

Oregon Public Health Association Annual Conference

Program Abstracts

Monday, October 18, 2010

Concurrent Sessions #1

They do Public Health Differently There: Opportunities for Publication and Networking in the Humanities and Social Sciences

Hope Leman

Abstract: Samaritan Health Services launched the free online service ResearchRaven <http://www.researchraven.com/> in April 2010. It is a search platform that enables those in the health sciences to find calls for papers for periodicals and calls for presentations and papers at professional meetings and details of such meetings. As ResearchRaven has developed, we have been struck by how many of these calls either list public health as one of the topics of the conference or list public health professionals as possible presenters, attendees or authors, even those the sponsoring organization or journal is from a field that one does not typically immediately associate with public health (e.g., computer science or literary theory). Additionally, as the Web administrators of ResearchRaven we assign listings to the category Public Health even though public health is not explicitly mentioned in the announcement. We do so because we feel that the subject matter would interest those in public health. In this presentation, we will walk public health professionals through the Public Health categories of ResearchRaven and its sister site ScanGrants to generate discussion of the value of tracking what is being discussed about public health at conferences and journals OPHA members may not have heard of.

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Public Health Needs Public Health Nursing

Rebecca Austen, Casey Boland, MaiKia Moua, Diana Pope, Anna Stiefvater

Abstract: "If public health nurses do not present themselves as specialists in health promotion and illness prevention with a distinct philosophy, goals, and services, their profession possibly may be weakened or lost forever." Trang Kuss, 1997 Public health nursing is the practice of preventing, promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Public health nurses (PHN) work in a variety of venues applying their specialized expertise through direct services, planning, and policy work. Their practice aligns with the public health essential services therefore advancing the success of health reform. Comprising almost 50% of its workforce, public health nursing is a cornerstone of public health. However, the escalating trend to reduce the proportion of PHNs in public health is a call to question health equity and quality. Public health nursing needs to be clear about its role and communicate the impact it has on the health of communities. Session: A diverse panel of public health leaders will engage the audience in a discussion on public health nursing trends. Themes derived from the discussion will be integrated into a practice model that will articulate how public health nurses are essential to carry out healthcare reform.

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Impact of Pandemic Influenza H1N1 in Oregon, 2009-2010

Ann Thomas and Meredith Vandermeer

Abstract: Between September 2009 and April 2010, over 1,300 Oregonians were hospitalized with an infection due to a novel strain of influenza, which additionally claimed 67 lives during that time period. Was this really any worse than recent influenza seasons in Oregon? This presentation will provide a brief overview of the virology and epidemiology of influenza and describe the various methods that the State of Oregon uses to track influenza in a typical influenza season. Comparisons between surveillance data from 2009-2010 in Oregon to data from the preceding 5 years show that while the burden of illness was high during the pandemic, severity was similar to that of influenza strains recently circulating in Oregon. Review of historical data from 20th century pandemics suggests

that the novel 2009 strain was similar to the 1918 strain in that attack rates were highest in the young, and bacterial pneumonia was a common complication. The impact on mortality this past influenza season was likely mitigated by the availability of antiviral medications, and better supportive care in general, and by the availability of antibiotics to treat and pneumococcal vaccine to prevent pneumonia.

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Eco-Healthy Homes: What works to empower citizens in improving home environments?

Jen Coleman

Abstract: Because children are most vulnerable to exposure to toxic substances, and because children spend the most time at home, indoor home environments are key to determining long-term health. Health challenges such as asthma, allergies and chronic disease can be addressed by reducing the multiple sources of exposure common to households. A number of Oregon agencies, advocacy groups and academic entities have programs underway to educate and empower caregivers to reduce toxic exposure through purchasing and maintenance practices. Programs include community-based social marketing, peer education, expert workshops, in-home case management and other tools. What works to secure behavior change? What obstacles exist? How do programs best succeed in reaching and serving disproportionately affected communities? OEC will introduce these questions and present their newly created Eco-Healthy Homes Checkup Kit.

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Ready for Change: Preparing the Public Health Sector for Climate Change

Stacy Vynne and Bob Doppelt

Abstract: Climate change is likely to produce significant stresses on human health. If carbon emissions continue to rise, Oregon may experience annual costs of over \$900 million dollars for climate related health illnesses and diseases by 2020. To reduce the risks and costs of these likely health impacts, public health officials must begin to prepare now for rising temperatures, disease outbreaks, extreme flooding, more intense wildfires and other climate-related events that can impact human health. In 2008, the University of Oregon's Climate Leadership Initiative (CLI), with the Coalition of Local Health Officials, surveyed public health workers in Oregon to assess: 1) knowledge on climate change health risks; 2) climate change preparedness initiatives; and 3) resource and training needs. The survey found that there is interest and knowledge of local climate impacts, but a lack of capacity, tools, or resources to take action. Using the survey results as a baseline, CLI has collaborated with state and national partners to develop guidebooks for public health professionals on reducing greenhouse gas emissions and preparing for the risks of climate change. This presentation will discuss the results of the statewide survey and the principles and methods outlined in the guidebooks.

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A health impact assessment of the transportation policies in the Eugene Climate and Energy Action Plan

Heidi Guenin

Abstract: Background Upstream Public Health recently completed a health impact assessment (HIA) of the Eugene Climate and Energy Action Plan (CEAP). The goals of the plan are to: reduce greenhouse gas emissions, reduce fossil fuel use, and adapt to climate change and rising fuel prices. Many objectives of the CEAP are likely to impact the public's health. Research has shown that policies aimed at reducing greenhouse gas emissions can result in increased physical activity, better air quality, and fewer vehicle crashes. Methods A HIA is a tool used to inform policy debates and promote decisions that are the most beneficial to health. During an early stage, it was determined that the HIA could bring new information to the debate about the CEAP that could influence decisions. The analysis was limited to the transportation recommendations in the CEAP and focused on health impacts related to physical activity, air pollution and collisions. Assessment included existing conditions data and a literature search examining the scientific evidence of the potential impact of the CEAP objectives. Results For each selected CEAP objective, the final HIA describes how the objective will impact health. The report includes recommendations to best improve the health of Eugene residents while decreasing greenhouse gas emissions. The report will be disseminated to policymakers, key community stakeholders in Eugene, and state and national

partners. This HIA appears to be the first completed on a local Climate Action Plan.
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The New WIC Food Packages: What's the Impact with Participants?

Julie Reeder, Jennifer Menge

Abstract: Background: In August 2009 the Oregon WIC program implemented new food packages that included an allowance for fruits and vegetables, options for whole grains, jarred infant foods, and a policy of not giving formula to breastfeeding infants in the first month of life. The purpose of this study was to determine the impact of these changes on participant shopping patterns and infant feeding decisions. Methods: A minimum of 70 participants per topic area were randomly selected from each of the 4 tiers of WIC agencies to take part in phone-based key informant interviews about one aspect of the new food packages. Results: Food package changes were generally well accepted by participants with the fruit and vegetable voucher and whole grain options particularly appreciated. Most used the fruit and veggie voucher to purchase staples rather than greater variety. Jarred infant foods were purchased up to the maximum allowed, with evidence that continued use of Stage 2 foods may not be supporting progression of feeding skills. Discussions related to breastfeeding found WIC's formula policy to not be a major contributor to breastfeeding decision making and that coupons, samples, and retail stores were common sources for obtaining formula. Implications: While WIC food package changes may have positively influenced produce and whole grain purchases, more exploration and education is necessary to optimize participants' infant feeding decisions.

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Donor Milk Banks: How the use of donor milk can reduce health care costs and improve health outcomes

Dixie Whetsell and June Winfield

Abstract: Human milk has been an essential food for the survival of the human race. When a mother cannot provide milk for her own infant, donor milk is the best substitute. In this presentation, we will review the history of milk banking, and the current network of not-for-profit milk banks in North America. We will discuss the Human Milk Bank Association of North America, including the purpose and guiding principles of this organization. Participants will learn the basic purpose of a nonprofit donor milk bank, and how a donor milk bank screens donors, receives milk donations, processes donor milk, and distributes it. The health and financial benefits of providing donor milk to recipients such as preterm infants, children and adults with special nutritional needs will be discussed. We will discuss how the creation of a donor milk bank and the increased use of donor milk can contribute to reducing health care costs and improve health outcomes. Finally, we will review the development of the Northwest Mothers Milk Bank, a donor milk bank in the planning stages, and review the resources needed to start a donor milk bank.

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Healthy Women: The Key to Healthy Families

Helen Bellanca and Michele Stranger-Hunter

Abstract: The Oregon Foundation for Reproductive Health (OFRH) is seeking to increase the attention paid in primary care to contraception and pre-conception care. Unintended pregnancies and pregnancy complications continue to contribute to poor health outcomes for women and children, and to rising health care costs. Our goal is to maximize the chances that all pregnancies are wanted, planned and as healthy as possible despite the complex maze of primary care. Current efforts toward health care reform nationally and in Oregon emphasize prevention, but sometimes reproductive health is lost amidst the many competing priorities. This presentation will discuss ways in which reproductive health can more effectively be integrated into primary care, with a focus on one standard, recurring question "Do you intend to conceive in the coming year?" If the woman answers "yes", she can be referred for preconception care and advised to take folic acid. If she answers "no", she can be assessed as to whether she is using contraception, is satisfied with her method, needs further contraceptive services and knows about Emergency Contraception. We will discuss strategies to make this question (and subsequent follow up) part of every woman's health care. Ultimately, this will lead to healthier infants, families that are more likely to thrive and reduced health care costs.

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Excessive sodium intake: Why it matters to public health

Katrina Hedberg, Becky Wright

Abstract: Background: Excessive dietary sodium contributes to hypertension, heart disease, stroke and other chronic diseases. Most Americans (90%) consume far more sodium than recommended by the US Dietary Guidelines. Reducing salt intake by 3 g per day could prevent 44,000-92,000 US deaths annually. Purpose: Provide Oregon data on the extent of the problem, and the impact of potential interventions. Methods: We analyzed Oregon death certificate and Behavioral Risk Factor Surveillance System data, and reviewed literature on sources of dietary sodium and potential interventions. Results/Outcomes: In Oregon, 28% of adults report hypertension. In 2007, hypertension was the underlying cause of >600 deaths, and contributed to >4400 deaths (15%). Based on age >40 years, African American race, and/or having hypertension, >67% of Oregonians should consume <1500 mg sodium daily; national estimates indicate most people consume twice that. Three-fourths of dietary sodium comes from processed/restaurant foods. Reducing sodium consumption could save an estimated \$110-\$260 million in health care costs to Oregon. Conclusions/Implications: The majority of Oregonians should reduce dietary sodium intake. As per the National Salt Reduction Initiative and the IOM report on Strategies to Reduce Dietary Sodium, this will require both individual and policy interventions, e.g. voluntary reductions by the food industry and/or governmental regulation.

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Sustainable Food System Advocacy: A Role for Health Professionals

Emma Sirois and Gretchen Miller

Abstract: Sustainable food systems serve and protect human, environmental, social and economic health so that all persons have access to healthy, nutritious foods to promote health and wellness. In 2007, the APHA recognized both the opportunity and the urgency for the public health community to support transformation of our “food system to promote environmental sustainability, improve nutritional health, and ensure social justice” in its ground breaking Policy Statement “Toward a Healthy Sustainable Food System”. Health professionals are recognized as trusted experts on health-related issues, not only in the clinic, but also in the community-at-large. They are called upon to treat ailing patients, and to provide information about how a variety of substances, behaviors, and exposures to toxins in the environment impact public health. Well-informed and prepared clinicians can dramatically influence and educate others. Health professionals across the spectrum, from public health to nurses to physicians, are increasingly supporting a myriad of sustainable food advocacy efforts including healthcare facility foodservice programs and policies; the integration of the sustainable foods approach into their practices and using their health voice to support discourse and decisions in the policy arena. Oregon Physicians for Social Responsibility in coalition with Health Care Without Harm works with health systems and professions to mobilize support for sustainable food systems. In this session we will explore the connections between our food system and public health; look at examples advocacy efforts in facilities, practices and policy settings; as well as review resources for advocacy engagement.

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Public Drinking Water Sources in Oregon

New Data and Strategic Directions

Sheree Stewart

Abstract: Safe public drinking water supplies are dependent upon well-maintained and operated drinking water treatment systems. However, it is now widely recognized that *not all contaminants can be removed by treatment technologies*. Even state-of-the-art systems can be challenged by the contaminants from diverse activities on land used as sources of drinking water, including new synthetic chemical compounds, strong microbial pathogens, personal care products, and pharmaceuticals in the human waste stream. Oregon test data, as well as national research data, will be shared to demonstrate the challenges we face.

In order to learn more about the source waters in Oregon, the Department of Environmental Quality (DEQ) and the Department of Human Services (DHS) developed and implemented a sampling plan in 2008-09 for source waters upstream of surface water intakes and at public water system groundwater wells. Source waters were tested for over 250 “emerging contaminants”. The chemicals that were analyzed for included pharmaceuticals, cleaners, volatile organic compounds, fire retardants, plasticizers, phthalates, herbicides, insecticides, fungicides, metals, bacteria/pathogens, and polyaromatic hydrocarbons. Several of these compounds were found at more than 50% of the sampling sites. *Monitoring results will be presented and the potential sources and implications discussed.* Initial results of Phase II of this work performed in June 2010 will also be presented.

The new data characterizing Oregon’s drinking water sources will be presented in the context of other toxics monitoring data recently released by DEQ. The drinking water source monitoring project provides important information on risks and the results are already being used to help prioritize current work in both drinking water and other related water quality initiatives. This presentation will include brief updates on the DEQ Toxics Reduction Strategy, new toxicological research, and the Persistent Priority Pollutant project involving community wastewater treatment facilities.

Improving the quality of the source waters serving public water systems is critical for reducing the future costs of treatment, but perhaps more importantly, reducing the health risks associated with the contaminants that are not monitored and/or removed through existing regulatory requirements. This presentation will conclude with several key “take-aways” for potential application by public health officials at the local level.

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Panel: Proyecto de Salud Para Latinos: Understanding the Sexual and the Reproductive Health Needs of Young Latino Men and Women Residing in Rural Oregon

Immigrant Latino men residing in rural communities in the Northwest: Exploring sociocultural and physical environments associated with HIV/STI risk

Antonio Torres, Marie Harvey, Liana Winett, Deanne Hudson and Meredith Branch

Abstract: The Latino population in Oregon has doubled, and in some areas tripled, with a disproportionate increase in rural areas. Although relatively little is known about this population, evidence suggests that a confluence of migration-related factors likely increase the vulnerability of Latino men to sexually transmitted infections (STIs). This study explores how migration-related, sociocultural and environmental factors intertwine to render immigrant Latino men residing in rural Oregon at increased risk for HIV/STI. In-depth interviews were conducted with 49 men (ages 18-30) who recently immigrated to the US and had engaged in sexual intercourse with women. Content analysis indicated that job instability and seasonal/industry restrictions resulted in frequent changes in employment and living situations. Although family members and friends/roommates were most frequently identified as sources of social support, one-fourth of respondents reported having no one to turn to when they needed something. Sex with multiple partners was common and over one-third reported sex with prostitutes since coming to Oregon. Although respect for wives/girlfriends was valued, separation from partners, loneliness, sexual drives, machismo and/or relationship difficulties were cited as reasons men have sex outside their primary relationships. These converging influences on risky sexual behaviors and implications for policies and services will be discussed.

