

OREGON PUBLIC HEALTH
ASSOCIATION:

**CONFERENCE
ABSTRACTS**

2014

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Oral Presentations

TITLE: A community-based approach to environmental health: Developing novel technologies to evaluate air quality and respiratory health

TOPIC: Environmental health

AUTHOR(S): Diana Rohlman, Kim Anderson, Lisa Arkin, Laurel Kincl

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: With the success of community-based participatory research (CBPR) approaches in addressing emerging environmental health concerns, community-engaged practices not only influence the initiation of environmental health research, but also shape research. In West Eugene, OR an environmental justice group raised concerns regarding disproportionate exposure to air pollution and increased rates of childhood asthma. In response to these concerns, a group of interdisciplinary researchers at Oregon State University (OSU) developed a mobile exposure device (MED) that measures personal chemical exposure, proximity to sources of air pollution, and lung function. To include community involvement in the development of this novel environmental health tool, focus group methodology was utilized to (1) initiate discussion regarding perceptions of environmental health and (2) design a device that could be pilot tested. We found that engaging the community through structured focus groups led to an improved MED, which was then successfully tested with two community members in a pilot project, as well as a strengthened research goal via the inclusion of further community-identified environmental health concerns. In sum, we discuss the challenges and attributes of an interdisciplinary, collaborative and community-based approach to environmental health concerns and highlight a successful mechanism for incorporating community engagement into university research.

OBJECTIVE: Understand skills/challenges inherent in community-based participatory research; Learn how focus group methodology led to improved novel technologies and strengthened relationships with an environmental justice community.

AV NEEDS: N/A

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A community-based approach to environmental health: Developing novel technologies to evaluate air quality and respiratory health

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TITLE: Affordable Care Act: Implications for Public Health in Oregon

TOPIC: Health care transformation, health insurance, healthcare access, healthcare utilization, affordable care act, Medicaid, Medicare

AUTHOR(S): Laurie Wylie, MA, BSN, HRSA Regional Administrator, US Health & Human Services (HHS), Health Resources and Services Administration (HRSA), Office of Regional Operations (ORO) Region 10

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Implementation of the Affordable Care Act (ACA) not only changes the way that insurance coverage is provided and who is covered; it also changes how different aspects of the health care system relate to each other. Many aspects of the ACA elevate the work and role of public health in new ways. This session will explore how these changes affect Public Health and the challenges and opportunities ahead of us.

OBJECTIVE: Participants will have a better understanding of how the ACA supports population-based prevention; and discuss opportunities to prevent mortality/morbidity and promote wellness.

AV NEEDS: N/A

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TITLE: Antibiotic Resistance Education: Health Education Modeling and Evaluation at Work

TOPIC: Health Education and/or Promotion

AUTHOR(S): Tessa Jaqua B.A., Ann Thomas, MD, MPH

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: The Oregon Alliance Working for Antibiotic Resistance Education (AWARE) is a health education coalition encouraging the appropriate use of antibiotics and aims to reduce the problem of

antibiotic-resistant bacteria in Oregon. Oregon AWARE developed a curriculum set targeting high school students as part of its approach towards educating the general public about the judicious use of antibiotics and antibiotic resistance. This curriculum, vetted and designed by accredited educators and the Oregon Department of Education, provides high school students with information about differences between bacteria and viruses, modes of transmission of different communicable diseases, how antibiotics work, mechanisms of antimicrobial resistance, and the global implications of antimicrobial resistance. It also promotes the development of healthy behaviors regarding viral self-care and the importance of wise antibiotic use. The curriculum is developed to be accessible and open for implementation in public or private institutions and is optimal for rural or urban populations. AWARE offers free and easy access to either download PowerPoint presentations or take advantage of health professions students trained as antibiotic resistance educators to deliver the curriculum. Evaluation of the curriculum using pre- and post-tests of high school students has shown improved knowledge through both modes of presentation (either presented by students' own teacher from internet download or through receipt of lecture by trained AWARE educators). The purpose of this presentation is to demonstrate a unique way of teaching a complex health education topic and demonstrate the use of evaluation tools. Participants can expect to see a curricula overview, evaluation results, and understand how other programs and educators can use this information to develop similar modules on health topics.

OBJECTIVE:

Objective 1: Participants should be able to describe process of development, approval, and basic curriculum structure.

Objective 2: Understand the pros and cons of presenting health information available to high school students.

Objective 3: Participants should be able to list access and implementation strategies used and understand the efficacy of each.

Objective 4: Demonstrate the usability of the model for the development of other health education curriculum modules.

AV NEEDS: Powerpoint, Internet Access

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TITLE: Assessing the Presence of Jungle Juice on a College Campus

TOPIC: Substance Abuse Prevention

AUTHOR(S): Julee Christianson, MPH

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Excessive and high-risk use of alcohol is prevalent on college campuses, especially among students affiliated with a fraternity or sorority (i.e., Greeks). Of particular concern is common source alcohol (CSA) availability at Greek functions and parties. CSA is any pre-mixed alcoholic drink that is made in large batches (e.g., coolers or garbage cans) with very high alcohol content, using juice, mixers, or fruit to mask the taste (e.g., Jungle Juice). CSA can cause over-intoxication, alcohol poisoning, and increased emergency room visits. An assessment of experiences, attitudes, and beliefs about CSA was conducted through interviews of Greek students. Preliminary analysis uncovered associations between gender roles, Greek life, and CSAs. The aim of this assessment is to engage Greek students in conversations around substance abuse, as well as to obtain valuable information to inform future interventions and programming on college campuses. This session will provide an overview of CSA and its risks, successes and challenges of getting Greek students to the table, and future goals for the assessment.

OBJECTIVE: To enhance knowledge of common source alcohol and its risks posed on college campuses and strengthen understanding of how to engage Greek students.

AV NEEDS: N/A

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TITLE: Autism Diagnosis Project: Examining Parent Experiences Navigating the Medical Diagnosis Process

TOPIC: autism, assessment, intervention, diagnosis

AUTHOR(S): Lisa Voltolina, MS, CCRP

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

Background: Early diagnosis is especially important for families of children suspected of having an autism spectrum disorder. By identifying children with ASD at the onset of symptoms, parents, clinicians, and educators can implement interventions and services that will best improve developmental outcomes. Existing research shows that parental experiences obtaining a diagnosis for their children are generally negative: they encounter delays in diagnosis, see multiple professionals during the diagnostic process, and have difficulties in communicating with professionals.

Purpose: The Autism Diagnostic Project Study aims to explore the experiences of families who have been through the process of obtaining an ASD diagnosis in order to better the experience for families facing the diagnostic process in the future. The ADP study focuses on two key questions: First, what are the typical experiences of parents obtaining a diagnosis for their child? And second, what processes do pediatricians use for referral, evaluation, and diagnosis of autism. Because the ADP study is still underway, today I will limit the discussion to the first study question, and share preliminary results from our parent survey, which will help to evaluate whether parent experiences have improved, regressed, or remained the same.

Methods:The participants in this study were parents of children with ASD residing in Oregon and Southwest Washington. Participants were recruited from the Autism Training and Research Center at Portland State University, community groups such as the Autism Society of Oregon, and Portland-area special education classrooms. Recruitment materials included a paper copy of the Parent Survey as well as a link to the ATRC to fill out the survey anonymously online.

Results: Results align with previous research. Families continue to feel dissatisfied with the diagnostic process, lack of confidence in their doctors. They delay reporting concerns to physicians and, also, experience delayed acknowledgement of concerns after speaking with medical providers.

Conclusions: The results from this study support the need for additional research in the areas of parent support and training for pediatricians. An appropriate extension of the current study would learn more about what types of supports parents find most helpful during and after the diagnostic process, ideally through a qualitative work group. The Parent Survey is currently open in order to gather a greater number of responses for future analysis, and dissemination of a Pediatrician Survey to targeted medical centers may help identify gaps in current knowledge of ASDs and the importance of developmental screenings. Additionally, a larger study will be conducted to analyze parent responses by year of diagnosis to better determine whether the results of the current study are reflective of newly emerging medical practices.

OBJECTIVE: The objective of this presentation is to illuminate the continued difficulties families face when obtaining an ASD diagnosis. Specifically, it demonstrates the disparities between early identification and current medical systems models.

AV NEEDS: N/A

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TITLE: Becoming an Adult Ally and Building Change Agents through Facilitating a Youth Participatory Action Research Curriculum for Youth of Color

TOPIC: Youth Participation Action Research Curriculum in Health Promotion

AUTHOR(S): Alma M.O. Trinidad, MSW, PhD

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: This presentation focuses on a Youth Participatory Action Research (YPAR) curriculum and findings of a study of its training with adult allies (e.g., helping professionals working with youth). Utilizing a social justice framework, the YPAR curriculum provides the adult ally the tools and processes to critically examine their own biases and privileges of the work they do with youth of color. The study examined the change of attitudes and perceptions related to the youth research process, community youth work, and the role of being an adult ally. Data was gathered through a pre- and post-test survey, a collection of artifacts (e.g., worksheets, completed assignments) of activities implemented during the training and individual interviews. The pre and post-test survey assessed attitudes and perceptions of their skills in the following areas: 1) critical reflexivity; 2) becoming an adult ally; 3) youth leadership and sociopolitical development; 4) youth-adult partnerships, 5) knowledge of community history and assets; and 6) research process. The collection of artifacts examined the acquisition and application of the knowledge and skills (learning and practice outcomes). The individual interviews included a SWOT (strengths, weaknesses, opportunities, and threats) analysis of the YPAR training. Findings of this study provide insights on practice outcomes that link to research and training that would be helpful in facilitating improvement in design and delivery of the training for health workers.

OBJECTIVE:

- 1) to obtain an overview of the Youth Participatory Action Research (YPAR)Curriculum,
- 2) to critically examine the theoretical foundation of the YPAR curriculum, which includes an analysis of power and bias when working with youth of color,

3) to learn about the general impact of the (YPAR) curriculum.

AV NEEDS: N/A

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TITLE: Building Healthy Communities in Oregon

TOPIC: Environmental Public Health

AUTHOR(S): Julie Early-Alberts, Emily York

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: The Healthy Communities Unit is housed within the Environmental Public Health section of Oregon’s Public Health Division. The unit includes programs that work with communities and local jurisdictions to prevent harmful environmental exposures and promote healthy environments. Much of our work is considered part of emerging public health practice and aims to influence upstream policies and decisions to improve environmental determinants of health.

This poster will present a summary of our programs and highlight specific resources and opportunities for building capacity in Oregon.

The poster will include information on the following programs:

- The Environmental Health Assessment Program, which works to assess, reduce and prevent human exposure to toxics found at Superfund and other contaminated sites in Oregon;
- The Brownfields and Land Reuse Initiative, which works with communities to promote healthy development of formerly contaminated sites;
- The Health Impact Assessment Program, which works with decision-makers to assess and improve the public health impacts of proposed projects and policies; and
- The Climate and Health Program, which works with partners to plan for climate change impacts and build community resiliency.

OBJECTIVE:

- (1) Learn about state programs that are working on improving environmental determinants of health,
- (2) Learn about new resources and opportunities for advancing environmental change at the local level.

AV NEEDS: N/A

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TITLE: Community Water Fluoridation Update - The Politics

TOPIC: Oral Public Health

AUTHOR(S): Kurt Ferre, DDS, Charles C. Haynie, M.D.

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Community water fluoridation while recognized as one of the most important public health achievements of the 20th Century remains a political challenge as we enter the 70th year of large population implementation. The presentation focus on the contemporary challenges from mistaken and pseudo science citizen beliefs opposing better oral health. These issues are similar to the anti-vaccination sentiments which make Oregon among the easiest states to avoid childhood vaccinations. Public health professionals and citizens both must heed the call to more public and committed actions promoting better oral health.

OBJECTIVE: Attendees will gain a better understanding of the recent developments and challenges of fluoridation politics presents. Because of the frequent challenges of existing fluoridation programs this information is increasingly important for local public health advocacy.

AV NEEDS: N/A

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TITLE: Community Water Fluoridation Update - The Science

TOPIC: Oral Public Health

AUTHOR(S): Charles Haynie, M.D., Kurt Ferre, D.D.S.

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: As fluoridation begins its 70th year of large population application scientific understanding of its importance to better oral health improves. New information refutes fluoridation opponents mistaken concerns and refines the proper target for the optimal tap water concentration. Also new are recommendations for fluoride supplements and fluoride varnish. Newer research will be reviewed including the New Zealand study which found no harm from fluoridation to neurodevelopment and computer modeling which can accurately predict the costs and harms associated with discontinuing fluoridation.

OBJECTIVE: Attendees will learn of the scientific advances and regulatory changes important to oral public health.

AV NEEDS: N/A

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TITLE: Diesel Engines-A Tragedy in the Public Health Commons?**TOPIC:** Diesel exhaust-air pollution-public health-climate change**AUTHOR(S):** Kevin Downing**STUDENT:** No**PRESENTATION TYPE:** Oral

ABSTRACT: Diesel engines are the most efficient internal combustion engine available and are widely used because of their power, durability and economy. An increasing body of medical research indicates diesel exhaust as a significant risk contributor to health effects in respiratory, cardiovascular and nervous systems at ambient levels of exposure. Emission standards for latest model engines dramatically lower health and environmental risks but the long lived nature of the engines, capital costs for vehicle turnover or even user attitudes represent major barriers to change. Cost effective actions to reduce health effects will be outlined in a discussion of past and current activities. While these projects are individually successful, the question arises as to whether the rate of change is acceptable given the scale of the problem. Public health agencies have tended to focus on health issues, like tobacco use, obesity and motor vehicle injuries, where the individual has a relatively high degree of involvement and control over managing the risk. Environmental agencies have tended to focus on issues with public health impacts where the individual has little or no control over managing risk. Can there be a collaborative role for public health and environmental agencies to secure public health gains here?

OBJECTIVE: Extent and range of health effects from diesel engines; Economic valuation of health benefits from available mitigation strategies; Barriers to change; Respective roles of public health and environmental agencies in addressing problems like this.

AV NEEDS: N/A**PRIMARY CONTACT INFORMATION:**

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TITLE: Drinking Water System Cryptosporidiosis Outbreak in Baker City, Oregon**TOPIC:** communicable disease

AUTHOR(S): Kari Salis

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: In July and August 2013, Baker City, Oregon experienced an outbreak of Cryptosporidiosis. I will provide a brief background of drinking water regulations and Baker City's water system. I will discuss how the outbreak was identified, issuing of a boil water advisory, sampling that was done, and how it was determined it was safe to lift the advisory. I will discuss results of the epidemiological investigation and potential causes of the outbreak.

OBJECTIVE: Understand the potential for spread of illness via a drinking water system, and how Drinking Water personnel work with public health personnel to protect public health.

AV NEEDS: N/A

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TITLE: Driving under the influence of cannabis and traffic collisions

TOPIC: Policy, Substance Use

AUTHOR(S): Candice Beathard, Jangho Yoon

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT:

Objective: This study examines the relationship between Washington's per se cannabis policy and motor vehicle collisions and traffic fatalities at the county-level.

Background: In 2012, Washington voters approved legalizing cannabis recreationally, and concurrently Washington became one of 15 states with a driving under the influence of cannabis policy, i.e., a per se or zero tolerance per se law.

Methods: Annual data come from Washington State Department of Transportation Collision Data and Analysis Branch. We analyze pooled cross-section collision data from 2006-2013 (n = 1,579,720). The

two outcomes of interest include motor vehicle collisions and traffic fatalities. To evaluate a causal relationship, we estimate difference-in-differences models to compare average changes in traffic collisions and motor vehicle fatalities among the pre-policy (i.e., 2006-2012) and post-policy (i.e., 2013) periods at the county-level (n = 39).

Results: Forthcoming

Conclusions: Oregon does not have a driving under the influence of cannabis policy, and historically, Oregon ranks among the most progressive states in terms of state-level cannabis policy. If Oregon voters follow Washington and Colorado's lead - which policy experts predict - Oregon public health policy makers must consider the implications of legalizing cannabis on driving under the influence of drugs (DUID) using Washington as an example.

OBJECTIVE:

1. To review driving under the influence of cannabis policies,
2. To evaluate the link between Washington's driving under the influence of cannabis policy and traffic collisions and fatalities at the county-level,
3. To discuss policy implications of the identified relationship between traffic collisions and fatalities and cannabis policies.

AV NEEDS: N/A

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TITLE: Effective contraceptive use in Oregon, 2010-2013

TOPIC: Family Planning

AUTHOR(S): Rachel Linz, MPH, Connie Clark, MSN, BSN, Helene Rimberg, PsyD

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

Background: Unintended pregnancy continues to be a major public health issue. Use of effective contraception is an important determinant of unintended pregnancy, however many disparities exist around access to and use of the most effective methods of contraception.

Methods: We used data from the Oregon Behavioral Risk Factor Surveillance System (BRFSS) from 2010-2013. In descriptive and multivariate analyses, we will estimate the proportion of women at risk of unintended pregnancy (defined as women age 18-44 who have an intact uterus and opposite-sex partner) who are using the most effective and moderately effective methods of contraception, across race/ethnicity, age, employment status, marital status and insurance status.

Results: In preliminary analysis, effective contraceptive use was reported by 71.2% of women at risk of unintended pregnancy. Use of the most effective methods (tubal ligation, vasectomy, implant and intrauterine device) was reported by 45.9% of women at risk of unintended pregnancy and use of moderately effective methods (pills, injectable, patch and ring) was reported by 25.3%. Less effective methods (condoms, diaphragm, spermicide and withdrawal) were reported by 16.4% and 10.9% reported no method use. Complete study findings will be available in September 2014.

Conclusions: Study findings will identify those demographic characteristics that are associated with disparities in effective contraceptive use.

OBJECTIVE: Understand categories of effectiveness of contraceptive methods. Identify disparities in effective contraceptive use among women at risk of unintended pregnancy.

AV NEEDS: N/A

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TITLE: Engaging Alcohol Retailers in Strategies to Reduce High-Risk Drinking

TOPIC: Alcohol Abuse Prevention

AUTHOR(S): Lindsey Adkisson, MPA, CPS, Lane County Public Health

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: High-risk alcohol use (underage drinking and binge drinking) is a public health, public safety and livability concern for many communities. Alcohol is a leading factor in neighborhood crime and livability complaints including noise, public urination, and drinking and driving. High-risk drinking also contributes to dependency and chronic disease. Excessive drinking causes 79,000 deaths per year in the US, making it the third-leading cause of preventable death in the nation. Binge drinking is most common among 18-34 year olds. For many communities, entertainment districts contribute to the local economy and culture. But a 2009 a study found that 'greater [alcohol] outlet density is associated with increased alcohol consumption and related harms'. Eugene's Whiteaker Neighborhood is an emerging 'fermentation district' with breweries, wineries, and distilleries opening up in close proximity to each other. As a result, the neighborhood is increasingly being seen as a destination point for tourism and entertainment. Recently, stakeholders in Eugene have mobilized area brewery owners as part of a community-based coalition to implement innovative solutions to prevent high risk drinking. The objective of this workshop is to provide examples of comprehensive prevention strategies to address high risk drinking in a growing entertainment setting and to share how retailers and community partners have worked together to address this issue.

OBJECTIVE: Strategies for reducing high-risk alcohol use among young adults in a bar setting; Successes and lessons learned from engaging brewery owners; Effective, cross-sector community engagement.

AV NEEDS: N/A

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TITLE: Exploring the use of social media to build healthcare support communities

TOPIC: Support communities

AUTHOR(S): Donna Z. Davis, PhD

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: With the advent of social media technologies, debate continues to swirl around the ability of these technologies to either connect or isolate. Healthcare support communities represent an especially vulnerable population who can potentially gain most significantly from the ability to connect

via online social support groups. This presentation discusses the efficacy of online social support groups, with a particular interest in 3-D online social virtual worlds. The importance of social support in general; of finding support online in these mediated environments; and the strengths and weaknesses in the current technologies that offer virtual healthcare support groups will be discussed. Characteristics of social virtual worlds including persistence, anonymity, 24/7 access to individuals globally, and virtual embodiment reveal powerful potential to build support online. For example, individuals with disabilities, chronic illness, or mental illness may not have physical or social resources necessary to get to face-to-face support groups yet there is growing evidence that suggests they may find meaningful support online. As access to social support may be challenging, access to that support online is becoming more mainstream with tremendous opportunity to provide safe and effective places for individuals to connect. Still, other issues of concern are also raised and addressed.

OBJECTIVE: Attendees will understand mediated options for healthcare support communities and how they may provide invaluable support for the chronically ill or disabled.

AV NEEDS: N/A

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TITLE: Factors that influence vaccine opposition among complementary and alternative medical (CAM) providers

TOPIC: pediatric health, immunization

AUTHOR(S): Sandra J. Bean, MPH, PhD

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Health care providers, including complementary and alternative medical (CAM) practitioners, exert a significant influence on parental pediatric vaccination decisions. Use of CAM therapies is increasing in Oregon. Concomitantly, there has been a decade-long increase in parental vaccine refusal in Oregon, rising from 1 to 5 percent from 2000-2009. For example, in some Oregon schools, 70% of children are unvaccinated. I conducted hour-long interviews with 36 practitioners from five CAM modalities (i.e., acupuncture, chiropractic, homeopathy, midwifery, and naturopathy) to explore a range of associations between vaccination perceptions and vaccine recommendations to others. Data collected from the semi-structured interviews were sorted and analyzed by themes. This

presentation will focus on two themes: immunology beliefs and personal experience among CAM providers. These two factors were shown to influence CAM providers' vaccine perceptions. The results of this research suggest ways to begin a conversation to address hesitancy of CAM providers to recommend pediatric vaccination.

OBJECTIVE: Participants will learn sources of vaccine objection among CAM providers, with the aim of beginning a constructive dialogue aimed at improving pediatric vaccination rates in Oregon.

AV NEEDS: N/A

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Factors that influence vaccine opposition among complementary and alternative medical (CAM) providers
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TITLE: Family-Centered Care and Unmet Healthcare Needs among US Children: Applying Structural Equation Modeling using the Medical Expenditure Panel Survey

TOPIC: Child and Family Health; Healthcare Delivery

AUTHOR(S): Olivia Lindly, MPH

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT: This study examined the measurement of and relationships between family-centered care (FCC) and unmet healthcare needs among US children. Data were drawn from the 2010-2011 Medical Expenditure Panel Survey longitudinal file on a total sample of 4043 children age 0-17 years. Exploratory and confirmatory factor analyses were used to determine a single FCC latent factor solution reflected by six indicators. A structural equation model was fit to examine the relationship between the FCC latent factor in 2010 and 2011. A weighted cross-lagged panel structural equation model adjusted for predisposing, enabling and need factors was then fit to examine relationships between FCC and unmet healthcare needs in 2010 and 2011. 2010 FCC was positively associated with 2011 FCC; a similar relationship was found between 2010 and 2011 unmet healthcare needs. Negative associations were found between (1) 2010 FCC and 2011 unmet healthcare needs; and (2) 2010 unmet healthcare needs and 2011 family-centered care. These two path coefficients did not significantly differ. Though the influence of FCC on unmet healthcare needs and vice versa during the two-year study period did not differ significantly; the direction of these associations should be considered in delivering care to children and their families.

OBJECTIVE: Describe how family-centered care and unmet healthcare needs are related over time as well as the implications of these relationships with respect to healthcare delivery and quality improvement efforts.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Fully Paid Maternity Leave in a Population-Based Sample, Oregon

TOPIC: Maternal and Child Health, Policy, Epidemiology

AUTHOR(S): Jena Fellenzer, MPH, Kenneth D. Rosenberg, MD, MPH

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

BACKGROUND: Fully paid maternity leave is associated with good overall physical and mental health of the mother and child, increased bonding between the mother and child, and healthier, more productive employees. Under federal law, some workers have a right to take unpaid leave for the birth. Many who have the right to such time off cannot afford to do so.

METHODS: The Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based, stratified random sample of women about their experiences before, during and after pregnancy; PRAMS-2 is a follow-back survey conducted when the child reaches 2 years of age. PRAMS-2 asks women whether they were employed during any of the last 3 months of their pregnancy, whether their job offered maternity leave and what type of maternity leave was offered (fully paid, partially paid, unpaid).

RESULTS: 828 women had live births in 2008, completed the PRAMS-2 survey, and answered all of the maternity leave questions. Of the 828 women, 302 women said that they had been employed in the last 3 months of their pregnancy. Among the 302 women who said that they had been employed in the last 3 months of their pregnancy, 248 women said that they had been offered maternity leave. Among the 248 women who had been offered maternity leave, 43 (19.6%) said that they had been offered fully paid

maternity leave. High-income and high-education women were most likely to have been offered fully paid maternity leave.

CONCLUSION: We found that only 19.6% of women reported having been offered fully paid maternity leave. Many women, especially low income women, forego unpaid maternity leave because they cannot afford to go without paychecks.

OBJECTIVE: Characteristics of women in Oregon who receive paid maternity leave from their workplace.

AV NEEDS: outlet and small table

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CO-PRESENTER(S):

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TITLE: Geographic-specific structural inequities and food security: Community perspectives

TOPIC: Hunger and Food Security

AUTHOR(S): Kala Mayer, PhD, MPHc, RN, Robin Evans-Agnew, PhD, RN

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT:

Background: Segregation is a persistent structural determinant of health. Food security research in disadvantaged communities can illuminate geographic inequities maintained by continued segregation of American cities. Explorations in how structures of food inequity are manifest in communities continue to be dominated by White perspectives. This presentation provides an alternative viewpoint on Seattle geography and health with regards to food security from the unique perspectives of African American youth and community kitchen participants from a marginalized community in Southeast Seattle.

Methods: Using case studies, the findings describe the ways participants use discussions of geographic differences to underscore persistent segregation with regard to food access and availability.

Results: Results describe how food inequities differentially challenge the health of community members from each case study.

Conclusions: Findings from both case studies suggest the importance of participant perspectives in identifying geographic-specific structural inequities in relation to food access and availability. Findings also suggest discursive strategies for mobilizing policy solutions that mitigate such inequities through the prioritization of local developmental initiatives in areas persistently affected by segregation.

OBJECTIVE: List two geographic discursive strategies used by participants to describe discrimination.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Health Disparities among Veterans in Oregon

TOPIC: Health equity

AUTHOR(S): Craig Mosbaek, Jill Hutson

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: There are over 300,000 veterans living in Oregon, comprising 10% of the state's adult population. About half of Oregon's veterans are 65 years or older, and 91% are male. Data from the Oregon Behavioral Risk Factor Surveillance System (BRFSS) were analyzed to assess health disparities among veterans. Since veterans are more likely than the general population to be older and male, the analyses were stratified by age and gender. Generally, older male veterans had worse health outcomes than older male non-veterans. These health disparities could result from differences among people who enter the military or from the impacts of military service. Male veterans under 50 years old had better outcomes for some health indicators than non-veterans, possibly because recruits must meet certain health benchmarks to enter the military. Older veterans in Oregon have significant health disparities and efforts to achieve health equity should include working with this population. There are organizations that provide services specifically to veterans, though many veterans may need to be reached through

other organizations that do not exclusively serve veterans. For example, some veterans receive health care using federal veterans' benefits, but the majority of veterans obtain healthcare services from the non-veteran healthcare system.

