NEWS LETTER

CSTE UPDATE

Vol. 1998 No. 2 October, 1998

Council of State and Territorial Epidemiologists

President's Message

Dear CSTE members and friends,

As I begin to explore the role of president, I stand in awe of the work done by my predecessors. This organization has grown so much since my first contact with CSTE; in terms of size, ability to respond to national issues, requests for consultation, collaboration with other associations, etc. Thus I am a bit awed by this responsibility, but am sure that this year will be an interesting one for me.

While Willis' superb direction of the organization will be sorely missed, I am impressed with CSTE's new executive director, Donna Knutson, and am optimistic about the future. With Donna's leadership, I think CSTE will find new paths, and explore new possibilities.

I would like to start this year by expressing thanks to all of you for your help and participation in this year's annual conference (even if the rain dampened a few activities.) And while I am glad I will not be putting together another conference anytime soon, I very much enjoyed working with my CSTE and CDC colleagues during the planning and implementation of this one.

Just looking at all the issues that have crossed my desk in the last few days, bioterrorism, public health surveillance, working with the CDC's new director, addressing diabetes, etc., I know that this year will be a challenging one for myself as well as the rest of the organization. I am looking forward to working with all of you during this year.

Patricia Quinlisk

A Letter from the Executive Director

Thank you all for the warm welcome I have received since beginning with CSTE in October. I feel CSTE has established itself as a major player in the public health arena, and that we are poised to influence public health for the future in greater ways.

As with any new kid on the block, I have the need to tell you more about myself. I have been a public health professional since 1985, and have worked primarily as a health educator in four local health departments, two state health departments and with CDC. My experiences range from participating in a campaign to raise county tax dollars to fund the health department to negotiating with federal legislators for increases in Medicaid dollars to provide cancer treatment for underserved women; from drawing coloring books for elementary students to learn about the hazards of smoking to helping script a national teleconference on outreach techniques; from helping sanitarians display data collected with pencil and paper about well testing to designing and analyzing a computerized national database on cancer control infrastructure.

I was most interested in working with CSTE because of my love of data and what it tells us and my desire to remain influential in public health.

I hope to meet most of you as the year unfolds, and welcome your suggestions, comments and compliments about how CSTE can better serve its members. Please feel free to contact me and let me know how we are doing.

Donna Knutson

Seen Any New Faces Lately!

Please join us in welcoming our new staff members:

Donna Knutson - **Executive Director**
Gail Alexander - **Administrative Coordinator**
Lisa Jeannotte - **Epidemiologist**
Luke Naeher - **Environmental Epidemiologist**
Wendy Blumenthal – **Lead Epidemiologist/Data Mgr.**
Angela Cobb - **Training Specialist – VPD**

After three years of dedicated service to CSTE, Mr. John Hybarger has submitted his resignation effective November 13, 1998.

John came to us in May, 1995 from CDC after more than 30 years experience in local, regional, national and international public health work and to say that he was a real catch, would be an understatement. John joined CSTE at a time when the organization was growing rapidly and expanding into areas of chronic disease control and prevention – an area in which John has extensive knowledge and experience. During the last three years, John has been a key player in the national office leadership team. He has had complete responsibility for a number of CSTE's key program areas and has demonstrated extraordinary management skills. He has earned the respect and admiration of his colleagues at the national office, CDC and state and local health departments.

We will be forever grateful to John for the service he has given to CSTE. Please join us in wishing John the best of luck in his future endeavors.

A Word of Thanks to CSTE

This year's **Special Recognition Award** was presented to John Horan, Centers for Disease Control and Prevention, during the President's Banquet at the 1998 CSTE Annual Meeting. Dr. Horan had this to say in his letter of thanks:

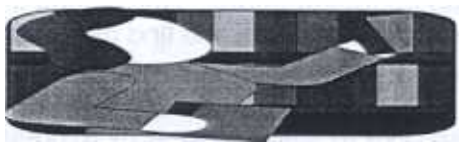
"In recent months, many people have offered many kind words about my work in the State Branch. But some of the highest praise I could hope to receive is to have been recognized by CSTE for service in support of the state epidemiologists.

