

Effective Oral and Poster Scientific Presentations

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Learning Objectives

- 1. Apply principles of effective oral and poster presentations when presenting original research to scientific audiences**
- 2. Identify and avoid common errors in presentations that detract from effective communication of scientific findings**

Key Messages

Simplicity is good

Preparation is essential

Design should be purposeful

Delivery needs to be engaging

Oral Presentations Tell a Story

- ❑ **Setting the stage**
- ❑ **Preserving the element of mystery**
- ❑ **Presenting the questions you wanted to answer**
- ❑ **Showing how epidemiologic judgment and decision making influenced the investigation**
- ❑ **Presenting good science**

4 Steps to an Effective Presentation

- 1. Plan your talk**
- 2. Design your visuals**
- 3. Practice your talk**
- 4. Deliver your talk**

4 Steps to an Effective Presentation



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Structure of a Scientific Presentation

- Title
- Background
- Methods
- Results
- Discussion
- Acknowledgments
- Q and A

Title

- ❑ **Concise**
- ❑ **Grab your attention**
- ❑ **Summarize the content of the presentation**
- ❑ **Convey context and aims of study**
- ❑ **Most effective when refers to SOCO**
- ❑ **Scope, study design, and goal**
- ❑ **Usually capitalize first letter of each word**

Common Mistakes — Title

- ❑ States results or conclusions
- ❑ Difficult to understand
- ❑ Contains jargon or unfamiliar acronyms
- ❑ Contains nonspecific phrases “a study of...” “an investigation into”
- ❑ Contains plays on words or deliberately provocative expressions
 - Might catch readers attention
 - Might appear to trivialize the work being reported

Title Slide

- ❑ **Title should include**
 - Subject
 - Location
 - Time period
- ❑ **Your name**
- ❑ **Your affiliation**
- ❑ **Say “Good morning / afternoon / evening”**

Content Areas

- ❑ **Background/ Introduction**
- ❑ **Methods**
- ❑ **Results**
- ❑ **Discussion/ Conclusion**

Content Areas

- ❑ Why did you do it? Why did you start?
- ❑ What did you do? How did you do it?
- ❑ What did you find?
- ❑ What does it mean? Why is it important?

Background

- ❑ **Why did you do it? Why did you start?**
- ❑ **Background or motivation**
- ❑ **Significance to public health**
- ❑ **Objectives**
 - Simple, clear, direct statements
- ❑ **Scope**
 - If complex or complicated
 - Let reader know you are limiting your scope

Background

- ❑ **Engage audience**
- ❑ **If a planned study, what prompted it?**
- ❑ **If outbreak investigation, how did you hear about it?**
 - Can start with “the call”
- ❑ **Essential information (only) about disease**
 - If etiology unknown at start of investigation, don’t ruin a good story
by giving away culprit here in Background

Common Mistakes — Background

- ❑ No clear objectives**
- ❑ Unclear why you did the study**
- ❑ Unclear why the study is important**
- ❑ Contains methods, results, or conclusions**

Methods

- ❑ **What did you do? How did you do it?**
- ❑ **Describe study design(s)**
- ❑ **Define a case and describe case finding**
- ❑ **Tell how controls were selected if CC study**
- ❑ **Define cohort if cohort study**

Methods

- ❑ Describe how and what data were collected
- ❑ Define exposures, outcomes, and other unfamiliar terms
- ❑ Describe any laboratory and environmental investigation methods
- ❑ Describe analysis methods

Common Mistakes — Methods

- ❑ **Unclear what you did**
- ❑ **Unclear how you did it**
- ❑ **Methods are non-specific**
 - “We collected data”
 - “We sampled the population”
 - “We performed statistical analyses”
 - “Cases were identified”
- ❑ **No statistical methods provided**
- ❑ **Methods missing for results presented**

Results

- ❑ What did you find?
- ❑ Logical flow from descriptive to analytic
- ❑ Numbers
- ❑ Observations
- ❑ Accomplishments
- ❑ Measures of association
- ❑ *P*-values or confidence intervals
- ❑ Results that pertain to objectives
- ❑ Data to support your conclusions

Results

- ❑ **Emphasize most important findings**
- ❑ **Describe characteristics of study participants**
- ❑ **Include descriptive epidemiologic results and analytic results**
- ❑ **Use tables, figures, photos, (text slides) as appropriate to your data**

Common Mistakes — Results

- ❑ **Results lack numbers**
 - “The findings will be presented”
 - “We found treatment A to be superior to B”
- ❑ **Results do not pertain to objectives**
- ❑ **Results presented as almost significant**
- ❑ **Statistical analysis inadequate or missing**
- ❑ **Results missing for methods**
- ❑ **Not enough results provided**
- ❑ **No results to support conclusions**
- ❑ **Results contain conclusions or interpretation**

Variation

- ❑ For a complex or multi-part study, you can present methods and results for each part before moving to the next
- ❑ **Example:**
 - Clinical / epidemiology
 - Laboratory
 - Environmental investigation

Discussion

- ❑ **Interpretation of your findings**
 - Don't repeat results
 - Prioritize findings from most to least important
 - Link findings to study objectives
 - Put findings into context with data from other studies
- ❑ **Limitations (only the important ones)**
- ❑ **Conclusions based on your findings**
- ❑ **Recommendations based on your conclusions**

Discussion

- ❑ So what?
- ❑ Why are the results important?
- ❑ What do you think they mean?
- ❑ Did you accomplish your objectives?
- ❑ Are the results consistent with expectations?
- ❑ Why should anyone be excited or interested?
- ❑ Should be supported by your results

Common Mistakes — Conclusion

- ❑ Unclear why it's important**
- ❑ No interpretation of findings**
- ❑ Relate to method used rather than results**
- ❑ Based upon literature rather than results**
- ❑ “More research is needed”**
- ❑ Conclusions generalized beyond study restrictions**
- ❑ Not supported by the findings of your study**

Acknowledgments

- ❑ Recognize coauthors and contributors
- ❑ More screen time at end of presentation
- ❑ Organize by agency
- ❑ Your last words = “Thank You”

Telling the Story: Examples of Good Openings

Dengue Infections Among Travelers Returning from Haiti — Nebraska and Georgia, 2010

Parvathy Pillai, MD, MPH

**Nebraska Department of Health and Human Services
EIS Field Assignments Branch, Division of Applied Sciences**

Department of Health & Human Services



Office of Surveillance, Epidemiology, and Laboratory Services
Scientific Education and Professional Development Program Office



October 18, 2010

- ❑ **State health department alerted by district health department**
- ❑ **6 persons with dengue-like illness reported**
- ❑ **Recently returned from missionary trip to Haiti**
- ❑ **22 travelers from Nebraska, 6 from Georgia**
- ❑ **Additional members of group reportedly ill**

Dengue

- ❑ **Caused by mosquito-borne flaviviruses DENV 1–4**
- ❑ **Endemic in many subtropical, most tropical countries**
- ❑ **~50 million infections, 22,000 deaths annually**
- ❑ **No treatment or vaccine**
- ❑ **Leading cause of febrile illness among travelers returning from Caribbean**
- ❑ **Little known about epidemiology of dengue in Haiti**

Prevention Strategies for the Perinatal Period Among Nebraska Birthing Facilities, 2010

Parvathy Pillai, MD, MPH

EIS Field Assignments Branch
Nebraska Department of Health and Human Services

60th Annual EIS Conference
April 14, 2011

Department of Health & Human Services



Office of Surveillance, Epidemiology, and Laboratory Services
Scientific Education and Professional Development Program Office



Recent Headlines — Nebraska, 2010

Whooping Cough Cases Increasing in Lancaster County

Lancaster County

The Lincoln-Lancaster County Health Department has investigated 18 cases of pertussis ("Whooping Cough") in the past two months. A total of 24 lab confirmed cases have been reported so far in 2010.

Reporter: Courtesy: Lincoln-Lancaster County Health Department
Email Address: desk@1011now.com

Recommend

Sign Up to see what your friends recommend.



“Four of the cases in the past 2 months were in infants under one year of age...”



Story 0 Comments

The Lincoln-Lancaster County Health Department has investigated 18 cases of pertussis ("Whooping Cough") in the past two months. A total of 24 lab confirmed cases have been reported so far in 2010.

Font Size: A A A

In 2009, a total of 20 cases of pertussis were reported. Four of the cases in the past 2 months were in infants under one year of age, two of whom were hospitalized.

Email Share Print Text Size

Whooping Cough Making a Comeback in Nebraska

Recommend

Sign Up to see what your friends recommend.

Posted: Aug 10, 2010 7:19 PM CDT



Omaha, NE- Nebraska is one of several states seeing an increase in cases of pertussis, or whooping cough.

JournalStar.com

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18 whooping cough cases in Lancaster County in past two months

Background

- ❑ **Perinatal period key time to deliver interventions**
 - **Maternal intrapartum prophylaxis**
 - **Neonatal prophylaxis**
 - **Postpartum vaccination of mother or infant**

- ❑ **Prevent disease transmission during:**
 - **Delivery**
 - **Infancy**
 - **Subsequent pregnancies**

Written Policies (WPs) or Standing Orders (SOs)

- ❑ **Disease-specific WPs or SOs shown to improve delivery of interventions**
- ❑ **Comprehensive disease-specific strategies address multiple interventions**
 - **Determine risk of transmission**
 - **Deliver appropriate intervention(s)**

Questions

- ❑ **What proportion of Nebraska birthing facilities have comprehensive disease-specific strategies?**
- ❑ **What proportion of Nebraska births occur at facilities with comprehensive disease-specific strategies?**
- ❑ **Is the presence of comprehensive disease-specific strategies related to each facility's volume of births?**

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Effective Slides: Principles and Pitfalls

"Ah! now you are asking me," said Gandalf. "The little that I know of his long slow wrath would make a tale for which we have no time. Freebeard is Fangorn, the guardian of the forest, the oldest of the Ents, the oldest living thing in Middle-earth. Indeed, Legolas, that you may see, Pippin have been fortunate: they met him here, even as we sit. For he came here two days ago and bore them away to his dwelling far off by the mountains. He often comes here, especially when his mind is uneasy, and rumours of the world trouble him. I saw him four days ago striding outside the trees, and I think he saw me, for he paused; but he did not speak, for I was heavy with thought, and after my struggle with the Eye of Mordor; and he did not speak either, nor call my name."

"Perhaps he also thought that you were Saruman," said Gimli. "But you speak of him as if he was a friend. I thought Fangorn was dangerous."

"Dangerous!" cried Gandalf. "And so am I, very dangerous: more dangerous than anything you will ever meet, unless you are brought alive before the seat of the Dark Lord. And Aragorn is dangerous, and Legolas is dangerous. You are beset with dangers, Gimli son of Glóin; for you are dangerous yourself, in your own fashion. Certainly the forest of Fangorn is perilous—not least to those who are too ready with their axes; and Fangorn himself, is perilous too; yet he is wise and kindly nonetheless. Now his long slow wrath is brimming over, and all the forest is filled with it. The coming of the hobbits and the tidings that they brought have spilled it: it will soon be coming like a flood; but its tide is turned against Saruman and the axes of Isengard. A thing is about to happen which has not happened since the Elder Days: the Ents are going to wake up and find that they are strong."

"What will they do?" asked Legolas in astonishment.
 "I do not know," said Gandalf. "I do not think they know

outside from him. I saw him four days ago striding among the trees, and I think he saw me, for he paused; but he did not speak, for I was heavy with thought, and after my struggle with the Eye of Mordor; and he did not speak either, nor call my name.'

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Effective Slides

- ❑ **Are uncluttered, clear, visible**
- ❑ **Don't distract the audience**
- ❑ **Use informative titles**
 - “Characteristics of Study Participants”
 - “Risk Factors for Illness”
 - Not “Results”, “Results cont'd”
- ❑ **Have simple, high-contrast, consistent color scheme**
 - Avoid busy backgrounds

Start with a Slide Master

- ❑ Set font, size, boldness, color scheme, capitalization, bullet size/shape/hierarchy
- ❑ Slides created from the Master will automatically be formatted correctly
- ❑ Make the Master before creating your slides
- ❑ Applying the Master retroactively to existing slides doesn't work well
- ❑ PowerPoint 2010: "View" tab then "Slide Master" in "Master Views"

Recommended Fonts and Sizes

- ❑ **Sans serif font (Arial, Calibri, Tahoma) bolded**
- ❑ **Arial (bolded):**
 - Titles 28 pt
 - Main bullets 24 pt
 - 2nd-level bullets 24 or 20 pt
- ❑ **Avoid 3rd- and 4th-level bullets (re-format)**
- ❑ **Keep text / title size consistent across slides**
 - Stop PowerPoint from changing text size as you type
 - PowerPoint 2010: Go to File, Options, Proofing, AutoCorrect
 - Uncheck “Autofit body/title text to placeholder”

Use a Plain Background for Your Slides



Case Finding Methods

- Matched DHS list of residents since 2001 to statewide TB registry from 2000-2003
- Genotyped *M. tuberculosis* isolates
- Searched genotype databases
- Provided onsite TB screening to shelter residents

Display Key Words as Signposts

Epidemiology of *B. cepacia*

- **Low virulence**
- **Low morbidity and mortality rates**
- **Investigate when multiple patients test positive for *B. cepacia* over short time**

Don't Display Full Sentences From Script

Epidemiology of *B. cepacia*

- **Low virulence, morbidity and mortality rates are generally associated with *B. cepacia* in most patient populations**
- **Research suggests that investigations are necessary when multiple patients test positive for *B. cepacia* over a short time period**

Avoid Unbolded, Serif Font like this Times New Roman

*Epidemiology of *B. cepacia**

- Low virulence
- Low morbidity and mortality rates
- Investigation when multiple patients test positive for *B. cepacia* over short time

Avoid Using All Upper-Case Letters

EPIDEMIOLOGY OF *B. CEPACIA*

- **LOW VIRULENCE**
- **LOW MORBIDITY AND MORTALITY RATES**
- **INVESTIGATION WHEN MULTIPLE PATIENTS TEST POSITIVE FOR *B. CEPACIA* OVER SHORT TIME**

Should I Put References and Footnotes On My Slides?