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Perceived structural barriers to sexual and reproductive health services: Listening to immigrant Latino men in rural Oregon

Deanne Hudson, Marie Harvey, Antonio Torres and Meredith Branch

Abstract: Little is known about the perceived structural, service delivery system and acceptability factors that affect use of sexual and reproductive health (SRH) services by immigrant Latino men who are new arrivals to rural Oregon. As part of a larger study, in-depth interviews were conducted with a convenience sample of 49 Latino men. Participants discussed perceived barriers and facilitators to access and use of SRH services, their experiences, and preferred context of service delivery. Many participants were not familiar with SRH services in their area. Others cited barriers to access and use of services, the most common being long distance and waiting times, discomfort

with staff/facility, a shortage of bilingual staff, anxiety about test results, and concerns about cost and legal status. Some participants reported dissatisfaction with past experiences with nearly one third indicating that they had experienced discrimination when seeking SRH services. Additional findings, including participants' opinions about the importance of respect and trust in SRH services and suggestions for improving use of services will be discussed. Understanding the attitudes and perceptions of immigrant Latino men is important as agencies develop effective strategies to increase access/improve service delivery for this expanding population new to Oregon.

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Factors associated with effective contraceptive use among a sample of Latino men and women residing in rural communities in the Northwest

Jocelyn Warren, Marie Harvey and Marit Bovbjerg

Abstract: Although women from diverse backgrounds experience unintended pregnancies, Latina women are disproportionately at risk. One factor contributing to unintended pregnancy among Latinas is the low rate of contraceptive use. Recent research suggests that relationship factors may be as or more important than individual factors in contraceptive use. Few studies, however, have examined contraceptive use among young Latino adults. Even fewer have examined these issues among Latinos living in rural areas. In this cross sectional study we compare men and women using effective contraceptives (53%) with all others (non-users and users of ineffective methods) on variables hypothesized to influence contraceptive use with a focus on partner-specific relationship characteristics. Data come from structured in-person interviews with a convenience sample of Latino women (n=243) and men (n=233) living in the rural Northwest. Bivariate analysis indicated that partner-specific factors (i.e., sexual decision-making, perceived vulnerability to pregnancy, motivation to avoid pregnancy, self-efficacy, and commitment) and cultural factors (i.e., machismo and level of acculturation) were associated with effective contraceptive use. Results from multivariate analysis, including differences by gender, will be presented and implications for the development of programs to prevent unintended pregnancy tailored for Latino young adults residing in rural communities will be discussed.

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Panel: Building community coalition evaluation capacity for advancing policy and environmental change
Suzanne Briggs, Noelle Dobson, Christopher Kabel, Ronda Zakocs

Abstract: Over the past decade, public health has moved upstream from direct services and health education campaigns to address the underlying social determinants of health. This upstream focus is embraced by advocates working to advance policies and environments promoting healthy eating and active living. Integrating evaluation into their work may help advocates become more successful, yet it takes some capacity. This panel will share lessons learned from a two-year initiative that sought to improve six community coalitions' capacities for evaluating their progress toward policy and environmental change. Each coalition identified one desired policy or environmental change to promote healthy eating and active living. An evaluator helped coalitions develop strategy maps, evaluation plan matrices, data collection tools to measure milestones, and documents to communicate results to stakeholders. Coalition members were requested to share tools, documents, and experiences with each other. In-person workshops, exercises, technical assistance, dedicated web site, and conference calls were used. After an overview of the initiative, Suzanne Briggs will moderate a panel who will share their experiences from varying perspectives: " Christopher Kabel as a funder from Northwest Health Foundation; " Noelle Dobson as a grantee from Community Health Partnership; and " Ronda Zakocs as a program evaluation consultant.

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Panel: You Name It! Engaging Youth to Address Health Literacy

Ann Krier, Leah Haas, Stephanie Vazquez, Nohely Garcia, Zeleny Montes, Miguel Gutierrez, Alfredo Gonzalez, Alfredo Mora, and Yobana Ortiz

Abstract: The National Assembly on School-based Health Care sponsored a project called “You Name It!” to engage youth as lead investigators in looking at issues of health literacy - what, where, and how health information is presented and understood - through their perspective. The Woodburn Health Advocates Movement (WHAM), a group of high school youth involved in promoting wellness and advocating for a school-based health center in Woodburn, undertook this project. The three-week project involved the tasks of cataloguing every piece of information that the youth receive on a given day (text messages, billboards, internet), creating a script of a conversation they had that impacted their health, snapping photos of all the activities and information that they are involved in on a given day, and observing a health care provider’s office. They engaged peers, healthcare providers, family and others to observe the messages that they are surrounded with each day. After completing this investigation, the youth came together to brainstorm ideas for addressing the issues that they saw. This youth public investigator team will describe the training and investigation process, the observations that they collected and the action steps that they are taking based on their experience with this project.

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Concurrent Sessions #2

Institute of Medicine Report - Robert Wood Johnson Foundation Initiative on the Future of Nursing: Public Health Implications

Michael Bleich – NO ABSTRACT AVAILABLE AT THIS TIME

Using popular education and the community health worker model to build leadership and improve health among women with disabilities

Amy Anderson, Marcelina Garcia, Cindy Henderson, Ann Kasper, Marjorie McGee, Teresa Rios

Abstract: The Women with Disabilities Health Equity Coalition (WowDHEC), founded in 2006, is a private non-profit 501c3 community-based coalition governed by women with diverse disabilities, with a specific mission to improve the health of women with disabilities. A major outcome has been a community health worker outreach program that trained and supported women with disabilities to outreach breast and cervical cancer screening information to women with disabilities throughout the Portland Area. This program marked the first time that a peer community health worker model like that successfully used with racially and ethnically diverse women has been applied to women with disabilities, who are less likely to receive breast cancer screening and more likely to die from cancer than women without disabilities. This presentation, using popular education (including a breast health simulation by CHWs), will demonstrate the effectiveness of using popular education and the CHW model with members of the disability community. Challenges with defining and identifying “the disability community” will be addressed, as well as strategies to reach people with disabilities.

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Empowering health promotion as a means to achieving health equity within a local health department: The Health Promotion Change Process at the Multnomah County Health Department

Rujuta Gaonkar, Samantha Kaan, Noelle Wiggins

Abstract: Over the past several years, a series of employee groups have been working to shift public health practice at the Multnomah County Health Department (MCHD) in Portland, Oregon, towards the vision of health promotion articulated in the World Health Organization's Ottawa Charter: the process of enabling people to increase control over, and to improve their health. In 2007, a cross-departmental team created a conceptual framework to clearly articulate how empowering health promotion can be a key strategy for achieving health equity. Based on a formative evaluation, a plan for implementation of the framework was developed. The first step was the creation of a Health Promotion Community of Practice (CoP). In this presentation, we will share the story of the CoP, a cross-functional group of employees at the MCHD that came together to implement the Health Promotion Change Process, an effort to promote a paradigm shift within the organization toward empowering health promotion. We will share the initial process of forming and maintaining the group, describe how we are making concrete empowering health promotion practices and approaches as a mechanism for achieving health equity, and highlight the lessons learned to date that may apply to other agencies interested in promoting social justice and health equity via empowering health promotion.

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Promoting community resiliency and preparedness through community building, positive framing and participant centered techniques

Brian K. Johnson, Selene Jaramillo

Abstract: The Mentored Emergency Planning Program (MEPP) provides a compelling example of ways in which public health professionals can reshape the landscape of preparedness work by emphasizing core principles of public health. From March through September 2009, Lane County Public Health established the MEPP, a demonstration project emphasizing positive messaging and organizational- and participant-centered techniques to assist 36 community based organizations (CBOs) successfully write, adopt, and test emergency preparedness plans, policies and work practices. The MEPP consisted of three workshops, and for some of the participating organizations, in-person mentoring sessions in-between the workshops. As a result of the project, agency representatives reported significant changes in feelings of self efficacy for developing an emergency preparedness plan and significant changes in their perception of their workplaces' ability to handle a large-scale disaster or emergency. Most agencies developed written plans and engaged in emergency preparedness planning activities; all agencies made important steps which resulted in greater engagement and buy-in from the organization. The project illustrates the value of positive messaging, and (starting where people are) to increase integration of emergency preparedness into regular planning and work practices. It also highlights effective practices for building trusting relationships between local government and community based organizations.

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Preventing Sexual Violence: Oregon's Public Health Approach

Ashley Maier and Emilee Coulter-Thompson

Abstract: Background/Purpose: Sexual violence is epidemic globally, nationally, and locally. The most recent Oregon-specific study indicates that 1 in 6 Oregonian women will be forcibly raped. This is a public health crisis. Utilizing a public health framework, the Oregon Attorney General's Sexual Assault Task Force (SATF), with funding from the Division of Public Health, Office of Family Health, has been working to prevent sexual violence in Oregon since 2005. Methods: The presenters will provide an overview of the public health approach to sexual violence prevention and present a comprehensive overview of sexual violence prevention work being done across the state. This includes the statewide sexual violence prevention plan, Rape Prevention and Education funding and assistance program, committees, workgroups, and other initiatives. Results/outcomes: This presentation will increase public health practitioners' commitment to eliminating and understanding of sexual violence and its root causes. It will equip audience members with knowledge necessary to implement sexual violence prevention strategies in their work and provide them with a clear understanding of resources available to them.

Conclusions/Implications: Sexual violence intersects with almost every area in which public health practitioners work. These professionals must not only understand the issue, but must also recognize best practices for its

prevention.

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Postpartum Stressful Life Events and Intimate Partner Violence as Risk Factors for Self Reported Postpartum Depression among American Indian / Alaska Native Mothers of Two Year Olds in Oregon
Maria N. Ness, Kenneth D. Rosenberg, Alfredo P. Sandoval, Victoria Warren-Mears, Thomas M. Weiser

Abstract: Background: The prevalence of stressful life events (SLEs) and intimate partner violence (IPV) are disproportionately high among American Indian/Alaska Native (AI/AN) women in Oregon, which may contribute to the similarly high prevalence of postpartum depression within these communities. Methods: Analysis was conducted using data from birth certificates and PRAMS-2, Oregon's Pregnancy Risk Assessment Monitoring System (PRAMS) follow-back survey, conducted when the child is 2 years old. PRAMS-2 asks mothers to self report thirteen separate SLEs, IPV, and symptoms of depression occurring 13-24 months after the birth of their child. The SLEs were divided into four categories: partner-related, traumatic, financial, and emotional events.* The presence of IPV was assessed using a five part question.** Bivariate logistic regression was conducted to determine whether SLEs and IPV were risk factors for maternal depression. Results: 226 AI/AN women with live births in 2004-2005 responded to PRAMS-2; 29.4% of them reported having experienced symptoms of depression in the baby's second year. All four categories of SLEs were statistically significantly associated with an increased risk of postpartum depression. Partner-related stressful events were most strongly associated with depression (Odds Ratio=4.71, 95% Confidence Interval=2.46-9.02), followed by traumatic stressful events (OR=3.87, 95% CI=2.06-7.27), financial stressful events (OR=3.52, 95% CI=1.65-7.49), and emotional stressful events (OR=2.08, 95% CI=1.04-4.17). IPV was also statistically significantly associated with an increased risk of depression (OR=4.03, 95% CI=1.95-8.35). Conclusions/Implications: SLEs and IPV are statistically significant risk factors for postpartum depression among AI/AN women in Oregon. The high prevalence of postpartum depression among AI/AN women might be addressed by developing interventions that target mothers who experience specific types of SLEs or IPV. *Categorization of SLEs: Partner-related SLEs = separation or divorce from partner, increased arguing with partner. Traumatic SLEs = homelessness, participation in a physical fight, incarceration of partner or self, alcohol or drug problem of someone close. Financial SLEs = change of address, loss of own job, partner's loss of job, inability to pay bills. Emotional SLEs = illness of family member or self, death of someone close. **Types of IPV = verbal abuse, limitation of contact with family or friends, prevention of access to shared income, physical abuse, sexual abuse.

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Engaging Men in the Prevention of Gendered Violence
Cliff Leek

Abstract: Purpose: The Oregon Attorney General's Sexual Assault Task Force (SATF) coordinates the Oregon Men Against Violence (OMAV), a statewide effort to engage men in the prevention of gendered violence, because truly addressing the root causes of violence requires the engagement of men in prevention efforts. Methods: The presenters will outline the statewide OMAV initiative, the application of the public health and socio-ecological models in OMAV work, and describe some of the work being done by local organizations involved in the initiative. Outcomes: This presentation will instill in attendees the importance of involving men in work to prevent the epidemic of gendered violence as well as offering the framework of the OMAV initiative as a resource to beginning that involvement. Conclusions: The prevention of gendered violence has, for too long, been framed as a women's issue. The prevention of the violence that deeply impacts the communities of all populations served by public health professionals requires the education and participation of men. This presentation will reframe gendered violence as a men's issue, opening new avenues for prevention work.

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Hearing Health in Northwest American Indian Communities

William Hal Martin, William E. Lambert, Linda C. Howarth, Yongbing Shi, Susan E. Griest, and Thomas M. Becker

Abstract: Background: Hearing loss is highly prevalent in AI/AN communities. Losses can isolate members from the spoken aspects of culture. This study documented hearing health risk exposures and the results of rehabilitation intervention in NW tribal groups. Interventions: We performed hearing screening in rural and urban tribal collectives. We identified hearing losses, provided diagnoses, and when needed, provided hearing amplification devices (hearing aids and other devices). Evaluation measures: We tracked quality of life changes resulting from amplification over a 6-month period. We used questionnaires to identify potential risks from types of noise exposures. Results: We screened 289 participants, of which, 134 (46.4%) required medical intervention and/or amplification. In the group fitted with hearing aids (n=24), significant life improvement was noted when amplification was used. An additional 24 participants have completed evaluation and the results are being analyzed. Rural participants reported significantly higher noise exposures than did those from urban settings. Both settings had a high prevalence of potentially dangerous noise exposures. In conclusion, noise exposure presents a significant hearing health risk that requires aggressive prevention programs to reduce the likelihood of hearing impairment. Amplification, if applied and used properly, benefits AI/AN individuals with hearing loss and retains or restores their important community connections.

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Regional differences in cancer incidence among American Indian and Alaska Native people in the Pacific Northwest

Paneeen Petersen, Megan Hoopes

Abstract: Background: In the northwest, cancer is a leading cause of morbidity and mortality for American Indian and Alaska Native (AI/AN) people. Misclassification of AI/AN race in state cancer registries causes cancer burden to be underestimated. Methods: We corrected race coding in the cancer registries of Idaho, Oregon, and Washington using probabilistic record linkage to a file derived from Indian Health Service patient enrollment records. Using linkage-corrected race data, we examined cancer incidence rates and leading sites across the three-state region, comparing AI/AN to Non-Hispanic White (NHW) race. Results: Record linkage increased case ascertainment of AI/AN cancers by 13%. Across the region, cancer incidence would have been significantly underestimated without correction of race (age-adjusted rate, 2000-2005 = 314 [95% CI: 297 - 332] per 100,000 pre-linkage, vs. 370 [95% CI: 352 - 390] per 100,000 post-linkage). Idaho AI/AN had significantly lower rates of all-site invasive cancer than either Oregon or Washington, though rates for NHW were similar across the states. Several regional differences were noted, including a relatively high incidence of blood cancers among Idaho AI/AN, disproportionate lung cancer rates among Oregon females, and disparities in colorectal cancer stage-at-diagnosis compared to NHW. Conclusions: The correct classification of race is a crucial factor in cancer surveillance, and can reveal regional differences even within a relatively small area. Improved understanding of local cancer trends can help inform states and tribal communities in appropriate prevention and early detection efforts.

