

**OREGON PUBLIC HEALTH  
ASSOCIATION:**

**CONFERENCE**

**ABSTRACTS**

**2013**

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## ORAL PRESENTATIONS

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**TITLE:** *A family to plan: The interaction of fatherhood status and partners in the sexual and reproductive health of Mexican immigrant men*

**TOPIC:** Sexual and Reproductive Health

**AUTHOR(S):** Doris I. Cancel-Tirado, PhD. and Marie Harvey, PhD

**STUDENT:** No

**ABSTRACT:** Fatherhood, a life transition, may lead men to negotiate family planning and sexual behaviors differently. Men's interaction with their children may shape their ideas of when and how many children they want, and in what kind of relationship they want to have them. Having children may also influence relationships with their partners, including the negotiation of birth control use and safer sexual behaviors. Studies that explore these issues are scarce when focused on Mexican immigrant men. These men, however, often face disadvantaged situations that may negatively impact their experiences related to family planning and sexual risk behaviors. In this study we examine how social roles (e.g., partner, father) influence family planning and sexual risk-taking among young Mexican immigrant men and compare how these experiences differ by fatherhood and partnership status. We analyzed data from the Latino Health Project: Men Only. Semi-structured interviews were conducted in English or Spanish with 46 heterosexual, sexually active men (ages 18-30) who recently immigrated to the U.S. and resided in rural Oregon. Findings indicate that fatherhood positively influenced attitudes about sexual risk-taking and motivated men to protect themselves by using birth control. Findings also suggest that once men perceived themselves in a stable relationship and shared experiences with their partners, they interacted with their partners and negotiated new meanings of fertility and sexuality. Through shared experiences with their partners and children, men developed an identity around their role as fathers and as long-term partners and perceived they had a family to care for and plan.

**OBJECTIVE:** Understand the role that fatherhood status and partners play in family planning and sexual risk-taking among young Mexican immigrant men.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Doris Cancel-Tirado, PhD  
Assistant Professor  
Western Oregon University/Division of Health and Physical Education  
345 N. Monmouth Ave.  
Monmouth, OR 97361  
541-829-1211  
canceltd@wou.edu

**CO-PRESENTER(S):**

Marie Harvey, Dr PhD (marie.harvey@oregonstate.edu)

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**TITLE:** *Access and Apples: A 2012 Look at WIC Farm Direct Vouchers for Low-Income Families*

**TOPIC:** Nutrition-- Access to Fruits and Vegetables

**AUTHOR(S):** Rebecca Seel, MPH - Oregon Health Authority

**STUDENT:** No

**ABSTRACT:** Background: Fruit and vegetable consumption is below recommended levels in Oregon and the United States. In 2012, the Oregon WIC program had a unique opportunity to triple the number of \$20 check booklets that participants could spend on fresh produce at local farmers market and farm stands. This evaluation explores how the Farm Direct Nutrition Program (FDNP) checks were distributed to low-income families in Oregon and which factors were associated with buying fresh fruits and vegetables.

Methods: The data included surveys to WIC staff, as well as WIC administrative data. Descriptive analyses were used to explore factors related to FDNP redemption, and qualitative data helped to explain some of the variation between local WIC agency practices.

Results: WIC participants spent \$1.2 million on local fresh fruits and vegetables; however, not all of the checks were redeemed. Redemption rates varied depending on age and ethnicity of the participant, month of issuance, and location.

Conclusions: Farm Direct supports fruit and vegetable purchases for low-income families, but addressing cost-related barriers may not be enough. Additional targeted outreach or marketing depending on age, ethnicity and location could be important, as opposed to a one-size-fits-all message. More research on why people did not redeem their FDNP coupons will be useful for future efforts.

**OBJECTIVE:** Identify policy recommendations for increasing fruit and vegetable access, as well as potential challenges in Oregon.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Rebecca Seel, APRN, BA, BC, BS, BSN, BSS, CCHP, CHES, CHN, DACBR, DC, DDS, DMD, DVM, Dr PH, DrPH, EdD, FACPM, FAGD, FNP, HA, JD, HE, MA, MD, MN, MPA, MPH  
Research Analyst  
Oregon Health Authority  
800 NE Oregon St, Suite 865

Portland, OR 97217  
971-673-0539  
rebecca.seel@state.or.us

**CO-PRESENTER(S):**

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**TITLE:** *Alzheimer's Disease: An Emerging Public Health Concern*

**TOPIC:** Aging / Demographics / Chronic disease

**AUTHOR(S):** Charlie Fautin, Jon Bartholomew

**STUDENT:** No

**ABSTRACT:** In 2013, the Oregon Legislature endorsed the State Plan for Alzheimer's Disease and Related Dementias in Oregon.

Alzheimer's is an emerging public health problem that poses huge and increasing social burdens. While death rates from heart disease, cancer, and stroke are gradually declining nationally, the number of people affected by and dying from Alzheimer's is growing. Currently, about 76,000 Oregonians live with Alzheimer's, and this number is expected to increase about 33% to 110,000 by 2025, largely because the number of older adults will grow dramatically as the baby boomers (born between 1946 & 1964) reach age 65.

Alzheimer's is a disease that affects everyone in Oregon, directly or indirectly. Over 165,000 unpaid caregivers in Oregon provide over \$2.28 billion worth of unpaid care in 2011. The intensive support required to care for a person with dementia can negatively impact the health of the caregiver, their family, work productivity, and the entire community.

This presentation is intended to help trigger ongoing conversation and possible work among public health officials, practitioners & researchers about their ideas / perspectives on incorporating Alzheimer's into chronic disease prevention, care, and community health improvement plans.