OBJECTIVE: Understand how the health of veterans compares to the health of non-veterans and examine ways to reduce health disparities experienced by Oregon Veterans.

AV NEEDS: N/A

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TITLE: Healthy Foundations: A Tailored Program for Healthier Living

TOPIC: Population health management strategy targeting high utilizers of healthcare services

AUTHOR(S): Joel A Michels, NP

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

PURPOSE: This pilot project was created by Moda Health and the City of Portland to address the needs of high utilizers among City of Portland employees and their dependents.

METHODS: This patient-centered approach uses a nurse practitioner and health coaches to empower members to address their health in a proactive way resulting in better outcomes including: patient satisfaction, lower costs, and better health. By identifying a member's core values and overall health goals, our team deploys a high-touch model that uses evidenced based tools including coaching and motivational interviewing to set shorter-term plans that include sustainable lifestyle changes that make progress towards their goals.

RESULTS: Our outcomes confirm that care coordination, empowerment, and a strong therapeutic relationship result in success as defined by the patient, the health care system, and the employer. These include: 100% of participants said the program experience was positive and would recommend it to others, engagement rate of 26%, improvement in retrospective and prospective risk scores by 16% and 8%, decrease in ER visit rate by 50%, decreased hospital length of stay by 57% among those readmitted,

increase in outpatient/preventative care by 28%, PAM, functionality, and depression scores also improved, all indicating remarkable success.

IMPLICATIONS: This type of program may help others achieve the Triple Aim among high utilizers of any population.

OBJECTIVE:

- 1) Support movement toward the Triple Aim Initiative, and apply the tailored, patient-centered approach taken by this innovative and successful program,
- 2) Respond to high-use, complex, chronic-care patients in ways that will reduce costs while improving measurable outcomes including satisfaction,
- 3) Identify and outreach successfully to populations who will benefit from a tailored, intense, empowering and supportive care model.,
- 4) Solve the puzzle of who to hire, what to measure, and how to deploy resources when addressing complex patient needs.

AV NEEDS: N/A

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TITLE: I-CAN: Clients, Partners, and Outcomes

TOPIC: Interprofessional Service Learning and Academic-Practice Partnerships

AUTHOR(S): Launa Rae Mathews, MS, RN, COHN-S, Ann Beckett, PhD, RN, Kristrun Grondal, MPA, Frances Voss, MSN, RN

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: I-CAN (Interprofessional Care Access Network) is an Oregon Health & Science University (OHSU) service learning program where interprofessional students work as a team to develop rapport and provide care coordination with clients experiencing extreme disparities. The I-CAN program is neighborhood-based with goals that address individual and population health needs, as well as

interprofessional student learning. This program is supported through sustained partnerships with and between local neighborhood agencies. This presentation will tell the story of two individuals, who as clients have taught us much. Their insights provide direction for beginning population-based interventions in each of the neighborhoods. This presentation will also share the lived experience from a community agency's perspective about implementing and sustaining an academic-practice partnership.

OBJECTIVE:

1. Describe I-CAN (Interprofessional Care Access Network) at OHSU, including students, academic-practice partners, and goals.
2. Explore client case studies with focus on challenges and successes, implications for generalizability to others in the neighborhood, and associated student learning.
3. Discuss successes and challenges with implementing and sustaining an academic-practice partnership.

AV NEEDS: N/A

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TITLE: Impact of routine quantiferon testing on latent tuberculosis diagnosis and treatment in refugees in Multnomah County, Oregon

TOPIC: TB, infectious disease, communicable disease

AUTHOR(S): Jaime Walters, MPH

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

Background: Reactivation of latent tuberculosis infection (LTBI) accounts for up to 80% of all new cases of active TB in the United States. Screening and treatment for those individuals at increased risk for LTBI, including refugees and asylees, is an essential component to the U.S. tuberculosis elimination strategy. In May 2011, routine skin testing for TB was replaced by an interferon-gamma release assay, which does not cross react with BCG vaccine and does not require human interpretation. The current analysis investigates the differences in the proportions of refugees 1) diagnosed with LTBI, 2) initiating treatment, and 3) completing treatment in the 18 months before and after routine QFT implementation.

Methods: A retrospective cohort study was conducted by selecting visits for refugee screening from the MCHD electronic health record from November 1, 2009 to April 30, 2011 (pre-QFT) or May 1, 2011 to October 31, 2012 (post-QFT). Data were matched to Electronic Disease Notification (EDN) System data, which provides information on refugee ingress and egress in our jurisdiction. This cohort of individuals was then matched to the local TB program database for evaluation and treatment information. Categorical data were compared using chi-square tests (Fisher's exact for small sample sizes). Factors associated with test treatment initiation/completion were assessed using single and multivariate logistic regression. All data were analyzed using SAS 9.3 (SAS Institute, Cary, North Carolina).

Results: There were 2,760 refugees screened with a valid TST or QFT result through MCHD's Mid-County Health Center between November 1, 2009 and October 31, 2012 (1,511 in the pre-QFT period, and 1,249 in the post-QFT period). In the pre-QFT period, 447 (93%) were diagnosed with LTBI. Of those diagnosed with LTBI, 353 (79%) were candidates for treatment, and 230 (65%) started treatment. One hundred sixty one (70%) clients completed treatment. In the post-QFT period, 317 (86%) were diagnosed with LTBI. Of those diagnosed with LTBI, 218 (69%) were candidates for treatment, and 163 (75%) started treatment. One hundred and eight (65%) refugees completed treatment. Overall, the proportion of clients diagnosed with LTBI was significantly lower in the post-QFT period.

Conclusions: Routine implementation of QFT in an urban public health department can reduce the number of refugees diagnosed with LTBI, but may not influence the proportion of refugees completing treatment.

OBJECTIVE:

1. Understand the difference between TB disease and LTBI infection.
2. Understand factors associated with treatment initiation and completion in this refugee population.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Impact of routine quantiferon testing on latent tuberculosis diagnosis and treatment in refugees in Multnomah County, Oregon
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TITLE: Implementing Long-standing Health Literacy Interventions at a Community Health Center

TOPIC: Health Literacy

AUTHOR(S): Rachael Postman, DNP, FNP

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: A significant portion of the US population suffers from low health literacy, making it difficult to obtain, process, understand and act on basic health information. Those who are low income, the elderly, and non-English speakers suffer disproportionately. The Affordable Care Act (2010) has made health care more accessible to millions of people, many of whom are low income and are likely to have limited health literacy skills. Having poor health literacy has been associated with a decreased use of preventative health services, a decreased ability to manage chronic conditions, an increase in preventable hospital visits and admissions, and an increased likelihood of confusing instructions about prescriptions medications, nutrition labels, and mortality risk (HHS Office of Disease Prevention, 2010). Those with low health literacy have worse health outcomes compared to those with higher health literacy, rely heavily on the emergency department for their medical care, and have a difficult time self-managing their illnesses, all of which are associated with increased healthcare costs. The problem of low health literacy has significant clinical and cost implications, and requires that providers and clinics implement health literacy specific interventions within their clinical settings in order to increase patient understanding, improve health outcomes and decrease healthcare costs. Those working in community health centers are in a position to work toward creating a culture of health literacy universal precautions and helping clinical staff to learn about and utilize health literacy best practices, in order to support the millions of current and future patients who struggle with low health literacy.

OHSU Family Medicine at Richmond clinic, an FQHC clinic in Portland, Oregon, is working to implement a variety of health literacy interventions to address low health literacy and patient health outcomes.

OBJECTIVE: Understand the definition and scope of low health literacy, become familiar with health literacy best practices and consider ways to implement the use of health literacy universal precautions at a community health center.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Implementing Long-standing Health Literacy Interventions at a Community Health Center

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TITLE: Improving Primary Care for Health Systems Transformation: An Innovative Reporting Approach

TOPIC: Evaluating health care practice transformation performance; Evaluation of implementation of the PCPCH program

AUTHOR(S): Sherril Gelmon, DrPH; Nicole Merrithew, MPH; Billie Sandberg, PhD; Rebekah Bally

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT: In 2009, the Oregon Health Authority (OHA) implemented the Patient-Centered Primary Care Home (PCPCH) program to enhance the quality of primary care delivery through system redesign. In order to evaluate transformation performance among recognized PCPCH practices, we created an attribute index scoring methodology that provides an effective synthesis of aggregated data. The methodology builds on the work of Rittenhouse et al.; draws on data from the 2011 PCPCH recognition application and two surveys of recognized practices; and is summarized along the six core attributes of the PCPCH model (access; accountability; comprehensiveness; continuity; coordination; and, person-centered care). The methodology was applied to 29 practices recognized under the 2011 PCPCH standards and then summarized along multiple indicators and profile groupings for reporting to OHA. Results demonstrate that the attribute index scoring method provides a rich description of practices' implementation of the PCPCH model and their performance under the model. This innovative methodology can help OHA to better assist recognized practices with tracking their own progress; comparing their progress with similar practices in Oregon; and identifying opportunities for improvement and technical assistance in implementing the PCPCH program.

OBJECTIVE: To facilitate evaluation of the implementation of Oregon's Patient-Centered Primary Care Home (PCPCH) Program through use of a new attribute index scoring methodology. To synthesize multiple indicators of implementation into discreet and easily reportable metrics on clinic performance. To evaluate the usefulness of an Attribute Index Scoring Methodology for measuring PCPCH implementation performance among practices.

AV NEEDS: N/A

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TITLE: Improving the health of Oregon state and school employees

TOPIC: Transforming data into wellness policies

AUTHOR(S): Vicky Buelow, MA, Pieter Leffers, MSPH

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Since 2009, the Oregon Public Health Division, the Oregon Educators Benefit Board, and the Oregon Public Employees Benefit Board have collaborated to conduct a biennial health behavior and outcomes survey among adults who work in Oregon's school systems and public agencies. The Public Health Division has identified worksites as a critical setting for health promotion and chronic disease prevention, and the Behavioral Risk Factor Surveillance System Survey of State and School Employees (BSSE) serves as the primary surveillance tool for its worksite wellness initiative. The Oregon Educators and Public Employees Benefit Boards also use the survey to help inform the design of health benefit packages for state and school employees. This session will describe how results from the BSSE survey have been used to influence recent policies aimed at increasing physical activity and reducing obesity and other health risk factors among state and school employee populations.

OBJECTIVE:

- 1) Become familiar with the Behavioral Risk Factor Surveillance System Survey of State and School Employees (BSSE),
- 2) Learn how results from the survey influence health benefit decisions and worksite wellness efforts,
- 3) Understand the role of ongoing surveillance among this population.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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CO-PRESENTER(S):

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TITLE: Increasing Awareness of Hereditary Breast and Ovarian Cancer Syndrome (HBOC) among Survivors and their Providers through the Oregon State Cancer Registry (OSCaR)

TOPIC: Reducing Disparities through Public Health Genomics

AUTHOR(S): Summer Lee Cox, Rani George, Jeff Soule, Alicia Parkman, Karen Kovak, Meena Patil, and Donald Shipley

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

Introduction: HBOC accounts for 5-10% of all breast cancers and about 15% of ovarian cancers¹. BRCA1/2 gene mutations cause the majority of HBOC cancers. Referral to evidence-based genetic services for cancer survivors with certain risk factors can lead to early detection and risk reduction for additional primary cancers.

Methods: In collaboration with OSCaR, we identified 2,801 cancer survivors who met at least one criterion for referral to genetic services². OSCaR records also identified 1,253 providers reporting breast cancer and/or reporting the identified survivors. We mailed tailored education letters containing information about HBOC risks, benefits of genetic counseling, and contact information for local genetic services. To assess the usefulness of these letters, we asked all survivors and providers to complete an online survey; a \$2 bill was enclosed in each survivor letter.

Results: 56% of patient respondents reported having received genetic testing, while only 48% reported having genetic counseling. The most frequently reported reason for not having genetic counseling or testing was that a physician never recommended it or actively discouraged it.

Conclusion/Implications: We can increase awareness and promote discussions of HBOC between survivors, providers, and survivors' families through the use of cancer registries. Ultimately, increased awareness may lead to an increase in appropriate referrals to genetic services for both cancer survivors and their close blood relatives.

References:

1) National Cancer Institute Fact Sheet 'BRCA1 and BRCA2: Cancer Risk and Genetic Testing'. Accessed 12/05/2013 at <http://www.cancer.gov/cancertopics/factsheet/Risk/BRCA>

2) National Comprehensive Cancer Network, Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. Version 4.2013.

OBJECTIVE: Attendees will learn that increased awareness of Hereditary Breast and Ovarian Cancer Syndrome and appropriate referral to genetic services are needed.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Increasing Successful Mammography Screening for Women with Disabilities

TOPIC: Disability and Health and Cancer Screening

AUTHOR(S): Angela Weaver, MEd

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: In the US, according to the 2008 Behavioral Risk Factor Surveillance System, women with disabilities aged 50-74 reported a lower rate of mammography use than women without disabilities of the same age (78% vs. 83%). Since 2009, the Oregon Office on Disability and Health, funded by the Centers for Disease Control and Prevention, has been working to improve breast screening for women with disabilities living in Oregon. OODH has taken a three prong approach to this effort: 1) provided training for women with disabilities on the importance of screening; 2) conducted on-site accessibility assessments of Oregon's licensed mammography facilities and created an on-line mammography

directory; and 3) provided training for mammography technologists on disability etiquette and communication, as well as strategies and skills on how to best screen women with mobility impairments. In May 2014, OODH worked with the Oregon Society of Radiologist Technologists (OSRT) and Susan G. Komen of Oregon and SW Washington, to provide several disability specific presentations at OSRT's annual conference. Utilizing community grant funds from Komen, the presentations were videotaped in order to create and offer a one of a kind, nationwide on-line training for mammography technologists that offers CEUs.

OBJECTIVE: Understanding of the importance of

- 1) regular mammography screening for women with disabilities,
- 2) development and sustainability of the on-line directory,
- 3) training for mammography technologists on to best serve their patients with disabilities.

AV NEEDS: N/A

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TITLE: Incremental Cost-effectiveness of the Kids in Transition to School Program for Foster Children

TOPIC: Children's Mental Health, Foster Care, Educational Interventions

AUTHOR(S): Frances Lynch, PhD, John Dickerson, MS, Katherine Pears, PhD

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Success in school is a potent predictor of long-term health and social outcomes, and school readiness at is demonstrated to be critical to later success. Foster children are at global risk for poor psychosocial, mental health, and developmental outcomes that interfere with school readiness. A recent trial of a school readiness intervention tailored for foster children, the Kids in Transition to School (KITS) program, demonstrated improved outcomes for children entering kindergarten. This study assesses the incremental cost-effectiveness, over 24 months, of KITS compared to typically available educational programs (TFC). The analysis was conducted from a public agency perspective. The trial randomized 192 preschool children in foster care to either KITS (n=97) or TFC (n=83). Data from the social welfare system, school system, and parent participant-report were collected at baseline and up through 24

months. Over the 24 month study period, KITS reduced the number of days with elevated internalizing and externalizing symptoms compared to the TFC children. On average, the cost per child of KITS was \$772. The average incremental cost effectiveness was about \$30 per day with reduced symptoms. This study adds to the growing evidence that early school readiness interventions can improve outcomes for foster children.

OBJECTIVE: Understanding the cost-effectiveness of an early education program for foster children.

AV NEEDS: laptop and projector only

PRIMARY CONTACT INFORMATION:

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TITLE: Influence of out-of-pocket costs on health care utilization among pregnant women.

TOPIC: Prenatal Care

AUTHOR(S): Ifeoma Muoto (MS), Jangho Yoon (PhD)

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT:

Purpose: The link between unfavorable individual characteristics, such as low socio-economic status and lack of access to care, and the risk of inadequate prenatal care is well established. Greater out-of-pocket (OOP) spending, in particular, has been shown to hamper adequate prenatal care utilization. This study examines the relationship between OOP spending and utilization of prenatal care across the spectrum of healthcare utilization.

Methods: We analyze a nationally-representative sample of pregnant women from the Medical Expenditure Panel Survey (MEPS). We estimate quantile regression models of office-based physician visits during pregnancy. Main independent variables are OOP costs, insurance status and employment status. All models are survey-weighted and adjusted for the complex survey design.

Results: Our preliminary analysis suggest that low utilizers of healthcare during pregnancy are more sensitive to OOP expenditures. Clinical and health policy implications are discussed.

Conclusion: Maternal and infant outcomes of women already at risk for inadequate utilization could be worsened by the burden of OOP costs. It is crucial that OOP expenditure and its influence on healthcare utilization receive further empirical investigation.

OBJECTIVE: Examines the relationship between OOP spending and utilization of prenatal care across the spectrum of healthcare utilization.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Influence of out-of-pocket costs on health care utilization among pregnant women.
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TITLE: Integrating health, plans, and policies in Lane County: Workshop to build capacity for healthy public policy approaches at the local level

TOPIC: Health in all policies; health impact assessment; housing, land use, transportation and health

AUTHOR(S): Mandy Green, Lindsey Adkisson, Jennifer Jordan

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

Background: Health in All Policies is a collaborative approach that integrates health considerations into policy making across sectors such as housing, land use, transportation, and economic development. Bringing to light the potential health effects and inequities of all plans and policies can help decision makers, community members, and organizations avoid inadvertent negative health effects and maximize positive health impacts of development and policies.

Methods: The Lane County Public Health Division and the Lane Livability Consortium (LLC) cosponsored a health in all policies workshop for public health and planning professionals, policymakers, and non-profit professionals from a wide range of sectors on November 21, 2013. Green Health Consulting created the workshop content and structure and facilitated the half-day session. The workshop's goal was to build capacity among LLC members and other Lane County organizations to integrate health into plans and policies in diverse sectors, and to apply practical solutions that result in healthy communities.

Results: The workshop included presentations, hands-on small group work applying health in all policies methods to local case studies, and discussion about how healthy public policies could be achieved and sustained in Lane County. Since the workshop, the Lane County Public Health Division has implemented

its first health impact assessment about affordable housing project selection and health indicators. The Lane County Board of Commissioners passed a resolution supporting the use of health in all policies strategies to evaluate the potential health impacts of local policies.

OBJECTIVE: Participants will learn about best practices for implementing health in all policies approaches at the local and state levels. Participants will understand how a health in all policies workshop and subsequent policy changes were implemented in Lane County.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Integrating health, plans, and policies in Lane County: Workshop to build capacity for healthy public policy approaches at the local level
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TITLE: Integration of Mental Health, Physical and Wellness Services in a Community Mental Health Setting

TOPIC: Being well in a community mental health setting

AUTHOR(S): Renee Boak, MPH, CADCI

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: People with serious mental illness and addictions who utilize publicly funded services die, on average, 25 years earlier than others as a result of untreated chronic health conditions (and in Oregon, more than 30 years earlier). As a response, Cascadia Behavioral Healthcare is working to increase consumer health by integrating primary care into community mental health with peer delivered wellness supports. Our goal is to achieve the triple aim of healthcare reform: better treatment outcomes, higher quality of care, and lower cost to the system. As a result of this commitment, Cascadia BHC received a 4 year SAMHSA grant to launch Oregon Partnership for Health Integration which includes a partnership with Outside In FQHC to provide primary care services at Cascadia sites. In addition, OPHI staff includes a Nurse Care Manager and three full-time Peer Wellness Coaches (PWC). The PWC

conduct outreach and engagement efforts to enroll people into the program and provide wellness coaching, health literacy education, reminders about doctor appointments and lab work, and support to consumers experiencing anxiety around going to the doctor, learning to exercise, and trying new ways to eat. OPHI is also focused on wellness for staff as a parallel process for success.

OBJECTIVE: Increased awareness of health challenges for individuals diagnosed with severe and persistent illness. Explore a model of integration of primary care and wellness into community mental health services. Understand the role of Peer Wellness Coaches in working with people with serious mental illness. Examine outcomes of physical health indicators as a result of "reverse integration."

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Interprofessional Education: How to prepare public health MPH students for collaborative, team-based, and patient-centered care to improve health outcomes

TOPIC: Interprofessional Education

AUTHOR(S): Faith Vawter, MPH, Kelly Locey, MPH, CPS, John H. Tegzes, MA, VMD, Dipl. ABVT

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: It is critical that public health students possess effective communication and interprofessional skills for collaborative, team-based, and patient-centered care. This is especially crucial as the Affordable Care Act is implemented across the country and agencies work to better integrate services and collaborate across professions. Providing the opportunity for students to learn to communicate across professions, and understand the value each plays in positive health outcomes, is often challenging given that there are limited opportunities to collaborate across different health delivery networks and organizations. To address this, Oregon State University recently implemented the Interprofessional Education (IPE) program for Master of Public Health (MPH) students as the result of a partnership between the Pomona Campus of Western University of Health Sciences, College of Osteopathic Medicine of the Pacific Northwest, Oregon State University's College of Public Health and Human Sciences, College of Veterinary Medicine, College of Pharmacy and Linn Benton Community College. Students in over 13 professions participate through individual and small group settings to 'solve' professionally authored patient cases. Additionally, this provides a safe place for students to

learn with, from, and about each another's professions as well as to educate other professions on the strengths and contributions of their own field.

OBJECTIVE: At the end of this presentation, participants will be able to: List the five core competency domains of IPE; identify the challenges and benefits of interprofessional education; and describe the benefits of collaborative and integrated public health work to positive patient health outcomes.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

Faith Vawter, MPH

Interprofessional Education: How to prepare public health MPH students for collaborative, team-based, and patient-centered care to improve health outcomes

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CO-PRESENTER(S):

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TITLE: Inter-system return on investment in public mental health: Spill-over effect of greater state mental health expenditures on the jail system

TOPIC: Mental health system, Return on investment in public health

AUTHOR(S): Jangho Yoon, and Jeff Luck

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

Purpose: Estimates of positive within-system return on investment (ROI) in public health have recently become available. This study tests inter-system ROI by examining the extent to which greater public mental health spending may reduce jail inmates and costs.

Methods: We analyze state time-series-cross-section data for 45 states over 2001-2009. To identify a consistent inter-system spill-over effect, we estimate a dynamic panel-data model of the average number of jail inmates, controlling for comprehensive confounders and state heterogeneity. Main regressors are State Mental Health Agencies' expenditures on inpatient and community mental health. We compute the efficient Arellano-Bond system generalized method of moments (GMM) estimator, applying the Windmeijer finite-sample correction.

Results: A 10% increase in inpatient mental health spending is significantly associated with a 1.3% decrease in jail population size. No significant spill-over effect is found for community mental health spending. Using our finding and jail cost data from the literature, we estimate that increasing inpatient mental health spending by \$1 per person leads to net benefit ranging from \$0.53 to \$2.06 per person.

Conclusion: The findings provide strong evidence on positive inter-system ROI in the public mental health system by way of reductions in the size of jail population.

OBJECTIVE: Explain whether and how greater public mental health expenditures may shrink the volume of jail population. Evaluate inter-system return on investment in public mental health by states through its spillover effect on jails.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

Jangho Yoon, PhD

Inter-system return on investment in public mental health: Spill-over effect of greater state mental health expenditures on the jail system

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TITLE: Making the case for Health Impact Assessment

TOPIC: Health Impact Assessment (environmental health/chronic disease prevention)

AUTHOR(S): Brendon Haggerty, Marni Kuyl, Jae Douglas, Steve White

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: As an emerging area of public health practice, Health Impact Assessment (HIA) can be difficult to fit into the routine work and communications of public health agencies. Furthermore, explaining this tool to external partners can be daunting. In this panel presentation, we present strategies for conveying the rationale for HIA using examples from state and local health agencies that have successfully integrated HIA into their practice and messaging. Brendon Haggerty of the Oregon Health Authority will share experiences from the state level in making the case for HIA to internal and external partners. Marni Kuyl, director of Washington County Health and Human Services, will discuss the HIA underway, as well as the partnership established between the county's Public Health Division and Land Use & Transportation Department. From Multnomah County, Jae Douglas will present her experiences with HIA at the state and county levels. Steve White of Oregon Public Health Institute will give an overview of his experiences consulting with Clackamas and Lane Counties on two recent HIA

projects. We also look ahead with a discussion of the future of HIA and how it can fit into Community Health Improvement Plans, chronic disease prevention efforts, and health in all policies.

OBJECTIVE: Participants will learn how to describe HIA to partners, as well as actionable strategies for integrating HIA into routine public health practice.

AV NEEDS: N/A

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TITLE: Mapping rural food and physical activity availability: using spatial analysis to explore access as an obesogenic factor

TOPIC: Obesity Prevention; Environmental Health; CBPR

AUTHOR(S): Deborah John, PhD, Tammy Winfield, MS, Alinna Ghavami, MPH, Kathy Gunter, PhD

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

BACKGROUND/PURPOSE: In the U.S., rural residency is a risk factor for being obese; yet, recommended environmental strategies to prevent obesity are more applicable to non-rural settings. Participatory research approaches and asset evaluation are suggested to assure that strategies applied to rural settings are locally relevant. The purpose of this study was to evaluate the food and physical activity (PA) assets in six Oregon communities to describe the rural obesogenic context.

METHODS: Local stakeholders were engaged to survey environmental resources using camera-enabled GPS units in six rural communities. Mixed methods were used to collect and interpret spatial relationships among (1) where people live and proximity to food and PA assets, and (2) food and PA assets and adult obesity prevalence (BMI).

RESULTS: Communities differed in amount and type of food and PA assets, access to assets, and proximity to asset types. All communities experience a lack of indoor physical activity assets. Over 60% of adults in all communities were overweight (BMI 25.0 - 29.9), but differed in proportion of obese population (from <1 to 18 %).

CONCLUSION: Participatory approaches, combined with innovative technology-based strategies, mobilized rural people to evaluate place-based assets and provided a visual, data-driven intervention model for changing the rural obesogenic community context.

OBJECTIVE:

1. Describe a model for spatially defining and analyzing where rural people live with respect to available food and activity resources.
2. Describe a new survey tool for measuring the rural food and activity environment and evaluating obesogenic disparities.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Mapping rural food and physical activity availability: using spatial analysis to explore access as an obesogenic factor
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TITLE: MARS for Millennials: Updating a Peer-led, Community Based Sexual Health Program

TOPIC: Sexual Health

AUTHOR(S): Anne K. Julian, M. A.

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT:

Purpose: The Male Advocates for Responsible Sexuality (MARS) program emphasizes men's role in healthy sexual behavior and reproductive health, using a peer-delivered, community based model of behavior change. In response to community concern, the MARS program will be broadened to address issues of sexual violence and coercion connected to high-risk substance use, and to engage men in promoting sexual health through sound decision-making and social responsibility. To move the program toward greater scientific rigor in accordance with best practices in prevention research, MARS staff undertook a literature review of sexual health programming to expand the original program structure and content.

Method: Literature was reviewed for selected key phrases and concepts, and the MARS theoretical framework was evaluated in discussion with key program personnel. Appropriate target population, program length, outcomes and design were considered.

