OREGON PUBLIC HEALTH ASSOCIATION:

CONFERENCE ABSTRACTS 2012

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ORAL PRESENTATIONS

TITLE: ***A Point-Source Norovirus Outbreak Caused by Exposure to Fomites***

TOPIC: Outbreak Investigation

AUTHOR(S): Kimberly Repp, Ph.D., MPH, William Keene, Ph.D., MPH

ABSTRACT: We investigated a norovirus outbreak (genotype GII.2)affecting 9 members of a soccer team. Illness was associated with touching a reusable grocery bag or consuming its packaged food contents (risk difference, 0.636; $P < .01$). By polymerase chain reaction, GII norovirus was recovered from the bag, which had been stored in a bathroom used before the outbreak by a person with norovirus-like illness. Airborne contamination of fomites can lead to subsequent point-source outbreaks. When feasible,we recommend dedicated bathrooms for sick persons and informing cleaning staff (professional or otherwise) about the need for adequate environmental sanitation of surfaces and fomites to prevent spread.

OBJECTIVE: Understand the role of environmental contamination in norovirus outbreaks.

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STUDENT: No

TITLE: ***A Regional Strategy to Address Bedbugs: A Diverse Partnership Model for Addressing Emerging Public Health Issues***

TOPIC: Environmental Health, Emerging Issues, Collaborative Partnerships

AUTHOR(S): Ben Duncan, BS, Sr Policy Analyst, Multnomah County Environmental Health

ABSTRACT: Although bedbug populations dropped dramatically during the mid-20th century the United States is one of many countries now experiencing resurgence in the population of bedbugs. Bedbugs are

an emerging issue in Oregon, and we have quickly seen and felt the impacts locally, and the increasing impact of bedbugs in the region. While a challenging issue for public health because bedbugs are not a vector of disease, bedbugs create an opportunity for innovative and non-traditional partnerships.

As Multnomah County Health Department began to tackle this issue, it became apparent that we needed to convene stakeholders that are heavily impacted by this problem and proactively develop solutions.

This session will explore the three elements for controlling bedbugs; awareness, education and prevention, and lead participants through a discussion focusing on the values and challenges of inter-jurisdictional cooperation and collaboration to have a meaningful impact on the community.

While participants will learn about a specific Workgroup focusing on Bedbugs, the lessons around how to bring diverse partners to the table, create workplans, and explore complex legal and policy ideas is valuable to public health professionals in a variety of disciplines.

OBJECTIVE:
1. Understand how a local health department can address an emerging public health issue.
2. Understand strategies for engaging diverse partners around complex issues
3. Learn about a model for inter-jurisdictional engagement

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TITLE: ***An intergrative approach to tribal policies in Northwest Tribes***

TOPIC: Tribal policies: tobacco, physical activity, and nutrition

AUTHOR(S): Kerri Lopez

ABSTRACT:
Background: In 2011, seven of the nine federally-recognized American Indian tribes in Oregon assessed current policies and environmental factors related to physical activity, nutrition, tobacco, chronic disease management, and leadership using the CDC's Community Health Assessment aNd Group Evaluation (CHANGE) tool, an initiative sponsored by the state's Tribal Tobacco Prevention and Education Program. Indian tribes in the Northwest have advocated since 1988 for policies specific to local needs and constraints to address high rates of tobacco use; nutrition and physical activity joined the agenda in recent years.

Methods: In each of the tribes, tobacco program coordinators formed teams from different sectors (community at large, institutions, health care, schools, and work sites) to rate policies and environmental factors on a five-point scale. Results were compiled locally and aggregated over all tribes by the Northwest Portland Area Indian Health Board (NPAIHB) in charts, heat maps, and narrative.

Results: The assessments highlighted strengths, such as smoking bans in and near tribal facilities, and identified potential areas for improvement. Some elements of the CHANGE tool applied better to urban than rural areas. Tribes immediately began developing policies, including new guidelines for food served at tribal events and activities, group activities at community centers, and reporting to tribal leaders on shifting perceived community norms. Because completing the CHANGE assessment required cooperation, coalitions of informed and motivated members were already in place.

Conclusions: Oregon Tribes are taking concrete steps to create policies around systems and environmental change in their communities following a comprehensive needs assessment.

OBJECTIVE: Develop practical strategies for working with community leaders to develop policies to support good nutrition, physical activity, and tobacco prevention and cessation. Explain how to approach tribal governments when seeking to formulate new resolutions. Identify advantages and disadvantages of using the CDC CHANGE tool in rural and/or tribal communities

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TITLE: ***An Oregon Case Study: Lessons learned from a public health political campaign to bring water fluoridation to 1 million residents***

TOPIC: Oral Health

AUTHOR(S): Raquel Bournhonesque, Mel Rader

ABSTRACT: Community water fluoridation (CWF) is the simplest and most effective way to prevent dental caries in children and adults, regardless of race or socioeconomic level. The state of Oregon ranks 47th out of 50 states in population with access to CWF, with only 27% having access to fluoridated water compared to the national average of 65.8%. Portland is the largest city in the United States without community water fluoridation, resulting in approximately 970,000 residents connected to the Portland's water system without access to a proven prevention strategy that the CDC recognizes as one of the top ten great public health achievements of the 20th century.

Past efforts made by a broad coalition of Oregon public health organizations, agencies, and individual advocates in promoting CFW policy for the state of Oregon have met local and national opposition from anti-fluoride groups who cite unsubstantiated science as their basis of concern. It is critical that residents in Portland and other communities of Oregon can prevent needless dental decay by choosing evidence-based benefits of CFW over fear.

Purpose of this presentation is to highlight the CFW campaign to improve dental health in Oregon. Presenters will focus on the elements of the campaign, including building a coalition of diverse partners, communicating a message that resonates with the public, neutralizing oppositionÂ¿s arguments, and mobilizing key supporters in taking the necessary action steps to access CWF in their communities.

OBJECTIVE:
1) Explore the key elements is building a broad coalition and overseeing a campaign in the expansion of fluoridated water systems.
2) Identify anti-fluoridation key arguments and tactics.
3) Demonstrate how scientific evidence can be communicated effectively to the general public and key decision-makers, including city council members.

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TITLE: ***An update on maternal and infant health among Oregon's American Indian and Alaska Native Population: Maternal Characteristics and Birth Outcomes from Linkage to 2008-2010 Birth Certificates***

TOPIC: Maternal and child health

AUTHOR(S): Megan Hoopes, Meena Patil, Jenine Dankovchik, Suzanne Zane, Victoria Warren-Mears

ABSTRACT:
Background: Infant mortality rates, a key marker of population health, remain higher for American Indians and Alaska Natives (AI/ANs) than for whites. However, other data about AI/AN maternal and infant health are rarely published and remain largely unavailable to tribes and Indian health organizations.

Methods: We conducted probabilistic record linkage between Oregon birth certificates (2008-2010 births) and Indian patient registration records. We then calculated birth rates and other descriptive measures of maternal and infant health for AI/ANs compared with whites.

Results: Birth rates were three times higher for AI/ANs compared to whites. Birth rates among teens (aged 15-19) were 106 per 1,000 for AI/ANs, compared to 23 per 1,000 for whites. AI/AN mothers were significantly more likely to experience a number of pregnancy risk factors including inadequate prenatal care, tobacco use, gestational diabetes and hypertension, obesity, and maternal STDs. The vast majority of babies born to AI/AN moms were born healthy and at full term (90.4% born at Â¿37 weeks gestation). However, when compared to whites, there were significantly more AI/AN babies born pre-term, with low birth weight or admitted into NICU.

Conclusions: These MCH health status indicators are being used to guide initiatives of the Northwest Portland Area Indian Health Board, Northwest tribes, and other public health partners.

OBJECTIVE: Attendees will understand measures of maternal risk factors and infant health outcomes among AI/ANs in Oregon, and how they compare with the stateÂ¿s white population.

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STUDENT: No

TITLE: ***Assessment of Stores for Tobacco and Healthy Foods***

TOPIC: Assessment of placement and advertising of tobacco and healthy foods in retail stores in Clackamas County.

AUTHOR(S): Craig Mosbaek and Scott France

ABSTRACT:
Purpose: The purpose of this project was to assess retail stores in Clackamas County on the placement and advertising of tobacco products and healthy foods.

Methods: Data collectors observed stores, both inside and outside, and completed a six-page questionnaire. Data were collected from 90 of the 264 stores that sell tobacco in Clackamas County, OR.

Results: Tobacco products were sold in the vast majority of stores that sell food. Cigarettes were the most common tobacco product sold, followed by chew and little cigars. Snus was available in about half the stores and electronic cigarettes were sold in 32% of stores. Advertising of tobacco products was common both inside and outside the stores. In violation of state law, 20% of stores had ashtrays within 10 feet of a doorway and 38% did not display a no smoking sign. Among convenience stores and small groceries, 42% sold no fresh produce, 31% sold one-three varieties of produce, and 27% sold four or more varieties. Canned produce was more common, though selection was still limited. Beverage options usually included water, milk, soda and other sugary drinks, energy drinks, and beer.

Conclusions: Tobacco products were sold in almost every store that also sold food, including cigarettes, chew, and little cigars. Outside of the large grocery stores, access to produce is limited.

OBJECTIVE:
1. Attendees will learn about the placement and advertising of tobacco and healthy foods in stores.
2. Attendees will learn how to conduct an assessment of stores for tobacco and healthy foods.

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STUDENT: No

TITLE: ***Brownfields and Public Health: The Story of Cully Park***

TOPIC: Brownfields, redevelopment, land-use, environmental health

AUTHOR(S): Kari Christensen, MPH (Oregon Health Authority), Rebecca Wells-Albers (Department of Environmental Quality), Tony DeFalco (Verde), Jamie Hogue (Cully Resident)

ABSTRACT: The potential health impacts of the redevelopment of Brownfields are important to consider from a public health perspective. The story of Cully Park includes a former 25 acre landfill planned for redevelopment into a community park in the Cully neighborhood of NE Portland. The Cully neighborhood is characterized by concentrated poverty, racial diversity, and lack of access to parks, nature and safe bike and pedestrian infrastructure. In response, the community organized the Let Us Build Cully Park! Coalition a collaboration of 15 community-based organizations, including Verde, the Columbia Slough Watershed Council, the Cully Association of Neighbors, Hacienda CDC, Latino Network, Native American Youth & Family Center, Portland Community Reinvestment Initiatives. The Oregon Department of Environmental Quality and the Oregon Health Authority were approached by LUBCP! to conduct and involve the community in the health risk assessment of the site. Panelists will describe their respective roles, the approach to an interactive participatory risk assessment process, and lessons learned from this effort. Public health involvement in the clean-up and land-use decisions pertaining to Brownfields redevelopment can address environmental justice and health disparities and increase long term public health benefits.

OBJECTIVE:
1. Define Brownfields.
2. Explain why public health should be involved in Brownfield redevelopment.
3. Provide examples of public health's role in Brownfields work.
4. Apply lessons learned from this project to everyday public health practice.

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STUDENT: No

TITLE: ***Changing the Context: What To Do When the Built Environment Has Put Healthy Eating and Active Living Out of Reach***

TOPIC: Built Environment/Obesity

AUTHOR(S): Beth Kaye, HEAL Cities Campaign Program Manager, Oregon Public Health Institute, (I would like to present directly following Daniel Morris, who will be presenting Data, Data Everywhere)

ABSTRACT: Recent research suggests that some built environments promote obesity by offering few or no options for healthy eating or active living. These findings highlight opportunities to create healthier communities through policy change. Changes to land use and transportation plans, local rules and regulations, and development projects can alter the built environment, and expand the options people have for healthy eating and active living. Presenter will discuss one statewide effort, the Healthy Eating Active Living (HEAL) Cities Oregon Campaign. This initiative of the Oregon Public Health Institute and the League of Oregon Cities helps civic leaders implement policies to improve the built environment.This presentation will cover the policy and resource challenges inherent in efforts to improve health by expanding options for healthy eating and active living. Examples include improving walkability or bikability, increasing access to safe places to play, establishing new community gardens and enhancing the availability of healthful foods at corner stores. The HEAL Cities Campaign offers a menu of best practice policies, and free customized technical assistance to local governments.

OBJECTIVE:
1. Participants will understand how policies shape the built environment, and how policy change can, over time, bring about environmental change.
2. Participants will understand how to identify environmental barriers to healthy eating and active living, and to initiate a plan for environmental change.
3. Participants will understand the resources available for environmental change through the Healthy Eating Active Living Cities Oregon Campaign.

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STUDENT: No

TITLE: ***Chlamydia trachomatis: Retesting Practices and Repeat Infections, Infertility Prevention Project Oregon, January - June 2010***

TOPIC: Chlamydia testing

AUTHOR(S): Genevieve L. Buser, Sean Schafer, Katrina Hedberg

ABSTRACT:
Background: Approximately 1.2 million cases of Chlamydia trachomatis (CT) were reported in the United States during 2010, resulting in $701 million in direct medical costs. Because repeat infections can increase risk for sequelae, CDC recommends concurrent patient and partner treatment, and retesting 3-6 months after initial infection. OregonÂ¿s Infertility Prevention Project (IPP) collects detailed demographic and behavioral data on persons tested, and reports one-third of total Oregon CT cases. We sought to identify factors for retesting and repeat infection among females enrolled in IPP.

Methods: We analyzed 2010 Oregon IPP data. An initial CT infection was defined as a positive nucleic acid amplification assay for an Oregon female aged 14 years during January - June 2010. We explored demographic and behavioral factors associated with retesting and repeat infection 1-6 months after an initial infection. We used log binomial regression to calculate adjusted prevalence ratios (aPRs).

Results: Of 19,443 females tested through IPP for CT, 1,229 (6%) had 1 positive result. Of these, 456 (37%) were retested within 1Â¿6 months; of those, 70 (15%) had a repeat infection. Females who were retested were more likely than those who were not retested to be aged Â¿24 years (aPR: 1.4; 95% confidence interval [CI]: 1.1Â¿1.8), black (aPR: 1.3; 95% CI: 1.1Â¿1.7), or Hispanic (aPR: 1.5; 95% CI: 1.2Â¿1.8) and to visit a school, rather than a family planning, clinic (aPR: 1.9; 95% CI: 1.5Â¿2.3). Females with a repeat infection were more likely than females without a repeat infection to report multiple partners during the previous 60 days (aPR: 1.6; 95% CI: 1.03Â¿2.6), after adjusting for age, race/ethnicity, and clinic site.

Conclusions: We conclude that (1) retesting after an initial CT infection is suboptimal and should be increased; (2) retesting is a high-yield intervention with a positivity rate 2.5 times that of initial testing; and (3) having multiple partners increased the risk for repeat infection. Although not directly assessed,

inadequate partner therapy can contribute to repeat infections, which can be addressed partially by patients delivering medication directly to their partners (e.g., expedited partner therapy).

OBJECTIVE:
(1) Understand importance of retesting C. trachomatis cases; (2) Understand risk factors in IPP women for repeat infection; (3) Appreciate use of alternative data source

AV NEEDS:

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STUDENT: Yes

TITLE: ***Climate Change Health Risk Assessment Model***

TOPIC: Climate Change Health Risk

AUTHOR(S): Brian E. Cooke, BS, Meghan Dalton, MS

ABSTRACT: In 2011, Benton County Health Department was 1 of 5 Oregon grantees of federal/state CDC funding to pilot Climate Health Adaptation Planning by local health departments. This process has led to the creation of the Climate Change Health Risk Assessment Model. This model helps to bring climate change risk assessment down to the local level. Currently there is not climate change model that allows for this type of planning. The health issues in relation to climate change will affect localities differently and itis important that resources are properly used to help identify and plan for future climate change health related issues.

OBJECTIVE:
1)Describe collection of data and application of the model.
2)Recognize outcomes of the model being used by different counties.

PRESENTATION TYPE: Oral (10 - 15 minutes)

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STUDENT: Yes

TITLE: ***Coast to the Cascades Community Wellness Network***

TOPIC: Community Development

AUTHOR(S): JoAnn Miller, Jana Kay Slater, Marty Cahill, Frank Moore, Rob Hess

ABSTRACT: The Coast to the Cascades Community Wellness Network (CCCWN) is the formal coalition that resulted from the Coast to the Cascades Childhood Obesity Project and the Rural Health Network Development Planning grant. With a mission to provide leadership to enhance the health of communities through development and support for collaborative regional partnerships in Benton, Lincoln and Linn Counties, the CCCWN membership consists of key leaders and decision-makers from health care, schools, government agencies, non-profit organizations and tribal councils representing these counties.

OBJECTIVE: Provide guidance and direction to organizations interested in developing a local network to coordinate and collaborate on services and supports that will improve the health of the community.

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TITLE: ***Collaborative Efforts in Health Care Workforce Data Collection***

TOPIC: Data Collection/Research

AUTHOR(S): Mary Rita Hurley, RN, MPA, Kelley Ilic

ABSTRACT: In 2011, the State of Oregon, Oregon Center for Nursing, Oregon Healthcare Workforce Institute and seven state licensing boards produced a comprehensive report outlining the demographics of Oregon's health care providers. This makes Oregon one of the only states in the nation to have produced a collaborative report on the health care workforce.

In 2009, the Oregon State Legislature, having previously recognized critical shortages of health care providers, supported a collaborative work plan crafted by multiple organizations, including the Oregon Center for Nursing, to implement an ongoing workforce data collection effort via health profession licensing processes. The accurate workforce picture created by this data collection helps target finite resources, evaluate policies, identify gaps in access and prepare for and respond to disaster situations.

This collaborative health care workforce data collection and analysis via licensing processes provides a foundation for sound decision-making as accountable and interprofessional care delivery models are implemented. An accurate workforce picture helps target finite resources, evaluate policies, identify gaps in access and prepare for and respond to disaster situations.

Oregon's efforts shows the value in collaborating across multiple agencies and health professions to provide an effective foundation for assessing workforce needs, improving access to care, and implementing successful interprofessional care delivery models.

OBJECTIVE:
1. The learner will be able to identify the benefits of a collaborative, multi-profession approach to workforce data collection.
2. The learner will understand how to access recently collected data for their region.

AV NEEDS:

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STUDENT: No

TITLE: ***Community Water Fluoridation: 67 years of safe practice.***

TOPIC: Preventative Public Health Interventions

AUTHOR(S): Charles C. Haynie, M.D.; FACS, Kurt Ferr, DDS

ABSTRACT: Since its inception in the mid 1940's, community water fluoridation's safety has been repeatedly reviewed. The US has 67 years of experience with large populations drinking water with optimized fluoride concentrations. Since 1990 there have been 22 systematic reviews. The only negative side effect documented is that of dental fluorosis. Still, those opposing community water fluoridation claim approximately 150 different concerns and health effects. With an emphasis on recent issues and research, this presentation reviews the science which has led to the overwhelming expert consensus that fluoridation is safe. Selected issues including cancer and environmental impact and the importance of expert panel systematic reviews are discussed. Understanding the limitations of epidemiological science and the public's often flawed risk perception are important in confronting the many concerns raised by opponents.

OBJECTIVE: Learning Objectives: Attendees will gain an understanding of the science which supports the public health community consensus that community water fluoridation is a safe intervention.

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STUDENT: No

TITLE: ***Coordinated Care Organizations: Implications for Oregon tribes***

TOPIC: Indian health policy

AUTHOR(S): Turner Goins, Ph.D , Lydia Riley, MPH student

ABSTRACT:
Introduction: In attempt to reduce state Medicaid spending, the Oregon legislature passed House Bill 3650 in early 2012, which established Coordinated Care Organizations (CCO) as the new delivery system for Medicaid. Although the legislation exempts American Indian tribes from participating in CCOs, they are still affected because many tribal members receive Medicaid benefits. This paper seeks to establish how involved the tribes were in the drafting of HB3650 and to explore what measures CCOs are taking to include tribes in their network.

Methods: We contacted members from the Oregon Health Care Transformation legislative committee to determine if there was tribal consultation during the drafting process of CCOs. We conducted key informant interviews with a representative from the Northwest Portland Area Indian Health Board and a state tribal-liaison to understand tribal and state concerns regarding the integration of tribes into CCOs. We contacted the primary applicant of each CCO with a tribe in their geographical service area to determine how they were including tribes in their CCO.

Results: Although there was tribal consultation before the drafting of HB3650, several tribal concerns were not fully addressed in the legislation. The lack of tribal policy in HB3650 has left individual CCOs to decide how to involve the tribes and at what capacity. CCOs are challenged with the rapid implementation timeframe, which has affected their inclusion of tribal health care programs.

Conclusions/Recommendations: To improve the inclusion of tribes in CCOs, state legislation should require a standard contract addendum for delivery networks to use with tribes. Other states considering implementing a new delivery system similar to CCOs or Accountable Care Organizations mandate for delivery networks to contract with tribes in their area.

OBJECTIVE:
1) To understand how Oregon tribes and their respective members are affected by Coordinated Care Organizations.

2) To identify and understand potential issues related to integrating tribal members into Coordinated Care Organizations.

AV NEEDS: projector and screen

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STUDENT: Yes

TITLE: ***Coordinated Messaging for Health Promotion and Chronic Disease Prevention***

TOPIC: Public health messaging

AUTHOR(S): Jonathan Modie, communications specialist, Center for Prevention and Health Promotion, Oregon Public Health Division

ABSTRACT: To support its coordinated approach, the Health Promotion and Chronic Disease Prevention Section developed a message frame and strategy to communicate its approach and engage decision-makers and all Oregonians in creating healthier communities. In spring and summer 2010, OHA conducted research to explore key audiences knowledge, attitudes and beliefs about creating healthier communities through comparative analysis of other campaigns, literature review, focus groups in Portland and Pendleton, and executive interviews. Based on the research findings, HPCDP developed a message frame that emphasized eating better, moving more and living tobacco-free helps Oregonians be healthy and do the things they love; nutritious food, places to play and exercise, and smokefree air are out of reach for too many people; all Oregonians deserve convenient access to foods and activities that help them live better regardless of income, education or ethnicity; and Oregonians have the power to put healthy options within reach. A December 2011 online survey of Oregonians found that three-quarters agree with the message frame; four of five rate access to healthy options as a priority; half say healthy communities result from a mix of individual and government action; and one in three have taken action to increase healthy options.

OBJECTIVE: Understand audience attitudes regarding local opportunities for living healthy to ensure communications are focused on policy and systems change rather than individual behavioral changes.

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STUDENT: No

TITLE: ***Creating a Healthier Food Environment for Incarcerated Women***

TOPIC: Healthy Eating; Corrections health; Policy & Environmental Change

AUTHOR(S): Linda Drach

ABSTRACT: Women inmates at Coffee Creek Correctional Facility, OregonÂ¿s only womenÂ¿s prison, experience a high proportion of chronic physical and mental health issues. These are exacerbated in prison by a lack of healthy food options. Daily menus currently provide over 3,000 calories per day, and for-purchase offerings are generally high-calorie and low in nutrients. Barriers to providing healthier food options include a low corrections budget for meals ($2.40/inmate/day), limited kitchen space for food preparation and storage, and lack of food system skills among inmates.

The Oregon Department of Corrections, Oregon Health Authority, and Mercy Corps Northwest are working in partnership, with funding from Kaiser Permanente Community Benefit Fund, to improve health outcomes for women inmates through policy and environmental change. Strategies include expanding the prison garden, making healthy food more accessible, decreasing the availability of unhealthy food choices, and providing food-related education and training opportunities.

This presentation will provide information about the dynamics of incarceration and health, and will present strategies for improving health outcomes within a prison setting.

OBJECTIVE: After the Worksession, attendees will:
1. Understand the dynamics of incarceration and health;
2. Be familiar with and able to describe the Healthy Food Access Project at Coffee Creek Correctional Facility;

3. Identify healthy eating goals that can be addressed within a prison setting, and strategies that can be used to do so.

AV NEEDS:

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STUDENT: No

TITLE: ***Designing and Using Political Feasibility Assessments: Tobacco-Free Downtown Areas in Deschutes County Case Study***

TOPIC: Public Health Policy

AUTHOR(S): Ashley Evenson, The Rede Group, David Visiko, Deschutes County Health Services

ABSTRACT: During May, June and July 2012, the Rede Group worked with Deschutes County Health Services to assess the political feasibility of changing policies to create tobacco-free downtown areas. The political feasibility study combined results from focus groups in Bend, La Pine, Redmond and Sisters and a widely distributed electronic survey. (Note: Results will be finalized August 2012.) The session will describe study design and results and review how to review and analyze results to determine next steps in a policy process.

OBJECTIVE: Participants will understand two tools (focus groups and survey) for assessing political feasibility of public health policies.

AV NEEDS:

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STUDENT: No

TITLE: ***Escuchando a nuestros jovenes: A Latino Youth Photovoice Project on Teen Pregnancy***

TOPIC: Adolescent Health; Laino Health

AUTHOR(S): Joanne Noone, Phd, RN, Maggie Sullivan, MPh, Glenise McKenzie, PhD, RN, Tiffany Allen, BS, Teresa Esqueda, Nancy Ibarra

ABSTRACT: Nationally, 52% of Latina teens will become pregnant at least once by the time they are 20. In Jackson County in southern Oregon, the Latina teen pregnancy rates for 2008 and 2009 are nearly double those for non-Hispanics. The purpose of this study is to explore Jackson County community's strengths and weaknesses as viewed by the Latino youth to better understand their experiences, beliefs and concerns related to teen pregnancy in this community. Photovoice is a photography and storytelling technique that offers community residents an opportunity to share their perceptions and impressions through photographs of their community and of the local conditions that affect their community's health.