**OBJECTIVE:** Attendees will:

- 1) Increase awareness of the 2012 State Plan for Alzheimer's Disease and Related Dementias in Oregon
- 2) Increase awareness of public health concerns related to the Alzheimer's epidemic
- 3) Increase awareness of potential public health activities related to Alzheimer's disease and other dementias.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Charlie Fautin, MPH  
Deputy Director  
Benton County Health Department  
PO Box 579  
Corvallis, 97339  
541-766-6840  
charlie.fautin@co.benton.or.us

**CO-PRESENTER(S):**

Jon Bartholomew (jon.bartholomew@alz.org)

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**TITLE:** *An Expression of Love: Breastfeeding in Unique Foster Care Situations*

**TOPIC:** Breastfeeding, WIC, Foster Care

**AUTHOR(S):** Jeanette Howard, BS, IBCLC, Anne Lenzi

**STUDENT:** No

**ABSTRACT:** Background: A simple act like breastfeeding can become very complicated when a mother is incarcerated or an infant is in foster care. Washington County WIC and Field Team Nurses have a history of collaboration with Coffee Creek Correctional Facility to provide breast pumps to postpartum incarcerated women, giving them a unique opportunity to pump breastmilk for their infants who are not in their care. When an infant is removed from a birth mother and placed in the foster care system, little to no training is provided to caregivers about using the mother's breastmilk. Even when feeding expressed mothers' milk (EMM) is recommended by a caseworker, caregivers are not equipped with the education necessary to make an informed decision on whether or not to feed EMM to the infant in their care.

Methods: Three Focus groups and twelve key informant interviews were conducted to identify the barriers faced with regards to the provision of expressed breastmilk.

Results: A multimedia toolkit was developed to address the specific concerns expressed by both parties.

Conclusion/Implications: Foster caregivers and incarcerated biological mothers have both reported increased confidence in the provision of expressed breastmilk to a child in foster care. The free toolkits available online have garnered more than 1,000 "hits".

**OBJECTIVE:** State one challenge faced by foster caregivers who choose to provide expressed breastmilk to a child in their care.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jeanette Howard, BS  
Public Health Lactation Consultant  
Washington County WIC Program  
155 N. First Ave.  
Hillsboro, OR 97124  
503-846-3756  
Jeanette\_Howard@co.washington.or.us

**CO-PRESENTER(S):**

Anne Lenzi (alenzi@aylabirth.org)

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**TITLE:** *An Integrated Approach for Individuals with Disabilities: Workplace Safety, Health and Wellness*

**TOPIC:** Health Promotion/Health Behavior/Occupational Safety

**AUTHOR(S):** David Grim, Mara Nery, Simon Driver, Laurel Kincl

**STUDENT:** No

**ABSTRACT:** Background: Individuals with disabilities across the U.S., including Oregon, face many disparities that include health and employment. For example, the employment rate among people with a disability is 33.4% in Oregon compared to 73% for the non-disabled population. Furthermore, only 4% of people with a disability in Oregon rate their health as excellent, compared to 27.2% of the general population.

In light of these recognized disparities, multiple federal initiatives (i.e., Healthy People 2020; Surgeon General's Report) are focused on promoting the health and well being of people with a disability.

Purpose: This talk will describe critical issues of employment (rates, earnings, job security, occupational roles, and occupational injuries) and health disparities (lifestyle behaviors, physical activity levels, obesity, general health) in people with a disability in Oregon and beyond. Discussion will then focus on integrated workplace safety, health and wellness programs as a public health initiative to address the documented disparities. Finally, we will share plans for testing an innovative and integrated workplace program titled "Be Active, Work Safe", which is led by an interdisciplinary team in occupational safety and exercise and movement science following OPHA's motto of "working together to make health happen".

**OBJECTIVE:** Participants will be able to describe:

1. Employment and health disparities faced by individuals with a disability, and
2. Components of a novel program to address these disparities.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Laurel Kincl, APRN  
Assistant Professor  
Oregon State University  
100 Milam Hall  
Corvallis, OR 97331  
541-737-1445  
laurel.kincl@oregonstate.edu

**CO-PRESENTER(S):**

Simon Driver (simon.driver@oregonstate.edu)  
David Grim (grimd@onid.orst.edu)  
Mara Nery (mara.nery@oregonstate.edu)

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**TITLE:** *Anhydrous Ammonia Releases in Columbia County: A Success Story*

**TOPIC:** Environmental Public Health

**AUTHOR(S):** Kacey Setzer, BS, Yuliya Goldman, BS

**STUDENT:** No

**ABSTRACT:** Facilities that store large amounts of anhydrous ammonia have the potential for unexpected releases and explosions that could negatively impact the health status of surrounding communities. According to the Oregon Health Authority's Hazardous Substance Incident Surveillance (HSIS) program, 33 out of every 50 chemical releases in Columbia County are releases of anhydrous ammonia, 97% of these are released from facilities storing large quantities of anhydrous ammonia.

This information was the foundation for State, County, and Local stakeholders to collaborate and develop a strategy to reduce the hazard of anhydrous ammonia in Columbia County. The Oregon HSIS program worked with the OHA Health, Security, Preparedness and Response (HSPR) program to create a comprehensive, evidence-based, public education campaign to address the anhydrous ammonia issues in Columbia County.

The objectives of the campaign were: 1) increase number of residents that know about the risk of anhydrous ammonia and the actions they can take to protect themselves; 2) increase number of organizations that have shelter-in-place plans; and 3) develop systematic warning schedule for sheltering in place.

During this presentation we will discuss: 1) the role of the different stakeholders; 2) how chemical surveillance data was used to assist the local community; and 3) summarize the outcome of the collaboration, which included positive engagement from the private sector.

**OBJECTIVE:** To demonstrate how state-level surveillance of hazardous substance incidents can assist local communities in protecting their citizens from exposure to dangerous chemical releases.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Kacey Setzer, APRN  
Public Health Associate  
Oregon Health Authority- Center for Health Protection  
800 NE Oregon St  
Portland, OR 97232  
(971) 673-0455  
kacey.setzer@state.or.us

**CO-PRESENTER(S):**

Yuliya Goldman (yuliya.goldman@state.or.us)

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**TITLE:** *Applications of Functional Data Analysis: Real-Time Monitoring Data in Public Health*

**TOPIC:** Biostatistics

**AUTHOR(S):** Houseman, Andres, MacDonald, Megan, McClelland, Megan

**STUDENT:** No

**ABSTRACT:** Use of real-time monitoring devices such as accelerometers or environmental samplers is becoming common in public health research. Such devices generate dense time series for each participant in a study, as many as several readings per second over a span of several hours. In public health studies, these devices generate extremely high-dimensional data sets requiring specialized techniques for analysis. Functional Data Analysis (FDA) is the statistical sub-discipline that focuses on the analysis of dense data collected over time and/or space, and is the most appropriate framework for analyzing real-time data. In this talk we will present the basic ideas of FDA and review some examples of FDA applications in the literature. In addition, we will describe some current projects at OSU CPHHS that involve the collection of real-time monitoring data and their statistical analysis via FDA: the use of

accelerometers to improve measurement of motor development and self-regulation in children and the use of real-time samplers to characterize VOC exposure across a number of occupational tasks.