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Lost in Translation: Research Challenges and Lessons Learned from Conducting Research in the Hmong Community

Sheryl Thorburn, Jennifer Kue, Karen Levy Keon, Patela Lo

Abstract: Background: Hmong women in the U.S. are screened for breast and cervical cancer (BCC) at remarkably low rates, yet little research has been conducted with this population. Working with the Hmong community presents unique challenges and opportunities. This presentation shares lessons learned during the process of planning and conducting qualitative research on factors influencing BCC screening for Hmong women in Oregon. These lessons have the potential to provide guidance to researchers on methodological and practical issues related to conducting research with this population. Methods: We conducted 17 key informant and 84 in-depth interviews with Hmong women and men. Research team discussions, insights from our Hmong research team members, input from our Community Advisory Committee, and project documents were sources of information about the process of conducting research in this community. Results: Lessons learned concern several areas including building community partnerships and support; establishing and working with a community advisory committee; hiring and training bi-lingual, bi-cultural staff; using culturally appropriate materials and methods; obtaining informed

consent; addressing language and literacy issues; obtaining accurate translations and transcriptions; and protecting privacy and maintaining confidentiality in a small, clan-based community. Conclusion: We used multiple strategies to ensure this study was culturally appropriate. The lessons learned from our experiences can inform future research with this population.

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Quantitative Assessment of Risk to Infants from Environmental Contaminants in Human Milk

David Farrer, Mike Poulsen, Dana Davoli, Marcia Bailey, Clement Welsh, Daphne Moffett, David Fowler, Raymond Yang, Sami Haddad

Abstract: Background: Polychlorinated biphenyls (PCBs) and other fat-soluble, bioaccumulating environmental chemicals can concentrate over time in human milk. Assessing the health risks posed to infants who nurse from mothers with contaminated milk requires information about the concentration of environmental chemicals in the milk. Obtaining human milk samples to measure chemical contaminants is often not possible. Therefore, it is desirable to have methods to predict the concentrations of chemical contaminants in human milk based on the mother's exposure to the chemical. Methods: A simple first-order kinetic model developed by the EPA was adapted for use in human health risk assessment. To validate this model, we compared it with two other, more sophisticated physiologically-based pharmacokinetic models. The EPA model was then applied to develop Infant Risk Adjustment Factors to be used in human health risk assessments. Results: Human milk concentrations and doses to the infant of PCB-153 simulated by the 3 models were similar within a factor of 2. The simulated infant dose of PCB-153 was consistently two orders of magnitude greater than the lifetime average daily dose to the mother. Conclusions: The simple, EPA model appears to provide an adequate and protective way to predict the concentration of fat-soluble, bioaccumulating environmental contaminants in human milk. Oregon DEQ has incorporated this model into its Human Health Risk Assessment Guidance.

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A New Resource for Environmental Public Health: Oregon EPHT's Dynamic Web Portal

Tara Chetock, Curtis Cude

Abstract: Environmental Public Health Tracking (EPHT) is a nationwide initiative that involves the ongoing integration, analysis, interpretation and dissemination of data on environmental hazards, human exposures and health effects. Oregon is one of twenty-three grantees funded by the Centers for Disease Control and Prevention to help develop the national EPHT network. EPHT intends to explore the connections between pollutants and human health by integrating environmental and public health surveillance systems. Coming this fall, Oregon EPHT will launch a new indicator-based dynamic data portal that will make searching for environmental and public health information more interactive than ever before. This new portal will allow the public to access easy-to-read information by querying our online environmental health database. Data will be organized by content area and public health indicator, and will be displayed in maps, tables and graphs. Query results will be accompanied by a description of the public health indicator. Public health indicators are standardized measures that can be used to compare health status over time or across different geographical areas. Users can query data from eight content areas at various geographic levels, depending on the indicator. This presentation will demonstrate how to access the Oregon EPHT portal and conduct data queries.

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Public Health and Chemical Exposures: Thoughts and Concerns from Oregonians

Renee Hackenmiller-Paradis, Lisa Arkin, Maye Thompson,

Abstract: The Oregon Environmental Council, Oregon Toxics Alliance, and the Oregon Chapter of the Physician's for Social Responsibility teamed up during the Spring of 2010 to hold five community forums throughout the state

to get public input about how toxic chemicals are affecting people's health. These forums were part of a two-year project by the U.S. Centers for Disease Control and Prevention (CDC) to strengthen the nation's approach to protecting the public from chemical exposures in air, water, soil, and consumer products throughout the country. The feedback and ideas developed at these community conversations, which were held around the country, will be used to create a national action agenda that seeks to protect the public's health from harmful chemical exposures. This presentation will provide background on the National Conversation on Public Health and Chemical Exposures, detailing the vision and goals of the project; discuss key messages that developed from the conversations held in Oregon; and provide opportunities to learn more about what is going on in Oregon to address some of the concerns surrounding exposure to toxic chemicals and provide resources to learn more and take action locally as well as nationally.

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Panel: OSU Extension Service's Role in Advancing Public Health Research, Education, and Practices in Oregon

Marc Braverman, Tom Eversole, Viktor E. Bovbjerg, Kathy Gunter, Deborah John

Abstract: Panel Overview Abstract All universities engage in research and teaching; most land-grant institutions have an additional mission: Extension. Oregon State University Extension, recognized as among the top U.S. land-grant programs, is committed to its service vision of "engaging with Oregon's people and communities to have positive impacts on community livability, economic vitality, natural resources sustainability, and the health and well-being of people." OSU is additionally in the process of establishing an accredited school of public health where, by virtue of the land-grant mission, we will be obligated to ensure that public health outreach efforts are intensified to better serve our local constituents and share research-based public health programs and information. The argument will be made for rebranding Extension - particularly units with a significant Family and Community Health (FCH) schema - in terms of the public health benefit. Further, the establishment of public support for Extension service with a focus on public health through the formation of Extension Service Districts (ESDs) provides a conduit for students in PH to engage in experiential learning. In this way, not only do the people of Oregon benefit from increased public health capacity and resources - the school of public health is advanced as is OSU's public health presence.

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Poster Session

Putting young worker health on the map: Occupational injuries to Oregon workers 24 years and younger, 2000 - 2009

Mandy Green, Jaime Walters, Tasha Chapman

Abstract: Background: Occupational injuries to adolescents and young adults are a known public health problem. We sought to describe and estimate rates of occupational injuries to workers younger than 25 years of age in Oregon during a 10-year period. Methods: Oregon Workers' compensation disabling claims data (n=23,325) and one commercial insurance carrier's non-disabling claims data (n=16,153) were analyzed. Total employment from the Local Employment Dynamics of the U.S. Census Bureau and the Oregon Labor Market Information System was used as a denominator for rates. Claims were geocoded and small area and smoothed rates were calculated to assess geographic variation in injuries. Results: Injuries were more frequent among 22-24 year olds and among males, though females accounted for a higher proportion of claims in the youngest age group. The most common injury type was a sprain or strain, but lacerations and burns were more frequently reported in the 14-18 year-olds. When non-disabling claims were included, the rate of injury for 14-18 year-olds doubled. The overall rate of injury was 122.7/10,000 workers, but was higher in the construction, manufacturing, and transportation sectors, and in the agriculture, forestry, fishing and hunting sector for older teens and young adults. Injury rates varied significantly by small area, even after accounting for industry hazard. Conclusions: Young workers continue to be at risk for occupational injuries. Our results show that specific interventions may be needed for older teen and young adult workers to reduce the rate of injury for these age groups. The use of commercial insurance carrier data and spatial

analyses enhance our understanding of young worker injuries and show how targeted interventions by geography and sector may be implemented to reduce the burden of injuries for young workers in Oregon.

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Using Film-making to Engage Native American Youth in Reproductive Health Improvement
Nichole Hildebrandt, Stephanie Craig Rushing , Tracy Rector, Megan Hoopes, Tosha Zaback, William Lambert

Abstract: background/purpose Native American youth are more likely to be sexually active, and demonstrate a higher prevalence of STDs and HIV/AIDS in both rural and urban settings. Further, the use of illicit substances is high in Native teens, putting them at additional risk for STDs, HIV, teen pregnancy and sexual violence. methods (Native STAND), an adaptation of the STAND curriculum previously demonstrated to be effective in rural Georgia, has been implemented for 40 Native teens in a Jr/Sr high school in a Northwest reservation community. We are evaluating the curriculum to determine its effectiveness in the domains of academic enrichment, life skills, personal development and enrichment. An additional innovation is skill development in film-making, with the intent to empower youth to create risk messages for peers that are relevant to the perspectives of Native teens and result in diffusion to other tribal communities. Several short films have been produced to date and students have participated in a regional film festival. results/outcomes This prevention education intervention is in its first year, and we will present baseline measures of knowledge, attitudes and behaviors, as well as examples of student film projects.

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First Tooth: Preventing Early Childhood Caries through Medical and Dental Provider Education and Collaboration

Gordon B. Empey, Shanie Mason, Alissa Leavitt, Karen Hall, RDH

Abstract: Background/purpose Tooth decay remains the most common chronic disease of childhood, affecting five times more children than asthma. In spite of its high prevalence, tooth decay is preventable. According to the 2007 Oregon Smile Survey of children in grades 1-3: "Nearly 2 in 3 children had a cavity. "More than 1 in 3 children need treatment for tooth decay. Methods The Oregon Oral Health Program in collaboration with the Oregon Oral Health Coalition launched a workforce development project called "First Tooth" with the goal to reduce early childhood caries in Oregon by focusing preventive services on infants and toddlers ages three and under. Medical providers will be trained to deliver preventive services during the well-child visit. The project will rely on both medical and dental providers to play a key role expanding access to these services by emphasizing collaboration. Results/outcomes The project is to be administered in two phases. Phase I targets four pilot sites. Phase II emphasizes strategies learned in Phase I to expand the project statewide. Preliminary evaluation results for the pilot phase will be reported in October. Conclusions/implications Providers of pediatric patients can become experts in oral health prevention strategies and advocates for oral health as a part of overall health.

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Eliminating Oral Health Disparities Among Native Americans: The Case for a School-Based Dental Therapy System in Oregon

Aura Lee Morse

Abstract: Access to dental care is often associated with ability to pay, making dental health status an outward sign of social class in American culture. Poor dental health status is stigmatizing and perpetuates the cycle of poverty. Native Americans have the highest rate of dental disease in the nation - five times the national average. As the literature identifies lack of access to dental care and an insufficient number of providers to be responsible for this inequity, it is proposed here that the state of Oregon replicate New Zealand's model: a school-based dental care system utilizing dental therapists rather than dentists. Dental therapists are "dental extenders," akin to physician extenders such as physician assistants and nurse practitioners. As a result of improved access to dental services, oral health metrics of children in New Zealand far surpass the Healthy People 2010 targets we have yet to meet in the US. Past attempts at replicating the New Zealand model have met fierce resistance from the ADA. Providers'

associations tend to protect their professional prerogatives at the expense of the functioning of the health care system. The disproportionate burden of oral disease afflicting Native American children is testament to the damage wrought by such misplaced priorities. The utilization of dental therapists in Oregon would strengthen an alternative public ethos that values the well-being of the most vulnerable among us over the interests of those whose power and influence have historically commanded our obeisance.

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Exploring the Breastfeeding Experiences of Black WIC Mothers

Julie Reeder, Christine Murphy

Abstract: Background: Breastfeeding has been demonstrated to convey numerous health benefits to both infants and mothers. Although the Healthy People 2010 goal of 75% of mothers initiating breastfeeding has almost been met, disparities exist between racial/ethnic groups, with African American mothers having significantly lower rates. Oregon stands out from other states with over 90% of mothers initiating, with this trend holding true for the African American population with 83% initiation. The purpose of this study was to use a phenomenological approach to explore the experiences of African American WIC mothers who successfully initiated breastfeeding. Methods: A list of potential participants was extracted from the Oregon WIC database and 37 women were invited to participate. Ten women agreed to take part in a 45 minute semi-structured interview about their experiences with breastfeeding. Results: Three primary themes emerged as most influencing breastfeeding success among study participants; maternal self-efficacy, importance of the mother-child bond, and belief in the benefits of breastfeeding. Other aspects of the experience including prenatal intention, hospital experiences and provider/WIC interactions were explored. Differences arose between African immigrant participants and native born. Implications: Understanding the link between a woman's perception of her role as a mother and her internal motivation to successfully breastfeed may be a critical component in designing interventions for women at high risk for not breastfeeding. In addition, since each woman's motivation for breastfeeding was quite individual, tailored education rather than a one-size fits all approach has a greater potential for achieving success.

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Signage & wayfinding: a qualitative assessment of Benton County Community Health Center Staff and Clients

Kristty Polanco, Katrina Rothenberger

Abstract: The Benton County Community Health Center serves a wide range of people from distinct, mostly vulnerable, populations. It is important to for the center to foster a welcoming environment that allows clients to navigate easily throughout its premises. The link between lower literacy skills and age, education, and ethnicity serves as the main rationale for creating an environment that best suits the needs of people from varying literacy levels. Qualitative interviews were conducted with staff and clients at the Benton County Community Health Center in order to assess client difficulties in terms of signage and wayfinding. Both staff and clients identified several areas where clients and new employees get lost, which leads to stress, confusion, anxiety, creating a barrier for those trying to access services. Researchers made recommendations for uniform signage in and around the Benton County Community Health Center in order to address the needs of the clients. Data revealed several key suggestions for signage from both staff (n=15) and clients (n=12) including: the use of colors (15%), big signs (19%), arrows (22%), bilingual signs (19%), and pictures (22%).

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A Cross-Sectional Ecologic Study of Hypertension among Rural, Semi-Rural, and Urban Counties in the Oregon

Katharine Ryan, Katie Martel

Abstract: Background: Several factors contributing to health, health behaviors and hypertension risks can be differentiated between urban and rural areas. Differing factors lead to different risks between the two areas, contributing in different ways to the development of hypertension. Income and poverty levels tend to differ between urban and rural areas and these factors may influence differences in hypertension prevalence. Our research hypothesis is that rural counties will show higher rates of hypertension than do urban counties when taking poverty

indicators into account. This hypothesis is based on contextual factors and greater risk factors due to environmental conditions. Methods: The study design selected is a cross-sectional ecological study. The sample population is all counties in Oregon (n = 36). Data used is collected through the Behavioral Risk Factor Surveillance System and the US Census and includes hypertension diagnosis information, income and poverty levels. The United States Department of Agriculture Rural-Urban Continuum Codes will be used to categorize counties for this variable. For analysis we will calculate and compare odds ratios (ORs) by exposure level, stratified by income level. We will also conduct statistical tests to determine whether there are significant differences between urban and rural rates of hypertension. Results: Results, limitations and a discussion will be included in the final poster. Analysis has not been conducted yet.

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Oregon's Role in The National Partnership for Action

Erin Schneider

Abstract: INTRODUCTION AND BACKGROUND The significance of social determinants of health has increasingly become a matter of discussion and research. The National Partnership for Action (NPA) is a strategy to end racial and ethnic health disparities organized by the Office of Minority Health to engage federal agencies, private organizations and community leaders to create a nation free of health disparities. The NPA focuses on a “bottom-up” approach, with particular attention to social determinants of health. METHODS Five Goals of the NPA: 1) Increase awareness about health disparities 2) Strengthen leadership at all levels 3) Improve health and healthcare outcomes for minorities 4) Improve cultural competency 5) Improve coordination of research and evaluation outcomes The NPA also includes 20 strategies to be used at the local and national levels to achieve these goals. The NPA will be implemented through regional and community boards comprised of a variety of health professionals and experts from sectors that address broader social determinants of health.

CONCLUSION/IMPLICATIONS I am currently working on developing a strategy for the implementation of the NPA in the Northwest. Oregon health professionals will play an important role in the successful implementation of the NPA, which is set to be launch by Kathleen Sibelius on July 7th. Once launched, health professionals will have access to the NPA and may begin forming community and regional boards. This program is particularly relevant to Oregon’s immigrant and American Indian populations.

