>Wilbur Bailey, Jackson-Madison County Health Department</td>
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<td>Al Taylor, Memphis-Shelby County Health Department</td>
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<td>Sumner Glassco, Memphis-Shelby County Health Department</td>
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<td>Dr. Durward R. Collier, Oral Health Services Section</td>
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<td>Howard W. Roddy, Chattanooga-Hamilton County Health Department</td>
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<td>Sherryl Midgett, Bureau of Health Services, Nashville</td>
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<td>Nancy Gilliam, West Tennessee Regional Office</td>
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<td>Rena Mills, East Tennessee Regional Office</td>
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<td>Kate Wells, Office of Vital Records</td>
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<td>Dr. Fredia S. Wadley, Commissioner of Health</td>
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<td>Hugh Barnes, Southeast Regional Office</td>
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<td>Dr. Charles B. Hamilton, University of Tennessee, Knoxville</td>
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<td>Rick Long, Mid-Cumberland Regional Office</td>
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<td>Patti Harden, West Tennessee Regional Office</td>
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</table>
TPHA Award Recipients

Alex B. Shipley, MD, Award

Presented to an employee of a regional or local health department who has made outstanding contributions in the field of public health over a period of several years.

1986  Dr. C. D. Huffman, Mid-Cumberland Regional Office
1987  Dr. Robert Q. Ingraham, Southwest Regional Office
      Doris G. Spain, Mid-Cumberland Regional Office
1988  Jean Bickel, Cannon County Health Department
1989  Anthony W. Harden, Southwest Regional Office
1990  Hugh A. Barnes, Memphis-Shelby County Health Department
1991  Patricia Harden, West Tennessee Regional Office
1993  Martha Barber, West Tennessee Regional Office
1994  Dr. Charles Chapman, First Tennessee Regional Office
1995  Bill H. Ray, Sullivan County Health Department
1996  Eloise E. C. Waters, Bradley County Health Department
1997  Sammie Walker, West Tennessee Regional Office
1998  Carla Coley, Benton, Carroll, and Henry County Health Departments
1999  Sam Rose, Chattanooga-Hamilton County Health Department
2000  Betty Thompson, Metro Davidson County Health Department
2001  Barbara Medlin, Jackson-Madison County Health Department
2002  Carole A. Martin, East Tennessee Regional Office
2003  Richard Swiggart, West Tennessee Assessment and Planning
2004  Suellen Joyner, South Central Regional Office
2005  Marilyn Wortman, Dyer County Health Department
2006  Marilyn Barnes, Lake, Dyer, Crockett, and Obion County Health Departments
TPHA Award Recipients

Public Health Worker of the Year

*Presented to a person in the field of public health who during the past three years has provided outstanding service to public health.*

1973 Dorcie Yates, Humphreys County Health Department
1974 Thomas H. Hale, Benton County Health Department
1975 Vernon L. Smith, Southwest Regional Office
1976 Dr. Leonard Chadwell, First Tennessee Regional Office
1977 Dr. Robert S. Sanders, Rutherford County Health Department
1978 Rebecca J. Groves, Center for Health Statistics
1979 Hugh Bellamy, First Tennessee Regional Office
1980 Larry Bowles, East Tennessee Regional Office
1981 Manny Martins, Health Services Administration
1982 Frank L. Duncan, Knox County Health Department
1983 Eddie H. Abernathy, Hawkins County Health Department
1984 Marguerite Sallee, Bureau of Health Services
1985 Joyce Holt, Stewart County Health Department
1986 Judith Womack, Mid-Cumberland Regional Office
1987 Susie Baird, Bureau of Health Services
1988 Richard C. Swiggart, Memphis-Shelby County Health Department
1989 Dr. Barbara Levin, Monroe County Health Department
1990 Fred Adams, Greene County Health Department
1991 Debbie Dotson, Sullivan County Health Department
1993 Joy Lorance, Cannon County Health Department
1994 Rebecca Johnson, Hardin County Health Department
1995 Peggy Tackett, Montgomery County Health Department
1996 Cindy Lewis, West Tennessee Regional Office
1997 Christie Morris, West Tennessee Regional Office
1998 Charlene Nunley, Grundy, Franklin, Bledsoe, & Sequatchie County Health Departments
1999 Sharyn Thompson, Jackson-Madison County Health Department
2000 Jo Ann Armbrister, East Tennessee Regional Office
2001 Rose Kidwell, East Tennessee Regional Office
2002 Barry Moore, Memphis-Shelby County Health Department
2003 Art Miller, Roane County Health Department
2004 Dr. David Brumley, South Central Regional Office
2005 Dr. Tim Jones, Communicable & Environmental Disease Services
2006 Joan Carter, Lincoln & Moore County Health Departments
TPHA Award Recipients

Public Health Group Award

*Presented to a group, unit, or department that has made an outstanding contribution to public health.*

1993 Claiborne County Health Department, Tazewell
1994 Middle Tennessee HIV Treatment Center, Columbia
1995 Crockett County Health Department, Alamo
1996 Nurse Case Managers, Memphis-Shelby County Health Department
1997 Health Assessment and Planning, East Tennessee Regional Office
1998 Henderson County Health Department
1999 Henry County Health Department
2000 West Tennessee Alcohol and Drug Central Intake, Jackson
2001 LaCross Surveillance Team for East Tennessee Region and Knox County
2002 Scott County Health Department
2003 Public Health Unit, Upper Cumberland Region
2004 Chattanooga/Hamilton County Health Department TB, HIV, and LEP Teams
2005 Tennessee Public Health Nursing Hurricane Relief Team
2006 Campbell County Health Department

Partners and Leadership (PAL) Award

*Presented to a non-public health professional, group, or organization that has made a significant contribution on behalf of public health.*

1999 Dr. Robert C. Coddington, Chattanooga (Individual)
2000 Dr. James P. Guider, Loudon (Individual)
2000 The Communications Group, Little Rock, AR (Group)
2001 Dwight E. Murphy, Scott County Executive (Individual)
2001 Music City Division Program Services – March of Dimes (Group)
2002 Claude Ramsey, Hamilton County Executive (Individual)
2002 Clay County Health Council (Group)
2003 Kathy Krone Johnson, Reporter, Dyersburg (Individual)
2004 Laura T. Harrill, Blount County Health Improvement Initiative (Individual)
2004 Junior League of Murfreesboro (Group)
2005 Dot Watson, Partners for Healing, Tullahoma (Individual)
2005 Dispensary of Hope, Rutherford County (Group)
2006 Pickett County Health Council (Group)
Conference Speakers