Results: The literature supports a peer-delivered program of intermediate length, emphasizing the following: building skills to reduce risky alcohol use, changing perceived norms of sexual behavior, reducing positive alcohol expectancies, reducing rape myth acceptance and increasing bystander intervention. This presentation describes the review process and proposed program modifications to reflect the generational and technological changes of the past decade. Additional goals and future directions will be presented.

OBJECTIVE: Viewers will be able to: Describe the revision of the Male Advocates for Responsible Sexuality program. Identify the impetus behind development of new program components and future goals

AV NEEDS: Table

PRIMARY CONTACT INFORMATION:

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MARS for Millennials: Updating a Peer-led, Community Based Sexual Health Program
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TITLE: Nonfatal Occupational Injuries in the Commercial Fishing Industry

TOPIC: Occupational Safety

AUTHOR(S): Laura Syron, Devin Lucas, Viktor Bovbjerg, and Laurel Kincl

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT:

Background: Commercial fishing is the most hazardous occupation in the U.S. Although there is a national database that collects fishing industry fatality data, information on nonfatal injuries is limited. Nonfatal injuries constitute the vast majority of workplace injuries and can result in lower productivity, lost wages, lost quality of life, or disability. This descriptive epidemiological study explores the characteristics of nonfatal injuries in the Alaska fishing industry.

Methods: Commercial fishing nonfatal injury data for Alaska during 2006 - 2010 were previously extracted from the United States Coast Guard's electronic system, Marine Information for Safety and Law Enforcement. The distribution and rates of nonfatal injuries by fishery and gear type were quantified. A Work Process Classification System was utilized to identify high-risk work processes. Demographic data were used to determine if vulnerable populations are at higher risk for nonfatal injuries.

Results: One hundred and forty-one cases were included in the study. The main work process for each injury was successfully identified. High-risk work processes were identified by vessel and gear type.

Implications: The results of the study lay the foundation for larger Pacific Northwest fishery studies as well as research translation studies to develop and test targeted injury-reduction strategies.

OBJECTIVE: Understand the distribution and rates of nonfatal injuries among Alaskan commercial fishermen, the high-risk work processes, and vulnerable populations that are at risk for injuries.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Nonfatal Occupational Injuries in the Commercial Fishing Industry
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TITLE: ONE KEY QUESTION: Program Evaluation for Washington County Clinics

TOPIC: Reproductive Health, Preconception Health, Contraception, Primary Care.

AUTHOR(S): Beth Doyle, RN, MS, WHCNP, ANP, GCPH

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT:

Background: In Oregon in 2008, ½ of all pregnancies were unintended; 73% considered miss-timed, 27% unwanted and 31% ended in elective terminations. Preconception nutrition and health are associated with birth defects and birth-weight, yet only 11% of reproductive age women know folic acid should be taken before pregnancy. Birth weight is also associated with coronary heart disease, diabetes and stroke later in life.

One Key Question (OKQ) intends that Primary Care Providers (PCPs) ask every woman of reproductive age, 'Do you want to become pregnant in the next year?' This opens the door to provide care and counseling for each patient's reproductive health needs; to prevent unintended pregnancies and prepare for healthy pregnancies.

Purpose: This study will assess implementation of OKQ in Washington County Health Clinics. The data will be shared with the Oregon Foundation for Reproductive Health to support their efforts to have all PCPs asking OKQ.

Methods: Data will be collected from July thru September, 2014. Number-matched surveys will be collected from patients and providers at each visit over 3 months. Demographic data gathered by patient ID number, will be reported by survey number only. We will evaluate changes in contraceptive plans and preconception counseling given, informed by OKQ.

OBJECTIVE: Having viewed this poster, OHPA attendees will: understand the importance of asking OKQ of each woman of childbearing age in their practice.

AV NEEDS: small table

PRIMARY CONTACT INFORMATION:

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TITLE: Oral Health in Oregon

TOPIC: Oral Health

AUTHOR(S): Melissa Freeman, Cindy Hallett, JoAnn Miller, Deborah Loy

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Oral health needs continue to negatively impact the health of the community. Beginning in January 2014, oral health care for adults was included in the Medicaid program in Oregon. However there are still some children and adults who are not covered by dental insurance due to multiple reasons and will need support services. This panel will discuss what services are needed in communities throughout Oregon to reduce the number of patients that end up using emergency departments for oral health needs and how communities are working together to address the oral health needs in their region.

OBJECTIVE: Understand the issues related to oral health in Oregon and the impact on the overall health care system.

AV NEEDS: N/A

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TITLE: Oregon's County Emergency Management: Ensuring the needs of Oregonians with Disabilities are met during a disaster

TOPIC: People with Disabilities and Emergency Preparedness

AUTHOR(S): Justin E. Ross

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: People with disabilities are among those most likely to be adversely affected in an emergency or natural disaster. More than 1 in 5 Americans have a disability, and many more are at risk for developing or acquiring one in their lifetime through illness, injury or aging. In Oregon almost one third (27%) of adults age 18 and older have a disability. (Behavioral Risk Factor Surveillance System, 2012). The Oregon Office on Disability and Health, funded by the Centers for Disease Control and Prevention, is working with Oregon's County Emergency Managers (EM) throughout the state to ensure

the needs of Oregonians with disabilities are met during a disaster. OODH surveyed EM in 2009 and again in 2014 to determine changes in perceptions, policies, and procedures, as well as to identify areas of need that can be addressed and supported by OODH. In addition, this presentation will share several current efforts throughout Oregon that are capitalizing on innovative whole community planning processes in order to ensure the needs of community members with disabilities are addressed and met during a disaster.

OBJECTIVE:

- 1) current needs of County EMs to meet the needs of Oregonians with disabilities;
- 2) proposed solutions, strategies and supports offered by OODH; and
- 3) current efforts in whole community planning being carried out in various counties in Oregon.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Oregon's County Emergency Management: Ensuring the needs of Oregonians with Disabilities are met during a disaster
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TITLE: Oregon's Public Health Departments Promoting Respectful Interactions and Communication with Oregonians with Disabilities

TOPIC: Disability and Communication

AUTHOR(S): Angela Weaver, MEd, Laurie Smith, MSW, Jo Fleming, PhD

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: In 2012, the Oregon Health Authority's Office on Community Liaison for Local Health Departments, the Oregon Office on Disability and Health at OHSU and the NW Americans with Disabilities Act (ADA) Center: Region X, joined together to create an on-line training called 'Respectful Interactions: Disability Etiquette and Communication'. The Office on Community Liaison, wanted the training to complement their comprehensive 'Civil Rights' training and assessment process because numerous public health departments around the state had indicated a need for the training. The project was completed and the training was launched, fall of 2013 and to date, approximately 200 public

health employees have completed the on-line training. The training has seven sections and each section consists of a narrated presentation, video clips of individuals with disabilities, and a quiz.

1. Introduction to Disability Language & Etiquette
2. People Who Use Wheelchairs
3. People Who Are Deaf or Hard of Hearing
4. People Who are Blind
5. People Who Have Speech Disabilities
6. People Who Have Non-Apparent Disabilities
7. People Who Use Service Animals

This presentation will share data from surveys completed by each of the trainees and will provide information on knowledge gained as well as changes in behavior, policy or procedures.

OBJECTIVE: Understanding

- 1) the importance for disability and etiquette training;
- 2) the goals and objectives of the training; and
- 3) the survey data and outcomes and how trainees have changed their perceptions, behavior and/or policies or procedures within their local health departments.

AV NEEDS: electrical outlet and small table

PRIMARY CONTACT INFORMATION:

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TITLE: Oregon's State Health Improvement Plan: Updating Oregon's Healthy Future

TOPIC: health improvement, planning

AUTHOR(S): Renee Hackenmiller-Paradis, PhD, MPH, Cara Biddlecom, MPH, Michael Tynan

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Oregon's Healthy Future is the Statewide Health Improvement Plan (SHIP). It was developed through stakeholder process in 2012 and relied on results of community engagement processes from 2010 and 2012. The vision of Oregon's Healthy Future is that communities are empowered to improve the lifelong health of all people in Oregon. The current priorities are to improve health equity; prevent and reduce tobacco use; slow the increase of obesity; improve oral health; and reduce substance abuse and other untreated behavioral health issues.

To facilitate an update to Oregon's Healthy Future that reflects the needs of key partners and communities throughout the state, the Oregon Health Authority, Public Health Division (OHA-PHD) embarked on a community engagement initiative May-August 2014 as part of updating the SHIP. Seven community meetings were held around the state and involved Community Advisory Councils, County Health Departments, non-profit partners, CCOs, and other OHA partners.

This presentation will provide an overview of the input received during the community meetings and highlight the next steps in the process in development of the 2015-2020 SHIP.

OBJECTIVE:

1. Deepen knowledge about the leading causes of Oregon's disease burden and the role of public health in addressing these issues.
2. Strengthen the understanding of what Oregon's State Health Improvement Plan (SHIP) is and how it aligns with and supports local health improvement plans.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Overdose Prevention and Naloxone Distribution in the Portland Metro Area

TOPIC: Opioid overdose

AUTHOR(S): Lindsay Jenkins

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Opioid overdose is a major public health problem. In 2013, Multnomah County Health Department helped develop state legislation that permits individuals to administer naloxone during opioid overdose and helped implement community-based naloxone distribution programs in the Portland area. Within the first year, over 800 individuals had been trained and they reported reversing more than 300 overdoses. Preliminary internal analysis of local Medical Examiner data showed a 44% reduction in heroin overdose deaths in the first six months of naloxone distribution in 2013, compared the same period in 2012. In 2014, MCHD received a three-year grant from the Oregon Health Authority to build naloxone capacity in the tri-county area (Multnomah, Washington, and Clackamas counties). To further reduce preventable overdose deaths, the health department has reached out to a wide spectrum of agencies who work with individuals at risk of overdose, including treatment and housing providers, corrections health, primary care providers, and the criminal justice system. Health department staff collaborated with service providers to create enrollment and refill forms for naloxone training, and developed a database for easy extraction and reporting of evaluation data.

OBJECTIVE: The audience will learn about implementation and ongoing evaluation, as well as how we are engaging a very broad group of organizations.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Overdose Prevention and Naloxone Distribution in the Portland Metro Area
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TITLE: Parent Developmental Concerns, Provider Response, and Delayed Autism Spectrum Disorder Diagnosis

TOPIC: Child health, healthcare delivery

AUTHOR(S): Katharine Zuckerman, MD, MPH, Olivia Lindly, MPH ,Brianna Sinche, MPH

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT:

Purpose: To assess differences in age of first parent concern and in first discussion of concerns with a health care provider among children with ASD versus intellectual disability/developmental delay (ID/DD), and to assess whether type of provider response to parent concerns is associated with delayed ASD diagnosis.

Methods: Using data from the 2011 Survey of Pathways to Diagnosis and Services, we compared child age at first parent developmental concern, age at first discussion of concerns with a provider, and type of provider response to concerns (categorized as proactive vs. reassuring/passive), among 1420 children with ASD and 2098 children with ID/DD. Among children with ASD, we tested the association between provider response type and ASD diagnostic delay.

Results: Compared to children with ID/DD, children with ASD had lower age of first parent concern and discussion with a provider. Children with ASD were less likely than children with ID/DD to experience proactive responses to parent concerns and more likely to experience reassuring/passive responses. Among children with ASD, those with proactive provider responses to concerns had shorter delays in ASD diagnosis

Conclusion: Though parents of children with ASD have early concerns, reassuring/passive provider response to these concerns is associated with diagnostic delays.

OBJECTIVE: Describe delays that occur in the diagnosis of developmental conditions among children and associations with different types of provider responses to parent concerns about children's development. Identify how delays in ASD diagnosis may be decreased.

AV NEEDS: N/A

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TITLE: Physical Activity Levels and Obesity Status of Oregon Rural Elementary School Children

TOPIC: Obesity Prevention/Physical Activity Promotion

AUTHOR(S): Katherine B. Gunter, PhD, Patrick Abi Nader, MS, Deborah H. John, PhD

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

Purpose: Our aim was to determine the relationship between school-day physical activity (PA) and body mass index (BMI) among rural children.

Methods: We measured height, weight, and PA on 1535 children enrolled in six rural elementary schools. Height, weight and PA accrued during the school day were measured during the same week over four days using Walk4Life pedometers. Four-day averages were calculated for wear time, steps, total activity (TA; combined light, moderate, vigorous PA), and moderate to vigorous activity (MVPA-step count > 120/min). BMI percentiles and z-scores were calculated and regression models were run to examine the relationships between PA variables and BMI z-scores, adjusting for wear time, gender, and grade.

Results: Overall, the prevalence of overweight (38.5%) and obesity (19.7%) was similar for boys (n=814) and girls (n=721). More MVPA was associated with lower BMI ($p < 0.001$), independent of gender, wear time or grade. Time spent in MVPA was 18.8 ± 8 , versus 15.3 ± 6.8 minutes for healthy-weight and obese children respectively. None of the children met the minimum daily PA recommendations while at school.

Conclusions: Efforts to promote PA as a strategy for obesity prevention in rural elementary school settings should focus on increasing opportunities for MVPA.

OBJECTIVE: OBJECTIVE: After attending this session, attendees will be able to: 1. Describe the patterns of school-day physical activity among rural elementary school students 2. Describe the relationship between body mass index (BMI) and physical activity among rural elementary school students, 3. Describe strategies for obesity prevention among rural elementary school students.

AV NEEDS: N/A

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TITLE: Public Health's Struggles to Reduce Infant Mortality and the Birth of the Life Course Paradigm

TOPIC: Maternal and Child Health

AUTHOR(S): Kenneth D. Rosenberg, Oregon Public Health Division

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Public health officials have long been able to obtain legislative funding to prevent infants from dying. Infant mortality rates (IMR) decreased throughout the 20th century but neonatologists have been more effective than public health in decreasing infant mortality over the past 60 years. Among the hypotheses about public health prevention of infant mortality have been:

- Tocolytics (drugs to stop or slow down premature labor) (1980s): marginally effective
- Home uterine monitoring to detect premature labor (1980s): not effective
- Infant sleep position (Back to Sleep) to decrease SIDS (1990s): effective
- Folic acid (in grains and multivitamins) (1990s): effective
- Douching to decrease bacterial vaginosis (late 1990s): not effective
- Stress, especially stress of racism (1990s to present): unclear
- 17-OHP (2000s): may be effective for some women

It has been clear since the late 1980s that there was no causal link between prenatal care and infant mortality. Nonetheless, in the absence of alternative IMR-prevention activities, public health has included early initiation of prenatal care as a significant part of its programmatic activity and offered IMR reduction as an appropriate metric to assess the impact of MCH activities.

The rise of Life Course Theory (LCT) has provided an alternative framework for MCH programs to begin moving away from the IMR-reduction framework. Life Course Theory (LCT) explores the impact of events before and during pregnancy on longterm outcomes. LCT seeks interventions that decrease risks and increase protective factors to affect the trajectory of lifetime health.

Public health needs to change from IMR-reduction to programs that target long-term consequences for mothers and children.

OBJECTIVE:

1. understand how early prenatal care initiation became a focus on public health programs.

2. learn about Life Course Theory.
3. re-examine public health programs through a Life Course Theory perspective.

AV NEEDS: N/A

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TITLE: Reducing Health Disparities in Underserved Neighborhoods Through the Interprofessional Care Access Network (I-CAN)

TOPIC: Health Disparities

AUTHOR(S): Peggy Wros, PhD, RN, Katherine Bradley, PhD, RN

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Evidence has shown that the instability and chaos in the lives of many underserved and disadvantaged clients prevent them from achieving positive health outcomes. These most vulnerable clients may also live in high risk neighborhoods where they experience lack of resources and inadequate coordination of services. Health professions students frequently participate in clinical rotations in underserved neighborhoods, but rarely work together interprofessionally to assist clients to achieve better health. I-CAN addresses social determinants of health using client-centered strategies to meet long-term triple aim goals. I-CAN students from nursing, medicine, pharmacy, and dentistry, collaborate to align and coordinate resources for at-risk individuals, families, and populations and assist with health care navigation. A churn/stability index was developed to assess key factors influencing health and access to primary care. Student teams work with a nursing faculty-in-residence to assess client needs and identify their primary health goals. Students then partner with clients to prioritize interventions and develop and then implement a care management plan. First year data from neighborhood sites in Old Town Portland and West Medford will be reported and demonstrate the impact of student teams and the potential for authentic academic -practice partnerships to make a difference in health care reform.

OBJECTIVE: Identify indicators of instability for underserved clients that create barriers to effective health care. Analyze the impact of I-CAN outcomes on your public health practice.

AV NEEDS: N/A

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TITLE: Reducing High Risk Drinking in Neighborhoods with High Alcohol Outlet Density

TOPIC: Community Mobilization, Health Promotion

AUTHOR(S): Sondra Storm

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Oregon’s binge and heavy drinking rates are higher than the national average; in fact Oregon’s per capita consumption of alcohol is 12% higher. Oregon’s death rate from alcohol-related disease is 80% higher than the US rate. The hospitality industry, including bars and clubs contribute to the local economy and culture. However, research shows that high concentrations of alcohol outlets also contribute to increased underage drinking, binge drinking and consequences, including: injuries, sexual violence, driving while intoxicated and alcohol-related crime and livability disturbances. In Portland, Safe Nightlife Advocacy Partnership (SNAP), a coalition of diverse stakeholders including alcohol retailers, neighbors, and public health and public safety partners is working to reduce high-risk drinking while promoting a safe, well-balanced nightlife.

SNAP is: partnering with bars and clubs to provide advance training and to develop industry standards for reducing over-service and increasing safety; working with the City of Portland on local ordinances that allow the city to respond to problem bars; and working public health partners to develop public health messaging.

As communities in Oregon rely more on hospitality and tourism for economic growth, SNAP’s experience engaging diverse community partners to address public health concerns may become increasingly relevant for public health professionals.

OBJECTIVE: To learn about engaging diverse stakeholders, including bars and clubs, law enforcement, and public health and public safety professionals to reduce the public health impact of high alcohol outlet density areas.

AV NEEDS: N/A

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TITLE: Regional Collaboration for a Healthier Tomorrow

TOPIC: Collaboration/Capacity Building

AUTHOR(S): Tatiana Dierwechter, Sara Hartstein, Danette Killinger, Megan Mackey

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: With the passage of Senate Bill 1580 in 2011, Oregon is undertaking major healthcare transformation. Linn, Benton and Lincoln (LBL) Counties now constitute the regional InterCommunity Health Network- Coordinated Care Organization (IHN-CCO) that is integrating public health, behavioral/mental health, primary care, and aging and disability services to ensure that ‘all residents have equal opportunities to be healthy where they live, work, learn and play.’

IHN-CCO and public health's collaborative efforts have led to the planning and current implementation of the Mid-Valley & Coast Tobacco Prevention and Mental Health Promotion Initiatives. These projects are based on an integrated approach building on strong, well-established partnerships to implement, evaluate, and disseminate evidence-based strategies without duplication. Partnerships in these initiatives include a diverse array of public and private organizations as well as grassroots community groups and leaders across the LBL region.

This innovative regional approach to address population health allows the opportunity to have a greater impact on communities while still promoting health equity and community engagement. Sharing data

and outcomes from the first six months of implementation will demonstrate the progress being made in both the tobacco and mental health initiatives. Working regionally has also allowed for discovery of communication/coordination challenges and solutions.

OBJECTIVE:

1. After this presentation, participants will have an increased knowledge of how CCO's and public health can collaborate.
2. After this presentation, participants will have a greater understanding of the opportunities and challenges of regional collaboration.

AV NEEDS: N/A

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TITLE: Relationship between overweight perception and smoking among adolescents

TOPIC: Adolescent health, Smoking, Weight perception, Obesity, Weight loss

AUTHOR(S): Jangho Yoon; Stephanie L. Bernell; Stacey Edwards

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

Purpose: To examine the effect of overweight perception on youth smoking.

Methods: We analyze data from 2005-2009 Youth Risk Behavior Survey of nationally-representative 9-12 graders in the U.S. To improve causal inference, we estimate a recursive bivariate probit model in which

actual weight influences smoking through weight perception, first on the entire 38,380 adolescents and then by subpopulation stratified by sex and weight-loss effort.

Results: As compared to those with normal-weight perception, adolescents with very-overweight perception are more likely to be a current smoker and frequent smoker by 4.6 and 3.5 percentage points, respectively ($p > 0.01$). Adolescents with a slightly-overweight perception are more likely than those with normal-weight perception to be current smokers and frequent smokers by 8.4 and 2.7 percentage points, respectively ($p > 0.01$). The relationships are larger and more significant for females. In terms of a mechanism, overweight perception appears to increase weight-loss activity, which in turn leads to the greater risk of current and frequent smoking especially among females.

Conclusion: Overweight perception is likely to increase the risk of smoking by way of weight-loss effort especially among female adolescents.

OBJECTIVE:

- 1.) Discuss risk factors for adolescent smoking.
- 2.) Discuss the link between body weight perception and smoking status among adolescent.
- 3.) Explain policy and clinical implications of the link between weight perception and youth smoking.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Risk Factors for Early Syphilis in Multnomah County

TOPIC: STDs

AUTHOR(S): Malini DeSilva

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: In Multnomah County, Oregon, rates of early syphilis (primary, secondary, and early latent syphilis) increased from 3.2 cases/100,000 population in 2008 to 27.7 cases/100,000 population in 2012. We performed a case-control study focused on evaluating whether MSM diagnosed with early syphilis were more likely 1) to use specific websites or mobile device applications to meet sexual partners or 2)

to take part in HIV sero-sorting behaviors than MSM who have not been diagnosed with early syphilis. We conducted a case-control study from February-May 2014. One-hundred seventy-six interviews, 57 cases and 119 controls were used for analysis. Many survey participants used online websites/apps to meet sexual partners - 70% of cases and 42% of controls. Initial bivariate odds ratios, adjusted for HIV status and age group, show a significant association between meeting sexual partners via online venues and early syphilis infection, odds ratio 3.566 (95% CI 1.771 - 7.182). However, after controlling for number of sexual partners online behavior was not statistically significant associated with early syphilis infection. This suggests that online activities mediate or facilitate meeting sexual partners, further analyses are needed to better characterize this relationship. We did not find an association between HIV serosorting behaviors and early syphilis infection.

OBJECTIVE:

- 1) Review signs, symptoms, and diagnosis of early syphilis infection,
- 2) Provide overview of recent trends in early syphilis epidemiology,
- 3) Go over risk factors associated with early syphilis infection using information collected during a case-control study in Multnomah County.

AV NEEDS: small table

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TITLE: School Indoor Air Quality Improvement: Lessons from Multnomah County

TOPIC: School/Building IAQ

AUTHOR(S): Jeff Strang

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Through an EPA grant, Multnomah County Environmental Health implemented a school indoor air quality program during the 2013-14 school year. We conducted environmental assessments in 20 schools within 3 school districts. Goals were to create local advocates for effective IAQ management, strengthen health care professionals' use of environmental asthma management practices, and improve the health of school staff and students through IAQ management plans. This

presentation will give an orientation to school IAQ issues, demonstrate aspects of a school IAQ inspection, and discuss how to engage schools and school districts to help them take better control of their buildings' IAQ.

OBJECTIVE: To be aware of common and potential IAQ problems in schools. To recognize some challenges in working with schools and school districts.

AV NEEDS: flip chart and marker or white board and marker

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TITLE: Spatially Varying Effects of Air Pollution on Adverse Birth Outcomes in Los Angeles County

TOPIC: Air Pollution and Health Effects

AUTHOR(S): Eric Coker, Dr. John Molitor

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT: Few studies have examined whether effects vary spatially when investigating the relationship between air pollution and birth outcomes. We examined the spatially varying relationship of low birth weight and preterm birth with prenatal exposures to PM_{2.5}, NO₂ and NO. Air pollution estimates came from a land use regression and birth outcome data came from Los Angeles area hospitals (years 1995-2006). We implemented a multilevel logistic model with spatial random effects by census tract, along with smoothing in order to fit the model as a unit rather than performing individual regressions by tract. The spatial effects were implemented as a conditional autoregressive model set in a Bayesian framework. Fixed effects showed that exposure to NO₂, NO and PM_{2.5} increased the likelihood of low birth weight, while only NO₂ and NO increased the likelihood of preterm birth. Random effects by tract showed that pollutant effects on adverse birth outcomes varied spatially. Mapping of the random effects and their posterior probabilities indicated that tracts within central and Southern Los Angeles consistently showed increased odds of adverse pollution effects. The observed spatial variation in pollutant effects on birth outcomes suggests that future research should model spatial effects in order to identify highly localized effects.

OBJECTIVE: Observers will learn about the effects of air pollution on birth outcomes, as well as novel biostatistical and geostatistical techniques to address health effects research.

AV NEEDS: N/A

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TITLE: Supporting Adolescent Health and Wellbeing: The Role of Positive Youth Development Programs in Thriving Youth

TOPIC: Adolescent Health

AUTHOR(S): Mary E. Arnold, Ph.D.

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Research increasingly points to the impact that positive youth development programs (PYD) can play in supporting adolescent health and wellbeing. Evidence is mounting that PYD programs are related to better physical and mental health, reduction in health-related risk behaviors, and increase in positive sense of self in adolescence. Despite these promising results, there are few standard models for PYD programs, and even fewer that have an accompanying plan for evaluation and research. Presenters in this session will share the program model for the Oregon 4-H Youth Development program, which outlines clearly the critical elements of programming that must be included if a PYD program is to have an impact on adolescent health and wellbeing. These elements include program quality standards, sufficient dosage, and an emphasis on developmental relationships. Programs based on this structure can support adolescent thriving, which in turn, leads to health-related outcomes. Included in the presentation will be an overview of the research and evaluation framework that accompanies the program model. The 4-H Youth Development program is part of the Public Health Extension efforts of the College of Public Health and Human Sciences at Oregon State University.

OBJECTIVE: Learn the key elements of PYD programs, Learn the indicators of adolescent thriving, Learn about research and evaluations measures for the program model.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Supporting Healthy Living for Oregonians with Chronic Disease: The Patient Self-Management Collaborative

TOPIC: Chronic Disease Prevention

AUTHOR(S): Laura Chisholm, MPH, MCHES (Self-Management Technical Lead, Oregon Public Health Division/Oregon Health Authority), Irma Murauskas (Director of Primary Care Transformation, Oregon Primary Care Association)

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

Background/Purpose: Chronic diseases are among the most common, costly and preventable health problems. A startling 66 percent of adult Oregonians are living with asthma, arthritis, heart disease, high blood pressure, or high cholesterol, or have survived cancer. Rates of chronic disease are even higher among low-income Oregonians. In response, the Oregon Health Authority and Oregon Primary Care Association collaborated to develop the Patient Self-Management Collaborative, a five-year project to increase support for chronic disease self-management among Federally Qualified Health Centers in Oregon.

Methods: The Patient Self-Management Collaborative has brought together multidisciplinary care teams from community health centers across the state to improve support for patients to manage their chronic conditions. Clinic practice teams received training and technical assistance to adjust clinic process flows, shift to a more patient-centered approach, and develop systems to refer patients to community self-management programs and the Oregon Tobacco Quit Line.