Providing that service was one of the main reasons to come to work each day, so being recognized for doing it well is truly a great honor to me.

I also need to thank CSTE for treating me to a free meeting this year, my 15th. If the rule is, 'Buy 14, get one free!' then next year I plan to begin earning another freebie.

Teresa and the children were out of town when I returned from the meeting, and I have wrapped up my plaque so they can present it to me (again!) as a gift on Father's Day. I just wish you could be there to read your speech again!"

Public Health Foundation



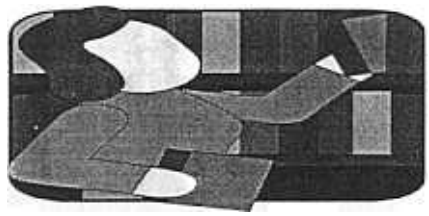
As A Resource

The Public Health Foundation (PHF) is an independent organization that provides, "objective research, professional development, and technical support to public health practice associations and agencies." The organization's vision is known as "LINK" (Liaison, Information, Networking Systems, and Knowledge).

Specifically, the PHF has as its mission is to assist state and local public health agencies and their efforts by:

"Translating and disseminating existing research and best practices, developing new knowledge for improving the practice of public health, and disseminating professional development activities to build skills and competence throughout the public health workforce."

For additional information you can access their homepage at http://www.phf.org/.



Rural Health Care Corporation **As a Resource**

For those of you who may be unaware, there is a support program, the Rural Health Care corporation (RHCC), that was authorized by Congress to "make telecommunications services-including the real cutting-edge ones – affordable for rural health care providers." Specifically, this is a means to provide support for monthly telecommunications service charges as well as installation charges.

For additional information on applications, you can visit their WebSite: http://www.rhccfund.org or call 1-800-229-5476.

Preparing for the Next Influenza Pandemic

The Public Health Training Network (PHTN) is providing a live, interactive satellite broadcast to "introduce the guidelines and facilitate state and local emergency response preparations" for the highly probable new strain of influenza. This broadcast will be held November 19, 1998, 9:00 a.m. - 11:30 a.m. and 1:00 p.m. - 3:30 p.m. EST (1:00 p.m. broadcast is a repeat broadcast with live Q & A).

For additional information, please visit the PHTN Web Site: http://www.cdc.gov/phtn/.

Rural Public Health Telecommunications

An item of interest to all concerned about the demise of WONDER/PC e-mail on January 1 2000:

Since January 1, 1998: $400 million are available to improve rural public health access to advanced telecommunications and the Internet.

The Telecommunications Act of 1996 is designed to reduce telecommunications costs to rural public health agencies, academic institutions and community-based health care providers. Rural public health can be a big winner, but only if you APPLY!

For more information, contact: Carl Allen, Universal Services for Health, HRSA, Room 14-08, Parklawn Building, 5600 Fishers Lane, Rockville, MD, 20857
Fax: (301) 443-2605
email: callen@HRSA.DHHS.GOV;
Internet: www.fcc.gov//healthnet.

National Conference Interstate Milk Shipments

The 27th National Conference on Interstate Milk Shipments (NCIMS) will meet at the Spirit of Atlanta Hotel (formerly Radisson), Atlanta, Georgia, May 1-7, 1999.

Registration information is being sent to all NCIMS past attendees and members the week of November 1, 1998. Anyone who has not received their registration information may obtain copies from Leon Townsend, Executive Secretary, 110 Tecumseh Trail, Frankfort, Kentucky 40601.
Telephone/Fax: (502) 695-0253.
E-mail address: leontown@cr.net.