**OBJECTIVE:** List several examples of public health studies generating real-time monitoring data. Compare the key features of Functional Data Analysis from those of other statistical sub-disciplines with respect to analysis of real-time monitoring data

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Andres Houseman, ScD  
Associate Professor of Biostatistics  
School of Biological and Population Health Sciences, CPHHS  
College of Public Health and Human Sciences, 153 Milam Hall  
Corvallis, OR 97331  
541-737-3177  
andres.houseman@oregonstate.edu

**CO-PRESENTER(S):**

Megan MacDonald (Megan.MacDonald@oregonstate.edu)  
Megan McClelland (megan.mcclelland@oregonstate.edu)

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**TITLE:** *Associations between the Family Nutrition and Physical Activity Environment and Successful Learning Characteristics in Corvallis Elementary School Children*

**TOPIC:** Obesity Prevention and Successful Learning

**AUTHOR(S):** Jenny Jackson, MS, RD, Katherine B. Gunter, PhD, Deborah John, PhD

**STUDENT:** Yes

**ABSTRACT:** Background: Adequate nutrition, physical activity, and healthy weight status are associated with positive health and learning outcomes. Expanding existing knowledge around the connections between how children eat, play, and learn will inform efforts to promote environments that foster healthy child development and academic success.

Purpose: This study examined associations between family nutrition and physical activity environmental and behavioral factors, and characteristics of successful learners in a sample of elementary school students residing in Corvallis, Oregon.

Methods: Parents (n=85) completed an online survey, including child and family demographics, students' school performance indicators, and the Family Nutrition and Physical Activity (FNPA) survey, a validated screening tool designed to assess family-level factors that predispose children to becoming

overweight. Descriptive, correlation, and linear regression analyses were used to determine associations between the FNPA and Characteristics of Successful Learners (CSL).

Results: CSL score was positively and significantly associated with higher scores on the FNPA and the FNPA nutrition component, specifically. CSL was positively associated with consumption of less fast food and fewer sugar-sweetened beverages.

Conclusions: Findings suggest children with more favorable family nutrition and physical activity environments, also associated with lower risk for obesity, may display more learning-related skills.

**OBJECTIVE:** Attendees will be able to describe the relationship between the FNPA and learning-related skills as indicated in a sample of elementary school students.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jenny Jackson, MS  
Oregon State University  
2495 Winter St. SE  
Salem, OR 97302  
5035808298  
jenny.jackson@oregonstate.edu

**CO-PRESENTER(S):**

Katherine Gunter (kathy.gunter@oregonstate.edu)  
Deborah John (deborah.john@oregonstate.edu)

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**TITLE:** *Availability of Healthy Snacks in Stores Near Low-Income Urban, High-Income Urban, and Rural Elementary/Middle Schools*

**TOPIC:** childhood obesity prevention, food environments, snacking

**AUTHOR(S):** Nancy E Findholt, PhD, RN, Betty Izumi, PhD, MPH, RD, Hayley Pickus, BA, Thuan Nguyen, PhD

**STUDENT:** No

**ABSTRACT:** Background/Purpose: In light of the childhood obesity epidemic, there is growing interest in neighborhood food environments near schools. Studies have shown that children frequently shop at stores near their schools, often visiting more than once per day to purchase snack foods and beverages. However, little is known about the type of snacks and beverages in these stores, or whether availability of healthy products varies by neighborhood socioeconomic status or rural-urban location. As a first step

toward developing interventions to promote better snack choices, we compared availability of healthy snacks and beverages in food stores within walking distance of low-income urban, high-income urban, and rural elementary/middle schools in Oregon.

Methods: Eight-five stores were assessed by a trained surveyor using a checklist of 50 snacks and beverages that met Institute of Medicine standards for competitive foods in schools. Statistics included frequency distributions and testing for pairwise differences between 2 proportions.

Results: Rural stores, collectively, had the lowest range of healthy products available, followed by low-income urban stores. However, availability of healthy snacks and beverages was extremely limited in all locations.

Conclusions: This problem must be resolved before efforts to educate and encourage children to make healthy snack choices can be successful.

**OBJECTIVE:** Recognize how food environments near schools may be undermining efforts to promote healthy eating habits among school-aged children.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Nancy Findholt, APRN  
Associate Professor  
Oregon Health & Science University School of Nursing  
One University Blvd  
La Grande, OR 97850  
541-962-3648  
findholt@ohsu.edu

**CO-PRESENTER(S):**

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**TITLE:** *Beginning a Dialogue: Healthy Eating, Active Living in Rural Yamhill County*

**TOPIC:** Community Health Improvement, Community Engagement

**AUTHOR(S):** Meghan Haggard, MPH, CPH

**STUDENT:** No

**ABSTRACT:** Background: Obesity is a rapidly growing epidemic. The adult obesity rate in Yamhill County is 27% (County Health Rankings, 2013). In 2012 Yamhill County Public Health received a grant from Northwest Health Foundation to address healthy eating and active living with an emphasis on health equity.

Methods: Healthy Eating, Active Living (HEAL) events were held in three Yamhill County communities. During each event, attendees viewed a portion of the documentary *“The Weight of the Nation”* and participated in a panel and group discussion regarding barriers and solutions to healthy eating and active living. Equitable access to the events was ensured through the provision of meals, transportation, and Spanish translation.

Outcomes: Many project ideas to improve the health of the communities were generated through the panel discussions including: community gardens, farmer’s markets, a community wellness committee, farm to school programs, and a community center with a focus on wellness. Two of the communities have established steering committees which are working to turn the ideas into reality.

Implications: HEAL events allowed community leaders and members to identify and brainstorm ideas to overcome barriers to healthy living in their towns. Public Health will continue to work with the steering committees in order to help them reach their goals.