Allison Adams  
Buffalo Trace District Health Department  
120 West Third Street  
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P.O. Box 70674  
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Nashville, TN  37212-2637  
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Chattanooga/Hamilton County Health Department  
921 East 3rd Street  
Chattanooga, TN  37403  
e-mail: tammyb@mail.hamiltontn.gov

Dr. Pat Cooper  
Early Childhood & Family Learning Foundation  
c/o LPHI  
1515 Poydras Avenue  
New Orleans, LA  70112  
e-mail: pcooper@lphi.org

Commissioner Susan R. Cooper  
Tennessee Department of Health  
Cordell Hull Building, 3rd Floor  
425 5th Avenue North  
Nashville, TN  37241  
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Okemos, MI  48864  
e-mail: tcovington@mphi.org

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University of Michigan Health System  
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Nashville, TN  37243
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e-mail: plibbey@naccho.org

Father Nick Mezacapa
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e-mail: crockettsae@hotmail.com

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Dr. Amy Potter
Vanderbilt University Medical Center
11136 DOT 9170
2200 Children’s Way
Nashville, TN  37232-9170
e-mail: amy.potter@vanderbilt.edu

Dr. Judy Schmidt
CDC
MS-E52
1600 Clifton Road
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e-mail: zpo5@cdc.gov

Dr. Stephanie Schrag
CDC
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Atlanta, GA  30333
e-mail: zha6@cdc.gov

Onjewel Smith
ANR Foundation
P.O. Box 3226
Ridgeland, MS  39158
e-mail: onjewel_smith@yahoo.com

Dr. Rhonda Switzer
Interfaith Dental Clinic of Nashville
1721 Patterson Street
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1328 Charing Cross Circle
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1) Conducting a Local Youth Risk Behavior Survey
M Prather, PhD, K Brown, PhD; Knox County Health Department

The Youth Risk Behavior Survey (YRBS) has provided data on health risk behaviors among ninth through twelfth grade students in the United States since 1990. It is conducted biennially in public and private schools during the spring semester through a partnership between the Centers for Disease Control and Prevention, the states, and local school districts. The survey provides data on behaviors that lead to premature mortality and those associated with the development of chronic diseases. Findings from the survey assist health educators, school systems, and community groups to quantify the magnitude of risk among their high school youth. This provides the basis for targeted prevention programs, as well as a means by which to monitor trends and outcomes.

Conducting a local YRBS can be a challenge to both human and financial resources. Knox County, located in eastern Tennessee (2005 population: 396,741) conducted a local survey without state or federal assistance. The paper presents critical elements of conducting the survey including: community partnerships, sample design, survey materials, data collection, and data analysis. It also looks at costs associated with the survey. Results from the 2005 Knox County YRBS are included to provide examples of the kinds of information available from a local YRBS. We conclude with a ‘lessons learned’ critique.

2) East Tennessee Regional Health Council Community Survey
B Hinds, C Yunsan, J Cook, M Vance; East Tennessee Regional Office, Tennessee Department of Health

The Community Diagnosis process (circa 1996) provided the foundation for newly established and existing community health councils to identify county-specific priority areas. Under the leadership of the East Tennessee Regional Health Council (ETRHC), community health councils evolved into important local agents of change. In order to provide local health councils with a method to evaluate the relevance of previously established priority areas and to identify community perceptions of concerns, the ETRHC convened a subcommittee of regional representatives to develop a methodology, instrument, implementation strategy, and evaluation process for community-specific reassessment.

This community-based and community-owned process utilizes a survey instrument which is derived from the Community Strengths and Themes Assessment, one of the four Mobilizing for Action through Planning and Partnerships (MAPP) assessments, and it becomes community specific with the inclusion of questions developed by the county’s local health council. Implementation began in February 2007 with a half-day training session for local health council chairs and regional representatives. Data collection occurred between April and July, and compilation and evaluation of the information was completed in September. Approximately 6,000 people from across the East Tennessee Region completed surveys. The thoughts, opinions, and concerns about quality of life and community resources will be coupled with the quantitative data provided in the Health Assessment of the Tennessee Department of Health: East Tennessee Region, Third Edition to provide local health councils with statistical information and perceptions of community residents to define priority areas.

3) Rising Racial Disparity in Breast Cancer Mortality among Elderly Tennesseans and Their Place of Residence
S Gupta, MD, RS Levine, MD, CJ Moriarty, MD, MSPH; Department of Family Medicine, Meharry Medical School

**Purpose:** Race-specific breast cancer mortality is described among elderly Tennesseans residing in large metropolitan/surrounding areas, medium and small metropolitan areas, and micropolitan/non-core metropolitan areas. **Methods:** The Compressed Mortality File provided for public use by the U.S. National Center for Health Statistics was used to ascertain black and white female breast cancer mortality rates among Tennessee residents ages 65 years and older for the period from 1979 (start of the Healthy People Program) to 2004 (the most recent year for which data are available). Age-specific relative risks for blacks and whites ages 65-85+ years according to degree of urbanization were compared for the period from 1999-2004. **Results:** After statewide elimination of black-white breast cancer disparities among the elderly by 1999, disparities adversely affecting black elderly re-emerged and steadily increased through 2004. Aside from 1997, the gap in 2004 was the largest it has been for the past 25 years. Relative risks for elderly blacks and whites residing in large metropolitan and surrounding areas were 1.11 (95% CI = 0.94, 1.30, p = 0.02), while corresponding values for medium and small metropolitan areas were 1.33 (95% CI = 1.04, 1.68, p = 0.02), and for micropolitan and non-core metropolitan areas 1.03 (95% CI = 0.73, 1.42, p = 0.85). Conclusions were not substantially altered by age-adjustment of rates. **Conclusion:** Rising disparities in black-white breast cancer mortality among Tennessee elderly from 1999-2004 were driven by a significant gap that primarily affected residents of medium and small metropolitan areas.
4) Type of Stroke among Tennesseans: An Examination by Race, Gender, and Age
B Husaini, PhD; P Hull, PhD; V Cain, MA; J Emerson, MS; Z Samad, MPH; R Levine, MD; M Moonis, MD; 1Tennessee State University, 2Tennessee Department of Health, 3Meharry Medical College, 4University of Massachusetts