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Misperceptions of the MDGs in Ghana: Observations from the field

Haley K. Swanson and Richard S. Lockwood

Abstract: The purpose was to investigate how the Ghanaian government’s adoption of the MDGs, as a standardized framework, has influenced healthcare for the poor. The Ghanaian Ministry of Health recently overhauled the system to include national health insurance and increased inclusion of the poor. This project sought to examine the level of understanding about the MDGs held by community health workers. Fifteen health workers completed a short survey with open-ended questions regarding their state of knowledge and attitudes. Responses were analyzed for dominant themes. In-depth informal interviews were conducted to gain further understanding of the workers knowledge. All health workers were aware of the MDGs although none had received a formal introduction to them. Their understanding of them was superficial. The majority felt they were working towards the MDGs holistically. Almost every worker interpreted the MDGs as “almost achieved” in their community. Although experienced with fieldwork, most health workers did not understand the field of community health. The health workers had an erroneous interpretation of the MDGs. The government has created new “pro-poor” policies to achieve the MDGs at a grassroots level, through community participation and inclusion. Successes with individual health care has given the workers a false sense that population level goals have been reached. The UN predicts that Ghana will not achieve any goals by 2015.

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Overlapping Interests of the Millennium Development Goals and The GOD'S CHILD Project: Attitudes of NGO Workers

Haley K. Swanson and Richard S. Lockwood

Abstract: The purpose was to investigate the state of knowledge about the Millennium Development Goals among health workers in a faith-based NGO in Guatemala. GOD'S CHILD Project has worked in the community since 1991, and are theorized as an ideal type. The GCP and the MDGs both emphasize the importance of ending poverty. This investigation sought to map additional similarities. To improve efficacy, it is important for nonprofits to identify opportunities to leverage their strengths. Using the MDGs is an effective tool for tracking progress and coordinating with other NGOs. Volunteers completed a short survey with open-ended questions. Purposive sampling identified six employees in leadership positions. Responses were analyzed for dominant themes. A single in-depth interview was conducted with a key informant for elaboration. Half of the sample had prior knowledge of the MDGs. Many of the employees agreed that the work of GCP closely resembles the content of the MDGs. All subjects agreed that they work towards MDGs #1, #2 and #4. GCP indirectly contribute to several other MDGs as well. Though experienced in community health, GCP was unaware of the MDGs. The value of the MDGs as a standardized framework was recognized. The UN indicates that the goals likely to be achieved in Guatemala are areas of expertise for GCP.

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Oregon Harmful Algal Bloom Surveillance (HABS) Program

Marina COUNTER, Jennifer A. Ketterman, Bonnie Widerburg, Deanna E. Conners, Curtis G. Cude and Jae P. Douglas

Abstract: The number of Oregon fresh water bodies under public health advisory due to harmful algae bloom has increased in recent years, and the risk they pose to public has also grown. In 2009 21 health advisories due to cyanobacteria were issued compared to six advisories in 2005. The Oregon Harmful Algae Bloom (HABS) program is responding by gathering data on these environmental and public health impacts, advising the public of the potential health risks during a harmful algae bloom and increasing public awareness through a variety of outreach and education efforts. All bloom and human and animal illness data are reported to the Centers for Disease Control and Prevention, which funds the program. This poster describes HABS program efforts and status and trends of algae blooms in monitored waters in Oregon. Key focal points are: An explanation of the requisite coordination and communication among local, state and federal partners and the scientific basis for issuing a health advisory, and Depiction of the Harmful Algae Bloom Risk Index, which identifies monitored Oregon lakes and reservoirs that are of greatest risk to human and animal health.

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Too Many Ads: Marketing Junk Food to Kids Oregon Parents' Awareness Campaign

Jennifer Young, Mary Rhode

Abstract: There is strong evidence that marketing to children has a direct influence on what children choose to eat and drink, and that the far majority of food and beverages marketed to children and youth are for products high in calories and low in nutrients - contributing to the current obesity epidemic. In an effort to make Oregon parents aware of marketing aimed at their children, the Nutrition Council of Oregon (NCO) developed, Too Many Ads: Marketing Junk Food to Kids, a parent-awareness campaign with a social media component. This poster will explain the parent-awareness campaign and how it was carried out in Oregon. The poster will illustrate the marketing tactics used to influence the purchases of children and their parents, and the link to food marketing and obesity prevalence. Finally, the poster will demonstrate the value of identifying the needs of the target audience before developing educational or social marketing materials.

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Community-Based Cancer Control: A seminar for American Indian/Alaska Native community health advocates.

Thomas M. Becker, Jessica RB Kennedy, Tosha Zaback, C. June Strickland, Edward James

Abstract: background/purpose American Indian/Alaska Native (AI/AN) communities have unmet health needs. It is difficult to determine exactly what those needs are, and to get programs funded. Academic researchers can help quantify health needs. Community-based participatory research, led by AI/AN community members, can help improve community needs and relationships with researchers. Methods: This one week seminar is open to AI/AN community members with an interest in improving cancer prevention, screening, and treatment in his or her community. Throughout the week, participants become familiar with elements of writing a winning community-based grant. We aimed to role model a culturally appropriate approach by inviting a Cultural Liaison who leads our opening and closing prayers each day and provides spiritual guidance. Acceptance into the seminar is through a competitive application process and targets AI/AN community members. Ten to 16 successful applicants are selected each year by an independent, Native, selection committee and receive a full scholarship covering travel, hotel, per diem meal allowance, and course materials. results/outcomes We reached 71 community people from across the US and continue to track these participants for grant submissions and awards. Many community grants focus on the integration of traditional practices and the biomedical model using CBPR practices.

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Nature Cures: Public Health and Urban Green Space

Kurt Beil,

Abstract: Purpose: To define and explore the potential public health benefits of urban green spaces (UGS). Methods: A review of the current literature and conversation with local/regional policy makers, urban planners, parks department staff and public health officials. Results: While seemingly contrary to the concept of urban development, UGS are becoming increasingly recognized for their importance in creating and maintaining healthy, sustainable and livable cities. Using a holistic benefits approach, the impact of UGS on public health status is assessed. Health Promotion, Health Behavior and Environmental Health avenues are all potential positive outcomes of UGS programs. Known disease states benefited by UGS include: cardiovascular disease, hypertension, diabetes, obesity, asthma, depression, anxiety, and attention deficit hyperactivity disorder. Social health benefits of UGS include increases social capital, community empowerment, sense of place, and reduction in crime rates. The relative lack of accessible and maintained UGS in low-income communities may be contributing to the inequitable prevalence of physical and mental illness reported in these communities. Despite these benefits, UGS are rarely explicitly considered in urban public health programs. Conclusions: Sufficient evidence exists to consider UGS as a viable method of public health promotion through partnership with urban development, parks department and community stakeholder input.

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Leveraging Ambient Assisted Living R&D for Public Health

Thomas Clark

Abstract: The AAL is an international not-for-profit association according to Belgium law. It has funded Projects that "enhance the quality of life of older people and strengthen the industrial base in Europe through the use of Information and Communication Technologies (ICT)". Considerable Research and Development has occurred since its inception in 2007, producing products and services that enhance the quality of life and integrating the latest advances in Medicine. The Internet-based Senior-Patients, Professionals, Telehealth and Telediagnosics are early detection tools easily integrated into Public Health.

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Enhancing Public Health Services through Staff-Driven Process Improvements.

Michael Day, Lydia Emer, Tawana Nichols, Annette Johnston, Kim Torris, Liz Morgan

Abstract: Programs are challenged to maintain service levels during times of increasing demand and declining funding. However, by continually improving our processes we can 'do the right work, the right way' to support program continuation. This presentation is a case study of how the Oregon Public Health Division is enhancing services to our customers by implementing a Lean philosophy of staff-driven process improvement. By focusing on

the value to the customer, processes can be streamlined and programs can meet increasing demand and provide better services without adding resources. This philosophy emphasizes that the people who perform the work are the best sources of process improvement ideas. Examples include the Oregon Medical Marijuana Program's 2-week reduction in customer wait time for 70% (about 2,000 monthly) of new applicants. Emergency medical first responder licenses were renewed more quickly and applicants were more satisfied with the speed and ease of the process. The Oregon Environmental Laboratory Accreditation Program is also completing accreditation applications more quickly. These innovations, and others to be discussed, were achieved without additional staff resources by applying a staff-driven methodology replicable across the public health system.

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Teaching Consumers About Health Care Reform

Joyce De Monnin

Abstract: Background: With nearly 50 million Americans without health insurance, passing health care reform became the major objective of AARP, and AARP Oregon during the run-up to the presidential campaign and in 2009. Marshalling forces across the US, AARP focused on our "6 asks" issues we felt needed to be in any bill. We then worked very hard to help shape the final bill. With the passage of the law, our efforts in 2010 are to educate the public, and primarily adults 50 and older on how the new law will benefit them. The goal is that adults 50+ understand how the new law benefits them.

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The Phenomenon of Overtreatment and a Concept Map to Illustrate it

Anne Heenan

Abstract: The concept of overtreatment describes a systemic problem of excessive provision of medical and surgical care. Overtreatment has behavioral, cultural, and economic antecedents, and important implications for patient safety, the economy, and the health care system in the United States. A concept analysis of overtreatment is developed including an exemplary case and concept map. Elucidation of the concept will benefit the health care system by providing theoretical underpinnings for decision making regarding patient safety and utilization of scarce resources.

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Developing a Resource Guide for Prioritizing Competing HIV Prevention Activities at the Local Level in Oregon

Michael Anderson-Nathe, Ruth Helsley

Abstract: All public health programs struggle to allocate limited money to competing disease prevention activities; local HIV Prevention Programs in Oregon are no exception. Centers for Disease Control has promoted selection of local HIV prevention activities from a list of "effective HIV prevention interventions" that are often beyond the means of local agencies. The planning group developed a process that guides local agencies through exploration of local available funding, priorities and values, and additional research if necessary to inform decisions about which HIV prevention programs to pursue. The process begins by inviting key stakeholders to the table, guides the group through identifying and defining key priorities and values, then uses a tool to rank each possible intervention on the identified priorities and values. The end result is a prioritized list of interventions (or public health strategies) tailored to the agency's or health department's needs.

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Medicare Managed Care Market Penetration and Chronic Disease Progression Among American Seniors

Steven Howard

Abstract: Background: Chronic disease rates are at record levels among American seniors. Cardiovascular disease and diabetes are two of the most prevalent, affecting as many as 80% and 23% of those over age 60, respectively. Disease management practices, when effectively implemented, have positively impacted the progression of chronic diseases. Medicare Advantage (MA) plans typically provide some level of disease management information or

programs for their enrollees. If these programs are proving successful, areas of the country with greater MA market penetration should also experience lower rates of chronic disease progression. Little has been done to evaluate whether such benefits actually accrue to Medicare beneficiaries with respect to MA market penetration. The objective of this study is to longitudinally analyze the relationships between the market penetration of MA plans and the progression of chronic diseases among Medicare beneficiaries. Methods: This study uses quantitative methods to analyze the relationships between Medicare Advantage market penetration and respondents' diagnoses of diabetes, heart disease and related comorbidities over time. The data are primarily drawn from the AHRQ Medical Expenditure Panel Survey (MEPS) database and the Centers for Medicare and Medicaid Services (CMS). howards@onid.orst.edu

A Back Injured Nurse Presents the Case for Safe Patient Handling with Modern Lift Equipment

Anne Hudson

Abstract: Background: Bureau of Labor Statistics data shows that nursing assistants and nurses combined suffer more musculoskeletal injuries than any other occupation, primarily from lifting patients and residents. Research shows that there are no safe methods of manual patient lifting and that most injuries from lifting patients could be prevented by modern lift equipment and friction-reducing devices. Purpose: This presentation explains why and how lifting patients manually causes microfractures to vertebral endplates and to the center of discs, often without pain, until severe injury has occurred, leading to degenerative disc disease, with possible back disability and loss of nursing career. Implications: It is reported that nurses lift an average of 1.8 tons per shift, that 50-80% of nurses work with back pain, that 38% will go out with a back injury, and that 12% of nurses leave nursing due to back injuries. Healthcare facilities are implementing policies, some states have passed legislation, and bills continue in the House and Senate to require "safe patient handling" with patient lift equipment. Application: This presenter believes that educating nursing staff on the pathophysiology of spinal injury from manual patient lifting is key to enhancing "buy-in" for use of safe patient lift equipment, and, also, that losing nurses to preventable disabling injuries is a public health crisis which must be addressed.

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Oral Health Workforce Trends - Opportunities for Improving Access

Gordon B. Empey, Shanie Mason, Alissa Leavitt

Abstract: Background/purpose Access to oral health care is an important concern in Oregon, particularly in rural areas. 22 out of 36 counties endure some type of dental provider shortage. Workforce models are emerging that attempt to address this disparity. New ways to use mid-level dental providers to increase workforce capacity and efficiency are being explored. Methods The increased importance of oral health to general health and well-being, the call for action to promote access to oral health care, the dental provisions in the health care bill, the workforce challenges, the emerging current alternative practice settings, and the oral health workforce models all offer potential for increasing access to oral health care. This presentation will provide a research-based review and description of the mid-level provider models proposed for Oregon. A discussion of oral health needs, demographic trends and challenges, and strategies to improve access will be provided. Results/outcomes Preliminary findings from research-based reviews conclude that mid-level dental provider models are economically viable and are an effective method in increasing access to oral health care. Conclusions/implications Additional research and stakeholder discussions need to be conducted. Completed research will inform strategic planning and policy development.