Participants were asked to take photographs to answer from their perspective, what contributes to 1) preventing or 2) increasing the risk of teen pregnancy in their community. Fourteen Latino youth from local high schools and colleges, ages 15-20, enrolled in the study and nine (6 females and 3 males) completed all aspects of the project including dissemination to the community. This presentation will summarize the findings and discuss the benefits to the youth and to the community in promoting youth leadership and raising community awareness related to teen pregnancy.

OBJECTIVE: Discuss the process of using Photovoice as a tool to promote community engagement around a health issue.

AV NEEDS:

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STUDENT: No

TITLE: ***Farm to School and School Garden Policy: A Health Impact Assessment Case Study***

TOPIC: Child Nutrition Research

AUTHOR(S): Upstream Public Health

ABSTRACT: This session aims to inform attendees about the process of conducting an HIA using this state policy proposal as a case study. The presenter will review key HIA findings; the role of HIAs in influencing the decision and decision-making process, and lessons learned throughout the HIA process. Upstream Public Health conducted a Health Impact Assessment (HIA) on Oregon's HB 2800, a state-wide bill that provides public schools with reimbursement funds for purchasing Oregon food products and establishes a grant fund to create new school gardens. Farm to school and school garden programs have gained momentum for their potential to contribute to local economies, foster healthy school food environments, support nutrition education, and build relationships among farmers and school districts. Upstream Public Health, a health policy advocacy non-profit, worked with two advisory groups to develop the scope of the HIA, clarify assessment findings, develop recommendations, and develop a dissemination strategy. We used a systematic literature review, secondary data analysis, and an IMPLAN economic analysis in our assessment. Key findings were that HB 2800 would create new jobs, strongly impact student enrollment in school meal programs, moderately impact children's food security, and have null or uncertain effects on climate change outcomes.

OBJECTIVE: Identify the linkages between farm to school policy and health outcomes. Discuss how the HIA impacted the decision making process.

AV NEEDS:

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STUDENT: No

TITLE: “***First Tooth”: Statewide expansion of preventive oral health services to Oregon's pediatric providers***

TOPIC: Children's Oral Health, Medical and Dental Collaboration, Children's oral health; Medical and dental collaboration

AUTHOR(S): Amy Umphlett, MPH, First Tooth Program Coordinator, Shanie Mason, MPH, CHES, Oral Health Program Manager, Karen Hall, RDH, EPDH, Virginia Garcia Memorial Health Center , Kristen Becker, MS, MPH, Maternal and Child Health, Assessment & Evaluation Unit

ABSTRACT:
Background: The Oregon Health Authority’s Oral Health Program in collaboration with the Oregon Oral Health Coalition worked on a three-year workforce development project called “First Tooth”, with the goal to reduce early childhood caries by training medical providers and general dentists to implement evidence-based preventive oral health services for children ages 0-3.

Methods: “First Tooth” comprises in-person training, ongoing technical assistance, and a comprehensive, web-based oral health resource and training site. Evaluation principles were integrated into each activity. It moves beyond the clinical intervention of fluoride varnish by involving the entire staff, not just providers, in integrating oral health preventive services into their practice.

Results: “First Tooth” has expanded outreach and training statewide to: 1) Engage both medical and dental providers in providing culturally appropriate early childhood caries prevention activities; 2) Facilitate referral relationships to ensure all children have a dental home; 3) Collaborate with community partners; and 4) Report evaluation results on process and outcome measures.

Conclusions: While the grant project has ended, “First Tooth” is evolving forward with support from the medical and dental communities. All providers can become experts in children’s oral health prevention strategies and advocates for oral health as part of the continuum of care.

OBJECTIVE:
1. Explain how an early childhood caries prevention training program was implemented that incorporates in-person and online training with technical assistance.
2. Describe outcomes and evaluation principles used.
3. Discuss the value of collaborative partnerships across disciplines to implement successful oral health promotion and tooth decay prevention efforts.
4. Discuss how “First Tooth” has evolved and how it links to Coordinated Care Organizations.
5. Identify lessons learned.

AV NEEDS:

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STUDENT: No

TITLE: ***Health Care Providers' Attention to Food Insecurity in Households with Children***

TOPIC: Medical providers; food security.

AUTHOR(S): Anne Hoisington, Marc Braverman , Dana Hargunani, Elizabeth Adams, Cheryl Alto

ABSTRACT:
Purpose: The purpose of the study was to determine the extent to which physicians and nurse practitioners monitor household food insecurity (FI) of families with children, and factors that influence monitoring of the condition.

Methods: A survey of family practice and pediatric physicians and nurse practitioners in the Portland, Oregon, region yielded 186 responses. Factor analysis was used to identify barriers to asking about FI. Regression analysis was used to determine whether monitoring of household food status was predicted by those barriers, attentiveness to potential FI indicators, and other variables.

Results: Most respondents did not routinely inquire about household FI during clinic visits. However, 88.8% expressed willingness to use a standardized screening question, if available. Monitoring of household food nutritional quality was significantly predicted by one of three identified barriers (providers' time availability). Monitoring of household food sufficiency was predicted by years in practice, attentiveness to FI indicators, inadequate knowledge about FI, and discomfort in discussing FI.

Conclusion: Routine monitoring of patients' household FI by health care providers is an underutilized strategy for reducing this condition, which poses serious risks to children's health and development. Addressing providers' concerns and introducing standardized screening procedures can increase their monitoring behaviors.

OBJECTIVE:
1. Participants will state two health consequences of pediatric and prenatal food insecurity/hunger.
2. Participants will become familiar with a validated tool and intervention strategies for clinic-based food insecurity screening.

AV NEEDS:

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STUDENT: No

TITLE: ***HEALTH IS A BUSINESS FOR EVERYONE AND IS NOT A RIGHT TO ANYONE: NEOLIBERAL HEALTH CARE IN RURAL GUATEMALA***

TOPIC: Global Health, Health Care Access, Health Disparities, Rural Health, Neoliberalism

AUTHOR(S): Clarice Amorim

ABSTRACT: Since the signing of the Guatemalan Peace Accords of 1996, international organizations have demanded that the government reduce health disparities in this country. Neoliberal reforms in health care, focusing primarily on decentralization and privatization, have been developed and implemented over the last decade. This paper explores the intended and unintended consequences of these reforms as perceived by health care providers practicing in four rural communities in the state of SuchitepÃ©quez. It assesses the challenges faced by governmental and private health care providers as they attempt to mediate between national policies and the needs of rural communities. It also examines how decentralization and privatization have undermined the motivation of rural health care workers and subverted their trust in each other. It concludes that the neoliberal restructuring has failed to significantly diminish health care disparities and improve health care access; in reality, it has widened the gap between rural communities and their urban counterparts. Neoliberal health care reforms in Guatemala equated to cuts in state services, poorer regulation efforts, gains for private providers, and poor health care for the most vulnerable communities.

OBJECTIVE: 1) Understand how international organizations use economic power as leverage to promote neoliberal reforms in health care. 2) Focus on how policy-making affects the social and professional lives of health care workers, who play a significant role in the delivery of health services. 3) Assess the challenges faced by governmental and private health care providers working on underserved rural communities.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Health risks of Oregon eighth-grade participants in the "choking game": results from a population-based survey.***

TOPIC: Adolescent health

AUTHOR(S): Sarah K. Ramowski, Robert J. Nystrom, Kenneth D. Rosenberg, Julie Gilchrist, Nigel R. Chaumeton

ABSTRACT:
OBJECTIVE: To examine the risk behaviors associated with participation in the "choking game" by eighth-graders in Oregon.

METHODS: We obtained data from the 2009 Oregon Healthy Teens survey, a cross-sectional weighted survey of 5348 eighth-graders that questioned lifetime prevalence and frequency of choking game participation.

RESULTS: Lifetime prevalence of choking game participation was 6.1% for Oregon eighth-graders, with no differences between males and females. Of the eighth-grade choking game participants, 64% had engaged in the activity more than once and 26.6% more than 5 times. Among males, black youth were more likely to participate than white youth. Among both females and males, Pacific Islander youth were much more likely to participate than white youth. Multivariate logistic regression revealed that sexual activity and substance use were significantly associated with choking game participation for both males and females.

CONCLUSIONS: The prevalence of choking game participation among Oregon youth is consistent with previous findings. However, we found that most of those who participate will put themselves at risk more than once. Participants also have other associated health risk behaviors. The comprehensive adolescent well visit, as recommended by the American Academy of Pediatrics, is a good opportunity for providers to conduct a health behavior risk assessment and, if appropriate, discuss the dangers of engaging in this activity.

OBJECTIVE: Learn about the choking game including prevalence and prevention .

AV NEEDS:

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STUDENT: No

TITLE: ***Healthy Recipe Implementation for School Meals Program***

TOPIC: Healthy Eating

AUTHOR(S): Glenda Hyde, MEd

ABSTRACT: This project accelerated a model of good eating practices to prevent obesity recommended in the 2010 Dietary Guidelines and the 2011 Child Nutrition Reauthorization at school for all students in Jefferson County and Culver School Districts.

OSU staff and students assisted with modification or development of recipes to be used in school meals to increase consumption of dark green/orange vegetables, and lower sodium and/or saturated fat; provided institutional recipe software training and support and promoted use of school gardens to help students learn about the produce included in the new/updated recipes. Students were surveyed for cultural acceptance of the recipes.

OBJECTIVE: Schools have comprehensive policies and environments that support tobacco-free lifestyles, healthy eating, daily physical activity, and health management.

AV NEEDS:

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STUDENT: No

TITLE: ***How Do We Know When "It Gets Better"? Monitoring the Health of LGBTQ Youth in Oregon***

TOPIC: Health Disparities; Public Health Surveillance

AUTHOR(S): Kari Greene, MPH

ABSTRACT: To address health disparities, public health programs must be able to identify and monitor the health of priority populations. One such priority population is lesbian, gay, bisexual, trangender, and questioning (LGBTQ) youth, since national data indicate that LGBTQ youth may experience significant health disparities, including suicide, harassment, substance use, and sexual risk behaviors. In Oregon, however, statewide data have not been readily available to routinely assess the health of this population. This session will focus on what we currently know about the health of LGBTQ youth in Oregon, what disparities exist for sexual minority youth, and what information is lacking for the LGBTQ population overall.

Population-based data are available for LGBQ-identified youth from the Oregon Healthy Teen (OHT) survey, though no comparable data are available for transgender-identified youth. This presentation summarizes OHT data on 11th graders from 2006 - 2009, focusing on leading health indicators for sexual minority youth across a broad range of topics. These data will also be used to identify significant health disparities faced by sexual minority youth in Oregon, and how these data might be used to address issues of health equity.

OBJECTIVE:
1. Become familiar with the key health indicators available for LGBTQ youth in Oregon
2. Identify three health disparities experienced by sexual minority youth in Oregon

AV NEEDS:

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STUDENT: No

TITLE: ***How Public Health and Policy Makers Can Collaborate to Promote Policy Change***

TOPIC: Health Policy and Public Health Leadership

AUTHOR(S): Lesli Uebel, MPH, CHES and Judy Sundquist, MPH,RD, Chair and Vice-Chair, Benton County Public Health Planning Advisory Committee

ABSTRACT: This is a facilitated discussion by a moderator, Katherine Riley, EdD, Assistant Professor Emerita, with panelists from the legislature, county commissioner's office, public health department and the Public Health Planning Advisory Committee regarding public health's role and importance in community health and overall health care. Panelists will present their unique perspectives about the role and essential contributions of public health. They will be asked questions that: 1) expand on these perspectives, 2) elicit their understanding of the role of public health in policy making, 3) allow them to describe the most effective approaches for engaging them to become informed champions of public health, and 4) identify community groups that can be potential public health advocates.

OBJECTIVE: After attending this session, participants will:

1. understand the importance of informing and engaging elected officials;
2. identify informal processes and organic methods for engaging elected officials; and
3. describe the effective use of the Public Health Planning Advisory Committee for local public health advocacy.

AV NEEDS: Laptop and projector

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STUDENT: No

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TITLE: ***Improving Access to Medical Homes: Transitioning Public Health Clinic Services to a Federally Qualified Healthcare Clinic***

TOPIC: Access to Care, Access to Care, Public Health Administration

AUTHOR(S): Marni Storey, MS, RN, Deputy Director Clark County (Washington)Public Health, Alan Melnick, MD, MPH, CPH Health Officer, Clark, Cowlitz, Skamania and Wahkiakum Counties, Washington

ABSTRACT: In 2006, while over 40,000 low-income Clark County residents had no health insurance and many providers were not accepting Medicaid, our health department faced decreasing revenue and increasing costs from providing direct clinical services. In response, we explored alternative approaches to improve access while increasing our ability to influence community health policy and improve health outcomes. Based on literature review and consultation, we proposed an integrated medical home based on a comprehensive approach, including prevention, behavioral health and primary care. Collaborating with our Human Services partners, we issued requests for proposals to support expansion of an FQHC to implement the model. Our three goals were sustainability, fidelity to the model and increased access. Our evaluation measures included clients served, client visits, payer mix, provider recruitment and retention, and health outcomes. We provided technical assistance and funding to ensure success. The three most significant issues we faced were the contractual relationship with the FQHC, managing change within our department and workforce development. Our presentation will describe strategies we used to mitigate these challenges and work locally with community partners to increase access to health care while improving health outcomes.

OBJECTIVE:

1. Describe the steps used to increase access to integrated behavioral health and primary care services for Medicaid eligible population.
2. Describe strategies to monitor effectiveness of the clinical services transition.
3. Describe strategies to support and train staff as they begin new population based roles in public health.

AV NEEDS:

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STUDENT: No

TITLE: ***Improving Maternal Mental Health in Oregon: the Maternal Mental Health Patient and Provider Education Act***

TOPIC: Perinatal mental health

AUTHOR(S): Nurit Fischler, MS, Oregon Public Health Division; Wendy Davis, PhD, Postpartum Support International

ABSTRACT: Maternal mental health disorders Â¿ including depression and anxiety during and after pregnancy Â¿ are a major public health problem. Depression is the leading cause of disability among women, and the most common serious complication of pregnancy. Nearly one-fourth (24%) of new mothers in Oregon reported symptoms of depression either during or after pregnancy. Despite a growing body of clinical and policy research, families and professionals remain largely unaware of how common and treatable these disorders are; and how potentially devastating when left undiagnosed and untreated.

Oregon has developed a strong alliance of public and private partners dedicated to improving maternal mental health. These partners have spearheaded provider education, systems and policy development, and advocacy efforts around the state. This session will highlight the implementation of HB 2235, the Maternal Mental Health Patient and Provider Education Act. Passed by the 2011 Oregon Legislature, HB 2235 (based on the recommendations of the HB2666 Maternal Mental Health Work Group) provides a critical next step in developing a state infrastructure to improve perinatal depression/anxiety, through creation of the Oregon Maternal Mental Health Program. The program website, which serves as a portal to information and support for Oregon providers and the public will be highlighted.

OBJECTIVE:
1. Increase understanding of maternal mental health disorders and their impact on women, children and families.

2. Become familiar with Oregon's unique approach to championing policy and program initiatives to improve maternal mental health; including passage of 3 maternal mental health bills in the last 5 years.

3. Know how to use the OHA's maternal mental health website to find resources for patient and provider education; as well as links to maternal mental health screening, treatment, and support services for women, their partners and family members.
4. Share and further develop ideas and strategies for engaging partners to implement maternal mental health initiatives.

AV NEEDS: internet access

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STUDENT: No

TITLE: ***Improving the Accuracy of BRFSS Estimates in the 21st Century***

TOPIC: Changes in Weighting in the Behavioral Risk Factor Surveillance System Starting in 2010

AUTHOR(S): Kathy Pickle, MPH, Stacey Schubert, MPH

ABSTRACT: The Behavioral Risk Factor Surveillance System (BRFSS) is one of public health's key sources of population-based health behavior data about chronic disease prevalence and behavioral risk factors among adults, both nationally and in Oregon. Two BRFSS changes have been made to keep the data accurate and representative of the total population. These are making survey calls to cell-phone numbers and adopting an advanced weighting method that adjusts for more demographic factors. The new methods were piloted and tested and are officially being applied to the national 2011 BRFSS data and reports released in the summer of 2012. Oregon opted to use the new method with the release of the statewide 2010 data as well. This session will explore differences between the old and new methods of BRFSS data collection and weighting, and how these changes affect health information used by state and local public health organizations.

OBJECTIVE:
1) Understand basic Behavioral Risk Factor Surveillance System (BRFSS) history and importance

nationally and in Oregon
2) Understand the improved methods that will keep BRFSS estimates accurate and meaningful
3) Understand how and why some estimates differ with the implementation of new data collection and weighting methods

AV NEEDS:

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STUDENT: No

TITLE: ***Injury Prevention Counseling during Well-Child Visits in the United States: Rates and Determinants***

TOPIC: Injury Prevention and Control

AUTHOR(S): Kathleen F. Carlson, MS, PhD, Aisling G. Fernandez, BS

ABSTRACT:
Background: Pediatric and adolescent injury prevention counseling (IPC) is recommended by United States (US) medical organizations. We examined current rates and determinants of IPC in US child preventive care (“well-child”) visits.

Methods: Data were from the 2009 National Ambulatory Medical Care Survey, an annual probability sample survey designed to represent all US office-based physician visits. We conducted descriptive analyses on rates of IPC by patient characteristics and estimated the likelihood of IPC in reference to hypothesized determinants. Odds ratios (OR) and 95% confidence intervals (CI) were calculated using multivariable logistic regression.

Results: There were approximately 57.0 million (CI: 47.2-66.8) well-child visits in US office-based physician clinics in 2009; 24% involved IPC. Patient gender was not associated with IPC, but age, race/ethnicity, and region were. Rates of IPC decreased from 28% in visits with children aged 0-2 years to 17% in those aged 13-18 years. Rates were lower for Hispanic (21%) and Black (19%) patients than for

non-Hispanic Whites (25%). In multivariable models, visits occurring in non-metropolitan regions were less likely to involve IPC (11%) than visits in metropolitan (urban) regions (26%; OR=0.4; CI=0.2-0.7).

Conclusion: Public health efforts should focus on increasing rates of IPC during child preventive care visits.

OBJECTIVE:
1) Understand the evidence base for injury prevention counseling during well-child visits;
2) Learn about rates and determinants of child injury prevention counseling based on the most recent national data available.

AV NEEDS:

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STUDENT: No

TITLE: ***Innovative Inter-professional Population Health Classroom Strategy: Neighborhood-based Partnership with North Portland Community Health Workers***

TOPIC: Inter-professional academic and community partnership

AUTHOR(S): Barb Braband, RN, Ed D, Associate Professor, Nursing, University of Portland, Portland, OR; Jason Skipton, Community Programs Supervisor, Village Gardens, North Portland, OR; Eca-Etabo D Wasongolo, Community Organizer, Village Gardens, North Portland, OR; Community Health Worker representative (To be selected pending abstract approval)

ABSTRACT: An innovative teaching classroom strategy to promote physical and social health concepts for culturally congruent practice in neighborhood environments and communities was developed. This partnership emerged from a community-based participatory research (CBPR) project with several North Portland community agencies including the faculty, Village Garden staff members, and Community Health Workers. A reciprocal learning environment and inter-professional partnership was created to enhance learning and dialogue for both students and community health workers. The goal of this inter-professional partnership supported bringing the neighborhood to the classroom and the classroom to

the neighborhood to strengthen participants' understanding of local populations' health and social determinants and to develop stronger partnerships between community health workers, community partners, faculty, students, and the University.

OBJECTIVE:
1. Examine the contributions of inter-professional teaching strategies through a classroom partnership with community health workers, students, and faculty to foster authentic relationships with community members.
2. Clarify the role and current goals of the community health worker.
3. Promote an understanding of social and cultural determinants of health through active dialogue between students and community health workers.
4. Describe the planning and implementation process for the New Columbia Health Fair as an interactive partnership activity.

AV NEEDS: no additional equipement is needed

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TITLE: ***Integrated curriculum for students of public health and urban planning***

TOPIC: built environment and public health, multidisciplinary practice and research, health in all policies, graduate curriculum

AUTHOR(S): Stephanie Farquhar, PSU School of Community Health, Vivek Shandas, PSU School of Urban Studies and Planning,

ABSTRACT: It is increasingly recognized that the physical and social environment are primary drivers of health outcomes. Portland State University's School of Urban Studies and Planning and School of Community Health offer a dual graduate degree program in urban and regional planning and public health. In an effort to synthesize the literature, languages, principles and applications of each discipline, the Schools created a Health Impact Assessment (HIA) course designed for graduate students of both programs. HIA is defined as a combination of procedures, methods, and tools that assesses the effects of a policy, plan, or program on population health. In addition to meeting the needs of students interested in the association between the built environment and health, there is a growing workforce demand for combined skills and languages. This demand is likely to increase as cities and regions continue to blend bureaus and agencies due to shrinking budgets. Currently, only five U.S. universities offer an HIA course. We will discuss the benefits and limitations of using HIA to consider community health in all policies, and the ways in which planning policies and programs affect health disparities. The presentation will include the perspective of a faculty member and a graduate student based on their experiences blending the two disciplines during the course debut in summer 2012.

OBJECTIVE: To discuss the role of public health/urban studies curriculum in preparing practitioners to create policies and programs that consider health outcomes

AV NEEDS:

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STUDENT: No

TITLE: ***Integrating Public Health Concepts into Medical Care: A partnership to Implement the Patient Centered Primary Care Home***

TOPIC: Medical Care

AUTHOR(S): Mindy Stadtlander MPH, CareOregon, Safina Koreishi MD, MPH, Neighborhood Health Center, David Labby MD PhD, CareOregon

ABSTRACT: Beginning in 2006 with a desire to meet the goals of the Triple Aim, CareOregon, a Medicaid Managed Care Organization in Portland, Oregon, launched a medical home transformation

collaborative. Five pilot healthcare organizations worked to implement the fundamental principles of the Patient Centered Primary Care Home (PCPCH). This model of primary care embodies many core concepts of public health.

The collaboration between the payor and the local clinics allowed for development of curriculum and tools and a place to share best practices, speeding the pace of transformation and spread. The curriculum trains leadership in medical home processes and process improvement. Tools are designed for organizations to use immediately in adapting the concepts of PCPCH into their clinics and were designed from experience in the community.

CareOregon has recently launched a new learning collaborative with 8 health care organizations in early stages of PCPCH implementation. As an example of a participant in the collaboration, Neighborhood Health Center (NHC) is implementing the curriculum and tools, leading to proactive population management in diabetes, hypertension and preventative health.

A collaborative model between a payor and community health centers helps to strengthen the integration of public health principles into primary care.

OBJECTIVE:
1. Demonstrate ways to introduce public health concepts into primary care.
2. Demonstrate example of collaborative learning and technical assistance.

AV NEEDS:

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STUDENT: No

TITLE: ***Life course impact of neighborhood disparities: Does Tobacco Retailer Availability Impact Tobacco Use?***

TOPIC: Neighborhoods, life course

AUTHOR(S): Janne Boone-Heinonen, PhD, MPH, Rebecca Rdesinksi, MS, MPH, Sam Hermes, MS, Ashley Howell, MPH, Kenneth Rosenberg, MD

ABSTRACT:
BACKGROUND: Race/ethnic health disparities may begin before birth: birth outcomes (e.g., low birth weight) exhibit strong racial patterning and represent fetal development processes that shape chronic disease susceptibility. Neighborhood resources may influence maternal prenatal behaviors, but their contribution to disparate birth outcomes has not been tested.

METHODS: We used data from the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS 2004-2007, Portland Metropolitan Area, n=3,930) linked to GIS data within 3km of each home. In descriptive and multivariate regression analyses, we will estimate risk of small or large, compared to appropriate for gestational age (SGA, LGA, AGA) across race/ethnicity, then test for mediation by each neighborhood characteristic (deprivation; food stores, restaurants, exercise facilities, and tobacco and alcohol outlets per 10,000 population).

RESULTS: In preliminary crude analysis, SGA was most common in Blacks (16.8%) and Asians (17.7%) and LGA most common in Native Americans (12.9%) and Hispanics (12.4%), compared to non-Hispanic Whites (9.2 and 6.8%, respectively). Neighborhood deprivation was greater among mothers of SGA and LGA, compared to AGA babies. Complete study findings will be available in September 2012.

CONCLUSIONS: Study findings will identify specific neighborhood resources that may underlie disparities in birth outcomes and, ultimately, lifelong health disparities.

OBJECTIVE: Attendees will learn about how neighborhood environments may contribute to disparities in birth outcomes.

AV NEEDS:

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STUDENT: No

TITLE: ***Life course impact of neighborhood disparities: Inequitable allocation of resources***

TOPIC: health determinants

AUTHOR(S): Ashley V Howell, Kenneth Rosenberg, Janne Boone-Heinonen

ABSTRACT:
Background: Inequitable allocation of neighborhood resources may underlie socioeconomic disparities in health. Neighborhood impacts on health may involve numerous behavioral and disease pathways, each typically examined in isolation: physical activity and diet resources (obesity), tobacco and alcohol outlets (tobacco and alcohol consumption), and neighborhood deprivation. Furthermore, previous studies describing neighborhood disparities ignore spatial clustering of resources around population centers and among different types of resources, thereby potentially over- or under-estimating inequities in access.