Background: Stroke is the third most common cause of mortality in both the U.S. and Tennessee. In 2002, 7% of all deaths in Tennessee were due to stroke. This presentation examines variations in the type of stroke by race, gender, and age and their underlying risk factors. Methods: Relevant data on inpatients (N=402,511) from the Tennessee Hospital Discharge Data System for 2002, along with ICD-9 codes for ischemic stroke (codes 433, 434, 436, and 438) and hemorrhagic stroke (codes 430, 431, 432) were extracted by race, age, and sex. Age-adjusted rates were compared for seven age categories – 20-34 years, 35-44 years, 45-54 years, 55-64 years, 65-74 years, 75-84 years, and 85+ years by race and sex. Results: Of 402,511 patients, 18,904 (4.7%) patients had a diagnosis of stroke. The overall rate was 347 per 100,000 population. These rates were significantly higher among African Americans than whites (473 vs. 309) and higher among males than females (353 vs. 340). Furthermore, rates of both ischemic and hemorrhagic strokes were two-fold higher among African Americans (both males and females) compared to whites. However, these rates exceeded three-fold among African Americans in lower age categories (35-64 years) for hemorrhagic stroke (each gender) compared to their white peers. In the older age groups (65+ years), rate differences were non-significant. The higher rate of stroke among African Americans relative to whites could be due, in part, to uncontrolled hypertension. Conclusion: Our analyses show that African Americans in Tennessean suffer from a high rate of stroke, and the hemorrhagic strokes are a particular problem afflicting younger African Americans.

5) Stroke Mortality in Rural and Metropolitan Appalachia
K Cole1, J Anderson1, G Howard2; 1Department of Public Health, East Tennessee State University, 2Department of Biostatistics, University of Alabama at Birmingham

Background: Coronary heart disease mortality has been studied for the Appalachia Region [Barnett, Halverson, et al, 2000, Ann Epidemiol]. At ETSU, a comparable analysis for stroke mortality over the 13-state region has been completed. Methods: The analysis specifically examines the cause-specific mortality by race, gender, and makes contrasts for metropolitan Appalachia regions to non-metropolitan ones. Results: North Carolina has distinctively elevated rates for African-American male stroke mortality. Generally Appalachia as a region has a reciprocal pattern, with CVD mortality predominating among northern states and stroke mortality doing so for southern Appalachia states. It is notable that this gradient is so manifest even though the Appalachia counties are not part of the traditional stroke belt geographic area. Several thematic maps and descriptive figures will be featured with this poster. Conclusion: Appalachia has distinctive patterns of CVD, specifically stroke, compared to the nation and within the region that impact public health planning.

6) Intention for Healthy Eating among Southern Appalachian Teens
T Wu, MD, PhD, JB Snider, PhD, MR Floyd, EdD, JE Florence, DrPH, JM Stoots, EdD, MI Makamey, MS; East Tennessee State University

Objective: To describe intention for healthy eating and its correlates among Southern Appalachian teens. Methods: Adolescents attending wellness classes in five public high schools located in four counties in Southern Appalachia of Tennessee were surveyed. The study sample included 416 adolescents ages 14 to 16 years. Self-administered questionnaires were used to collect information. Structural equation modeling was used to analyze the data. Results: Among the teens surveyed, 29.8% definitely intended to eat healthfully in the next two weeks, and 38.2% saw themselves being slightly or very overweight. Over two percent (2.2%) reported being teased about weight, and 22.8% reported witnessing weight teasing almost everyday. The Cronbach’s α values of the healthy eating related scales including perceived behavior control, attitude, perceived eating of significant others, and social support ranged from 0.60 to 0.88. Perceived behavior control and attitude accounted for a significant amount of the variation in intention for healthy eating, while perceived eating of significant others and social support for healthy eating were significantly associated with attitude and perceived behavior control. Conclusion: Better behavior control and a positive attitude contribute to a greater intention for healthy eating. Experience of weight teasing, perceived eating of significant others, and social support could influence healthy eating intention through mediating the behavior control and/or attitude.

7) Physical Activities and the Correlates among Southern Appalachian Adolescents
CL Abernethy, BS, T Wu, MD, PhD, M Stoots, MPH, EdD; Department of Public Health, East Tennessee State University

Background: Adolescent overweight has become a great public health concern in Southern Appalachia. A better understanding of adolescent physical activity would be useful for effective overweight intervention strategies. Objective: The purpose of this study is to describe current physical activities and their correlates including social support, attitude, and behavior control among Southern Appalachian adolescents. Methods: Based on the Theory of Planned Behavior, a questionnaire was developed.
to collect information on physical activity levels, perceived physical activity of significant others, social support, attitude, and behavior control. A total of 591 adolescents were surveyed, and 535 adolescents were included in this analysis after restrictions to students in the 9th and 10th grade. Results: Among 535 adolescents, 58.3% reported intense physical activity 3+ days per week, 33.6% reported moderate physical activity, and 43.0% reported spending at least 12 hours watching television 3+ days per week. Boys were more involved in intensive physical activity than girls. Perceived physical activity of significant others, social support for physical activity, attitude, and behavior control for physical activity were all associated with physical activity measures including intensive exercise, moderate exercise, and television viewing. Conclusion: Social influence may play a role in Southern Appalachian adolescents' physical activity behavior.

**DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY**

8) Unintentional Injuries Among College Students
K Winston, MPH, CHES, J Gorski, DrPH, CHES, P Johnson, MPH; University of Tennessee, Knoxville

**Background:** Most injuries are predictable and preventable according to the Healthy People 2010 national report. Each year, unintentional injuries account for approximately 100,000 deaths and 27 million visits to hospital emergency departments. According to the Centers for Disease Control and Prevention (CDC), unintentional injuries are the leading cause of death for individuals between the ages of 1 year and 65 years. Unintentional injuries are also the greatest cause of human suffering and loss of life among college students. This panel discussion will provide an overview of injuries on college campuses and off-campus student work-related injuries. Additionally, risk reduction and reporting will be investigated.