Surveillance of Vaccine-Preventable Diseases

CSTE, National Immunization Program (NIP) and other partners present "Surveillance of Vaccine-Preventable Diseases"broadcast designed to provide guidelines for vaccine-preventable disease surveillance, case investigation, and outbreak control. The broadcast will be on December 3, 1998, from 12:00 noon until 3:30 EST. The target audience includes physicians, infection control practitioners, nurses, epidemiologists, laboratorians, sanitarians, disease reporters, and others who are involved in the surveillance and reporting of vaccine-preventable diseases.

Persons wanting to participate may register and order materials through your state's distance learning coordinator. If you have any questions, please call Sandy Roush at (404) 639-8691.

Continuing Education Courses

Continuing education courses at the Northwest Center for Occupational Health and Safety, University of Washington, have been announced for the Spring of 1999.

If you are interested, the contact person is Jan Schwert, Northwest Center for Occupational Health and Safety Department of Environmental Health, University of Washington, 4225 Roosevelt Way, N.E., Suite 100, Seattle, WA 98105-6099 Telephone: (206) 543-1069.

1999 CSTE Annual Meeting

"Challenges for the New Millennium: Shaping the Future of Public Health Epidemiology"

The 1999 CSTE Annual Meeting will be held June 27th-July 1st at the Concourse Hotel and Convention Center in Madison, Wisconsin

Joint Meetings with: State Veterinarians, the annual joint Sentinel Event Notification Systems for Occupational Risks (SENSOR), and Adult Blood Leads Epidemiology Surveillance (ABLES).

A pre-meeting workshop will take place on Sunday, June 27th - Topic: Genetics.

In response to the critiques of the 1998 meeting, we are proposing to schedule initial Committee Meetings Sunday late afternoon/evening, June 27, 1999 - after the workshop. Those proposing resolutions or coming with a resolution idea will be expected to be present at these meetings to lead discussion. (If you object, please let the CSTE office know.)

The program format will be similar to last year's with plenary sessions in the morning and breakout sessions in the afternoon.

Consultants and the Executive Committee members will serve as the program committee. If you have ideas for topics, speakers, or want to coordinate a focused breakout session, please contact Henry Anderson at e-mail address: Anderha@DHFS.STATE.WI.US

CSTE Membership Update

The following membership changes have occurred:

Dr. Tom Halperin has announced his retirement as the State Epidemiologist for the Ohio Department of Health.

Dr. Paul Stehr-Green, State Epidemiologist, and Dr. Jeannette Stehr-Green, Acting State Health Officer, for the Washington State Department of Health, having resigned from their respective positions with the agency.

We wish them nothing but the best!

CSTE Consultant Reports 04/98 - 06/98

Surveillance

Paul Stehr-Green, SCG and HISSB Meeting, 4/98
Paul Stehr-Green, SCG and HISSB Meeting, 5/98
Paul Stehr-Green, HISSB meeting, 6/98
Gianfranco Pezzino, Integration of Information Systems meeting 5/98

Infectious Disease

Perry Smith, Integration of HIV/AIDS, STD, and TB Program Activities, 4/98
Diane Simpson, Immunization Registry Hearing, 4/98
Diane Simpson, Immunization Registry Public Hearing, 5/98

General / Cross-Cutting Issues

Steven MacDonald, Healthy People 2010 Meeting, 4/98
Steven MacDonald, Healthy People 2010 Meeting, 5/98

Employment Opportunities

The following positions are available:

The Council of State and Territorial Epidemiologists (CSTE) is seeking 4 epidemiologist positions – 2 in Diabetes, 1 – in Hepatitis C and 1 – in Asthma to be filled immediately. Please fax CV to Jacki Sederberg at (770) 458-8516 or call (770) 458-3811.