- PowerPoint is not a document
- Slides are visual aids, not complete record of talk
- Other ways to cite your sources during your talk
 - Verbally
 - Abbreviated citation in line with your slide text
 - Subtitle if source applies to entire slide

Obesity Prevalence

- **In 2010, 18% of children aged 6–11 in U.S. were obese**
- **No significant changes in obesity prevalence among children and adolescents during 1999–2008 (Ogden, JAMA 2012)**
- **Little data available about obesity among children living in Maine**

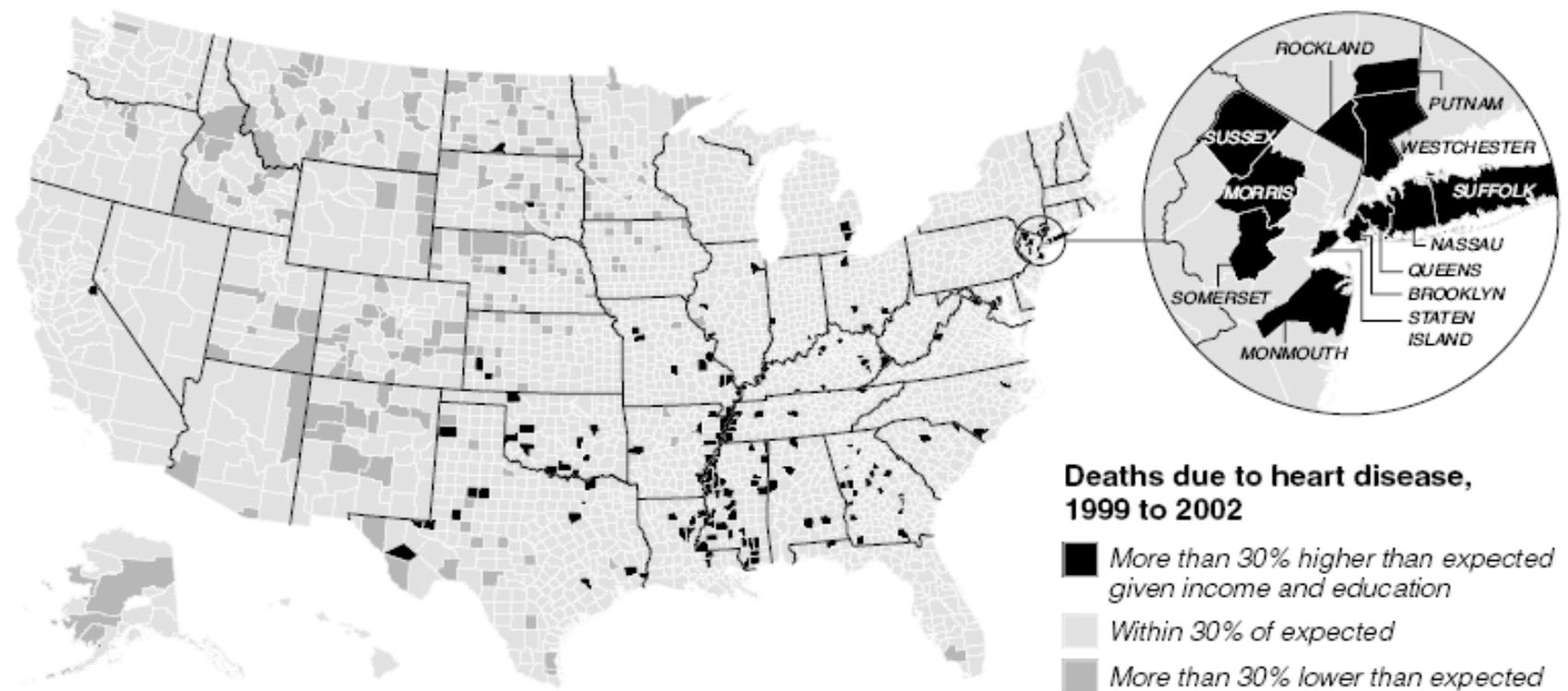
Subtitle to cite source

“Health Mystery in New York City”

New York Times, August 18, 2005

More Deaths From Heart Disease Than Expected

Heart disease death rates are typically lower in areas with the advantages of wealth and education. But the New York region has both high income and high death rates.



Color

- ❑ Use light color background and dark color letters for contrast
- ❑ Stick to 2-3 colors
- ❑ Use colors with a consistent pattern
- ❑ Avoid overly bright colors
- ❑ Choose colors with high contrast
- ❑ Use colors to emphasize, differentiate, and add interest

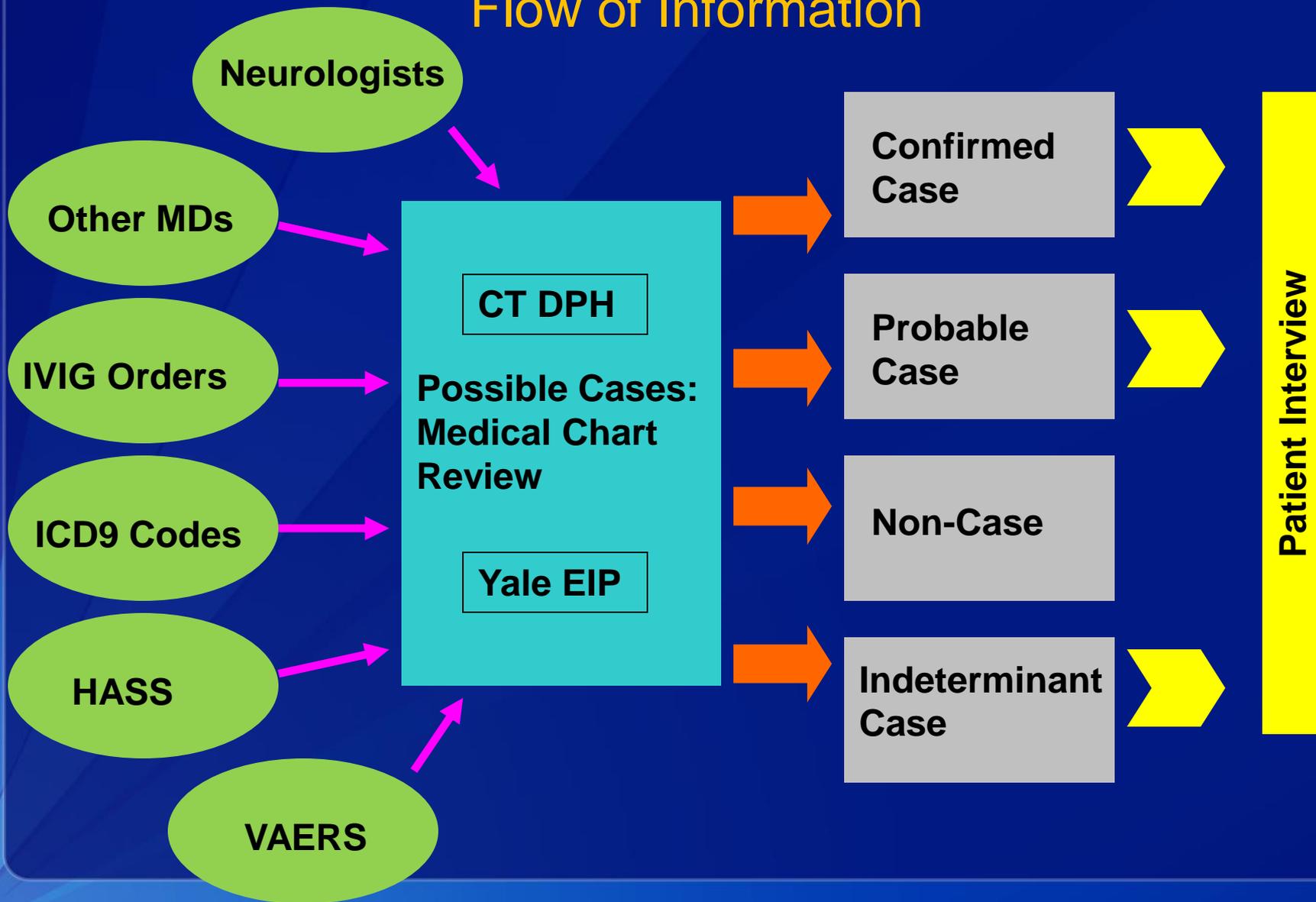
...Avoid distracting audience with too many colors

Epidemiology of *B. cepacia*

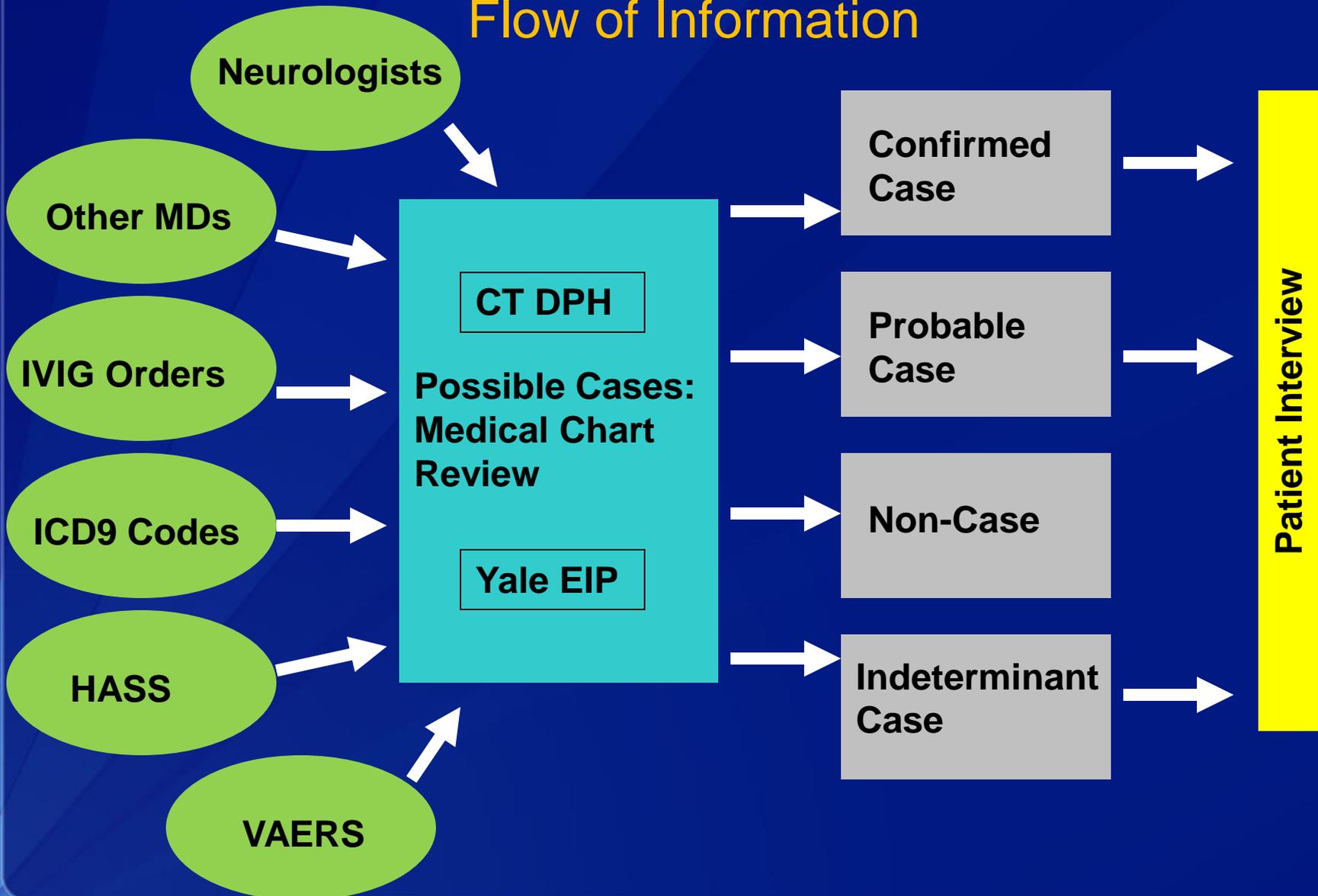
- Low virulence
- Low morbidity and mortality rates
- Investigate when multiple patients test positive for *B. cepacia* over short time