**Methods:** The methods used for this qualitative study consisted of academic literature reviews of unintentional injury data and campus surveys of on-campus and off-campus student work-related injuries. Results: Results of this study indicate that unintentional injuries are the leading cause of death in college students and are the 5th leading cause of death overall. Results indicate that the top three causes of fatal unintentional injuries include: motor vehicle crashes (41.8%), falls (14.8%), and poisoning (13.9%). Conclusion: Unintentional injuries are the primary cause of morbidity and mortality in young adults ages 15 to 24 years. There is very little published research concerning the prevalence of work-related injuries in this age group. Surveys conducted by the authors of this study indicate that work-related injuries are a significant percentage of the unintentional injuries on the University of Tennessee campus. Further research should be done to identify the causes of unintentional injuries that are work-related. These efforts will contribute to the development of strategies for the prevention of injuries to college students working on and off campus.

9) Visualizing Socio-economic Determinants of Prostate Cancer
S Shropshire1, JW Drane1, E Lengerich1; ‘Department of Public Health, East Tennessee State University; ‘Penn State University

**Background:** With the Centers for Disease Control and Prevention support, Penn State University and collaborators are developing and testing an innovative data visualization computer package for central cancer registry data. This poster will present a series of illustrative analyses using prostate cancer incidence and mortality to demonstrate the value of this software. Particularly of interest to ETSU has been the impact of Appalachia with cause-specific mortality when adjustments are made for socio-economic characteristics. Methods: This innovative software particularly uses principal components covariance vectors to provide adjustment for the selected socio-economic variables. The strategic manipulation and interpretation of these graphic products offer distinct advantages to chronic disease program planners. Results: This poster will illustrate prototypical analyses with prostate cancer from southern Appalachia states. Conclusion: Cancer control programming will benefit from improved visualization of socio-economic determinants of disease risk.

10) Piloting a Public Health Qualitative Research Project
J Cook, EdD, CHES, K Baker; East Tennessee Regional Office, Tennessee Department of Health

**Background:** Adolescent pregnancy remains a major public health issue in the United States. According to 2005 data from the Division of Health Statistics, Office of Policy, Planning, and Assessment, Tennessee Department of Health, four counties in the East Tennessee Region have a teen (ages 10-17 years) pregnancy rate higher than the state average of 13.3%. Methods: After an extensive literature review, appropriate questions were developed for a series of focus groups about beliefs and practices regarding access to health care and health knowledge with an emphasis on issues related to adolescent pregnancy with youth, ages 10-16 years, in Loudon County, Tennessee. A parental consent form and a questionnaire to track demographic data were created. Discussions were tape recorded and later transcribed. Results: Twenty female and 17 male participants, ages 9-20 years, were interviewed in several locations including the local health department, a personal residence, and community centers. All transcriptions were reviewed for common answers and themes. Adolescents engage in risky behaviors for a variety of reasons including the desire to appear ‘cool’ to their peers and because “there’s nothing else to do.” When asked who had the biggest influence on their health, almost every participant included ‘parents’ in their response. Conclusion: It is essential that adults
acknowledge every teen’s individual worth and abilities. As teens are reporting a lack of proper supervision and support, the need for extracurricular activities is evident. Teens are looking to their peers for a new, relevant way to present health information.

11) Genetic Testing for Beryllium: Worker Knowledge, Beliefs, and Attitudes
K Silver¹, G Kukulka², K Rayman³, D Valerio³, R Sharp⁵; ¹Department of Environmental Health, East Tennessee State University, ²Quillen College of Medicine, East Tennessee State University, ³College of Nursing, East Tennessee State University, ⁴Northern New Mexico College, ⁵Baylor College of Medicine

Background: Thousands of nuclear energy workers have been exposed to the metal beryllium, which causes an immune-mediated disease that is often fatal. Genetic tests may provide exposed employees with better information about their individual chances of getting the disease. Objectives: Genetic information in the workplace raises ethical, legal, and social issues. We plan to ask workers and their families about their beliefs and attitudes regarding genetic testing. Methods: Up to five focus groups will be held in northern New Mexico and Oak Ridge, Tennessee with each group comprised of eight to twelve current or former workers who were exposed to beryllium, diagnosed with CBD, or tested positive for beryllium sensitivity. Focus groups for first degree relatives will be held separately. Basic sociodemographic information will be gathered by a brief questionnaire. Transcripts will be analyzed using grounded theory methodology. Mock proxy phone interviews will be conducted with a theoretical sample to follow-up with selected participants. Results: Interim data from some of the focus groups will be presented. Conclusion: Results of this qualitative study will form the basis for a survey instrument in a larger subsequent study. Statistically meaningful results could inform the development scenarios for primary care professionals on the recognition and management of beryllium disease and patient concerns, particularly on complex issues related to the advisability and interpretation of genetic tests. The results may also be used to inform the development of policies regarding genetic testing for organizations that represent the interests of energy employees.

INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

12) Clases Pre-Natales
S Kaylor, J Bingham; Metropolitan Nashville/Davidson County Public Health Department

Clases Pre-Natales is a series of group educational sessions offered to pregnant Latino women and their partners. The bi-weekly classes started in October 2006 and are currently offered weekly at the Woodbine Health Clinic in Nashville on Thursday evenings in conjunction with the late WIC clinic and breastfeeding class. The classes are taught by an ESL home visitor with assistance from an experienced OB registered nurse. Participants are recruited from the WIC clinic through an informational flyer with a tear-off sign up sheet. The instructor phones the registered students a few days prior to the start of the class as a reminder.

Topics for the sessions include 1) anatomy, physiology, and nutrition of pregnancy, 2) labor and delivery, 3) childbirth and post partum period, and 4) care of the newborn. Attendance for the entire four-part series of classes is encouraged by eligibility for incentive prizes. In conjunction with the car seat safety program, at the completion of the fourth class, one car seat voucher is given away to a student who has attended at least three of the four classes, contingent on attending the car seat safety class. Each class is evaluated through a brief pre and post test. Follow-up home visits by HUGS staff are offered to participants, and if needed, long-term HUGS case management services are provided.

13) Meeting Health Education Needs of Adults: A Plan for Providers
R Black, J Aden, D Austin, P Davis; University of Tennessee at Martin

The focus of medical treatment has changed from curing diseases to the control and management of illnesses. Due to the complexity of diseases and often co-morbidities, the team approach to care is essential, with the most important member being the patient. It is the patient that must problem solve and manage the day-to-day decision making regarding their health and activities of daily living while dealing with illness, its treatment, and effects on lifestyle. Patients should have the knowledge and skills necessary for making decisions appropriate to their needs and lifestyle. As a ‘self-manager’ patients must be aware of their diseases, medications, health management, role management, and adaptation to change.