Methods: We used Geographic Information System data on neighborhood resources (food stores and restaurants, physical activity resources, tobacco and alcohol outlets) and neighborhood deprivation in Portland Metropolitan Area census block groups. Using SaTScan software, we will first identify geographic clusters of each type of resource, adjusting for population. Second, we will test the extent to which neighborhood deprivation underlies resource clustering by comparing clusters before and after adjusting for neighborhood deprivation index.

Results: Study findings will be available in September 2012.

Conclusions: Study findings will identify types of neighborhood resources that are most strongly distributed according to socioeconomic status and thus most likely to contribute to health disparities.

OBJECTIVE:

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STUDENT: No

TITLE: ***Life course impact of neighborhood disparities: The role of obesity***

TOPIC: Neighborhoods, life course

AUTHOR(S): Rebecca Rdesinksi, MPH, Kenneth Rosenberg, MD, Janne Boone-Heinonen, PhD, MPH

ABSTRACT:
BACKGROUND: Inadequate access to healthy foods and physical activity settings may promote greater pregnancy weight gain and retention that may persist throughout the life course. Excessive pregnancy weight gain increases the risk of adverse birth outcomes that elevate the child's risk for obesity.

METHODS: We used data from the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS 2004-2007, Portland Metropolitan Area, n=3,930) and PRAMS-2 (2-year follow-up), linked to geocoded neighborhood food stores, restaurants, and physical activity resources near (3km) each mother's home. In descriptive and multivariate regression analyses, we will estimate how pregnancy weight gain and retention are (1) related to availability of neighborhood resources (per 10,000 population) and (2) mediate relationships between neighborhood characteristics and birth outcomes.

RESULTS: In preliminary crude analysis, women with recommended weight gain during pregnancy lived in the least deprived neighborhoods; women gaining more than recommended lived in neighborhoods with fewer supermarkets and more fast food restaurants. Complete study findings will be available in September 2012.

CONCLUSIONS: Study findings will indicate if availability of healthy food and physical activity resources contribute to prenatal and postpartum health Â¿ sensitive periods in which behavioral exposures have strong, long-lasting health impacts throughout the life course and beyond.

OBJECTIVE: Attendees will learn about how neighborhood environments may contribute to pregnancy weight gain and retention.

AV NEEDS:

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STUDENT: No

TITLE: ***Life course impact of neighborhood disparities: The role of tobacco***

TOPIC: Built environment

AUTHOR(S): Sam Hermes, Kenneth Rosenberg, Janne Boone-Heinonen

ABSTRACT:
Background: Maternal smoking is associated with poor birth and neonatal outcomes as well as adverse health events throughout the life course of the child. Many expecting mothers quit smoking during pregnancy but relapse postpartum, thus only briefly attenuating health risks to their children and themselves. Neighborhood access to tobacco retailers may influence smoking cessation of expecting mothers as well as continued abstinence from smoking postpartum.

Methods: Data from the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS 2004-2007; Portland metropolitan area, n=3930), a survey of new mothers, and PRAMS-2, a follow-up survey conducted two years later was linked with geocoded tobacco retailers. In descriptive and multivariate regression analyses, we will estimate how the accessibility of tobacco is related to smoking cessation and continued abstinence from smoking.

Results: Approximately 16% of the women in the Portland metropolitan area in 2004 through 2007 smoked in the 3 months prior to becoming pregnant. Roughly half of these women stopped smoking during pregnancy but two years postpartum 23% had relapsed. Complete study findings will be available in September 2012.

Conclusions: Study findings will indicate if the availability of tobacco contributes to smoking cessation and/or the continued abstinence from smoking in expecting and new mothers.

OBJECTIVE: Understand the impact of the built environment on tobacco use

AV NEEDS:

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STUDENT: Yes

TITLE: ***Motor Vehicle Crash Mortality among Northwest American Indians and Alaska Natives***

TOPIC: Mortality surveillance, injury/motor vehicle crash epidemiology

AUTHOR(S): Megan Hoopes, Jenine Dankovchik, Luella Azule, Bridget Canniff, Erik Kakuska, Victoria Warren-Mears

ABSTRACT:
Background: American Indians/Alaska Natives (AI/ANs) experience excess mortality from unintentional injuries as compared with the general population, and injury prevention has become a priority area for many Indian health programs. The availability of accurate data for this population is limited, due in part to miscoding of race information on death certificates.

Methods: We evaluated race coding on death certificate data from Idaho, Oregon, and Washington using probabilistic record linkage to Indian patient registration records. We then calculated rates and other descriptive measures of motor vehicle crash (MVC) mortality for AI/ANs compared with whites.

Results: Racial misclassification ranged from 9% (Washington) to 24% (Oregon). Age-adjusted MVC mortality rates, 2006-2009, were approximately twice as high for AI/ANs as for whites. Within the AI/AN population, disparities were seen in MVC mortality in rural counties vs. urban; the difference was especially pronounced in Oregon, where rural rates were nearly three times higher than urban rates. Trend data from Washington showed a significantly decreasing trend for whites from 1990-2009, while rates did not change significantly for AI/ANs.

Conclusions: The correct classification of race is an important factor in mortality surveillance. These data are being used to guide injury prevention initiatives of the Northwest Portland Area Indian Health Board.

OBJECTIVE: Participants will understand how motor vehicle crash mortality varies for AI/ANs compared with white populations in the Pacific Northwest.

AV NEEDS:

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STUDENT: No

TITLE: ***Occupational Stress in Latino Agricultural Workers***

TOPIC: Occupational Stress and Latino Health

AUTHOR(S): Meagan Shaw, Silvia Huszar, Diane S. Rohlman

ABSTRACT: Agricultural workers encounter multiple stressors that can impact their health, including exposure to chemicals, impoverished environment, poor nutrition and limited access to medical care. Furthermore, workers employed in jobs with high demands and low control (i.e., long work days, low income, low job security, little control over the workplace environment) exhibit physiological stress responses to work stressors. Seasonal variation in workload is another critical factor determining stress. Both unpredictable work availability in the low production season and heavy workload during the harvest or high production season can lead to work-related stress. To examine the relationship between stress and health, 32 Latino couples were recruited from an agricultural community in Oregon. Participants completed a questionnaire with items addressing demographic characteristics, occupational experience, health status, job stress, family life issues and other socioeconomic variables. Hair samples were collected from men to measure the level of cortisol as a stress biomarker. The questionnaire was administered in the Spring of 2012 during a period of low work demand in agriculture. A follow-up questionnaire will be administered during a high work demand time, harvest, in the Fall of 2012. This study will provide information about stressors faced by Latino agricultural workers and their families.

OBJECTIVE: To contribute to our understanding of the role of occupational stress on health and well being of Latino agricultural workers and their families.

AV NEEDS:

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STUDENT: No

TITLE: ***One Key Question: Integrating Pregnancy Intention Screening into WIC and Home Visiting Programs for Postpartum Women***

TOPIC: pregnancy intention screening, community initiatives, reproductive health

AUTHOR(S): Anne Morrill, MA, Julie Reeder, PhD, Michele Stranger Hunter , Helen Bellanca, MD, MPH

ABSTRACT:
Purpose: To screen postpartum women for their future pregnancy intentions and ensure they have access to needed primary care services

Methods: Staff of the Multnomah County WIC program and the Maternal, Infant and Early Childhood Home Visiting Program were trained to conduct pregnancy intention screening with their clients using the One Key Question model. The intervention in WIC was evaluated by tracking the number of clients needing follow-up services and primary care referrals.

Results/Outcomes: We will discuss our findings (due Aug 2012) from the WIC evaluation, and the process of engaging the Home Visiting Staff. We will focus on lessons learned in integrating a preventive screening tool in community health support agencies, and the increasing role of these agencies with health care reform.

Implications: Community health agencies have an increasing role in providing needed health care services to the public, and models for engagement are needed. This project provides one such model.

OBJECTIVE:
1. Participants will be able to describe the One Key Question model for pregnancy intention screening.
2. Participants will discuss the role of community health agency in meeting the preventive health needs of the population.

AV NEEDS:

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STUDENT: No

TITLE: ***Oregon Public Health Division working to support youth sexual health***

TOPIC: Youth Sexual Health

AUTHOR(S): Stefanie Murray, MPH; Lindsay Weaver, MPH

ABSTRACT: Oregon State Legislature passed a law in 2009 (ORS 336.455 referred to as the Human Sexuality Education Law) mandating that each school district shall provide age-appropriate human sexuality courses in all public elementary and secondary schools as an integral part of the health education curriculum.Â¿ This law specifies that the instruction will be comprehensive and stipulates which topics must be included in the education. In Spring 2012, as part of a larger assessment on the implementation of the law, Oregon Public Health conducted 12 focus groups with high school youth across the state to explore youth attitudes about and experiences in health class related to sexuality education and healthy relationships. Focus group results showed inconsistencies across and within schools regarding sexuality topics covered in class. Suggestions from youth on teacher, curricula, and school improvements regarding sexuality education will be discussed. Current sexual health programs in Oregon will be highlighted as well as additional policy and program recommendations identified by Public Health.

OBJECTIVE:
1. The 2009 Oregon Human Sexuality Education Law,
2. Key findings from the youth focus groups,
3. Current sexual health programs and additional recommendations on how to improve sexuality education for Oregon youth

AV NEEDS:

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STUDENT: No

TITLE: ***Oregon's Climate and Health Program: Progress and Lessons Learned***

TOPIC: Environmental Health

AUTHOR(S): Jae P. Douglas, Mandy Green, Andrea Hamberg

ABSTRACT: This presentation will discuss the overall approach taken by the Oregon Health Authority to develop a comprehensive climate and health program across the state's public health system by applying the components of CDC's BRACE Framework. The presentation will discuss challenges and

successes in forecasting climate change related health impacts for Oregon, the applications of forecasts for long-range health planning, and the use of health impact assessment as a means of influencing climate change policy. It will also include a description of progress and lessons learned through OHA's mini-grant program which aims to build and increase local climate change capacity within five county health departments in Oregon ‘s Multnomah County, Benton County, Crook County, Jackson County and North Central Health District.

OBJECTIVE: 1. Understand and describe Oregon's work with local health jurisdictions to increase knowledge and capacity to address climate and health. 2. Identify specific challenges that local health jurisdictions experience in becoming “Climate-Ready” and the strategies and tools Oregon has developed to address these challenges. 3. Describe Oregon's use of climate and health related data and tools such as health impact assessment to address the health impacts of climate change in local communities.

AV NEEDS:

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STUDENT: No

TITLE: ***Oregon’s Health Care Interpreters and Health Systems Transformation***

TOPIC: Health Equity

AUTHOR(S): Nurit Fischler, MS, OHA Office of Equity and Inclusion; Fabrice Saboue, MPH, OHA Office of Equity and Inclusion; Mitchell Wilson, MHS, Oregon Health Care Interpreter Council; Carol Cheney, Office of Equity and Inclusion

ABSTRACT: Health care interpreters play a vital role in assuring access and quality of care for thousands of limited English-Speaking patients in Oregon every year. Not only is quality healthcare interpretation key to assuring patients’ health and decreasing medical errors, it is also an integral part of Oregon’s health systems transformation. The development of systems to accurately identify patients’ primary language and provide access to qualified or certified health care interpreters will be essential

components of Oregon's new Coordinated Care Organizations, and will help determine their eventual success.

This session will explore: Oregon's changing demographics and need for trained interpreters to serve our growing Limited English-speaking population; the role of interpreters in the health care setting; and the systems and policy context essential for provision of quality health care interpretation. It will also provide an overview of Oregon's approach to assuring quality health care interpretation through the Health Care Interpreter Council and the Health Care Interpreter Program. The program includes a registry and two levels of credentialing: qualification and certification. Health care interpreters who have questions about becoming qualified or certified in Oregon are welcome to attend this session. Presenters will be available to answer individual questions following the session.

OBJECTIVE:
1. Understand the role of health care interpreters in assuring access and quality of care for patients with limited English proficiency.
2. Understand the systems and policies that are being integrated into OregonÂ¿s transformed health system to assure access to quality health care interpretation.
3. Understand the difference between qualified and certified health care interpreters, and how to access information about becoming qualified or certified through Oregon's Health Care Interpreter Certification Program.

AV NEEDS: internet access

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STUDENT: No

TITLE: ***Prenatal Care and the Oregon Health Plan: Access Denied?***

TOPIC: Health Care Access / Inequity

AUTHOR(S): Dr Angie Docherty, Dr Alison Johnston

ABSTRACT:
Background: A key driver for the current health reform in Oregon is the cost of the Oregon Health Plan (Medicaid) and its inability to keep pace with rising health care costs. The risk has been a retraction of providers willing to accept OHP patients and the disenfranchisement of vulnerable groups. The evidence of this may be seen in prenatal care access: from a rate in excess of the current Healthy People 2020 target in 2005, Oregon now has a rate well below the 2020 target (a fall of more than 10% in 3 years).

Method: A first-difference, fixed effects regression model assessing the influence of OHP coverage (based on method of delivery payment) on first trimester care uptake in all Oregon counties from 2000-2010.

Results: Counties who witnessed increases in OHP coverage were significantly more likely to witness decreases in first-trimester care access (p=0.005). These results were not sensitive to the inclusion of other maternal determinants, year effects and/or restricted samples which took into account the 2003 OHP reform.

Conclusions / Implications: There appears to be an inverse relationship between OHP coverage and access to first trimester care. Potentially, women most likely to be in need of this important public health intervention may be least likely to receive it. In this period of reform, we urge the new Coordinated Care Organizations to make early access to prenatal care a strategic priority.

OBJECTIVE: To explore the inverse relationship between OHP coverage and health care access in the area of prenatal care

AV NEEDS:

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STUDENT: No

TITLE: ***RACIAL DISPARITIES OF SELF-REPORTED POSTPARTUM DEPRESSIVE SYMPTOMS AMONG FOREIGN BORN WOMEN IN OREGON***

TOPIC: Maternal and Child Health, Epidemiology

AUTHOR(S): Ashley Borin, MPH, James Gaudino, MD, MS, MPH, FACPM, Aakash Jani

ABSTRACT: Postpartum depression (PPD) may cause serious health consequences for both mother and child. Foreign born women may experience stress due to feelings of isolation and adversity during acculturation. Stress has been linked to PPD; however, due to the "healthy immigrant effect", immigrant women might cope with stress differently.

Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) respondents from 2005-2007 were asked about PDS at 3 months postpartum, on average. We defined PDS when mothers reported that she always or often 1) felt down, depressed or hopeless and/or 2) had little interest or pleasure in doing things. We estimated adjusted odd ratios (AOR) using weighted multivariate logistic regression with SAS 9.2 survey procedures and tested for interaction by race/ethnicity.

The prevalence of PDS among foreign born women was 13.3% compared to 11.3% among US-born women and 11.8% overall. Foreign born women were not more likely to report PDS (OR=1.2, 95%CI: 1.0, 1.5). However, after controlling for confounders, foreign born Asian women were 2.3 times more likely to report PDS (95%CI: 1.1, 5.0) than US-born NH-Whites and 1.9 (95%CI: 1.1, 3.3) times more likely than US-born Asians. Poverty (OR=1.5, 95%CI: 1.1, 2.2), partner-related (OR=2.4, 95%CI: 1.8, 3.2) and traumatic stress (OR=1.5, 95%CI: 1.1, 2.1) were also associated with PDS.

Foreign born women may be more likely to suffer from PPD. Clinicians and public health professionals should provide culturally appropriate screening and treatment for high risk populations to improve the lives of mothers and children.

OBJECTIVE:

AV NEEDS:

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STUDENT: No

TITLE: ***Reproductive and sexual health care for Latino men in rural Oregon: Providers' experiences and perceptions***

TOPIC: Reproductive and sexual health; Latino health; men's health

AUTHOR(S): Megan Cahn, MPH, S. Marie Harvey, DrPH, MPH, Meredith R. Branch, MPH, Antonio Torres, MPH

ABSTRACT: Latino migrants to Oregon are increasingly settling in rural communities that have not traditionally seen migrants. Nationwide, Latinos are disproportionately affected by unintended pregnancy and HIV/STIs. Little is known, however, about the sexual and reproductive health of new migrants. Migrants to these communities tend to be young, male, non-English speakers, who may be at increased risk for sexual health problems that rural communities are ill equipped to address. The goal of this study was to better understand how to deliver sexual and reproductive health services (SRHS) to this population. We conducted in-depth, semi-structured interviews with 29 health care practitioners employed by publicly-funded family planning clinics who provide SRHS to Latino males in rural Oregon. Using content analyses, we examined providers' perspectives on factors influencing the use of SRHS by Latino men and strategies for increasing capacity to effectively serve this population. Providers identified multiple factors they perceived to negatively impact men's use of SRHS, including men's lack of accurate knowledge and denial of health problems; clinics' lack of resources, the need for additional outreach services, and a shortage of male and Spanish speaking providers. Providers supported the inclusion of Latino men in SRHS and recommended innovative strategies for increasing capacity.

OBJECTIVE:
1. Describe barriers and facilitators influencing the use of sexual and reproductive health care by Latino men in rural Oregon from the perspective of health care providers.
2. Discuss capacity building mechanisms that providers believe could make reproductive health care more accessible and acceptable to Latino men.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Rural Yamhill County: The Prospect of Access to Fruits and Vegetables***

TOPIC: Healthy food accessibility in rural towns

AUTHOR(S): Jennifer Johnson, MPH

ABSTRACT:

Background: Recent discussions in both the media and public health around "food deserts" have prompted Yamhill County Public Health (YCPH) to question the accessibility of healthy foods within our County. YCPH conducted a study to identify if and how location (distance from the cities of McMinnville and Newberg) plays a role in access to fresh fruits and vegetables (produce) in rural areas.

Methods: Interviews and observations using the Oregon Food Bank's Rural Grocery Store Owner Survey and assessments from the Healthy Corner Stores Network were conducted in nineteen stores including six corner (small market) and thirteen convenience stores in rural towns across Yamhill County.

Results: While fresh produce was present in all corner stores, only three convenience stores sold produce. Of stores that were further than 5 miles from cities, only 50% sold produce. Store owners identified barriers to providing produce including difficulty meeting minimum purchasing requirements; however, most were interested in strategies to overcome barriers. Store owners expressed a consumer culture of visiting a corner store, not for produce, but for ice cream, soda, and chips.

Implications: The results demonstrate a need to improve access to fresh produce for rural residents. Strategies to address both supply and culture are important for improving access to and availability of produce in rural areas.

OBJECTIVE:

1. In which convenience and corner stores is produce being offered within rural towns of Yamhill County

2. What are store owners attitudes towards and perceived barriers of community strategies to improving access of produce

AV NEEDS:

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STUDENT: No

TITLE: ***Self-Reported Perinatal Depression in Oregon: Findings from a Population-Based Survey of Postpartum Women***

TOPIC: mental health

AUTHOR(S): Kenneth D. Rosenberg, Alfredo P. Sandoval

ABSTRACT:
BACKGROUND: Early recognition of perinatal depression (depression during or after pregnancy) is important in preventing adverse health outcomes, including decreased breastfeeding and impaired maternal-infant bonding.

STUDY QUESTIONS/METHODS: We used Oregon PRAMS data for 2010 births to understand perinatal depression in Oregon. Women with "partner-related stress" in the year before the birth either (1) separated or divorced from her husband/partner, (2) argued more than usual with her husband/partner, or (3) husband/partner said he didn't want her to be pregnant.

RESULTS: 28.4% of respondents reported having had perinatal depression. Compared to women without partner-related stress, women with partner-related stress were 2.70 times more likely (95% confidence interval 1.96-3.73) to have reported symptoms of perinatal depression. Women who had a premature birth also had increased risk of self-reported perinatal depression. American Indian/Alaska Native women were the most likely to have reported perinatal depression; Asian/Pacific Islander women were the least likely.

CONCLUSIONS: There are racial/ethnic disparities in women reporting symptoms of perinatal depression. But the women with the greatest risk were those with partner-related stress.

PUBLIC HEALTH IMPLICATIONS: The next steps for improving maternal mental health include increased screening of pregnant and postpartum women, improved diagnosis and better access to treatment for perinatal depression.

OBJECTIVE:
1. Learn about risk factors for perinatal depression.
2. Learn about efforts to improve diagnosis and treatment for women with perinatal depression.

AV NEEDS:

NAME: Ken Rosenberg
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STUDENT: No

TITLE: ***Soda Strategies: Reducing the Surplus of Empty Calories***

TOPIC: Consumption / Food / Policy

AUTHOR(S): Kasandra Griffin

ABSTRACT: Public health and public policy advocates in Oregon and elsewhere are exploring strategies for reducing consumption of soda. This session will cover the legal opportunities for implementing taxes, portion control, or other methods of consumption restriction here in Oregon, which differ from other states. Attendees will leave with a clear understanding of what options are an are not available to them to consider for statewide or local efforts to reduce soda consumption.

OBJECTIVE: legal opportunities for taxes or portion control regulation

AV NEEDS:

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STUDENT: No

TITLE: ***Stories from Capitol Hill***

TOPIC: What I learned while working for Congress on my APHA fellowship

AUTHOR(S): Craig Mosbaek, MPH

ABSTRACT: Craig Mosbaek was awarded the 2010 Public Health Fellowship in Government from the American Public Health Association. He and his family moved to Washington, DC for the year, and he is now back in Oregon working as a consultant. He will talk about his experience working first for Senator Akaka (D-Hawaii) and then with the Health Subcommittee of House Ways and Means. Topics will include the interplay between politics and policy, the public health provisions within the federal health reform law, the work culture on Capitol Hill, and differences between the House and Senate. He will discuss how to build relationships with elected officials and how advocates can have the most impact on legislation. He will also tell stories from Take Your Child to Work Day in the Capitol and playing softball with Senators.

Note: I was scheduled to give this presentation at last yearÂ¿s meeting, but I was not able to attend.

OBJECTIVE: Attendees will develop a better understanding of the politics regarding passage of federal legislation. Attendees will learn how to influence health policy and build relationships with Congressional offices.

AV NEEDS:

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STUDENT: No

TITLE: ***Strategic Health Impact Assessment on Wind Energy Developments in Oregon***

TOPIC: Environmental Public Health

AUTHOR(S): Jae Douglas, Sujata Joshi

ABSTRACT: In 2010, the Oregon Public Health Division (OPHD) began a strategic health impact assessment on wind energy facility siting in Oregon. In this presentation on the Oregon Wind Energy HIA (completed in 2011), we will describe our methods for : 1) engaging community members and stakeholders during the HIA process; 2) determining the scope of the HIA; 3) conducting the assessment; 4) reporting the HIA findings and recommendations; and 5) evaluating the HIA process. We will discuss our major findings and recommendations related to health impacts in the five major focus areas

examined in this HIA: sound, visual impacts, air pollution, economic effects, and community conflict. We also will discuss the benefits and limitations of a strategic approach to health impact assessment. Finally, OPHD will present on our progress, outcomes and next steps for the reporting phase, and will discuss the results of a process evaluation conducted for the wind energy HIA.

OBJECTIVE: Describe common health questions and concerns related to wind energy facilities Describe Oregon's process for engaging community members and key stakeholders during the Wind Energy HIA Differentiate between strategic and project-level HIAs, and evaluate the benefits and limitations of this approach for a state-level HIA

PRESENTATION TYPE: Oral (10 - 15 minutes)

AV NEEDS:

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STUDENT: No

TITLE: ***Student Service Learning Impact on Health: An Academic/Community Collaborative Partnership to Improve Health Outcomes***

TOPIC: Clinical Education and Community Health

AUTHOR(S): Heather Voss MSN,RN, Launa Rae Mathews MS, RN, COHN-S

ABSTRACT: Healthcare in the United States is at a tipping point. Now is the time for public health to reaffirm its historical role of community partnering to improve population health. The Association of American Colleges of Nursing (AACN) and the Institute of Medicine (IOM) call for innovation and interdisciplinary collaboration in health promotion and disease prevention. Student service learning has been identified as an innovative, collaborative clinical learning activity designed to provide students with opportunities to promote community health while applying professional concepts and practice skills in preparation for meeting the challenges facing health care delivery. Service learning projects have the potential to positively impact health through individual and community interventions, policy development and system level change. However, this potential has yet to be discussed or fully realized.

Oregon Health & Science University (OHSU) School of Nursing faculty, their students and community partners will present a community/neighborhood model to improve health through student service learning. Students will share findings from a pilot study to measure health impact related to student-led projects, and community partners will discuss implications for academic/community collaborative partnerships to improve health outcomes.

OBJECTIVE:
1. Identify innovative strategies to promote community/population health
2. Discuss a process to measure impact of student-led projects on health
3. Discuss academic/community collaborative partnerships to improve health outcomes

AV NEEDS:

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TITLE: ***Taking Your Practice Upstream: A Cross-Agency Collaboration in Rockwood***

TOPIC: Health Systems Change

AUTHOR(S): Amanda Lawrence, MPH, Health Promotion Coordinator, The Wallace Medical Concern, Anna Jimenez, MD, MPH, Physician and Medical Director, The Wallace Medical Concern

ABSTRACT: With the continuing sky-rocketing costs of medical care, providers and insurers are increasingly catching on to the need for an emphasis on preventive services. The Wallace Medical Concern, located in the "health care desert" of outer east Portland, is undergoing a transition from an urgent care facility to a primary care medical home. Through community collaboration, the clinic is striving to address not just health care, but also the social determinants of health. Some of the new strategies and programs include the following topics: healthy literacy, cultural competency, food insecurity, health education, Latino diabetes program, support groups, community input, and a 51% patient member Board of Directors. Staff will share the challenges, barriers, and successes of implementing such an ambitious plan.