...Avoid distracting audience with too many colors

Flow of Information



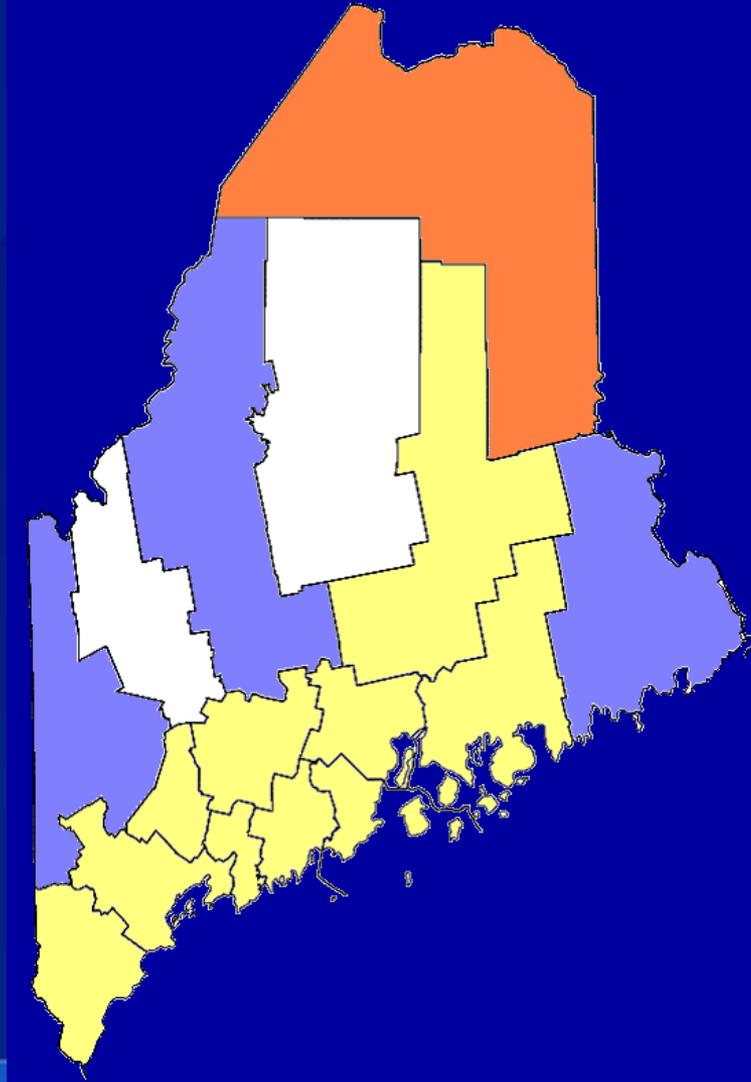
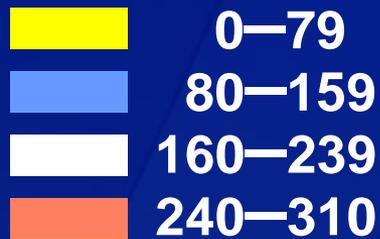
Flow of Information



Colors obscure the hierarchy of ordinal data

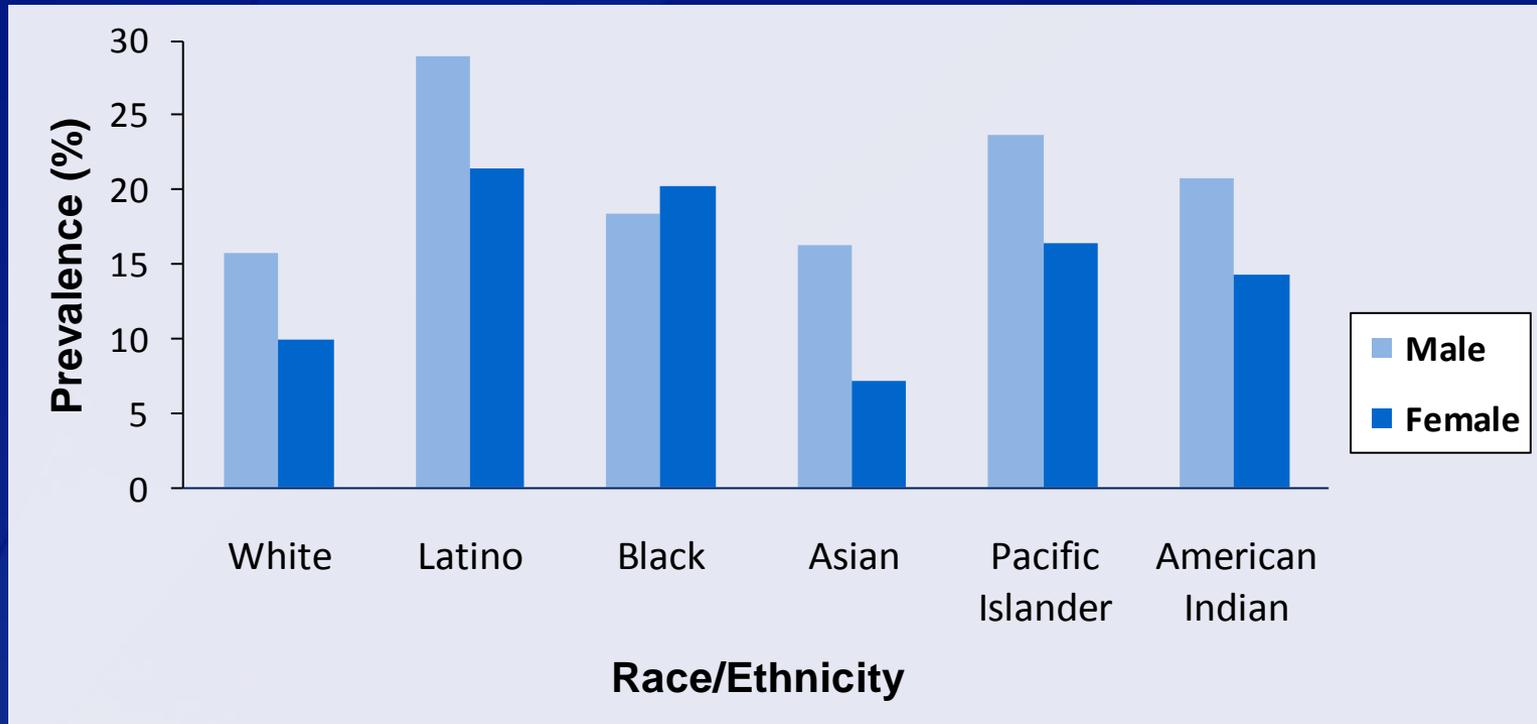
Annual Rate of Motor-Vehicle Collisions with Moose by County

Rate per 100,000 persons



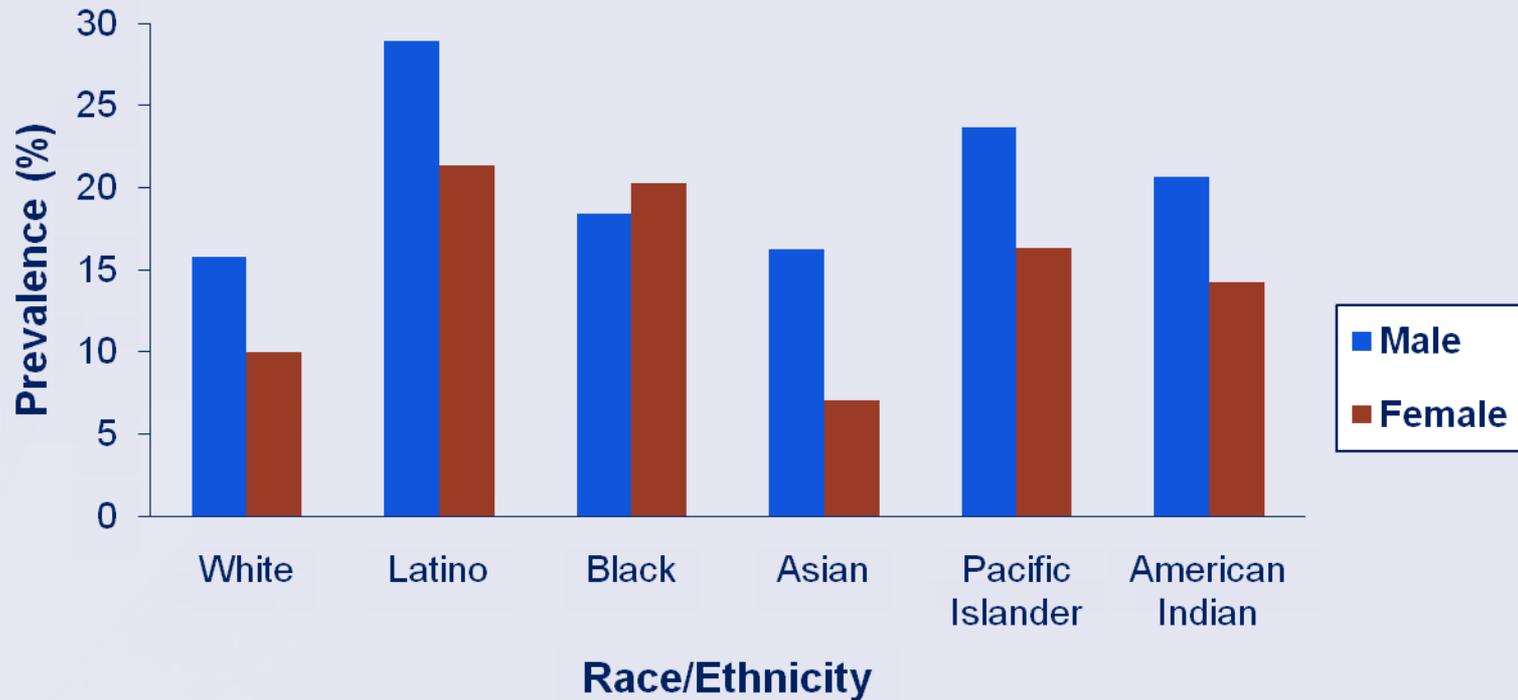
Don't use hierarchical colors for nominal variables

Overweight Prevalence by Sex and Race/Ethnicity



Use equally strong colors instead

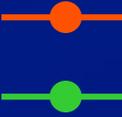
Overweight Prevalence by Sex and Race/Ethnicity



Color-Blind “Friendly” Presentations

- ❑ Avoid pure red/pure green color combinations
- ❑ Use yellowish red instead (R=255 / G=82 / B=0)
- ❑ Avoid red characters or lines on dark background
- ❑ Distinguish data lines by shape, thickness, and color

This: 

Not This: 

- ❑ Label lines directly instead of legend if possible
- ❑ Make text and lines as big or thick as practical
- ❑ Check how your slide looks to color-blind people:
<http://www.vischeck.com/vischeck>

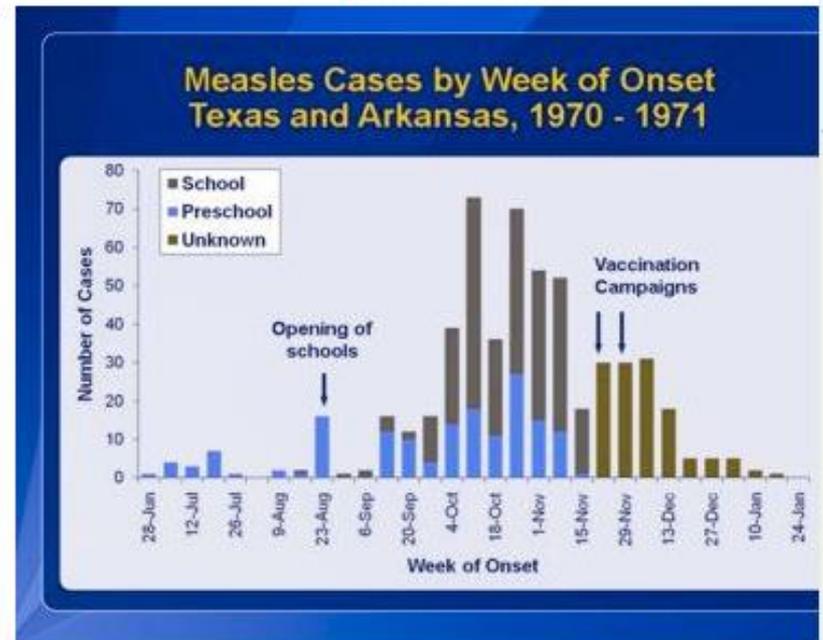
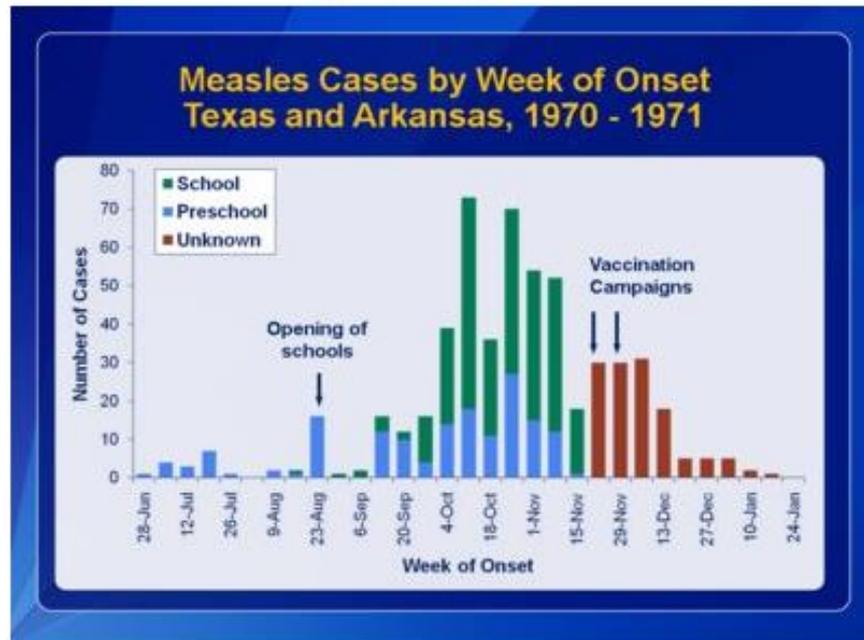
<http://www.vischeck.com/vischeck>

Try Vischeck on Your Image Files

Your Results:

Original Image

Deuteranope Simulation



Photos and Clip Art — Tips

- ❑ **Should serve a purpose**
- ❑ **Must be good quality**
- ❑ **No copyrighted materials without permission**
- ❑ **No photos of identifiable people unless release**
- ❑ **No photos of your kids or your pets**
- ❑ **Clip art cautions**
- ❑ **Simplest is most effective**

(This stock photo adds nothing)

Stakeholder Input

- Focus groups
- Open-ended interviews
- Brief written survey
- Stakeholders' needs incorporated into evaluation design



Individual-Level Case-Control Study

Asked about foods
consumed
during week before
patient's illness began

Picture book for recall



Laboratory Results of Second Food Sampling



=

**PFGE variations
matched
outbreak strain**



**MLVA
patterns
indistinguishable**

Petting Zoo B site

camel, llamas, alpacas, cattle

sheep, goats

Clip art is good if it serves a purpose...