Because discrepancies often exist between healthcare providers’ and patients’ perception of needs, healthcare providers can best assist patients by determining the individual patient’s actual needs. Tools to enhance healthcare providers understanding of the patient’s perception of needs are the Salient Belief Assessment and Listening to and Interpreting Stories to identify the actual needs-problems of the patient. Only after establishing patient’s perception of needs and their importance, will the healthcare provider present information geared toward the patient’s situation, abilities, and priorities. Teaching essential survival skills and knowledge required to cope with illness via the self-efficacy process assists the patient to become a confident effective ‘self-manager.’
14) Hamilton County’s TENNderCare Youth Health Conference  
B Blair, S Stamper, C Shouse; Chattanooga-Hamilton County Health Department

The Chattanooga-Hamilton County Health Department’s TENNderCare Outreach program hosted the first TENNderCare Youth Health Conference on March 17, 2007. Tennessee Department of Health’s Commissioner, Susan Cooper, stated the conference may become a model for similar events across the state of Tennessee. In cooperation with Commissioner Cooper, efforts paid off to recruit Heisman Trophy winner and former all-pro running back with the Tennessee Titans, Eddie George, as the keynote speaker for the conference.

TENNderCare is a comprehensive program of check-ups and health care services for children who have TennCare. Many hours, including a number of evenings and Saturdays, were spent developing relationships with Chattanooga Parks and Recreation Centers. Youth leaders recruited from those community centers were instrumental in selecting topics of interest to be presented during break-out sessions. The 15 topics selected were: attitude/self image, alcohol abuse, date rape/violence prevention, diet and exercise, dysfunctional families, illegal drugs, eating disorders, gang violence, hygiene, peer pressure, puberty, sexual intercourse/STDs, teenage pregnancy, youth medical issues, and ended with a question and answer session with Eddie George and Commissioner Cooper.

Approximately 500 adolescents between the ages of 13 and 20 were in attendance for the conference. Those who pre-registered were able to attend four pre-scheduled workshop sessions on health and social issues related to them. Onsite registration was also available. The purpose of the conference was to empower adolescents to make healthy choices in their lives. Hamilton County’s TENNderCare team is currently working with other areas of the county to develop similar partnerships.

15) A Clinic for Diabetes Self-Management at a County Health Department: A University-Health Department Collaboration  
M Durand1, T Thayer1, M Metcalf2, C Myers2, K Phillips2, M Kollar2, A Carpenter2, A Wilson2, M Sharma2, R Garman2;  
1Blount County Health Department, 2School of Nursing, University of Tennessee, Knoxville

Background: The Blount County Health Department provides most of the primary care to uninsured diabetics in Blount County. In July 2007, the Blount County Health Department and the University of Tennessee College of Nursing began work on a collaborative project to improve the care of low-income diabetics in Blount County. The goal of the project is to produce better informed, better motivated patients and thereby improve self-management practices and prevent diabetes complications such as cardio-vascular disease and diabetic eye, nerve, and kidney disease.

Methods: Creation of a new model of diabetes care for indigent populations of Blount County, featuring:
- Patient tracking
- Systematic approach to delivery of preventive services in ‘self-serve’ format with assessment and teaching stations for routine diabetes care (to attend every three months for most diabetics)
- Formulation of learning objectives and teaching tools tailored to this population with diabetes
- The use of the Readiness-to-Change model for self-management goal setting
- Each client leaves self-management clinic with:
  - a ‘report card’ summarizing current status of the important indicators which bear on secondary prevention of diabetes complications,
  - a clear understanding of the implications of each indicator and the options available to improve them
  - a self-management plan with specific behavioral goals for the improvement of indicators
  - any needed immunizations, medication adjustments
- The collection of summary indicators for clinic process and outcome effectiveness.

Results: Evaluation plan includes the following measures:
- Average A1C measures of group
- Percentage of group with last blood pressure ≤130/80
- Average three-month weight change
- Percentage of group with last LDL-C level less than 100
- Patient satisfaction (for those attending diabetes self-management clinic)
- Staff satisfaction (for those attending diabetes self-management clinic)
- Staff productivity and costs for diabetes care for the new model.

Conclusion: Experience and lessons learned over the first six months of the project will be presented.

16) Community Health Status Indicators for Public Health Assessment  
J Savoy1, T Aldrich1, M McCalman2;  
1Department of Public Health, East Tennessee State University, 2Sullivan County Health Department
17) **Planting a Garden of Excitement and Learning**
A Dove; Rutherford County Health Department

**Background:** This summer, Project Go! participants experienced a new way to have fun, be active, and learn something along the way: gardening! Through a joint venture of the Rutherford County Health Department, The Home Depot, Oaklands Historic Mansion, City of Murfreesboro Parks and Recreation, Murfreesboro Housing Authority, and Middle Tennessee State University (MTSU), gardening classes were established as a group project that began in April 2007. Health educators from the Rutherford County Health Department meet the group on Monday afternoons at the Oaklands Historic Mansion. **Methods:** During the early weeks of classes, the children learned what it truly meant to get their hands dirty by pulling weeds and sowing seeds. A variety of vegetables were planted, including carrots, onions, potatoes, and more. Subsequent weeks included lessons taught by MTSU Master Gardeners on the basics of gardening and harvesting early crops. The health educators also taught the group the importance of vegetables and the nutritional role each plays in overall health. **Results & Conclusion:** The children had fun and learned a wealth of information while experiencing something most of them have not previously been exposed to. The classes culminated with a family night in which the group displayed their hard work to parents by serving them a bowl of soup fresh from their garden!