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Managing Pests through Leadership Development and an Integrated Pest Management System in Affordable Housing

Margaret Mahoney, Kay Hutchinson

Abstract: REACH is a non-profit affordable housing provider dedicated to providing quality, affordable housing and opportunities for individuals, families, and communities to thrive. We have launched a company wide "green" initiative and begun to look at our methods of pest control which have historically depended on frequent chemical sprays. Simultaneously we were approached by Multnomah County Environmental Health to develop a workshop

for our housing residents focused on adult empowerment theory and popular education methodology as advanced by Paulo Freire. The women in the housing development identified pest control - specifically cockroaches - and REACH's use of chemical sprays as the issue they wanted to address. Working together the residents and Property Management department at REACH implemented an Integrated Pest Management plan for bug control. At the start of the implementation 43% of the units had heavy or medium infestations, at the end of the project 90% of the units had no infestations and 10% had light infestation measured by counting the bugs caught in traps. Units with housekeeping issues to resolve decreased from 37% to 7%. REACH has implemented the IPM system agency wide. We are experiencing similar success in other properties in addressing both cock roaches and bed bugs.
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Public Health Just Doesn't Get It: The Resistance to Using a Public Health Framework in Social Justice Movements

Ashley Maier

Abstract: Background/Purpose: In the past few years, the public health framework has increasingly gained attention and credibility for use in prevention work, yet has also faced unexpected criticism. In fact, many public health practitioners are ill-prepared for the resistance they face when working to prevent issues like gendered violence, human trafficking, hate crimes, and other social justice issues. Many who work in the movements criticize public health, saying it utilizes a disease-oriented model and does not address oppression or social justice. Public Health, however, is very compatible with social justice and an anti-oppression framework. Methods: Using real examples from Oregon, this presentation will highlight the resistance to public health strategies. It will demonstrate how social justice advocates and activists have reconciled their concerns about using a public health framework to achieve their prevention goals. Results/outcomes: Participants will learn how social justice and an anti-oppression framework is core to Public Health and will leave with increased ability to articulate the connection in response to resistance. Conclusions/Implications: Given the unanticipated resistance the public health field has faced as it moved into newer areas of focus such as violence prevention, it is essential that its practitioners anticipate, understand, and effectively respond to criticism and resistance.
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Telemedicine to detect Diabetic Retinopathy in American Indian/Alaska Natives and Other Ethnicities **S.L. Mansberger, T.M. McClure, K. Wooten, and T.M. Becker**

Abstract: Background: To determine the level of diabetic retinopathy (DR), the need for ophthalmology referral, and proportion of progressive diabetic retinopathy in underserved rural and urban populations of American Indian/Alaska Natives (AI/AN) using a telemedicine protocol. Methods: We randomly selected diabetic patients to participate in a store-and-forward telemedicine program using non-mydratiac cameras (Camera group). We performed retinal photography at least once per year and used the International Diabetic Retinopathy scale to stage DR from Stage 1 (mild NPDR) to Stage 5 (proliferative DR). Diabetic educators and providers encouraged participants to have an annual eye exam with an eye care provider. Results: We randomized 547 participants: 285 (52%) to the Camera group and 262 (48%) to the Control group. The Camera group had images evaluated in 224 (79%), with 14 (6.3%) having unreviewable images. Only 105 (40%) of the Provider group participants had an eye exam. The initial evaluation in the Camera group (more severe eye) showed 32 (14.2%) had mild NPDR; 7 (3.1%) were moderate; and 2 (0.9%) had severe NPDR. Of those with images in the Camera group, DR worsened (> 1 stage) in 7 participants (3.0%); DR improved (< 1 stage) in 3 participants (1.3%); and stayed the same in 36 participants (16.1%). Conclusions: Retinal imaging using a non-mydratiac camera increases the proportion of diabetics who obtain screening eye exams. Most diabetic participants did not have levels of diabetic retinopathy that required ophthalmic intervention.
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An Evaluation of the Usefulness of PRAMS-2: Oregon's Pregnancy Risk Assessment Monitoring System (PRAMS) Follow-Back Survey

Maria N. Ness, Kathleen A. Anger, Kenneth D. Rosenberg

Abstract: Background: Oregon has been continuously collecting data for the Pregnancy Risk Assessment Monitoring System (PRAMS) since 1998. In January 2006, Oregon began re-interviewing PRAMS respondents when their baby was two years old, with a survey called PRAMS-2. No formal evaluation of PRAMS-2 has previously been conducted. Methods: 32 oral stakeholder interviews were conducted, in person or by phone, to determine the usefulness of PRAMS-2, based on a variety of attributes. Transcripts of these interviews were created, from which themes were identified and quantified. The usefulness of PRAMS-2 was also assessed by an examination of publications and presentations using PRAMS-2 data. Results: Seven main themes were identified: potential usefulness of the data, uniqueness, appropriateness of the target population, actual use of the data, ease of data access, cost effectiveness, and limitations of the survey. PRAMS-2 is considered by stakeholders to be potentially very useful, very unique, to have a very appropriate target population. However, some stakeholders consider its actual use to be limited due to difficulties involved in accessing the data, and often a lack of resources to analyze the data. The cost effectiveness of PRAMS-2 was inconclusive based on stakeholder opinion. Conclusions/Implications: Since stakeholders rate the attributes of PRAMS-2 favorably, the main reasons the actual usefulness of PRAMS-2 is limited are access difficulties and lack of resources. In order to improve the usefulness of PRAMS-2, focus should be targeted toward improving ease of access to data for stakeholders, and providing stakeholders with support and assistance with use of the data.

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Faith-based health promotion: a "promotores de salud" model

Catherine Potter, Adele Hughes

Abstract: This interactive workshop presents an innovative, volunteer-driven program which provides health education, access to health resources, advocacy and leadership skills to the Latino community. Providence Health & Services' "Parish Health Promoter Program" (Promotores de Salud de la Iglesia, in Spanish) uses a community health worker model to train and support volunteers in a faith-based setting. The promotores model works to reach underserved, disenfranchised and minority populations through preventive health education, disease awareness and by linking the Latino members of churches to health care resources. Parish Health Promoters provide a variety of culturally appropriate services, depending on the needs and interest of their church community, including health education tables or health screening events before or after church services, health fairs, classes and one-on-one assistance for individuals and families seeking health services. Some of the unique features of this model are: 1. This program builds on the trust and community relationships that exist within a faith-based community. 2. Volunteers receive nearly 60 hours of initial training using Popular Education methodology, which promotes valuable leadership skills and builds awareness of the social determinants of health. 3. The program is a collaboration between hospitals, local churches, and Catholic Charities' El Programa Hispano (a local community-based organization). The Parish Health Promoter Program currently involves Latino volunteers from 14 parishes in the Portland metropolitan area. Parish Health Promoters serve over nearly 7000 community members per year. This workshop would be of interest to anyone interested in exploring health outreach to the Latino community.

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HPV prevalence and association of condom use patterns in men

Kimberly Repp, Carrie Nielson, Luisa Villa, Eduardo Lazcano-Ponce, Anna Giuliano

Abstract: Background: There are few studies examining the associations between condom use and HPV infection in men. Understanding this potential method of HPV prevention is important for prevention of HPV-related cervical and anal cancer and dysplasia. Methods: We evaluated 2,701 men, ages 18-70 years, in the USA, Mexico and Brazil for HPV infection who reported on recent sex with a woman and condom use. The proportion of men with HPV detected overall, oncogenic, non-oncogenic, and vaccine-type HPV, by frequency of condom use were calculated. Associations between condom use patterns and HPV detection are being evaluated with logistic regression. Results: Overall, the prevalence of any HPV type was 28% and varied by country (22% in US, 36% in Brazil, and 26% in Mexico). In men who reported always using condoms, the prevalence of any HPV type was 27%, compared to 31% in men who reported not always using condoms. For vaccine-type HPV, 14% of men who always used condoms and 17% of men who used condoms less frequently were positive. The associations with condom use may vary by country and number of recent partners and may be altered by potential confounders. This

is the focus of our ongoing analyses.

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Best Practices for Functional Strength in Older Adults

Ann Satterfield

Abstract: As we age, functional fitness becomes more important to maintaining independence. We currently have 948 individuals enrolled in our fitness classes each year. In 2005 The Elsie Stuhr Center implemented the Senior Fitness Test by Roberta Rikli and C. Jessie Jones as a baseline of where our fitness participants were. We have evaluated all of our classes in three ways: 1. Participants- Self evaluation 2. Physical Therapist (on staff)- Have evaluated safety and effectiveness of exercises 3. Fitness Assessment (Senior Fitness Test)- This is our primary way of evaluating the efficacy of our classes. We are able to show that if you persevere in our fitness program, whatever your fitness level, you can improve, and most do. Our fitness staff, participants and organization have Adopted the use of the Senior Fitness Test. We educate our participants in choosing lifestyle habits that maintain or improve health and functional ability to include exercise, nutrition, self-care and medical self-care, which supports and safeguards independent living skills. We have been able to Maintain the functional fitness for our growing number of participants for the past 5 years. There are classes that focus on the different functional areas (strength, flexibility, aerobic health, and dynamic balance) and the Elsie Stuhr Center addresses four levels of fitness (adapted from ICAA). 1. Need a little help (Chair Fitness) 2. Just getting started (Entry Level) 3. Active now (Intermediate Level) 4. Athlete (Advanced Level) In addition, the Elsie Stuhr Center staff has developed many classes to improve the health of individuals with chronic health conditions. Our DIP (Diabetes Intervention & Prevention) class has shown to better manage and lower blood sugar and A1C, increase lean, metabolic muscle tissue, and reduce the amount of body fat (as well as improve functional fitness). We have a Fibromyalgia class based on research from OHSU. There is a class for Better Bones and Joints that specifically addresses bone and joint strength and range of motion safely for those diagnosed with osteoporosis and arthritis. We have an Essential Balance and Mobility class aimed to reduce and prevent falls and injury. We are constantly trying to improve implementation of our fitness program by adding new classes to address some of our needs. Our recent accomplishments include: a. 15,000 fitness class visits 2009-fall term (Mid-September through the beginning of January). b. We have 948 individuals enrolled in the past year c. Hold over 70 fitness classes a week for adults ages 55 and better with four levels of fitness d. All of our fitness staff have additional Certification(s) in teaching older adult fitness e. 25% of participants are 65 years and younger, 40% are ages 66-75, and 35% are ages 75 years and better f. Implementation of the Senior Fitness Test by Roberta Rikli and C. Jessie Jones in all of our fitness classes for the past 5 years. g. 75% of participants are able to either maintain or improve the functional fitness levels in all six measurements in the Senior Fitness Test. h. 22% of our participants have just started taking classes (1-2 quarters), 27% have been participating 1-2 yrs, and 51 % have been participating for 3 years or more The Elsie Stuhr Center has set a high standard for older adult fitness: · Maintain or improve the functional fitness to preserve independence and the ability to accomplish activities of daily living · Maintain or enhance cardio-respiratory health · Prevent or retard the progression of chronic disease · Prevent functional limitations and disabilities This program has set the standard for best practices in Oregon and we will be presenting our model at the national level.

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Environmental Threats to Healthy Aging

Jill Stein, Ted Schettler, Maye Thompson

Abstract: It is widely recognized that obesity increases risk for diabetes and cardiovascular disease, that diabetes and cardiovascular disease increases risk for Alzheimer's disease, and that exposures to certain pesticides and heavy metals has been implicated in Parkinson's disease. This presentation reviews current research on the linkages between these diseases and their physiological mechanisms; implications for patient education and care; and suggests policy initiatives to prevent these diseases.

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Sexpectations: Inner-City, African American, Adolescents: Expectations of Sex Partners

Senna L. Towner, M. Margaret Dolcini, Gary W. Harper

Abstract: Sexually active African American adolescents are disproportionately burdened with HIV/STIs when compared to other race/ethnicities. Whether adolescents are monogamous and/or trust their sex partners influences HIV/STI risk and prevention behaviors. This study examined trust and monogamy patterns among African American male and female youth. Trained same-gender interviewers conducted in-depth, face-to-face interviews with 13 male and 15 female African Americans ages 14-21 living in high-risk San Francisco neighborhoods. Interviews that focused on sexual roles in current and past relationships and were recorded, transcribed, and entered into MaxQDA. To ensure reliability, a second reader coded 20% of the transcripts. Cross-case and gender-based comparative analyses identified three primary themes: (1) males seldom practice monogamy with their sex partners, while females most often practice monogamy; (2) perceptions of friends, sex partners, and girlfriend/boyfriend relationships are different for males and females; and (3) males and females expect serious relationships to be more trusting relationships, but perceptions of a serious relationship differ across gender. Prevention programs should address patterns of monogamy, gendered relationship perceptions, and adolescents' negotiation and communication of relationship structure.

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Lead Poisoning Prevention Program

Greig Warner, Susana Betancourt

Abstract: The Multnomah County Lead Poisoning Prevention Program has investigated over 50 elevated blood lead level cases in the last three years, and would like to report on our findings. We are also realizing what a successful local program would look like, based on education, widespread blood testing, investigations of 5+ blood lead levels and community resources to mitigate the findings. Currently the most common cause of EBLL in children is the remodeling of older homes, especially those built before 1950. The second most common cause of EBLs is lead in children immigrating to the US. Several other factors have been discovered, several of which are as often associated with EBLL cases. We are also working on a protocol for use with pregnant women; one which educates, uses a questionnaire, tests blood if appropriate, investigates causes if lead levels are high and intervenes to remove the suspected source(s).

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Providing Quality Assurance through the Oregon Immunization Vaccines For Children Program

Lindsay Weaver

Abstract: Background: The Oregon Immunization Vaccines For Children Program (VFC) is a federally funded entitlement program. Healthcare providers can enroll in VFC to provide vaccines for free to eligible children. Oregon, like all states, is tasked with ensuring providers adhere to program standards and requirements. Methods: Oregon Immunization Program (OIP) Health Educators perform in-person site visits and review federal program requirements through a standardized questionnaire with VFC enrolled providers. A non-compliance algorithm is used to determine the process to follow for areas of non-compliance. The algorithm provides procedures for Health Educators to work with providers in bringing them into compliance. Out of compliance providers can be put into secondary or tertiary education, which requires Health Educators to follow-up through contacts and in-person education or reviews. In urgent cases providers may be temporarily suspended until they are in compliance. Implications: The standardized questionnaire in collaboration with the non-compliance algorithm creates the opportunity for quality assurance for VFC program providers through continuous education until the issues are resolved.

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Public Health Book Group

The Ghost Map: The Story of London's Most Terrifying Epidemic - and How it Changed Science, Cities and the Modern World by Steven Johnson

Abstract: The Ghost Map describes the 1854 Broad Street cholera outbreak. It has several

interesting themes. Among them are: " Collaboration between Dr. John Snow (who created the map of the cholera cases) and Reverend Henry Whitehead (whose knowledge of the community helped determine the cause of the outbreak) " Urbanization and public health: how the rise of capitalism led people to leave farms and come to the city where there was insufficient infrastructure - including sewage. This book was the subject of the annual book discussion session at OPHA a few years ago but would be of interest to many people who did not attend the session. The Ghost Map was the Portland City-Read book in 2009.
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Tuesday, October 19, 2010

Concurrent Sessions #3

The OHSU, CDC-funded Prevention Research Center, the Center for Healthy Communities, a Resource for the Public Health Community

William E. Lambert, Thomas M. Becker, Tosha Zaback, Jessica RB Kennedy, Nichole Hildebrandt

Abstract: Program Description: The Center for Healthy Communities, housed at Oregon Health & Science University, Department of Public Health and Preventive Medicine, is one of 37 Centers for Disease Control and Prevention (CDC), Prevention Research Centers (PRC). PRCs have the partners and the expertise to conduct community-based participatory research to find effective strategies for health promotion and disease prevention through community-based participatory research, training, dissemination, and evaluation activities. Resource for the Public Health Community The Center for Healthy Communities serves as a resource center for community, voluntary, and government organizations, sister universities in the region. We are a source for partnering on high-quality community-based participatory research, public health training, and provision of technical assistance. PRCs strive for long-term relationships with communities and effective interventions that are practical and adaptable, and often have wide scale use. Projects " Noise-Induced Hearing Loss Prevention Project " Vision Impairment Prevention (VIP) Project " The Comparative Effectiveness of Telemedicine to Detect Diabetic Retinopathy " Healthy & Empowered Youth (HEY) Project " Native Children Always Ride Safe (CARS) Project " Summer Research Training Institute for American Indian and Alaska Native Health Professionals " Community-based Cancer Control: a seminar for American Indian and Alaska Native community health advocates

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Communities Putting Prevention to Work: An Overview of the CDC's Obesity Prevention Initiative Alejandro Queral

Abstract: Multnomah County, OR received funding from the CDC under their Communities Putting Prevention to Work (CPPW) Initiative in March 2010. The funding is focused on slowing and reducing rates of obesity through policy, environment, and systems-based change strategies that promote healthy eating and physical activity. The strategy is based on the CDC's MAPPS framework: 1) Media - Increase awareness and impact knowledge, attitudes, beliefs and social norms to encourage individual and community actions for improved health, 2) Access - Increase opportunities for healthy choices and restrict opportunities for unhealthy choices, 3) Point of decision - Provide health information at points of decision such as grocery lines, food menus and neighborhood trails, 4) Price - Leverage costs to incentivize healthy behaviors and discourage unhealthy behaviors, and 4) Social support services - Provide services and support necessary to facilitate healthy choices. Multnomah County is funding twenty six community partners as a part of this initiative. This session will provide an overview of the CDC's framework as well as Multnomah County's initiative.