**OBJECTIVE:**

- 1.How engaging community partners can lead to measurable change toward improved community health.
- 2.Policy change and action led by members of the community to improve community health.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Meghan Haggard, APRN  
Oregon Healthy People AmeriCorps\*VISTA  
Yamhill County Public Health  
412 NE Ford Street  
McMinnville, OR 97128  
503-474-4938  
haggardm@co.yamhill.or.us

**CO-PRESENTER(S):**

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**TITLE:** *Bringing Genetics to Life Through Story Telling*

**TOPIC:** Learning Activity to Promote Value Awareness of Genetics in Health Care Professionals

**AUTHOR(S):** Rachel Richmond RN, MSN, Trish Kohan RN, MSN, Carol Christlieb RN, MSN

**STUDENT:** No

**ABSTRACT:** Genetic and genomic science is redefining the continuum of human health and illness. Recognition of genomics as a central science for health professional knowledge is critical. Specific competencies from the American Nurses Association; Essentials of Genetic and Genomic Nursing, includes enhanced awareness of personal attitudes and values, and advocacy for access to education and resources. OHSU Nursing faculty created and implemented a learning activity to integrate selected genetic and genomic competencies into a nursing baccalaureate level epidemiology course. Through reading stories and in class discussion about the lived experience of clients and families with selected genetic disorders and conditions, students engaged in exploration of attitudes, values and recognition of bias. Students demonstrated understanding of the impact of genetics and genomics on healthcare and role of the nurse through student participation and comments. This learning activity can be applied to a variety of health care situations and providers to raise awareness of genetic and genomic competencies

**OBJECTIVE:** Promote understanding of the impact genetics has on real life, and it's relevance to healthcare practice.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Rachel Richmond, APRN  
RN, MSN  
Oregon Health and Science University  
1250 Siskiyou Blvd.  
Ashland, OR 97520  
5412824761  
richmora@ohsu.edu

**CO-PRESENTER(S):**

Trish Kohan (kohan@ohsu.edu)  
Carol Christleib (christli@ohsu.edu)

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**TITLE:** *Caregivers' sense of social isolation and life disruption: A qualitative study*

**TOPIC:** Elder Caregiving

**AUTHOR(S):** Elizabeth A. Gordan, APRN, Carolyn A. Mendez-Luck, PhD, MPH

**STUDENT:** Yes

**ABSTRACT:** This qualitative study explored Mexican-origin, female caregivers' conceptualizations of elder caregiving in terms of role functioning, social norms, cultural beliefs, and familial obligations. One-time, semi-structured interviews were conducted with forty-four caregivers living in East Los Angeles, California. Audio files were transcribed and analyzed in the language of the interview (i.e., Spanish or

English). Interview transcripts were entered into Atlas.ti and were examined for thematic content. Two key themes have emerged from our grounded analysis of the data thus far. First, caregivers described their transition into the role of caregiver as disruptive to other aspects of their lives, such as their extant social roles and responsibilities. For example, caregivers employed outside of the home reported having difficulty balancing their professional workload with their caregiving workload. Second, caregivers reported feeling as if they no longer “had a life”. For example, many caregivers shared that they were unable to socialize with individuals (e.g., friends, extended family) other than the care-receiver due to their care-receivers’ physical and emotional needs. Caregivers’ view of the caregiving role as disruptive to the life course as well as their feelings of social isolation may have important implications for their current and future economic and emotional well-being.

**OBJECTIVE:** 1.) Describe at least one way in which the role of informal caregiver tends to disrupt the lives of Mexican-origin caregivers. 2.) Identify at least one manner in which the life course disruption experienced by Mexican-origin caregivers could potentially influence caregivers’ well-being.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Elizabeth Gordan, APRN  
Graduate Student  
Oregon State University  
College of Public Health and Human Sciences, Oregon State University, 401 Waldo Hall  
Corvallis, OR 97370  
(541) 737-5204  
gordane@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Caregiving in Oregon - What data from the BRFSS tells us*

**TOPIC:** caregiving, data, BRFSS

**AUTHOR(S):** Elena Andresen, PhD, Eva Hawes, MPH, Willi Horner-Johnson, PhD

**STUDENT:** No

**ABSTRACT:** Caregiving for another person with an illness or disability has a significant impact on the caregiver. Higher health care costs, worse health outcomes, and impact on family relationships are among those impacts. During 2010, the Oregon BRFSS collected data from the ten-question caregiving module during January and February. A total of 860 people were asked if they provided care or assistance in the past month to a friend or family member and 150 said yes. The mean age of the person receiving care was 69. Most of the people who were cared for were female (68%). Of those who were

caregivers, 62% said that the person they cared for experienced changes in cognition during the last year (Question # 10). This module has also been conducted in 2012 and 2013 Oregon BRFSS. This presentation will discuss the data and how it informs public health strategies to address the impact of caregiving on Oregonians.

**OBJECTIVE:**

- 1) Understanding the prevalence of caregiving in Oregon and its impact on the caregivers
- 2) Understanding how BRFSS caregiving data can be used to inform public health strategies
- 3) Learning how BRFSS caregiving data will be collected and used over the next several years.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Elena Andresen, PhD  
Professor, Division of Health Services Research  
Oregon Health & Science University  
3181 SW Sam Jackson Park Road, Mail Code CB 669  
Portland, OR 97239  
(503) 494-2275  
andresee@ohsu.edu

**CO-PRESENTER(S):**

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**TITLE:** *Change is Around the Corner: a healthy corner stores initiative from Marion County, OR*

**TOPIC:** Chronic Disease Prevention (Obesity prevention through Food Systems)

**AUTHOR(S):** Emily de Hayr, MPH, Nadege Dubuisson, MPH

**STUDENT:** No

**ABSTRACT:** The Marion County Healthy Corner Stores Initiative is a project that aims to establish healthy corner stores in primarily rural areas of Marion County, and in areas that have been identified by the FDA as “food deserts”. Affordable and nutritious foods are in limited supply in these areas and increased rates of overweight and obese individuals are prevalent. With the help of a Kaiser Permanente grant, Marion County Health Department staff are encouraging and assisting participating convenience stores in expanding or changing their food offerings to include fresh produce and other healthy food items in order to increase access to healthy food options and thereby help to reduce health disparities over time. Participating stores are expected to adhere to a customized “healthy store” policy to increase stock of healthy foods, display healthy corner stores marketing materials, and participate in social

marketing opportunities in order to help shift community norms towards healthier eating in their community. The initiative is a three-year long project with process evaluation components to facilitate sustainability of the initiative and assist others in similar programs through lessons learned.