18) **Maury County Schools BMI Project 2006-07**
E Cook, MS, RD, D Brumley, DDS, MPH; South Central Regional Office, Tennessee Department of Health

**Background:** The Maury County School Wellness Planning Committee was established as a result the Federal Child Nutrition Reauthorization Act, which required every school to adopt a wellness plan by June 30, 2006. In addition, state legislation (May 2005) authorized Local Education Agencies (LEA) to identify public school children who are at risk for obesity and to notify parents/caregivers of the results. The Maury County School Wellness Planning Committee was interested in obtaining these data and encouraged the school nurses to carry out Body Mass Index (BMI) screenings. **Methods:** Four Maury County elementary schools (K-5) participated in the first year. Training, equipment, and data analyses were provided by the regional health department. The students’ demographic database was electronically transferred onto BMI data collection sheets by public health staff and sent to the school nurse. After height and weight measurements were recorded, these sheets were sent to the regional health office, and data were entered into EpilInfo for BMI and percentile calculations. The BMI and demographic data for each student were exported to a formatted parental letter with follow-up information and healthy lifestyle choices specific to the BMI percentile of the student. These letters were e-mailed to the school nurse who printed and delivered them to the teachers’ mailboxes for students to take home. **Results:** Results of BMI measures (931 students) were analyzed and distributed to appropriate school personnel and parents/caregivers in a very efficient manner. The school nurses were pleased with the process stating substantially less time and personnel were required in completing the forms and preparing parent letters for distribution. School personnel also appreciated receiving BMI analyses in a visual format. **Conclusion:** Establishing a partnership of school administrative and healthcare staff along with qualified and experienced public health professionals produced successful projects. Two-way electronic transfer of information and data proved to save a substantial amount of staff time, and the use of computer programs for BMI calculations and analyses decreased the possibilities of errors. Formatted parent letter templates linked to BMI percentiles assured that all parties consistently received accurate information and data.

19) **Immunization Conference for Rural Counties in Eastern Tennessee**
K Nelson, RN, T Hamby; Campbell County Health Department

**Background:** Campbell County is a rural Appalachian area located in East Tennessee. According to the U.S. Census, approximately 22% of the county’s residents live in poverty and less than 60% have a high school education. Due to factors including poverty, the rate of immunizations here does not meet the current Tennessee standards. **Methods:** A conference was

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organized by the Campbell County Health Department to educate all Vaccines for Children (VFC) providers in the community. The purpose of the conference was threefold: 1) bring all county VFC providers together to discuss the importance of immunizations, 2) enhance the communication among all VFC providers in Campbell County, and 3) discuss among VFC providers on how Campbell County can meet the statewide goal of >90% immunization completion of the county’s children within 24 months. The conference was held at the Campbell County Health Department on March 9, 2007. Topics included the following: a comprehensive look at the VFC program, clinical assessment software, audit preparation, and the Vaccine Information Statement. Results: Feedback at the conclusion of the conference was positive. Participants stated that the conference was informative, beneficial, and provided a network of professionals with the same common goals. Since the conference, Campbell County is the only eastern rural county to obtain the 92% goal set by the state of Tennessee. In addition, more than 85% of the attendees indicated that they wanted to make this conference an annual event. Conclusion: Professional community education can enhance the immunization goals set by the state of Tennessee.

20) Healthy Start Program Family Gathering
E Shaw, Metropolitan Nashville/Davidson County Public Health Department

Healthy Start is a home visiting program within the Family Youth and Infant Division designed for first-time parents. The program is staffed by registered nurses and outreach workers who educate and provide resource information during home visits. The goal is to help new parents transition into parenthood with decreased stress and health risks, creating a healthy environment for the newborn, and therefore providing more Nashville babies with a ‘healthy start.’

Throughout the year the Healthy Start Program sponsors several annual educational events. The largest, The Family Gathering, is a one-day event held at Centennial Park. This event is funded primarily through donations from local businesses and staff from within Metro Public Health Department. The Family Gathering brings together many of the families enrolled in the Healthy Start Program for a day of education and fun. The parents are encouraged to bring along a friend or relative. The participants enjoy lunch as well as games, gifts, and door prizes, and guest speakers discuss pertinent family health topics. This year’s event was the largest ever with over 100 participants. Parents coming to The Family Gathering have expressed their appreciation for having the opportunity to be with other parents in a group setting.

This support has been especially beneficial for single and teenage parents empowering them to improve their parenting skills and focus on having a healthy family.

21) Use of Spanish Interpreters for Speech/Language Evaluations and Therapy
ML Durrett, MS, LD Ralph, MS; Metropolitan Nashville/Davidson County Public Health Department

Background: Children’s Special Services (CSS) is the federal Title V program, Children with Special Health Care Needs, offered by the Tennessee Department of Health, Division of Maternal and Child Health. The Speech and Hearing Clinic at CSS of Davidson County provides hearing/speech-language services to children who providers or families feel are at-risk for potential deficits in their development that would adversely affect their social and academic growth. Methods: All speech/language evaluations were administered by a licensed, certified speech/language pathologist with assistance from a certified bilingual Spanish-speaking interpreter. Formal speech/language testing instruments were utilized to determine eligibility. These tests were norm-based on the designated population of Spanish and bilingual Spanish-English children (Preschool Language Scale – 4 Spanish; Receptive One-Word Picture Vocabulary Test Spanish-Bilingual Edition; Expressive One-Word Picture Vocabulary Test Spanish-Bilingual Edition; Spanish Articulation Measures). Results: Ninety-five speech/language evaluations were completed on children birth to age six years during fiscal year 2006-07. Thirty-seven percent (35 evaluations) of these 95 evaluations were completed in Spanish. Of these 35 evaluations, 14 children received speech/language therapy on an on-going basis in the CSS office (40%), 10 children were referred to their local school system for services (29%), four children received treatment through outside sources (11%), and seven children did not warrant any direct speech/language intervention (20%). Three hundred ninety-two (392) hours of individual speech/language therapy were provided during the fiscal year to Spanish-speaking children. Conclusion: Based on the use of Spanish interpreters in the CSS program at Metro Public Health Department, CSS was able to provide diagnostic and treatment services to children who providers or families feel are at-risk for potential deficits in their development that would adversely affect their social and academic growth.

22) Diabetes Prevention: A Focus on the Family
B Hinds, B Hicks, A Miller, K Scruggs; East Tennessee Region, Tennessee Department of Health