Results/Implications: Presenters will discuss the Patient Self-Management Collaborative's process and outcomes, including new clinic protocols and enhanced systems and supports for self-management of chronic disease. Presenters will also discuss the project's implications for the future of patient-centered

primary care delivery in Oregon, and describe how self-management support furthers progress toward the health system transformation Triple Aim of better care, better health and lower costs.

OBJECTIVE: Identify opportunities for public health/primary care collaborations in support of chronic disease self-management. Discuss the role of self-management support in patient-centered care. Describe the implications of self-management support within primary care, especially as related to the Triple Aim of health system transformation in Oregon.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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CO-PRESENTER(S):

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TITLE: Supporting Students in Recovery from Alcohol and Other Drugs: Evidence from Oregon State University's Collegiate Recovery Program's Inaugural Year

TOPIC: Health Promotion on College Campuses; Addiction and Recovery Programs

AUTHOR(S): Sara Caldwell-Kan, Collegiate Recovery Community Program Staff, Patricia L. Ketcham, Ph.D., C.H.E.S. Associate Director, Health Promotion at Student Health Services, Oregon State University, Naomi Figley, Collegiate Recovery Community Member, Alex Matiash, Resident Director, Oregon State University

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT: The Substance Abuse Mental Health Services Administration (SAMHSA) (2011) estimates that there are approximately 1.2 million individuals aged 12-17 who needed treatment for illicit drug use. The SAMHSA numbers suggest 'there are large numbers of students in postsecondary education who are either in need of treatment or who are active in recovery' (Terrion, 2012 p. 4). There has been a recent burst of research examining the needs of college students in recovery. Laudet (2013) found that college students in recovery have better grades, persistence and graduation rates compared to the average student at their institutions.

Oregon State University's Collegiate Recovery Community (CRC) provides a nurturing environment for students recovering from addiction. Students participating in this community have educational, academic, community-building, and programmatic opportunities that support their decision to maintain their recovery as well as improve their academics and general life skills. This holistic approach provides a normative college experience for students in recovery.

Recovery support is increasingly being identified as a necessary component of any truly comprehensive alcohol and other drugs program on college campuses. This presentation will provide specific examples of Oregon State's CRC inaugural year, its importance in the continuum of preventative care for students and the overall need for recovery support on campus.

References:

Terrion, J. L. (2013). The experience of post-secondary education for students in recovery from addiction to drugs or alcohol: Relationships and recovery capital. *Journal of Social and Personal Relationships*, 30(1), 3-23. doi:10.1177/0265407512448276

Laudet, A. (2013). Collegiate Recovery Programs: Results from the first national survey (pp. 1-75). Presented at the 4th Annual Collegiate Recovery Conference, Lubbock.

Substance Abuse and Mental Health Services Administration. (2011). Results from the 2010 National Survey on Drug Use and Health: Summary of national findings. (H-41, HHS Publication No. 11-4658). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Wiebe, R. P., Cleveland, H. H., & Harris, K. S. (2010). The need for college recovery services. In R. P. Wiebe, H. H. Cleveland, & K. S. Harris (Eds.), *Substance abuse recovery in college: Community supported abstinence* (pp. 1-8). New York: Springer.

OBJECTIVE:

1. Participants will have an increased understanding of the need for recovery support on college campuses.
2. Participants will have an increased understanding of existing collegiate recovery efforts.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: The developing brain: youth and learning in sexual health programming

TOPIC: The developing adolescent brain and evidence-based practices in youth sexual health program implementation.

AUTHOR(S): Lindsay Weaver MPH and LaShanda Eller MPH

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: The human brain matures and develops throughout childhood, adolescence, and into early adulthood. The adolescent brain processes emotional and external stimuli differently than adults. Different regions of the adolescent brain are in different stages of development with rapid increase in brain cells, connections, followed by refinement and strengthening of neural pathways. These changes are essential for the development of coordinated thought, action, and behavior.

Research has shown a wave of growth and change during adolescence in the anatomy, structures and information processing in the brain. Evidence-based youth sexual health programming uses strategies that enhance learning for youth. The connections between brain development and facilitation practices help create an enhanced learning environment for youth around sexual health education, skill-building and decision-making. These factors address the different aspects of developmental learning and can be incorporated to other educational opportunities for youth.

Facilitating developmentally suitable learning opportunities will provide youth with information and skills to make healthy decisions for their lives as they transition into adulthood.

OBJECTIVE:

1. Learn about adolescent brain development and how it influences learning.
2. Discuss aspects of evidence-based youth sexual health programming that enhances learning for adolescents.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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The developing brain: youth and learning in sexual health programming

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CO-PRESENTER(S):

LaShanda Eller MPH, lashanda.n.eller@state.or.us

TITLE: Tobacco prevention in the retail environment: what's for sale in your neighborhood?

TOPIC: Tobacco prevention, tobacco retail, assessment, mapping, policy

AUTHOR(S): Steven C. Fiala, MPH

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT:

Background: The tobacco retail environment (i.e., any store that sells tobacco) is considered the 'final frontier' of tobacco control. Despite federal laws that have increased the price of tobacco and placed restrictions on tobacco advertising, the tobacco industry continues to enjoy unfettered promotion of their products in the retail environment. Current tobacco industry practices in the retail environment contribute to youth tobacco use initiation, keep current smokers addicted to tobacco, and undermine quit attempts by tobacco users. Fortunately, promising practices have emerged to lessen the tobacco industry's influence in the retail environment.

Activities: Local public health authorities across Oregon are assessing retailers in their communities for tobacco advertising, placement, and price. In addition to these assessments, mapping efforts at the state level are focusing on tobacco retailer proximity to youth locations.

Discussion: This presentation will cover why the tobacco retail environment is important for tobacco prevention and control efforts, results from tobacco retail assessments, findings from mapping of tobacco retailers near youth locations, and promising practices to address the tobacco retail environment.

OBJECTIVE: Participants will be able to:

1. Describe why the retail environment is important for tobacco control and prevention,
2. Discuss findings from local tobacco retail assessments and statewide mapping of tobacco retailers
3. Identify promising practices to reduce tobacco industry influence in the retail environment.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Tools for Implementing the Healthy Brain Initiative

TOPIC: Tools for public awareness about and prevention of dementia

AUTHOR(S): Sarah Holland, MPH, MSW, Jon Bartholomew, MPA

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: The CDC has recognized Alzheimer's disease as a public health crisis. Alzheimer's is now the most expensive disease in America and set to increase like no other. A collaboration between the CDC and the Alzheimer's Association, including input from Oregon public health professionals, has led to the creation of a second edition of "The Healthy Brain Initiative - The Public Health Road Map for State and National Partnerships, 2013-2018." We will give an introduction to the Healthy Brain Initiative, share examples of how Alzheimer's fits into existing public health efforts, and provide an overview of the new Public Health Practitioners' Toolkit for Alzheimer's. This toolkit is being developed by the Oregon Chapter of the Alzheimer's Association in collaboration with public health stakeholders, and it is intended for use by local public health professionals.

OBJECTIVE:

- 1) Participants will gain an understanding of how Alzheimer's/dementia is a public health issue.
- 2) Participants will learn how to incorporate dementia issues into existing public health efforts through the use of the new toolkit.

AV NEEDS: N/A

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CO-PRESENTER(S):

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TITLE: Understanding Students' Intent to Intervene in Dating Violence and Sexual Assault Risk Situations: Use of The Theory of Planned Behavior

TOPIC: Relationship Violence; College Health Promotion

AUTHOR(S): Jill C. Hoxmeier, MPH, CHES

STUDENT: Yes

PRESENTATION TYPE: Oral

ABSTRACT:

Background/Purpose: Dating violence and sexual assault are major public health issues on college campuses. The outcomes associated with victimization are severe, and effective prevention and intervention programming is imperative. Engaging college students as pro-social bystanders who can intervene in dating violence and risk situations is a recent direction in programming; however, more needs to be known about the determinants of pro-social intervention behavior.

Methods: The current study surveys university students to assess influences of their intent to intervene, using the Theory of Planned Behavior.

Outcomes: Results indicate that perceived behavioral control, subjective norms that support bystander intervention, and attitudes supportive of intervention as a means to decrease incidence are predictive of students' intent to intervene.

Implications: The findings have several implications for future research and the development of effective programs aimed at increasing students' intent to intervene as pro-social bystanders in dating violence and sexual assault.

OBJECTIVE: To demonstrate the utility of a theoretical framework to explain influences of students' intent to intervene in dating violence and sexual assault situations.

AV NEEDS: N/A

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TITLE: Understanding the Economic Impact to Families of Child Mental Health Conditions

TOPIC: Children's Mental Health

AUTHOR(S): Frances Lynch, PhD, MSPH, John Dickerson, MS

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: Care of children with mental health conditions (MHC) is often demanding, imposing financial and time costs on families. This study presents psychometric analyses of a new instrument that directly measures family costs, the Family Economic Impact Interview (FEII). We recruited a random sample of 70 parents of children aged 3-12 with MHC in an integrated health system in Portland, Oregon to participate in two 60 minute interviews. We combined data from the interviews with administrative and clinical data from the health system.

Preliminary analyses indicate that families experience a wide range of financial and time costs. Parent reports were similar to health system records, with kappas ranging from .66 to 1.00. Test-retest reliability figures were very good for recall of service use and most time use categories, with kappas ranging from .78 to 1.00.

This series of preliminary analyses indicates that a wide range of parents' can complete the FEII, that the instrument is reasonably valid, and that parents' can reliably report a variety of family costs. This study was designed to test the FEII and the sample size is small. An important next step would be to test the FEII in a larger and more diverse sample.

OBJECTIVE: This presentation discusses the importance of financial and time costs to families of children with mental health conditions.

AV NEEDS: laptop and projector only

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TITLE: We are Health African and African-American Community Health Worker Movement: Using a Culturally-Centered, Popular Education Approach to Community Health Worker Training

TOPIC: Community Health Workers, Health Inequities in African-American and African communities, Training and Health Interventions

AUTHOR(S): Arika Bridgeman-Bunyoli, MPH and Noelle Wiggins, EdD, MSPH

STUDENT: No

PRESENTATION TYPE: Oral

ABSTRACT: The We are Health African and African-American Community Health Worker Movement (WAHM) Capacitation is the result of a partnership between the Community Capacitation Center (CCC), a program of the Multnomah County Health Department in Portland, Oregon, and the Urban League of Portland (ULP). The two organizations came together to create a training program for Community Health Workers (CHWs) that would be able to address the significant health disparities among Africans and African-Americans in Portland including significant health disparities in chronic diseases such as Diabetes and Asthma.

The capacitation series uses popular education as its methodology and builds on a long history of CHWs (also called Community Healing Workers in Portland's African and African-American community) in African and African American communities. The training merges a popular education with a culturally-centered approach rooted in African-American and African traditions to CHW training. In this interactive workshop, a highly experienced CHW and WAHM facilitator will provide information about the WAHM training, the partnership between the CCC and ULP, and how to develop a culturally-centered, popular education-based approach to addressing health disparities in African and African American communities.

OBJECTIVE: By the end of the workshop, participants will be able to:

1. Understand how popular education and culturally centered methodologies can be combined to create an empowering curriculum for training CHWs who will be effective in addressing health disparities in African and African-American communities.
2. Understand the process that the Urban League of Portland and the Community Capacitation used to build an effective partnership for creating the CHW training curriculum, and develop a model for developing CHW capacity in African and African-American communities.
3. Know some of the outcomes for participants who participated in WAHM trainings in terms of changes of health knowledge, psychological empowerment, self-reported health behavior change and professional development and employment status.

AV NEEDS: N/A

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We are Health African and African-American Community Health Worker Movement: Using a Culturally-Centered, Popular Education Approach to Community Health Worker Training

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Panel Presentations

TITLE: Cornering Change: Healthy Corner Stores Initiatives in Clark, Marion, and Multnomah Counties

TOPIC: Healthy Retail

AUTHOR(S): Rebecca Bodonyi, Emily deHayr, Nadege Dubuisson, Melissa Martin, Ronda Zakocs

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT: Access to healthy food remains limited for many living in low-income neighborhoods. Encouraging locally-owned, corner stores to stock healthier food portends a promising place-based strategy. This panel will feature three local health departments' three-year efforts to mount neighborhood-based, healthy retail initiatives in Clark, Marion, and Multnomah counties. Targeted communities varied from urban neighborhoods in North and Southeast Portland and Central Vancouver to more rural areas in Woodburn and Mt Angel. With support from Kaiser Permanente's Healthy Food Access Initiative, these county health departments implemented similar healthy retail models of recruiting stores, assessing store environments, creating store-specific action plans, offering technical assistance, and providing infrastructure (i.e., shelving) and promotional materials. Likewise, the health departments engaged in a coordinated evaluation approach by conducting similar pre- and post store inventory assessments, store owner interviews, and customer surveys. Each health department will highlight their strategic approach, results from the evaluation, and lessons of successes and challenges. Lastly, implications for future urban and rural healthy retail initiatives will be discussed.

OBJECTIVE: After attending this session, participants will be able to:

- explain how three county health departments implemented and evaluated healthy corner store initiatives in urban and rural neighborhoods in Oregon and SW Washington;
- describe the results of improving corner stores' stocking of healthier foods; and
- appreciate the challenges of and implications for improving access to healthier food through a healthy retail strategy.

PANEL ABSTRACT 1:

Purpose: In 2011, Clark County Public Health (CCPH) completed a Health Impact Assessment (HIA) to identify priority areas by analyzing chronic disease, school readiness, birth outcomes, safety and demographics data. Findings indicated that the majority of families living in Central Vancouver faced the highest exposure to unhealthy food.

Methods: A Healthy Grocery Advisory Committee helped develop the Clark County Healthy Neighborhood Store Initiative, where 7 locally-owned convenience stores were recruited in Central

Vancouver CPH staff partnered with store owners to develop individualized store action plans to increase and promote healthy options. Technical assistance provided to stores included surveying customers, evaluating store progress, and providing promotional materials for healthy options.

Results: Over 80 healthier items have been added to the Clark County Healthy Neighborhood Stores. In addition, partnerships with local agricultural programs have been piloted and two 'Healthy Remodels' have been completed by engaging local youth in the initiative.

Conclusions: Local corner stores can be an important partner to increase access to healthy food in under-served areas. Store owners are generally willing to add healthier products but less likely to implement program enhancements (i.e. shelf talkers to identify healthy options, promotional programming, etc.) without technical assistance.

PANEL ABSTRACT 2:

Purpose: The Marion County Healthy Corner Stores Initiative aims to establish healthy corner stores in rural areas of Marion County, and in areas that have been identified as 'food deserts'.

Methods: County staff and store owners developed customized 'healthy store' policies based on store owner interviews, in-store inventories, customer surveys, and observations. Technical assistance, infrastructure amendments, inventory changes, promotional materials, and tasting events were conducted by County staff.

Results: Eight stores in five Marion County communities expanded and changed their food offerings to include fresh produce, dairy, low-sodium, low-fat, and low-sugar items. Technical assistance resulted in SNAP and WIC certifications, higher sales of healthy options, and increased customer knowledge and perceptions of nutritious items.

Conclusion: Affordable and nutritious foods are in limited supply in areas of Marion County and increased rates of obesity are prevalent. Corner store owners in areas without full service grocery stores recognize the value in providing healthy options, understand that customers want healthier options, and now know that it is feasible to have these products in store. Despite cultural and industry-related barriers, future corner store efforts provide a unique approach for communities to address local food system challenges and ultimately reduce health disparities over time.

PANEL ABSTRACT 3:

Purpose: The Multnomah County Healthy Retail Initiative seeks to increase the availability of fresh fruits and vegetables among more than 10 locally-owned corner serving Latino, African, and African-American customers in North and SE Portland neighborhoods.

Methods: We tested several strategies including financial incentives, promotional materials, educational workshops, technical assistance, and an alternative produce distribution system. Evaluation tools include customer surveys, store owner interviews, and store observations.

Results: Key successes include strong relationships and high level of trust with store owners; diverse partnerships; and increased visibility and consistency of healthy options. Key challenges include complex nutrition guidelines; language and cultural barriers; limited staff capacity; affordable produce supply; and meeting the economic and business development needs of small business.

Conclusions: Food Store owners are interested in offering healthy foods, but need technical assistance and incentives to do so successfully. Corner store initiatives, however, can be resource intensive and, on a small scale, may not drive the systemic change necessary to improve nutrition outcomes. Financial investment and institutional support is needed, especially in those stores owned by and/or serving low-income and/or culturally-specific communities. Public policy can play a role in bridging this service gap while supporting healthy retail goals.

AV NEEDS: N/A

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TITLE: Diesel Emissions: Small Particles, Big Problems

TOPIC: Environmental Public Health, Policy and Systems Change, Community-based work, Collaboration and Collective Impact.

AUTHOR(S): Matthew Davis, Mary Peveto, John Wasiutynski & Craig Mosbaek (Moderator/discussant)

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT: Diesel engines run our economy. They move imports and exports efficiently, deliver consumer products to market, power equipment necessary for development and maintenance of our transportation infrastructure. Unfortunately, there is a hidden cost to our reliance on diesel engines, a cost that burdens some parts of our community more than others. This panel will explore the sources of

diesel emissions in Oregon, the associated costs from a public health perspective (highlighting the latest science on health effects and impacts) review a case-study of local action to reduce diesel emissions and present a suite of local- and state-level program and policy solutions aimed at ensuring cleaner air for tomorrow. The panel will conclude with a group (panelists and attendees) discussion on diesel from a public health perspective and prospects for reducing emissions.

OBJECTIVE: Participants will understand the health effects and impacts of diesel pollution in the State of Oregon, based on the latest research. Participants will learn the benefits and limitations of addressing diesel through incentivizing retrofits and fill

PANEL ABSTRACT 1: Health Effects and Health Impacts. Diesel emissions have the distinction of being registered as a known carcinogen by the International Agency for Research on Cancer (IARC). The burden of exposure to this toxic substance and consequent health effects do not fall evenly in our community. Communities of color and low-income communities are disproportionately exposed to diesel emissions from a number of sources. This disparities in exposure are mirrored in a number of health outcomes including asthma and low-weight births.

This portion of the panel will dig deeper into the health effects and disproportionate health impacts. We'll highlight the latest research on the health effects of diesel emissions including asthma, cardiovascular illness, cancer risk and an emerging body of evidence demonstrating a link with neurobehavioral conditions. We will also share the latest estimates on state-level annual health impacts from diesel including premature deaths, hospital utilization and restricted work days.

PANEL ABSTRACT 2: Clean Diesel in Multnomah County: A Case-Study for Local Action. This portion of the panel will discuss a local effort to reduce emissions from equipment used on county-related construction projects. The initiative, led by the County's Office of Sustainability, worked with private contractors to reduce the emissions of particulate matter from equipment used during the construction of the County's new courthouse. We will highlight results from a retroactive analysis the Office of Sustainability conducted in consultation with the Health Department to quantify the health benefits of the reduced emissions. Finally, the panelists will discuss lessons learned from the project engaging contractors and incentivizing reduced emissions.

PANEL ABSTRACT 3: Cleaner Air for Tomorrow: Strategies and Solutions. Diesel exhaust is emitted from a wide-range of sources that are governed by a complex and overlapping regulatory framework. Recently several high-profile reports have called attention to diesel pollution and suggest bold action to reduce diesel emissions. This portion of the panel will discuss the current state of diesel policy and highlight factors that amplify Oregon's exposure to diesel compared to our west coast neighbors. The panelist will also share coalition work to compile and analyze potential program and policy solutions aimed at reducing diesel emissions. We will review promising policies and discuss key considerations for policy change at the local- and state-levels.

AV NEEDS: N/A

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TITLE: Health Care Reform in Oregon: What comes after CCOs?

TOPIC: Health care policy

AUTHOR(S): Ken D. Rosenberg, MD, [Moderator], Michael C. Huntington, MD, Samuel Metz, MD, Sumeeth Bhat, MD

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT: Health care reform in Oregon is a confusing mix of state and federal legislation. This panel will review the concept and progress of Coordinated Care Organizations (CCOs), which are unique to Oregon; other proposals considered in the last Oregon legislature and possible health care proposals for 2015; the universal health care plan in Vermont and what it might mean for Oregon; and the rationale for publicly funded, universal health care (single payer) as the optimal method of providing better care to more Oregonians at lower cost.

OBJECTIVE: Understand the multiple approaches to Oregon's health care reform; describe CCOs' unique approach; list why single payer financing is more efficient than private health insurance.

PANEL ABSTRACT 1: Michael Huntington, MD, Panelist abstract #1: Are Coordinated Care Organizations in Oregon providing cost-effective health care to Oregon's sickest patients? How are CCOs now involving public employees? How is the CCO concept being adopted by private insurers? Coordinated Care Organizations (CCO) differ from Accountable Care Organizations in the benefits provided, the patient population being served, and the program paying for services. CCOs are unique to Oregon. We now have two years of experience with CCOs in Oregon. We will present early evidence of how CCOs are influencing healthcare for Medicaid population in Oregon and describe how CCOs are expected to affect public employees and private insurers.

PANEL ABSTRACT 2: Samuel Metz, MD, Panelist abstract #2: The Oregon legislature failed to pass out of committee a statewide single payer bill, yet authorized a study of how to finance universal health care in the state. Oregon may be uniquely positioned to be the next state to create statewide universal access to health care. Unlike most states, the private insurance market has no dominant company. Two of Oregon's largest private insurance companies are also health care providers. Our governor is a nationally recognized leader in health care policy. Our legislature has a recent record of bipartisan cooperation. Vermont's plan for universal health care will begin in 2017. Can Oregon be next?

PANEL ABSTRACT 3: Sumeeth Bhat, MD, Panelist abstract #3: Is publicly funded, universal health care a legitimate alternative to our current system of private health insurance? Single payer health care is a method of financing health care without using individual private insurance companies. By placing all residents into a single risk pool without discrimination against the sick, by offering a single schedule of benefits that includes preventative care and all treatable conditions, by including all health care providers in the state, and by using a single set of billing forms, a single payer system in Oregon would recover more than enough money to expand comprehensive health care to everyone without spending more money. In every population in which it is used, single payer financing provides better care to more people at lower cost. If Oregon wants to provide everyone with access to health care without increasing costs, single payer financing is the ideal method.

AV NEEDS: N/A

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TITLE: How historical trauma informs a community-based collaboration to prevent alcohol-exposed pregnancies in an urban American Indian and Alaska Native community: Stories and lessons from the Future Generations Collaborative

TOPIC: trauma-informed approaches, community-based participatory planning, AI/AN populations

AUTHOR(S): The Future Generations Collaborative. Primary contact: Heather Heater, MPH

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT: The Future Generations Collaborative (FGC) is an innovative multi-agency, community-based partnership to promote healthy pregnancies and births and reduce Fetal Alcohol Spectrum Disorders among Native Americans (NAs) living in Multnomah County.

The FGC is guided by principles of decolonization and social justice. We recognize that public health research and interventions often overlook the ongoing effects of historical trauma within NA communities. Today, most interventions, community-planning processes and research practices use White-western dominated ideologies and often disregard or ignore NA cultural needs. This lack of awareness has caused a loss of trust between many NA communities and public health agencies, resulting in under utilization of public health services and programs, perpetuation of health inequities and lack of effective partnerships to address complex health and social issues.

This panel will bring together three unique perspectives to discuss the development of our trauma-informed collaborative model (TICM) and its effectiveness in guiding a culturally-responsive community-based participatory planning process. The TICM acknowledges the role of government in the genocide of Native people. Grounded in indigenous ways of knowing and doing, the TICM has enabled the FGC to successfully engage NA communities in a series of healing and training events while also sustaining robust participation from representatives of Native-serving organizations and community members.

Panelists will describe the rich and often challenging process of bridging cultural paradigms in a public health intervention that requires close examination of the present-day relationship with historical trauma. These processes are complicated when we recognize that the systems and agencies seeking partnership with NA communities often contribute to the health inequities they seek to prevent. Evaluation data and successful strategies for overcoming these challenges will be discussed. The dialogue will emphasize the critical role of NA culture and the resiliency of NAs in promoting healthy pregnancies and births among this large and diverse Oregon population.

OBJECTIVE:

1. Understand how integration of indigenous perspectives in health promotion can improve CBPR
2. Learn strategies for applying trauma-informed collaborative approaches in public health practice.

PANEL ABSTRACT 1: Perspective #1: Local Public Health Department. Heather Heater, MPH is the project manager of the FGC. Heather will describe her role in the development of the TICM from the perspective of a non-Native public health professional working in a county health department. At the request of the NA community members involved in the FGC, her agency serves as the backbone organization for the project. Heather will discuss the personal and organizational challenges she experienced while learning to integrate indigenous process and perspectives into her work and the difficulties of balancing fluid, community-based process with the often rigid, dominant culture ideologies

of her upbringing and her organization, as well as the discipline of public health. Heather's bio is available upon request.

PANEL ABSTRACT 2: Perspective #2: Native-serving community based organizations. Jillene Joseph (Gros Ventre), Native Wellenss Institute and Donita Sue Fry (Shoshone-Bannock Tribe of Fort Hall, Idaho), Native American Youth and Family Center. Jillene and Donita will discuss the development of the TICM from the dual perspectives of Native professionals and community members. As organizational partners, Jillene and Donita will discuss the significance of the TICM and the rich qualitative data the FGC has collected as critical information to inform public health interventions. They will discuss the personal and professional costs and benefits of being involved in this work as well as its implications for public health, development of cultural-relevant strategies and its application to other communities of color. Both Jillene and Donita have extensive experience in navigating dominant-culture systems to promote the health and wellness of their communities and offer invaluable perspective to non-Native public health professionals on strategies to work more effectively with NA communities.

Jillene Joseph holds a Bachelors of Science degree in community health education. She worked for the Northwest Portland Area Indian Health Board for nearly ten years. Previous to that she provided substance abuse training to Native youth attending BIA boarding schools across the nation. She has also worked for her own tribe in both the housing and education departments. Jillene has a wealth of knowledge and experience working for Native communities, organizations and tribes by providing training and technical assistance in a variety of areas. Her specialty areas are health promotion/disease prevention, leadership, parenting, staff development and strategic planning. Jillene is also well versed in proposal writing, grant management, personnel management and coordination of programs and budgets. In 2000, she assisted in founding the Native Wellness Institute. Jillene has received local, regional and national awards for working in the Indian health arena from organizations such as the Northwest Portland Area Indian Health Board and the National Indian Health Board.

Donita S. Fry attended Washington State University studying early childhood education and fine arts. Her work experience includes over seven years of involvement in community based organizations in policy advocacy and political outreach fields. Most recently she has been coordinating outreach and equity advocacy for the Native American community in Portland. She has extensive experience working with the urban and reservation Native population, including working with tribes, Native organizations and community. She has deep knowledge of Native American history, and an understanding of the diversity of the local American Indian/Alaska native community and issues surrounding the Urban Indian experience in Portland. She is skilled at cross-sector, cross-cultural and personal relationship building and is dedicated to form and maintain strategic alliances and strong working partnerships with community based organizations, community action groups and local government departments. Currently, she coordinates and facilitates the work of a grassroots community based advocacy group called the Portland Youth and Elders Council at the Native American Youth and Family Center where she serves as visible spokesperson for the organization. She is passionate about creating, connecting, and linking communities and values the resource and role that the local Native American community has to contribute in driving positive outcomes for individuals and families.