OBJECTIVE: Participants will learn strategies and techniques for incorporating health education and promotion activities into medical care facilities, such as addressing food insecurity, low levels of health literacy, chronic disease, and social support.

Participants will learn about resources available to address patient health literacy and patient-provider communications.

Participants will learn examples of ways to engage community partners successfully in addressing the intersection of poverty and health.

AV NEEDS:

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STUDENT: No

TITLE: ***The influence of the built environment on obesity in Oregon***

TOPIC: Obesity and the built environment

AUTHOR(S): Daniel S. Morris

ABSTRACT: The built environment has a significant impact on population health. This presentation uses maps of cities in Oregon to show correlations between obesity, opportunities for physical activity, and food availability across small geographic areas. Obesity maps are based on data from state-issued driver

licenses and ID cards, analyzed by the Oregon Environmental Public Health Tracking Program. Statistical analyses and published research findings will be presented alongside each map. These findings provide evidence in support of policy interventions to improve built environments. [This abstract is related to Beth Kaye's abstract on the same topic.]

OBJECTIVE: Participants will understand how features of built environments in Oregon cities promote obesity.

AV NEEDS:

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STUDENT: No

TITLE: ***The Million Hearts Initiative: The Beat Goes On***

TOPIC: Public Health Nutrition Strategies to Prevent Heart Disease and Stroke

AUTHOR(S): Kim La Croix, MPH, RD, Rebecca Pawlak, MPH, Steven Fiala, MPH

ABSTRACT: Million Hearts is a Department of Health and Human Services (DHHS) led public/private initiative to prevent 1 million heart attacks and strokes over five years. Heart disease and stroke are the second and third leading causes of death in Oregon and first and fourth leading causes of death in the United States. Many major risk factors, including high blood pressure and cholesterol, tobacco, smoking, and obesity are controllable. Million Hearts focuses on clinical and community based interventions that address these risk factors. Indicators include aspirin use for people at high risk, blood pressure control, effective treatment of high cholesterol, smoking prevalence, sodium intake and artificial trans fats consumption. Public health nutrition interventions that focus on sodium and trans fats reduction are promising strategies that may reduce high blood pressure and high LDL cholesterol. Interventions range from heart healthy nutrition standards for meetings and events to public/private partnerships that work to improve the nutrition profile of foods. This session will provide an overview of the Million Hearts Initiative, Oregon specific data on heart disease and stroke, and public health nutrition strategies to reduce sodium intake and artificial trans fats consumption. Learn what works, what is promising, and future opportunities for Oregon to reduce heart disease and stroke.

OBJECTIVE:

1. Describe the Million Hearts Initiative and the impact of sodium and trans fat on population-level risk factors for heart disease and stroke, as well as the morbidity and mortality associated with heart disease and stroke.
2.Examine key heart disease and stroke surveillance data for Oregon.
3.List and describe sodium reduction strategies internationally, nationally and in Oregon.
4.Examine the genesis of trans fats regulations and implications.
5.Describe key strategies public health practitioners can use in their community to contribute to a heart healthy food environment.

AV NEEDS:

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STUDENT: No

TITLE: ***The Occurrence of Arsenic in Drinking Water in Transient Non-Community and State-Regulated Water Systems in Oregon***

TOPIC: Environmental Health; Drinking Water

AUTHOR(S): Cinda Flynn, Molly Kile, Karen Kelley

ABSTRACT: Arsenic is a common environmental pollutant and many western states, including Oregon, have elevated concentrations of arsenic naturally occurring in groundwater. Private wells and small drinking water systems that rely on groundwater are at risk of detecting arsenic in their water at levels above the US EPA Drinking Water maximum contaminant level of 10.0 Âµg/L. This year, the Oregon Health Authority's (OHA) Drinking Water Program underwent an extensive review of water quality reports for transient non-community (TNC) and state-regulated (SR) drinking water systems in Oregon. The objective of this program was to identify systems that may not meet the arsenic drinking water standard. The OHA Drinking Water Program utilized the Safe Drinking Water Information System database to identify TNC/SR systems in Oregon. Examination of the records identified: 315 systems that had no record of testing their water for arsenic; 7 systems that had tested their water for arsenic but used invalid methods; 37 systems that exceeded 10 Âµg/L; and 4 systems that exceeded 50 Âµg/L. The

OHA Drinking Water Program is in the process of contacting these systems to encourage them to test their water, provide assistance with testing and treatment (if necessary), and communicate the health effects associated with arsenic exposure.

OBJECTIVE: Explain Oregan Health Authority's recent program to identify transient non-community and state-regulated drinking water systems that may not meet the US EPA's drinking water standard for arsenic.

AV NEEDS:

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STUDENT: No

TITLE: ***Water Fluoridation Prevents Operations for Severe Cavities in Children***

TOPIC: Public Health Population Interventions

AUTHOR(S): Charles C. Haynie, M.D.; FACS, Kurt Ferr, DDS

ABSTRACT: Cavities or dental caries is the most common chronic childhood disease. Early childhood caries, an important segment of the disease, is a problem of which many health care professionals are unaware. Yet treatment of advanced cases of rampant cavities in deciduous teeth is the single most expensive element of pediatric dental care expenditures. Water fluoridation has been shown to save as much as 50% of Medicaid pediatric dental billings. Avoiding operations for rampant childhood caries is the most important reason for these savings.

This presentation will explain and illustrate the pathology, document the personal cost to the patients, demonstrate the effectiveness of community water fluoridation in avoiding expenditures and the compare relative cost ineffectiveness of other public health alternatives dealing with this important problem.

OBJECTIVE: Understand the nature and importance of rampant childhood caries, public health interventions to prevent the disease, the procedures required to treat it and water fluoridation's

effectiveness in avoiding operations and decreasing the societal fiscal burden for childhood dentistry.

AV NEEDS:

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STUDENT: No

TITLE: ***Wellness@Work***

TOPIC: Creating a Worksite Wellness Program: A Case Study

AUTHOR(S): Dawn Robbins, Cathryn Cushing

ABSTRACT: Health care costs continue to soar in Oregon, driven largely by ongoing, preventable health conditions, like heart disease, diabetes, arthritis and cancer. These chronic conditions take a tremendous personal and financial toll on Oregonians. Since most Oregonians want to be healthyÂ¿and spend nearly half their waking hours at workÂ¿workplace strategies that prevent or manage costly chronic conditions also can help the bottom line and make employees happier. Providing employees with an environment that supports healthy choices and employeesÂ¿ health improvement goals is achievable, cost effective, and can make a measurable difference. Participants will learn how to build an effective worksite wellness program. The session will focus on practical skills, from assessing and gaining leadership support to creating and sustaining a viable wellness committee. The presentation will include video clips of private companies, a case study from a public employer, and participant discussion. The Healthy Public Health Division committee process provides a case study that could be adopted by any organization of any size.

OBJECTIVE: Participants will learn:

1. To gain leadership support for wellness
2. Create a wellness committee
3. Potential barriers and solutions to building a sustainable wellness program.

AV NEEDS: Speakers to project audio so videos can be heard.

NAME: Cathryn Cushing
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STUDENT: No

CO-PRESENTER 1: Dawn Robbins
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PANEL PRESENTATIONS

TITLE: ***Alzheimer's as a public health crisis***

TOPIC: Alzheimer's disease, dementia, caregiving, public health

AUTHOR(S): Elena Andresen, PhD, Professor; Institute on Development & Disability, Oregon Health & Science University; Jennifer Mead, MPH, Healthy Aging Coordinator, Oregon DHS - Aging & People with Disabilities; Jon Bartholomew, MPA, Public Policy Director, Alzheimer's Association Oregon Chapter

ABSTRACT: Alzheimer's disease is a public health crisis. This session will discuss the burden and impact of Alzheimer's in Oregon, the new 2012 State Plan for Alzheimer's Disease in Oregon, and public health's role in addressing this disease. In Oregon, 76,000 people are living with Alzheimer's, and over 165,800 family caregivers provide care to those with the disease. While the number of deaths from heart disease, cancer, HIV, and stroke are declining, the number of Alzheimer's deaths is increasing. Public health can play an important role in surveillance, promotion of brain health, and increasing early detection of Alzheimer's disease. Panelists will share what Oregon is doing to collect data on Alzheimer's and caregiving, and discuss ways that recommendations from the new state plan link with Healthy People 2020 goals and core public health functions.

OBJECTIVE: Participants will: (1) be able to explain the burden and impact of the disease and Alzheimer's caregiving, (2) understand the purpose and key goals of the 2012 State Plan for Alzheimer's Disease in Oregon, and (3) explain public health roles and approaches to addressing Alzheimer's.

PANEL ABSTRACT 1: New 2012 State Plan for Alzheimer's Disease in Oregon (Jon Bartholomew, MPA, Public Policy Director, Alzheimer's Association Oregon Chapter)

Jon will provide an overview of who is impacted by Alzheimer's disease and related dementias. How many people are living with it in Oregon, how many caregivers there are, how it impacts employers, the healthcare and long term care systems, etc. He will also provide detail on the new state plan for Alzheimer's in Oregon, and the process for implementing it.

PANEL ABSTRACT 2: Alzheimer's data/surveillance (Elena Andresen, PhD, Professor; Institute on Development & Disability, Oregon Health & Science University)

From the 2009 Oregon BRFSS in Oregon, we know that about 22% of adults are caregivers. During 2012, the Oregon BRFSS is collecting 10 questions about caregiving, and also collecting 10 questions about respondents' perception of their own cognitive impairment, about others in their home with these problems, and about their needs. Both BRFSS modules have been used in other states, where data show that caregivers of people with dementia face greater burden and need than other caregivers. This presentation will focus on current Oregon statistics, and how the new surveillance data can inform state public health.

PANEL ABSTRACT 3: Public health's role in addressing Alzheimer's (Jennifer Mead, MPH, Healthy Aging Coordinator, Oregon DHS: Aging & People with Disabilities)

Discuss how new state Alzheimer's plan goals link to existing efforts and roles in public health. Provide recommendations for roles state and local public health can take in addressing Alzheimer's disease in the context of Healthy People 2020 goals relating to dementia and core public health functions.

AV NEEDS:

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STUDENT: No

CO-PRESENTER 1: Elena Andresen
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CO-PRESENTER 2: Jennifer Mead
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TITLE: ***CHES: Why I have these letters after my name and why you should too***

TOPIC: Professional Development, Health Education

AUTHOR(S): Alissa Leavitt, MPH, CHES, Faculty- Health, Portland Community College; Laura Saddler, MPH, MCHES, Self-Management Technical Lead, Center for Prevention and Health Promotion, Oregon Public Health Division/OHA; Julie A. Reeder, PhD, MPH, MS, CHES, Senior Research Analyst, Oregon State WIC Program; Seanna McLeud, CHES, Health & Wellness Specialist, ODS Companies; Adrienne Paige Mullock, MPH, CHES, RYT, Public Health Educator, Oregon State WIC Program

ABSTRACT: The Certified Health Education Specialist (CHES) and Master Certified Health Education Specialist (MCHES) are increasing in numbers of exam registrants and recognition by employers. Why aren't you one of them? According to the Bureau of Labor Statistics, employment of health educators is expected to grow by 18 percent, which is faster than the average for all occupations. The CHES and MCHES designation after a health educator's name is one indication of professional competency and

commitment to continued professional development. This presentation will emphasize the benefits of certification as value-added to the public health workforce.

If you’ve been on the fence about whether or not to get certified, youÂ¿ll learn from a panel of CHES and MCHES professionals about their motivation, preparation, recognition, and how they maintain their certification. They will provide examples of how they demonstrate the Seven Areas of Responsibility that make up the standards of the credentials. From assessing needs, to evaluation and research, to serving as a resource for health education, the CHES or MCHES credential can help you grow in your profession. Come see how adding these four or five letters to your name can benefit your career.

OBJECTIVE: At the end of this presentation, participants will be able to:
1. Identify ways the CHES/MCHES brings added credibility among colleagues and employers
2. Describe how the CHES/MCHES enhances individual professional development, knowledge and skill sets, while also contributing to the enhancement of the profession
3. List the Seven Areas of Responsibility that make up the standards of the CHES/MCHES credentials
4. Identify and network with colleagues interested in preparing and taking the exam together
5. Understand CHES/MCHES exam logistics including eligibility, preparation, dates and locations

PANEL ABSTRACT 1: Laura Saddler will share her experience as Self-Management Technical Lead Center for Prevention and Health Promotion at the Oregon Public Health Division/OHA and provide examples of how she demonstrates the Seven Areas of Responsibility that make up the standards of the CHES/MCHES credentials. They are:

1. Assess Needs, Assets, and Capacity in Health Education
2. Plan Health Education
3. Implement Health Education
4. Conduct Evaluation and Research in Health Education
5. Administer and Manage Health Education
6. Serve as a Health Education Resource Person
7. Communicate and Advocate for Health and Health Education

Participants will hear about her motivation, preparation, recognition, and how she maintains her certification.

PANEL ABSTRACT 2: Julie A. Reeder will share her experience as Senior Research Analyst at the Oregon State WIC Program and provide examples of how she demonstrates the Seven Areas of Responsibility that make up the standards of the CHES/MCHES credentials. They are:

1. Assess Needs, Assets, and Capacity in Health Education
2. Plan Health Education
3. Implement Health Education
4. Conduct Evaluation and Research in Health Education
5. Administer and Manage Health Education
6. Serve as a Health Education Resource Person
7. Communicate and Advocate for Health and Health Education

Participants will hear about her motivation, preparation, recognition, and how she maintains her certification.

PANEL ABSTRACT 3: Seanna McLeud, CHES will share her experience as Health & Wellness Specialist for ODS Companies and provide examples of how she demonstrates the Seven Areas of Responsibility that make up the standards of the CHES/MCHES credentials. They are:

1. Assess Needs, Assets, and Capacity in Health Education
2. Plan Health Education
3. Implement Health Education
4. Conduct Evaluation and Research in Health Education
5. Administer and Manage Health Education
6. Serve as a Health Education Resource Person
7. Communicate and Advocate for Health and Health Education

AV NEEDS:

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STUDENT: No

CO-PRESENTER 1: Laura Saddler
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CO-PRESENTER 2: Julie Reeder
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TITLE: ***Critical Indicators for Adolescent Health: Prevention Efforts in Oregon***

TOPIC: Adolescent Health

AUTHOR(S): Moderator: Robert Nystrom, M.S. Manager, Adolescent, Genetics and Reproductive Health Section.

Panel List: 1)LaShanda Eller, MPH. Research Analyst 2)Elizabeth Thorne, MPH. Adolescent Health Policy and Assessment Specialist 3)Isabelle Barbour, MPH. Team Lead, Healthy Kids Learn Better

ABSTRACT: Adolescence is a time of monumental development and transition. In addition to the significant physical growth and development that takes place during this time, young people are increasingly expanding their social spheres, and begin to make choices that affect their health. Public health interventions that support the physical, mental, and social development of adolescents are vital to ensure a healthy and thriving population.

Healthy People 2020, a U.S. Department of Health and Human Services initiative, identified 41 indicators that are critical to adolescent health and development. The panel of content experts from the Oregon Public Health Division, Adolescent Health Section, will describe current research and statewide initiatives on three of the critical indicators: teen pregnancy, high school graduation, and access to preventive care (or well-visits). Each panelist will provide a unique perspective on the status of adolescent health in the state, within the context of statewide transformation efforts.

OBJECTIVE:
1. Gain knowledge of critical health indicators for the adolescent population.
2. Gain awareness of research and initiatives in Oregon that address key adolescent health indicators.

PANEL ABSTRACT 1: Presenting: LaShanda Eller, MPH. Research Analyst, Oregon Public Health Division, Adolescent Health.

Teen pregnancy rates in the United States are among the highest in the industrialized world. The social and economic costs of teen pregnancy and childbearing are often high, and these costs can be both immediate and long-term for teen parents and their children. In Oregon, the teen pregnancy rate for 15-19 year olds decreased 23% from 50.1/1,000 in 2007 to 38.5/1,000 in 2010. The Centers for Disease Control (CDC) has identified teen pregnancy prevention as a Winnable Battle, a public health priority with large scale impact on health and with known, effective strategies to intervene. This session will present the most recent teen pregnancy data, discuss the teen pregnancy prevention efforts occurring in Oregon, and discuss Oregon's unique approach to addressing teen pregnancy from a "youth sexual health" framework.

PANEL ABSTRACT 2: Presenting: Elizabeth Thorne, MPH, Adolescent Health Policy and Assessment Specialist, Oregon Public Health Division, Adolescent Health

Ensuring adolescents have access to comprehensive preventive physical, mental and dental health services, or "well-visits" is critical to lower risks and health care costs and help ensure youth successfully achieve key milestones such as high school graduation and entry into the workforce, military service, or higher education. Easily accessible, preventive health services that are developmentally appropriate and grounded in evidence, are a necessary part of the environmental and social support system that promotes healthy adolescent development. Through education, screening, anticipatory guidance, counseling, early intervention, and treatment, increasing preventive care among adolescents can help support healthy habits that last a lifetime. This session will provide data on adolescent well-visits in Oregon, best-practice strategies to provide youth-friendly preventive care, and statewide strategies being implemented to bust barriers that commonly prevent youth from getting adequate preventive care.

PANEL ABSTRACT 3: Presenting: Isabelle Barbour, MPH. Team Lead Healthy Kids Learn Better Program, Oregon Public Health Division, Adolescent Health

Education is a major social determinant of health. People with a formal education background enjoy longer and healthier lifespans as compared to their less educated peers. The robust relationship between educational attainment and health status has highlighted the need for public health to recognize and support high school graduation as a leading health indicator for the Nation. Recent findings from an analysis of Oregon data indicate that supporting the capacity of schools to address health is associated with gains in reported student health status, grades and graduation rates. This presentation will briefly describe a return on investment analysis using Oregon health and education data.

AV NEEDS:

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TITLE: ***From CHIP to CHIRP: Implementation of the Community Research Enhancement and Education Development (CREED) Program***

TOPIC: Community-based Participatory Research

AUTHOR(S): Paul McGinnis

ABSTRACT: The Community Research Enhancement and Education Development (CREED) Program is designed to increase the capacity of community members to serve as active partners in the design, execution, and translation of research. Over one year, a multidisciplinary team of academic investigators worked with Community Health Improvement Partnerships (CHIPs) in Lincoln, Linn, Crook and Jefferson Counties to foster bi-directional research partnerships. CHIP members, the human subjects for this study, participated in a bench to bedside research tour at OHSU, completed a structured research curriculum, and engaged in conversations with potential academic partners. Each CHIP organized and implemented a local pilot study around childhood obesity, generating research questions, conducting literature searches, and prioritizing topics based on budget and timelines.

In this panel, academic partners will summarize the CREED model and present results from the educational training. Finally, we will highlight the CREED tool-box, a resource designed to help other community groups to learn research process and methods.

OBJECTIVE: At the end of the session, participants will be able to:
1) Describe how research can enhance existing community health development process models to improve community health
2) Identify existing community groups who might be candidates to add a research component using the CREED tool-box
3) Understand the tensions and joys that exist between community partners and academic partners
4) Identify researchers who have an interest in their subject matter and learn strategies to build collaborative relationships
5) Describe results of the four pilot studies

PANEL ABSTRACT 1: Community partner will describe a pilot study in Jefferson County testing changes in school-based lunch policies (removal of flavored milk. They will also respond to academic moderator questions.

PANEL ABSTRACT 2: Community partner will describe a pilot study in Lincoln County evaluating the adaptation of the Shopping Matters curriculum for 16-18 year olds. They will also respond to academic moderator questions.

PANEL ABSTRACT 3: Community partner will describe a pilot study in Linn County surveying parents on their perceptions of and use of the Pick on Month flyer sent home through the public schools. They will also respond to academic moderator questions.

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TITLE: ***Health Data Analytics***

TOPIC: Health Information

AUTHOR(S): Ian Schurr, Jay Schindler, Mary Shaffran

ABSTRACT: Hood River County and Northrop Grumman are collaborating on a pilot project to improve health data analytics. Specific pilot activities include:

-Identifying and prioritizing the analytic insights needed to help guide CCO leadership
-Collecting and integrating the data needed to generate insights (claims, clinical, population demographics, etc.)
-Applying a variety of statistical routines to analyze the data and to compute quality, outcome, and cost performance measures and trends
-Establishing an analytics dashboard to create insightful visualizations of the health of the population and performance trends

At the current time members of the health community are not able to look across data sets to get a real sense of the health ecosystem in their area.

The goal would be to present data based on the new software application to assist local entities with their tracking and resultant planning efforts.

OBJECTIVE: Using health data from encounter information to provide ongoing insights involving health system and population health trends. These insights can be used to monitor CCO performance and to help guide the strategy, decisions, and actions of CCO leadership

PANEL ABSTRACT 1: The panel is made up of local public health workers and members of Northrop Grumman Information Systems Sector. The local public health authority has been looking at usage data to help inform decisions by the CCO group. Northrop Grumman has been partnering with Hood River County Health Department to institute a pilot project involving a new software product that would make use of encounter data, trends and outcomes to project such things as Medicaid eligibility, impact of service location, age of patients being served.

PANEL ABSTRACT 2: Ellen Larsen is the director of Hood River County Health Department and serves as the chair of the CLHO information management sub-committee.

Ian Schurr is the researcher that has gathered and interpreted usage data to date.
Mary Shaffan is Senior health Care Advisor with Northrop Grumman.
Jay Schindler is Senior PH Information and Project Manager

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TITLE: ***Integrating Public Health and Primary Care: Experiences and Perspectives of OSU Public Health Students and Graduates***

TOPIC: Integrating Public Health and Primary Care

AUTHOR(S): Andres Cardenas, MPH (cardenaa@onid.orst.edu), Anna Hsu-Rincon, PhD (hsua@onid.orst.edu), Emily McNulty, MPH , Samaritan Health Services (emcnulty@samhealth.org), Julia Young-Lorion, MPH, Samaritan Health Services (jylorion@samhealth.org),

Panel Moderator: Jana Kay Slater, PhD, Director, SHS Center for Health Research and Quality (jslater@samhealth.org)

ABSTRACT: With the passage of Oregon's landmark transformative healthcare legislation and the creation of Coordinated Care Organizations (CCOs), the landscape has changed. There is a new impetus for public health and medicine to come together as an inter-professional partnership to improve population health.

And this new impetus isn't limited to Oregon. A quick Google search will bring up pages of documents and resources about healthcare reform and the critical need to bring together those who focus on the health of the individual (primary care) and those who work to improve the health of the community (public health). As one recent example, at the request of the Centers for Disease Control and Prevention and the Health Resources and Services Administration, the Institute of Medicine (IOM) launched an in-depth exploration into factors that promote and sustain the integration of public health and primary care.

This panel addresses challenges and opportunities of public health and primary care working together as inter-professional teams. Panelists are OSU public health students and graduates who have had firsthand experiences working in a medical system. Their experiences and perspectives as interns and employees in a healthcare system are instructive and consistent with conclusions drawn in the IOM report.

OBJECTIVE:

1. Audience members will learn about the initiative launched by the CDC and HRSA to promote integration of public health and primary care.
2. Audience members will learn about three key findings from the March 2012 IOM report titled Primary Care and Public Health: Exploring Integration to Improve Population Health.
3. Audience members will be able to describe three projects where public health professionals work side-by-side with primary care providers.
4. Audience members will be able to describe at least four work opportunities for MPH professionals in healthcare systems.

PANEL ABSTRACT 1: Andres Cardenas, MPH and Anna Hsu-Rincon, PhD

Andres Cardenas graduated from the OSU MPH program in biostatistics in 2012. He is currently a student in the PhD program at Oregon State University in Environment, Safety and Health. In 2011, Andres completed an internship at the Center for Health Research and Quality of Samaritan Health Services. He served as consultant to assist with data analysis and study design. He analyzed data on a tobacco-free campus evaluation and worked on a childhood obesity prevention initiative. Andres still works for Samaritan Health Services as a statistical consultant on early detection breast and cervical cancer and with an automated model to identify at-risk heart failure patients.

Anna Hsu-Rincon obtained her PhD in Nutrition from OSU in 2009. In 2012, she started her MPH program in Biostatistics at OSU and started her internship with Samarian Health Services working with OHSU CREED projects, a community-based participatory research process that resulted in two community-led studies addressing childhood obesity in the Linn and Lincoln counties. The Pick of the Month (POM) study in the Linn County evaluated the effectiveness of the Pick of the Month flyer, which featured fruits and vegetables on a monthly basis designed to increase awareness and consumption of healthy food by parents and elementary/middle school students. The Student Healthy Options Purchasing (SHOP) project in the Lincoln County evaluated the effectiveness of nutrition educational program on change in nutritional knowledge, meal planning and food choices of local high school students. Anna continues her work at SHS, serving as a research consultant for physicians and other healthcare providers.