The Epidemiology Program Office (EPO), Centers for Disease Control and Prevention is seeking a Field Officer Supervisor for its State Branch. The deadline for applying is August 1, 1998. For more information please contact Laura J. Fehrs, M.D. at (404) 639-3754

The Funnies

This could turn out to be Invitation to Dyspepsia

List of dinner guests whose jobs make others queasy starts with epidemiologist"

by: James Lileks

My mom has always been hung up on appearances. If there were a graduate program for Impression Management, she'd have a Ph.D. The inside of the house could be strewn with post Labor Day State Fair dumpster contents, but as long as the lawn was cut, the window shades were symmetrically aligned, and no screaming could be heard outside the house, we had respectability. Her concerns about impressions, however, would assure that some local celebrities would never get past the door. Take our state epidemiologist, Michael Osterholm. I'm sure he's a swell guy, I'm sure probably saved many lives. But the guy can probably smell E.coli at 40 paces and spot brucellosis with the naked eye. He'd never be invited over for a meal. Come to think of it, does anyone dare invite him to dinner?

Never thought of that. Poor Mr. Osterholm. It's probably been 20 years since anyone dared give him a cut of meat that didn't look like a thick shingle after a house fire. You'd be

happy when he said he'd like to take some leftovers. You'd be sad when you caught him scribbling *EVIDENCE* on the tupperware container.

I called his office, and the good scientist genially fielded what must have been the week's most irrelevant inquiry.

"I still get dinner invitations," he chuckled, "It's interesting - I've heard people say that if they see me eating, they feel better about what they're eating." Makes sense; it's like getting on a plane and finding it filled with priests,

Well, this one's safe. But he does not regard himself as charmed: I've had a gastronomically successful life - but I'm as susceptible as the next person. "Unless the next person is a nail-biter who's a chef at the International House of Lukewarm Chicken, of course."

He's not the only public figure with a daunting profession. You just know that every time Skip Humphrey shows up at a dinner party, he has the same effect on smokers as a school principal barging into the boys' room. *Cheeze it! It's the Skip!* ***NWG*** also wrote a scenario that put John Marty, who is so squeaky clean his soap probably smells better after he uses it, at a bachelor party. We'll leave that one up to your imagination.

What notable figure would make you nervous if they came to supper, and why?

CSTE

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Published by
CSTE.

2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341-4015
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Editor: Gail Alexander
Secretaries: Rhonda Walker
Shundra Clinton
Executive Director: Donna Knutson

NEWS LETTER

CSTE UPDATE

Vol. 1998 No. 1
March 31, 1998

Council of State and Territorial Epidemiologists

President's Message

Members of the CSTE Executive Committee took part in a very productive three days in Washington, D.C. at the end of March. On Sunday, March 22, we spent most of the day in a mini-strategic planning session. This is an initial attempt to look at the mission of CSTE and develop priority areas for the next 3-5 years using a strategic planning framework that many of us have experienced in state health department planning exercises in recent years. A write-up will be distributed at the annual meeting and a session is planned to get membership input. Stay tuned.

We spent Monday and Tuesday, March 23-24, basically taking Washington by storm (You didn't see it on the evening news? Must have been other more newsworthy things going on.) We met with folks from a number of federal agencies, other Association of State and Territorial Health Officials (ASTHO) affiliates and public health organizations, and did educational visits to Capitol Hill. In Health and Human Services (HHS), we met with Peggy Hamburg, the former New York City health commissioner who recently became the Assistant Secretary for Planning and Evaluation. Peggy has a strong public health background and was supportive of CSTE's bringing the local/state epi perspective to the national level, and in particular to the HHS data council. We will be working with her office to figure out ways to do that. Other federal agency folks we met with included NCHS, EPA, the White House and HHS AIDS Advisors' offices, and a two hour joint meeting with Food and Drug Administration (FDA), United States Department of Agriculture (USDA) and Centers for Disease Control and Prevention (CDC) on food-related issues which Dale Morse, CSTE Consultant, helped put together and chaired.