PANEL ABSTRACT 3: Perspective #3: Native community members. Barbie Shields (Warm Springs, Klamath Modoc, Yakama, and Italian) and Jennifer Pirtle (Confederated Tribes of Siletz Indians of Oregon). Barbie and Jennifer are two of the FGC's Elders and Natural Helpers - NA community members who were recruited and trained by the FGC to help educate, mobilize and build capacity in the urban NA community to reduce substance-exposed pregnancies and promote healthy pregnancy planning. Barbie and Jennifer will share stories about their role in the FGC, what they have learned, what it has meant to them personally to be involved, and why they stay engaged despite the real emotional risks of addressing such difficult issues. They will speak to the rewards and challenges of participating in a complex community-based project and offer powerful testimony and critical information about how public health professionals can be more culturally responsive when planning public health interventions.

Barbie Shields is a mother of three. She has been married for four years to her husband and partner of six years, Kenny, also a Natural Helper with the FGC. Barbie loves learning and is ready to make a big change in the world by starting with being the change. Barbie brings dedication, kindness and incredible passion to the FGC.

Jennifer Pirtle is a proud mother of four. She became involved in the FGC to stop the cycles of trauma not only in her family, but for future generations. Her inspirations include her family, those who struggle with addiction and those people who have overcome it. Jennifer is committed to this work because of the strong women who are making changes in their community one step at a time.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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How historical trauma informs a community-based collaboration to prevent alcohol-exposed pregnancies in an urban American Indian and Alaska Native community: Stories and lessons from the Future Generations Collaborative
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TITLE: Making a difference for climate change and health impacts: Oregon policy, climate science, and local indicators

TOPIC: climate change, climate and health, emergency preparedness and response, climate adaptation planning

AUTHOR(S): Mandy Green, Ted Eckmann, Brendon Haggerty, Emily York

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT:

Background: Climate change is already affecting the health of populations worldwide and in our state. Health and community impacts are likely to increase over the coming decades. Public health professionals have a responsibility to become educated about climate and health impacts, and an opportunity to participate in local and national climate plans, policy discussions and processes. This panel presentation will explore Oregon and national climate policy, climate science and extreme weather events, and climate and health indicators.

OBJECTIVE:

Participants will learn about Oregon climate science and health effects, the Oregon Climate and Health Profile Report, and climate policy.

Participants will be better able to participate in climate and health planning, policy discussions, and emergency preparedness and response activities related to climate.

PANEL ABSTRACT 1: The public health role in climate change policy

Climate change is already affecting the health of populations worldwide and in our state. Health and community impacts are likely to increase over the coming decades. Public health professionals have a responsibility to become educated about climate and health impacts, and an opportunity to participate in local and national climate policy discussions and processes. Opportunities to become involved include serving on advisory committees or providing comment to the National Climate Assessment, participating in local climate adaptation and emergency preparedness and response planning, and providing health assessment to planners working on greenhouse gas reduction scenario planning. This presentation will summarize the state of local and national climate and health policy and provide guidelines for public health professionals to contribute according to their expertise.

Presenter: Mandy Green is an environmental epidemiologist and the founder and principal at Green Health Consulting based in Portland, Oregon. She has worked for over a decade at local and state health departments and in community-based organizations in epidemiology, health impact assessment, and policy analysis and development. She provided training and technical assistance to local health

jurisdictions for the completion of climate adaptation plans and developed climate indicators for the state environmental health indicators collaborative.

PANEL ABSTRACT 2: Climate science and extreme weather events

Daily weather, seasonal anomalies, oscillations like El Nino/La Nina, and long-term climate changes, all influence public health in Oregon through floods and droughts, variations in air temperature, humidity, pollution, hazardous weather events, and changes in the seasonality and ranges of species that relate to allergies and disease transmission. Mitigation of public health problems that are affected by atmospheric variability depends on accurate predictions at time scales ranging from individual weather events, to seasonal, multi-year, and beyond, along with successful communication of these forecasts and their uncertainties to the appropriate public health professionals and decision makers. This presentation will introduce new analyses of atmospheric variability and climate changes that are relevant to public health in Oregon, while assessing the current state of forecasting, and anticipated future developments in atmospheric prediction. Objectives include helping attendees to become more informed consumers of weather and climate information and forecasts, along with improving awareness of the impacts that atmospheric variability can have on public health in Oregon.

Presenter: Ted Eckmann has served as a researcher and educator specializing in atmospheric science for over a decade, split between the University of California at Santa Barbara, Bowling Green State University, and his present position as an Assistant Professor of Environmental Studies at the University of Portland. Ted's research and teaching experiences also include oceanography, green energy, geology, ecology, conservation, remote sensing, Geographic Information Systems (GIS), natural hazards, and environmental policy.

PANEL ABSTRACT 3: Oregon climate and health profile

The Oregon Health Authority recently released the Oregon Climate and Health Profile Report. The report outlines climate projections and health effects specific to the state of Oregon. In this panel presentation, Oregon's Climate and Health Program staff will share how public health practitioners can use the new report to raise awareness about the connections between climate change and public health in Oregon. The team will share communication strategies and specific resources for integrating climate change considerations into existing public health practice.

The profile report is the first step in the BRACE (Building Resilience Against Climate Change Effects) Framework developed by the CDC's Climate-Ready States and Cities Initiative. It sets the stage for more in-depth social vulnerability assessments that will culminate in a statewide Climate and Health Adaptation Plan set for completion in 2016.

Presenters: Brendon Haggerty's work has focused on reducing the impacts of climate change through sustainable development. Many of his past projects are related to health and the built environment, and he has led several Health Impact Assessments. He is past chair of the National Association of County and City Health Officials Global Climate Change Work Group, where he remains an active participant.

Trained as an urban planner, Brendon's experience with GIS brings a spatial aspect to many of his projects.

Emily York's work is rooted in the belief that we have the creative capacity to transform our communities in response to the complex challenges of climate change. Drawing from her studies in public health and sustainability, she takes a collaborative and systems approach. Before joining the State Public Health Division, Emily led local policy projects at the City of Portland, including the Healthy Portland Initiative. She's also energized by her work with the nonprofit Depave and previous work with the Coalition for a Livable Future.

AV NEEDS: N/A

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Making a difference for climate change and health impacts: Oregon policy, climate science, and local indicators

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TITLE: Oregon Project LAUNCH: Sustaining early childhood systems change and informing transformation

TOPIC: early childhood, MCH

AUTHOR(S): Maggi Machala (presenter), Beth Gebstadt (proposed moderator), Shannon T. Lipscomb (presenter), Stephanie A. Sundborg (presenter), Amanda Armington, Denise Rennekamp, Michaella Sektnan, Sarah Kingston, Susan Keys (discussant), Viktor Bovbjerg

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT: As part of the national Linking Actions for Unmet Needs in Children's Health (Project LAUNCH), Oregon Project LAUNCH was implemented in Deschutes County as a five year demonstration, to achieve fundamental and sustainable system changes in support of improved wellness for children ages 0-8 and their families. The essential Oregon Project LAUNCH components include: Integration of

behavioral health with primary care, standardization of child development screening, evidence-based home visiting programs, mental health consultation for childcare centers, evidence-based parenting education, early childhood workforce development, improved maternal mental health care, and public awareness of early childhood wellness issues. The project evaluation used mixed methods to assess outcomes at the systems, process, and child/family level. Over the past five years, Oregon Project LAUNCH has achieved greater integration and delivery capability in early childhood support, through introduction of evidence-based programs and workforce capacity building. It has informed integration of Oregon's early learning and health care reform work and participated in development of the Early Learning Hub and Coordinated Care Organization for Central Oregon. Panel presentations will focus on three key areas: collective impact, system integration, and family strengthening.

OBJECTIVE:

1-Increased knowledge of strategies to support/measure collective impact.

2-Describe key elements of system-level integration in Oregon LAUNCH as well as facilitators and barriers to system change.

3-Apply lessons learned from community-level implementation of evidence-based parenting programs.

PANEL ABSTRACT 1: Collective Impact is a good framework for community mobilization and change but may be difficult to achieve and measure. Oregon Project LAUNCH adopted this framework for early childhood wellness systems improvement in Deschutes County. Creation of an early childhood wellness public awareness (PA) campaign was identified as one strategy to support a common voice and to educate the community. Based on environmental scan, each year focused on a different topic with partners participating in activities and common messaging. Collective impact was measured in two ways. 1) Surveys and Google Analytics were conducted to evaluate the content and reach of the public awareness campaign. 2) A social network tool and key informant interviews were conducted with the LAUNCH Advisory Council to measure perceptions of progress toward collective impact. Community recognition of the PA campaign logo increased from 2012 to 2013 and 62% of participants indicated they were likely or very likely to support early childhood programs. Network analysis and interviews with the Advisory Council revealed partner trust had increased and 76% reported collective impact goals had been met. Challenges along the way included the lack of a shared data system. Project lessons learned may help inform Oregon education and health care reform.

PANEL ABSTRACT 2: System integration takes place when individual sectors work in collaboration to deliver services in a coordinated and seamless manner with the goal of greater efficiency and effectiveness - a belief that impact is enhanced by working together rather than in isolation. Oregon Project LAUNCH implemented three projects in Deschutes County that integrated sectors of the health care industry including public health, behavioral health, and primary care. These include: 1) Healthy Child Family Support Team, which coordinated activities between public health, behavioral health and primary care, 2) Maternal Child Health Initiative, which involved embedding a public health home visiting nurse in a primary care clinic, 3) The Maternal Mental Health project, in which a behavioral health therapist was integrated within a public health WIC clinic. We conducted interviews with key

informants pre and post integration, to explore inter-organizational attitudes, knowledge, and practice among service providers. Although differences emerged among provider types, a thematic analysis revealed a number of common themes including the need for good communication, the importance of relationships, and the desire for a co-located team model. Barriers for successful integration included lack of time and lack of capacity.

PANEL ABSTRACT 3: Oregon LAUNCH recognizes that in order to promote early childhood wellness we must support parents, so that parents can in turn support their children. Lessons learned from two signature parent support strategies in Deschutes County illustrate this: the Maternal Mental Health Initiative (MMH), and Parent Child Interaction Therapy (PCIT). Both strategies focus on improving systems (coordination, capacity) in order to better support parents of young children. Evaluation results illustrate how the MMH worked across sectors to train and engage primary care providers to conduct depression screenings, to develop an effective referral system, and to increase the capacity of mental health services. In a related effort, Oregon LAUNCH filled a local need for intensive early intervention for families struggling with parent-child interaction and behavioral problems, by building the capacity of partner organizations to implement the evidence-based PCIT program. The community-based implementation of PCIT revealed both strengths (e.g. increased capacity and workforce qualifications, improved outcomes for families) and limitations (e.g. high drop-out rate and provider turnover). Lessons learned from these parent support strategies can be applied to other communities.

AV NEEDS: N/A

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TITLE: Public Health Advocacy: What it is and why we do it

TOPIC: Public Health Advocacy

AUTHOR(S): Panelists: Kasandra Griffin, Laurie Trieger, Moderator: Renee Hackenmiller-Paradis

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT: Advocacy for the public's health and for the profession are widely recognized as responsibilities of public health professionals, yet knowing where to begin as an advocate is, to many, a mystifying process. This panel will discuss what advocacy looks like, dispel concerns about participating in advocacy activities, and provide practical tips for becoming an effective advocate.

Panelists will draw upon their expertise and experience to introduce the basics of advocacy and its application to city hall, county commissions, the state legislature and beyond. Participants will learn how to be more effective at making their case to elected officials. Case studies will be used to discuss best practices for different forms of advocacy including working with the media, using the internet, and working with coalitions.

Panelists will share creative strategies for making an impact, and address commonly asked questions including:

- Why should public health professionals do advocacy?
- What is the difference between advocacy and lobbying?
- How does advocacy help advance program work?
- Who is legally allowed to advocate?

Participants will leave with new knowledge and skills to become effective, engaged advocates for change.

OBJECTIVE: Increased knowledge and skills to become effective, engaged advocates for change.

PANEL ABSTRACT 1: Kasandra has spent over a decade promoting active living in the Portland area and is currently working on expanding Farm to School and School Garden programs, reducing consumption of sugary drinks, and building better health into the K-12 education system. She will address why opinions matter and the how, what and when of effective advocacy. She will share tips for scheduling and conducting meetings with elected officials and testifying at hearings or public meetings.

PANEL ABSTRACT 2: Laurie will draw upon her more than fifteen years of experience in advocacy work, constituency building, policy development and media relations to share creative strategies for making an impact. She has worked on a number of issues including reproductive rights, hunger relief and poverty reduction, child obesity prevention, and, most recently, as the Campaign Manager for Everybody Benefits Eugene to pass a city-wide earned, paid sick days ordinance. This presentation will describe local efforts to advocate for specific policy changes by introducing underlying concepts of policy advocacy, specific case studies, as well as best practices for interacting with the media and building a coalition of advocates.

AV NEEDS: N/A

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Public Health Advocacy: What it is and why we do it
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TITLE: Public Health and Genomic Medicine: How do get from here to there?

TOPIC: Public Health Genomics

AUTHOR(S): Gregory Fowler, PhD

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT: In terms of human knowledge, the "genomics" train has left the station and is hurtling down the rails toward us at warp speed. The implications of that paradigm shift aimed at improving population health through prevention, health promotion, and treatment of infectious disease are astonishing. While we already celebrate the use of genomics in targeting cancer treatments, solving diagnostic dilemmas, and improving prenatal diagnosis, enthusiasm for the field is tempered by the low uptake of these technologies outside of academic medical centers. On further examination we see a public healthcare system that is not primed to incorporate these advances, neither from a technical logistical standpoint nor from an intellectual one. As new strategies, products and services evolve from genomic technologies in the next decade, it will become increasingly important for public health practitioners to enhance awareness, build competencies, and develop policy options that facilitate the widespread use of genomic knowledge in both research and clinical settings. Identifying some opportunities and challenges which lie ahead for helping to achieve those objectives in Oregon will be the primary focus of this panel discussion.

OBJECTIVE: During this panel discussion, attendees will learn: The basic vocabulary of genomic science and its implications for population health; How the Oregon Genetics Program is building evidence-based, 'genomic literacy's' around the state in two primary areas of hereditary conditions;The interplay

between scientific understanding of genomic information and its clinical application to the practice of contemporary and future healthcare; Key policy issues that provide opportunities for Oregon public health practitioners to provide leadership in the translation of genomics to personalized (genomic) medicine.

PANEL ABSTRACT 1: (D. Koeller, MD) Technological advances that have resulted in reduced costs and more rapid turnaround of large scale DNA analysis have made unprecedented levels of genetic information available for use in clinical practice. The utilization of genome scale testing has immense promise for improving the way we diagnose and manage our patients. However, the utilization of this technology is also associated with potential negative consequences, such as the inadvertent identification of off-target genetic abnormalities. The identification of a genetic mutation associated with an adult onset disorder during the evaluation of a child for an unrelated condition is an example of an incidental finding that raises many medical as well as ethical questions. Policy statements written by organizations such as the American College of Medical Genetics and Genomics, as well as lively discussions in the editorial pages of their journals, are already setting the ground rules for the use of genomic data by clinical geneticists. It's time for the public health community to get educated and on board the genomics train.

PANEL ABSTRACT 2: (K. Bradley, PhD, RN) The rapid expansion of genomic science presents distinct challenges for the public health community. Advances in genomics are heavily focused on the opportunities for expanding a personalized medicine (P4) approach. Beyond the individual approach is the population perspective, and the need for the definition of clear guidance in policy in an arena where the science is outpacing the ethical discussion. This presentation will outline key policy areas that provide opportunities for Oregon public health to provide leadership, in the arenas of access to care, health disparities, privacy, credentialing and insurance discrimination.

PANEL ABSTRACT 3: (S. Cox, MPH) The Oregon Genetics Program (OGP), within the Oregon Public Health Division, works to promote the health, well-being and quality of life of Oregonians using up-to-date knowledge of genomics through public health surveillance, policy development and education. As the field of medical genomics advances, the need to identify and promote the use of genomic applications that have analytic validity, clinical validity, and clinical utility increases. Currently, such genomic applications exist for hereditary breast and ovarian cancer (HBOC) syndrome, Lynch Syndrome (LS), and familial hypercholesterolemia (FH) and are recommended for clinical use by evidence-based clinical guidelines. However, genetic services for these conditions are rarely sought, both because most individuals are unaware of their increased risk for these heritable conditions, and because healthcare providers are not fully equipped to handle the complexity and amount of genomics information that appropriately navigating testing for these conditions entails. The OGP regularly conducts surveillance to better understand the use and knowledge of genetic testing, and uses their findings to further their education and policy efforts. During this presentation, I will present relevant Oregon surveillance data and highlight some of the education and policy work currently being conducted to reduce the burden of HBOC and LS in Oregon.

AV NEEDS: N/A

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Public Health and Genomic Medicine: How do get from here to there?
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TITLE: The Benefits of Public Health Accreditation and Lessons Learned: Insights from Local Health Departments

TOPIC: Public Health Accreditation

AUTHOR(S): Kathleen Johnson, Philip Mason, Laura Spaulding, Muriel DeLaVergne-Brown

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT: **As a note: this abstract includes four panelists instead of three. We felt that having four panelists would provide greater insights to the accreditation process, and display the variance in how the process is approached as well as the benefits gained.

Obtaining national public health accreditation is a priority for most health departments in Oregon. As of this year, two of Oregon's health departments were awarded five-year accreditation, while three other health departments have submitted their application, all of the required documentation, received an onsite-review and are awaiting confirmation of their accreditation status. Additionally, approximately fifteen of the 34 health departments are actively pursuing recognition through the Public Health Accreditation Board. As more health departments progress through the accreditation process, the wealth of knowledge and experience within Oregon increases and the public health system is able to capitalize on other's experience as a resource.

The accreditation process has been found to bring: credibility of the health department; trust and support of the governing entity; confidence in quality improvement and data-driven decision-making; improvements in administrative processes; knowledge of the work of public health among community partners; and increased staff morale. During this session, local health departments will discuss the

tangible and intangible benefits from the Accreditation process, lessons they learned along the way and share helpful tips to others moving along the journey towards obtaining accreditation.

OBJECTIVE: By the end of this moderated panel discussion, attendees will:

- 1) Learn about the accreditation process
- 2) Identify the benefits of the accreditation process
- 3) Be aware of accreditation resources and technical assistance opportunities.

PANEL ABSTRACT 1: Clackamas County: Clackamas County is the third most populous and one of the most economically diverse in the state of Oregon. Many in suburban communities are closely tied to Portland's urban core for employment, while many in rural communities make their living from some of Oregon's richest farmland.

The accreditation process has enhanced the Clackamas County Public Health Division's capacity to make improvements that show the value the agency brings to the community. The accreditation standards also assisted the organization as it began the development of its performance management system and quality improvement efforts. As a result, staff and department leadership have bought-in to the process and have seen the results of their great work showcased at the local, state and national levels.

PANEL ABSTRACT 2: Marion County: Marion County Health Department has a population of about 320,000; it is the 5th most populous county in Oregon. The Public Health Division has about 80 FTE and provides services in four locations across the county (Salem, Woodburn, Silverton, and Stayton). We were awarded accredited status March of this year.

The greatest benefits of becoming accredited that we have realized thus far include a heightened awareness of public health, our services and what we do. We have also received lots of leadership and partner support and recognition including support from our Board of Commissioners. Initially, we were challenged in getting our local media to pick up our news of accreditation. Our persistent efforts resulted in a published guest opinion in a local newspaper (Statesman Journal) this same article was published in The Lund Report online. We have already started on the next accreditation cycle and have been meeting to plan, prioritize, and collect documentation for the next go around. We are finding it challenging to regain staff buy-in, maintain momentum and reaffirm that becoming accredited doesn't mean that it goes away.

PANEL ABSTRACT 3: Deschutes County: Deschutes County has a population of almost 166,000 people housed in a little over 3000 square miles. We are significantly integrated with our Behavioral Health department as well as working together with adjacent counties on our Community Health Assessment, Community Health Improvement Plan and departmental programs such as Nurse-Family Partnership.

One of the most important things that came out of the accreditation process was that we affirmed what we were doing well. Staff at all levels have felt a sense of pride and ownership in this process and felt validated for the work that DCHS is doing, and has been doing for a long time. Our director maintained

throughout the process that we were doing great work for the citizens of Deschutes County; actually earning National Accreditation was the proverbial icing on the cake. The biggest lesson we learned is about documentation. Just doing great work isn't enough; you have to write it down! Now everyone is diligent about emails, meeting minutes, dates, signatures, etc.

Crook County: Rural Crook County, located in the geographic center of Oregon, encompasses 2,982 square miles with a population of 20,815. Crook County Health Department has 19 FTE and provides services throughout the county, including WIC to residents of Wheeler County (Mitchell).

Crook County Health Department completed the accreditation process and the site visit was conducted in February of 2014. The department was asked to complete work in three additional areas prior to accreditation and that work was completed and submitted to PHAB in June of 2014. The accreditation process was instrumental in Crook County's ability to improve public health practice, engage community partners, and implement a performance management system. Finally, the benefit of County Commissioner support to the entire process was amazing.

AV NEEDS: N/A

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TITLE: The Oregon Physical Education Mandate: Current Status and Pathways to High Quality Implementation

TOPIC: Chronic Disease Prevention and Community Engagement

AUTHOR(S): Rae Trotta, MPH, The Rede Group; Jennifer Young, MPH The Oregon Health Authority, Health Promotion and Chronic Disease Prevention Section; Jennifer Webster, MPH, Lane County Public Health Division, Margaret Bates, Oregon Department of Education.

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT:

Background: Passed by the State Legislature in 2007, House Bill 3141 (ORS 329.496) mandates levels of physical education participation in Oregon schools and sets requirements for professional development. School districts have until 2017 to realize the mandate.

Purpose: This session will examine progress among Oregon school districts to date, in meeting the mandate.

Methods: The Oregon Health Authority, The Rede Group, Lane County PH and the Oregon Department of Education have conducted quantitative and qualitative research to assess readiness among school districts and political and social will around the mandate. Collectively, we have analyzed the results of a state-funded grant program to assist schools in building capacity toward the mandate, analyzed reporting data from school districts, and interviewed multiple key informants, including legislators.

Results/Outcomes: Few school districts have made significant progress toward increasing PE minutes or infrastructure. Schools express doubts about the overall viability of the mandate. Legislative commitment to the mandate is strong.

Conclusions/Implications: Communities and public health advocates can play a significant role in promoting PE and the effective realization of the mandate.

Based on this research, the role of public health advocates will be key to the effective, quality implementation of the mandate.

OBJECTIVE:

- 1.) Review requirements for PE in Oregon and data describing Oregon schools' progress toward meeting the PE Mandate
- 2.) Understand the role public health advocates can play, now, in effectively ushering in the 2017 PE Mandate.
- 3.) Review a brief case study describing how a CCO is playing an important role in building social and political will for PE in schools.

PANEL ABSTRACT 1: Jennifer Young, The Oregon Health Authority, Health Promotion and Chronic Disease Prevention Section

This session will present background on Physical Educational in Oregon Schools, National Standards

1. Brief background on history of PE in Oregon schools and current Oregon PE requirements
2. State Agency (ODE) infrastructure for supporting PE Curriculum

PANEL ABSTRACT 2: Margaret Bates, Oregon Department of Education

3. Current efforts to increase PE including PEEK-8 grants
4. Analysis of results and sustainability of PEEK-8 program
5. Factors associated with school district success in implementing and sustaining PE programs (national and statewide data)

PANEL ABSTRACT 3: Jennifer Webster, Lane County Public Health Division

This session will outline findings from in-depth interviews with school districts and key informants

1. Results of qualitative research with school districts in Lane County
 - a. How do schools feel about PE
 - b. How are schools preparing for the PE Mandate
 - c. What are the key factors that effect schools decisions around PE
 - d. What do schools say the need in order to effectively implement
2. Community interventions for supporting PE in schools
 - a. How can CCOs and LPHAs support PE in schools and the Mandate: A Brief Case Study
3. Results of qualitative research with key legislators and key opinion leaders regarding PE and Mandate.
 - a. How do key legislators feel about PE?
 - b. How do key legislators feel about the Oregon PE Mandate
4. Analysis of results of qualitative research on schools
 - c. Will schools implement the mandate, or deal with repercussions from non-compliance
 - d. What are the likely political outcomes around the PE mandate over the next 4 years
5. Five things that state and local public health communities can do improve the likelihood that schools will realize the full potential of the mandate and PE.

AV NEEDS: N/A

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TITLE: Transportation as a Determinant of Health: Why it Matters, and How Public Health Can Participate

TOPIC: Transportation

AUTHOR(S): Heather Gramp, ODOT Representative TBD, Luci Longoria

STUDENT: No

PRESENTATION TYPE: Panel

ABSTRACT: Physical inactivity is one of the top drivers of chronic disease in Oregon and the nation. While activity levels have been flat or declining for decades at home, at work, and in leisure time, active transportation is one area with the greatest opportunity to get the population moving, by shifting people to walking, biking and using transit for everyday needs. The Oregon Health Authority's Public Health Division (PHD) and the Oregon Department of Transportation (ODOT) have recently come together with a shared vision of moving the needle on health outcomes. PHD and ODOT presenters will share the rationale and evidence base, describe how transportation funding and project decisions get made, and share more about some of the shared activities of PHD and ODOT.

OBJECTIVE: Understand why transportation is one of the most promising strategies to reduce chronic disease rates. Learn how public health practitioners can participate in transportation planning and decision-making.

PANEL ABSTRACT 1: Heather Gramp: Review the determinants of health and Frieden's pyramid through a transportation lens and see the myriad health outcomes that can be affected. Review the CDC's top ten evidence-based practices for increasing physical activity, five of which relate to land use/transportation, and why transportation trumps other means of increasing physical activity.

PANEL ABSTRACT 2: ODOT Representative: Understand the guiding framework for transportation planning in Oregon, and how funding, policy and project decision flow between the state and local level. Understand what the day-to-day work of transportation planners entails and what their frame of

reference is. Know when and where to get involved in order to bring a health lens to decision-making in the transportation sector.

PANEL ABSTRACT 3: Hear examples of how health and transportation partners have come together to work on projects such as aligning data collection efforts, using models to gauge the health impacts of transportation investment scenarios, and involving health stakeholders in transportation discussions. Come away with an understanding of the opportunities public health practitioners have to play distinct roles in this work in their own communities.