PANEL ABSTRACT 2: Emily McNulty, MPH

Emily McNulty graduated from the OSU MPH Program in 2009 and was hired in May 2011 to coordinate the SCREEN program for Samaritan Health Services. SCREEN, a five-year grant-funded, grassroots health education project, utilizes community volunteers to promote breast and cervical health, regular cancer screenings, and early detection within their own communities. While rooted in a healthcare system, SCREEN is a community health promotion program that integrates primary care and public health. Emily also has experience working in local county health departments and in rural healthcare settings. As a CHES certified community health worker for the Marion County Health Department, she worked to promote recommended immunizations, assisted with teen pregnancy prevention initiatives, and coordinated accreditation efforts. She also has experience working in a rural healthcare setting in southeast Alaska and thus has experienced firsthand some of the unique challenges that rural communities face.

PANEL ABSTRACT 3: Julia Young-Lorion, MPH

Julia Young-Lorion is a 2009 graduate of the MPH Program at OSU. She started her position with Samaritan Health Services in June 2010 as a Community Health Improvement Partnership (CHIP) Coordinator. Julia was hired to lead a community effort in developing strategies to address the growing epidemic of childhood obesity in Lincoln County, in addition to working with community volunteers to address other health initiatives such as oral health, chronic health conditions and healthy community promotion. The unique CHIP model helps to facilitate the integration of primary care and public health by engaging rural communities to make decisions that aim to improve the health status of local

residents. Julia also uses her public health training to integrate practices into primary care through coordinating access to free dental services for uninsured adults throughout the community.

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TITLE: ***Partnerships for healthy weight practices in early childhood care and education settings***

TOPIC: Collaboration for healthy weight promotion in early childhood care and education settings

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ABSTRACT:
Background: Children are not exempt from the growing American trend toward over weight and

obesity. Nearly 25% of children 2-5 years in our country fall into this unhealthy category. Both public health and early childhood care and education (ECE) professionals and organizations are voicing concern and resources have been directed through both systems to reverse the trend and promote healthy weight. One strategy is to improve practices and environments where kids are. 74% of children are regularly in some form of non-parental care, putting ECE providers in a unique position to facilitate healthy nutrition and physical activity, support the continuation of breastfeeding and reduce children's exposure to screen time as well as communicate with parents.

Conclusions: The partnerships forged between public health and ECE can have a strong influence on children's heath and their future lifelong wellbeing. Cross-system collaboration can be a challenge. This panel brings Oregon public health and care and education partners together to describe potential opportunities for collaboration and resource development and to highlight current examples of:

1. Assessing issues in ECE settings;
2. Planning policy and system improvements;
3. Creating opportunities for professional development;
4. Developing resources.

OBJECTIVE:
1. Explore potential partners and cross system collaborations to promote children's healthy weight and prevent obesity.
2. Be aware of public health and ECE collaborations resulting in assessment of ECE healthy weight practices, policy and planning, professional development opportunities, and funding.

PANEL ABSTRACT 1: Maternal and Child Health offers a valuable framework to approach the prevention of obesity before it starts through investment and intervention during critical periods such as pregnancy and early childhood, and the promotion of healthy weight and development for all. A workgroup composed of state and local public health staff has met periodically since August 2010 to develop a framework for obesity prevention efforts from a MCH / life course perspective. Workgroup members used a learning collaborative approach, working together to build a common foundation of knowledge about the obesity crisis, available data, relevant policies, the evidence base, and models for action. Together, the workgroup members drafted an action plan that aligns with the essential services of public health and the accreditation effort, incorporates a life course perspective, and offers systems, policy and environmental change approaches in MCH topical areas. Next steps are to promote strategic conversations and collaborations at the local level, support local MCH staff to participate more broadly in obesity prevention efforts in their communities, and provide targeted support to implement the action plan strategies.

PANEL ABSTRACT 2: The Screentime Reduction for Children (SCRCH) Project was a direct outcome of an Oregon Public Health Institute (OPHI) assessment of childcare providers in Multnomah County completed in 2010. The assessment, "Right from the Start" (RFTS) explored childcare practices that promote healthy weight. The findings prompted collaborative efforts to develop curricula to improve healthy weight practices in child care and education settings in the arenas of screen time reduction and breastfeeding. Based on the RFTS recommendations, an advisory group comprised of some original RFTS

partners and new partners from screen time reduction stakeholder coalition (STAR) developed a clearly defined project to develop training materials and coaching to reduce screentime in childcare settings that could be evaluated by childcare providers. Funded in early 2012 by MESDÂ's LAUNCH, the project has succeeded in gathering significant qualitative data and developing an evaluated training module. Based on these efforts, OPHI successfully secured funding from Multnomah County Health Department to undertake a similar partnership project in the area of breastfeeding in childcare settings.

PANEL ABSTRACT 3: "Oregon Moves" is a response by the Child Care Division (CCD) to the Region X national obesity prevention initiative. Through a collaboration with the Public Health Division (PHD), thirteen Child Care Resource & Referral (CCR&R) Programs across the state, Child Care Wellness Champions, Oregon Public Health Institute and Ecotrust Farm to pre-school/child care program, the Oregon Child Care Resource & Referral State Network (OCCRRN) continues to coordinate efforts to bring obesity prevention education and activities to all families and children in the state of Oregon. The CCD funded six CCR&R staff, and the PHD one staff, to attend the I Am Moving, I Am Learning (IMIL) Training of Trainers and provide statewide IMIL training through the CCR&R system. The collaborative vision is to seek joint funding opportunities to train additional trainers from Public Health, Special Education and the CCR&R System. The OCCRRN also connects care and education providers to Oregon Kids: Healthy and Safe, the new child care health and safety training and on-line E-Reference that includes nutrition, physical activity, breastfeeding and screen time reduction guidelines aligned with Caring For Our Children National Health and Safety Performance Standards.

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TITLE: ***Public Health Accreditation: Oregon's Vision and Progress***

TOPIC: public health department accreditation

AUTHOR(S): Craig Mosbaek (Moderator), Jill Thompson, Lydia Emer, Erin Moulds

ABSTRACT: About one year ago, the Public Health Accreditation Board (PHAB) began accepting applications for accreditation from county, state, and tribal health departments. Public Health Accreditation involves the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The Oregon Public Health Division and many county health departments have announced their intentions to apply for accreditation.

The prerequisites to apply for accreditation include a Community Health Assessment, a Community Health Improvement Plan, and a Department Strategic Plan. Health Departments across Oregon are currently at various stages of creating or updating these documents in order to apply for accreditation.

This session will focus on the experiences of health departments in the accreditation process and will:

1. Review Public Health Accreditation basics including the benefits of accreditation and the requirements for becoming accredited;
2. Discuss the current status of accreditation efforts by Oregon counties and the state health division;
3. Describe resources available to counties working on accreditation;
4. Discuss lessons learned by counties developing application prerequisites including Community Health Assessments (CHAs), Community Health Improvement Plans (CHIPs) and Department Strategic Plans; and
5. Describe approaches to successfully developing CHAs, CHIPs, and Department Strategic Plans.

OBJECTIVE: Participants will gain insight into counties and state health department experiences with accreditation that will enhance their ability to successfully navigate the PHAB Accreditation process.

PANEL ABSTRACT 1: Jill Thompson: The prerequisites for applying for public health accreditation include a Community Health Assessment, a Community Health Improvement Plan, and a Department Strategic Plan. This presentation will provide an overview of best methods for developing these documents through meaningful community engagement. One PHAB approved planning methodology, Mobilizing for Action through Planning and Partnerships (MAPP), will be reviewed.

PANEL ABSTRACT 2: Lydia Emer: In FY12, the Oregon Public Health Division supported county health departments seeking accreditation through a federally funded grant program. This presentation will: provide an inventory of grantee activity (including counties that have submitted their Statement of Intent and prerequisite documents for accreditation); describe the building of a public health accreditation grantee community; review resources and systems for learning across the system; and highlight investment in the Conference of Local Health Officials to address prevention of a two tier system.

PANEL ABSTRACT 3: Erin Moulds: The Coalition of Local Health Officials was granted funding by the Public Health Division to support local accreditation efforts across all Local Health Departments. This presentation will review accreditation requirements including quality improvement and the prerequisites; discuss lessons learned at the local level; review resources available to local health departments; and discuss the linkages between CCO engagement and accreditation readiness including collaborative Community Health Assessment and Community Health Improvement Planning processes.

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TITLE: ***Public Health Nursing - Generation 2013***

TOPIC: Public Health Nursing Role in Health Reform - Panel discussion

AUTHOR(S): Rebecca Austen RN, MS MaiKia Moua RN, MPH

ABSTRACT: Generation Y nurses are new and upcoming leaders who are used to the speed of change. Changes are their norm. For nurses who are generations before, excitement and optimism may be cautiously applied to experiences of the cyclical nature of system changes. Regardless of the excitement or anxiety, OregonÂ¿s embracement of Coordinated Care Organizations catapults public health nursing into a new era. When rethinking the health system is at its prime, it is crucial for public health nurses to be definitive in how their practice will move OregonÂ¿s prevention system to where it should be.

Public health nurses represent one of the largest contributors to the PH workforce. It is incombinant upon us to lead the charge of health promotion and prevention in policy, quality and access improvements for our populations. Action for policy changes, quality improvements, and innovation in health access and prevention are skills public health nurses practice daily.

Goal: Concrete examples of how public health nurses can engage in the changing landscape of health reform, including; innovative and creative ways to take prevention messages to their communities, how QI efforts can improve PHN practice and how policy work can help shape health reform to improve health outcomes.

OBJECTIVE:
1. Better understand the PH nurse role in the development of a new health system, particularly as CCO are created.
2. Utilize quality improvement techniques to improve, evaluate and promote PHN practice.
3. Explore an innovative nurse model of care that considers individuals in communities; bringing health where people live, work and play.

PANEL ABSTRACT 1: Patrick Luedtke, MD, Lane County Health Officer, will share his expertise in policy development to envision a role that uses the skills and abilities of PHNs to develop CCO and achieve performance outcomes.

PANEL ABSTRACT 2: Kathy Christensen, Deschutes County Family Planning Nurse Supervisor and/or other county PHNs sharing their experiences on how QI efforts can improve nursing practice to assure that PHN interventions are cost effective, make a difference and impact community health.

PANEL ABSTRACT 3: Linda Graham, RN, BSN, Healthy Living Program Coordinator, Tuality Healthcare, Community Education Department and Leda Isabel Garside, RN, BSN, MBA, Manager ¡Salud! Services, Diversity Liaison, Tuality Healthcare will present the “Wellness Clinic” approach to creating a healthy community in Washington County, OR.

AV NEEDS: projector, speakers

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TITLE: ***REDUCING HEALTH DISPARITIES THROUGH REGIONAL EQUITY COALITIONS IN OREGON***

TOPIC: Regional Coalition Building and Health Equity

AUTHOR(S): Karen Levy Keon, MPH, Benton Linn Health Equity Alliance ~ Alianza Igualdad; Carol Cheney, Oregon Health Authority; Claudia Arana-Colen, HOPE Coalition; Sarah Ballini-Ross, Benton Linn Health Equity Alliance ~ Alianza Igualdad; Sonya Littledeer-Evans Let's Talk Diversity; Katarina Moseley, Oregon Health Authority; Rocio Muoz, Benton Linn Health Equity Alliance ~ Alianza Igualdad; Midge Purcell, HOPE Coalition; Rev. Joseph Santos-Lyons, HOPE Coalition; Erin Tofte Let's Talk Diversity; Kate Wells, Let's Talk Diversity

ABSTRACT: Overview: Regional Equity Coalitions as an innovative strategy to reduce health disparities

In 2011, the Oregon Health Authority Office of Equity and Inclusion and the Health Promotion and Chronic Disease Prevention Section together with the Northwest Health Foundation funded three Regional Equity Coalitions to reduce health disparities through community engagement at the regional level. Key staff from those offices will share how this innovative approach is working to improve health equity in Oregon through a cohort of coalitions who work independently at the regional level, yet also collaborate, share information with each other, and learn together. Representatives from the three coalitions funded through this effort: Healthy Oregon Partnership for Equity (HOPE) Coalition, Let's Talk Diversity, and the Benton Linn Health Equity Alliance - will discuss how they have organized to: create health equity and social well-being; identify policy, system, and environmental changes; and implement strategies and policies to increase equity, reduce disparities, and address the social determinants of health. Members of each group will discuss successes and challenges of convening an equity-focused coalition and will identify policy priorities for each coalition; discuss collaboration across coalitions; and offer insight into plans for creating self-sustaining coalitions.

OBJECTIVE: By the end of the session, the participant will be able to identify strategies for engaging communities in addressing barriers to health equity.

PANEL ABSTRACT 1: Healthy Oregon Partnership for Equity (HOPE) Coalition: Building a regional health equity coalition

This presentation will provide an overview of the HOPE Coalition's regional health equity coalition-building process. The HOPE Coalition is a regional partnership of communities of color, health advocates, and policy-makers working to develop a five-year plan to increase health equity in Clackamas, Marion, Multnomah, and Washington County. Led by a Steering Committee of seven organizations, the HOPE Coalition has engaged over 50 community based organizations and 12 government agencies who operate within our 4 county region. This past year, the Steering Committee focused on building and delivering an open, targeted, transparent and participatory process that included these steps:

1) Analysis of Regional Demographics and Disparities
2) Identify Issue Priorities
3) Research and Present Available Data/Relevant Literature Review
4) Solicit Policy Proposals
5) Identify Policy Recommendations through Open Workgroups

HOPE Coalition Steering Committee members include the Asian Pacific American Network of Oregon (APANO), the Center for Intercultural Organizing (CIO), the Native American Youth and Family Center (NAYA), the Oregon Latino Health Coalition (OLHC), Tobacco-free Coalition of Oregon (TOFCO), Upstream Public Health (Upstream), and the Urban League of Portland (ULPDX).

PANEL ABSTRACT 2: Let's Talk Diversity: Changing health equity by changing community relationships and understanding

The Let's Talk Diversity Coalition has been working in Jefferson County and the Confederated Tribes of Warm Springs since 2008. The Coalition is dedicated to the improvement of health disparities through the improvement of health equity in our region. We believe that as understanding, trust and acceptance increases in our community so will health equity. We have provided cultural competency trainings to over 400 people in our community. We provide a four part series of cultural competency trainings which start with individual/personal cultural competency, then goes on to organizational cultural competency in Part 2. In Part 3 we focus on poverty and health equity generally and in Part 4 we focus on poverty and health equity in our Latino and Native American populations. In this presentation we will share our experiences and the process we went through to create our cultural competency training series. We will also discuss the process for building our Coalition, specifically how we have engaged community members from our priority populations, as well as how we plan to implement our five year plan to change health equity in our region.

PANEL ABSTRACT 3: Benton Linn Health Equity Alliance ~ Alianza Igualdad: Engaging diverse audiences to address regional health disparities

Linn Benton Health Equity Alliance ~ Alianza Igualdad has been working since 2008 to engage people from a variety of backgrounds to work together to ensure a future in which healthy opportunities are possible for everyone in our communities. With funding from the State of Oregon, the coalition has convened diverse participation in coalition activities across the region aimed at identifying policy priorities for improving health equity. In this presentation, we will model our interactive, participatory approach to involving participants in discussions that expand traditional definitions of health to include the idea that health begins where we live, learn, work and play. With this shared understanding, participants and coalition members address root causes of health disparities; seek solutions; and lead and impact health planning, program and policy development, and resource allocation efforts in the region. By employing culturally appealing methods tailored to each audience, we are able to access the knowledge and wisdom of both policy makers and people experiencing significant barriers to better health in order to identify opportunities and strategies for policy change, and to build capacity for everyone to participate in that process.

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TITLE: ***University of Oregon and Oregon State University: Creating a Healthier Campus and a Cleaner Environment***

TOPIC: The Case for a Smoke or Tobacco-Free Campus

AUTHOR(S): Lisa Hoogesteger, Director, Healthy Campus Initiatives, Oregon State University; Stacey Edwards, MPH, Health Educator, Oregon State University; Marci M. Torres, MPH, Director, Healthy Oregon, University of Oregon; Paula Staight, Health Promotion Director, University of Oregon; Alexa Shook, Director, Healthy Life, PacificSource Health Plans.

ABSTRACT: Tobacco use on college campuses has become an important public health issue. The rate of college students smoking in the United States has fluctuated for the past twenty years with an increase in use over the past several years. The majority of lifelong smokers begin smoking before the age of 24, which makes the college years a crucial time for prevention and cessation of tobacco use. Additionally, dual use of cigarettes and smokeless tobacco is on the rise in young adult males (18-24). In response to this public health concern, there has been an increase in policies prohibiting smoking and/or tobacco use on college campuses along with other preventative programs aimed at reducing the rates of students and employees smoking.

Each year in the United States, approximately 440,000 deaths and $193 billion in healthcare costs are attributed to cigarette smoking. To address the risks associated with tobacco use and to provide healthier environments for students, faculty, staff, visitors and the community, Oregon State University and the University of Oregon have made the decision to go smoke and tobacco-free, respectively.

Establishing smoke and tobacco-free policies, environments and systems can help create a healthier environment for learning. As of 2012, there are 648 colleges and universities across the nation that are either smoke or tobacco-free. Despite concerns over loss of student enrollment or qualified employees, surveys of other colleges and universities with smoke or tobacco-free policies have shown no decline in student enrollment or applicants seeking employment.

This session will provide the case for college campuses to implement similar policies and will discuss considerations and best practices for education, promotion and compliance, while focusing on the importance of collaboration with local businesses and communities to improve the health of the overall community.

OBJECTIVE: Participants will learn:
1. The case for a tobacco or smoke-free campus.
2. Practices for policy implementation, education and compliance.
3. How to successfully market and communicate the policy.
4. Building campus and community alliances for tobacco or smoke-free environments.
5. Resources to support and inform the policy process

PANEL ABSTRACT 1: Panel abstract 1: Stacey Edwards, MPH, Health Educator, Oregon State University, University Smokefree Policy; Implementation, Education and Compliance.

PANEL ABSTRACT 2: Panel abstract 2: Alexa Shook, Director, Healthy Life, PacificSource Health Plans; Building community partnerships; Springfield, universities

PANEL ABSTRACT 3: Panel abstract 3: Marci M. Torres, MPH, Director, Healthy Oregon, University of Oregon, University Smokefree Policy and Promotional Efforts

AV NEEDS:

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STUDENT: No

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CO-PRESENTER 4: Stacey Edwards, MPH, Health Educator, Oregon State University
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TITLE: ***Using Local Data Locally: Public Health Epidemiology in Action at Local Health Departments in Oregon***

TOPIC: Epidemiology, Local Health Public Health Practice

AUTHOR(S): James A. Gaudino, Jr. MD, MS, MPH, FACPM, Multnomah County, Kimberly Repp, PhD, MPH, Washington County, Sunny Lee, MPH, Clackamas County, Sandra Goeke, MPH, Benton County, Sarah Kingston, MPH (invited), Ashley Borin, MPH, Multnomah County

ABSTRACT: Epidemiology is the core science and practice that supports public health practice. Yet, local health departments (LHDs) in Oregon vary in epidemiologic capacity and data use to support public

health programs, planning and decision making at the local level. Activities include public health surveillance, epidemiologic investigations, community needs assessment, and consulting with and meeting the needs of our “data customers”. In this session, epidemiologists and data analysts from Oregon LHDs will, first, briefly highlight examples of epidemiologic data use at the local level. Then, these colleagues and colleagues who use data for public health work at local health departments, both invited and attending the session, will engage in an active, facilitated discussion addressing best practices and lessons learned in using data locally. We will also examine current challenges faced by and future directions anticipated by Oregon LHDs departments in building and maintaining epidemiologic capacity, especially as LHDs seek opportunities and continue engaging with healthcare and community partners to implement community-wide healthcare reforms locally.

Note: We will need a 1 hour, 15 min time slot for very short presentations and a longer discussion time.

OBJECTIVE:
- Learn about local public health surveillance, epidemiologic investigations and epidemiologic capacity at local health departments in Oregon through current examples.
- Gain understanding on the use of information at local public health departments in Oregon.
- Discuss local health department epidemiologic capacity, the current role of epidemiology, and the future needs and directions for epidemiology to support local public health practice in Oregon.

PANEL ABSTRACT 1: *Key Outbreaks in Washington County*

Kimberly Repp, PhD, MPH, Trevor Hostetler, RN, BSN

The past year at Washington County has been filled with notable outbreaks: strawberries, deer and E. coli, a scombriod poisoning leading to a national recall and several norovirus outbreaks linked to environmental contamination. Each of these outbreaks demonstrated strengths and weaknesses of the public health system and these lessons will be shared.

PANEL ABSTRACT 2: *Unintentional Injuries and Years of Potential Life Lost in Clackamas County*

Sunny Lee, MPH Paul Lewis, MD

Years of Potential Life Lost (YPPL) is a measure of premature death. We take a closer look at unintentional injury deaths among Clackamas County residents as an issue of public health importance.

PANEL ABSTRACT 3: *Premature mortality among Benton County Mental Health Clients*

Sandy Goeke, MPH, Rob Nebeker MD, Charlie Fautin, MPH

National literature documents 25 - 30 year premature mortality among people with diagnosed chronic and persistent mental health conditions. We look at incidence of diabetes, obesity, cardiovascular disease, and other chronic conditions among BCMH clients. We assessed potential contribution of those diseases to excess mortality in this population.

PANEL ABSTRACT 4: *Its “Deja -Vu all over again”: From Data to Action in Multnomah County*

James A. Gaudino, Jr. MD, MS, MPH, FACPM Ashley Borin, MPH, Amy Sullivan, PhD, MPH, Robert Johnson, MD

We will briefly highlight current and future epidemiologic analyses and uses of data and epidemiologic capacity at the largest local health department in Oregon. We will include examples of methodological approaches, findings and use of data in public health practice pertinent to such topics as: school and child facility-level immunization exemption and pertussis vaccination rates, pertussis surveillance during the 2011-2012 disease upsurge, overdose death surveillance and local response, and hot topics from maternal, infant and child health epidemiologic analyses.

AV NEEDS: Portable microphones for a "roving discussion" and comfortable seating for panelists for an "Oprah" style discussion with audience participation.

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STUDENT: No

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POSTER PRESENTATIONS

TITLE: ***Adaptations to an HIV Counseling and Testing Intervention from a Counselor Perspective***

TOPIC: HIV interventions, Implementation and Dissemination Science

AUTHOR(S): Virginia Mckay, Margaret Dolcini, Joe Catania, Kathleen Conte

ABSTRACT: Translation of efficacious behavior intervention programs from research to practice has become an important component of research for HIV prevention. Although interventions may demonstrate efficacious outcomes, implementing interventions in practice leads to inevitable variation from the original program protocol. The Translation into Practice study qualitatively explores variation in program implementation across organizations nation-wide utilizing the RESPECT program, an HIV counseling and testing intervention. The current study specifically examines adaptations from the perspective of counselors delivering RESPECT to clients seeking HIV testing. Counselors (N=70) within agencies currently using RESPECT were interviewed using a semi-structured interview guide. Responses from counselors were coded using qualitative analysis to assess both the influential factors and subsequent adaptations of RESPECT. Almost all counselors report making adaptations to RESPECT (N=69). Adaptations involved both major and minor adaptations to meet the demands of the counseling session and the agency, while still utilizing RESPECT. Counselors identified environmental and client influences as common factor leading to adaptations of RESPECT. In order to improve implementation of the RESPECT program, further research is needed to assess the degree to which adaptations can be made to better meet the needs of the agency and the clientele without compromising the effectiveness of the program.

OBJECTIVE:
1. Analyze factors that influence program adaptation for the RESPECT program.
2. Describe the kinds and degree of adaptations made for the RESPECT program.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Adherence to Follow-Up Recommendations After Health Screening Fairs Among North Willamette Valley Vineyard Workers***

TOPIC: Farmworker health, latino health, healthcare access and utilization

AUTHOR(S): Melissa Moyer, Leda Garside

ABSTRACT: Tuality Healthcare ¡Salud! Services works to decrease disparities experienced by farmworkers in the North Willamette Valley by providing free screening services for indicators of chronic diseases. Early detection of risk factors for chronic disease can allow patients and providers the opportunity to establish a treatment plan that may decelerate the onset of illness or even reverse it. For screening services to have an impact on health outcomes, however, adherence to follow up instructions is vital.

In 2010 and 2011 the ¡Salud! Services outreach team collected health indicator information during screening fairs, as well as information about health service utilization by clients in the 12 months following. This study (1) analyzes the adherence to follow up with a healthcare provider for individuals attending ¡Salud! Services screening fairs, (2) determines which health indicators, if abnormal, are better predictors of individual adherence to follow-up recommendations, and (3) compares the health status of those Â¡Salud! clients that attended screening fairs to those that did not attend screening fairs. Analysis and results, at this time, are still pending. The implications of these findings are discussed in terms of designing outreach screening, health education, and referral techniques to improve adherence to follow-up recommendations.

OBJECTIVE:
1. Determine rates of adherence to follow up after free workplace screening services among farmworkers.
2. Discuss how this can help us design outreach screenings, health education, and referral techniques to encourage individual follow up.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Assessment of Tobacco Retail Licensing in Oregon's Current Policy Environment***

TOPIC: Tobacco control

AUTHOR(S): Kirsten Aird MPH, Karen Girard MPH, Barbara Pizacani PhD, Stefanie Murray MPH

ABSTRACT:
Background: Establishing legal restrictions on tobacco marketing in the retail environment is the last frontier of tobacco control. However, point-of-sale regulation requires strong enforcement mechanisms, and retail licensure can act as such a mechanism. Because of new policy opportunities afforded by the FDA Family Smoking Prevention and Tobacco Control Act, we decided to assess the potential utility of tobacco retail licensure for Oregon.