**OBJECTIVE:** Outline the need, rationale, and process for the implementation of a healthy retail initiative and identify challenges and lessons learned in achieving intended outcomes.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Emily de Hayr, MPH  
Chronic Disease Prevention Coordinator  
Marion County Health Department  
976 N Pacific Hwy  
Woodburn, OR 97071  
(503) 981.2472  
edehayr@co.marion.or.us

**CO-PRESENTER(S):**

Nadege Dubuisson, MPH (ndubuisson@co.marion.or.us)

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**TITLE:** *CHES: Why I have these letters after my name and why you should too*

**TOPIC:** Health education, Professional development

**AUTHOR(S):** Alissa Leavitt, MPH, CHES, Faculty- Health, Portland Community College

**STUDENT:** No

**ABSTRACT:** The Certified Health Education Specialist (CHES) and Master Certified Health Education Specialist (MCHES) are increasing in numbers of exam registrants and recognition by employers. Why aren't you one of them? According to the Bureau of Labor Statistics, employment of health educators is expected to grow by 18 percent, which is faster than the average for all occupations. The CHES and MCHES designation after a health educator's name is one indication of professional competency and commitment to continued professional development. This presentation will emphasize the benefits of certification as value-added to the public health workforce.

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

**OBJECTIVE:** At the end of this presentation, participants will be able to:

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

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Alissa Leavitt, CHES, MPH  
Faculty  
Portland Community College  
7705 NW Springville Rd  
Portland, OR 97229  
502-358-2331  
alissa.leavitt@pcc.edu

**CO-PRESENTER(S):**

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**TITLE:** *Chronically Absent Students: An Opportunity to Expand Public Health Partnerships with Educators*

**TOPIC:** Child & Adolescent Health, School Wellness

**AUTHOR(S):** Tia Henderson, Andrew Dyke

**STUDENT:** No

**ABSTRACT:** Nearly one in four Oregon public school students are absent for 10% or more of each school year across k-12 grades, a fact hidden by the historic focus of schools on tracking average attendance and truancy. Persistently missing school contributes to poor student academic outcomes. Increasing attention to this issue at the national and state levels is emphasizing research needs, and opportunities for public health practitioners and community members to support schools in addressing this issue. Presenters will provide highlights from a 2012 study of chronic absenteeism in Oregon based on student-level data from the Oregon Department of Education including 1) the distribution of chronic absenteeism across student characteristics and geography, 2) correlations between chronic absenteeism

and subsequent academic performance, and 3) a summary of findings from a regression model of school-level chronic absenteeism. Presenters will describe the existing state of evidence identifying the health reasons, and other factors, for why children are chronically absent and how they relate to recommended strategies to address the issue. Finally, participants will hear about the Communities Supporting Youth Collaborative, a part of the All Hands Raised Partnership, a collective impact initiative working to accelerate student achievement, and address chronic in Multnomah County.

**OBJECTIVE:**

1. Understand what chronic absenteeism is, why children are chronically absent, and how it relates to student achievement.
2. Identify the links between health status and chronic absenteeism.
3. Identify and discuss public health strategies that can support schools in addressing chronic absenteeism.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Tia Henderson, PhD  
Research Manager  
Upstream Public Health  
240 N. Broadway, Suite 215  
Portland, OR 97227  
503-284-6390  
tia@upstreampublichealth.org

**CO-PRESENTER(S):**

Andrew Dyke (dyke@econw.com)

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**TITLE:** *Climate Smart Communities Scenarios Health Impact Assessment*

**TOPIC:** Cross-sector collaboration

**AUTHOR(S):** Andrea Hamberg

**STUDENT:** No

**ABSTRACT:** Health Impact assessment is an innovative tool for incorporating health data and recommendations into decisions made in other sectors such as education, transportation, and land use planning.

The focus of this HIA is the Climate Smart Communities Scenarios (CSCS) regional planning project underway in the Portland metropolitan area. The CSCS Project is the metropolitan regional government (Metro) response to a legislative requirement that the regional meet Oregon's greenhouse gas emissions (GHG) reduction goal for small trucks and cars. The law was passed in an effort to mitigate climate change and reduce air pollution; however Metro is also considering impacts on public health, the economy, the environment and equity as part of the planning project.

The Climate Smart Scenarios Health Impact Assessment focused on providing health-based data on the scenarios' possible future impacts to air pollution, physical activity, collisions and health equity. The presentation will discuss the methodology used to model the health impacts within the scope, present the HIA's findings and recommendations, and present lessons learned about incorporating health data into regional planning decisions.

**OBJECTIVE:**

1. Learn what Health Impact Assessment is,
2. How to apply it to regional planning decisions, and
3. The framing of health-based findings and recommendations to ensure relevancy to decision-makers

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Andrea Hamberg, BA  
Health Impact Assessment Program Coordinator  
Oregon Health Authority  
700 NE Oregon St  
Portland, OR 97232  
971-673-0444  
andrea.hamberg@state.or.us

**CO-PRESENTER(S):**

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**TITLE:** *Community Health Clinic Discharge Planning*

**TOPIC:** Community and Public Health Discharge Planning

**AUTHOR(S):** Ryan Flett, Daniel Underhill

**STUDENT:** Yes

**ABSTRACT:** Our work (Flett, Underhill) was to solve the issues surrounding patient discharge at the Wallace Medical Concern in the Rockwood Community in east Portland. This population consists of very low socioeconomic status residents who have low health literacy. Our time at Wallace culminated in the creation of a unique assessment tool that any healthcare provider can use to determine barriers to managing health at home, teach-back guidelines and more. The purpose of this assessment tool is to equip patients with the skills, knowledge and resources to successfully manage their health at home, decreasing the local dependency on EMS services as a primary care resource, and improving the long-term health outcomes of these patients.

Our initial results identified patient barriers that fall into six main categories: financial, psychosocial, sensory/motor, knowledge of medications, pathophysiology of condition and lack of understanding about following up with the clinic.

The implications of the consistent use of our assessment tool in public health clinics are that patients will leave with greater self-efficacy regarding their own care, reduced strain on EMS services, and measurable improvements in key health parameters of the clinic's patients. Currently we are beginning to work with key researchers and statisticians at OHSU to design a study to evaluate the performance of our discharge assessment.