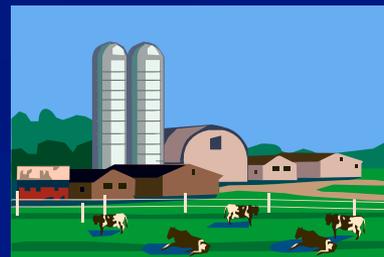
Traceback Investigation



Product



Distributor



Farm



Slaughterhouse

...but don't use gratuitous clip art

Data Methods

□ Management

- Double entered
- Missing data: completed using other sources



□ Analysis

- Excluded if: contraindications, unknown vaccination history, reported “no take”
- Kaplan-Meier survival curves
- Multivariate logistic regression : Odds Ratios (OR), 95% Confidence intervals (95%CI)

Tables, Graphs, and Charts for Oral Presentations

Example of a table that's too complicated for a slide presentation

Table 2. Prevalence^a and predictors of weight regain^b among U.S. adults,^c NHANES 1999–2002

	Total participants <i>n</i>	Weight regain prevalence %	Weight regain predictors ^d OR (95% CI) ^e
Overall	1810	33.5	
Gender			
Male	689	28.9	1.0
Female	621	38.3	1.2 (0.8–1.7)
Age (years)			
20–34	200	39.7	1.0
35–44	199	34.0	0.8 (0.5–1.5)
45–54	269	40.5	1.3 (0.8–2.3)
55–64	195	30.0	1.0 (0.5–1.8)
65–74	246	22.8	0.6 (0.3–1.3)
75–84	201	16.1	0.5 (0.2–1.0)
Race/ethnicity			
Non-Hispanic white	680	31.0	1.0
Non-Hispanic black	268	37.3	1.2 (0.8–1.8)
Mexican American	273	48.3	2.0 (1.3–3.1)*
Other (including multiracial)	89	42.9	2.0 (1.0–4.1)
Education			
Less than high school	490	35.2	1.2 (0.8–1.8)
High school graduate	295	32.7	0.9 (0.6–1.5)
More than high school	525	33.2	1.0
Percentage of maximum weight lost^f			
10% to <15%	596	26.0	1.0
15% to <20%	335	34.0	1.5 (1.0–2.3)*
≥20%	379	45.8	2.8 (2.0–4.1)*
Years since reaching maximum weight			
2–5 years	327	43.9	2.1 (1.2–3.7)*
6–10 years	266	36.8	1.6 (1.0–2.4)*
>10 years	717	26.2	1.0
Body mass index (kg/m²) 1 year ago			
<25.0	549	34.2	1.5 (1.0–2.2)
25.0 to <30.0	502	33.2	1.3 (0.9–1.9)
≥30.0	259	32.8	1.0
Smoking status			
Current nonsmoker	913	31.7	1.0
Quit in past year	42	43.8	1.7 (0.7–4.5)
Current smoker	355	36.6	0.9 (0.6–1.4)
Average weekly restaurant food consumption			
<1 time per week	436	29.3	1.0
1–2 times per week	475	36.0	1.5 (0.9–2.7)
≥3 times per week	399	34.1	1.4 (0.9–2.3)
Average daily screen time^g			
0–1 hour	330	28.3	1.0
2–3 hours	591	33.7	1.5 (1.0–2.1)*
≥4 hours	389	38.1	2.0 (1.3–3.2)*
Attempting to control weight^h			
No	699	27.4	1.0
Yes	611	39.2	1.8 (1.1–3.0)*
Physical activity levelⁱ			
Sedentary	642	33.3	1.8 (1.0–3.0)*
Active, not meeting recommendations	308	40.9	2.0 (1.2–3.5)*
Meeting recommendations for improved health ^j	140	24.2	1.0 (0.5–2.0)
Meeting recommendations for sustaining weight loss ^k	220	28.7	1.0

Sample sizes were unweighted. Percentages were weighted to be nationally representative.

^aStudy population was limited to those who were overweight or obese at their maximum weight (body mass index ≥25) and had experienced substantial weight loss (weighed 10% less than their maximum weight 1 year before they were surveyed).

^bWeight regain was defined as a weight gain (>5%) in the past year.

^cAged 20–84 years.

^dComparison group is those who did not regain weight (>5%) (i.e., continued to lose weight or maintained weight).

^eOR adjusted for gender, age, race/ethnicity, education, smoking status, body mass index 1 year ago, percent previous weight loss, years since reaching maximum weight, average weekly restaurant food consumption, average daily screen time, attempted to control weight, and physical activity level.

^fFrom maximum weight, to weight 1 year ago.

^gDefined as average daily hours of TV, video, or computer use outside of work in the past 30 days.

^hDefined as attempting to lose or not gain weight in the past year.

ⁱThe total minutes spent on leisure-time physical activities in the previous 30 days was used to calculate the average minutes of weekly leisure-time physical activity.

^jMet recommendations for ≥5 bouts per week, 150 to <300 minutes per week of moderate or vigorous leisure-time physical activity, or ≥3 bouts per week, ≥60 minutes per week of vigorous leisure-time physical activity.

^kMet recommendations for ≥5 bouts per week, ≥300 minutes per week of moderate or vigorous leisure-time physical activity.

*Significant at $p < 0.05$ (bolded).

NHANES, National Health and Nutrition Examination Survey; OR, odds ratio; CI, confidence interval.

Demographic Data

- Age
 - Mean age of decedents 66 years (range 29–90 years)
 - Mean age of survivors 41 years (range <1–92 years)
 - $P < 0.0001$

Decedents Were Significantly Older

Age in Years	Decedents	Survivors	
Mean	66	41	<i>P</i> < 0.0001
Range	29–90	<1–92	

Example of Unnecessary Gridlines

Case-Control Study Results

Food	Cases (n=15)		Controls (n=30)		Odds Ratio	(95% CI)
	No.	(%)	No.	(%)		
Potatoes	15	(100)	19	(63)	undef	(1.9 – undef)
Pudding	12	(80)	14	(47)	4.0	(0.8 – 22.5)
Beef	13	(87)	19	(63)	3.8	(0.6 – 29.4)
Coleslaw	12	(80)	16	(53)	3.5	(0.7 – 19.7)
Chicken	11	(73)	19	(63)	1.6	(0.3 – 7.8)

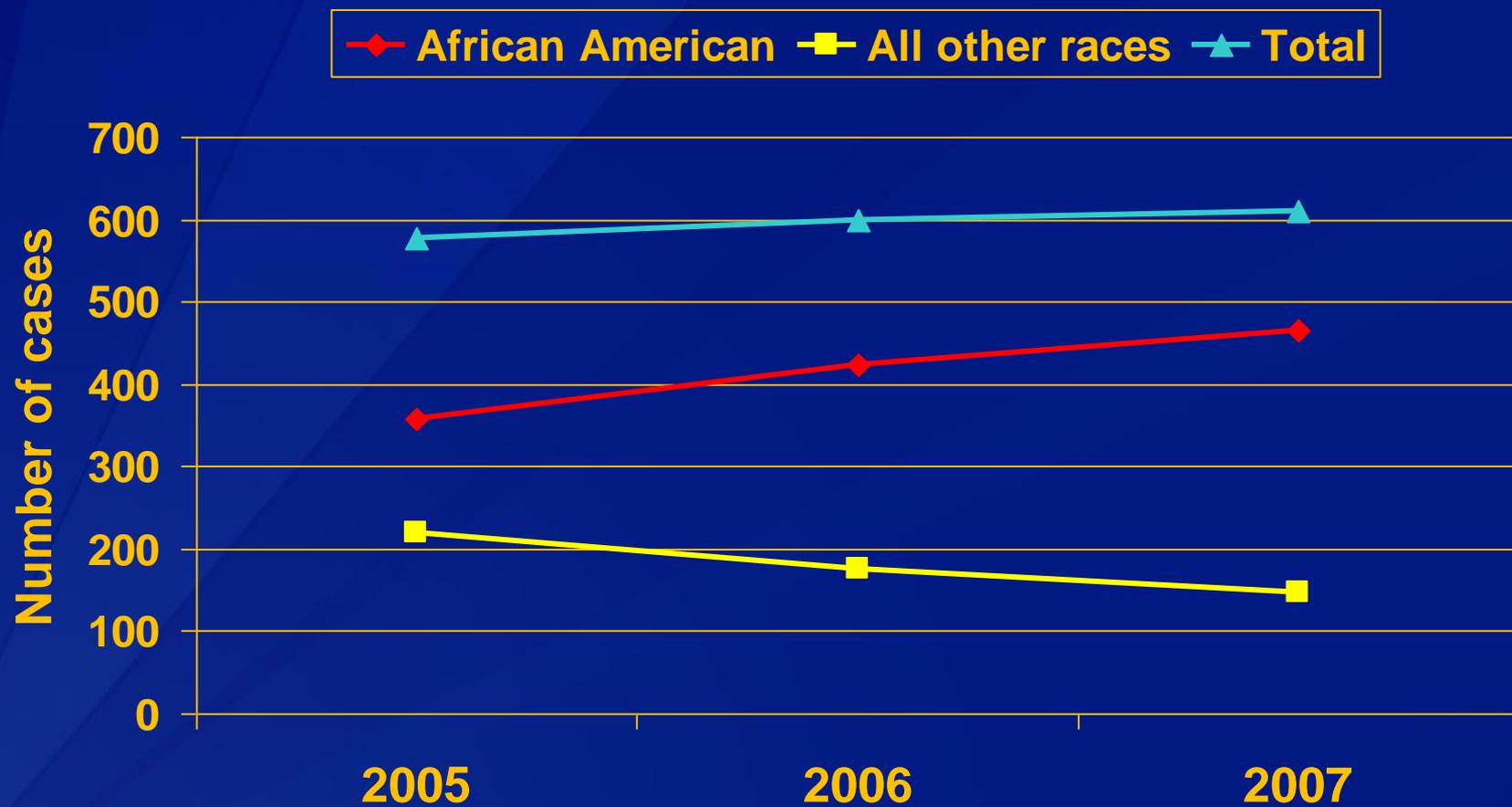
Case-Control Study Results

	Cases		Controls		OR	95% CI
Exposure	No.	%	No.	%		
Exposed						
Not Exposed						
Total						
Exposed						
Not Exposed						
Total						
Exposed						
Not Exposed						
Total						