Background: With the incidence of Type II diabetes continuing to escalate, it is imperative that communities take action to educate the public on lifestyle changes that can prevent this potentially lethal condition. The citizens of Scott County, Tennessee suffer a diabetes mortality rate that is exceeded by that
of only two other counties in the state. In response to this health crisis, the Scott County Diabetes Coalition, in its second year of funding from the Appalachian Regional Commission, designed a prevention initiative with a focus on the family through targeted marketing to mothers and children. **Methods**: As healthy eating and physical activity are integral to the prevention of Type II diabetes, the coalition was convinced that educational outreach should commence with mothers, who would then set the standard for the remainder of the family. A half-day moms’ retreat, *It’s All about Love*, was held in March 2007. The event’s name and purpose were twofold: to teach moms how their loving attention to meal preparation and exercise could serve their families, and, secondly, to pay loving tribute to the female heads of household. Accordingly, participants enjoyed a nutritious lunch, sandwiched between exercise routines, a cooking demonstration focused on creative uses for fresh fruits and vegetables, personal pampering via foot and body massages, and diabetes prevention education. Free childcare was provided onsite. A pre- and post-test of knowledge amply proved that participants gained in awareness. The ‘trickle down’ approach to reaching the family represented by the moms’ retreat was applied in the inverse to an activity piloted for children in May 2007. In the hopes that children’s enthusiasm for physical activity might ‘trickle up’ to other family members, the coalition designed a physical challenge based loosely on the pop culture television series, *Survivor*. Second, third, and fourth graders were treated to an island-themed obstacle course and taste-testing regimen, conducted onsite at their elementary school. While the physical ‘challenges’ were made exotic through creative showmanship, the activities themselves were purposely based on simple, nostalgic childhood pursuits that the children could enjoy at home during their summer vacation. **Results/Conclusion**: The Diabetes Coalition’s efforts to reach out to families have sparked attention, not only throughout Scott County, but across the East Tennessee Region as well, proving that a less pedantic, more creative approach to lifestyle modification can be effective.

23) **A Two-Year Perspective on School-Based Mass Vaccination Clinics for Seasonal Influenza**  
WM Lott, MS, RN; Knox County Health Department

The presentation will highlight Knox County Health Department’s School Influenza Campaign utilizing live attenuated influenza vaccine in 2005 and 2006. School-based mass vaccination clinics were used to vaccinate children 5-19 years of age in Knox County. There will be an overview of methods used to achieve a 48% vaccination rate in a school population of over 60,000 students. The presentation will discuss reasons for the range of vaccination rates (26% - 61%) between age groups, education processes, and community partnerships. This campaign attempted to vaccinate a large percentage of the primary carriers (school-age children) of influenza to decrease the burden of influenza in the community. Evaluation of the community effects is forthcoming through other partnerships.

24) **Expansion of New Employee Orientation for South Central Regional Department of Health**  
S Collins, J Crane, L Kelley, J Hogan, P Browning, A Mitchell, D Broadway; South Central Region, Tennessee Department of Health

**Background**: As a means of developing a competent workforce, the South Central Regional Office identified the need for an orientation program that focused on informational content needed by all disciplines. The goal was to demonstrate to new employees that they are valued. Education conducted during orientation prevents later problems, allows consistency within the region, and saves time required to conduct individual orientation by supervisors. **Method**: A committee was charged with evaluating orientation needs and developing a format to communicate the information needed. **Result**: The result was an expanded orientation program that is interactive and reproducible. PowerPoint presentations were developed for each program, as well as sessions that required audience participation, panel discussions, and role playing. Components included an introduction to the mission and organizational structure and an overview of all the programs provided by public health. Additional subject matter included RVUs and coding, use of computer systems, teamwork, customer service, confidentiality, cultural sensitivity, and other items not specific to benefits or programs. In developing the new program, support was provided to each presenter to assist in organizing and evaluating presentations to avoid duplication or omission of information. Presentations and hand-outs were assembled in a notebook provided to the new employee as a resource tool. Included in the presentation were pictures of the regional staff responsible for components of a program. **Conclusion**: The results of surveys by participants revealed that 95% evaluated the program components as ‘high’ or ‘very high.’ Supervisor and staff anecdotal comments have also been extremely positive.
2007 Poster Session Abstracts

26) Prevention Through Understanding: Investigating Unexpected Child Death, a 5-Year Update
CM Smith, MA¹, J Burchfield, MBA¹, J Edwards, EdD¹, J Johnson, MPA²; ¹Middle Tennessee State University, ²Tennessee Department of Health

The purpose of this program is to help reduce the incidence of injury and death to infants and children by accurately identifying the cause and manner of death of children less than 18 years of age. Now in its fifth year, this program is a collaborative effort among the Tennessee Department of Health, the state Medical Examiner’s Office, and the Center for Health and Human Services at MTSU. Tennessee law requires that an investigation be conducted in all cases of sudden, unexpected child death. It further stipulates that EMTs, professional firefighters, and law enforcement personnel receive training on handling cases of sudden, unexpected child death – including being sensitive to the grief of family members – as part of their basic and continuing education requirements.

Staff from MTSU’s Center for Health and Human Services, Continuing Education, and Audio-Visual Services has developed a training curriculum and presented it across the state to EMS, fire, and law enforcement trainers, who in turn use the program and materials to conduct in-service and pre-service sessions for trainees within their disciplines. Prevention Through Understanding provides a video presentation as well as written materials for trainers and trainees. This poster: 1) describes the development of the program from January 2003 to the present, 2) identifies the number and types of first responders trained, along with their evaluations of the program, 3) provides display copies of the curriculum, and 4) offers some giveaway information on how to investigate these cases and where to find bereavement support services in Tennessee.

EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES

27) A Sexual Violence Prevention Assessment of Youth Serving Organizations
J Cook, EdD, CHES, K Reinheimer, MPH; East Tennessee Region, Tennessee Department of Health

Background: Sexual violence is a serious public health problem which affects millions of Americans each year. Sexual violence is present even in youth; over half of all women who have been raped state that the sexual assault occurred before the age of 18 years. The 2005 Tennessee Youth Risk Behavior Survey reported the following alarming data: 15.6% of all high school students and 19.2% of 12th grade females were forced into sexual intercourse, and 11.4% of high school females were physically or sexually abused by a dating partner. Methods: The goal was to assess the status of sexual violence policy, education, and training among youth-serving organizations in the East Tennessee Health Department Region. A survey was developed using questions from the CDC School Health Index. Administrators or their representatives from schools, colleges/universities, and other youth-serving organizations were interviewed. Results: Information was obtained from 33 sites. Using a scale of 0-3, respondents ranked their organizations high (2.64-2.85) in the areas of safe physical environment, maintenance of a safe environment, policies on harassment/bullying, supervision, and having a policy that identifies and refers victims/perpetrators of violence. Respondents ranked their organizations lower (1.46-0.06) in having education on family safety, programs on effective parenting strategies, parent/community involvement, and promotion of TN Blue.org. Conclusion: Many of the organizations lacked involvement from community and parents regarding violence and sexual violence policies, training, and education. Additionally, organizations lacked an established curriculum for sexual violence and were not promoting TN Blue.org.