Methods: We interviewed all state agencies with responsibilities to enforce tobacco laws about whether tobacco licensure could assist them in their work. We also asked about potential coordination with the FDA legislation.

Results: Respondents unanimously thought that licensure could help them by identifying all retailers in the state. Some thought licensure could also be an effective mechanism to enforce tobacco point-of-sale regulations. However, they stated that licensure legislation should include fees adequate for administration, graduated penalties with suspension for violations, and should not preempt local jurisdictions from creating stronger local laws. Various models for coordination with FDA regulations were proposed. All emphasized the need for cross-agency communication about tobacco regulations.

Conclusions: Tobacco retail licensure can be useful in enforcing tobacco regulations, but legislation must be carefully crafted to maximize public health benefit. Cross-agency collaboration is crucial.

OBJECTIVE: Learners will understand the potential advantages of tobacco retail licensure for the enforcement of tobacco control regulation in the retail environment.

AV NEEDS:

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STUDENT: No

TITLE: ***Assessment to Action in Oregon's Home Visiting System***

TOPIC: Service Needs and Access Difficulties among Oregon's Pregnant Women and Parents of Young Children

AUTHOR(S): Kathleen Anger, Jin Song, Wendy Morgan, Tenzing Sherpa, Kristen Becker

ABSTRACT: A survey of over 4600 pregnant women and parents of young children throughout Oregon was conducted. The survey asked about families' needs for 32 services and their level of difficulty accessing services. A factor analysis indicated that the items fell into 10 groups: parenting needs, pregnancy/newborn needs, services for special health needs, language and transportation needs, basic needs, job needs, mental health / substance abuse / domestic violence needs, health care needs, child care needs, and needs for information on other resources and services. The types of services needed by the largest percentages of parents were those related to health care, parenting needs, information on other resources and services, and basic needs. The types of services that the largest percentages of parents found difficult to get were those related to job needs, child care, transportation and language needs, mental health/substance abuse/domestic violence, basic needs, and services for a child with special health needs. Based on these findings, Oregon's Maternal, Infant, and Early Childhood Home Visiting Program included in its performance benchmarks a measure of the services that were most difficult to get. The benchmark measures the percent of referrals for which receipt of services can be confirmed.

OBJECTIVE: Be able to name what services are needed by low-income pregnant women and parents of young children, and what services are difficult to get. Be able to describe one example of how assessment results were used to inform home visiting program practice.

AV NEEDS:

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STUDENT: No

TITLE: ***Association between physical activity and postpartum depression symptoms in Oregon PRAMS***

TOPIC: Health Promotion, Physical Activity

AUTHOR(S): David P. Schary, M.S., Bradley J. Cardinal, Ph.D.

ABSTRACT:
Background: Postpartum depression affects new mothers shortly after birth. This moderate to serve depression can impact physical, cognitive, and social well-being. Physical activity has been shown to decrease the likelihood of postpartum depression. The purpose of the study was to determine the association between depression symptoms and physical activity in postpartum women.

Methods: The study used OregonÂ¿s Pregnancy Risk Assessment Monitoring System (PRAMS) participants (n = 3,845). Least-squares Linear Regression, with multiple imputation, estimated the association between depression symptoms and physical activity, controlling for race and age. Total household income and BMI were added as predictors in additional predictors in the regression models.

Results: Initial results concluded that both regular and daily physical activity groups had significantly less depression symptoms scores ($p < 0.001$) than women in the reference group, irregular physical activity. Both regular and daily physical activity groups had similar scores. Additional research is still being conducted. Sampling weights will be added to the current results and a longitudinal analysis will use PRAMS and PRAMS-2 data to examine postpartum depression in the 2004-2005 cohort.

Conclusion: This study supports that physical activity and postpartum depression symptoms are significantly related. The current results also suggest physical activity may have a threshold, where more activity may not be better. Total household income had the largest effect on depression symptoms, while BMI was not significant.

OBJECTIVE:
1. Understand the association between physical activity and postpartum depression.
2. Discuss strategies of improving physical activity amongst postpartum women

AV NEEDS:

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STUDENT: Yes

TITLE: ***BabyLink: Improving Access to Care for Prenatal Women and Young Families with Children in Clackamas County***

TOPIC: Client Access to Care

AUTHOR(S): Cathy Perry, RN, BSN, Clackamas County Community Health , Nursing Supervisor, Maternal Child Health, Communicable Disease

ABSTRACT: Clackamas County agencies and services providing care to prenatal women and families were identified as operating in stand alone fashion with little or poor knowledge of each other. Problems identified were poor communication between providers, poor or inappropriate referrals from within county, and client difficulty in accessing services due to multiple points of entry to care.

Committee was formed and identified one access to care for client as top priority, concurrent updating of referral information as secondary gain.

Sub-committee consisting of Public Health Nursing Supervisor and Manager of Gladstone's Healthy Start polled all services within Clackamas County providing care to prenatal women and young families for:
1. outline of services provided, what are their access sources
2. requirements for program entry, how do they identify their client and their program.
3. screening tool and/or document specific for each program

Literature search was done for similar programs in health and in business communities for integration strategies. Sub-committee members identified cross-roads and similarities. Application was made for telephone number, with texting capabilities, web site, and marketing budget.

Screening tool was developed by adding all common issues (demographics, etc.) to tool, then specifying in small print under each question, to which program this question was applicable. More detailed screening questions were added as programs met as a group and identified need. Resource list with up-to-date access information was collected.

Young teen moms were asked as a focus group to help with program logo design and name. Marketing materials were designed in English and Spanish. These marketing materials were business cards, post cards, and posters. Telephone screeners were trained.

BabyLink was launched September 2011.

OBJECTIVE: Identify at least 2 ways to reach out to young families to provide information. Answers: cards, post cards, posters in clinics, offices where families bring their children, advertising at family friendly events, visiting resources to offer BabyLink as a resource for their client's unmet needs

AV NEEDS:

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STUDENT: No

TITLE: ***Barriers before birth: Use of mental health services among at-risk pregnant women with Oregon Health Plan coverage***

TOPIC: Antenatal depression and access to treatment

AUTHOR(S): Rebecca Sacks, Ryan Burke, Jessica Matthiesen, Jessica Greene

ABSTRACT:
Background: To reduce barriers to accessing mental health care, the Oregon Health Plan (OHP) is integrating physical and mental health services with new Coordinated Care Organizations. In this study we examined whether at-risk, low-income women access prenatal mental health services and what barriers to access exist.

Methods: We conducted brief qualitative interviews with 26 pregnant women in Lane County who received OHP benefits and screened positive for depressive symptoms (either on the Edinburgh Depression Scale or PHQ-2). Interviews were conducted between 2010 and 2012.

Results: Our sample was predominantly white and unemployed with a high school education. Most had not seen a counselor at the time of the interview, and of them, half did not intend to receive counseling. Transportation was the most common external barrier to access, as well as lack of clinician availability. Internal barriers such as shame and depressive symptoms themselves were also cited. Most reported that their obstetrician had never suggested counseling.

Conclusions: Very few women interviewed currently access mental health care, despite being at-risk for depression. Barriers to access include both internal and external factors. As Oregon integrates physical and mental health services, barrier removal as well as obstetrician training should be a high priority.

OBJECTIVE:
1) Describe the barriers pregnant women with the Oregon Health Plan encounter when accessing mental health services.
2) Assess the physician's role in mediating barriers to access.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Breast Cancer Screening in Women***

TOPIC: Breast Cancer Screening

AUTHOR(S): Summer L. Cox, Kathy Mix, Members of the Breast Health Task Force

ABSTRACT: Breast cancer (BC) is the second-leading cause of cancer deaths among women.1 More women are now surviving, thanks in large part to early detection, yet each year more Oregon women are being diagnosed with BC. In fact, Oregon is ranked 12th in the nation for incidence of BC.2 In Oregon, the Breast Healtlh Task Force (BHTF), a subcommittee of the Oregon Partnership for Cancer Control (OPCC), is working to develop educational material, as well as training, speaking and networking events. Our objective is to increase the percentage of women in Oregon screened at the appropriate age for BC in order to reduce mortality. Expanding access to screening, such as mammography, clinical breast exams by a trained health provider, and discussion of personal and family health history of cancer will help detect BC early, thereby increasing the chance of survival. Mammograms in women age 50 and older, for example, can detect BC early and reduce deaths by 20 to 30 percent.3 Yet many groups, such as the women in rural counties, women with disabilities, and African-American women remain underserved.

1. U.S. Cancer Statistics, 2007, Incidence and Mortality.

2. United States Cancer Statistics Public Information Data http://wonder.cdc.gov/cancer.html Accessed 9/13/2011.
3. U.S. Preventive Services Task Force, February 2002.

OBJECTIVE: Appropriate screening can identify breast cancer early, and thereby allow for treatments that will reduce risk of mortality.

AV NEEDS:

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STUDENT: No

TITLE: ***Building Home Visiting Systems through Statewide Partnerships: Oregon's Example***

TOPIC: Importance of cross-agency partnerships when redesigning state home visiting systems

AUTHOR(S): Nakeshia Knight-Coyle

ABSTRACT: Home visitation programs in Oregon vary in the level of understanding they have about the purpose of other programs. This lack of understanding has contributed to poor relationships and fragmented services to families and children in many communities. Under the leadership and direction of the state Home Visiting Steering Committee (HVSC), Oregon is in the process of revamping its current home visiting system. Comprised of state agency administrators and title V-funded home visiting programs, the purpose of the HVSC is to develop a comprehensive, coordinated and culturally responsive statewide Home Visiting System for Oregon that will address unmet needs. The goals are to capitalize on the strengths of each program, decrease overlap and administrative barriers, and ensure that Oregonians receive the appropriate services, in the most cost effective way. To help improve relationships and collect input from home visiting stakeholders, the HVSC convened a series of meetings with representatives from state and local home visiting programs, foundations, advocacy community, tribal communities and consumers of home visiting services. As a result of working across programs, collecting input from stakeholders, and educating programs about the purpose and intent of other existing programs, relationships have improved drastically and consensus has been reached on a mission statement, guiding principles, and map of the home visiting system.

OBJECTIVE: By the end of the presentation, participants will be able to: 1)Describe the importance of building partnerships when trying to create a home visiting system; and 2)Describe three essential steps to reaching consensus on key components of the system.

AV NEEDS:

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STUDENT: No

TITLE: ***Characterizing the Young Working Population: Setting the Groundwork for Health and Safety Interventions***

TOPIC: Health Promotion and Health Protection in Young Workers

AUTHOR(S): Megan Parish , Eric Serres, Hannah White, Dede Montgomery, Diane Rohlman

ABSTRACT: Young workers, between the ages of 14 to 24, suffer an occupational injury rate that is two times higher than older workers. Often, many young people lack on-the-job experience and training or have not yet developed appropriate professional communication and self-advocacy skills to avoid hazards in the workplace. Additionally, wellness issues, such as lack of sleep or poor nutrition, can affect workplace safety outcomes. A primary method to reduce risk to young workers is through effective and relevant training.

An online survey was conducted during the summer of 2012 with seasonally employed young workers. Information was collected on various workplace and wellness topics including: work experience, sleep, nutrition, substance use, and social networking habits. Approximately, 300 young workers completed the survey. This information will be used to characterize the population and to identify areas to be addressed in future training activities.

The overall goal of this project is to improve health and reduce the incidence of workplace injury in this group of especially vulnerable individuals, young workers. Online training addressing both health

promotion and health protection topics will be developed and the use of social media to disseminate the training will be evaluated.

OBJECTIVE: Identify safety and health risks in seasonally employed youth.

AV NEEDS:

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STUDENT: No

TITLE: ***Chinese- and Spanish- language education for the elderly on the appropriate use of antibiotics***

TOPIC: Infectious Diseases

AUTHOR(S): Kristina Cobarrubias(1), Yuri Miura(1), Rowena Vilches-Tran(1), Emily Yen(1), Yinxuan Zhang(1), Jessina C. McGregor(1), and Tamara Peterson(2)

Institution: (1) College of Pharmacy, Oregon State University, Portland, OR; Oregon Health & Science University, Portland, OR; (2) Oregon Alliance Working for Antibiotic Resistance Education, Oregon Health Authority, Portland, OR.

ABSTRACT:
Background: Health literacy surrounding antibiotic use varies across age and cultural backgrounds. We adapted and translated (Spanish and Chinese) a brochure on appropriate antibiotic use for elderly persons. We aimed to evaluate the effectiveness of the brochures by surveying the target population.

Methods: Brochures were distributed to elderly Chinese during a Chinese New Year event and Spanish elderly at Salud medical clinic. After reviewing the brochure, individuals were surveyed to collect demographic information and test antibiotic-related health literacy.

Results: Of eight Chinese-speaking persons surveyed, 50% were our targeted age Â¿65 years (n=8) . All Chinese respondents correctly reported that antibiotics treat bacterial infections while 25% falsely reported that they treat viral infections. Of seven Spanish-speaking persons surveyed, only one was age

Â¿65 years. To increase evaluable sample size, the age cut-off was lowered to Â¿60 years, providing a sample size of four. Of Spanish-speaking respondents, 79% correctly reported that antibiotics treat bacterial infections while 75% falsely reported that they treat viral infections.

Conclusion: These data suggest that translated educational brochures can increase health literacy regarding antibiotics , though more data are needed. Evaluation of health information tools is critical to ensure an impact on targeted populations.

OBJECTIVE: We aimed to evaluate the effectiveness of the antibiotic use brochures by surveying the target population.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Community Gardens in Our Public and Private Spaces: Linking Food and Action***

TOPIC: Food Security

AUTHOR(S): Jaya Conser Lapham

ABSTRACT: Food security is a matter of concern to all Oregonians. The exposure to hunger in Oregon is very real, as the need for Oregon Food Bank as well as faith based soup kitchens, free lunch programs at public schools through federal grants, as well as WIC focused on early childhood and pregnancy has come to address. But, a flip side of the risk in food security is obesity and unfortunately, low birth weight and stunting in early childhood has been correlated to obesity in later stages of childhood. This poster explores a local neighborhood and the institutions invested in supporting food needs and the potential to link their efforts with a school based community garden. The benefits of school gardening include access to science and experiential learning, art projects, expression of identity as well as the dual needs to prevent obesity; reduction of calorie intake and increase of physical activity. The community effect includes recruitment of volunteers and encouragement of family gardens. Further collaborative

and strategic engagement from local institutions and community members such as researchers and farmers is recommended.

OBJECTIVE: Social determinants of health include social networks. This project explores ways that gardening can increase social networks and engage community members in awareness about all aspects of food security.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Community Partnership for Cancer Screening and Coordinated Cancer Care for Low Income and Uninsured Latinos***

TOPIC: Cancer Prevention & Health Promotion

AUTHOR(S): Alicia Atalla-Mei, Marie Dahlstrom, Janet Hamilton, Olga Gerberg, Gloria Coronado

ABSTRACT:
Background: We sought to develop and implement a coordinated, multi-health-system plan to increase screening for breast and colorectal cancer among uninsured and underinsured Latinos in the Portland, Oregon metropolitan area.

Methods: The program is led by the nonprofit Familias en Accin and uses a collaborative model made possible by funding from Cambia Health Foundation, and the partner organizations in-kind support and involvement. A project advisory group includes representatives from Kaiser Permanente, Providence Health Services, Legacy Health System, Wallace Medical Concern), Project Access NOW, Susan G. Komen for the Cure, and the State of Oregon Breast & Cervical Cancer Program.

Results: A planned evaluation will report the number of individuals who receive education, the number who complete a screening test, and the number with a positive result. To date, 37 mammograms have been completed, and 51 FIT have been distributed. Follow-up diagnostic care is guaranteed for

individuals who screen positive on mammogram or FIT. This one-year project aims to provide 100 mammograms and to distribute 500 FIT kits.

Conclusion: Our study highlights the value of organizational engagement in community cancer screening events. As Oregon's health care system evolves, this program can serve as a model for Coordinated Care Organizations (CCOs) for improving access to cancer screening for Latinos and other underserved populations.

OBJECTIVE: Determine how partnerships amongst local health systems, cancer prevention non-profits, and the state can act as a model for access to prevention and care under the new CCOs model.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Development and Production of HPV Digital Fotonovela for Latinas***

TOPIC: HPV Education - Latinas - Bilingual and or Multicultural Health Communications

AUTHOR(S): Ana Consuelo Matiella

ABSTRACT: Background: Ana Consuelo Matiella is President of ACMA Social Marketing and The Fotonovela Production Company. She is the most experienced health fotonovela producer in the United States. Ms. Matiella will present two fotonovelas on HPV adapted to the web and share preliminary resuts of an NIH funded research project on using web based novelas to reach Latinas 18-25.

OBJECTIVE:
1. Participant will define "Health Fotonovela."
2. Participant will define "Digital Fotonovela."
3. Participant will compare and contrast "Health Fotonovela" with "Digital Fotonovela."
4. Participant will list 3 benefits of using fotonovelas to educate about public health.

AV NEEDS:

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STUDENT: No

TITLE: ***Discrimination in health care and CAM use in a representative sample of U.S. adults***

TOPIC: Discrimination; Complementary and Alternative Medicine

AUTHOR(S): Jennifer Faith, MS, Sheryl Thorburn, PhD, MPH, Karen Levy Keon, MPH, and Kimberly M. Tippens, ND, MSAOM

ABSTRACT: Discrimination in medical settings may influence patient attitudes about health care and health seeking behaviors. Patients who experience discrimination may seek alternative means of health care, including use of complementary and alternative medicine (CAM). The objective of this study was to examine the relationship between discrimination in health care and CAM use. Data come from the 2001 Health Care Quality Survey (HCQS), which used a multistage sampling design with random digit dialing to oversample telephone exchanges with higher densities of African-American, Hispanic, and Asian households. Data were adjusted using sample weights to make the results representative of the U.S. population 18 years and older. Present analyses were limited to 6,008 respondents who had visited a doctor or clinic or had been admitted to the hospital in the last 2 years. In adjusted logistic regression analyses, discrimination in health care was significantly associated with use of herbal medicines alone (AOR = 1.47, CI: 1.05, 2.04), but not with use of practitioner-provided CAM (i.e., use of acupuncture, chiropractor, traditional healer or herbalist, alone or in combination with herbal medicines). Further research is needed to examine the direction of this relationship and differences by CAM modality.

OBJECTIVE:
1. Describe the relationship between discrimination in health care and the use of herbal medicines or practitioner-provided CAM modalities.
2. Discuss possible explanations for the relationship between discrimination in health care and use of herbal medicines.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Evaluation of a benzodiazepine reduction policy at a medication-assisted treatment facility***

TOPIC: Substance abuse treatment policy

AUTHOR(S): Robin Richardson, BA; Katharina Wiest, MSPH, PhD; Katie Thornton, RN; Tim Hartnett, MSW, MHA

ABSTRACT:
Background: Benzodiazepine (benzo) misuse in methadone patients increases risk of adverse outcomes including death. Research indicates almost half of methadone patients have used non-prescribed benzos at some point in their history. In November 2011, a non-profit methadone provider in Oregon implemented a comprehensive benzo policy with the goal of reducing misuse during treatment. We evaluated changes in patient attitudes before (n=112) and after (n=226) policy implementation and changes in non-prescribed benzo use.

Methods: We conducted a two-phased study: 1) All methadone patients were invited to complete an anonymous survey when receiving their methadone dose; and 2) urinalysis data were collected from electronic medical records on patients with positive urine drug screens for non-prescribed benzos prior to the policy implementation.

Results/Outcomes: Survey results indicate no change in the following areas: patient attitudes, patients reporting knowledge of dangers of benzo use, patients wanting to quit benzos, or feeling safe talking with their counselor about benzos. While only 65% of patients supported the new policy, patients with frequent benzo positive urine drug screens experienced a 30% reduction in misuse.

Conclusions/Implications: Policy changes support a reduction in benzo misuse. The relationship between behavior and changes in attitude needs further consideration.

OBJECTIVE: Participants will learn about current efforts to reduce benzodiazepine misuse in patients receiving methadone.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Evaluation of an Integrative Behavioral Health Program***

TOPIC: Community Health

AUTHOR(S): Praneeta Aviles (Student), Kellie Wilmes (Student), Heather Voss MSN, RN

ABSTRACT: Oregon Health & Science University (OHSU) nursing students have been involved in service learning projects in southern Oregon for four years. Yet, there are no methods or processes to measure the impact the projects have on health of those they were designed to serve. The Integrative Behavioral Health (IBH) program is a service learning project created by an OHSU nursing student at a community health clinic in 2010. The program is now its second year. A pilot study was conducted in spring 2012 to measure the impact the program has had on health behaviors and health outcomes of participating clients. Findings from the pilot study will be presented and implications for measuring impact of student led projects on health will be discussed.

OBJECTIVE:
1. Discuss impact of a nursing student led project on health.
2. Discuss the impact of an integrative behaviorial health program on client's self percieved health.

AV NEEDS:

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STUDENT: No

TITLE: ***Evidence-Based Colorectal Cancer Screening***

TOPIC: Colorectal Cancer Screening

AUTHOR(S): Kathy Mix; Summer L. Cox; Members of the OPCC Colorectal Cancer Task Force

ABSTRACT: Every day, five Oregonians are diagnosed with colorectal cancer (CRC) Â¿ a cancer that can be prevented. Colorectal cancer is Oregon's second-leading cause of cancer death, with 659 deaths reported in 2008.1 The death rate is highest for African Americans, followed by Caucasians (in a comparison for 2003-2008). 1 Evidence-based screening can identify colorectal cancer early or prevent it altogether, thereby reducing morbidity and mortality. Appropriate screening includes tests include fecal occult blood tests, sigmoidoscopy and colonoscopy. Routine colorectal cancer screening can reduce deaths through early diagnosis and removal of pre-cancerous polyps. Thanks in part to increased screening, colorectal cancer is being diagnosed at earlier more treatable stages, or prevented altogether. From 2004 to 2010, there was a 12% increase in colorectal cancer screening rates in Oregon.2 The Oregon Colorectal Cancer Task Force (CRCTF), a subcommittee of the Oregon Partnership for Cancer Control (OPCC), is working to develop promotional materials and resources for patients and medical providers to encourage screening for all Oregonians ages 50-75 years. Our goal is to increase screening statewide from the current rate of 59% to the Healthy People 2020 goal of 80%.
1 Oregon State Cancer Registry (OSCaR) 2008
2 Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2010.
NOTE: Please note, if accepted, we request that these the Summer Cox posters be located together, as they cover a cancer/genetic theme: Breast Cancer Screening in Women, Evidence-Based Colorectal Cancer Screening, and Genetics & Cancer.

OBJECTIVE: (1) Evidence-based screening can identify colorectal cancer early or prevent it altogether, thereby reducing morbidity and mortality. (2) Appropriate screening includes tests include fecal occult blood tests, sigmoidoscopy and colonoscopy. (3) Discussion of personal and family health history with a health professional can identify those at increased risk. (4) Encouraging those who have been screened to talk about it with others can also increase screening rates.

AV NEEDS:

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STUDENT: No

TITLE: ***Family Engagement: Reshaping Family-Centered Care***

TOPIC: Family Engagement; Quality Improvement; Autism

AUTHOR(S): Lisa Voltolina

ABSTRACT: Family-centered care in pediatrics is based on the belief that the family is the child's most critical source of support, and that family's perspectives are key to implementing successful health interventions. Family-centered providers are constantly aware that a family's positive experience in the clinical setting can enhance confidence in their roles as care providers.

The Autism Clinic and Oregon Health and Science University has embraced its mission of providing optimal family-centered care via participation in The Collaborative to Improve Care for Children with Autism Spectrum Disorder, an initiative funded by Autism Speaks via the Autism Treatment Network and led by the National Initiative for Children's Healthcare Quality (NICHQ). Though encompassing several projects, our main mission has been to ensure that the families we serve have ongoing opportunities to provide input and help prioritize program improvements.

During this presentation, we will highlight the utilization of a Family Advisory Committee as an invaluable resource for providing truly family-centered care. By following the basic tenants of family-centered care as described by Christy Blakely of Family Voices Â¿ Dignity and Respect, Information Sharing, Involvement, and Collaboration Â¿ the clinic has employed families as a true catalyst for change.

OBJECTIVE: Describe importance of parent engagement in effective family-centered care and with OHSU's Autism Clinic exemplifying lessons learned.

AV NEEDS:

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STUDENT: No

TITLE: ***Flavored tobacco for sale in Oregon***

TOPIC: Tobacco

AUTHOR(S): Daniel S. Morris

ABSTRACT:
Background: Tobacco companies use candy flavors like cherry, strawberry, and grape to appeal to kids and make it easier for them to get hooked on nicotine. Candy-flavored cigarettes are now banned in the U.S., but flavors are still allowed in all other tobacco products.

Methods: I identified flavors in smokeless tobacco products approved for sale in Oregon, and products for sale on the website of an Oregon tobacco retailer.

Results: Hundreds of flavored tobacco products are for sale in Oregon. Flavors are common among products used most often by kids.

Conclusions: Flavored tobacco is a public health problem. Prohibiting the sale of flavored tobacco will remove hundreds of products from the market and keep kids from getting addicted.