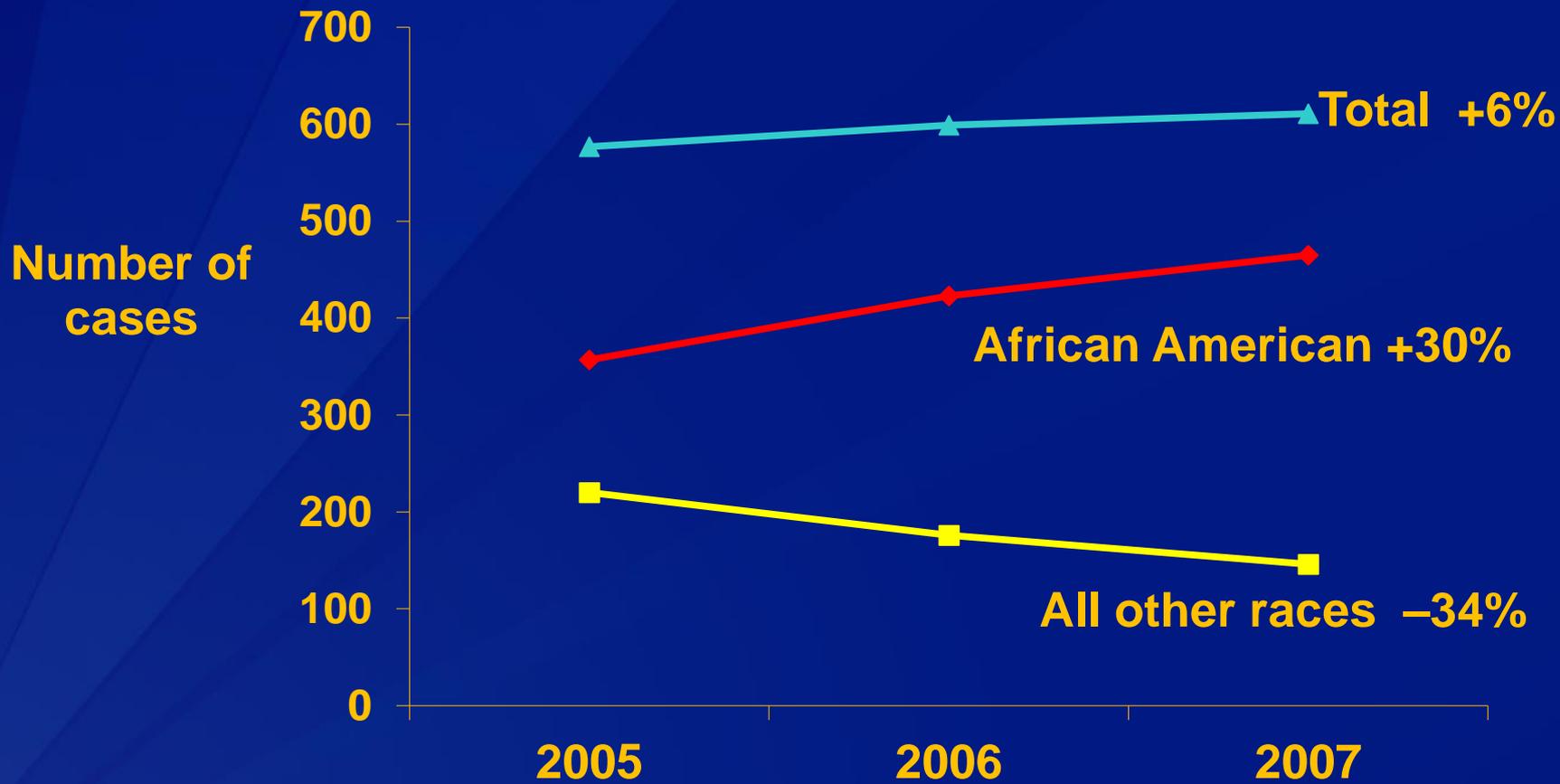
Case-Control Study Results

Food	Cases (n=15)		Controls (n=30)		Odds Ratio	(95% CI)
	No.	(%)	No.	(%)		
Potatoes	15	(100)	19	(63)	undef	(1.9 – undef)
Pudding	12	(80)	14	(47)	4.0	(0.8 – 22.5)
Beef	13	(87)	19	(63)	3.8	(0.6 – 29.4)
Coleslaw	12	(80)	16	(53)	3.5	(0.7 – 19.7)
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Newly Diagnosed HIV Cases by Race — Mississippi, 2005–2007

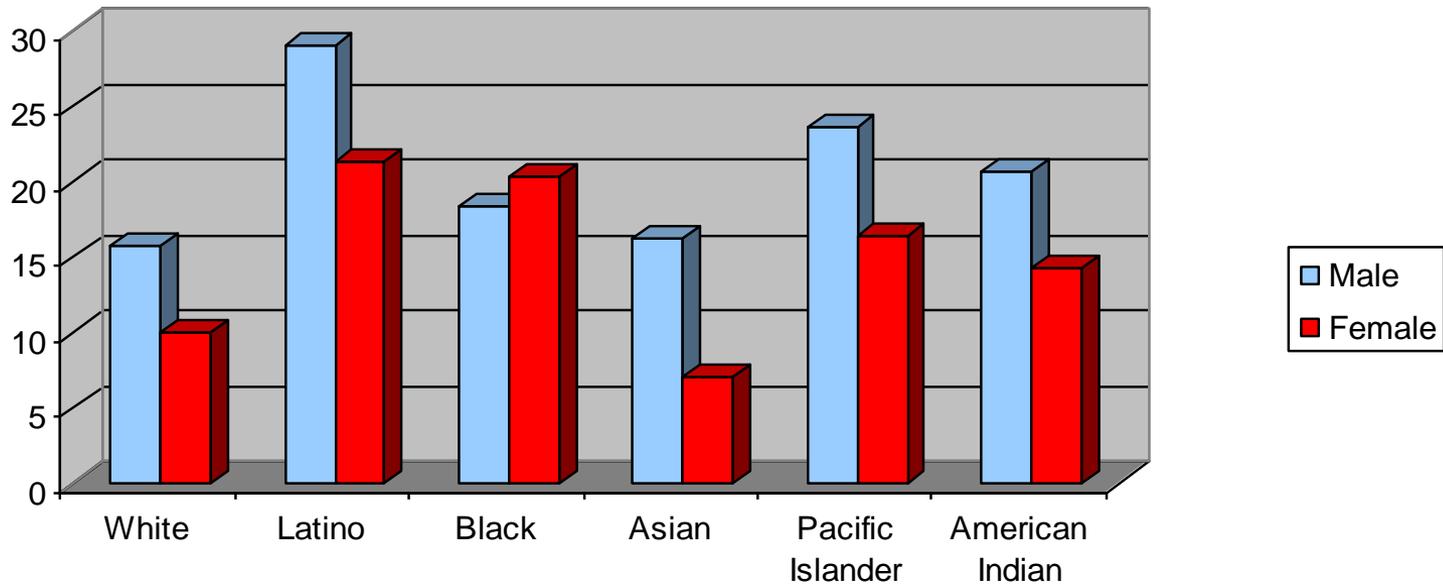


Newly Diagnosed HIV Cases by Race — Mississippi, 2005–2007

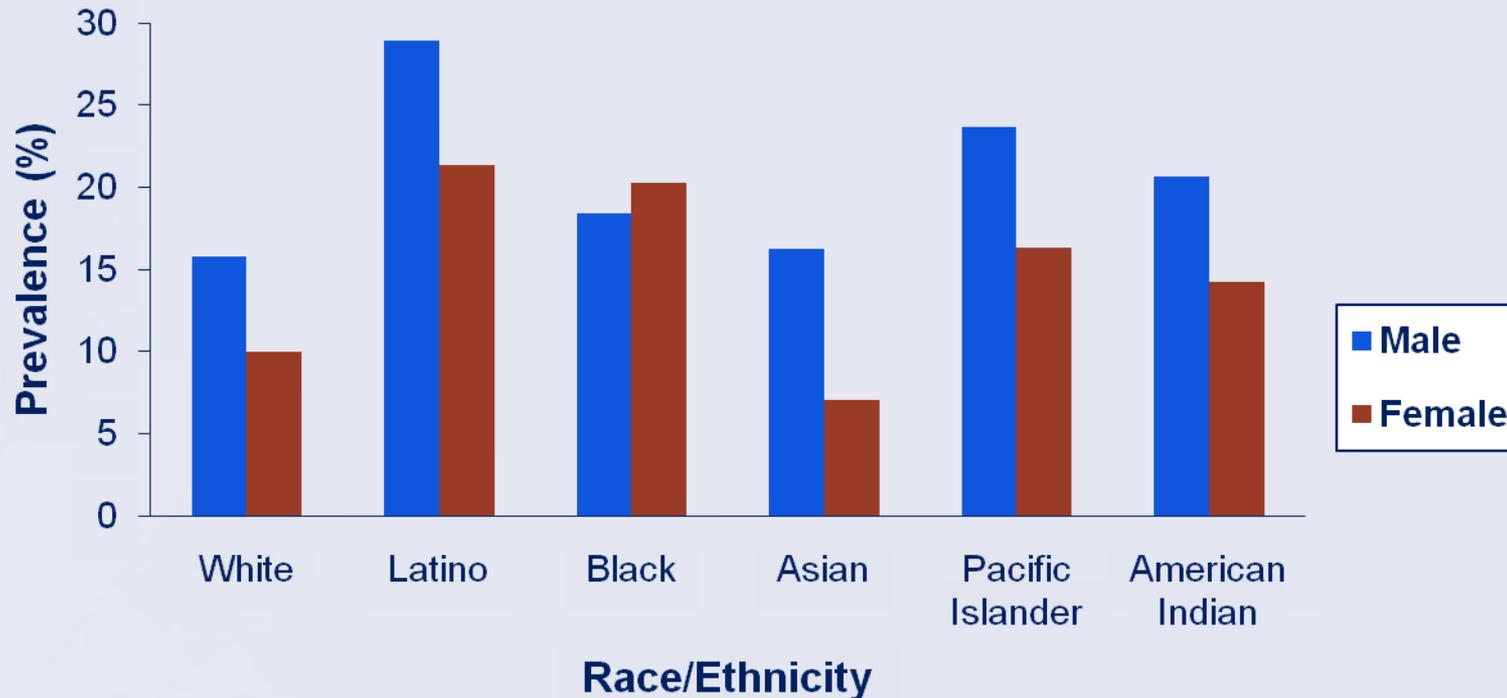


Avoid 3 dimensions, extra lines, and frames

Overweight Prevalence by Sex and Race/Ethnicity



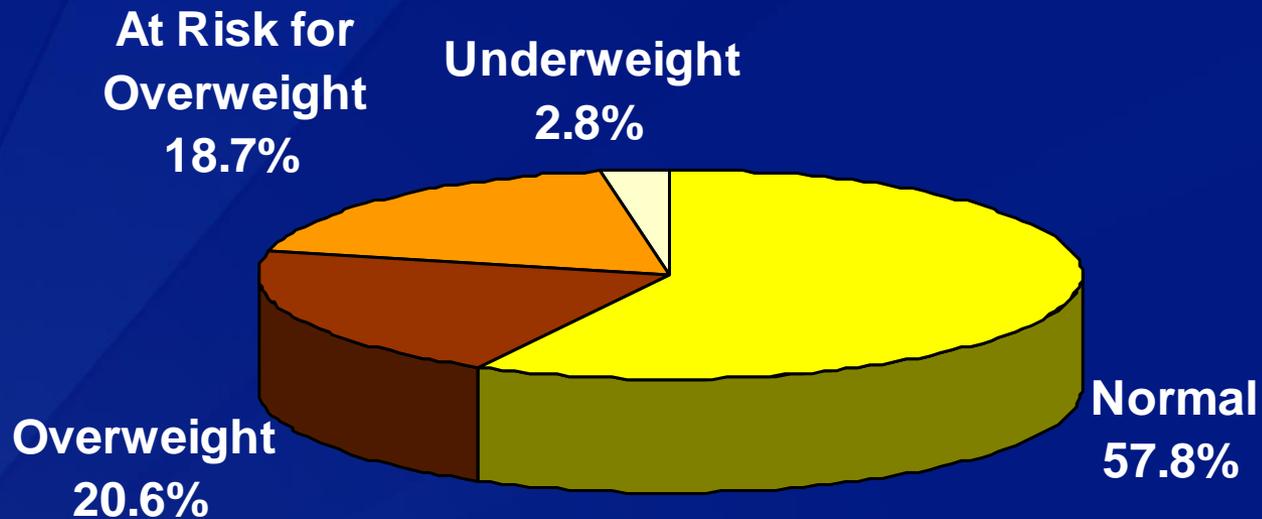
Overweight Prevalence by Sex and Race/Ethnicity



Don't use 3-D

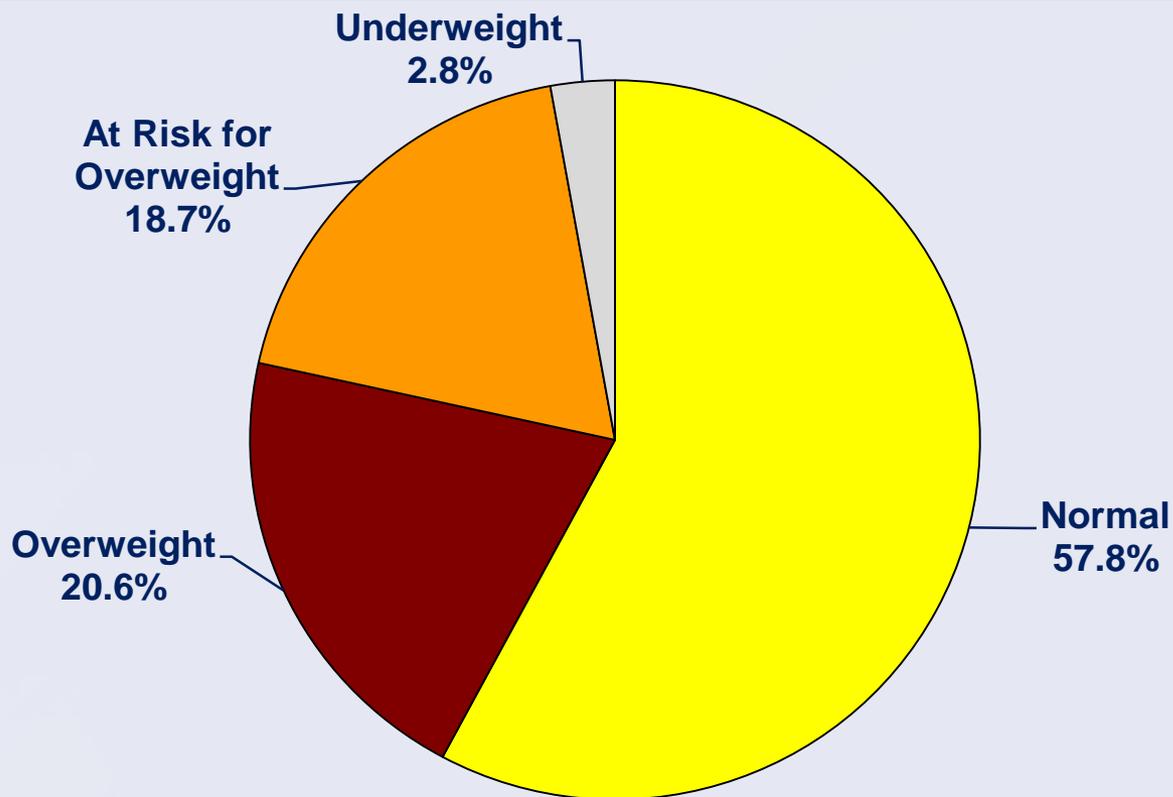
Students' Weight Status Los Angeles County, 2001