**OBJECTIVE:** Identify key patient barriers that impede patient self care prior to discharge from the community health clinic. Additionally, perform teach-back techniques to confirm a patient's knowledge and ability to care for their condition at home.

**AV NEEDS:** Ideally a mac-based laptop and projector

**PRIMARY CONTACT INFORMATION:**

Daniel Underhill, BSN  
Undergraduate Student  
Oregon Health & Sciences University  
10916 SE Lenore St.  
Happy Valley, OR 97086  
503-537-7485  
underhid@ohsu.edu

**CO-PRESENTER(S):**

Ryan Flett (ryan.flett@gmail.com)

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**TITLE:** *Community Health Workers in Rural Primary Care: Implementation Issues*

**TOPIC:** Community Health Workers; Primary Care; Coordinated Care Organizations; Rural Health

**AUTHOR(S):** Cherry Pisigan DNP, FNP; Deborah Messecar, RN, PhD, MPH; Katherine J Bradley, PhD, RN

**STUDENT:** No

**ABSTRACT:** Background: Oregon passed House Bill 3650, creating Coordinated Care Organizations that facilitate the use of community health workers (CHWs) in primary care clinics to address the lack of coordinated and high quality care in the current health care system. The literature shows CHWs provide personalized and culturally appropriate care to help patients better manage their chronic disease or conditions. CHWs can be a valuable addition in rural primary care clinics where rural populations suffer from more health disparities and chronic conditions than urban populations.

Purpose: This study explored possible barriers and concerns surrounding the implementation of CHWs in rural, primary care clinics providing chronic illness care.

Methods: Interviews were conducted with experts (working with CHWs) and novices (never worked with CHWs) to identify issues that would prevent rural practices from fully implementing the role.

Results: The interviews and research support the potential benefits outweigh the pitfalls of utilization of CHWs for chronic disease management in rural primary care. However, few practices were prepared to incorporate CHWs into their settings.

Implications: Successful integration of the CHW role into the health care team, requires four planning steps: preparation, implementation, maintenance, and program sustainability.

**OBJECTIVE:** Discuss possible barriers and concerns to implementation of Community Health Workers in rural primary care settings for chronic illness management.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Cherry Pisigan, DNP, FNP  
Oregon Health & Science University  
4646 North Commerical Avenue  
Portland, OR 97217  
352-514-2684  
cherry.pisigan@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *Community-based participatory research: Primary health care providers' experiences with cervical cancer prevention and screening among Vietnamese American women*

**TOPIC:** Health disparity, symptom perception and impact on cervical cancer screening, Vietnamese American women, community-based participatory research

**AUTHOR(S):** Co-First Authors Joannie Tang, BS, and Chiao-Yun Hsiao; Connie Kim Yen Nguyen-Truong, PhD, RN, PCCN; Frances Lee-Lin, PhD, RN, OCN, CNS; Tuong Vy Le, MS; Margret Vu, AD; Tuyen B. Tran, MPA-HA; Nga-My Vuong; Stephanie H. Q. Lam, BS

**STUDENT:** Yes

**ABSTRACT:** Background/Purpose:Vietnamese women are diagnosed with later stage cervical cancer than White non-Hispanic, Korean, and Japanese women. Our prior studies in Portland, Oregon metropolitan area found Vietnamese women relied on their personal preventive health regimens (e.g.,vaginal cleanliness) coupled with not viewing medical care as primary prevention, contributed to a lack of urgency around Pap testing. Only 69% were adherent to guidelines. We explored primary health care providers'(PHCPs) experiences about Vietnamese women's symptom perception, preventive care-seeking, and impact on screening.

Methods:A qualitative descriptive community based participatory research was used to engage community members and investigators. We used snowball sampling. One hour in-depth interviews, transcribed verbatim, and analyzed using thematic analysis. Leininger's validity criteria and debriefings ensured rigor.

Results:Five Vietnamese, one White non-Hispanic PHCPs involved. Six themes emerged: (1)diseases involving infection of the genitalia is immoral/very bad; (2)a normal Pap test/it's normal forever; (3)I am healthy/Pap testing is not important/does not impact life right away; (4)PHCP messaging/balancing fear and screening importance; (5)invading privacy/sexual history equals prying; (6)enhanced accessibility.

Conclusions/Implications:Beliefs about sexually transmitted infections involving the genitalia as immoral and what a normal Pap test means, contributes to lack of routine screening. Communication interactions in PHCP-patient relationships may impact cervical cancer screening adherence

**OBJECTIVE:** To recognize the underlying context surrounding cultural beliefs held by Vietnamese women and communication interactions in provider-patient relationships that may influence cervical cancer screening adherence.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Joannie Tang, BS  
Community Investigator  
Vietnamese Women's Health Project III at Oregon Health & Science University School of Nursing  
1620 SE 39th Avenue, Apt. # 114  
Portland, OR 97214  
541-520-7141  
joannietang@gmail.com

**CO-PRESENTER(S):**

Joannie Tang, BS (joannietang@gmail.com)  
Chiao-Yun Hsiao (chiaoyun.hsiao@gmail.com)  
Connie Kim Yen Nguyen-Truong, PhD, RN, PCCN (connie.nurse@gmail.com)  
Frances Lee-Lin, PhD, RN, OCN, CNS (leelinf@ohsu.edu)  
Tuong Vy Le, MS (tgvyle@gmail.com)  
Margret Vu, AD (margret.h.vu@multco.us)  
Tuyen B. Tran, MPA-HA (TUYEN.TRAN@PROVIDENCE.ORG)  
Nga-My Vuong (nga-myv@irco.org)  
Stephanie H. Q. Lam, BS (stephanie.hq.lam@gmail.com)

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**TITLE:** *Concentrated Animal Feeding Operations and Environmental Estrogens*

**TOPIC:** Environmental Health - Environmental Estrogens

**AUTHOR(S):** Jeremiah Nelson

**STUDENT:** Yes

**ABSTRACT:** High-density animal feeding operations have become the norm for meat and milk production in the United States. Reuse of wastewater for crop irrigation is a critical method for recouping water from a water-intensive industry. Effluent-based fertilization is a core attribute of sustainable agriculture. Extensive removal and degradation of environmental steroids is primarily via aerobic biodegradation and soil sorption. However, there is sufficient evidence, and a momentum of public concern that environmental estrogens from concentrated animal feeding operations (CAFOs) pose risks to ecosystem health. Small amounts of estrogens move through drainage systems, into application areas, and subsequently into sediment and groundwater. Clearly, environmental estrogens are endocrine disruptors. The in situ biological effects of environmental estrogens are difficult to study and often mixed. However, numerous field and laboratory studies have demonstrated biological and population effects at doses seen in CAFOs effluent. Multiple avenues for mitigation and control exist but must be considered holistically with full anticipation of unintended consequences.