OBJECTIVE: Learn how many flavored tobacco products are on the market in Oregon, and what products are most commonly flavored.

AV NEEDS:

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STUDENT: No

TITLE: ***Food Insecurity and Eating Habits of Children with Special Health Care Needs in Oregon***

TOPIC: maternal and child health, nutrition

AUTHOR(S): Laurel Murphy (Student at Oregon Health & Science University); Elizabeth Adams, PhD, RD; Kenneth Rosenberg, MD, MPH

ABSTRACT:
Introduction: Food insecurity occurs when families lack reliable access to nutritious food due to financial hardship. Over 14% of U.S. households reported food insecurity in 2010. Families that include children with special health care needs (CSHCN) may be at increased risk for food insecurity.

Methods: This study uses data from the 2004-05 Oregon Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and after pregnancy. PRAMS-2 reinterviews PRAMS respondents shortly after the child turns 2 years old. Chi-square tests were applied to quantify relationship of CSHCN status to food security and consumption of milk and sweets. Stata 11.1 was used for analysis.

Results: 1846 women completed PRAMS-2 survey and are included in this analysis. 12.1% of households with two-year-old children reported food insecurity. Compared to women whose 2-year-old did not have special health care needs (10.9%), women were more likely to report food insecurity if their 2-year-old child had special health care needs 21.1% ($p<.05$). CSHCN consumed sweets and milk less frequently than others ($p<.05$). A greater proportion of CSHCN parents reported that their "child doesn't eat enough" (16.8% vs. 10.8%, $p < 0.0024$).

Discussion: CSHCN are at risk for food insecurity, because financial struggles associated with having CSHCN may increase the risk for food insecurity. They are also more likely to be connected to a medical home, offering opportunity for screening and intervention against food insecurity and other dietary risks.

OBJECTIVE: Participants will compare eating habits and food insecurity between children who do and do not have special health care needs.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Genetics & Cancer***

TOPIC: Cancer Genetics

AUTHOR(S): Summer L. Cox, Amy I. Zlot, Bridget Roemmich

ABSTRACT: The Oregon Genetic Program's (OGPs) mission is to promote the health, well-being, and quality of life of Oregonians using up-to-date knowledge of genomics. Through policy, education and surveillance activities, the OGP is working to 1) Increase the proportion of people with a family history of breast and/or ovarian cancer who receive genetic counseling; 2) Increase the proportion of persons with newly diagnosed colorectal cancer who receive genetic testing to identify Lynch syndrome; and 3) Increase the proportion of Oregonians who receive appropriate genetic counseling and testing by a genetics specialist. Cancer genetic services are underutilized, and only a small proportion of Oregonians who are appropriate for testing are actually being tested for mutations associated with increased risk of breast, ovarian, colorectal and other cancers. 5%-10% of breast, ovarian and colorectal cancers are inherited (a single gene mutation contributed to the cancer and is passed down from parent to offspring). Genetic counseling is appropriate for high-risk individuals, and genetic testing may be advised. The information from the test can be used to prevent the occurrence or reoccurrence of cancer. Increased screening, lifestyle changes, medication, and surgery are examples of risk reduction measures that may be appropriate for those at increased risk.
Please note, if accepted, we request that the Summer Cox posters be located together, as they cover a cancer/genetic theme: Breast Cancer Screening in Women, Evidence-Based Colorectal Cancer Screening, and Genetics & Cancer.

OBJECTIVE: (1) Understand the signs of inherited cancers that may run in families. (2) Understand the importance genetic risk in making decisions about health care. (3) Learn the key information that should be discussed with family members and health care providers.

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STUDENT: No

TITLE: ***Improving the School-Based Health Center patient experience with technology: Results of the iPad Pilot Project***

TOPIC: School based public health

AUTHOR(S): Rosalyn Liu, Robert Nystrom, Loretta Jenkins, Chiahua Yu

ABSTRACT: In order to continuously improve patient-centered care, Oregon's school-based health centers (SBHCs) capture the student's SBHC experience through annual paper-administered satisfaction surveys. As centers become busier and the number of SBHCs in Oregon expands, there is a growing need for efficiency while adapting to the needs to the adolescent population.

The iPad pilot project provided 5 SBHCs with iPads to administer SBHC patient satisfaction surveys and promote other SBHC activities, including patient education. Evaluation results showed that students were more willing to use the iPad to complete the survey relative to paper-based surveys. Staff reported a preference for the iPad due to increased efficiency and confidentiality. Staff reported using the iPad for other SBHC activities such as medication referencing and health education projects and videos. Collection of survey data through the iPad saved the State Program data entry time and reduced possible data entry errors. Administering surveys with iPads also permitted collection of metrics such as survey completion time.

The use of iPads in SBHCs promotes efficiency at the center and state level. iPads also potentially increase student engagement in surveys and health promotion activities and enable tracking of metrics to target specific health promotion topics.

OBJECTIVE:
1. Describe how the use of technology can engage the adolescent population in survey collection and health education.
2. Describe how using an iPad to collect survey data saved time at the center and state level.

AV NEEDS:

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STUDENT: No

TITLE: ***Incorporating Intersectionality and Health Development: A Feminist Perspective on Achieving Health Equity***

TOPIC: Health Equity

AUTHOR(S): Eric Coker and Wren Keturi

ABSTRACT: The discourse surrounding health inequities often faults gender, class, or race as a leading cause of negative health behavior and outcomes. As a consequence, development addressing gender, race, or class must vie for limited resources to address narrow and specific health issues that often fault individual behavior and make invisible structural inequality. While women's health inherently has a social justice component (remnants of the women's health movement), women's health development often fails to provide a framework to address the economic and racial factors that determine health outcomes. In order to be truly effective in addressing health inequality, health development using a Women's Health framework must employ a feminist intersectional approach that addresses the complexity of identity, social location, power inequalities, and structural oppression. This paper will seek to answer how we can apply a feminist intersectional approach to health development. The project uses theories of intersectionality as a foundation for building a framework for addressing health inequities on a more robust scale, thus, incorporating the complexities of social and economic class, race, place, and historical and cultural context into health development research and practices. Thereby, systems of power and its effects on health inequality are more thoroughly addressed. In the end, the paper concludes that a feminist intersectional approach is necessary to better establish a rich and multi-layered health development plan.

OBJECTIVE: To synthesize the theoretical concept of intersectionality and apply said concept to health development in an effort to achieve health equity.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Interfaces, and Where They Fit In the Process***

TOPIC: Electronic Health Records

AUTHOR(S): Sharon Mech, MHSA, Solutions Consultant, Netsmart Technologies, Inc., Dublin, OH

ABSTRACT: Health departments have always reported to and depended upon multiple internal and external entities who use a variety of systems, many of which have never “played nicely” together.

With the advent of Meaningful Use and other drivers, the information trickle has become a torrent. Interfaces are one way of managing the flow. This session uses the example of the laboratory process to examine a very practical approach towards interfaces, and evaluating where they could fit Â¿ or not. We will also take a brief, non-technical look at HL7.

Attendees will leave this session with:

-A better understanding of how interfaces may help their health departments
-The confidence to “walk through” a process and identify where interfaces might fit
-A high level understanding of HL7

OBJECTIVE:
Attendees will learn the following:

1. A better understanding of how interfaces may help their health department.
2. The confidence to Â¿walk throughÂ¿ a process and identify where interfaces might fit a high level understanding of HL7

AV NEEDS:

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STUDENT: No

TITLE: ***Integrated Community Model for Cancer Risk Assessment***

TOPIC: Genetics

AUTHOR(S): Sarah McCarthy, MPH, Kathryn Murray, MS, CGC

ABSTRACT: The Eugene/Springfield area of Oregon has only one genetic counselor providing inherited cancer risk assessment. In order to address the gap in services, an observational study of the integrated community model is being conducted. This study will demonstrate increases in patient access and quality of care. Through a process of education, support, and monthly review of difficult cases, several clinical offices are utilizing genetic services within their practices. In collaboration with the genetic counselor, the providers are adhering to guidelines used by expert genetic practices. Increased importance of genetic testing demands a change in the delivery of these services. While genetic counselors cannot serve all patients, creating a community of providers who actively participate in the process of learning will enable more patients to seek counseling and consequently lead to improved services.

OBJECTIVE:
1. Develop plans to implement policies and programs
2. Apply strategies for continuous quality improvement
3. Solicit input from individuals and organizations
4. Incorporate strategies for interacting with persons from diverse backgrounds
5. Maintain

AV NEEDS:

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STUDENT: Yes

TITLE: ***Lessons Learned from Northwest Fluoridation Politics***

TOPIC: Fluoridation, public health, politics

AUTHOR(S): Chuck Haynie MD, FACS, Kurt Ferr DDS, FACD

ABSTRACT: Despite 74% of U.S. public water systems being fluoridated, fluoridation remains a political,hot-button issue in Oregon. Political success requires, in addition to legitimate science,a clear, common sense appeal in support of the common good along with strategic political and organizational skills. The authors draw on "ground zero" experiences in political campaigns over the past 10 years, and will feature last Winter's successful campaign to return fluoridation to the public water system in Philomath, OR. The adage, "All politics are local" will be explored.

Public health advocates will learn of ready reference sources and networking opportunities that they can take back and use in their communities.

OBJECTIVE:
1) An understanding of the political, non-scientific aspects of a successful fluoridation campaign.
2) An understanding of the importance of careful, under-the-radar coalition building at the local level.

AV NEEDS:

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STUDENT: No

TITLE: ***Local Public Health Department Accreditation: Communicating to gain buy-in from the Governing Entity***

TOPIC: Local Public Health Department Accreditation

AUTHOR(S): Pam Heilman and Lyndsie Schwarz

ABSTRACT: Public Health Accreditation Board (PHAB) is a new nonprofit organization that offers Tribal, state, and local public health departments the opportunity to become nationally accredited. PHAB accreditation not only requires financial and time commitments but also requires commitment at all levels of the health department to fully engage and use the standards and measures as a framework by which to identify performance improvement opportunities, enhance management, develop leadership, and strengthen relationships with members of the community. Guided by the three Core Functions of public health and the ten Essential Public Health Services the standards and measures allow a health department to evaluate its level of performance and provide a roadmap for continuous improvement.

A key predictor in becoming successfully accredited is obtaining approval and support from a health department's governing entity.

The poster will display materials used in presentation to the Marion County Board of Commissioners including:
1) Detailed accreditation timeline for check periods of preparation, application, and site review.
2) Fact sheets that:
- Tie the Core Functions and Essential Public Health Services to accreditation by providing real examples of how our health department is meeting the measures for these standards.
- Define the prerequisites to accreditation.
- Provide examples of tangible benefits to accreditation.

OBJECTIVE:
1) Describe the sequence of events to make successful application for accreditation.
2) Name the three prerequisites for accreditation.
3) Describe two ways to tailor communications.

AV NEEDS:

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STUDENT: No

TITLE: ***Low Fat Vegan Diet for Patients with Type 2 Diabetes: A pilot program***

TOPIC: Type 2 Diabetes, Nutrition

AUTHOR(S): Haleigh Gokey, MPH, Kyle Homertgen, D.O., Barbara George, R.D.

ABSTRACT:
Background: Over 25 million people in the United States are living with Type 2 diabetes and each year almost 2 million more people are diagnosed with Type 2 diabetes (CDC Diabetes At-A-Glance, 2011). The total costs for Type 2 diabetes, in 2007, were $174 billion. Fortunately, Type 2 diabetes is a disease that is preventable through healthy lifestyle choices but the current Western lifestyle has been promoting an increase in unhealthy lifestyle choices.

Method: Our pilot program implemented a low-fat vegan diet with participants with Type 2 diabetes (n=6) and borderline Type 2 diabetes (n=1) to reduce the negative health outcomes of Type 2 diabetes. We held 1 preparation course on veganism and 8 classes addressing different aspects of eating vegan and Type 2 diabetes.

Results: We found a significant reduction in weight (Mean=8.45 lbs; SD=2.199 lbs; p=0.0001) and fasting blood glucose levels (19.125 mg/dl; SD=7.99 mg/dl; p=0.002) after the 8 week program.

Recommendation: Overall, we found positive results from our vegan diet pilot program and recommend a low-fat vegan diet for people with Type 2 diabetes.

OBJECTIVE: Determine the sustainability of a vegan diet program for Type 2 diabetes and similar health conditions in a clinical setting.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Making the Perinatal Mood and Anxiety Disorders Connection by Maximizing Resources through WIC & MCH Collaboration***

TOPIC: Collaborations/Training/Maternal Mental Health

AUTHOR(S): Nhu To-Haynes, MPA HA, Nurit Fischler, MPH

ABSTRACT: Maternal mental health disorders (including depression and anxiety during and after pregnancy) are a major public health problem. Depression is the leading cause of disability among women, and the most common serious complication of pregnancy. Nearly one-fourth (24%) of new mothers in Oregon reported symptoms of depression either during or after pregnancy. Despite a growing body of clinical and policy research, families and professionals remain largely unaware of how common and treatable these disorders are; and how potentially devastating when left undiagnosed and untreated.

In an extension of the critical work stemming from Oregon's Maternal Mental Health policy workgroup, the State WIC and MCH programs teamed up to provide technical training in the area of perinatal mood and anxiety disorders to local WIC agencies across the state. WIC's perinatal role in public health can serve as an important connection for women experiencing perinatal mood and anxiety disorders (PMADs). Ensuring that WIC staff has basic understanding of this health issue is a first step in strengthening awareness. The trainings provided a unique opportunity for both local WIC staff and MCH health staff to come together and learn about PMADs and resources in Oregon to share with clients.

OBJECTIVE:
At the end of this session, participants will have:

1. Increased understanding of maternal mental health disorders and their impact on the WIC population.
2. Become familiar with the training design process between State WIC & MCH programs in Oregon.
3. Increased understanding of the advantages, barriers, and opportunities to coordinated webinar trainings between two programs.

AV NEEDS:

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STUDENT: No

TITLE: ***Maternal Child Health Parity in China's West***

TOPIC: International Health

AUTHOR(S): Jaya Conser Lapham, Tyler Johnson

ABSTRACT: Efforts made by Chinese officials under the MOH to improve MCH have paid off. Most women in China now give birth to a child in the hospital, children are guaranteed a seat at school, family planning is universal, catastrophic spending for medical emergencies is falling and health plans are available for most people. But, these resources are unevenly distributed from East to West. Preferred accommodations are found in urban centers rather than in rural and township hospitals. The pressure to urbanize and improve quality of life is a positive force for change and attracts migrant labor but does this ameliorate public exposure to the risks of urbanization; chronic disease, acculturation, and inequitable distribution of wealth? The case of unique regional differences in public health development will be presented by examining Xinjiang Uyghur Autonomous Region as compared with coastal province, Liaoning. A study of social determinants of health intersecting Uyghur childbirth practices and child rearing will be discussed, against the loud background noise of construction, rapid increase of income and lifestyle transitions within the Chinese nation. Challenges and strengths of international collaboration at intervention projects in the health of women, infants and children in Xinjiang Uyghur Autonomous Region will be discussed.

OBJECTIVE: The assessment and measurement of MCH status in the international development context, and recommendations for intervention.

AV NEEDS:

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STUDENT: Yes

TITLE: ***Measuring Nursing Student Interventions on Foster Children's Access to Dental Health***

TOPIC: Community Health

AUTHOR(S): Katie Doerfler, Taryn Cagle-Wyatt, Heather Voss

ABSTRACT: Early childhood caries are the most prevalent chronic childhood disease. Thirty five percent of all foster children who enter foster care suffer from serious dental and oral health problems. Oregon mandates that foster children receive a dental assessment within 30 days of a new placement. Estimates indicate that less than twenty percent of the children were meeting the mandate in 2011. Nursing students surveyed dental providers and foster parents in Jackson and Josephine County to identify barriers to meeting the 30-day mandate. Two interventions were proposed and carried out in fall of 2011. In spring of 2012, two nursing students with their faculty conducted a pilot study to measure the impact of the interventions on the dental providerÂ¿s knowledge of the mandate and to asses for reduction in barriers among foster parents in meeting it. Findings of the study and implications for further interventions will be presented.

OBJECTIVE:
1. Discuss barriers to meeting the foster children dental assessment 30 day mandate.
2. Discuss impact of nursing student interventions on reducing barriers to meet the 30 day mandate.

AV NEEDS:

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STUDENT: No

TITLE: ***Middle School Healthy Hearts and Hands Only CPR Study***

TOPIC: Community prevention

AUTHOR(S): Taryn Lust, MBA, Jennifer Stafford, RN

ABSTRACT:
Purpose: The aim of the Middle School Healthy Hearts and Hands Only CPR study is to test the effectiveness of an educational program focusing on hands only CPR and reducing cardiovascular risk factors in our school based population of middle school students.

Methods: The study involves two classes: One class focuses on preventing heart disease with a focus on healthy eating and physical activity and the other class teaches the kids how and when to perform hands only CPR. Up to six middle schools in the Portland-Metro area will be part of the study. Study will be completed by the end of 2012.

Objectives: 1) Determine if education increases cardiovascular disease risk factor knowledge scores as measured by the healthy hearts quiz pre, post and at follow-up from education. 2) Determine if education improves knowledge on how to perform hands only CPR as measured by the hands only CPR quiz at pre, post and at follow-up from education.

Interim Results:

Cardiovascular risk factor knowledge scores:

Pre Education (Mean) 69.7%
Post Education (Mean) 83.1%
F/U 2 Wks After Education (Mean) 83.5%

Hands Only CPR knowledge scores:

Pre Education (Mean) 48.0%
Post Education (Mean) 88.6%
F/U 2 Wks After Education (Mean) 80.7%

Conclusion: Students' knowledge scores on both quizzes improved post education and remained improved at follow-up. We believe students can successfully learn and retain information on cardiovascular disease prevention.

We will analyze the 22-question health and behavior survey to determine if the education led to behavior changes at follow-up.

OBJECTIVE:
1. Undestand the importance of early cardiovascular disease prevention.
2. Describe study objectives, data sources and research methodology employed.

AV NEEDS:

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STUDENT: No

TITLE: ***Milk Options Observation (MOO) Study***

TOPIC: Childhood Obesity; Sugar-sweetened beverages; school nutrition

AUTHOR(S): Davis, Melinda; McGinnis, Paul; Smith, Jamie; Beamer, Beth Ann; Harvey, Carolyn; Hyde, Glenda; Stimac, Justin; Katie Russell

ABSTRACT: Vigorous discussions in Oregon and nationally focus on the pros and cons of providing flavored milk options through school nutrition programs. Some dieticians advocate that flavored milk encourages regular consumption of dairy products and thereby increases calcium intake. However, many parent groups and teachers are concerned about the sugar that students consume in flavored milk . Food service staff wonder if children will stop drinking milk if flavored milk is not an option. Limited data informs this debate. The Mountain View Community Health Improvement and Research Partnership (MV-CHIRP), based out of Mountain View Hospital in Madras, Oregon, and their academic partners at Oregon Health & Sciences University, undertook a pilot, community-based participatory research(CBPR) project in Spring 2012 to study the impact of removing chocolate milk from Madras Primary School for 3 weeks. The research team measured student's beverage consumption for 3 days prior to the intervention, and weekly following chocolate milk removal for three weeks. Research members made observations of school staff and students on each day of data collection and created field notes that provide a rich description of behavios and commecnts. Data is currently in analysis, with findings anticipated by August 2012.

OBJECTIVE:
1. Learners will be able to state the impacts of short-term flavored milk removal on milk consumption in a rural elementary school lunch room.
2. Learners will be able to articulate 1 school nutrition policy recommendation as a result of this study.

AV NEEDS:

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TITLE: ***Nanotechnology Specific Environment, Health and Safety Education and Certification***

TOPIC: Nanotoxicology; Education, Ethics, Legal & Social Issues

AUTHOR(S): Michael J. Sreniawski(1,2) and Stacey L. Harper (1,2,3)
1) College of Public Health and Human Sciences, 2) Department of Environmental and Molecular Toxicology, and the 3) School of Chemical, Biological and Environmental Engineering, Oregon State University, Corvallis, OR

ABSTRACT: Nanotechnology is the study of manipulating atomic and molecular scale matter with the aim of achieving something new and useful. At the nanometer scale, one billionth of a meter, materials typically display properties uniquely different from those observed with macromaterials. Consequently, nanotechnologies promise many societal benefits ranging from modest consumer product improvements to revolutionary changes in medicine and energy production. However, the same properties that enable novel applications may also lead to negative environment, health and safety (EHS) consequences. These novel properties, coupled with a relative scarcity of information on nanomaterial hazards, make risk assessment and regulation a difficult task. With over a thousand nano-enabled products currently in the marketplace, and billions invested in future technologies, the necessity and demand for nanotechnology EHS (nanoEHS) cannot be overstated. As a result, we have partnered with ASTM International to develop the first nanoEHS personnel certification program. The aim of the program is to present a comprehensive review of current nanoEHS knowledge and issues while providing resources for gaining insight and timely updates on developments. The program will provide legislators, EHS officers, safety professionals, students, and others in the imminent nanotech workforce the foundational education critical to a paradigm shift away from post-implementation reaction toward proactive life cycle management.

OBJECTIVE:
1. Explain how the properties of nanomaterials differ from their bulk or molecular counterparts with regards to environmental fate and biological interactions.
2. In regards to the environment and to health, give concrete examples of how nanotechnology

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STUDENT: Yes

TITLE: ***New immunization information system training in Oregon: How Distance Learning Technology Made it Possible.***

TOPIC: Training methods, adult education

AUTHOR(S): Jenne McKibben, ALERT IIS Program Specialist, Oregon Public Health Division 971-673-0280, Amanda Timmons, ALERT IIS Operations Specialist, Oregon Public Health Division 971-673-0312

ABSTRACT:
Purpose: In November 2010, OregonÂ¿s Statewide Immunization Registry (ALERT) became ALERT Immunization Information System (IIS), a more comprehensive and complex web-based platform. With this transition came the necessity to train approximately 8000 users on the new system. Onsite trainings would have required hours of traveling time and was deemed impractical.

Methods: With limited training staff and a geographically large state, Oregon made the decision to conduct the majority of training through online live, hosted webinars and on-demand videos. Although remote technology challenged less tech-savvy users, we believed it would be a much more efficient approach.

For users that needed additional help after the basic webinar, temporary training staffs were hired by local health departments in five geographic regions. These staffs were members of the ALERT IIS training team and were essential to the success of our initial roll-out. The first 5 months of roll-out proved to be the most intense. The team conducted an average of 10 webinar trainings and 2-3 onsite trainings per week.

Ongoing communication between the ALERT IIS Help Desk staff and the training team was essential. The training team was able to tailor trainings according to what the help desk was hearing. In particular, on-demand videos have been critical to transitioning large volumes of users in a short period of time, and many users have been trained successfully by only watching the videos and submitting completion certificates.

Outcomes: Oregon's experience of training nearly 7500 users to date reinforced our primary communications planning belief: distance-learning technology can be leveraged to maximize resources. We found that live, hosted training options were more successful than pre-recorded videos.

Implications: Hosted webinars can be utilized to train large numbers of participants in a relatively short time period. Pre-recorded videos can also be used; however we found that these users stood out to our help desk staff because their questions seemed more basic than those asked by users trained by a person.

OBJECTIVE: Participants will explore online training techniques and will gain an understanding of the importance of adjusting to the the varying training needs of specific audiences.

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STUDENT: No

TITLE: ***Nursing Student Impact on Health Behaviors of Middle School Students***

TOPIC: Community Health

AUTHOR(S): Mischa Meyer (student), Tina Manise (student), Heather Voss MSN, RN

ABSTRACT: Oregon Health and Sciences University nursing students have developed health related programs at Shady Cove School (SCS) in rural Jackson County since 2009. Nursing students teach and model healthy behaviors such as nutrition, exercise, and how to stay healthy. Health screenings have been conducted each fall to monitor blood pressure and body mass index of the students, and system level changes have been made as a result of nursing student led intiatives. Nursing students engaged in service learning have a unique opportunity to participate in evaluating outcomes related to projects and interventions from previous terms. A pilot study was conducted in spring of 2012. The purpose was to develop methods for measuring impact of nursing student interventions on health behaviors and health outcomes related to childhood obesity at SCS through interviews with faculty, staff, parents, and

students. Findings of the study will be presented and methodology of measuring impact of student service learning projects will be discussed.

OBJECTIVE: 1. Discuss process of measuring impact of student led projects on health.

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STUDENT: No

TITLE: ***Obesity Disparities in Oregon: Findings from DMV Records***

TOPIC: Obesity

AUTHOR(S): Daniel S. Morris

ABSTRACT: State-issued driver licenses and ID cards are a valuable resource for obesity surveillance. Oregon's Environmental Public Health Tracking (EPHT) Program is publishing statewide estimates of body mass index (BMI) for areas as small as census block groups. These small-area estimates provide a detailed picture of obesity disparities in Oregon. This presentation will showcase maps identifying areas in Oregon where people are heaviest, and describe demographics associated with heavier populations.