N = 281,630



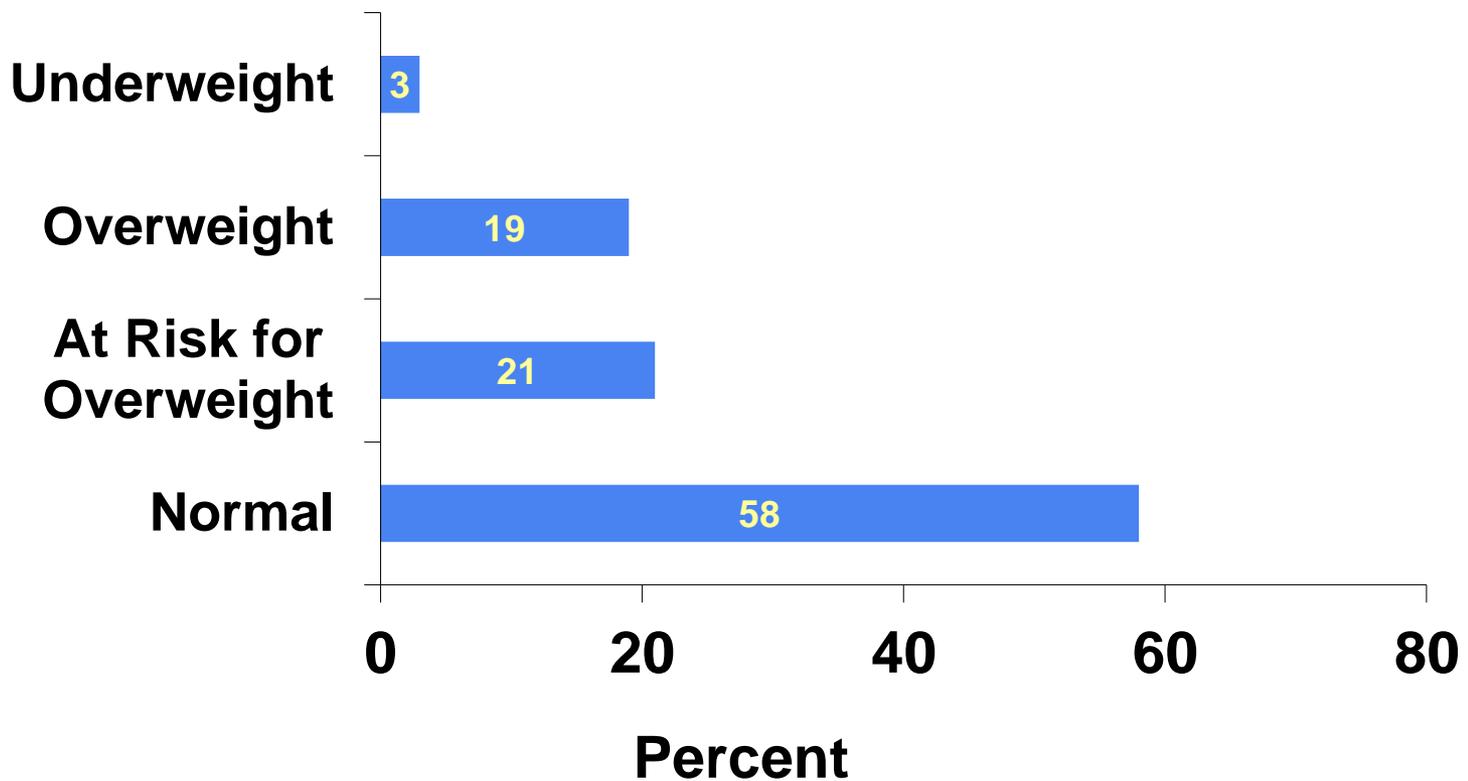
Students' Weight Status Los Angeles County, 2001

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Students' Weight Status Los Angeles County, 2001

N = 281,630



4 Steps to an Effective Presentation

1. Plan your talk
2. Design your visuals
-  3. Practice your talk
4. Deliver your talk

Script Page - Use 16 point font

Epidemiology of *B. cepacia*

- Low virulence
- Low morbidity and mortality rates
- Investigate when multiple patients test positive for *B. cepacia* over short time

Low Virulence and low morbidity and mortality rates are generally associated with *B. cepacia* infection in most patient populations.

However, research suggests that investigations are necessary when **multiple patients test positive for *B. cepacia* over a short time period.**

To Use a Script or Not?

Advantages		Disadvantages
<ul style="list-style-type: none"> • Know how long talk will be • Clear wording • Combat nerves • Good for tightly timed talks • Supervisor can review 	<p>Fully Scripted</p>	<ul style="list-style-type: none"> • Can sound like reading • Can sound like reciting • Can interfere w/eye contact (speaker looking at script)
<ul style="list-style-type: none"> • Conversational • Not stuck at podium • Nothing to hold in your hand 	<p>No Notes</p>	<ul style="list-style-type: none"> • Usually runs long • Text-heavy slides because they serve in lieu of notes • Can interfere w/eye contact (speaker looking at screen)
<ul style="list-style-type: none"> • Can be best of both worlds • Script key statements for clarity • Script your transitions between slides 	<p>Skeleton Notes</p>	<ul style="list-style-type: none"> • Requires even more practice than a fully scripted talk • Can still run long • Can still interfere w/eye contact (speaker looks at screen/notes)

What Makes a Speaker Effective?

Exercise 1: Stand and Deliver

- ❑ Feet hip-width distance apart
- ❑ Lower body stable
- ❑ Upper body expressive (gestures)
- ❑ Breath behind voice
- ❑ Conversational tone
- ❑ Pause between thoughts, let arms rest

Neil Gupta, 2012 EIS Conference Mackel Session

***Serratia marcescens* bloodstream infections in patients
receiving total parenteral nutrition — Alabama, 2011**

video clip

Exercise 2: Eye Contact

- ❑ Listeners in group each raise one hand**
- ❑ Speaker maintains eye contact with one listener**
- ❑ When listener feels like he/she has received “enough” eye contact, listener drops hand**
- ❑ Speaker makes eye contact with next person until that person drops hand, etc.**

4 Steps to an Effective Presentation

- 1. Plan your talk**
- 2. Design your visuals**
- 3. Practice your talk**
-  **4. Deliver your talk**

Delivery Tips

- Don't start until ready
- Use microphone correctly
- Speak slowly, project your voice, and breathe
- Aim for a conversational tone, not recitation
- Plant your feet hip-width distance
- Use natural body language
- Make meaningful eye contact with audience
- Check (briefly) that correct slide is projecting
- Don't turn your back on your audience
- Introduce charts / graphs before giving point
- Pause 2, 3, 4 before advancing to next slide

Question Types

- SOCO**
- Policy**
- Broader implications or application**
- Go beyond your study results**
- Methods/ results**
- Comment**
- Multi-part**
- Belligerent**

Q&A Do's and Don'ts

- Make sure you understand the question
 - Take a moment to think
 - Give short, direct answers
 - Have a definite end to your answer
 - State that you don't know when appropriate
-
- Don't fumble for extra slides
 - Don't thank the questioner
 - Don't rate the questions
 - Don't ask, "Have I answered your question?"

Danielle Buttke

2012 EIS Conference Mackel Session

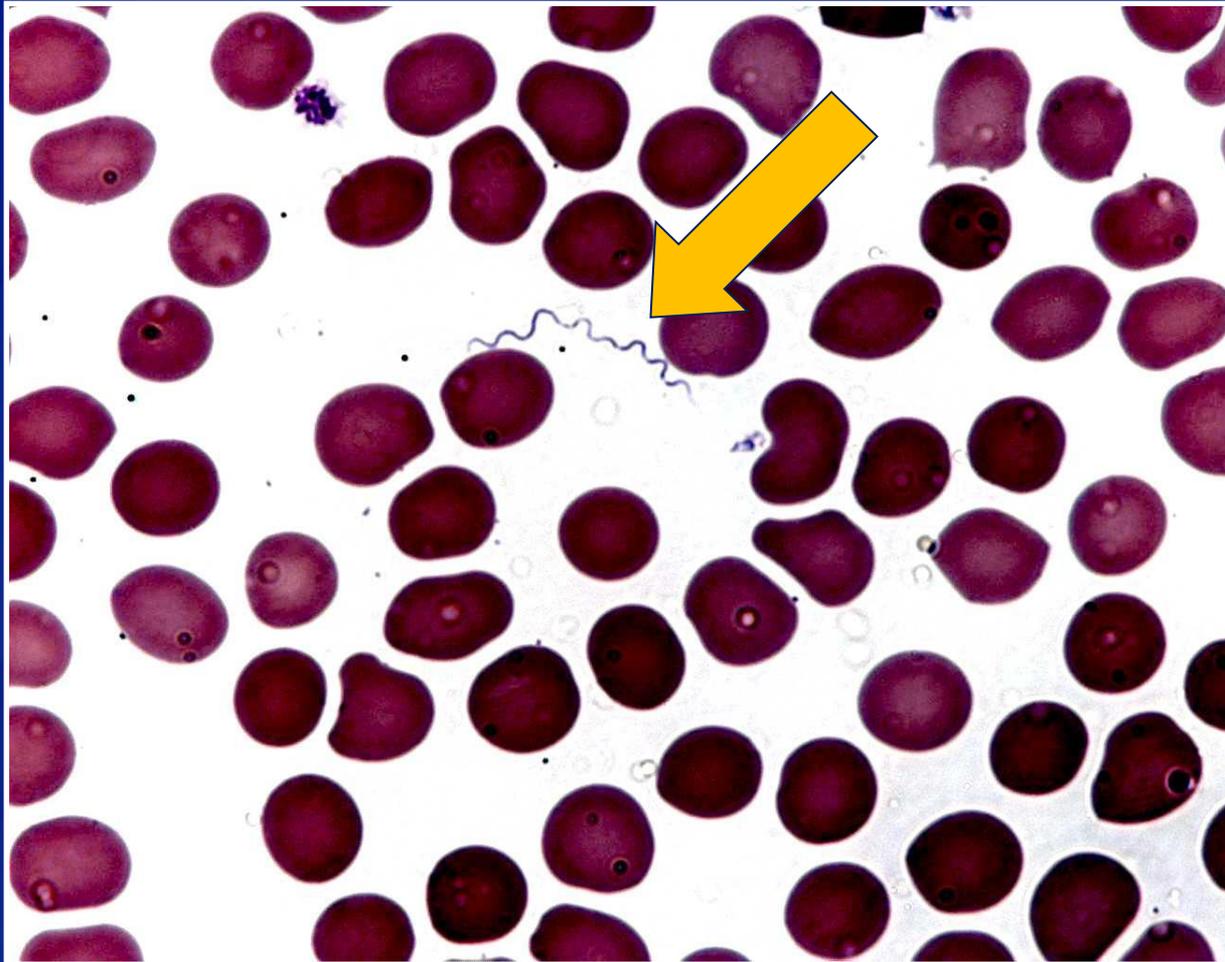
**Pyrrrolizidine Alkaloid Toxicity as the Cause of
Unknown Liver Disease — Tigray, Ethiopia, 2007–2011**

video clip

Alternatives to Using a Laser Pointer

Build arrow into slide instead of using pointer

Peripheral Blood Smear



Instead of pointer, highlight data with a circle...

Providers “Very Comfortable” with HIV+ Patients Concerning

	Overall (n = 60)	Urban (n = 43)	Rural (n = 17)
Prescribing ART	44 (73%)	37 (86%)	7 (41%)
CD4 count	57 (95%)	42 (98%)	15 (88%)
Viral load	57 (95%)	42 (98%)	15 (88%)
Illicit drug use	48 (80%)	37 (86%)	11 (65%)
Sexual behavior	47 (78%)	37 (86%)	10 (59%)

What Do I Do if I Am Running Out of Time?

- ❑ Must say less: cut or condense your verbal remarks**
- ❑ Talking faster communicates less information**
- ❑ Advancing to next slide while still talking about previous slide confuses your audience**
- ❑ During practice, cut content until under time limit**
- ❑ During presentation, know which slides you can skip and how to summarize your remarks for other slides**

Poster Presentations

- ❑ **Reach a larger audience**
- ❑ **Advertise your work**
- ❑ **Allow more opportunity for dialogue**
 - Improve your work
 - Consider additional analyses or applications of work
- ❑ **Further your professional contacts**
- ❑ **Present information in a wide variety of formats**
- ❑ **Produce less stress**

General Concepts

- ❑ **Readable**
- ❑ **Legible**
- ❑ **Well organized**
- ❑ **Succinct**
- ❑ **Deliver a clear message**
- ❑ **Highly visual**
- ❑ **Easy to read 6–8 feet away**
- ❑ **An illustrated abstract**

Content

- ❑ Title
- ❑ Authors and affiliations
- ❑ Background
- ❑ Methods
- ❑ Results
- ❑ Conclusions
- ❑ Literature cited
- ❑ Acknowledgments
- ❑ Contact information
- ❑ Possibly your abstract and poster number

Content

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Planning

□ Read directions

- Content
- Deadlines
- Size and layout
- Other requirements

□ Type of poster

- Framed elements with mat board or colored paper
- Framed elements attached to background mat board or stand-alone hinged board
- Single large sheet
- Consider portability, flexibility, assembly time, cost

Planning

- ❑ Professional illustrator
- ❑ Software tool to design yourself
- ❑ Poster template
- ❑ Allow enough time for design, printing, and preparation

Know your audience

- ❑ People in your field
- ❑ People in related fields
- ❑ People in unrelated fields
- ❑ Likely interests, applications of study findings, and questions



今天天气很好

WHAT'S IT SAY?