**OBJECTIVE:** Objectives of this presentation: (1) introduce issues specific to CAFOs and natural estrogens; (2) reiterate the benefits of multiple uses of waste water from CAFOs; (3) introduce the evidence for biological effects and patent exposure routes of environmental estrogens; and, (4) suggest courses of action and prognostication as to where policy, science, and public opinion are driving CAFOs estrogen releases

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jeremiah Nelson, MPH  
Graduate Student  
Oregon State University

Environmental and Molecular Toxicology  
Corvallis, OR 97331  
719 360-1359  
nelsjere@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Creciendo en Salud: Systems change to support physical activity among Latino youth in a rural community through grass roots and inter-governmental collaboration*

**TOPIC:** Systems change, Physical Activity

**AUTHOR(S):** Mégan Patton-López , PhD, RD Rocío Muñoz

**STUDENT:** No

**ABSTRACT:** Creciendo en Salud, a childhood obesity prevention initiative, seeks to improve the health status of children and youth at highest risk for obesity in Benton County Oregon, primarily Latinos, low-income children, and children of seasonal farmworkers living in rural areas.

Results from a community needs assessment, suggested that Latino families and children participated in local recreation programs less frequently and experienced many barriers to accessing programs and services that support physical activity.

The Benton County Health Department and Corvallis Parks and Recreation Department formed the Creciendo en Salud partnership to address policy, environmental and social barriers that discourage physical activity for low income and Latino families. Creciendo en Salud increases engagement of community leaders from low income, rural, and Latino communities in health policy decision making and program development. This includes: 1) Engaging families in public policy leadership and capacity building activities; 2) Delineating roles and strengthening relationships among local government entities, working on comprehensive city and county planning, public health, and quality of life issues in the community ; and 3) Advancing local level strategies that will facilitate adoption of policies that improve the built environment which provide a venue for active living in low-income neighborhoods and rural communities.

**OBJECTIVE:** Participants will learn how government agencies can collaborate in order to provide access to services to most vulnerable, low-income populations in a culturally and linguistically appropriate way.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Mégan Patton-López , PhD, RD

Benton County Health Services  
530 NW 27th Street, P.O. Box 579  
Corvallis, OR 97330  
541-766-6364  
megan.patton.lopez@co.benton.or.us

**CO-PRESENTER(S):**

Rocío Muñoz (rocio.munoz@co.benton.or.us)

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**TITLE:** *Crook County on the Move*

**TOPIC:** Chronic Disease Prevention and the built environment.

**AUTHOR(S):** Kris Williams, Muriel DeLaVergne-Brown

**STUDENT:** No

**ABSTRACT:** This presentation will discuss how local research projects have been used in Crook County to improve the built environment and to increase opportunities for physical activity.

We will focus on two projects: a Health Impact Assessment (HIA) on existing pedestrian and bicycle facilities and a Community Research Enhancement Project to evaluate facilitators and barriers to utilization of recreation services and programs in the county.

For each project, we will discuss the recommendations, community partnerships, and changes to the County's built environment resulting from the studies.

**OBJECTIVE:** Learn ways communities can improve their built environments via local research projects.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Muriel DeLaVergne-Brown, MPH  
Public Health Director  
Crook County Health Department  
375 NW Beaver St. Ste. 100  
Prineville, OR  
5414475165  
mdelavergnebrown@h.co.crook.or.us

**CO-PRESENTER(S):**

Kris Williams (kwilliams@h.co.crook.or.us)

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**TITLE:** *Crowd Funding and Community Health Projects: A Quick Intro for Public Health Professionals*

**TOPIC:** An introduction to crowdfunding and how it is being utilized to help finance health-related community improvement projects (e.g., community gardening projects, school gardens, food share capital expenses such as used trucks and state-of-the-art hydroponic

**AUTHOR(S):** Hope Leman, MLIS

**STUDENT:** No

**ABSTRACT:** Given that lack of funding is a chronic problem in public and community health, it behooves public health professionals to familiarize themselves with crowdfunding. This presentation will discuss the basics of crowdfunding and will provide real-world examples of successfully funded projects on the crowdfunding platform Kickstarter to illustrate how small nonprofits (such as those many public health departments often partner with) have raised thousands of dollars for health promotion projects. Examples will include farmer's markets, food share programs, gleaning programs, expansion of existing school vegetable gardens, the creation of a community kitchen in which families cook together and learn recipes and are endowed with basic culinary skills that will enable them to incorporate healthier nutrition choices at home, and so on. Crowdfunding will not replace foundation and government grants and donations made through orthodox means. It is not panacea for budget woes. But it is increasingly utilized by nonprofits to raise money when they have been turned down by traditional funders. Indeed, sometimes crowdfunding is turned to instead of appeals to traditional funders. This presentation will discuss the basics of crowdfunding and provide tips on how to run a successful crowdfunding campaign for community health projects.

**OBJECTIVE:**

1. Attendees will be able to provide a one or two sentence definition of what crowdfunding is.
2. Attendees will be able to name at least one of the major crowdfunding platforms (e.g., Kickstarter, Indiegogo).
3. Attendees will be able to identify at least one potential type of project that a community partner might utilize crowdfunding to attempt to raise money for (e.g., a truck for a food share program, seeds for distribution to participants in a community gardening project).

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Hope Leman, MA  
Research Information Technologist  
Center for Health Research and Quality Samaritan Health Services  
815 NW 9th Street

Corvallis, OR 97330  
(541) 768-5712  
hleman@samhealth.org

**CO-PRESENTER(S):**

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**TITLE:** *Developing a Public Health Workforce Development*

**TOPIC:** Public Health Workforce

**AUTHOR(S):** Jill Hutson, The Rede Group

**STUDENT:** No

**ABSTRACT:** State, County and Tribal Health Departments seeking Public Health Accreditation must meet standards to ensure a competent public health workforce (PHAB, Accreditation Standards and Measures Domain 8). In 2013, The Rede Group worked with a large metropolitan county in Oregon to create a workforce development plan based on a division wide assessment core competencies for public health professionals, employee focus group interviews, meetings with the Division management team, and resource assessment and alignment. This presentation will describe the process, lessons learned, and outputs from this effort.