There were also productive meetings with ASTHO, the National Alliance of State and Territorial AIDS Directors (NASTAD), the Association of State and Territorial Public Health Laboratory Directors (ASTPHLD), the Association of State and Territorial Chronic Disease Program Directors (ASTCDPD) and the Association of Maternal and Child Health Programs (AMCHP), as well as the American Public Health Association (APHA). Finally, the Executive Committee, CSTE staff, and our Washington consultant, Marcia Mabee, split up and made over a dozen educational visits to congressional offices. The focus in the visits was on introducing CSTE as a resource to provide the scientific, practical, state/local epi input into policy decisions. We also explained the need for core public health capacity at the state and local level in the areas of surveillance, epi capacity, etc. With major proposals for increased funding for the National Institutes of Health (NIH) swirling around, we explained the need for public health infrastructure to ensure that new scientific discoveries are applied and accessible to all populations.

All in all, it was a very successful several days, and a first for CSTE.

Lot's else happening.... Sets of indicators and case definitions for surveillance for chronic conditions as well as case definitions for environmental health surveillance are, or soon will be, circulating for comment. The hope is to consider and vote on them at the annual meeting in June, so get your two cents in now. Also, in response to some rumblings on the number of surveys that epidemiologists working in states are subjected to, CSTE has developed a survey policy to try to inject some reason into the process.

That's it for now. Keep those cards and letters coming. See you in Des Moines!

Gus Birkhead

CSTE UPDATE
Published by CSTE.

2872 Woodcock Boulevard, Suite 303
Atlanta, GA 30341-4015
(770) 458-3811 (tel); (770) 458-8516 (fax)

Editor: Angie H. Waddell
Secretary: Shundra Clinton
Rhonda Walker
Executive Director: Willis R. Forrester, M.P.A.

A Letter From the Executive Director

Dear Members of CSTE:

I will be leaving CSTE on May 29, 1998 for personal and family reasons that have become increasingly important to me. It is with a great sense of pride that I reflect on your organization's accomplishments of the last four years. Deciding to leave CSTE has been one of the toughest decisions I have ever had to make - difficult because of the tremendous support and vitality of the membership and the dedication and expertise of the national office staff.

I am confident that CSTE will continue to grow in membership and depth, become even more recognized as an important and critical partner in public health issues, and remain a vital and energetic organization. I sincerely appreciate the privilege which has been mine to have worked for you.

Willis Forrester
Executive Director

Hepatitis C Prevention Initiative

A lot has been happening on the hepatitis C front recently. In late January, Dr. Donna Shalala, the Secretary of Health and Human Services (HHS), issued a letter in support of recommendations made last August by the Public Health Service Advisory Committee on Blood Safety and Availability regarding the notification of persons who received blood transfusions from donors that were subsequently found to test positive for antibody to hepatitis C virus. In her statement, the Secretary also expressed support for the committee's recommendation to initiate an educational campaign for the public and their health care providers to identify persons who received blood transfusions before multiantigen testing was widely available (before June 1992) as well as other persons at risk of HCV infection.

Funds to support the programs necessary for implementing these recommendations have not yet been allocated but are being requested for fiscal year 1999. CDC has been tasked with developing a plan for implementing these recommendations which will be submitted to HHS for review and approval. The plan that is being developed describes activities required to implement and evaluate a comprehensive national program to prevent and control HCV infection and HCV-related chronic liver disease that include:
1. identification, testing, and counseling of prior transfusion recipients and other persons at-risk for HCV infection; 2. educational efforts directed to health care and public health professionals to improve the identification of persons at risk of infection and ensure appropriate diagnosis, medical management, treatment and counseling; and 3. surveillance and evaluation to monitor disease trends and determine the effectiveness of the various activities in identifying persons infected with HCV, providing appropriate medical follow-up, and promoting healthy lifestyles and behaviors.

Implementation of this plan will involve efforts of Federal agencies, State and local health departments and private, voluntary and non-governmental organizations. During 1998, meetings with representatives from the public health community and other groups will be convened to develop approaches for identification, testing and counseling of HCV-infected persons. When funding is identified, CDC will provide assistance to state and local health departments to develop their capacity to carry out the appropriate implemented activities.

A session at the June CSTE meeting is planned to provide more information about these activities.