DUNNO

I TOOK
LATIN

Bren

Single Overriding Communication Objective

- ❑ **Develop one main message**
 - Concise
 - Simple
- ❑ **Consider 2 or 3 key points you want to convey**
- ❑ **Design all of your visuals and text to emphasize your main message and key points**

Layout

- ❑ Use large font headings to help reader identify important parts of poster
- ❑ Organize in 3 or 4 columns with content arranged top to bottom and left to right
- ❑ Leave some white space
- ❑ Avoid asymmetry
- ❑ Maintain a constant style for heading position, emphasis, and color
- ❑ Consider space limitations

Title

**Abstract or
Background**

Results

Results

Conclusions

Methods

Stand alone tables,
charts, graphs, and
other visuals

Stand alone tables,
charts, and graphs,
and other visuals

Literature Cited

Tables, Diagrams, Flow
Charts

**Acknowledgment
S**

**Contact
Information**

Font

- ❑ **Use sans-serif bold font for titles and headings**
 - Arial
 - Tahoma
 - Helvetica
 - Calibri
- ❑ **Use serif font for text blocks**
 - Times New Roman
 - Palatino
- ❑ **Do not use *script* or cartoon fonts**
- ❑ **Do not use more than 2 fonts**

Font size

- ❑ Depends upon magnification
- ❑ Title 80-150 point bold
- ❑ Authors and affiliations 60-90 point bold
- ❑ Major headings 50-80 point bold
- ❑ Subheadings 40-70 point
- ❑ Main text 30-50 point
- ❑ Acknowledgments and captions 18-28 point
- ❑ Nothing should be smaller than 18 point font

Text

- ❑ **Center justify headings and left justify text**
- ❑ **Use indentations for lists and to set apart content**
- ❑ **Double-space between paragraphs**
- ❑ **Use short sentences or phrases**

Choose Emphasis Carefully

□ Use

- *Italics*
- **Color**
- **Bold face**

□ Do not

- Bullet or punctuate headings
- Use underlining
- USE ALL CAPS
- **Use font for emphasis**

Graphics

- ❑ **A picture is worth a thousand words**
- ❑ **Always include a title**
- ❑ **Use a few annotations to describe patterns succinctly**
- ❑ **Don't excessively label**
- ❑ **Follow same guidelines for font type and size as text**
- ❑ **Keep uncluttered**
- ❑ **Convey intended relationships logically**
- ❑ **Ensure readable at 6 feet**

Editing

- ❑ Eliminate content not relevant to your message
- ❑ Be concise, rephrase, and simplify
- ❑ Use active voice
- ❑ Eliminate introductory phrases
- ❑ Provide captions for graphs and figures
- ❑ Ask a friend what could be eliminated
- ❑ Aim for 1000 words
- ❑ Check for errors in content, spelling, grammar, or spacing

Editing

- ❑ **Print out and distribute small versions to friends and colleagues**
- ❑ **Hang a full-size draft in a common area for comment**

Sample Checklist

- Meet the task
- Demonstrate aims and objectives
- Purpose clear
- Organized
- Easy on eye
- Communicate clearly
- Visual impact
- Variety and balance of visuals
- Consistent style
- Contact info

Rapid 60 Second Poster Evaluation

- ❑ Overall appearance
- ❑ White space
- ❑ Text/ Graphics balance
- ❑ Text size
- ❑ Organization and flow
- ❑ Author identification
- ❑ Research objective
- ❑ Main points
- ❑ Summary

Handouts

- ❑ **Print full color small versions on 8.5"x11" paper**
 - Note: If it is difficult to read, your font is too small
- ❑ **Prepare other handouts as needed**
 - Results tables
 - Detailed methods
 - Manuscript copies
 - Business cards

Preparing Your Presentation

- **Prepare 30 second, 2-minute, and 3-5 minute oral synopsis**
 - Context of problem and why it's important
 - Research objectives
 - What you did
 - Main findings
 - Implications

Preparing Your Presentation

- ❑ **Prepare a few questions to ask viewers**
 - Input on findings
 - Additional questions for later analysis
- ❑ **Prepare short answers to likely questions**
 - Importance from policy or research perspective
 - Descriptions of data, methods, results
 - Concise descriptions of poster elements
- ❑ **Practice in front of an audience**
 - Oral presentation
 - Content/ layout of poster

Preparing to Leave

- ❑ **Label the poster**
 - Name, hotel, address, phone number, room number, poster session number
- ❑ **Leave backup copy and disk in an obvious place**
- ❑ **Leave poster on server accessible remotely**
- ❑ **Don't put the poster in your checked baggage**
 - Carry on the plane
 - Ship it yourself to the hotel

What to Take

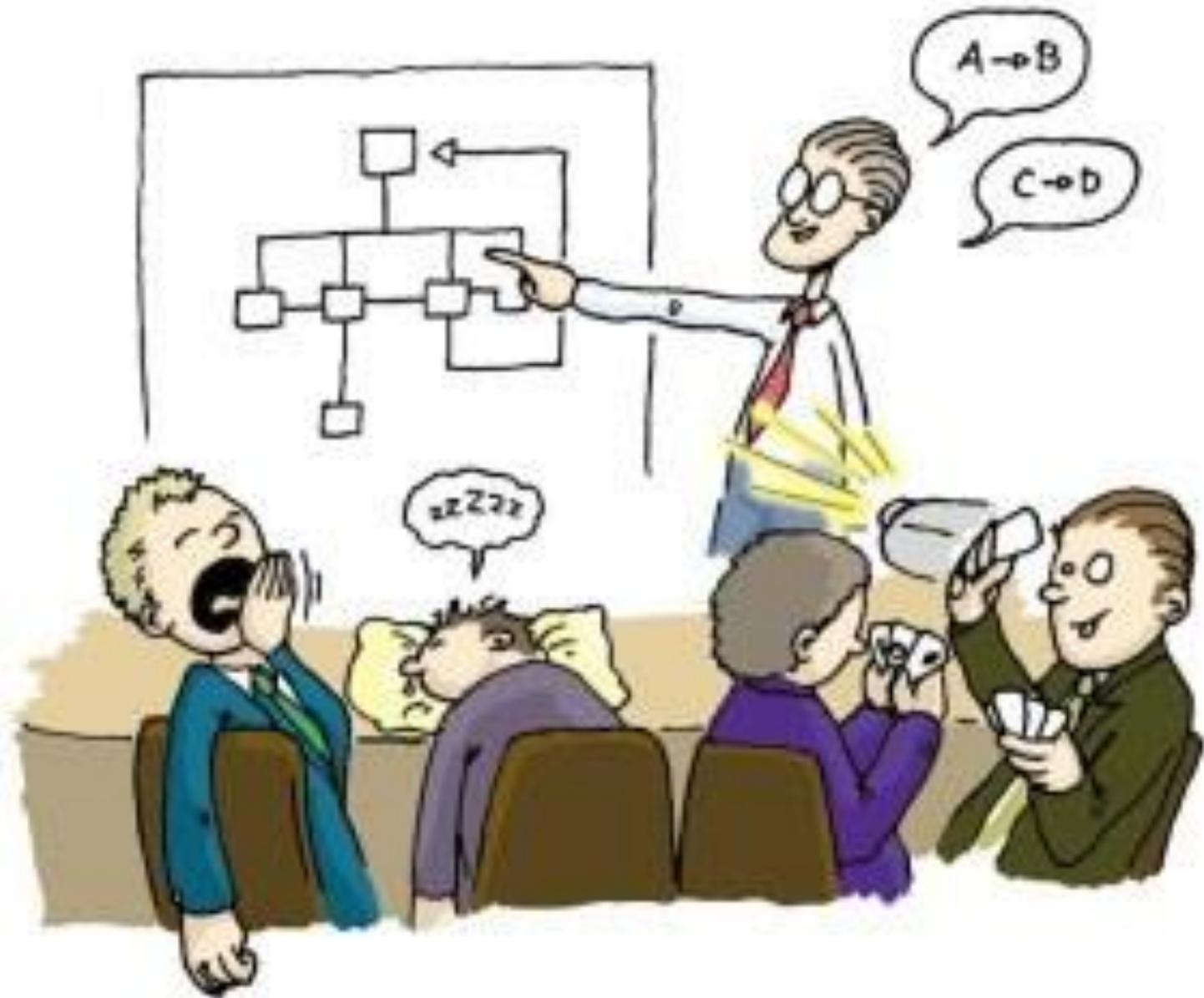
- ❑ **The poster**
- ❑ **Hanging kit**
 - Push pins
 - Removable putty adhesive
 - Velcro tape and scissors
 - Masking tape
 - Double stick tape
 - Black pen and correction fluid
- ❑ **Handouts**

The Day has Arrived

- ❑ Arrive early
- ❑ Bring your kit and handouts
- ❑ Hang your poster neatly
- ❑ Put your handouts nearby on a table or in an envelope hung with the poster
- ❑ Make sure you are next to the poster during your presentation time
- ❑ Encourage dialogue
- ❑ Consider leaving a pen and pad at your poster during other times to invite comments

Common Sense Advise

- ❑ Dress appropriately
- ❑ Do not chew gum or tobacco
- ❑ Don't wear too much cologne or perfume
- ❑ Wear a nametag
- ❑ Arrive early
- ❑ Make sure your poster is hung neatly and in the right place
- ❑ Keep your hands out of your pockets
- ❑ Avoid vagueness
 - This figure shows our main results...



Presenting

- ❑ **Use graphics to explain your work**
- ❑ **Face your audience**
 - Don't read your poster or refer to notes
 - Point to specific graphics on the poster when possible
- ❑ **Tailor your presentation and discussion to the listeners, adjusting the focus and amount of detail to suit their interests**
- ❑ **If more viewers arrive, finish your presentation for the early viewers first**
- ❑ **Thank viewers for visiting**
- ❑ **Offer handouts or business cards when appropriate**

Key Messages

Simplicity is good

Preparation is essential

Design should be purposeful

Delivery needs to be engaging

Acknowledgments

- ❑ EIS officers and field EIS supervisors past and present
- ❑ Julie Magri
- ❑ Randolph Daley
- ❑ Kay Smith-Akin
- ❑ Nancy Binkin
- ❑ Diana Bensyl
- ❑ Sheryl Lyss
- ❑ Kris Bisgard
- ❑ Paul Siegel
- ❑ Larry Cohen
- ❑ Pat McConnon
- ❑ LaKasha Robinson
- ❑ Whit Harvey
- ❑ Cassandra Butler
- ❑ Catherine Piper
- ❑ Richard Dicker
- ❑ Laura Fehrs
- ❑ Robert Fontaine
- ❑ Richard Goodman
- ❑ Tom Torok
- ❑ Andreea Winquist
- ❑ SpeakEasy, Atlanta, GA

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Extra Slides

Focus

- ❑ **Details distract from the main point**
 - Present poster
 - Answer questions
 - Handouts
- ❑ **Ask yourself what is absolute essential for conveying your message**
- ❑ **Omit everything else**
- ❑ **Edit carefully, simplify text, reduce sentence complexity**

Color Blindness

- ❑ **Avoid using red and green together**
- ❑ **Red might not appear bright and vivid**
- ❑ **Label elements on the graph itself**
- ❑ **Vary both color, thickness, and shape**
 - Solid
 - Dotted
 - Different symbols
 - Varied hatching
- ❑ **Consider magenta and green, red and blue, or yellow and blue combinations**

Use pictures

- ❑ **Good quality only**
 - 200ppi-300ppi is ideal for images, at least 150ppi
- ❑ **No distracting features**
- ❑ **Consider adding a thin grey or black line around the photo**
- ❑ **Use a light mat for dark photos and a dark mat for light photos**
- ❑ **Be very careful with web images**
- ❑ **Images might appear pixilated when printed**
- ❑ **Scan line art at very high resolution to get the best results**

2008 EIS Conference Poster Award



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The Power of Combining Routine Molecular Subtyping and Specific Food Exposure Interviews During an *Escherichia coli* O157:H7 Outbreak — Minnesota, 2007

Stacy M. Holzbauer^{1,2}, Benjamin Miller³, Selina Jawahir¹, and Kirk Smith²
¹Centers for Disease Control and Prevention ²Minnesota Department of Health ³Minnesota Department of Agriculture