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Partnerships for Building Healthy Communities **Roger Irvin, Patty Parsons and Greg Verret**

Abstract: The Health Department in Benton County has made efforts to build awareness of smart growth in the community and engage partners such as city and county planning and development, parks and recreation, public works, elected officials, housing, transportation, and nontraditional partners that represent underserved populations. This panel will present several different approaches to developing and mobilizing partners in rural Benton County, such as hosting events to introduce planners to public health; initiating a multi-disciplinary, multi-jurisdictional work group that facilitates discussions about coordinating public health, community planning, and transportation; conducting stakeholder interviews to solicit support for regional smart growth planning and implementation; and hosting a regional "Smart Growth Summit" in order to develop a regional vision for smart growth that better coordinates land use, transportation, and affordable housing investments in the area. These efforts have led to multiple jurisdictions, stakeholders, and nontraditional partners collaborating to implement changes in county and city plans and built environments that promote active living, reduce health disparities among families living in rural Benton County.

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Health Promotion for Older Adults with Intellectual Disabilities: Influence of Social Support on Physical Activity Behavior

Alicia Dixon and Miyoung Lee

Abstract: Background/Purpose: Social support (SS) is one of the World Health Organization's ten social determinants of health. SS plays a role in physical activity (PA) for many with intellectual disabilities (ID), due to their dependence on supports for routine activities of daily living (Krahn et al., 2006). The purpose of this study was to examine SS in older adults with ID, and determine its relationship with PA, in comparison to younger adults with ID. Methods: A total of 71 participants, older adults with ID (n= 24) and younger adults with ID (n= 47), completed validated scales, SS for Physical Activity Participation (Peterson et al., 2009), and wore a pedometer (OmronHJ-720ITC) to measure walking steps and accelerometer (GT3X-ActiGraph) to measure PA intensity for seven days. Analysis/ Results: Correlations and one-way ANOVAs with Bonferroni technique were calculated to examine the relationships and differences between study variables. SS from family was statistically different among groups, $F=4.377$, $p<.05$. SS from family for older adults with ID was lower (9.70 ± 4.17) compared to younger adults with ID (14.04 ± 4.03). For older adults with ID, SS from family was positively associated with physical activity. SS from staff was negatively associated with physical activity and positively associated with sedentary time.

Conclusion: Health promotion interventions should focus on creating better role models for those aging with ID. Incorporating both those with ID and their supports is an optimal way to change PA behavior.

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Mastery of Aging Well

Chris LaBelle

Abstract: Background/Purpose: In response to the burgeoning aging population, Oregon State University Extension has launched Mastery of Aging Well, a five-module, on-line educational program for older adults and their families. Methods: The link, <http://outreach.oregonstate.edu/aging-well> provides easy access to five 30-40 minute modules. The topics are: 1) memory difficulties, depression in later life 3) medication management 4) nutrition ('food as medicine') and physical activity and exercise in later life. Results/Outcomes: There are three options available upon opening the link (1) no-cost, web-based modules tailored to ageing ears and eyes. The site receives 10-14 hits/day and has been acclaimed for its "clarity" and "learner-centeredness" (2) a tuition-required, customized distance learning course that has 90 people interested in the first series of classes that launch in the fall of 2010 (3) a DVD version that has been successfully tested within the Osher Lifelong learning Institute (OLLI) using a video book club approach. Implications: This may prove to be an excellent educational resource for rural communities

with exploding older adult populations and limited information, service and support opportunities.
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Impact of Oregon's Living Well with Chronic Conditions program

Viktor E. Bovbjerg, Sarah J. Kingston, Jennifer Mead and Cara Biddlecom

Abstract: Living Well With Chronic Conditions is an evidence-based chronic disease self-management program conducted in the majority of Oregon's counties, with a Spanish language version also available in several areas of the state. From 2005 through December 2009, these programs, based on the Stanford Chronic Disease Self-Management Program (CDSMP), have enrolled 3,916 participants in 376 workshops in 27 of 36 Oregon Counties. Participation has grown from fewer than 100 participants in 2005 to over 1,300 in both 2008 and 2009. Participants were generally older (mean age 62±15 years), and reported multiple chronic conditions (mean 2.7±2.0; 20% 4+ conditions). Utilizing the best available estimates from previous CDSMP evaluations, it is estimated that Living Well participants has gained a total of 107 quality adjusted life years, and avoided 557 ED visits and 2783 hospital days. After accounting for program costs, each participant is estimated to have saved \$1446 in healthcare costs. In addition, patient-centered outcomes including improved emotional and physical well-being, social functioning, physical activity, vitality, and patient-clinician communication were likely achieved as well. Living Well With Chronic Conditions could have substantial public health impact if offered more widely and integrated into the 'medical home' model central to Oregon's health reform plans.

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Implementing Childhood Obesity Prevention Research in a Rural Oregon County Using a Partnership Approach

Nancy Findholt, Vicky Brogoitti, Yvonne Michael, Linda Jerofke

Abstract: The purpose of this presentation is to describe how childhood obesity prevention research has been implemented in rural Union County, Oregon using a partnership approach. The project "U.C. (Union County) Fit Kids" evolved out of a long-term collaborative relationship between six public school districts in Union County, the Union County Commission on Children & Families, and the Oregon Health & Science University School of Nursing in La Grande, and has expanded to include over 15 community organizations. Since organizing as a coalition in 2005, the partners have evaluated Union County's readiness to engage in obesity prevention, collected baseline data on children's physical activity and diets over a 2-year period, conducted an in-depth multi-method assessment to identify supports and barriers to children's physical activity and healthy eating within school and community settings, and drafted an action plan of intervention strategies to address identified barriers. Over \$450,000 in grant funding has come into the community to support the project. Current activities include implementing a countywide farm-to-school program and initiating "walking school buses" in each school district. Lessons learned include the importance of building on an established partnership, recognizing partners' needs and strengths, and using a variety of resources to advance the partnerships' goals.

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Right from the Start: Assessing Child Care Settings in Multnomah County for Obesity Prevention

Rachel Burdon, Kari McFarlan, Helen Bellanca

Abstract: Childhood obesity is one of the most pressing health concerns in Oregon. Public health authorities have cited child care as a key setting in which to address the problem. Many efforts to address childhood obesity are targeted at schools and school-aged children, but increasingly children arrive at primary school with poor nutrition and physical activity habits that contribute to overweight and obesity. Child care settings could play a critical role in helping to establish good health habits for life and preventing childhood obesity. Community Health Partnership: Oregon's Public Health Institute is conducting a survey-based assessment of child care settings in Multnomah County over the course of two years. Child care settings are being assessed on nutrition, breastfeeding accommodation, physical activity, and screen time. The purpose of the survey is to highlight models of good

practice in child care, identify training and resource needs of child care providers, and inform new policy initiatives. The results of this assessment will serve as a pilot to inform a state-wide assessment of child care. Study methods and preliminary survey results will be presented in the context of the project's broader efforts to work with existing partners and build a coalition of child health experts.

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Characteristics of mothers, types of early childhood care and education (ECCE) settings, and breastfeeding duration: Results From a Population-Based Survey of Oregon Mothers

Dianna L. Pickett, Kristen Becker, Kathleen Anger, Kenneth D. Rosenberg, Roberta (Bobbie) Weber

Abstract: Introduction: Knowledge of the existence and nature of relationships among breastfeeding, mothers' demographic characteristics, and types of ECCE settings may improve the ability to plan successful programs for child health risk reduction in child care settings. Methods: We used data from a survey of mothers of 2-year-old children (Oregon's PRAMS-2 Survey). K-means cluster analysis (using SPSS v. 17.0) was used to group mothers into 3 groups based on breastfeeding duration, poverty level, race, age, marital status, and education. Similarities in cluster distribution by child care type were used to group child care into 2 types, which we called formal care and informal care. Respondents who chose "other" were included with informal care based on similarities in the cluster analysis. Regression analyses were performed in Stata 11.0. Results: We found a near significant difference in breastfeeding at 6 months postpartum by type of ECCE, with those using formal ECCE (67.6%) more likely to be still breastfeeding at 6 months than those using informal care (55.7%) ($p=0.057$). The characteristics of women most likely to have reported using informal ECCE were young maternal age, household income <100% of the federal poverty level, and child with no health insurance, healthcare provider or dental care. Conclusions: Programmatic efforts to increase breastfeeding should focus on practices in informal ECCE settings. Supporting informal ECCE providers with training and resources could lower the health risks for vulnerable children in their care and connect families to needed health and social services.

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An Effective Contraception Policy in a School Based Health Center

Mike McNickle

Abstract: In the School Based Health Center located in Willamina, Yamhill County Public Health responded to a significant increase in teen pregnancy rates in the high school by proposing to dispense and prescribe contraception at the School Based Health Center on campus. Through a long series of community meetings, a policy was crafted that both met the needs of the students who didn't have access to contraception and community needs for parental notification. The result was a dramatic decrease in the number of teens who were pregnant from the previous year. In 2008-09 school year there were 14 pregnant teens out of a calls of 140, after the intervention there was only 1. The conclusion is that this policy intervention was highly successful in this situation and could be a model for other school based health centers in the State.

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Working to Institutionalize Sexuality Education in Oregon Schools

Kris Gowen, Erin Mowlds, Jessica Bogli

Abstract: The sexual health of teens in this state has been recognized as a public health priority with the publication of the Oregon Youth Sexual Health Plan. This presentation describes how the Working to Institutionalize Sexuality Education (WISE) program supports the sexual health of Oregon's youth by assisting eight school districts in aligning with new Oregon policy requiring schools to implement sexuality education that is comprehensive, developmentally appropriate, and medically accurate. To move districts toward implementation of sexuality education in accordance to this law, WISE provides teachers and administrators with professional development trainings, technical assistance, and community outreach support. Sustainability of a district's newly-designed sexuality education program is of primary importance. Therefore, development of a School Health Advisory Committee (SHAC), facilitation of a sexuality education community forum, and adoption of a revised health education policy are included to support administrators and teachers. Barriers to implementing a comprehensive sexuality education plan include: (1) districts perceiving their communities as "the most conservative"; (2) limited

capacity of school districts to take on new efforts in a challenging economic milieu, and; (3) finding the best available evidence-based curricula that meets community needs and approval, that also aligns with Oregon policy that mandates sexuality curricula be “culturally sensitive” to youth of different sexual orientations.

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Risky Sex: Prevalence and Correlates Among People Living with HIV in Oregon

Sean Schafer, Haiou He

Abstract: Context: Approximately 5,000 Oregonians are aware of their HIV infection and receiving treatment; an unknown number of these continue to engage in high-risk sex that puts their partners at risk for infection.

Objective: Estimate the prevalence of high-risk sex behaviors among people receiving HIV care in Oregon. **Design:**

Weighted cross-sectional survey; patient interviews and medical chart reviews. **Setting:** Oregon facilities providing ambulatory HIV care. **Participants:** Random sample of 541 people presenting for HIV care during 2007 - 2008.

Measures: Risky sex was defined as anal intercourse without a condom with a partner whose HIV status was unknown to the patient. Analyses consisted of weighted frequencies and relative prevalence estimates. **Results:** 89% of patients were male; 60% identified as homosexual, 10% as bisexual, the remainder as heterosexual 76% were white. 38% of male patients reported no sex partners and 30% one sex partner during the previous year--only 8% of male patients reported having risky sex. Better overall health, employment, shorter duration of infection, younger age, and income were all associated with risky sex. **Conclusions:** A small minority of HIV-infected men in treatment participate in high-risk sex. Future efforts to prevent HIV transmission from those aware of their infection should focus on patients who are younger, employed, and more recently infected.

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Panel: Building Capacity for Health Impact Assessment in Oregon 2009-2010

Nancy M. Goff, Sujata Joshi, Jason Feldman, Julie Early-Alberts, Jeanette Montour, Mac Gillespie and Therese Madrigal

Abstract: **Methods:** Oregon Public Health Division (OPHD) has been building capacity for HIA over the past few years through training state and local practitioners, working with community partners and providing technical assistance and mentorship for local pilot projects. **Results:** Over 75 public health and planning agency staff have been trained in HIA over the past two years. With support from the OPHD, three local health departments have conducted HIAs: Wasco County studied walkability in The Dalles, Benton County assessed residential Accessory Dwelling Unit policy, and Deschutes County advocated for safety features to be incorporate into their county Comprehensive Plan. This panel will discuss the results of these assessments and their health-based recommendations. **Conclusions:** Despite common challenges in the institutionalization of HIA, local health departments equipped with training, resources, and mentoring from the OPHD have established capacity to conduct HIA. Sharing their successes and challenges may provide useful information to other health agencies and among public audiences. **PANEL format:** The panel will enable three perspectives to be shared, each reflecting challenges and successes implemented Health Impact Assessment steps in non-urban settings. Three speakers will present their experiences. **Moderator:** Julie Early-Alberts.

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Public Health Videos: Northwest Health Foundation’s “Public Health” Matters Video Contest: From Concept to Commercials

David Rebanal

Title: Northwest Health Foundation’s “Public Health” Matters Video Contest: From Concept to Commercials Community Health Priorities is a project of the Northwest Health Foundation. The effort has two major aims: 1) to help communities better understand the environmental and social conditions leading to the health, and 2) to help everyone understand the positive role that state and local public health departments have on creating healthy people and healthy communities.

As part of the latter goal, the Community Health Priorities project team decided to hold a contest around creating a 30 second public service announcement, or “commercial,” that highlights the role of public health. In the face of ambivalence toward public health, and antagonism toward government in general, advocates must find ways to tell the “public health story” in positive and creative ways. In coordinating this plenary discussion, Northwest Health Foundation hopes to share with conference attendees how this contest attempted to do this. It also a goal of the discussion to challenge audience members to think of other ways to advance the public health message.

Panelists may include some representation of NWHF staff, contest winners, and contest judges.

More information on the contest can be found here:

<http://www.communityhealthpriorities.org/>

Concurrent Sessions #4

Panel: Measuring and Addressing Health Disparities Based on Gender Identity and Sexual Orientation

Linda Drach, Christopher Gray, Angela Tissi

Abstract: Existing data point to significant health disparities based on gender identity and sexual orientation, but more comprehensive data are needed in order to understand how to best promote health within sexual and gender minority communities. This panel will present several different approaches to measuring and addressing health disparities within the lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities in the Portland metropolitan area and Benton County. Results from surveys, key informant interviews, and community forums, as well as implications for public health practice, will be discussed.