OBJECTIVE:

1. Describe the distribution of obesity in Oregon
2. Describe demographic factors associated with obesity in Oregon

AV NEEDS:

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STUDENT: No

TITLE: ***OPHAT: Oregon Public Health Assessment Tool***

TOPIC: Community Health Assessment

AUTHOR(S): Juanita Heimann, Research Analyst, Oregon Health Authority Public Health Division; Courtney Sullivan, OPHAT IT Project Manager, Oregon Health Authority Office of Information Services

ABSTRACT: One of the three prerequisites for national voluntary public health accreditation is a comprehensive community health assessment that includes broad-based data and information from a variety of sources. Through assessment, public health officials and their partners identify their community's important health issues in order to set local prevention priorities and guide policy decisions.

OPHAT is a new Web-based tool that will access, analyze and display Oregon data for community health assessments. It is also a powerful tool for supporting grant proposals, analyzing trends in key public health issues, writing reports, and generating data for program planning and policy development. OPHAT was collaboratively developed by state and local health departments in Oregon and is available to all state, county and tribal public health agencies. It will incrementally replace the current assessment tool, VistaPHw.

The poster will provide an overview of the data and functionality included in OPHAT, its use for local assessment, and how Oregon public health agencies can obtain access to and training in this tool. This is an update to a poster presented at the 2011 OPHA Conference when the tool development project first started. OPHAT was formerly known as CHAT.

OBJECTIVE:
1. Participants will learn about the new OPHAT tool and how it can be used to fulfill one of the PHAB requirements for accreditation.
2. Participants will learn who to contact to obtain access and training in the OPHAT tool.

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STUDENT: No

TITLE: ***Physical functioning in HIV infected adults receiving care: The Medical Monitoring Project.***

TOPIC: Surveillance, Epidemiology, HIV

AUTHOR(S): E. Smit, H. He, K. Greene, T.C. Smith, T. Korthuis, S. Schafer

ABSTRACT: HIV infection has become a chronic disease of accelerated aging. Decreased physical functioning (PF) is a complication of aging that increases the risk for falls, disability, comorbidity, health care expenditure, and premature mortality. We describe PF among people living with HIV (PLWH) receiving care in Oregon. The Medical Monitoring Project (MMP) is a multisite national supplemental surveillance system to describe the experiences of PLWH who are receiving care. During 2007-2008, PF was assessed with the SF-12Â® health survey (n=529). Standard cut-offs were used for the PF score (<50 as low, Â¿50 as normal). The mean PF score was 46 (standard deviation 13.1) with 53% having low PF. PLWH with low PF were more likely to live in rural communities, smoke, ever injected drugs, have CD4 cell counts below 200, have had an AIDS opportunistic infection, taken a ART drug holiday, be underweight or obese, be diagnosed with diabetes, hypertension, and depression, and have visited the emergency room, urgent care, or hospital in the past year. Participants with low PF were less likely to have a salary or wages and more likely to receive supplemental security income or social security disability income. Multivariate analysis showed that low CD4 cell count (p=0.034), not receiving wages or salary (p<0.001), ever injection drug use (p=0.009), having visited the ER, urgent care, or hospital in the past year (p=0.004), being underweight (p=0.001), hypertension (0.047), and depression (p=0.014) were independently associated with low PF. Although temporality could not be assessed, strategies to diagnose, manage, and improve low PF and optimize related health outcomes in PLWH should take these correlates into consideration.

OBJECTIVE: To understand physical functioning among people living with HIV (PLWH) receiving care in Oregon.

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STUDENT: No

TITLE: ***Physical Health Outcomes of Parent Versus Adult Child Caregivers***

TOPIC: Health Outcomes

AUTHOR(S): Verna E. Zehner Ourada, Alexis J. Walker

ABSTRACT: Using data from second wave of the Midlife Development in the United States survey (MIDUS II) and consistent with the stress process model, this study compared caregiving parents and caregiving adult children with regard to caregiving variables and health outcomes. The study sample consisted of 74 caregiving parents and 219 caregiving adult children. Predictors included type of family relationship, provision of activities of daily living, length of time caregiving, and family demands. We also studied whether social support mediated the relation between predictors and the health outcomes of self-perceived health and number of chronic conditions. Social support did not mediate the relations between significant predictor variables and health outcomes. The type of family relationship influenced health outcomes with caregiving parents demonstrating poorer self-perceived health than caregiving adult children. Perceived family demands were associated with increased number of chronic conditions for both caregiving adult children and caregiving parents. Caregiving parents demonstrated poorer self-rated health and more chronic health conditions than caregiving adult children. Unlike many previous studies that measured objective family demands, perceived family demands was found to have a strong association with the number of chronic health conditions for both groups of caregivers.

OBJECTIVE:
1. Attendees will be able to differentiate the health outcomes of caregiving parents versus caregiving adult children.
2. Attendees will be able to describe how family demands influence caregiver health.
3. Attendees will recognize that different types

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STUDENT: No

TITLE: ***Physician Barriers in Recommending Influenza Vaccine to Healthy Pregnant Women***

TOPIC: Immunization

AUTHOR(S): Robert F. Arao, MPH, Kenneth D. Rosenberg, MD, MPH, Shannon McWeeney, PhD, Katrina Hedberg, MD, MPH

ABSTRACT:
Introduction: Influenza vaccination is low among pregnant women despite the known risk that influenza infection poses to pregnant women.

Methods: We conducted a cross-sectional study throughout Oregon, whereby questionnaires were sent to a random sample of Obstetrics and Gynecology (OB/GYN) and Family Medicine (FM) physicians who provide prenatal care. Response rate was 44.5%. Our final sample consisted on 187 physicians.

Results: Most respondents reported that they routinely recommend influenza vaccine to their healthy pregnant patients (89.2% of OB/GYNs; 87.6% of FMs). The proportion of physicians who routinely recommend influenza vaccine to their healthy pregnant patients did not vary by physician specialty or practice location. Cost and structural-related barriers were associated with OB/GYNs, and belief and administrative-related barriers were associated with FMs.

Discussion: Addressing these barriers would help improve vaccine coverage among pregnant women. For example, programs subsidizing vaccine-appropriate refrigerators to rural OB/GYNs would increase influenza vaccine availability. Furthermore, educational campaigns are needed to provide physicians with the depth to engage in more intensified and more frequent discussions with their pregnant patients regarding immunization against the seasonal influenza.

OBJECTIVE:
i) Learn how many physicians who provide prenatal care recommend influenza vaccine to their healthy pregnant patients.
ii) Learn what barriers to giving influenza vaccine to pregnant patients are reported by physicians who provide prenatal.

AV NEEDS:

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STUDENT: No

TITLE: ***Predictors of non-prescription dietary supplement use for weight loss among U.S. adults***

TOPIC: Obesity; dietary supplement use

AUTHOR(S): Jennifer Faith, MS and Sheryl Thorburn, PhD, MPH

ABSTRACT: The prevalence of overweight and obesity in the U.S. has increased dramatically. Previous studies suggest that approximately 15% of U.S. adults have used non-prescription dietary supplements for weight loss. Evidence of the safety and efficacy of these supplements is lacking. Our objectives were to identify predictors of non-prescription dietary supplement use and potential targets for future interventions. We analyzed data from the 2007-2008 National Health and Nutrition Examination Survey. We included individuals aged 16 years or older who indicated they had tried to lose weight within the past year (N=1,859). Using multiple logistic regression, we determined adjusted associations between sociodemographic and health-related variables and the use of non-prescription dietary supplements for weight loss. Results indicate that approximately 5.97% had used non-prescription dietary supplements for weight loss within the past year. Hispanic ethnicity was a significant predictor of non-prescription dietary supplement use (AOR=2.19, CI=1.49, 3.20). Individuals aged 31 or older (AOR=0.33, CI=0.18, 0.60) and those with health insurance (AOR=0.52, CI=0.28, 0.97) had significantly lower odds of using non-prescription dietary supplements. Our study provides evidence for potential modifiable and non-modifiable factors that may be targeted in interventions designed to decrease non-prescription dietary supplement use.

OBJECTIVE:
1. Describe the prevalence of the use of non-prescription dietary supplements for weight loss in the United States.
2. Name significant predictors of non-prescription dietary supplement use in individuals who reported trying to lose weight within the past

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STUDENT: Yes

TITLE: ***Public Health Accreditation Coaching: Results from a Pilot Program***

TOPIC: National Public Health Accreditation, Workforce Development

AUTHOR(S): Barbara Rose, MPH

ABSTRACT: Regional training needs assessments revealed local, state, and tribal health organizations want individualized support-not just a one-time training-during their application for national accreditation. To address this, the Northwest Center for Public Health Practice developed a pilot program to coach public health agencies through the initial steps of the process. The coaching series included three one-on-one sessions with an accreditation expert where participants received personalized advice on their organizationÂ¿s progress and four group webinars that addressed broader accreditation topics. There were 18 participants from Idaho, Oregon, Montana, Washington, and Wyoming. This session will cover the process behind developing and implementing the pilot program and will include information on participant recruitment, course content creation, and evaluation results. This session is intended for staff and management working on national public health accreditation efforts.

OBJECTIVE: 1. Describe a process for developing a short-term accreditation coaching program that could be applied to other workforce development topics.

AV NEEDS:

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STUDENT: No

TITLE: ***Public Health Quality Improvement Storyboards***

TOPIC: Quality Improvement

AUTHOR(S): Marisa McLaughlin, MPH

ABSTRACT: Multnomah County Health Department (MCHD) has been actively building its performance management capacity and creating a culture of continuous quality improvement (QI). Through the use of storyboards, we will describe up to 3 public health quality improvement projects that Community Health Services (CHS) programs has engaged in over the past year. These storyboards will demonstrate how various QI tools can be used, including the development of an aim statement, value stream mapping, flow charting, and project measurement. We will also illustrate QI project successes, failures, and future opportunities for improvements.

OBJECTIVE:
1. Understand how quality improvement tools can be utilized, including the use of storyboards.
2. Describe how public health programs can engage in quality improvement projects.

AV NEEDS:

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STUDENT: No

TITLE: ***Racial/Ethnic Disparties for Family Meals in a population-based cohort of two-year old children***

TOPIC: Maternal and Child Health

AUTHOR(S): Adiba Ali, Kenneth D. Rosenberg, Dawn Peters, Elizabeth Adams

ABSTRACT:
Background: Studies have found family meals to be protective against adverse effects on the child's development. There is little evidence-based research exploring the demographic characteristics of families eating meals together.

Methods: The Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based survey on experiences before, during and after pregnancy; PRAMS-2 is a follow-back survey conducted when the child reaches 2 years of age. Mothers who reported Â¿alwaysÂ¿ or Â¿usuallyÂ¿ having family meals were compared with those who reported Â¿sometimesÂ¿ or Â¿never.Â¿ Multivariable logistic regression was used to assess the association between family meal frequency and race/ethnicity.

Results: Of 1875 respondents with live births in 2004-2005, 87.8% responded Â¿alwaysÂ¿ or Â¿usuallyÂ¿ eating meals together. In a multivariate model, race/ethnicity was significantly associated with family meal frequency, after adjusting for income, education, marital status, age, and birth order. Compared to Non-Hispanic (NH) Whites, NH Blacks (adjusted odds ratio (ORa): 0.45; 95% confidence interval (CI): 0.26, 0.77), Hispanics (ORa: 0.49; 95% CI: 0.29, 0.83), and NH Asians (ORa: 0.51; 95% CI: 0.31, 0.82) were less likely to report always/usually having family meals.

Conclusions: These results demonstrate racial/ethnic disparities among families reporting eating meals together. Future research on barriers to family meals can inform family-based interventions.

OBJECTIVE: To evaluate the association between family meal frequency and race/ethnicity

AV NEEDS:

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STUDENT: Yes

TITLE: ***Saving lives and health care dollars through mass screening of celiac disease***

TOPIC: Mass screening for celiac disease

AUTHOR(S): Nadine Grzeskowiak, RN, CEN

ABSTRACT: Celiac disease occurs in genetically predisposed people of all ages and ethnic backgrounds. Currently it is estimated that one out of 100 Americans has celiac disease. However, of those, only 3% are diagnosed -leaving millions of Americans suffering from a multitude of symptoms and complications. Furthermore, celiac disease is more than four times as common today than 50 years ago, and is on the rise.

Celiac disease can lead to over 300 associated signs and symptoms including lymphoma, bowel cancers, arthritis, osteoporosis, psoriasis, anemia, and much more. In the United States it takes an average of 11 years to get a proper diagnosis of celiac disease. The lack of recognition and under-diagnosis is costing Americans their health, money, and, in some cases, lives.

It is imperative that testing for celiac disease becomes more readily available in this country; it meets the WHO requirements for a mass screening. A mass screening for celiac disease would not only restore the health of millions of Americans, it has the potential to save billions of dollars in health care costs.

OBJECTIVE:
1. Why is mass screening for celiac disease necessary?
2. A brief history of celiac disease
3. Why has this disease been so widely misdiagnosed?

AV NEEDS:

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STUDENT: No

TITLE: ***Show Me The Data: An Assessment and Recommendations for Public Health Division Access to Medicaid Claims Data***

TOPIC: Surveillance, Epidemiology, Evaluation, Infomatics

AUTHOR(S): Sara Beaudrault, MPH; Kristen Becker, MS, MPH; Lesa Dixon-Gray, MSW, MPH; Amy Zlot, MPH

ABSTRACT: Within the Oregon Health Authority (OHA) a strong collaboration between the Division of Medical Assistance Programs (DMAP) and the Public Health Division (PHD) is necessary to support healthcare transformation and the achievement of OHAÂ¿s Triple Aim, better health, better care, and lower costs. This Leadership Academy (LA) project was initiated to 1) Understand the current state of PHD access to Medicaid claims data and, 2) Make recommendations regarding ways to streamline access and improve communication and interpretation of the data.

Key informant interviews and focus groups were conducted. Each officeÂ¿s data access method was reviewed. Differences in skill sets and lack of standardized practices were discovered.

The LAT recommended creating:

1. A system for the PHD to track data requests.
2. A group of "super-analysts" within the Public Health Division.
3. A system of training and communication both within and between staff offices.
4. A formal data analysis and publication process.

Medicaid claims data are critical in understanding the success of Public Health programs and in fulfilling the PHD's goal of making Oregon's public health system a national model of excellence. As the Coordinating Care Organizations (CCOs) take shape, integrating Medicaid data with public health assessments and population data will become more crucial. The LAT recommends streamlining access to a strong group of PHD Medicaid claims analysts who use the data frequently and communicate with DMAP through a clear process.

OBJECTIVE: The participant will identify barriers and possible solutions to sharing data between complicated OHA data systems.

AV NEEDS:

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STUDENT: No

TITLE: ***Statewide Community Health Assessment and Community Health Improvement Plan, and the Oregon Public Health Division Strategic Plan: Combined efforts for a healthier Oregon***

TOPIC: Public Health Accreditation

AUTHOR(S): Anona Gund, MPH, Accreditation Analyst, Oregon Health Authority Public Health Division; Lydia Emer, MS, Performance Improvement Manager, Oregon Health Authority Public Health Division

ABSTRACT: The Public Health Accreditation Board (PHAB) launched its national, voluntary accreditation program for state, local, territorial and tribal public health departments in September, 2011. Accreditation was designed to improve and protect the health of every community by advancing the quality and performance of public health departments. Under PHABÂ¿s requirements, public health departments seeking accreditation must meet stringent requirements listed within 12 Domains while demonstrating a commitment to continuous improvement. Public health departments must also have, at a minimum, three completed prerequisites; an Agency Strategic Plan, Community Health Assessment (CHA), and Community Health Improvement Plan (CHIP).

The Oregon Health Authority Public Health Division (PHD) is completing its three prerequisites in support of its fall, 2012 application, and to support the PHD goals of making 1) Oregon one of the healthiest states and 2) OregonÂ¿s public health system into a national model of excellence. To provide broader communication of the CHA, CHIP, and Strategic Plan findings to OregonÂ¿s public health system as a whole, the poster will highlight key findings and actionable steps from each of these efforts.

OBJECTIVE:
1) Participants will learn about the Public Health Accreditation Board's accreditation requirements.
2) Participants will learn about the key findings and actionable steps for the statewide CHA and CHIP, and the Oregon Health Authority Public Health Div

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STUDENT: No

TITLE: ***Supporting OR-MPH professionals and students: the case of the research guide***

TOPIC: Information resources

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ABSTRACT: Many public health professionals in Oregon were educated in the OR-MPH Program. Although each OR-MPH institution provided resources for students while in this program, many professionals and current students struggle with navigating research, information, and policy resources housed across disparate institutions. Librarians at Portland State University (PSU) and Oregon Health & Science University (OHSU) are collaborating across institutional lines to create information and research resources available to students and local public health professionals. This poster will highlight the cross-institutional collaboration between PSU and OHSU in support of OR-MPH professionals and students, and discuss the instutional barriers to collaboration between institutions. Finally, it will showcase the research resource products created by the librarians, accessible to OR-MPH professionals, students, and the public at large.

OBJECTIVE:
1. Participants will become aware of cross-institutional collaboration in research and teaching, in order to better navigate these collaborations in their professional work.
2. Participants will recognize the research and information resources made available.

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STUDENT: Yes

TITLE: ***Tailoring emergency risk communication trainings to fit county needs***

TOPIC: Risk Communication, preparedness, crisis and emergency risk communication

AUTHOR(S): Kathleen Vidoloff, Ph.D., Julie Black, Ed.M.

ABSTRACT: Using adult learning theory and community-based participatory research methods, the Oregon Health Authority Public Health Division Emergency Risk Communication Team developed two emergency risk communication trainings tailored for county health department workforce development. Instead of hosting 6 communication trainings in major cities and towns across the state, the Emergency Risk Communication Team traveled to over 15 counties and held 26 emergency risk communication trainings over 8 weeks. Instead of using the 2-day CDC Crisis and Emergency Risk Communication (CERC) training materials, the PHD Emergency Risk Communication team tailored the training materials to fit the needs of county staff, specifically administrative and leadership staff. Training materials for administrative staff focused on improving the skills of staff handling public inquires during a public health emergency. Training materials for leadership focused on the role of a Public Information Officer and message development during a public health emergency. Using a post-test only evaluation, results will provide descriptive statistics on participants and self-reported data on their ability to conduct public information activities. By tailoring the materials to fit county needs and traveling to counties in less populated areas, over 70% of Oregon counties participated in the emergency risk communication trainings.

OBJECTIVE: At the conclusion of this presentation, participants will be able to request technical assistance to create tailored workforce development trainings related to emergency risk communication.

AV NEEDS: Powerpoint

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STUDENT: No

TITLE: ***The PULSE Project: Using Technology to Promote Healthy Aging***

TOPIC: aging, online health monitoring, health engagement, health informatics

AUTHOR(S): Karen Hooker, Ron Metoyer, Shannon Mejia, Tuan Pham, & Soyoung Choun

ABSTRACT:
Background/Purpose: Engaging patients in their own health is critical. Health behaviors are particularly important in the prevention and management of chronic conditions (e.g., diabetes, arthritis, heart disease) prevalent among older adults. The rapid increase in this age group, and high health care costs associated with chronic conditions creates a need for interventions to increase healthspan and bend the cost curve. We utilized an innovative approach integrating technology and personalization designed to increase engagement. The goal of this study was to determine whether older adults would use a personalized web-based tool to track and monitor progress on health goals.

Methods: The Personal Understanding of Life and Social Experiences (PULSE) project was a collaboration of computer and behavioral scientists who created a web-based personal informatics system for daily data collection that was scientifically rigorous and minimized burden for the respondent. A sample of 105 older adults participated in this 100-day online study.

Results: Compliance over the 100 days was high (86%), and 99 participants completed the study. Participants spent an average of 38 seconds per day viewing their visualization feedback. Multilevel regression showed that health goal progress increased over the course of the study, and that participants were more likely to interact with their visualization feedback on days when they made lower goal progress.

Conclusion/Implications: Discussion of strategies to enhance engagement (e.g., data visualization) will be presented. Our project leveraged technology to empower older adults to make behavior change based on their own goals in the context of their everyday lives.

OBJECTIVE: To provide information about a method to monitor health and engagement with health goals.

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STUDENT: No

TITLE: ***The role of champions in the adoption and implementation of Project RESPECT, an evidence-based behavioral HIV/STI intervention***

TOPIC: Public Health, Translation Research

AUTHOR(S): Alyssa Hersh, M.M. Dolcini, PhD, Joseph Catania, PhD

ABSTRACT: This study examines the role of champions in the adoption and implementation of Project RESPECT, an evidence-based behavioral HIV/STI intervention disseminated by the CDC. A champion is a person who motivates other members of an agency when an innovation is introduced, and can also play a crucial role in the adoption of the intervention and problem solving. When interventions are translated into real-world settings, agencies may benefit from having a champion to help with integration of the intervention into the agency. Using a purposive sample, data were collected from thirty agencies from various geographic locations (urban or non-urban) and agency types (Department of Public Health or Community-Based Organization). Interviews with agency leaders (e.g. Executive Directors and Program Managers) provided data for the current analyses. The results showed that agencies with both mandated and voluntary program adoption had champions, which suggests that strong internal support may develop even when agencies are required to implement a program. Prior research suggests that champions are key to the adoption and sustainability of programs, and that they also play an important role in the motivation of staff and problem-solving. Our future work will examine the role of champions in staff morale and program fidelity.

OBJECTIVE: To learn the role of champions in an agency and their impact on the success of the agency.

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STUDENT: Yes

TITLE: ***Trends in Breast Milk Feeding Among Low Birthweight and Very Low Birthweight Neonates, Oregon, 2000 - 2010***

TOPIC: Breastfeeding

AUTHOR(S): Christina L. Oliver, Kenneth D. Rosenberg, Alfredo P. Sandoval

ABSTRACT:
INTRODUCTION: Breast milk is the optimal nutrition for low birthweight and very low birthweight neonates. Knowing that feeding breastmilk to newborns in the Neonatal Intensive Care Unit (NICU) was rare before 1990 but common in 2010, we explored when it became common in Oregon.

METHODS: We used data from the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) survey from 2000 through 2010 to determine the percentage of low birthweight (LBW, 1501Â¿2500 grams), and very low birth weight (VLBW, <1500 grams) newborns who received any breast milk at age 1 week and exclusive breast milk at 1 week.

RESULTS: Among LBW infants age 1 week over the course of the study period, an average of 90.4% of newborns received any breast milk and 54.3% were exclusively breastfeeding. Among VLBW infants age 1 week, 96% of newborns received breast milk and 79% were exclusively breastfeeding. There were no statistically significant changes in these measures over the course of the study period.

DISCUSSION: There has been no change in breastmilk feeding among LBW and VLBW infants since 2000. Routine feeding of breastmilk was introduced into Oregon NICUs before 2000. Breast Milk Banks may be able to help some infants receive breastmilk.

OBJECTIVE:
1. Learn how to use survey data to explore a hypothesis.
2. Learn about low birth weight infants and breast milk.

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STUDENT: No

TITLE: ***Two Similar Statewide Initiatives: Home Visiting and Early Learning Council Data Systems***

TOPIC: Informatics, Early Childhood, Home Visiting

AUTHOR(S): Dina Dickerson, MPH, Shawn Messick, Chia-Hua Yu, MBI

ABSTRACT:
Background: Separate data system initiatives, statewide home visiting and the Early Learning Council, are focused on overlapping populations and have similar objectives are converging into a single project that will integrate and share resources and governance across health, education and child welfare agencies.

Methods: Stakeholder groups have been meeting for the past year to align objectives, knowledge domains, data and functionality needs and governance. Over the course of several meetings, these separate but overlapping project teams came to the same conclusion: an efficient data system would be instrumental to achieving public health and education goals, and that a single data system would meet the needs of both projects.

Results/Outcomes: Two separate data system initiatives are converging on a united vision for a single data system that will meet objectives for both initiatives.

Conclusions/Implications: An integrated data system will be created that addresses the needs of early childhood and will be used by staff from health, education and child welfare agencies. Efficiencies will be realized in system design, system deployment, and data governance.

OBJECTIVE: Understand how similar needs from different state agencies can be aligned to create a single data system.

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STUDENT: No

TITLE: ***Zoonotic Disease in Oregon: Current Reporting and Monitoring Practices***

TOPIC: Zoonotic disease, veterinary medicine

AUTHOR(S): Morgan VanFleet

ABSTRACT:
Background: While diseases like rabies, plague, and H1N1 are well known in popular media, there are many other zoonotic diseases posing a public health threat (The Oregonian, 2012; OHA, 2012; WHO, 2012). This poster examines a comprehensive list of state and nationally reportable zoonotic diseases, and presents data on "hot" diseases, including rabies, plague, and H1N1. Also examined is the potential for state-wide monitoring of potentially neglected zoonotic intestinal parasites.

Methods: Agency white papers, peer-reviewed literature, popular media reportage, and veterinarian narratives were collected over a five month period in 2012. This information was organized and presented in poster format, creating a picture of the current state of zoonotic disease prevalence and reportage in Oregon.

Results: Themes identified in the literature review and narratives included noncompliance with reporting guidelines, disparities in reportage based on perceived severity of the disease, and both public and veterinary concern over zoonotic disease.

Conclusions: The Office of the Oregon Public Health Veterinarian should consider expanding monitoring to include potentially neglected zoonotic diseases. Furthermore, improved compliance in disease reportage from the veterinary community may be beneficial in identifying true risk of zoonotic disease transmission.

OBJECTIVE:
1. To provide veterinary medical professionals with a collection of comprehensive information on the reporting, monitoring, and awareness of zoonotic disease in Oregon.
2. Increase awareness of the need for monitoring potentially neglected zoonotic disea

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