Hepatitis A and the IG Shortage

The latest on a continuing problem.... After running out of IMIG in January, a limited supply is now available through FFF Enterprises (1-800-843-7477). Centeon, previously a major producer of IMIG, is seeking to reestablish production, but it is not known how long it will be before this occurs. IG continues to be produced by the Michigan Biologics Institute and the Massachusetts Public Health Biologic Labs. Given the continuing shortage, the importance of prioritizing the use of IG according to the criteria detailed in a CSTE memo dated September 6, 1996 is crucial so that it will be available for use as post-exposure prophylaxis for people known to have beer exposed to HAV. In the event that IG once again runs out, tetanus immune globulin (TIG) which is also available through FFF can be used to provide protection following exposure. Use of vaccine rather than IG for preexposure protection of travelers is encouraged. The latest information on current availability of IMIG is available by consulting the hepatitis home page at http://www.cdc.gov/ncidod/diseases/hepatitis/hepatitis.htm

Note: In addition to the ongoing shortage of IMIG, there was also a recent shortage of IVIG. For more information on this, contact FDA at (301)827-3518.

Surveillance for Perinatal HBV Infections

Efforts are being made to establish a pilot surveillance system for perinatal hepatitis B virus (HBV) infections which are defined as hepatitis B surface antigen (HBsAg) positivity in any infant aged >1-24 months who was born in the U.S. or in U.S. territories to an HBsAg positive mother. The objectives of establishing surveillance for these infections are to determine the importance of hepatitis B virus mutants in perinatal infections and to identify other factors that affect the ability of hepatitis B vaccine to effectively prevent perinatal HBV infections. State heal departments identifying cases of perinatal HBV infections are encouraged to contact the CSTE epidemiologist (Annemarie

Wasley) in the Hepatitis Branch at CDC at (404)639-2709 for more information on how to report these cases.

Results of 1997 CSTE-CDC-ASPH Survey

The CSTE-CDC-ASPH Survey of Sentinel Environmental Disease Surveillance Systems was conducted in the summer of 1997. Information was collected on the following non-occupational sentinel environmental conditions: heavy metal poisoning (lead, cadmium, arsenic, mercury), pesticide poisoning, carbon monoxide poisoning, heatstroke, hypothermia, acute chemical poisoning, methemoglobinemia, and asthma. Survey responses were obtained from all 52 of the states contacted. Summarized below are the current statewide surveillance activities, sources of data, and federal funding for surveillance systems.

A total of 174 environmental public health surveillance systems were identified. For the purpose of this survey, a surveillance system was defined as either Category 1: Data collection only, Category 2: Data collection and review, or Category 3: Data collection, review, and case investigation. (Table 1)

TABLE 1 NUMBER OF SYSTEMS BY CATEGORY

CONDITION	CAT 1	CAT 2	CAT 3	TOTAL
ELEVATED BLOOD LEAD LEVEL (CHILDREN)	1	2	48	51
ELEVATED BLOOD LEAD LEVEL (ADULTS)	3	7	18	28
PESTICIDE	4	4	12	20
MERCURY	0	6	8	15*
ARSENIC	0	4	6	11*
CADMIUM	0	4	6	11*
METHEMOGLOBINEMIA	2	2	5	9
ACUTE CHEMICAL	1	4	3	8
CARBON MONOXIDE	3	2	2	7
ASTHMA	1	5	0	6
HEATSTROKE	0	3	1	4
HYPOTHERMIA	0	3	1	4
TOTAL	15	46	110	174**

*= One state conducted data collection and case investigation as requested , but no routine review

** = Includes 3 systems that conducted data collection and case investigation as requested, but no routine review

With the exception of one state, all states had at least one environmental public health surveillance system. Only one state (Missouri) had surveillance systems for all twelve of the environmental conditions listed on the survey. The median number of surveillance systems per state was two, with about half of the states having one or two systems.