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Panel: Nutrition and Physical Activity Practices among Family Child Care Homes in Oregon: Findings from the Healthy Home Child Care Project

The Healthy Home Child Care Project: Rationale and Study Design

Stewart Trost

Abstract: The Healthy Home Child Care Project (HHCCP) will design, implement, and evaluate a comprehensive multi-level intervention to promote healthy eating (HE) and physical activity (PA) in children attending family child care homes (FCCH). The objectives are as follows: 1) To identify the key behavioral and environmental factors that predict change in (BMI) 2) To evaluate the impact of the intervention on change in BMI; and 3) to determine the effects of the intervention providers’ policies and practices related to HE and PA. To meet the project objectives, we are conducting a nested cross-sectional group-randomized trial involving 60 family child care homes from six socio-demographically diverse counties in Oregon. After baseline assessments, FCCHs will be randomized to either the intervention or control condition. Providers in the intervention condition will receive training and on-going support from OSU County Extension on the adoption, implementation, and maintenance of the Journey to a Healthy Child Care Program. Providers in the control condition will receive training on food allergies. To address

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Baseline findings from the Healthy Home Child Care Project

Kelly Rice

Abstract: Significant numbers of Oregonian children under the age of 5 are cared for by Family Child Care Providers (FCCPs). However, little is known about the nutrition and physical activity (PA) practices of FCCPs. The second presentation will report baseline findings from the Healthy Home Child Care Project (HHCCP). FCCPs from 8 counties in Oregon completed assessments of nutrition and PA policies and practices (Nutrition and Physical Activity Self Assessment for Child Care), child BMI, and child PA behavior (accelerometry). 26.8% of children under the care of FCCPs were either overweight or obese. Children accumulated less than 10 min of PA per hour of attendance. A significant percentage of FCCPs failed to meet child care standards for screen time, structured PA, serving low fat milk, use of celebration foods, and serving meals family style. The findings

underscore the need for programs to promote healthy eating and regular PA in Family Child Care Homes.
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Overview of the *Journey to a Healthy Child Care Home Intervention*

Kathy Gunter

Abstract: Journey to a Healthy Child Care Home (JHCCH) is a staged-based intervention program to help family child care providers promote healthy eating (HE) and regular physical activity (PA). JHCCH involves following a course across nine islands, each with HE and PA messages for providers to explore and promote in their child care home. At each island Providers will use the JHCCH Guide. This guide helps providers focus on one PA and one HE activity each week for nine months. The program is easy to use and involves taking six simple steps: 1) identify the message; 2) assess your own policies and practices; 3) select and try a strategy that matches your assessment; 4) find activities you can do with children in your care; 5) reach out to families with postcards that reinforce healthy messages; and 6) Review tips and ideas that support your efforts. JHCCH includes the Let's Go! guides; Let's Go Play!, Let's Go Eat Healthy!, and Let's Go Cook! These resources have many ideas for activities providers can do with young children to reinforce HE messages and keep them active throughout the day. A Let's Go! passport and hand stamp will be used to reward children and families' participation in Let's Go! home-based activities.

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Panel: Toward a Shared, Standards-Based Public Health Data Model

Fundamentals of Public Health Informatics

Chia-Hua Yu and Patricia Yao

Abstract: This presentation is part of a panel on Public Health Informatics. Informatics is known as the science of information. With recent legislation prompting the adoption of health information technology, health informatics has gained more exposure. An interdisciplinary field, informatics stands apart from IT roles and addresses specialized information needs of end users. Informatics brings techniques from anthropology, psychology, and health care fields to inform the design and implementation of information tools. This crash course will demystify informatics and contextualize it among related disciplines, with emphasis on what it has to offer to public health.

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Informatics 102: Public Health Informatics at the State and County Level

Dina Dickerson, Shawn Messick, Steve K. Modesitt, Patricia Yao, and Chia-Hua Yu

Abstract: This presentation is part of a panel on Public Health Informatics. Building on the informatics concepts presented in Informatics 101, this panel presents informatics initiatives at the state and county level. The real-world examples will help make the understanding of Informatics more concrete and promote dialogue among public health partners as to how Informatics can benefit their workplace.

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Issues and developments from the NACCHO Public Health Informatics Working Group

Shawn Messick

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Meaningful Use and State-level Health Information Exchange in Oregon

Steve K. Modesitt

Abstract: Part of the Informatics 102 panel. Federal & State health reform funding has provided Public Health with the opportunity to link with clinical health care through Health Information Exchange. There are opportunities to

re-think the current lack of integration among single-use program data systems and re-make a public health information infrastructure. In 2009, Oregon began planning a State Health Information Exchange funded by federal stimulus dollars, dovetailing Oregon health reform legislation. The process will result in a statewide plan to create the means to exchange of health information to achieve health care reform goals including: Improving population and public health Improve care co-ordination Reduce chronic disease and health disparities and Lower costs Providers funded to purchase certified Electronic Health Records must meet objectives to demonstrate Meaningful Use of the system. MU Objectives call for providers to: Exchange clinical information among providers of care; Submit electronic data to immunization registries; Provide electronic submission of reportable lab results to public health; Provide electronic syndromic surveillance data to public health. Planning is underway with state and local partners discussing the best way to proceed together.
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Panel: Sugar Sweetened Beverages and the Growing Obesity Epidemic

Chris Kabel, Adrianna Voss-Andreae, Marah Hall

Abstract: Background A coalition of public health organizations in Oregon has been analyzing the lay of the land with soda and other sugar sweetened beverages and the health consequences of their over-consumption. There is increasing scientific evidence that sugar sweetened beverages (SSB's) are the single largest driver of the growing obesity epidemic in the US. Multiple studies demonstrate a strong association between intake of SSB's and increased body weight, type 2 diabetes, and cardiovascular disease. Sugar sweetened beverages account for more than half of the extra 300 calories people consume today, and the average Oregonian consumes one gallon of SSB's a week. The problem is exacerbated by the soda industry's marketing campaigns, many of which target children. According to the Center for Science in the Public Interest, the soda industry spends \$4.4 billion per year promoting its products. \$640 million of that is spent marketing directly to young people. Methods A group of public health practitioners have been analyzing the linkages between soda consumption and obesity and diabetes. By working with other organizations in other states, the coalition has examined policies that have been adopted elsewhere in order to develop an effective strategy here in Oregon. An SSB tax is one possible method that would both reduce consumption and create a funding mechanism for obesity prevention programs. The methodology used for each of the three presenters is as follows: 1) literature review focused on data surrounding the linkages between SSB consumption and obesity and diabetes; 2) compilation, comparison, and analysis of policies from around the US that will reduce consumption including a SSB tax; 3) Review of the industry's role and targeting of children and communities of color. Results The three presenters in this panel will cover the following: 1) results of the literature review and analysis of the linkages between SSB consumption and obesity and diabetes; 2) results of the compilation of data from other states use of various policies to reduce soda consumption; 3) results of the review into the industry role in targeting advertising specifically to children and the disproportionate advertising to communities of color. Our objective is to 1) increase public awareness of actual SSB consumption and the detrimental effects of over-consumption on health; 2) highlight the latest policy research and analysis about promising campaigns to reduce soda consumption; 3) Educate fellow advocates about the advertising patterns of the industry and the results it has on consumption.

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Risk Factors for Persistent Maternal Depressive Symptoms 13-24 Months after Birth among Women with Perinatal Depressive Symptoms

Alexis A. Helsel and Kenneth D. Rosenberg

Abstract: Background: 10-15% of women experience depression after pregnancy. Postpartum depression has been associated with adverse health outcomes for both the mother and child. Methods: This population-based observational study used data from birth certificates, the Oregon Pregnancy Risk Assessment Monitoring System Survey (PRAMS), and PRAMS-2 (which re-interviews PRAMS respondents when the child is 2 years olds). 1,911 women who had live births in 2004-2005 completed the PRAMS-2 survey in 2006-2007. Multivariate logistic regression was used to identify risk factors associated with maternal depressive symptoms (DS) 13-24 months following birth among women with DS during pregnancy or 2-6 months postpartum (after pregnancy). Analyses

were performed using Stata/MP 10.1 to account for the complex survey sampling design. Results: A total of 457 women reported DS during or after pregnancy. Of these women, 48.7% reported DS 13-24 months following birth. Risk factors associated with persistent DS after controlling for other covariates were: low social support (ORa 4.79; 95% confidence interval [CI] 1.65, 13.92), traumatic stress (ORa 2.89; 95% CI 1.28, 6.50), and household income \leq 185% of the federal poverty level (ORa 2.62; 95% CI 1.08, 6.33). Conclusions/Implications: Nearly half of the women reporting DS during pregnancy and in the early postpartum period continue to report DS during the second year of their child's life. Low social support, traumatic stressful life events, and low-income were all significantly associated with persistent DS. Identifying risk factors for persistent maternal depression will aid clinicians in screening patients for depression. Early recognition and treatment have the potential to improve health outcomes for both mother and child.

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Prevalence of Maternal Depressive Symptoms During and After Pregnancy in Oregon: Findings from a Population Based Survey, 2006-2007

Alexis A. Helsel and Kenneth D. Rosenberg

Abstract: Background: Perinatal depression has considerable health consequences for both mother and child. Previous studies have found wide variation in the prevalence of maternal depression. Methods: We used data from birth certificates, the Oregon Pregnancy Risk Assessment Monitoring System Survey (PRAMS, a population based sample of live births), and PRAMS-2 (which re-interviews PRAMS respondents when the child is 2 years old). 1,911 women who had live births in 2004-2005 completed the PRAMS-2 survey in 2006-2007. Women reported depressive symptoms (DS) for four time periods: (1) during pregnancy and (2) during the 2-6 months following birth on the PRAMS survey; and (3) during the 0-12 months following birth and (4) during the 13-24 months following birth on the PRAMS-2 survey. Analyses were performed using Stata/MP 10.1 to account for the complex survey sampling design. Results: The prevalence of reported DS varied among the 4 time periods: (1) 16.6% during pregnancy; (2) 11.3% during the 2-6 months following birth; (3) 30.6% during the 0-12 months following birth; and (4) 22.1% during the 13-24 months following birth. 43.2% of the respondents reported DS in at least one of the time periods. Conclusions/Implications: Depressive symptoms were common among women in this study, peaking during the 0-12 months following birth. The discrepancy between the prevalence of DS during the 2-6 months following birth compared to 0-12 months following birth may be explained by: (a) the onset of DS after completion of the PRAMS survey (mean child age = 14 weeks) or by (b) respondents' retrospectively realizing (by the time their child is 2 years old) that they had been depressed when completing the original PRAMS survey. Uncovering the trajectory of depression during and after pregnancy could lead to improved screening and interventions for addressing maternal depression.

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Supporting Maternal Mental Health in Oregon: Policy Initiatives and Partnerships

Nurit Fischler and Jillian Romm

Abstract: Maternal depression/anxiety is a widespread public health problem with serious and far-reaching consequences for mothers, infants and families across Oregon. For too long, prenatal and postpartum mental health disorders have been taboo subjects in our society. Families and professionals remain largely unaware of how common and treatable these disorders are, as well as how potentially devastating when left undiagnosed and untreated. A strong partnership has developed in Oregon over the past several years, dedicated to bringing this issue to the forefront in our state. The convening of more than 300 public and private providers for Oregon's first Maternal Mental Health Symposium in March of 2009, followed by the passage of HB 2666 (forming the Maternal Mental Health Work Group) and HB 3525 (declaring May to be Maternal Mental Health month) are evidence of this growing commitment and partnership. This session will highlight the work of the HB 2666 Maternal Mental Health Work Group. The Group's recommendations form a framework for improving maternal mental health in Oregon through legislative and state agency policy changes, public and provider education, community action, and more. The newly released HB 2666 Legislative Report will be presented and participants will discuss opportunities to move the recommendations forward.

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Policy, System and Environmental Approaches to Improve the Health of Oregonians

Cathryn Cushing, Kirsten Aird and Dawn Robbins

Abstract: Virtually all Oregon adults (97%) are affected by or at risk for chronic diseases including, cancer, heart disease, asthma, diabetes, arthritis, or stroke, due to one or more modifiable risk factors. Tobacco use is the single most preventable cause of death and disease in Oregon. Poor nutrition and physical inactivity together are the second leading cause of preventable death and disease. Given that these risk factors affect so many Oregonians, prevention must occur in a broader context than the physician's office. Place matters. The environments where we live, work, play, and learn have a direct connection to our health. Using population-based approaches grounded in policy, system, and environmental change strategies are critical to assuring that all Oregonians live in communities where health is the optimal default. This panel presentation will focus on chronic disease and risk factor burden data and the rationale for policy interventions. Examples of statewide policy interventions will include, The Tobacco Control Integration Project and The Governor's Worksite Wellness Initiative. This is proposed as a full organized session.

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Applying a Health Equity Lens to Policy

Lila Wickham

Abstract: At Multnomah County Environmental Health Services, reducing the unequal burden of asthma on poor children and children of color and improving the health of their housing is at the core of our Healthy Homes work. We began building our Healthy Homes foundation in 2001 with a community needs assessment, and responded to the prioritized needs by offering health education workshops and developing a Healthy Homes asthma nurse home visit program. In 2007, we coordinated a summit, from which emerged policy recommendations, including a call for stronger housing codes and changes to the state health plan to sustain home-based asthma interventions. Our team built alliances by educating local policymakers about our healthy homes project, and hosting asthma briefings for the House and Senate in the Oregon Legislature with families testifying to the success of our asthma program. We are currently working closely with the Oregon Division of Medical Assistance Programs to create a Targeted Case Management group that will allow us to bill managed care plans for a portion of the services in our asthma program. Our Healthy Housing Policy Change toolkit will highlight the challenges and successes of our journey, offering lessons learned and key ingredients to developing successful policies.

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Public Health Prevention and Substance Abuse / Risk Behavior Prevention: Integration of the Disciplines

Kelly Volkmann and Kelly Locey

Abstract: Premise: Public health prevention and substance abuse prevention have different understandings of similar terms and models. Background: Substance abuse/risk behavior prevention agencies such as SAMHSA (Substance Abuse and Mental Health Services Administration) and NIDA (National Institute on Drug Abuse) use prevention terminology and models that differ from traditional public health models. Conversely, Prevention Specialists often have little knowledge of public health models such as the Socio-Ecological model, and may not understand the way that public health uses the term □prevention.□ This session will provide an overview of the basic principles of public health prevention and substance abuse/risk behavior prevention, their similarities and differences, and the ways that each discipline would benefit from an integration of the two viewpoints.

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Concurrent Sessions #5

Panel: Improving Maternity Care Practices to Support Breastfeeding in Oregon Hospitals

Amelia Psmythe, Ken Rosenberg, Desiree Nelson, Helen Bellanca

Abstract: There is extensive evidence that breastfeeding supports the health of both mother and child. In Oregon in 2007, 91% of women initiated breastfeeding, but only 57% are exclusively breastfeeding at 3 months, and only 21% are exclusively breastfeeding at 6 months. Evidence shows that addressing the maternity care practices in hospitals can go a long way toward improving the rates of women who successfully breastfeed through the first year. Advocates in Oregon have been involved in national legislation to support breastfeeding as part of health care reform. This presentation will discuss efforts around the state to engage hospitals in aligning their maternity care practices with those of the Baby-Friendly Hospital Initiative of the World Health Organization. We will share successes and challenges of hospitals that have made changes to better support breastfeeding, and the new initiatives underway for a statewide project to move Oregon to the next level of breastfeeding support. The Breastfeeding Coalition of Oregon will also share highlights from their recent annual conference and their involvement with national advocacy work. Amelia Psmythe has coordinated the Breastfeeding Coalition of Oregon since its inception in 2004. As Executive Director of Nursing Mothers Counsel of Oregon from 1999-2009, she led Portland's Community Demonstration Project for the OWH National Breastfeeding Awareness Campaign and helped pass and promote Oregon's landmark Rest Breaks for Breast Milk Expression laws. Amelia currently assists the Bureau of Labor and Industry and Oregon Department of Family Health with implementation of the worksite law by conducting Business Case for Breastfeeding Toolkit trainings around the state, while serving as spokesperson and resource manager for the coalition. Ken Rosenberg has been a maternal-child health epidemiologist with Oregon's Office of Family Health since 1997. He is currently the coordinator for the Pregnancy Risk Assessment and Monitoring System (PRAMS) and PRAMS-2. Desiree Nelson, RN, IBCLC is currently WIC's Maternity Care Practice Project Coordinator. Last year she won a Lane County Healthy Babies Award for her almost three decades of work as a Maternal and Child Nurse. Desiree is staff to the Peace Health Nurse Midwifery Birth Center and PeaceHealth Pregnancy and Parenting Education Department, both in Springfield, Oregon. Moving maternal and child healthcare from the status quo to models that focus on optimal patient outcomes and consistent patient satisfaction has been a driving force for Desiree. She helped develop the M.O.M.S. Program (Management of Maternity Services) at Cottage Grove Hospital in the 1990s and led that hospital to become the 11th Baby Friendly Hospital in the U.S. More recently, she led a local Lactation Study Group that turned into the Baby Connection, a local collaborative project providing infant feeding education and support services to families. She has been active on numerous committees including Healthy Babies, Healthy Communities, F.E.A.T. (Family Early Advocacy and Treatment), and others addressing perinatal mood and anxiety disorders and infant mental health.