Disclaimer:
 The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention



Background

- Escherichia coli* O157:H7 (O157) causes an estimated 73,000 infections and 81 deaths annually in the United States
- In April 2007, the Minnesota Department of Health (MDH) identified a cluster of O157 isolates with the same pulsed-field gel electrophoresis (PFGE) pattern by two enzymes
- The patterns were the most common in the National Molecular Subtyping Network for Foodborne Disease Surveillance (PulseNet) database
- Xba1 pattern EXH001.0047: 8.5% of isolates in database (Figure 1)
- Bln1 pattern EXHA28.0015: 12.8% of isolates in database



Methods

- Routine Surveillance for *E. coli* O157:H7 in Minnesota
- Mandatory submission of clinical O157 isolates to MDH
- Real-time PFGE subtyping of all isolates
 - Median time from isolate receipt to subtyping = 48 hours
- All cases interviewed with standard questionnaire about symptom history, food consumption, and other exposures in the 7 days prior to illness onset
- Detailed food exposure questions with open-ended food histories and objective yes/no questions about numerous specific food items
- Includes brand names and purchase locations

Dynamic Cluster Investigation Model



- Suspicious exposures identified in initial case interviews added to standard interview for subsequent cases in a cluster
- Suspicious exposures identified in interviews of subsequent cases asked on re-interview of initial cases
- Case-control study and food testing performed as indicated

Results

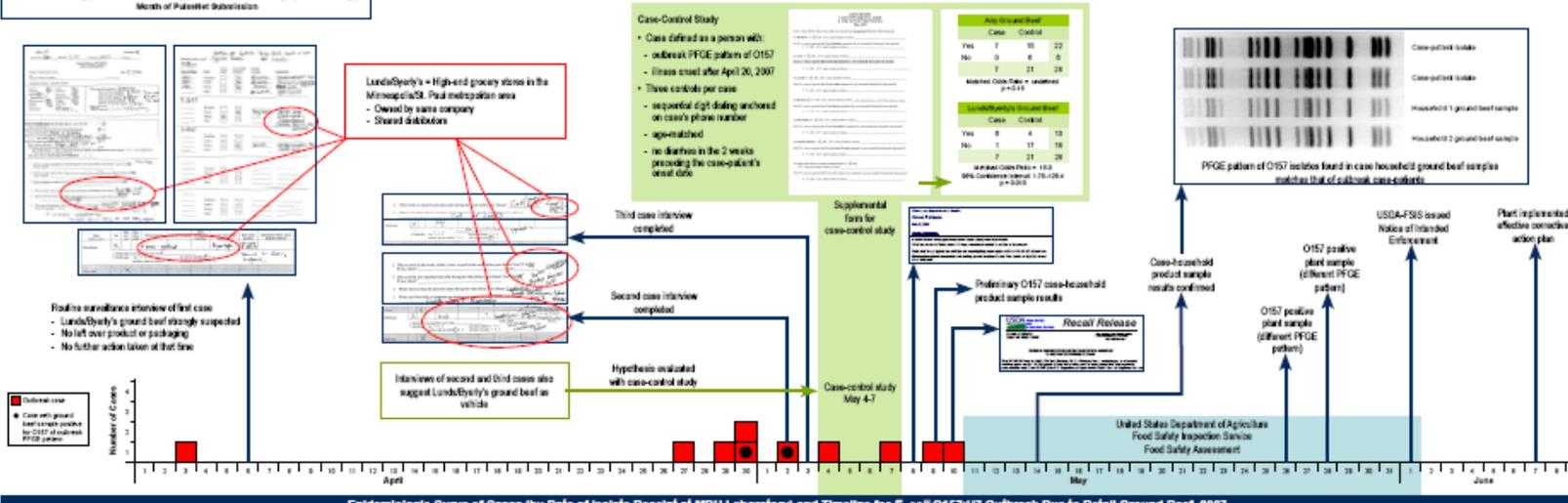
- Ten cases identified in outbreak
 - Median age of 53 years (range, 5 - 78 years)
 - Seven (70%) were female
 - Seven (70%) hospitalized, for median duration of 5 days (range, 2 - 9 days)
- Lunda and Byerly's ground beef implicated by:
 - Case-control study (see timeline below)
 - Product sampling
 - O157:H7 of outbreak PFGE pattern isolated from ground beef packages submitted by two case-households
 - Both packages purchased at same Byerly's location
- Product traceback
 - All the beef trim used for implicated ground beef originated from a single beef slaughter and processing facility in Minnesota
 - Voluntary recall of 117,500 pounds of beef trim distributed to retail outlets and distributors in eight states (Arizona, Illinois, Iowa, Michigan, Minnesota, Ohio, Virginia, and Wisconsin)
 - USDA-FSIS assessment, implicated processing facility
 - Issued Notice of Intended Enforcement
 - Listed food safety issues the processing plant needed to address within a set time period
 - Identified deficiencies and isolated O157 (not matching outbreak PFGE pattern) from subsequent plant samples

Conclusions

- This was an O157 outbreak associated with retail ground beef
- Real-time PFGE subtyping of all O157 isolates enabled rapid detection of the cluster
- The implicated PFGE subtype was the most common in PulseNet
- However, the cluster was not diagnosed as probable "background" cases
- This pattern is not common in April, which increased the likelihood that the cluster represented a common source outbreak
- The cluster was investigated aggressively using a dynamic cluster investigation model with detailed food exposure questions
- Open-ended food history
 - Food purchase locations
- Methodology allowed timely identification of outbreak vehicle with few cases and implementation of interventions
 - Press release to alert public
 - Ground beef recall
 - Assessment of processing plant by USDA-FSIS

Acknowledgements

We would like to thank the staff from the United States Department of Agriculture Food Safety Inspection Service, Centers for Disease Control and Prevention, Minnesota Department of Health, and Minnesota Department of Agriculture who participated in this investigation.



Epidemiologic Curve of Cases (by Date of Isolate Receipt at MDH Laboratory) and Timeline for *E. coli* O157:H7 Outbreak Due to Retail Ground Beef, 2007

Graphics

❑ Tables

- Consider presenting only results for main variables of interest
- List others in footnote
- Include more complex statistical tables in handout

❑ Always include a title

❑ Use a few annotations to describe patterns succinctly

❑ Don't excessively label

❑ Keep uncluttered

❑ Text on graphs must follow same guidelines so that it is visible

Graphics

- ❑ Choose 2-d graphs
- ❑ Make sure they convey intended relationships logically
- ❑ Many may only view your graphics
- ❑ Should be readable from 6 feet

Graphics

- ❑ Include short descriptive titles, labels, and explanatory
- ❑ Label date lines in graphs directly
- ❑ Eliminate legends and keys
- ❑ Put markers on tick marks for x-axis
- ❑ Consider how many tick marks are needed
- ❑ Label y-axis so that it is easily read
- ❑ Use both colors and patterns to distinguish groups
- ❑ Never use colored backgrounds, grid lines, or boxes
- ❑ Avoid gradient fills

Graphics

- ❑ **A picture is worth a thousand words**
- ❑ **Use charts**
 - Quickly show relative sizes, comparative levels, and trends
 - Pie charts for sample composition
 - Bar charts for dependent variables across subgroups
 - Line charts or clustered bar charts for net effects of nonlinear specifications or interactions among independent variables
- ❑ **Use clip art and cartoons only if appropriate and relevant and never if offensive**
- ❑ **Follow meeting and institutional guidance regarding use of logos**



Weight Regain in Persons Successful at Substantial Weight Loss, NHANES 1999–2002



Edward C. Weiss, MD, MPH

Deborah Galuska, PhD, MPH; Laura Kettel Khan, PhD; Cathleen Gillespie, MS; Mary Serdula, MD, MPH
Division of Nutrition and Physical Activity • Centers for Disease Control and Prevention

Importance of Weight Regain After Weight Loss

- 65% of U.S. adults (1999-2002) are overweight or obese
- 10% weight loss reduces chronic disease risk factors
- ≥ 50% participants in clinical weight loss programs regain to baseline weight 3-5 years after treatment

Limitations of Previous Research on Weight Regain

- Few studies and most are clinical trials
- Small sample sizes
- Lack of generalizability
- Varied definitions and estimates of weight regain

Objectives

- To determine the prevalence of weight regain in U.S. adults successful at substantial weight loss (≥ 10% of maximum body weight)
- To identify the predictors of weight regain

National Health and Nutrition Examination Survey, 1999–2002

- Continuous annual cross-sectional survey
- Representative of the civilian non-institutionalized U.S. population
- Complex sampling methods
- Home interview and physical examination

Weight History Questions

- **Maximum weight**
 - Up to the present time what is the most you have ever weighed?
- **Weight 1 year ago**
 - How much did you weigh a year ago?
- **Current weight**
 - How much do you weigh without clothes or shoes?

Weight Regain



*Weight regain was defined as a gain > 5% body weight from 1 year ago to current weight

Sample Size



Prevalence of Weight Changes in the Previous Year



Predictors of Weight Regain in U.S. Adults Successful at ≥10% Weight Loss, NHANES 1999 - 2002

Demographic Predictors	Total	Regain Weight	Multivariate Model*
	N=1309	%	OR (95% CI)
Gender			
Male	688	28.9	Ref
Female	621	38.3	1.2 (0.8 – 1.7)
Age in Years			
18-34	200	39.7	Ref
35-44	199	34.0	0.8 (0.5 – 1.5)
45-54	269	40.5	1.4 (0.8 – 2.3)
55-64	194	30.1	1.0 (0.5 – 1.8)
65-74	246	22.8	0.6 (0.3 – 1.3)
75-84	201	16.1	0.5 (0.2 – 1.03)
Race/Ethnicity			
Non-Hispanic White	680	31.0	Ref
Non-Hispanic Black	267	37.4	1.2 (0.8 – 1.8)
Mexican American	273	48.3	2.0 (1.3 – 3.1)
Other (including multi-racial)	89	42.9	2.0 (1.0 – 4.1)
Education			
Less Than High School	490	35.2	1.2 (0.8 – 1.8)
High School Graduate	266	33.2	Ref
Some College	266	33.2	Ref
College Graduate	266	33.2	Ref

*Adjusted for gender, age in years, race/ethnicity, education, smoking status, average restaurant food consumption, average daily TV, video, and computer use, attempts to lose or not gain weight, and physical activity level.

Weight History Predictors	Total	Regain Weight	Multivariate Model*
	N=1309	%	OR (95% CI)
BMI 1 Year Ago			
< 25.0	549	34.2	1.5 (1.0 – 2.2)
25.0-30.0	502	33.2	1.3 (0.9 – 1.9)
≥ 30.0	258	32.9	Ref
% Weight Lost (Max Weight - 1 Year Ago)			
10-15%	596	26.0	Ref
15-20%	334	45.8	1.6 (1.03 – 2.3)
≥ 20%	194	30.1	2.8 (2.0 – 4.1)
Years Since Maximum Weight			
2-5 Years	327	43.9	2.2 (1.2 – 3.7)
6-10 Years	266	36.8	1.6 (1.02 – 2.4)
>10 Years	716	26.3	Ref

*Adjusted for gender, age in years, race/ethnicity, education, smoking status, average restaurant food consumption, average daily TV, video, and computer use, attempts to lose or not gain weight, and physical activity level.

Behavioral Predictors	Total	Regain Weight	Multivariate Model*
	N=1309	%	OR (95% CI)
Smoking Status			
Current Smoker	355	36.6	0.9 (0.6 – 1.4)
Quit in Past Year	42	43.8	1.7 (0.7 – 4.5)
Current Nonsmoker	912	31.7	Ref
Average Restaurant Food Consumption			
<1 per week	435	29.3	Ref
1-2 times per week	475	36.0	1.5 (0.9 – 2.7)
≥ 3 times per week	399	34.1	1.4 (0.9 – 2.3)
Average Daily TV, Video, and Computer Use			
0-1 hour	330	28.3	Ref
2-3 hours	590	33.7	1.5 (1.01 – 2.2)
≥ 4 hours	389	38.1	2.0 (1.3 – 3.2)
Attempt to Lose or Not Gain Weight			
Yes	610	39.2	1.8 (1.1 – 3.0)
No	699	27.4	Ref
Physical Activity			
Sedentary	642	33.3	1.8 (1.03 – 3.0)
Active, Not Meeting Health Recommendations	308	40.9	2.0 (1.2 – 3.5)
Active, Meeting Health Recommendations	140	24.2	1.0 (0.5 – 2.0)

*Adjusted for gender, age in years, race/ethnicity, education, BMI 1 year ago, % weight lost (maximum weight - weight 1 year ago), and years since maximum weight. Meeting health recommendations is defined as exercising 3 or more times per week at vigorous intensity, totaling 60 minutes per week, or exercising 5 or more times per week at moderate to vigorous intensity, totaling 150 minutes per week. Excessing health recommendations is defined as exercising 5 or more times per week at moderate to vigorous intensity, totaling 300 minutes or more per week.

Limitations

- Self-reported data
- Cross-sectional data
- Limited to weight changes in previous year
- No information on fluctuations in weight
- Unknown if initial weight loss was intentional

Summary of Key Findings

- 33.5% prevalence of weight regain in the past year
- Significant predictors of weight regain include
 - Mexican American ethnicity
 - Greater percent initial weight loss
 - Shorter time since maximum weight
 - Higher recreational screen time
 - Attempting to lose or not gain weight
 - Lower levels of physical activity

Don McMillan: Life After Death by PowerPoint



Count the Nonverbal Presentation Mistakes



<http://youtu.be/yNkXMXuvbPI>

Q & A

Miss South Carolina, Teen USA 2007



<http://www.youtube.com/watch?v=lj3iNxZ8Dww>