AV NEEDS: N/A

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I have three options at ODOT – TBD

Poster Presentations

TITLE: A qualitative study of preventative health and acculturation among Hmong adults in Oregon

TOPIC: Hmong, Preventative Health Care, Acculturation

AUTHOR(S): Bow Lee, MPH, Sheryl Thorburn, PhD, MPH, Carolyn Mendez-Luck, PhD, MPH

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Use of preventative health care among Hmong adults in the U.S. is not well understood. We explored the following research questions: (1) How do adult Hmong women and men in Oregon discuss using preventative health care services, and (2) How do the discussions of using preventative services vary by acculturation among adult Hmong women and men in Oregon? We analyzed in-depth interviews conducted with 83 Hmong (44 women, 39 men) in Oregon, age 18 and older. Content analysis revealed that the majority of participants sought mostly western preventative health care. The participants were also asked about the length of time since their last routine check-up, and more than half indicated they had visited a doctor for a routine check-up in the past two years. To explore the role of acculturation, we categorized participants into four linguistic groups based on how well they understood, spoke, wrote, and read Hmong and English; we also examined age, education status, and origin of birth. Individuals in the lower acculturation group had low English linguistic means (with either high or low Hmong linguistic means), were older in age, were all foreign-born, and they had more discussions about not attending school or not completing primary school (K-12th grade). The discussions regarding the use of preventative health care varied according to acculturation level. Individuals in the lower acculturation group tended to discuss not using preventative health care services, but many participants in this group also reported having received a routine check-up by a doctor in the past two years. In contrast, participants in the higher acculturation group tended to talk about using preventative health services yet many indicated they had not had a routine-check-up in the last 5 years. Further research is needed to understand the role of acculturation in the Hmong's use of different types of services.

OBJECTIVE:

1. Describe how adult Hmong women and men in Oregon discussed preventative health care services.
2. Describe how the discussions of preventive services varied by acculturation among adult Hmong women and men in Oregon.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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A qualitative study of preventative health and acculturation among Hmong adults in Oregon
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TITLE: Adaptation of a self-implemented HIV test among adolescent youth in Tanzania

TOPIC: HIV Testing

AUTHOR(S): Dr. Joseph Catania, Cassidy Huun, Dr. Peggy Dolcini, Angelmary Ndyetabula, Virginia McKay, Clinton Ndyetabula

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: HIV testing among high risk adolescents in Dar es Salaam, Tanzania is challenging due to poor access to test sites and AIDS-related social stigma. We adapted the OraQuick HIV Test, a self-implemented test (SIT), for low literacy youth with no internet access. To compensate for poor literacy, a picture instruction book was developed to illustrate each SIT procedure without using written language. Participants (15-18 years; N = 25) performed all SIT procedures (e.g., use of sample collection swab) under simulated conditions. Results showed that, overall, 4 of 5 testing procedures were correctly understood and performed by a majority of participants (60-80% correct/procedure). Males were slightly more accurate than females. Based on semi-structured interviews, suggestions for improving the picture instructions were identified. The results suggest that the adapted instructional method, replacing written and technological-based SIT instructions, has merit and warrants a second stage of development with the goal of further increasing SIT competency rates. Visual instructions for SIT have wide application in countries with high levels of illiteracy, low Internet coverage, and poor access to HIV test sites.

OBJECTIVE: The main objective is to present new methods of HIV testing in areas with low literacy, limited internet access, and limited access to HIV testing.

AV NEEDS: N/A

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Adaptation of a self-implemented HIV test among adolescent youth in Tanzania
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TITLE: An Archetypal Perspective on Health Promotion Communication

TOPIC: Health communication

AUTHOR(S): Laura Chisholm, MPH, MCHES, Holly Heiberg, MPP

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: The Health Promotion and Chronic Disease Prevention section of the Oregon Public Health Division (OPHD/HPCDP) is engaging an archetypal perspective in its approach to public communication for chronic disease prevention. Archetypes, as defined by psychologist C.G. Jung, are innate patterns and prototypes of thought and emotion that are laden with meaning and are universal to the human experience. Archetypal images, symbols, and patterns such as the Hero or the Trickster are expressed in mythology and the arts, and may also be employed to motivate health-related behavior. Our hypothesis is that just as archetypal images such as the Marlboro Man/Hero and Joe Camel/Trickster can effectively sell tobacco products, other archetypal expressions may be employed to motivate healthful behaviors. This poster will introduce the concept of archetypes, describe their use in social marketing and advertising, provide an example of how OPHD/HPCDP is using this conceptual framework through the Health Matters Oregon media initiative, and encourage viewers to consider how this perspective could be useful in their work.

OBJECTIVE:

- 1) Introduce the concept of archetypes in social marketing and advertising
- 2) Provide an example of how this conceptual framework may be employed (OPHD/HPCDP's Health Matters Oregon media initiative)
- 3) Encourage viewers to consider how this perspective could be useful in their work.

AV NEEDS: electrical outlet and small table for a laptop

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TITLE: Babesiosis in Rhode Island: Does the Local Environment Contribute to an Increase in Disease?

TOPIC: Environmental Health

AUTHOR(S): Benjamin J. Ashraf, MPH, CHES, Emily Dray, MPH Candidate

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Babesiosis is an emerging protozoan disease seen primarily in the northeastern and upper mid-west regions of the United States. While prior research has demonstrated associations between various weather and geographical factors and increases in Lyme Disease, the research on Babesiosis remains somewhat limited. Since Babesiosis and Lyme Disease share the same primary vector and intermediate host, the black-legged tick and the white-footed mouse respectively, one must ask if the associations seen with increases in Lyme Disease may also apply to the increases in Babesiosis as well. This study seeks to evaluate if the weather and geographical factors associated with increases in Lyme Disease are also associated with increases in Babesiosis cases using data from Rhode Island between the periods of 1992-2012. The relationship between the select weather patterns and increases in case counts will be evaluated using a zero-inflated Poisson regression while the relationship between the select geographical factors and case counts will be evaluated using linear regression. The results from this study will not only further increase the understanding of how the environment may influence the spread of certain vector-borne diseases but also how it may impact overall human health as well.

OBJECTIVE:

- 1) Describe the burden of Babesiosis infection in Rhode Island
- 2) Identify climate, geophysical, and urbanization patterns associated with an increased risk of Babesiosis in Rhode Island.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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CO-PRESENTER(S):

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TITLE: Body Mass Index does not modify the relationship between perceived quality of patient-provider communication and avoidance of visiting doctors

TOPIC: Obesity, Patient-Provider Communication

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

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Research suggests that perceived quality of patient-provider communication is associated with avoidance of healthcare providers. Because overweight and obese individuals experience negative encounters with providers, including stigmatization and discrimination, the impact of poor quality patient-provider communication on their use of preventative health services may be greater. The purpose of our study was to determine whether the association between perceived quality of patient-provider communication and avoidance of visiting doctors varies by BMI category. Data are from the Health Information National Trends Survey Cycle 3. Perceived quality of communication with healthcare providers was measured by calculating an average of six survey items to which participants responded on a 4-point Likert scale ranging from 'never' to 'always' (Cronbach's alpha=0.89). The items assessed patients' perceptions of providers (1) giving patients the opportunity to ask questions, (2) responses to patients' emotions (3) involving patients in decision-making, (4) making sure that information was understood by patients, (5) helping patients to deal with uncertainty, and (6) reliability in caring for patients. Avoidance of visiting doctors was assessed by one survey item in which respondents indicated whether or not they avoided going to the doctor, even when they thought they should. In weighted logistic regression analyses, we determined the association between perceived quality of communication with healthcare providers and avoidance of visiting doctors in subgroups stratified by BMI category. All models were adjusted for socio-demographic and health-related variables. Subgroup analyses indicated that the association between perceived quality of patient-provider communication and avoidance of visiting doctors was similar in normal weight (AOR = 0.61, CI:

0.48, 0.78), overweight (AOR = 0.68, CI: 0.54, 0.85), and obese (AOR = 0.55, CI: 0.43, 0.71) subgroups. Thus, across all BMI categories, higher perceived quality of patient-provider communication was associated with lower odds of provider avoidance. Regardless of body weight classification, perceived quality of patient-provider communication is an important and significant predictor of avoiding visiting doctors. Further research should identify other components of patient-provider interactions and healthcare experiences that may differentially lead overweight and obese patients to avoid visiting doctors.

OBJECTIVE: Describe the association between perceived quality of patient-provider communication and provider avoidance. Describe the lack of influence of body mass index on the relationship between perceived quality of patient-provider communication and provider avoidance. Identify significant socio-demographic and health-related predictors of healthcare provider avoidance.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Body Mass Index does not modify the relationship between perceived quality of patient-provider communication and avoidance of visiting doctors
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TITLE: Cancer Genomic Testing Trends and Potential for Decreasing Incidence and Mortality

TOPIC: Reducing Disparities through Public Health Genomics

AUTHOR(S): Alicia Parkman, MA, Rani George, MPH, Karen Kovak, MA, CGC, and Summer Lee Cox, MPH

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Introduction: Cancer survivors are an understudied group who may have genetic risk of developing multiple types of cancer. Using family history (f hx) in conjunction with evidence-based genetic services (counseling and testing) can increase survivorship through early identification and intervention.

Methods: We evaluated the use of genetic services in Oregon through state Medicaid and Behavior Risk Factor Surveillance System (BRFSS) data. Medicaid data from 2007 to 2011 was analyzed to look for trends in rates of genetic testing and the underlying diagnoses of individuals receiving genetic testing. We analyzed 2011 BRFSS data to assess knowledge of fhx, communication with providers, and awareness and utilization of genetic services.

Results: The rate of genetic testing among the Medicaid population significantly increased. Medicaid clients that received testing were increasingly cancer survivors, or individuals with a fhx of cancer. Most BRFSS respondents showing increased-risk fhx of breast and ovarian cancer (BOC) had talked with their provider about their fhx, yet very few had ever seen a genetic counselor and only 30% had heard of the BRCA genetic test for BOC.

Conclusion/Implications: While greater utilization of genetic testing is occurring, many people with increased-risk fhx are not receiving appropriate genetic services. We can increase cancer survivorship and improve the health outcomes of asymptomatic family members through application of evidence-based genetic services.

OBJECTIVE: Attendees will learn that family history can be used to identify individuals appropriate for referral to genetic services.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Child and Family Unmet Service Needs: Associations with Child Functional Status and Family Impacts among Children with Developmental Conditions

TOPIC: child health, health services, family health

AUTHOR(S): Olivia Lindly, MPH, Brianna Sinche, MPH, Katharine Zuckerman, MD, MPH

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT:

Purpose: This study examined if unmet child health and family service needs were significantly associated with indicators of child functioning and family employment/financial impact.

Methods: Parent-reported data from the 2011 Survey of Pathways to Diagnosis and Services (Pathways) were linked to the 2009-10 National Survey of Children with Special Healthcare Needs (NS-CSHCN). The study sample (N = 3518) represented an estimated 1 803 112 U.S. school age children with special health care needs and current autism spectrum disorder (ASD), developmental delay (DD), and/or intellectual disability (ID) in 2011. Descriptive statistics, chi-square tests and multivariable logistic regression models were used to examine associations between three indicators of unmet child and family service needs and eight indicators of child functioning or family employment/financial impact.

Results: Child unmet service needs were more prevalent than family unmet service needs. A considerable proportion of children with developmental conditions experienced poor functional status and had families that experienced adverse financial and employment impacts. Relative to children with unmet child or family service needs, not having unmet child or family service needs was consistently associated with lower likelihood of poor child functional status and adverse family financial/employment impact among children with ASD, DD, and/or ID.

OBJECTIVE: Identify unmet service needs for children with developmental conditions and their families. Describe the pattern of associations between unmet service needs and adverse child/family impacts.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

Olivia Lindly, MPH

Child and Family Unmet Service Needs: Associations with Child Functional Status and Family Impacts among Children with Developmental Conditions

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TITLE: Chronic disease in young adults with physical limitations: National Health Interview Survey 2006-2012

TOPIC: Disability and Health

AUTHOR(S): Alicia Dixon-Ibarra, PhD, MPH, Gloria Krahn, PhD, MPH

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Background: Adults with disabilities are known to be at increased risk for chronic diseases, but causal connections are unclear. Examination of young adult data can provide insights. This study uses the National Health Interview Survey(NHIS) to examine chronic conditions among young adults(18-29 years) with physical limitations compared to same aged adults without limitations.

Methods: Using the 2006-2012 NHIS data, weighted proportions and logistic regression analyses were conducted to compare chronic conditions among young adults with physical limitations(n=3,338) to adults without limitations(n=31,373).

Results: Young adults with physical limitations were more likely to have a heart condition, cancer, and borderline diabetes than those with no limitations after adjusting for sociodemographics (heart condition adjusted odds ratio (AOR) 2.29, 95% CI 2.04,3.04; cancer AOR 3.03,95% CI 2.29,4.02; borderline diabetes AOR 2.86,95% CI 2.13,3.84). Young adults with physical limitations were also more likely to have chronic disease risk factors (overweight-obesity AOR 1.43,95% CI 1.29,1.57; hypertension AOR 2.57,95% CI 2.24,2.97).

Conclusion: Chronic conditions are occurring early and are likely not the cause of limitation, but associated with having the limitation. Further research is needed to determine if chronic diseases are related to coordinated services, affordable healthcare, and accessible health promotion during transition to adulthood.

OBJECTIVE: Compare chronic health conditions in non-institutionalized US adults with physical limitations between the ages of 18-29 years to same aged peers without activity limitations.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Chronic disease in young adults with physical limitations: National Health Interview Survey 2006-2012
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TITLE: Clarifying the effects of family-centered care and shared decision-making on pediatric healthcare outcomes using the Medical Expenditure Panel Survey

TOPIC: child health, healthcare delivery

AUTHOR(S): Olivia Lindly, MPH, Katharine Zuckerman, MD, MPH, Kamila Mistry, PhD, MPH

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT:

Purpose: To examine the effects of family-centered care (FCC) and shared decision-making (SDM) in 2009 on pediatric healthcare outcomes in 2010.

Methods: Data from the 2009/10 Medical Expenditure Panel Survey longitudinal file were analyzed. The sample included 2656 children representing 45 698 865 US children age 0-17 years. FCC/SDM composites and subcomponents (family involvement, information sharing, consensus building, mutual agreement) were constructed according to previous research and assessed in 2009. Healthcare outcomes (unmet healthcare needs, healthcare utilization and expenditures) were assessed in 2010. Weighted descriptive statistics and regression models, adjusted for predisposing, enabling and need factors, were computed.

Results: All FCC/SDM composites and subcomponents were significantly associated with reduced unmet healthcare needs but neither utilization nor expenditures. Subcomponents indicating consensus building (e.g. provider showed respect for what the parent had to say, AOR: 0.41 [0.29-0.57]) were more robust predictors of reduced unmet routine care needs than those measuring information sharing (e.g. provider explained all options, AOR:0.57 [0.35-0.95]).

Conclusions: FCC/SDM were consistently associated with reduced unmet needs. Mutual agreement and consensus building subcomponents were robust predictors, suggesting quality improvement efforts focused on strengthening family-provider relationships go beyond information sharing alone. Implications for patient-centered care delivery and pay-for-performance models should be considered.

OBJECTIVE: Describe the implications of using different family-centered care and shared decision-making measures in terms of prevalence estimates and associations with healthcare outcomes. Identify limitations of existing measurement approaches.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Clinical and Personal Value of Narrative Medicine Writing Workshops for Physicians and Practitioners

TOPIC: Communication

AUTHOR(S): Tom Janisse, MD, MBA

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Introduction: We write to tell our stories of patient experiences and in this way come to better understand our patients and ourselves. A story discovers meaning in medicine.

Method: One writing-and-sharing session takes 60 minutes.

Results: Over 10 years, in two conferences and 27 workshops (in 13 cities), 971 participants rated the sessions overall as 4.75 of 5.

Selected Participant Comments:

‘Reminds me why we became doctors.’

‘Taking time to remember that each patient has an unfolding story is life, affirming, however I found it startling to consider the doctor as part of the story.’

'The training/sharing I had today will change how I view each patient interaction.'

'I know the people around my table better in two hours than I know the, colleagues I work with everyday.'

'I see this as a wellness mechanism! I can close my office door to reflect upon a patient interaction in an attempt to find comfort or meaning there.'

'Quite amazing how somewhat emotionally distanced physicians and caregivers can be brought out so quickly and profoundly.'

Conclusion: Offering a forum for physicians and practitioners to recall, write, and share meaningful clinical moments has professional and personal value. Publishing the copyedited writings (with permission) in a medical journal, booklets, or a medical lit-art e-journal heightens the value, and allows others to share the experiences.

OBJECTIVE: The objective is to write and tell stories of clinical experiences to develop self-awareness, to understand patient perspectives, and to demonstrate caring behaviors.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Collaborating to Improve Recruitment & Retention in Out-of School-Time Youth Initiatives

TOPIC: Out of School Time Youth Health Initiatives

AUTHOR(S): Nanci Coppola, D.P.M., M.S., and Mercy Mwaria, Ph.D.

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Background: The need for improved access to quality services for youth is felt across the nation. OST initiatives are now high on youth serving agencies' list of solutions to the array of challenges facing youth, and communities. One of the major challenges that all initiatives face is that of developing effective partnerships among organizations to adequately inform the community about the available

programs. Forming appropriate partnerships can effectively bring together a wide range of contributors, to expand and improve services for youth.

Methods: Program Reach has implemented varied innovative recruitment and retention strategies in our OST initiative. Our most effective has proved to be the hiring of School and Community Liaisons. Our presentation focuses on how partnering with School Liaisons, who work and reside in the communities that we serve, has helped to foster a sense of trust thereby improving program enrollment.

Results: Liaisons with shared language and culture proved effective in bridging the gap for many potential program participants by i) providing one on-on-one contact with parents, youth and teachers, ii) increasing comfort level among potential participants and their families and iii) supporting individuals to make the link between information and action thus increasing our reach.

OBJECTIVE: Participants will be able to identify at least three advantages of partnering with liaisons who share community experiences with participants being recruited into youth-serving programs.

AV NEEDS: Speakers for audio output

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TITLE: Cross Agency Health Improvement Project: A Collective Impact Approach to Supporting State Employees, Clients and Consumers.

TOPIC: Health equity, worksite wellness, tobacco, nutrition, physical activity

AUTHOR(S): Beth Sanders, Kirsten Aird.

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: When the State makes a decision that affects thousands of public employees, it is a game-changer for all Oregonians. Employees at two of the State's largest agencies, Oregon Health Authority (OHA) and Department of Human Services (DHS), are generally healthier than most Oregonians, yet

those without a college degree experience worse health compared to those who are college graduates. The Oregonians they serve also bear a disproportionate burden of disease and include people with fewer resources, lower educational attainment, communities of color, people with disabilities, and people with mental illness or substance use conditions. The Cross Agency Health Improvement Project (CAHIP) is an innovative partnership aiming to improve the health of employees, clients and consumers of OHA and DHS using a 'Collective Impact' approach.

OBJECTIVE: Understanding of

- 1) The Cross Agency Health Improvement Project (CAHIP);
- 2) recent successes of CAHIP-sponsored activities that are supporting the health of OHA/DHS employees, clients and consumers;
- 3) how the CAHIP model could be adapted in other county and community based organizations to improve the health of employees and community members served.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Determinants of Household Healthcare Expenditure in Bangladesh

TOPIC: Healthcare Financing

AUTHOR(S): Azaher A Molla, Jangho Yoon

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Determinants of household healthcare expenditure are essential for creating effective health care policy. In Bangladesh, individuals and families are rarely covered by health insurance, and

therefore illness results in large out-of-pocket spending. This study investigated determinants of household healthcare expenditures in Bangladesh, one of the least developed countries on the globe.

We analyzed data from 2010 Bangladesh household income and expenditure survey (HIES), a national representative survey on 10,715 households that had incurred health care expenditures during the previous year. Quantile regression was employed to model the effects of individual characteristics, types of illness, and place of residence on health care spending.

Our preliminary analysis reveals that age and female sex were negatively associated with household health expenditures. Rural residents spend more on health care than urban residents. Factors such as marital status, education, chronic illness and illnesses within 30 days were found to determine the magnitude of household healthcare expenditure. We discuss policy implications from our results which sometimes appear to be paradoxical.

OBJECTIVE: Determinants of household healthcare expenditure in a least developed country, Bangladesh, and how far it differs from developing countries.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Diabetes, Heart Disease, and Stroke: a 2013 Report

TOPIC: Health promotion/chronic disease prevention: diabetes, heart disease, stroke

AUTHOR(S): Teresa White, Andrew Epstein, MPH, CHES

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: This poster will highlight key points from the Oregon Public Health Division Report 'Diabetes, Heart Disease and Stroke in Oregon 2013,' which presents data on diabetes, heart disease and stroke prevalence, deaths and hospitalizations, as well as common risk factors across these

conditions. Combined, diabetes, heart disease and stroke affect one in seven Oregonians, cost \$1.5 billion in hospitalizations, and cause more than a quarter of all deaths in Oregon annually. These conditions and their shared risk factors disproportionately affect some Oregon communities more than others. The Public Health Division's Health Promotion and Chronic Disease Prevention Section is working with local and state partners to implement a comprehensive, community-wide approach to make eating better, moving more, and living tobacco-free easier for all Oregonians wherever they live, work, play and learn. This poster session will provide an overview of strategies within this approach including increasing availability of healthy foods and beverages, increasing places where people can move more safely, increasing the number of environments that are tobacco-free, increasing referrals to chronic disease self-management programs, and improving delivery and use of quality health care services.

OBJECTIVE: Describe the burden of diabetes, heart disease, and stroke in Oregon. Define the common risk factors. Identify prevention and self-management strategies.

AV NEEDS: small table

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Diabetes, Heart Disease, and Stroke: a 2013 Report
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TITLE: Domestic Well Safety A Pilot Project by Benton County Environmental Health

TOPIC: Domestic Well Safety Education, Inspection, and Testing

AUTHOR(S): Bill Emminger, REHS

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: Educate current and future homeowners with basic information on domestic well stewardship, how to interpret test results, and potential health effects of water contamination through workshops and clinics and in one-on-one interaction with home owners. The project performed a visual inspection of domestic wells and provided free testing for arsenic, coliform, e. coli and nitrate data on a maximum of 90 domestic wells.

OBJECTIVE: Participants will:

- 1) Understand the importance of testing and inspection for domestic wells
- 2) Unrecognized health risk associated with domestic wells.

AV NEEDS: lazer pointer

PRIMARY CONTACT INFORMATION:

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TITLE: Factors that influence eating behaviors of African-American and Hispanic fathers

TOPIC: Nutrition

AUTHOR(S): Cesar Higgins, Betty Izumi, PhD, RD, Jessica Guernsey, MPH, Derek M. Griffith, PhD

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT:

Background: African-American and Hispanic males suffer disproportionately from diet-related chronic diseases including obesity, cardiovascular disease, and diabetes. Because the birth of a child can be a catalyst for behavior change, the transition into fatherhood may be a critical opportunity to promote healthy eating behaviors among fathers. This transition may also promote healthy diets among children whose eating patterns are strongly influenced by their social and physical environments. Yet few nutrition interventions target fathers and even fewer target minority fathers. The purpose of this formative research study was to explore the multi-level factors that influence eating behaviors of minority fathers.

Methods: This qualitative study used data from 3 focus groups conducted with minority fathers (n=19) in Portland. Content analysis was used to analyze the data and identify themes across and within focus groups.

Results: Perceived cost and time constraints limited consumption of healthy foods (e.g. fruits, vegetables) among the participants. In addition, participants' eating habits and mealtime behaviors were shaped by their desire to model healthy eating behaviors for their children.

Conclusions: The results reveal the importance of a multi-faceted nutrition intervention for minority fathers with young children that individuals, families, and factors related to healthy food access.

OBJECTIVE: Discuss the importance of parenthood in ethnic minorities as a potential target for promoting healthy eating habits in the family core.

AV NEEDS: N/A

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Factors that influence eating behaviors of African-American and Hispanic fathers
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TITLE: Fighting the onset of Frailty

TOPIC: Health Education Development

AUTHOR(S): Katherine Anthony, Pam Beilby, Dan Dowhower, Rosalee Locklear, Jeff Proulx, Lyndsay Stutzenberger, Trang Nguyen

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: With the increasing number of older adults in our society, there is a greater need for accessible research based health information for this population. An interdisciplinary approach allows for a more comprehensive perspective when addressing multicomponent health related conditions such as frailty.

With that in mind, it is important to begin to think about how to create primary prevention focused interdisciplinary interventions that translate research from areas such as biochemistry, exercise sciences, nutrition, psychology, public health, sociology, and zoology with the goal of compressing the years an individual spends in a state of frailty.

The purpose of this ongoing study is to develop interdisciplinary educational modules based on the needs of Corvallis community members. The aim of the educational modules is to inform participants about frailty and frailty prevention. The educational modules will be developed so that they can be implemented in the any environment without requiring a great deal of time or trained personnel to

administer the instruction. The novelty of these modules is that aging individuals or their caretakers can learn practical research based solutions to commonly encountered health problems that lead to frailty.

OBJECTIVE: Audience members will be able to describe an interdisciplinary approach to community engagement in health education development.

AV NEEDS: N/A

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TITLE: Gardening with adolescents: A study of adolescent perceptions of experience

TOPIC: Garden-Based Learning

AUTHOR(S): Deb Bailey

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Garden-based learning (GBL) has overwhelmingly been confined to elementary schools and tends to focus on nutritional behavior change and environmental science content acquisition. Studies on GBL approach learning from predefined theoretical frameworks and preconceived ideas about appropriate learning outcomes. Very little empirical work has been systematically designed to begin from an adolescent's perspective, seeking to understand their perceptions of experience. This case study explored an adolescent summer garden experience by utilizing an informed grounded theory (IGT) approach and personal meaning mapping (PPM). IGT approaches research with an 'open mind' regarding theory application and construct exploration. PPM is interested in assessing learning, but unlike many assessment tools, it does not assume learners enter an experience with the same level of

prior knowledge/experience and it clearly does not search for a 'right' answer to demonstrate learning. Research questions focused on youth's life contexts; perceptions of experience; whether youth context influenced perceptions and if so in what way; what GBL constructs were discussed and how were these constructs tied to particular learning theories; and did youth's perceptions influence learning outcomes. The answers to these questions shed light on GBL outcomes for adolescents, and helped identify specific aspects of GBL that influenced these outcomes.

OBJECTIVE: Attendees will learn how and in what ways garden-based learning programs designed for adolescents can be successful in achieving learning outcomes.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Gardening with adolescents: A study of adolescent perceptions of experience
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TITLE: Health Disparities Among Lesbian, Gay, and Bisexual Adults in Oregon

TOPIC: Chronic disease, disparities, sexual orientation

AUTHOR(S): Steven C. Fiala, MPH (presenter), Rodney D. Garland, MS, Duyen L. Ngo, MPH PhD, Katarina Moseley, MPH

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Background: Research on lesbian, gay, and bisexual (LGB) individuals' health and health practices has primarily consisted of convenience studies focused on HIV/AIDS, substance use, or mental illness. We examined health-related disparities among Oregon LGB men and women compared with heterosexual men and women using data from a population-based survey.

Methods: Data from the 2005-2008 Oregon Behavioral Risk Factor Surveillance System were used to examine associations between sexual orientation and chronic conditions, health limitations, health risk factors, and protective health practices.

Results: Compared with heterosexual women, lesbian and bisexual women were significantly more likely to smoke cigarettes, be obese, binge drink, and have chronic conditions, and less likely to engage in protective health practices. Compared with heterosexual men, gay men were significantly less likely to

be obese, more likely to binge drink, and more likely to engage in protective health practices. Compared with heterosexual men, bisexual men were significantly more likely to have a physical disability, smoke cigarettes, binge drink, and more likely to get an HIV test.