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Panel: Keeping Kids Active in Tough Budgetary Times

Ann Krier, Mary Lou Hennrich, Patricia Parsons, Rachel Farkas

Abstract: In the current economic crisis, many school districts are struggling to keep current levels of physical education (PE) for their students. This panel will discuss the current situation of physical activity within the Portland Public, Corvallis, and Eugene School Districts. It will also address the strategies these districts are using to reach adequate levels of physical education within schools and alternatives that schools are implementing to keep students active outside of more traditional PE classes. Mary Lou Hennrich, Executive Director of Community Health Partnership: Oregon's Public Health Institute, will discuss the advocacy efforts occurring in the Portland Public School District to retain current levels of PE and steps for moving forward. Patricia Parsons, Health Promotion Specialist with Benton County Health Department, will share the ways that Corvallis School District's parent-run School Wellness Policy Council is working to provide physical activity opportunities to students outside of traditional PE classes. Rachel Farkas, PEP Grant Coordinator for the Eugene School District, will speak about how schools in Eugene are keeping their students active and healthy. This panel will provide a snapshot of how school districts around Oregon are addressing physical activity with their students.

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Where Are They Now? A Comprehensive Approach to Achieving a High Treatment Completion Rate in a Worksite TB Exposure in Washington County, OR

Jennifer R Reuer, Trevor Hostetler, Sharon Hofer, Mandy Anderson, Heidi Behm, Paul F Lewis, Mary Ann Ware, Kathleen O'Leary

Abstract: Context: From October 2006-March 2007 a young man with infectious pulmonary tuberculosis was employed at a call center. During May 2008, a second case of pulmonary tuberculosis disease was diagnosed in the same center. A complex contact investigation ensued. Objective: Describe strategies used to test and treat current and former employees. Design: Cohort study. Setting: Washington County, Oregon. Participants: Employees of a call center with frequent turnover. Measures: Description of contact-finding, testing and treatment strategies. Frequencies of completed contact testing and treatment. Results: Altogether, 1,700 contacts were identified, mostly young, U.S.-born males. Letters, media advisories, and outreach by staff encouraged contact testing. Staff provided worksite screenings and followed up household and social contacts. An outreach worker was hired to locate and test former employees using telephone, home visits, social networking sites, personalized letters, and text messaging. Materials were developed to facilitate follow-up in the field and track contacts for testing, results, and treatment. QuantiFERON was used for most testing and rifampin used to facilitate treatment completion. Incentives were used for all aspects of testing and follow up. The highest risk included 622 individuals of which 79% were tested; 21% were positive; over 70% of positives completed treatment. Conclusion: Washington County's intensive and comprehensive strategy to locate educate, test, and treat contacts was vital to achieving testing and treatment completion.

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Inmate Demographics and TB Screening in Oregon Jails: Are our Assumptions Correct?

Heidi Behm, Kathryn Carr, Lindsey Lane

Abstract: Context: Tuberculosis (TB) is more prevalent among incarcerated people. During 2008 - 2010, public health officials conducted extensive tuberculosis contact investigations among incarcerated populations. Although Oregon Administrative Rules (OAR) require TB screening in jails, it is unknown how jails have implemented the OAR. Objective: Describe inmate population and TB screening practices in Oregon jails. Design: Telephone survey. Setting: Local jails in Oregon during July - August 2009 Participants: Jail medical staff Measures: Inmate population data and types of TB screening practices Results: Eighteen jails representing 23 counties responded. Daily censuses ranged from 12 - 1367 (mean=213) and length of stay from 1 - 180 days (mean=57). Fifty-six percent of jails house detainees under contract with U.S. Immigration and Customs Enforcement, and 11% house inmates from multiple counties. In 61% of jails, medical symptom screening was done by corrections officers; 17% of jails do not inquire about typical TB symptoms; and 44% do not ask about risk factors during screening. Forty-nine percent of facilities do routinely place skin tests. Half do not have an airborne infection isolation room. Conclusions: Variation among Oregon jails by inmate characteristics, length of stay, facility size, and TB screening practices complicate the prospect of development or enforcement of universal TB screening recommendations although this might lead to better TB control. Correction officers, not medical professionals, conduct medical symptom screening in many facilities. Many local jails lack capacity for airborne isolation; screening recommendations should emphasize timely transfer of inmates with suspected TB.

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Tuberculosis Outbreak in the Multnomah County Corrections System

Kimberly Repp, Mary Ann Ware, Laura Nystrom, and Amy Sullivan

Abstract: Background: Infectious outbreaks of tuberculosis (TB) have been reported in hospitals and jails since 1990. In 2008, Multnomah County experienced the first case of infectious tuberculosis in county jails in seven years. This presentation describes the outbreak investigation and the need for increased screening of the inmate population. Methods: A cohort of exposed inmates and corrections officers was formed. Exposure was defined as 8+ hours duration with patient zero. PPD tests were performed on the exposed population, followed by chest x-rays for PPD positive tests and drug therapy was started for sero-converters. Descriptive statistics, modeling and

effective reproductive number calculations are ongoing. Results: Of the 93 exposed inmates that were PPD tested, 36 (49%) were classified as infected and one inmate developed TB disease. Among the 33 corrections officers exposed, one deputy was classified as infected. There were 21 known TB converters in the exposed inmate population. Conclusions: The abnormally high number of converters from the original TB infection indicates patient zero was highly contagious. This jail outbreak has one of the highest sero-conversion proportions published. repp@ohsu.edu

Immunization Quality Improvement: Using Data to Improve Practice

Sara Beaudrault

Abstract: AFIX (or Assessment, Feedback, Incentive, and eXchange) is a national quality improvement strategy designed to improve immunization rates and practices at the clinic level. Clinic staff and their Oregon Immunization Program (OIP) Health Educator work together using two key components - assessment data and the clinic's own knowledge of their immunization services - to develop clinic-specific action plans for improvement. The outcomes of these changes are measured in subsequent assessments, and new goals are set. The Oregon Immunization Program has been conducting AFIX activities with providers since 2000. Oregon AFIX was designed by Health Educators, using models of health behavior. It is built on the belief that sustained change must be clinic-driven, and OIP Health Educators function as a resource for providers who wish to improve their immunization rates and services. This presentation will address the following topics: " Key features of Oregon AFIX that make the program unique. " Pros and cons of how Oregon AFIX is implemented with providers. " What works? Factors that lead to clinic success. " What's next for Oregon AFIX?

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Oregon's Adult Hepatitis B Vaccination Initiative: A collaboration between Public Health and Corrections

Alison Alexander, Judith Leahy, Patrick Vance, Jeanine Whitney

Abstract: In 2007, the Centers for Disease Control and Prevention (CDC) launched the Adult Hepatitis B Vaccination Initiative to improve vaccination coverage and reduce the incidence of hepatitis B among adults. Nationwide, 56 grantees participated in the Initiative, making hepatitis B or hepatitis A/B vaccines available to high-risk adults in 3,024 settings. In Oregon, the State Public Health Division implemented the Adult Hepatitis A/B Vaccination Project in collaboration with the Oregon Department of Corrections (ODOC). Oregon chose to implement this project within its correctional system due to the prevalence of high-risk behaviors for viral hepatitis (IDU, MSM, multiple sex partners, and sexually transmitted disease histories) among inmates, most of who complete sentences and return to Oregon communities. The Oregon project is a collaboration of the Adult Viral Hepatitis Prevention Program, the Immunization Program and ODOC. Project activities include on-site train-the-trainer staff education on topics that include: viral hepatitis and hepatitis integration, vaccine storage and handling requirements, vaccine administration, tracking and reporting. The synergy developed between partners proved a critical element to the project's statewide success. CDC awarded 18,000 doses to Oregon and over 20,000 doses have been administered by the project to date. The project's third year ends December 31, 2010.

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Influenza Vaccination Among Two Year Olds in a Population-based Survey

Kenneth D. Rosenberg and Alfredo P. Sandoval

Abstract: Background: Children aged 6 months through 18 years old should receive influenza vaccination every year because high levels of immunity among children can decrease influenza morbidity and mortality among the elderly and other vulnerable populations. Using a population-based sample, we explored the proportion of two year olds who had received influenza vaccination. Methods: Oregon PRAMS is a stratified random sample of women who have recently had a live birth. PRAMS-2 reinterviews PRAMS respondents shortly after the child's second birthday. This work follows children born in 2004 and 2005 whose mothers were reinterviewed shortly after the child's second birthday. Results: 37.5% of two year olds had received an influenza vaccination in the past year. Influenza vaccination was seasonal: reports of influenza vaccination ranged from 11.0% - 58.8%, depending on the child's month of birth. The two year olds born in November had the highest reported rate of influenza vaccination; those born in August had the lowest rate. Conclusions: The children most likely to have received an influenza

vaccination were probably in their provider's office for a routine two year old well child care visit at a time when the provider had influenza vaccine available. Further improvement in vaccinating children will probably require office systems to vaccinate children who would not normally be in providers' offices at the time when the vaccine is available in provider offices. In the long run, there is a need to explore and develop three strategies for providing influenza vaccine to all children: provider-based strategies, school-based strategies and community-based strategies.

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Using Social Media to Complement an Outreach Plan

Tara Chetock

Abstract: There are more than 400 million active Facebook users and 50% of those users login to their account daily. Social media sites such as Facebook, Twitter, YouTube and LinkedIn are becoming the typical way to communicate with friends, colleagues and potential business partners. With so many people using social media to stay connected to the world around them, programs like Oregon EPHT now have the ability to interact with their audience in real-time. This presentation will explore the development and implementation of the Oregon EPHT social media campaign. Audience members will learn how Oregon EPHT created goals and objectives to evaluate efforts in this relatively abstract environment. Tools used to monitor web trends and traffic for evaluation purposes will be discussed (Google Analytics, Facebook Insights, and TweetDeck). This presentation will highlight strategies to develop a social media plan and use web metrics to evaluate social media campaigns.

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Developing a Research-Based Social Marketing Campaign to Increase Colorectal Cancer Screening

Jennifer Messenger Heilbronner

Abstract: Background/purpose The Oregon Department of Human Services (DHS), Health Promotion and Chronic Disease Prevention Section, is working to increase colorectal cancer screening among Oregonians aged 50 to 75. One component of its approach is a social marketing intervention. Methods To inform this work, Metropolitan Group conducted qualitative research (literature review, executive interviews, ethnographic interviews, focus groups and a follow-up focus group survey) to determine barriers and motivators to screening. We then applied a social marketing lens to the findings, which laid a clear path to a behavior change campaign. Results/outcomes Core finding: the main motivators to get screened are a provider's recommendation and/or a recommendation from someone who has been screened or has battled colorectal cancer. The resulting campaign message and strategy builds on this finding. Conclusions/implications: To create measurable behavior change, public health campaigns must be based on research and a clear understanding of audience barriers, motivators and pathways. This case study outlines a research-based campaign that mobilizes the 60 percent of the target audience that has been screened to motivate the other 40 percent to get screened. They, in turn, get screened and become messengers for promoting screening among their networks. This model of research, social marketing design, and personal referral strategy has implications for other health issues and social marketing initiatives.

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Developing and Implementing a Web-based Health Status Report for Benton County

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Abstract: Benton County last released a comprehensive county wide health status report in 2000. The web-based Health Status Report (HSR) was developed in response to the need for current county level health data. The goals and purpose of the HSR are to describe the health of Benton County and to aid decision makers with public health planning. Ultimately, this report enables public health, policy makers, and researchers to implement evidence-based practices. Key informant interviews were conducted with public health stakeholders to determine the goals, purpose, and health indicators for the report. Primary and secondary data were gathered from local ongoing projects and available sources, respectively. Benton County and Oregon data are presented with Healthy People 2010 targets. Brief analytical interpretations of the data and prevention messages are also included. The web-administrator posted health indicator information on the county website as it was completed. Stakeholders are now

able to access county level health data on the web. The HSR facilitates community involvement and cross discipline coordination for addressing public health issues. It also provides data to support the findings of the Robert Wood Johnson Foundation Health Rankings Report. Furthermore it meets the National Voluntary Accreditation Standards effective in 2011

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NorthStar House: An Evidence-Tested Model of Community-based Recovery

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Abstract: The National Alliance on Mental Illness Multnomah supports the development of NorthStar House, a new mental health recovery program for adults living in the Portland metro area. NorthStar House will be the first International Center for Clubhouse Development (ICCD) clubhouse program in Oregon. The ICCD standards-based model of psychosocial rehabilitation moves beyond treatment to address key social determinants of health and mental health, specifically education, employment, income/financial stability and community/social supports. Multnomah County's Mental Health Division strategy includes development of ICCD standards peer-delivered services. The goals for members of NorthStar House include: improved and maintained physical and mental health; improved quality of life; increased independence; and increased stability. The outcomes for members include: increased opportunities for employment, longer job tenure, higher wages; increased educational attainment; increased confidence and self-efficacy; increased meaningful relationships and social supports; reduced hospitalization; and reduced involvement in the criminal justice system. Community impacts include: reduced cost of services compared to hospitalization and imprisonment; reduced stigma associated with mental illness; reduced dependence on family members for care resulting in reduction of family stress and dysfunction; and filling an identified gap in the spectrum of services for persons with mental illness in Multnomah County.

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Behavioral Health Integration with Primary Health

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Abstract: The passage of state and federal health reform legislation has increased the focus on the importance of health care delivery system redesign. Chief among the concerns is the need to increase the presence and centrality of primary care services and providers, including those specialty areas that are most closely connected to primary care. The development and implementation of patient-centered primary care homes is a key feature in most approaches to delivery system redesign. How mental health and addiction disorders are addressed through and within primary care homes is a major need and challenge. This presentation will provide clear rationales for integration of behavioral health (BH) services and providers with primary care, as well as a framework for how to match specific patient cohorts with relevant and effective services. The most commonly and successfully implemented models of linkage and integration of BH and primary care will be described. Pivotal to improved outcomes for persons with health and BH co-morbidities is the provision of effective and personalized care management and the availability of well-prepared BH specialists. The session will conclude with a discussion of policy implications and strategies for implementation of BH integrated primary care homes.

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Health Promotion and Community Hospitals

Jana Kay Slater, Kevin Ewanchyna, Peter Reed, JoAnn Miller

Abstract: Panel Presentation Organizer: Jana Kay Slater, PhD The concept of a "health promoting hospital" was formalized by the World Health Organization in 2001 when it established the International Network of Health Promoting Hospitals and Health Services. A health promoting hospital is one that embraces a public health agenda and recognizes multiple factors involved in health status, including environmental determinants of health. It integrates treatment with disease prevention, health education and health promotion services to achieve optimal

health at the individual and community levels. National networks of health promoting hospitals and health systems have now formed in over 21 countries representing hundreds of affiliated hospitals and health systems. Here in the United States networks of “health-promoting” hospitals have formed in only two states – Connecticut and Pennsylvania -- yet most community hospitals offer a plethora of programs and services to address community health issues such as obesity, chronic conditions and tobacco. Samaritan community hospitals go even further and provide childcare services, sponsor emergency housing, and work with community partners to provide dental services for the uninsured. Panelists will provide examples of ways in which public health and community hospitals can and should work together to enhance community health.

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