The primary source of data for the majority (91%) of the childhood and adult lead surveillance systems was mandatory laboratory-based reporting. For all other conditions, laboratory-based reporting was the most common (40%), followed by clinician reporting (21%), hospital discharge data (15%), reports from poison control centers (8%), and self-reports (7%).

The majority (70%) of childhood lead exposure surveillance systems are either entirely or largely dependent on federal funds, as are half of the adult lead exposure systems. However, the majority (77%) of the surveillance systems that do not track lead exposure are not dependent on federal funds.

For a copy of the full report, contact the CSTE office or CDC NCEH Surveillance Branch at (770)488-7060. Please see the May 1997 CSTE Newsletter for a summary of the results of a similar survey conducted in 1996 by PHF-CDC-ASPH.

CSTE Annual Meeting

Dr. Patti Quinlisk, President-Elect, is well underway with planning for the 1998 CSTE meeting which will be June 7-11 in Des Moines, Iowa. The meeting will be at the Des Moines Marriott, and reservations should be made no later than May 18 by calling 1-515-245-5500 (indicate you will be attending the CSTE meeting).

The Executive Committee will be meeting in Atlanta April 22 and considerable effort will go into finalizing the agenda. The meeting "construct" will be along the lines of previous meetings: plenary, concurrent, and committee sessions; Monday evening reception, Tuesday evening social event, Wednesday President's banquet, and Thursday morning, business session. There will also be an outside expert brought in to conduct a four-five hour workshop on risk communication on Sunday, June 7.

Registration materials for the meeting will be mailed out within the next couple of weeks. The materials will also be posted on CSTE's web site (http://www.cste.org) as they become available.

We do **not** anticipate having any meeting scholarship funds for travel to the meeting.

CSTE Consultant Reports -

01/98 to 3/98

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Paul Stehr-Green, SCG and HISSB meetings, 2/98

Gianfranco Pezzino, Surveillance Integration Project meeting, 02/23-24/98

Environmental Health

Bela Matyas, Lead Reporting: EBLL's vs. All Leads, 03/98

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Jesse Greenblatt, Epidemiology Training, FDA, 01/14-15/98

Sue Klein, HIV Prevention Consultants meeting, 02/17-18/98

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Norma Kanarek, National Arthritis Action Plan meeting, 03/98

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HEALTHY PEOPLE 2000

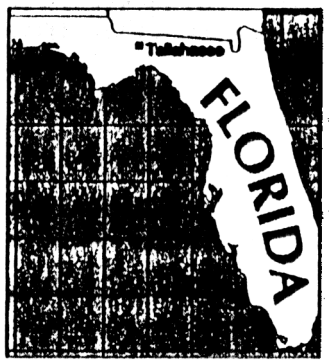
CONSORTIUM EXCHANGE

BUSINESS GROUPS TO JOIN IN HEALTHY PEOPLE 2010 DEVELOPMENT

THE PARTNERSHIP FOR PREVENTION received a grant from the Robert Wood Johnson Foundation to convene a Healthy People 2010 Business Advisory Council. Composed of business leaders from approximately 25 large, medium, and small businesses, this group will assist in the development of Healthy People 2010 objectives and will develop strategies for the private sector in achieving these objectives. For more information, contact Sarah Knab at Partnership for Prevention at (202)833-0009.

FLORIDA REPORTS PROGRESS

BUILDING HEALTHY COMMUNITIES TOGETHER: Health Status Report, which was recently released by the Florida Department of Health, seeks to answer the question, "How healthy is Florida." This document details Florida's successes and challenges for improving Floridians' health status. Some of Florida's successes include: a reduction in infant mortality to a rate below the national average; a decrease in repeat births to teens; a 90 percent reduction in primary and secondary syphilis; and a 50 percent decrease in the age-adjusted death



from heart disease. Some of Florida's challenges include: reducing unfavorable birth outcomes for nonwhites; purchasing new drug combinations for persons with AIDS; and reducing deaths and disabilities resulting from chronic diseases, the leading killers of Floridians. For more information, contact Kathy Winn at (850)487-3220

FIDO! FRIEND OR FOE?