28) Distribution of Cardiovascular Disease Services in Tennessee
R Hern¹, T Aldrich², Z Samad³; ¹Knox County Health Department, ²Department of Public Health, East Tennessee State University, ³Division of Community Health, Tennessee Department of Health

2005-06 campaign which was already greater than the 60% participation recommended by the publication for 2010. We set a goal of 75% participation among eligible employees for the 2006-07 campaign. Methods: The campaign was announced during a general staff meeting with a short information program and description of the campaign. Freddie the Flu, our mascot, was unveiled. A pre-campaign questionnaire was distributed to all employees, and employees who completed the questionnaire received an incentive. Freddie the Flu was ‘hidden’ in plain sight on several occasions, and the first employee to verify by email a Freddie sighting was awarded a Smoothie King certificate.

Vaccine was provided free of charge at the employee’s worksite as requested. Declination statements were required from employees electing not to receive the vaccine. Employee vaccine reminders continued throughout flu season using comical Freddie posters in multiple worksites. A post-campaign questionnaire was distributed to employees to ascertain effectiveness. Results: Among eligible staff, >80% received the vaccine. Conclusion: The post-campaign questionnaire revealed that this project was a great success. The majority of staff was vaccinated including several employees who had never received a previous dose. It was well received, and the addition of Freddie and incentives made for a ‘lively’ flu season.
Background: Access to heart disease and stroke services varies greatly across the state. The American Heart/Stroke Association has promoted programs to increase the level and distribution of these services in Tennessee. The Tennessee Heart Disease and Stroke Prevention Program, working with the American Hospital Association and the Tennessee Hospital Association, has done much to assure regional access to state-of-the-art clinical and emergency services. Methods: A statewide survey of cardiovascular services in Tennessee hospitals has been completed by ETSU. This data collection took place in 2006. Results: This poster will feature a series of synoptic maps illustrating the distribution of stroke and coronary heart services among the participating facilities. Conspicuous areas of need are the counties without hospitals, and a region west of Nashville, and east of Memphis where there is a void of hospital-based programs. Conclusion: This poster will include a description of ongoing CVD-related state initiatives, including legislation to enable further data collection.

30) Using Focus Groups to Identify Acquired and Desired Information in African American Women with Diabetes
K Campbell, MA, B Eakin, MA, C Ellis, PhD, D Bartley, PhD; Middle Tennessee State University

Diabetes is one of the most commonly diagnosed diseases in America today, with an estimated 20.8 million Americans suffering from the disease in 2005. Minorities, including African Americans, Hispanics, and American Indians, have a higher rate of diabetes type II than do Caucasian Americans. When compared with Caucasian Americans, African Americans are 1.8 times more likely to be diagnosed with diabetes type II (National Diabetes Education Program). Focus groups are commonly conducted in the business world when compiling feedback about new products or services. Recently, this qualitative technique has become more commonly utilized in research within the health community.

The purpose of this study is to better understand how health information concerning diabetes can best be conveyed from the perspective of the African American woman by using focus groups. Specifically, this study will highlight the discrepancy between what information is desired and what has been acquired, and which are the most effective modes of information distribution. Female participants will be recruited from two different predominantly African American churches. Focus groups will be conducted with these participants in order to generate desired information regarding diabetes education. Data will be recorded using video cameras and analyzed using qualitative research techniques. The results will demonstrate how health education can be improved among populations at high risk for diabetes, specifically what information needs to be included, and how it should be communicated in order to be most effective.

31) I Breathe Too - An East Tennessee Tobacco Health Education Project
L Nelms1, D Raines3, J Harris3, T Hamby4, P Purkey4, A Miner2, East Tennessee Region, Tennessee Department of Health, 1Knox County Health Department

Background: In 2005, the Youth Risk Behavior Survey (YRBS) indicated that 61.7 percent of high school students in Tennessee admitted taking puffs off a cigarette, and 18.9 percent of students state that they have smoked an entire cigarette before the age of 13 years. East Tennessee regional health educators developed and, in partnership with other area agencies, implemented an elementary school-based health education pilot program.

Methods: The I Breathe Too pilot program was conducted to educate children about tobacco use and the dangers of breathing secondhand smoke. Health educators at the East Tennessee Regional Health Office partnered with several area schools and agencies to provide a poster contest in 4th grade classes in nine...
counties across the region. Health educators informed children about the dangers of tobacco and were given resource material for parents. First, second, and third place local winners were chosen in each participating school. The winning posters were displayed at the University of Tennessee Medical Center, and the top three regional winners were selected. Regional winners appeared on WBIR Live@5. Results: Health educators reached 321 children about the dangers of tobacco use and breathing secondhand smoke in nine East Tennessee counties. In addition, local and regional news media, including newspaper and television, promoted the I Breathe Too campaign. Conclusion: The I Breathe Too campaign created awareness about the health consequences of tobacco use and the dangers of secondhand smoke. This pilot program spans across professional, academic, and familial agents increasing the potential for future success in similar, if not same, tobacco health education efforts.

32) Giving Youth a Voice: Peer-to-Peer Messaging in an Anti-Smoking Campaign
C Thomas, MPH; Knox County Health Department

Background: In Knox County, 24.4% of high school students reported smoking cigarettes on one or more days in the last 30 days (Knox County 2005 YRBS). Approximately 1 of every 4 students is a current smoker. The need for anti-smoking messages to youth is evident, but how do we effectively communicate these public health messages? Methods: In June 2007, Smoke-Free Knoxville partnered with the Knox County Health Department, Metropolitan Drug Commission, and Community Television of Knoxville to host a one-week Public Service Announcement (PSA) camp for high school students. The goal was for students to develop PSAs to reach their peers and parents with anti-smoking messages. The students ranged in age from 14-17 years and represented five different area high schools. The students were tasked with brainstorming and developing the concepts for the announcements. They wrote, acted in, and filmed three PSAs during the camp. Two of the PSAs were anti-tobacco, focusing on preventing youth initiation and eliminating exposure to secondhand smoke. Both PSAs are currently airing on several local TV stations. Results: In addition to the production of innovative PSAs, the students reported other positive outcomes, including knowledge gained about the dangers of secondhand smoke and skills in resisting tobacco use. The final evaluation revealed that students also reported an increase or improvement in the categories of creativity, confidence, expression, and self-esteem. Conclusion: These announcements delivered by high school students present a unique and creative format and bring a new face to anti-smoking messages.