Discussion: Health disparities among Oregon LGB individuals were most prominent among lesbian and bisexual women. Gay men had the most protective health practices, but they were more likely than heterosexual men to engage in risky behaviors that lead to chronic diseases later in life. Targeted public health interventions should be provided in environments that avoid stigmatizing and discriminating against LGB individuals where they live, work, learn, and socialize.

OBJECTIVE: Participants will be able to:

- 1.) Understand that sexual orientation is included in the adult behavioral risk factor survey conducted by the Oregon Public Health Division
- 2.) Describe differences in chronic conditions, health risk factors, and protective health practices among lesbian, gay and bisexual adults compared to heterosexual adults in Oregon.
- 3.) Discuss systems-level policies that have been shown to mitigate risky behaviors among lesbian, gay, and bisexual adults.

AV NEEDS: N/A

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TITLE: Implementation of After School Youth- Development Program Girls on the Run from a Health Department's Perspective in Marion County, Oregon, 2013-2014

TOPIC: Adolescent Health and Prevention

AUTHOR(S): Connie Lu

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Background: Girls on the Run (GOTR) is a promising practice, after school youth- development (YD) program that teaches life skills through dynamic lessons and running activities. Literature has supported

the benefit of YD programs and the positive impact on social and health awareness in adolescents, resulting in less risky behaviors and increased high school graduation rates.

Methods: GOTR was implemented by Marion County Public Health Division (MCPHD) at Marion County elementary schools during spring 2013 and 2014. Program curriculum focuses on interactive self-esteem building with an emphasis on physical activity. At the end of the season, participants run/walk a 5K to symbolize successful completion of the program.

Results: Three out of the four elementary schools that participated in 2013 returned for the 2014 season. 43% of girls that participated the first year returned for a second season, and the program enrolled 36 additional girls this year, bringing the total number of girls served to 90.

Conclusion: Demand for GOTR is evident from increased participation from year to year. GOTR has a 60% growth rate, indicating growing interest and need within the community. MCPHD hopes to survey participants before and after the next season cycle to more accurately determine the level of changes in self-esteem and physical activity levels due to the program.

OBJECTIVE: How to implement an after school youth-development program from a Health Department standpoint. How to identify growth and interest from program implementation.

AV NEEDS: A small table

PRIMARY CONTACT INFORMATION:

Connie Lu, APRN

Implementation of After School Youth- Development Program Girls on the Run from a Health Department's Perspective in Marion County, Oregon, 2013-2014

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TITLE: Implications of Initiating a Pregnancy Intention Screening in a Primary Medical Home

TOPIC: Women's Health - Screening Tools

AUTHOR(S): Lori Swain, Sarah Paeth, Lena Wood, Britta Torgrimson-Ojerio, Annalisa Worz, Erin Krupp

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Pregnancy Intention Screening (PIS) standardizes the way primary-care providers assess pregnancy intention and normalizes the conversation surrounding reproductive health planning. Not only does PIS increase access and utilization of birth-control and folic acid in women of child-bearing

age, but it provides an opportunity to review medications and remove potentially teratogenic medications from a client's regimen.

Wallace Medical Concern has provided high quality and culturally relevant primary care to low-income and uninsured members of the community for over 29 years. As of 2012 Wallace is a public-housing based Federally Qualified Health Center in the Rockwood neighborhood in Gresham. Women and families in under-served communities often lack access to family planning services, such as contraception and prenatal counseling. This results in 36,000 unintended pregnancies a year in Oregon. In 2008, 63% of these pregnancies were funded publicly.

Through implementation of a Pregnancy Intention Screening at Wallace Medical Concern, providers are supporting family health and stability through increased access to birth control to prevent pregnancy, increased utilization of folic acid when anticipating pregnancy, and decreased use of potentially teratogenic medications in women anticipating pregnancy.

OBJECTIVE: Participants will understand the importance and impact of implementing a pregnancy intention screening question in clinic visits with women of childbearing age.

AV NEEDS: small table

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TITLE: Integrate preventive reproductive health care into practice with One Key Question

TOPIC: Women's Health

AUTHOR(S): Michele Stranger Hunter, Executive Director of Oregon Foundation for Reproductive Health, Sharon Meieran, MD, Medical Director

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: The lifetime risk for an unintended pregnancy is 48%, far greater than the risk of other conditions routinely screened for in primary care. There is little question it represents a pressing public health problem. The fragmentation between primary care and reproductive health services leaves too many women without access to preventive services. In response, the Oregon Foundation for Reproductive Health (OFRH) created a groundbreaking initiative encouraging providers to ask One Key Question(OKQ). OKQ proactively screens reproductive age women for their pregnancy intentions and offers services or referrals based on her response. OKQ is a screening tool to routinely offer women evidence-based practices: preconception care and contraception. The specific question originated from patient interviews revealing the need to recognize all women, including those struggling with infertility: 'Would you like to become pregnant in the next year?' Those who answer 'yes' are offered preconception care and those who answer 'no' are asked whether they are satisfied with their current contraception and offered options. Women who are unsure or ok either way should receive a combination of both services. OKQ is a model public health initiative with wide applicability in practice settings and programs. Equally supporting women who want to be pregnant and those who don't, OKQ reframes the conversation, is patient-centric and dramatically increases women's access to preventive reproductive health services. Oregon's Patient-Centered Primary Care Home certification program specifically cites OKQ screening as meeting Health Resources and Services Administration's requirement for contraception services.

OBJECTIVE:

1. Use OKQ to screen women for their pregnancy intention and meet new standards
2. Describe the importance of preconception care and minimum assessment necessary
3. List the most effective types of contraception.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Junk Food Marketing in Schools: Let's Ban It

TOPIC: Food, Nutrition, Marketing, Policy Change

AUTHOR(S): Kasandra Griffin

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: The food industry spends over \$2 Billion per year marketing to kids, and they do it because it works: advertising changes behavior and preferences, especially among youth. Are schools an appropriate place for some of that marketing? Upstream Public Health doesn't think so!

We plan to pass legislation in 2015 banning marketing in Oregon schools for any foods that do not meet existing nutrition standards for what can be sold in schools. That is, if you can't sell it, you shouldn't be able to market it, either. We will be asking for OPHA's endorsement, and will be asking for, and we want YOURS, too.

In this presentation, we will share about the prevalence of marketing to children, what foods are typically included, why it is a problem, what we propose to do about it, and opportunities for public health professionals to provide input or get involved.

OBJECTIVE: learn about current policy change proposal and opportunities for involvement

AV NEEDS: N/A

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Junk Food Marketing in Schools: Let's Ban It
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TITLE: Lessons learned in expanding clinical outreach through a large-scale academic-community research partnership

TOPIC: community health partnerships, community-based participatory research

AUTHOR(S): Carrie Farrar, MPH, CCRP, Sarah Egan, MPH, CHES

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: Women in rural populations face a higher risk of heart disease morbidity and mortality. There is a dearth of research available on behavioral and psychosocial barriers and facilitators to heart healthy lifestyles in women living in non-urban community. A key barrier to research in these

communities is that they are isolated from research infrastructure and resources. We will describe how we built on existing clinical outreach to develop a community-research partnership and implemented a prospective cohort study non-urban setting.

The Astoria-Warrenton Heart Health Initiative (AWHHI) is a long-term study of heart disease in women residing in Clatsop County, Oregon, which exhibits the 3rd highest heart disease mortality in the State of Oregon. AWWHHI emerged from a longstanding clinical partnership between Oregon Health and Science University (OHSU) in Portland, Oregon and Columbia Memorial Hospital (CMH) in Astoria, Oregon. AWWHHI researchers leveraged their existing academic-clinical partnership into CBPR collaboration for the purpose of implementing this prospective cohort study. A Community and Scientific Advisory Board were established to provide input and oversight on study aims and design. Focus groups were utilized to collect information on local perceptions towards heart disease, perceived barriers, and local opportunities for change. Investigators went on to collect data on clinical cardiovascular risk biomarkers and self-reported behavioral and attitudinal risk factors in over 400 women. Outcomes of the study include the creation of an ongoing Community Research Advisory Board, new partnerships with the County Health Department and community organizations, a Community Profile Report, and nutrition in pregnancy research study.

OBJECTIVE:

Understand the critical factors in leveraging clinical-academic partnerships for community based health research and engagement.

Learn about transforming partnerships into sustainable pathways for future research.

AV NEEDS: N/A

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CO-PRESENTER(S):

Sarah Egan, MPH, CHES, egans@ohsu.edu

TITLE: Mapping Early Childhood Development Risk and Protective Factors: A Pay for Prevention Rapid Evidence Review

TOPIC: Early Childhood Development

AUTHOR(S): Jill Scantlan, MSC, Andrew Hamilton, PhD, MS, Valerie King, MD, MPH, Pamela Curtis, MS

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: Experiences in early life lay the foundation for health and development through childhood, adolescence, and adulthood. Adversity during brain development has negative impacts throughout life. Multiple risk and protective factors influence development of children who experience adversity in early life. Since 2009, private and public partners have been working together to address early childhood development in Oregon. Pay for Prevention (P4P) is a state-funded, multi-stakeholder proof of concept initiative to identify children at risk of experiencing adversity in early life and provide evidence-based supports to achieve positive outcomes. The Center for Evidence-based Policy at OHSU conducted a rapid evidence review of the risk and protective factors associated with early childhood development and the short and long-term outcomes that result from early adversity. To-date, over 2,000 references have been identified. Studies selected for final inclusion are assessed for quality and applicability and quantitative estimates for relationships calculated. This rapid review is on track to be completed by August 2014. As part of the OPHA conference, we propose to display the relationships identified from the evidence review as a conceptual map. The poster will include background, methods, results, discussion of gaps in the evidence and conclusions/next steps of the P4P project.

OBJECTIVE:

- 1.) Communicate complex early childhood development relationships across the life course.
- 2.) Discuss strength of evidence and relationships and policy implications.

AV NEEDS: small table

PRIMARY CONTACT INFORMATION:

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Mapping Early Childhood Development Risk and Protective Factors: A Pay for Prevention Rapid Evidence Review
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TITLE: Maternal and Child Health within Natural Disaster: A Global North, Global South Comparison

TOPIC: International Health, Maternal & Child Health, Natural Disaster & health, Structural violence & health

AUTHOR(S): Ruby Kiker, Lauren Zimbelman, Rebecca Amantia

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Natural disasters possess intrinsic complications to health and healthcare needs of affected populations. However, these random natural occurrences rarely affect individuals quite as randomly - inequalities in their exposure to risk, access to resources, and their existing social and economic hierarchies put marginalized communities at a greater disadvantage. Through an exhaustive literature review and secondary data analysis on the outcomes of pregnant and post-partum women in natural disaster circumstances, we seek to contrast MCH outcomes in Global North versus Global South. We utilized the aftermath of the 2005 Hurricane Katrina in the US (Global North), as compared to the 2010 earthquake in Haiti (Global South). As these two locations differ so widely in terms of existing infrastructure and resources, this comparison brought forward an unexpected and alarming similarity in health outcomes. In seeking to explain the similarity of outcomes, we explore the deep roots of structural violence and institutional racism in the United States, political posturing around the time of the disaster, and the destructive effects of a lack of international coordination in Haiti, among other factors.

OBJECTIVE:

Build a stronger understanding of the social/structural underpinnings of health and healthcare access, and how these constructs erode the dichotomy of Global North/Global South ideology.

Seek to gain skills associated article/project development and presentation in a professional setting, while benefitting from peer feedback. Gather feedback and critical questions, in order to improve content for possible submission for publication.

AV NEEDS: small table

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TITLE: Middle School Healthy Hearts Study

TOPIC: Adolescent Health

AUTHOR(S): Taryn Lust, MBA, CCRC

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: 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.

The study involved two classes: One class focused on preventing heart disease by educating about healthy eating and physical activity and the other class taught the kids how and when to perform hands only CPR. It involved 1200 students from four middle schools in Wilsonville, West Linn and Tualatin. A control group was used to compare to the education group.

Findings:

- Significant correlation between TV viewing time and sport drink consumption ($p=.0311$)
- Only 17% of the students consumed the recommended daily intake of vegetables
- 28% of the students watched television 3 or more hours per day (outside of school)

The education group:

- Decreased soda consumption ($p<0.001$)
- Increased days of strength training ($p<0.001$)
- Heart healthy education knowledge scores increased from 71% at baseline to 84% at post education ($p<.001$) and 85% at follow up ($p<.001$).
- Hands Only CPR education knowledge scores increased from 56% at baseline to 91% at post education ($p<.001$) and 88% at follow up ($p<.001$).

OBJECTIVE:

- 1) Explain the deficiencies that exist with teen health.
- 2) Identify behavior patterns and the educational opportunities to change behavior.

AV NEEDS: N/A

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TITLE: Migration Research Project: Measuring Resilience in Benton County Migrant Families

TOPIC: Migrant Health

AUTHOR(S): Alicia Griggs, MPH Candidate, International Health Track, Oregon State University; Chidi Okonkwo, MPH Candidate, International Health Track, Oregon State University; Meghan Fitzgerald, MPH Candidate, International Health Track, Oregon State University

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: The process of migration can be a cause of significant emotional stress on individuals and their families. Most of the research around migration, until recently, has focused on the problematic impacts of the resettlement process on families, but not much has been done that analyzes the factors and traits associated with the withstanding of and coping with these issues. The degree to which a family is able to cope with such problems is signified by their level of resilience. In order to measure an individual's level of resilience, a survey was developed through the Displacement, Migration and Global Health course at Oregon State University that incorporated the three factors identified through previous research to impact migrant resilience. This poster presentation will highlight the process of collecting data on individual, family and community factors that have been identified through literature review in order to measure resilience. It will also focus on how this information can be used to identify characteristics that that may contribute to the health and well-being of Benton county migrant families.

OBJECTIVE: To identify individual, family, and community factors that may impact the resiliency and health of migrant families in Benton County, Oregon.

AV NEEDS: N/A

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TITLE: Military service members and veterans attending college do not identify mental health services as an unmet need

TOPIC: Mental Health, Needs Assessment

AUTHOR(S): Sandi Cleveland, MPH, Virginia McKay, MA, and Gus Bedwell, BS

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Much of the published literature on the current needs of military service members and veterans (SSM/V) attending institutions of higher education has focused on unmet mental health needs, such as undiagnosed post-traumatic stress disorder, depression, or suicidality, to the detriment of understanding other potential needs of SSM/V. The purpose of this study was to understand barriers and facilitators to overall well-being and academic success of SSM/V at Oregon State University. Method: SSM/V (N=11) were recruited for participation qualitative focus groups using a convenience sampling technique. Focus group questions elicited common challenges and frustrations of student participants; transcripts were analyzed thematically. Results: Although SSM/V pinpointed multiple stressors and barriers to their academic progress, unmet mental health needs were not reported. Instead students identified needs/barriers related to academic success and challenges obtaining benefits from the Department of Veterans Affairs. Findings: Findings are inconsistent with the overarching narrative that those who have served in the military are psychologically broken or require psychological rehabilitative services. University administrators and health professionals should consider other expressed needs when designing programs or services for the SSM/V population.

OBJECTIVE:

1. Participants will see an example of using focus group methodology to conduct a needs assessment within a university setting.
2. Participants will be able to identify the health and academic needs expressed by SSM/V.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

Sandi Cleveland, MPH

Military service members and veterans attending college do not identify mental health services as an unmet need

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TITLE: Northwest Coal Exports: A Threat to Health and Safety

TOPIC: Environmental Health

AUTHOR(S): Diane Winn, BSN, MPH, Beyond Coal Health Outreach Committee, Sierra Club, Regna Merritt, PA, Oregon Physicians for Social Responsibility

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: Public Health professionals play an important role in addressing the looming climate change crisis - not only through creating resilience to the effects of climate change but also by taking steps to prevent further climate change. Coal, the dirtiest of fossil fuels, is the major contributor to global climate change. Currently, there are three proposals to transport coal through the Northwest for shipping and burning overseas. Not only will these projects stoke the climate crisis, they also present a direct and local risk to the health and safety of Oregonians.

This poster will present information on the local health risks (respiratory, cardiac, and neurologic diseases, cancer, accidents, fetal and infant brain development) associated with these proposed projects. These include, but are not limited to, new major sources of diesel pollution; increased mercury, arsenic and lead pollution from coal dust; delayed response times for emergency vehicles; noise pollution; derailments; and, increased nitrous and sulfur oxides, ozone and even more mercury blowing back on trade winds from coal burned overseas.

The poster will also provide information on actions public health professionals can take to help prevent coal exports that will negatively impact the health and safety of Oregon citizens and communities.

OBJECTIVE: Identify at least five negative health impacts of exporting coal through the Northwest and three actions that public health professionals can take to prevent these.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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CO-PRESENTER(S):

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TITLE: Oregon Healthy Growth Survey

TOPIC: Obesity

AUTHOR(S): Jennifer Young, MPH, RD, Oregon Public Health Division, Ken Rosenberg, MD, MPH, Oregon Public Health Division, Bruce Gutelius, MD, MPH, Oregon Public Health Division

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Background: The 2012 Oregon Healthy Growth Survey is the first state-level assessment of body mass index (BMI) done in Oregon to assess elementary school-age children. The 2012 Oregon Healthy Growth Survey was conducted during the 2011-2012 and 2012-2013 school years.

Methods: Trained screeners weighed and measured 5,258 children in first, second and third grade classes from a statewide representative sample of 82 Oregon elementary schools. BMI was calculated from each child's height and weight and percentile on the Centers for Disease Control and Prevention (CDC) BMI-for-age growth charts was determined. Information on grade, age, gender, ethnicity, income and geographic region were collected.

Results/Outcomes: [not yet finalized; will be finalized before October]

-Obesity/Overweight: xx % of Oregon's 6-9 year old children were overweight (xx %) or obese (xx %).

- Age:

- Income:

- Ethnicity:

- Gender:

- Region:

Conclusions: The Oregon Healthy Growth Survey provides an important opportunity to understand and address childhood obesity in Oregon, and identify populations with the highest rates. The survey provides statewide BMI baseline data for this age group to use in comparison with future BMI assessment data. The information found in the survey report can be used to support evidence-based prevention strategies designed to ensure healthy growth for all of Oregon's children.

OBJECTIVE:

- 1.) Attendees will learn how and why the survey was conducted.
- 2.) Attendees will gain an understanding of the demographic groups in Oregon with the highest rates of obesity among 6- to 9-year-olds.
- 3.) Attendees will learn benefits and limitations of conducting a statewide representative survey.

AV NEEDS: small table

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TITLE: Oregon's Environmental Health Assessment Program and Brownfields & Land Reuse Initiative

TOPIC: Environmental Public Health

AUTHOR(S): Julie Early-Alberts, Todd Hudson, Kari Christensen, Karen Bishop, Lauren Karam

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: The Oregon Environmental Health Assessment Program (EHAP) works to identify public health risks from sites where there is toxic contamination or physical hazards. The Brownfields and Land Reuse Initiative works with communities to redevelop contaminated properties into places that people can safely use. These programs work to improve public health indicators such as physical health and quality of life. Staff engages communities in urban and rural areas of Oregon, and works to prevent chemical exposures and find new uses for land that was once contaminated. For example, we evaluated the presence of dioxin in a southern Oregon schoolyard garden near a former wood products mill. There was concern that dioxin on the school property would put children's health at risk when gardening. We

were able to assure the community that there were no health risks associated with gardening on the school property, after evaluating the measured levels of dioxin. EHAP and Brownfields also collaborate to create health education materials for those at risk of environmental exposures during everyday activities. An example of this includes the Healthy Gardening fact sheet, which provides basic advice for gardening and farming in urban areas where there are concerns about contamination.

OBJECTIVE: After reading this poster, readers will know about Oregon Public Health work that focuses on preventing environmental exposures and rehabilitating contaminated properties.

AV NEEDS: A small table

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TITLE: Oregon's Safer Futures Project: Improving the Health and Safety of Women and Children. Addressing Intimate Partner Violence as a Health Care Issue.

TOPIC: Health and Intimate Partner Violence

AUTHOR(S): Myste French, MSW, Christine Heyen, MA, Sarah Keefe

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Background/Purpose: The goal of Oregon's Safer Futures Project is to improve pregnant and parenting women's safety and well-being by increasing access to advocacy services within public health and health care systems. Health care providers and advocacy programs play equally important roles in promoting healthy relationships and helping women achieve positive health outcomes. Safer Futures strives for increased collaboration and cross-referrals between these partners.

Methods: Safer Futures is implemented at four pilot sites across Oregon; building partnerships with Public Health, CCOs, culturally specific providers, and local health care to improve systems response through patient advocacy, provider training, and community collaborations. Safer Futures Funding comes through federal Pregnancy Assistance Fund Grant #1SP1AH000019, OAH, U.S. DHHS.

Results/Outcomes: Collaborators in health care are implementing system changes, including: screening for IPV, training providers on screening and counseling, increasing referrals to advocacy organizations, and establishing trauma-informed environments. 96% of pregnant and parenting women surveyed by Safer Futures reported they have more ways to keep themselves and their children safe.

Conclusions/Implications: Research suggests that on-site advocacy interventions have important implications for reducing violence and improving a woman's well-being over time. The next steps for Safer Futures are to expand partnerships and to sustain this prevention and intervention-based project into the future.

OBJECTIVE: Understand the core strategies and statewide impacts of Oregon's Safer Futures Project for addressing Intimate Partner Violence as a health issue.

AV NEEDS: Small Table for Poster

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TITLE: Oregon's Social Media Campaign Increases Colorectal Cancer Screening: State and Community Interventions

TOPIC: Increasing Preventive Screening Rates

AUTHOR(S): Donald Shipley, MS, Sabrina Freewynn, MPH, Kathy Mix, RN, MS, Shaun Parkman, MS

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: The Oregon Health Authority's The Cancer You Can Prevent social marketing campaign engages local spokespersons to encourage others to be screened for colorectal cancer prevention and early detection.

Methods include: EQUIP provider networks and insurance systems to promote screening and encourage members who have been screened to share their stories; EMPOWER already-screened Oregonians to share their story with their social networks and via the campaign's website; and ENCOURAGE not-yet-screened Oregonians to be screened. Campaign materials include African American and American Indian populations which have higher mortality rates, as well as urban and rural communities. A Latino campaign will be developed in 2014/15.

Results: The 2011 rural pilot in Clatsop County demonstrated increased awareness of the campaign message, intention to share their story, intention for non-screened individuals to be screened, use of campaign materials, and a 30% increase in screening. State and local campaign efforts have resulted in earned media and worksite wellness interventions by businesses and health systems. Oregon's colorectal cancer screening rate increased 9% between 2011 and 2012. The campaign will be expanded to the Latino community, which had a screening rate of 21% in 2010-11.

OBJECTIVE:

1. Identify state and community-based interventions for The Cancer You Can Prevent social marketing campaign.
2. Identify at least 2 outcomes of the campaign.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Phenomenological Perceptions of Rural Health Access in Upper Svaneti, Georgia

TOPIC: International Health; Environmental Health; Epidemiology; Rural Health; Qualitative Research Methods

AUTHOR(S): Peter Bordokoff, MS & Torrie Fields, MPH

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: According to the 2011 USAID Georgia Global Health Initiative and 2010 WHO Health System Review on Georgia, among the healthcare challenges in post-Soviet Georgia are lack of family planning,

rise in both infectious and chronic disease, limited access to and un-affordability of essential health services, as well as low expenditures on public health infrastructure, including basic transportation and sanitation. Among the most vulnerable populations are those living in rural Upper Svaneti, the highest inhabited region in the country. Incorporating localized perceptions of the impact of both the sociopolitical and physical environment on health access is critical to shaping effective health strategies in the Greater Caucasus Mountains of Georgia. This study uses a phenomenological research framework to investigate peoples lived experience of the impact of environment on health care access and health literacy. Results are drawn from eight months of field research conducted from 2012-2013. Semi-structured, in-depth interviews (n=9) and key informant interviews (n=2) were conducted. The data were analyzed using a phenomenological reduction, which resulted in the following themes: 1. Perceived barriers to care; 2. the impact of health education on health behaviors, and; 3. the impact of environment and globalization on access and disease prevalence.

OBJECTIVE: Assess how local perceptions of rural health access can influence and improve priority and strategy for international development agencies supporting health service delivery in Georgia.

AV NEEDS: N/A

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TITLE: Postpartum Weight Retention Among Mothers of Children with Special Health Care Needs

TOPIC: Maternal and child health

AUTHOR(S): Laurel M. Hoffmann, MD MPH, Elizabeth Adams, PhD RD, Dawn Peters, PhD, Ken Rosenberg, MD MPH, Emily Gallagher, MD MPH

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Background: Postpartum weight retention (PPWR) is a risk factor for obesity. The perinatal period is a complex time for maternal and child health. The objective of this analysis was to evaluate whether an association exists between child health status, assessed as having a child with a special health care need (CSHCN), and maternal PPWR.

Methods: This study uses data from the 2005 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 re-interviews PRAMS respondents when the child turns 2 years old. The primary predictor was CSHCN status. The outcome was high PPWR, defined as retention of over 4.5 kg. Logistic regression modeling estimated the main association.

Results: In the final sample of 978 subjects, 11.4% women reported having a CSHCN and 41.3% reported high PPWR. The odds of reporting PPWR among subjects with CSHCN were 1.98 times those of subjects without CSHCN, after adjustment for parity, pregravid BMI, maternal race/ethnicity, maternal age, breastfeeding, physical activity, food security status, household income, and maternal depression in multivariate logistic regression analysis (OR: 1.98 95% CI: 1.07 - 3.66)

Conclusions: Compared to women who did not have a CSHCN, women who had a CSHCN were less likely to lose their pregnancy weight gain. Public health professionals can use these findings to develop ways to improve primary and secondary prevention of obesity in new mothers.

OBJECTIVE: Participants will be able to explain the association between maternal postpartum weight retention and child health status.

AV NEEDS: N/A

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TITLE: Prenatal care and delivery outcomes among undocumented women in Oregon, 2008 - 2012

TOPIC: Prenatal care among undocumented women

AUTHOR(S): Yuritz Gonzalez Pena, MPH candidate; Daniel Lopez-Cevallos, PhD; Ana Quinones, PhD; Chi Chunhuei, PhD; Alberto Moreno, MSW

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Prenatal care services minimize the risks of complicated birth outcomes, helping providers to detect/prevent health problems for both mothers and newborns. Unfortunately not all women have access to prenatal care. Lack of insurance, low socioeconomic status, unfamiliarity with the healthcare system and language prevent undocumented immigrants from accessing prenatal care. Latino women in the US have higher fertility rate. The CAWEM program provides immediate access to undocumented women who are in need of labor and delivery services. CAWEM Plus, in turn, provides access to prenatal care for undocumented women. A retrospective cohort study analyzed 17, 966 women residing in Oregon who received either CAWEM or CAWEM Plus and gave birth between 2008 and 2012. Women's average age was 28 years old. The majority was Mexican-origin (82.82%). Adequacy of care was measured using two well-known indexes (Kessner and Kotelchuk). Most of the participants (76.6%) received adequate care using Kessner index while (26.7%) received adequate care in Kotelchuk index. The average birth weight was 3.36kg; while the average gestational age was 38.9 weeks. Poor health outcomes for infants are associated with higher cost highlighting the importance of improving access to prenatal care for immigrant women.