DID YOU KNOW THAT by age 12 almost half of American children are bitten at least once by a dog. Two students from Auburn University's College of Veterinary Medicine have taken on this important public health problem by developing a coloring/activity book entitled, *Fido! Friend or Foe?—Reducing Dog Bite Injuries in Children Through Public Education.* This book educates elementary school-aged children and their parents about the dos and don'ts of dog safety and on how to avoid dog bites. Parents are encouraged to read through the book with their children to reinforce the messages

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EXEMPLARY MENTAL HEALTH PROGRAMS IN SCHOOLS

AN ESTIMATED 15 TO 20 PERCENT of children and adolescents have mental health problems severe enough to warrant treatment. School psychologists play a large role in improving many students' lives by working with the students, their families, and often other mental health professionals. The National Association of School Psychologists has published a guide to some of the best school and community-based mental health programs in which school psychologists were engaged in program development, implementation, and/or evaluation. *Exemplary Mental Health Programs: School Psychologists as Mental Health Service Providers* highlights 119 programs in 44 States. To order this publication, contact Victoria Stanhope at (301) 657-0270 ext. 223 or vstanhope@naspweb.org

ABOUT CONSORTIUM EXCHANGE

Healthy People 2000 CONSORTIUM EXCHANGE is an information resource for *Healthy People 2000* Consortium members to share news about prevention activities related to achieving one or more of the Nation's health promotion and disease prevention objectives. Please send news about your programs and activities to Janet Samorodin, MPH, Office of Disease Prevention and Health Promotion, 200 Independence Avenue, S.W., Room 738G, Washington, D.C. 20201; (202) 260-2322; Fax (202) 205-9478; Jsamorodin@osophs.dhhs.gov

Healthy People 2000 is a national initiative to improve the health of all Americans through prevention. It is driven by 319 specific national health promotion and disease prevention objectives targeted for achievement by the year 2000. *Healthy People 2000*'s overall goals are to: increase the span of healthy life for Americans, reduce health disparities among Americans, and achieve access to preventive services for all Americans.

INFO ON THE WEB

American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD) ***(http://www.aahperd.org/index.html)***: Eight sites in one. Each member of AAHPERD provides a home page that includes publications, membership, and conference information. There is also information on AAHPERD's research consortium.

Association of Asian Pacific Community Health Organizations (AAPCHO) ***(http://www.aapcho.org)***: If you are interested in information on health issues related to Asian Americans and Pacific Islanders (AAPI), check out this site. Some unique features include policy information, links to other AAPI health sites, AAPCHO program information, and a calender of national and local events of interest to AAPIs or people who work with them.

National Education Association Health Information Network (NEAHIN) ***(http://www.nea.org/hin)***: This site provides information on breast and cervical cancer, environmental issues, HIV, and other areas that affect school employees and the children they serve. Two free newsletters *HSHNET* (HIV) and *The Source* (Environmental issues) are available on line. A new discussion group is available on indoor air quality issues in schools.

Wellness Councils of America (WELCOA) ***(http://www.welcoa.org/)***: This site provides information on worksite health promotion and WELCOA's WELL CITY USA project as well as information on National Health Days. A listing of America's Healthiest Companies and WELCOA's regional and State affiliates is also available.

WELCOME NEW CONSORTIUM MEMBERS

The Office of Disease Prevention and Health Promotion welcomes the 12 newest members of the Healthy People Consortium. We look forward to working with you on national health objectives for the years 2000 and 2010.

American Academy of Physician Assistants

American Association of Colleges for Teacher Education

Association of Asian Pacific Community Health Organizations

Center for Science in the Public Interest

Council of State and Territorial Epidemiologists

Farm Safety 4 Just Kids

National Association of Local Boards of Health

National Association of School Psychologists

National League of Cities

Shape Up America!

Society for the Advancement of Women's Health Research

Stop Teenage Addiction to Smoking