OBJECTIVE:

- 1.) Describe the importance of prenatal care
- 2.) Evaluate the adequacy of prenatal care and perinatal outcomes between CAWEM and CAWEM Plus recipients and participants.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Promoting Cascade Genetic Screening through Education, Surveillance and Policy for Prevention and Early Diagnoses of Hereditary Breast and Ovarian Cancer

TOPIC: Reducing Disparities through Public Health Genomics

AUTHOR(S): Summer Lee Cox, MPH, Alicia Parkman, MA, Rani George, MPH, and Karen Kovak, MS, CGC

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: Individuals with hereditary breast and ovarian cancer (HBOC) syndrome have an increased risk of developing many types of cancer. Prophylactic measures can significantly reduce risk and prevent onset of new primary cancers. Cascade genetic screening is an effective model to coordinate the education and genetic testing of cancer survivors and their family members. The Oregon Genetics Program takes a multi-tiered approach to promote an environment supportive of cascade genetic screening through education, surveillance, and policy activities for healthcare providers, payors and the public. We will present data from an Oregon State Cancer Registry patient survey, Oregon Behavioral Risk Factor Surveillance System, Medicaid claims and cancer genetics clinics and highlight our education and policy activities. Multiple Oregon data sources show significant underutilization of cancer genetic services among cancer survivors and asymptomatic individuals. A 2010 Provider Survey revealed that most Oregon providers did not feel confident in their cancer genetics knowledge. In addition, of the small amount of BRCA testing conducted in Oregon, about 60% is done by providers with no specialized training in genetics and often without genetic counseling. Evidence-based cascade genetic screening can save multiple lives within an HBOC affected family. Yet there are barriers to cascade genetic screening, including awareness. Our program is promoting education, policy changes, and coordination of services to address many of these barriers.

OBJECTIVE: Attendees will learn that appropriate cascade genetic screening can save multiple lives within an HBOC affected family.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Provider Mentoring Program to Increase Engagement and Retention

TOPIC: Primary Care

AUTHOR(S): Emily R. Pearlman

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: With implementation of the Affordable Care Act, Team Based Medical Home clinics and the Comprehensive Primary Care Initiative, the demand on primary care providers has increased. Entering a new practice from residency or a new organization can be a very stressful process. Having a well developed provider mentoring program increases new provider satisfaction, engagement and ultimately improves overall patient care and access.

In 2013, Providence Medical Group designed a new provider mentoring program. This program matches new providers (<2 years with medical group) with established providers (>2 years with medical group). The goal of the program is to increase provider satisfaction and engagement as well as reduce turnover as it has a significant impact on patient care. Primary care physicians, nurse practitioners and physician assistants are eligible to participate.

The program currently has 22 mentors and 28 mentees. Participants report that the program has allowed them to develop a stronger connection with their colleagues. This presentation will share the background of provider mentoring, the model that Providence Medical Group developed, and the lessons learned to date.

OBJECTIVE: Understand the role of primary care providers in creating healthy communities and learn strategies to support them.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Providing Palliative Care: A Pathway to Achieving the Triple Aim

TOPIC: Aging; End-of-Life; Community Partnerships; Health Education; Health Transformation

AUTHOR(S): Torrie Fields & Angela Hult

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: According to the Dartmouth Atlas of Health Care, more than 80 percent of patients with chronic diseases say they want to avoid hospitalization and intensive care when they are dying. However, half of older Americans visited the emergency room in their last month of life and 75% did so in their last 6 months of life. Through its philanthropic efforts and reform of its benefit structure and services, Cambia Health Solutions strives to help create and advance patient and family-centered care that optimizes the quality of life by anticipating, preventing and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs, and facilitating patient autonomy, access to information and choice. This presentation will describe what palliative care is, its application for all public health professionals, and how, by transforming the way people experience death, organizations can do their part to achieve the Triple Aim.

OBJECTIVE: Participants will understand what palliative care is and how it fits into healthcare transformation. Participants will learn the barriers and facilitators in engaging communities in advance care planning activities.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Providing Palliative Care: A Pathway to Achieving the Triple Aim
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TITLE: Rural residence a risk factor for incidence of depression?

TOPIC: Mental Health

AUTHOR(S): Arpita Tiwari, Dr. Jangho Yoon

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Depression has resulted in an enormous economic as well as disease burden in our society. Residents of rural areas may be at increased risk of mental health problems compared to suburban populations due to poverty and lack of access to health care. The purpose of this study is to examine the relationship between rural residence and incidence of depression. Furthermore, the study will look at the difference in depression rates in rural areas adjacent to an urban area compared to a non-adjacent rural area. The national Behavioral Risk Factor Surveillance System (BRFSS) survey for the year 2006 was the source of information about rural residency, demographic factors, health risks and access indicators. The main outcome was a binary indicator of depression based on the PHQ-8 survey from the optional module of BRFSS. Depression was found to be slightly but significantly associated with rural and metropolitan residency compared to suburban residency, after controlling for demographic factors, access indicators as well as health risk indicators. There was a 0.9 percentage point statistically significant higher probability of depression in rural vs. urban areas. Rural respondents were at a higher risk of depression than urban residents in this sample. Programs seeking to improve rural mental health should encourage future research and focus on building community social support in rural areas.

OBJECTIVE: Improve Presentation skills and learn how to present my work in a poster form effectively

AV NEEDS: A Table and a Poster

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TITLE: School Wellness: Moving Toward Action to Prevent Childhood Obesity in Rural Communities

TOPIC: Community-based participatory research

AUTHOR(S): Beret Halverson, MPA; Erin Devlin, MA; Janet Rojina, BS; Jenny Rudolph, MPA; Liana Harden, MS; Patricia Case, MS, RD; Deborah John, PhD; Kathy Gunter, PhD

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: Rural residency has been identified as a risk factor for children being overweight or obese. Generating Rural Options for Weight (GROW) Healthy Kids and Communities utilizes a community-based participatory action research approach in three Oregon counties aiming to identify factors that contribute to obesity in rural youth. A key component of the project is collaborating with elementary schools to determine what actions should be adopted to improve nutrition and physical activity environments and support students' weight healthy behaviors. To help inform these decisions,

Extension researchers measured students' height and weight (to calculate BMI), and collaborated with school stakeholders to assess the school environment. Results were shared with school wellness stakeholders. Extension faculty worked with schools to enhance the capacity of wellness committees for data-inform decisions and priority-driven actions. Certain environmental strategies emerged as more implementable than others for school wellness committees, which will be discussed.

Organizations in rural communities that are external to the school system can play a valuable role in directing meaningful change in school environments. Associations with similar healthy people objectives to OSU Extension, such as the County Health Department, can partner to support school wide assessments, capacity building opportunities, and recommendations on best practices to prevent childhood obesity.

OBJECTIVE:

- 1.) Discuss action research tools such as School Physical Activity and Nutrition-Environment Tool (SPAN-ET) that can be used to assess school environment and prioritize interventions.
- 2.) Explore successful strategies external organizations can use when working with school wellness committees to maximize capacity for action.

AV NEEDS: Small table and an electrical outlet.

PRIMARY CONTACT INFORMATION:

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TITLE: Service Integration Model: Collective Impact in Action in Rural Polk County

TOPIC: Family and Community Health Outreach

AUTHOR(S): Natalie DeWitt, Michelle Bornfleth, Brent DeMoe

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: This qualitative study explored a unique form of collaborative service delivery in rural Polk County called Service Integration (SI), which is a model of engaging agency and community partners in expediting solutions for health-related community needs.

Twenty community partners, representing each of the seven regional SI teams, participated in one time, semi-structured interviews, which were entered into Atlas.ti and examined for thematic content. End of year reports, team reporting data, and team newsletters were also analyzed for additional background information.

Two main themes have emerged from the data thus far--the essential structures of service integration including basic operating procedures, and the use of collective impact practices that align with the five conditions under which collective impact leads to the most meaningful results for communities and individuals. These themes include sharing a common agenda and measurement of success, mutually reinforcing activities, continuous communication and having a backbone organization.

By matching resources to clearly defined needs while avoiding duplication of services, the seven Service Integration teams in Polk County are participating in social change in a structured, engaged manner that promotes coming together to collectively define and solve health-related problems in the community.

OBJECTIVE: Describe the ways in which the service integration model has evolved into a collective impact model

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Social support provision in a community kitchen for food security and health: Local strategies for mitigating food inequities

TOPIC: Hunger and Food Security

AUTHOR(S): Kala Mayer, PhD, MPHc, RN

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT:

Background: Food security improvement for vulnerable individuals, households, and communities can reduce inequities in health. Social support provision (SSP) is a significant mediator of food security and health for groups and individuals. This presentation discusses SSP in a local food initiative, the Family Community Kitchen (CK) Project, to illuminate supportive behaviors or acts that contribute to food security-related and health outcomes in low-income participants.

Methods: Case study methods were used to identify and describe SSP in the Family CK Project over a period of three months.

Results: Four types of SSP were exchanged in the Family CK Project between participants. These types include: informational, emotional, appraisal and tangible support provision. Several major themes emerged from the data related to each type of SSP. Results describe themes within each type of SSP.

Conclusions: These findings significantly enrich the literature on SSP as a mediator of food security and health by focusing on enacted rather than perceived social support. Findings reveal locally-developed strategies for mitigating food inequities and support policy solutions that prioritize locally-developed initiatives in marginalized areas. Additional practice recommendations include the use of a SSP assessment to provide a more proximal indicator and understanding of local initiative outcomes.

OBJECTIVE: Describe two types of social support provision exchanged in the community kitchen project.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Social support provision in a community kitchen for food security and health: Local strategies for mitigating food inequities
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TITLE: Supporting Oregonians with Disabilities to be Tobacco Free: Engaging Disability Service Providers in Policy and Systems Changes to Achieve Health Equity

TOPIC: Tobacco prevention/cessation, self management, disability community

AUTHOR(S): Beth Sanders, Angela Weaver

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: Oregonians with disabilities use tobacco more than Oregonians without disabilities. People with disabilities are just as likely to want to quit tobacco as those without disabilities. To address this, the Tobacco Education Project for People with Disabilities (PWD) is engaging disability service providers to develop referral systems to the Oregon Quit Line, promote insurance-based self management benefits, and establish tobacco free worksite/campus policies that benefit the health of staff and the people they serve.

OBJECTIVE: Learn about 1) tobacco-related data for Oregonians with and without disabilities; 2) the Tobacco Education Project for PWD; 3) a success story from one disability service provider organization.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

Beth Sanders

Supporting Oregonians with Disabilities to be Tobacco Free: Engaging Disability Service Providers in Policy and Systems Changes to Achieve Health Equity

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Angela Weaver, weaverro@ohsu.edu

TITLE: Surveillance and Evaluation of Cancer Survivors and Asymptomatic Individuals Seen for Hereditary Breast and Ovarian Cancer Syndrome (HBOC) Reasons in Oregon Cancer Genetics Clinics

TOPIC: Reducing Disparities through Public Health Genomics

AUTHOR(S): Rani George, MPH, Alicia Parkman, MA, Karen Kovak, MS, CGC, and Summer Lee Cox, MPH

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Introduction: Deleterious BRCA mutations increase risk for developing many types of cancer. However, little data exist regarding follow-up procedures, later cancer incidence, and outcomes in those who

receive BRCA testing. This study evaluates the utilization and impact of genetic services for heritable breast and ovarian cancer syndrome (HBOC) among patients seen at Oregon cancer genetics clinics.

Methods: We examine 1) patient level demographic and clinical data on all individuals seen at cancer genetics clinics for HBOC related reasons; and 2) data from a longitudinal survey of BRCA tested patients.

Results: There were notable disparities and underutilization of HBOC genetic services by race, ethnicity, ancestry relative to risk and socioeconomic status in Oregon. Patients who tested positive for a BRCA mutation discussed their results with more family members than those who tested negative. About 40-50% of informed family members were tested for the BRCA mutation before or soon after the patient was tested.

Conclusion/Implications: Knowing the BRCA status can help providers and patients make choices about screening, prevention, and treatment. Oregonians who received BRCA counseling and testing through an Oregon cancer genetics clinic found the information to be beneficial and reported that the test results helped them with making decisions regarding frequency of cancer screenings and preventive surgery.

OBJECTIVE: Attendees will learn that appropriate use of genetic counseling & testing can help providers and patients make choices about screening, prevention, and treatment.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Surveillance and Evaluation of Cancer Survivors and Asymptomatic Individuals Seen for Hereditary Breast and Ovarian Cancer Syndrome (HBOC) Reasons in Oregon Cancer Genetics Clinics
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TITLE: Ten easy-to-implement ideas for inspiring a culture of worksite well-being

TOPIC: Workforce Health, Health Promotion

AUTHOR(S): Megan Fox, MPH

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: Worksite wellness programs have been shown to increase healthy behaviors and decrease health risks.* This presentation will provide you with practical ideas for integrating employee well-being into the culture of your worksite. Thinking broadly about ways to enhance employee health and happiness, these initiatives engage employees in new and creative ways, and provide opportunities for shared ownership of wellness goals and priorities. Engaged employees are more likely to be top performers, produce higher quality work, are less likely to be sick, and are less likely to change jobs.** Whether your wellness program is newly forming or needs inspiration to move to the next level, you are invited to incorporate these suggestions as part of your long term wellness strategy. Use them as-is, or adapt them to suit the unique aspects of your work environment. And, don't forget to have fun!

*2013, Rand Corporation.

**Rath & Harter (2010)

OBJECTIVE:

Learning Objective #1: Learn new ways to engage employees in worksite wellness activities.

Learning Objective #2: Think more broadly about health and wellness, beyond physical health, to show greater impact on workforce well-being.

Learning Objective #3: Create a happier, healthier workforce by infusing fun into your wellness agenda.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Ten easy-to-implement ideas for inspiring a culture of worksite well-being
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TITLE: The benefit of ninth grade structured sports participation on academic and cardiovascular health.

TOPIC: Physical activity in adolescents, academic and cardiovascular health

AUTHOR(S): Derek Becker M.A., beckerde@onid.orst.edu

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Numerous studies demonstrate physical activity can improve the cognitive and physical health of children (Davis et al., 2011; Diamond, 2012), yet most youth are not meeting national guidelines for physical activity (Centers for Disease Control and Prevention, 2011). As the level of unstructured physical activity declines in adolescence (U.S. Department of Health and Human Services 2012), there is a need to look at how structured physical activities, such as structured sports, could act to promote both cognitive and physical health in adolescents. Utilizing wave four of the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development, the present study investigates the relationship between structured sports participation in the ninth grade on concurrent resting heart rate and math achievement. Results showed children participating in one or more sports had significantly lower resting heart rate and higher math scores relative to children not participating in a sport. Resting heart rate also significantly mediated the path between participating in one or more sports with higher math scores. Findings point to the cognitive, academic, and health benefits of structured sports participation in the ninth grade, and suggest interventions to promote physical activity in adolescents should focus on organized sports.

OBJECTIVE: Understand the relationship between structured sports participation with academic and health outcomes.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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The benefit of ninth grade structured sports participation on academic and cardiovascular health.
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TITLE: The Oregon Youth Sexual Health Plan Turns Five: A Progress Report on the State of Youth Sexual Health in Oregon.

TOPIC: Youth Sexual Health

AUTHOR(S): LaShanda N. Eller, MPH; Lindsay Weaver, MPH; Jessica E. A. Duke, MPH

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Background/Purpose: In 2005, a statewide public-private partnership convened to create a strategic plan to address youth sexual health in a holistic manner. State agencies and non-profit organizations researched literature and best practices and collected input from over 5,000 Oregonians through community forums and Youth Action Research to develop a framework for promoting youth sexual health. In 2009, the culmination of that work was released as the Oregon Youth Sexual Health (YSH) Plan. The YSH Plan outlined five overarching goals to improve sexual health outcomes among Oregon's youth.

- 1) Youth use accurate information to make thoughtful choices about relationships and sexual health.
- 2) Sexual health inequities are eliminated.
- 3) Rates of unintended teen pregnancy are reduced.
- 4) Rates of sexually transmitted infection are reduced.
- 5) Non-consensual sexual behaviors are reduced.

Methods: In following up to the YSH Plan's fifth anniversary, we will present the progress toward each of the five goals utilizing statewide behavioral and outcome data sources such as the Oregon Healthy Teens Survey and Oregon Health Authority's Vital Records.

Results: Oregon has made significant strides towards all of the overarching goals such as reduced pregnancy rates among all racial/ethnicity groups. Additionally, we will discuss how our current progress will inform the future of youth sexual health programming in Oregon.

OBJECTIVE:

1. Discuss the development and release of Oregon Youth Sexual Health Plan.
2. Identify the five overarching goals of the YSH Plan and the data indicators used to measure Oregon's progress.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

LaShanda Eller, MPH

The Oregon Youth Sexual Health Plan Turns Five: A Progress Report on the State of Youth Sexual Health in Oregon.

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TITLE: Using a Blog to Electronically Disseminate Real-Time Research Findings

TOPIC: Health Services Research

AUTHOR(S): Jill Arkind, MPH; Sonja Likumahuwa, MID, MPH; Erika Cottrell, PhD, MPP; Erin Davis, Andrea Ducas, MPH, Katherine Brick, Chuck Alston, Deborah Cohen, PhD; Jennifer DeVoe, MD, DPhil

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT:

Context: Traditional strategies for disseminating research results can take too long to have meaningful impact, especially in the case of quickly unfolding health policy questions. We developed a blog to report on early findings and real-time experiences of a payment reform demonstration project. This strategy has the potential to inform large audiences in a timely manner.

Setting: The blog was developed collaboratively by OCHIN, a non-profit Health Information Technology company, Oregon Health and Science University's Department of Family Medicine and Robert Wood Johnson Foundation, and focuses on an alternative payment demonstration in Oregon.

Participants: Bloggers include leaders and clinics staff of the Community Health Centers participating in the demonstration and policy makers, patients, and researchers.

Results: The blog, titled 'Frontiers of Health Care,' (www.frontiersofhealthcare.com) launched in December 2013. Content is disseminated via social media and partner websites. Over the next year, Health Affairs will feature original content from Frontiers of Health Care on their blog, promoting a broader national readership. Challenges of using a blog to disseminate real-time research findings include aligning alternative dissemination strategies with traditional academic strategies.

Conclusions: A blog can augment other communication strategies and is able to reach an audience not typically exposed to research findings.

OBJECTIVE: To describe the importance of a blog and supporting social media strategy for real-time dissemination of research.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Using a Blog to Electronically Disseminate Real-Time Research Findings
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TITLE: Using Self-Defense Curriculum for Violence Prevention: A Practioner Approach

TOPIC: Violence Prevention

AUTHOR(S): Drew Ibarra, Ronnie Carper

STUDENT: No

PRESENTATION TYPE: Poster

ABSTRACT: Self-defense classes have been shown to decrease the likelihood of assault and increase self-efficacy to resist future assaults when compared to women who have not taken classes (Hollander, 2014). The purpose of this presentation will be to discuss the development of a Physical Activity Self-Defense curriculum to empower, build self-confidence, and develop applicable skills to prevent sexual assault and violence. Discussion in this presentation will include the benefits of implementing this curriculum in a college physical activity instructional program as well as how 'Self-Defense' curriculum can be used as a tool for empowering sexual assault survivors. Special emphasis will be placed on the direct and indirect outcomes of the course.

OBJECTIVE: Understand the design and delivery of OSU's self-defense curriculum, Identify how to make a course accessible to the general student body, Identify the programmatic benefits to offering such a course, the need and interest of the student body.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Using Self-Defense Curriculum for Violence Prevention: A Practioner Approach
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TITLE: Utility of Concept Mapping for Public Health Professionals

TOPIC: Public health research methods; Participatory/Community research; Applied research

AUTHOR(S): Brian Souza, MS, Vicki Ebbeck, Ph.D

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: The purpose of this poster is to introduce public health professionals to Concept Mapping (CM; Kane & Trochim, 2007; Trochim, 1989). CM is a participant-driven mixed-method applied research tool that brings key stakeholders together to answer a public health problem or question. First, stakeholders brainstorm ideas to answer a topical focus prompt. Next, the stakeholders sort the brainstormed ideas into clusters based on similarity (to create concepts), and each idea is rated on its levels of importance and feasibility. The sorted data are analyzed using multidimensional scaling (MDS) and hierarchical cluster analysis (HCA). The results of the MDS and HCA are several interpretable maps that represent the stakeholders' collective thinking and can be used to guide planning, evaluation, or both. In addition to guiding planning and evaluation efforts, CM is particularly useful for addressing two common problems faced by many public health professionals; research and practice gaps as well as resource allocation. Therefore, CM is an effective tool for giving voice to stakeholders and systematically organizing suggestions to assist with the important process of making informed and well-reasoned decisions.

OBJECTIVE:

- 1.) Public health professionals will learn about Concept Mapping, a participant-driven applied research methodology (Kane & Trochim, 2007; Trochim, 1989).
- 2). Public health professionals will learn about potential applications of Concept Mapping for public health research and practice.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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TITLE: Variation in educational services receipt among US children with developmental conditions

TOPIC: child health

AUTHOR(S): Olivia Lindly, MPH, Brianna Sinche, MPH, Katharine Zuckerman, MD, MPH

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT:

Purpose: This study examined (1) if ease of access to needed community-based services (ease of access) is positively associated with educational services receipt among children with autism spectrum disorder (ASD), developmental delay (DD), and/or intellectual disability (ID), and (2) if developmental condition type significantly modifies these associations.

Methods: Data were linked from the 2009-2010 National Survey of Children with Special Health Care Needs and 2011 Survey of Pathways to Diagnosis and Services on a sample of 3518 children age 6-17 years with ASD, DD, and/or ID. Descriptive statistics, chi-square tests and multivariable logistic regression were used to examine associations between ease of access and educational services receipt. Effect modification by developmental condition type was further tested.

Results: Children with developmental conditions lacked both ease of access and educational services. Ease of access was significantly associated with children having an individualized education program (IEP) that addressed parent concerns about the child's development. Developmental condition type significantly modified the relationship between ease of access and IEP receipt.

Conclusion: To increase the effectiveness of delivery system innovations and improvement efforts, it is essential for practitioners and policy makers to better understand factors associated with receipt of needed services among children with developmental conditions.

OBJECTIVE: Identify factors promoting educational services receipt among school-age children diagnosed with autism, developmental delay or intellectual disability.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Variation in educational services receipt among US children with developmental conditions
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TITLE: Walk With Ease: Scaling up an evidence-based arthritis self-management program in Oregon.

TOPIC: Aging, Program Implementation

AUTHOR(S): Kathleen Conte, MA.

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT:

Background: Arthritis is the leading cause of physical disability, affecting over 760,000 Oregonians. Walk with Ease (WWE), an evidence-based self-management program shown to improve arthritis symptoms, is being scaled up via Oregon State University Extension Services. Over 5 years, the goal is to implement WWE in all Oregon counties reaching 36,000 participants. This study evaluates the scale-up progress in the first two years.

Methods: Scale-up was assessed through a review program records, observations of classes, and interviews with program leaders.

Results: Targeted scale-up goals were unmet in year one due to insufficient implementation capacity. Capacity grew by increasing technical assistance and leader training, and through establishing state-wide partnerships with organizations in business, health and community sectors. Year two saw a 200% increase in volunteers (n=196) recruited to lead the program that resulted in more classes offered. Participant enrollment also increased (n=991), compensating for insufficient enrollments in year one (n=39). Sixty-five percent of enrolled participants completed at least 2/3rds of the program.

Conclusions: The highly adaptable WWE program allowed for implementation in varied settings and target populations. Multi-sectorial partnerships supported shared ownership in scale-up efforts. Capacity building in years 1-2 emphasized volunteer recruiting and support; future efforts should focus on increasing participant retention.

OBJECTIVE: List components of capacity building that influence successful implementation of health programs. Explain how Extension Services can be used to support older adults in health programming.

AV NEEDS: N/A

PRIMARY CONTACT INFORMATION:

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Walk With Ease: Scaling up an evidence-based arthritis self-management program in Oregon.
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TITLE: Who completes Walk With Ease classes in Oregon?

TOPIC: Exercise, aging, arthritis

AUTHOR(S): Natalie Linton, Kathleen Conte, Benjamin Ashraf

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Arthritis is the leading cause of physical disability in Oregon and the United States. Regular physical activity has been shown to delay the onset of arthritis-related physical disability and decrease symptom severity, and moderate-intensity physical activity is recommended as a self-management strategy for those with arthritis. However, those with arthritis often hesitate to engage in physical activity. In response, the Arthritis Foundation developed the evidence-based Walk With Ease (WWE) program, which educates participants about successful physical activity and arthritis management, and engages participants in on-going aerobic fitness. Although WWE was originally developed to help participants with arthritis, the program is also suitable for anyone who wishes to join a walking group and learn more about how to exercise safely.

Statewide implementation of WWE in Oregon is currently reaching the end of its second year of 5 years of grant funding. Though the end of May 2014, 280 participants have been enrolled in 18 classes across 22 counties through the efforts of Oregon State University (OSU) Extension Service staff and partners. Many more participants are expected to enroll in/complete the program by the end of August, and this poster will present the results of regression analyses that compare completers (attended 12 or more of the 18 class sessions) and noncompleters of the program for classes that have ended by August 31, 2014.

OBJECTIVE:

- 1) Learn about the Walk With Ease (WWE) program and current efforts towards statewide implementation.
- 2) Find out about participant characteristics that are associated with completion of a WWE class.

AV NEEDS: N/A

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TITLE: Women Veteran Health in Rural Oregon

TOPIC: Women's health / Veteran health

AUTHOR(S): Cindi M Warburton

STUDENT: Yes

PRESENTATION TYPE: Poster

ABSTRACT: Women have served in the military since the American Revolution, actively participating in support roles in various conflicts around the world. In the past decade of war in Iraq and Afghanistan women have increasingly participated in combat support and direct combat roles resulting in higher risk of poor health outcomes. Witnessing combat related violence and being subjected to sexual harassment have been identified as major health concerns for women veterans. The health needs for this growing population of veterans should include consideration of their military experience, which may involve military sexual trauma (MST) and post-traumatic stress disorder (PTSD) in addition to women's health issues. Project: This scholarly inquiry project and literature review was conducted to produce evidence based recommendations that will improve the health care of women veterans in Central Oregon. Method/Design: A qualitative analysis was conducted using in-depth interviews from six women veterans and six community providers assessing whether or not women veterans are screened for military experience and whether or not they were asked about their military experience. Recommendations: Recommendations for improving the health care of women veterans who receive their health care outside of the Veteran Administration (VA) facilities include increasing awareness, screening questions and training for community providers.

OBJECTIVE: List 3 ways to improve the health and health outcomes for women veterans in a community care setting.

AV NEEDS: N/A

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