**OBJECTIVE:**

1. Participants will understand tools and methods for assessing overall workforce competency.
2. Participants will gain insight into different staff development modalities that can be combined in workforce development plan
3. Participants will understand methods tracking workforce development activities to meet PHAB documentation standards.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jill Hutson, BA  
Developing a Public Health Workforce Development Plan  
The Rede Group  
240 N Broadway St Ste 116  
Portland, OR 97227  
5037969696  
Jill.thompson@redegroup.co

**CO-PRESENTER(S):**

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**TITLE:** *Development of a Theater Intervention to Promote Latino Parent-Adolescent Sexual Communication*

**TOPIC:** Adolescent, Reproductive Health

**AUTHOR(S):** Joanne Noone, PhD, RN, Oregon Health & Science University; Nancy Castillo, Jackson County Public Health; Tiffany L. Allen, BS, Oregon Health & Science University; Teresa Esqueda, BS, Jackson County Latina Health Coalition

**STUDENT:** No

**ABSTRACT:** Nationally, 44% of Latina adolescents will become pregnant by age 20 compared with 19% of non-Hispanic whites. Teen pregnancy rates in women of color has been identified as a health disparity in the United States, Oregon and in Jackson County. The purpose of this study is to evaluate the acceptability of a culturally-relevant parenting intervention using interactive theater to facilitate Latino parent-adolescent communication about sexuality and pregnancy prevention. Interactive theater is referred to as "a rehearsal for life". It progresses from traditional performance to increased audience participation with the aid of a facilitator, allowing participants to engage in problem-solving and to develop a sense of competency. Benefits include low cost and the ability to engage large numbers of participants and people with various levels of literacy. This study used a three-month prospective design. Sixty seven Latino parents of adolescent children ages 12-15 participated in the theater-based intervention. The intervention uses teen actors to educate parents of adolescents in an interactive community theater setting, consisting of performance and active participation. The parents assessed the intervention to be acceptable. Measures of parental communication (comfort, general communication and parent-child sexual communication) were employed at baseline and 3 month follow-up is pending.

**OBJECTIVE:**

1. Describe interactive theater and the theoretical rationale for its effectiveness.
2. Describe the study intervention.
3. Discuss preliminary findings.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Joanne Noone, APRN  
Associate Professor

Oregon Health & Science University  
1250 Siskiyou Boulevard  
Ashland, OR 97520  
541-552-8453  
noonej@ohsu.edu

**CO-PRESENTER(S):**

Nancy Castillo (CastilNJ@jacksoncounty.org)  
Tiffany Allen (allentif@ohsu.edu)  
Teresa Esqueda (esquedat@students.sou.edu)

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**TITLE:** *Effectively Engaging Teen Populations in Refining and Improving Sexual Health Services*

**TOPIC:** Adolescent Health

**AUTHOR(S):** Kelly Locey, MPH, CPS; Alicia Griggs, BA; Andy Chuinard, BS; Patrick Abi Nader, MS

**STUDENT:** No

**ABSTRACT:** Making health services relevant and easily accessible to teen populations can be a challenge. An exploration of current efforts across Oregon revealed that while teens are often engaged at various levels of program planning, they are not actively engaged and utilized throughout the assessment, planning, development, and implementation process. In an effort to focus on teens and actively involve them in the refinement of sexual health services, Benton County Health Department staff developed and implemented a survey seeking to assess teen's current utilization, access, barriers, perception of sexual health services, and key words for online search engine optimization. After market testing with teens for health literacy, this survey was implemented at the annual Teen Summit event in Corvallis. From this data, a focus group was designed in order to further involve teens in examining the barriers, perceptions, and knowledge of sexual health services. This information will be utilized to improve Benton County Health Department sexual health services, outreach, and marketing. This session will examine the process utilized by Benton County Health Department staff to actively engage teens, challenges and successes, and how this framework can be applied to various health behaviors and programs.

**OBJECTIVE:** Articulate the benefits of engaging teen populations in comprehensive needs assessment and planning.

**AV NEEDS:** None

**PRIMARY CONTACT INFORMATION:**

Kelly Locey, MPH

Adolescent Health Promotion Program Coordinator  
Benton County Health Department  
530 NW 27th Street  
Corvallis, OR 97330  
541-766-6247  
Kelly.Locey@co.benton.or.us

**CO-PRESENTER(S):**

Alicia Griggs (Alicia.Griggs@co.benton.or.us)  
Andy Chuinard (Andy.Chuinard@co.benton.or.us)  
Patrick Abi Nader (Patrick.Abi.Nader@co.benton.or.us)

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**TITLE:** *Elevated occupational transportation fatalities among older workers in Oregon; An empirical investigation*

**TOPIC:** Occupational Health

**AUTHOR(S):** Daniel Cain, Ryan Olson, Jaime Walters, Erica Zoller, Jae Douglas, Justin Karr

**STUDENT:** No

**ABSTRACT:** Older workers have an elevated risk of being killed on the job, and transportation incidents involving vehicles or mobile machinery are especially deadly for this group. The Oregon Occupational Public Health Program study was designed to address the research gap in understanding contributing factors to these incidents and recommend evidence-based guidelines for interventions. We gathered and analyzed data from several sources, including the Oregon Fatality Assessment and Control Evaluation program, the Oregon Workers' Compensation system, the Census of Fatal Occupational Injuries, the Bureau of Labor Statistics, and peer reviewed research literatures. Rates and rate ratios (RR) were used to evaluate excess risk among groups. The results of this study show that older workers in Oregon have an elevated risk of fatality both in all events (RR = 3.0, 95% CI 2.2-4.0) and transportation events (RR = 3.6, 95% CI 2.4-5.4). Additional analyses and extant literature supports our hypotheses that multiple risk factors contribute to the phenomenon, including (a) hazard exposure, (b) organization of work, (c) physical fragility, and (d) normative cognitive, sensory, and psychomotor changes that occur with age. The evidence-based framework proposed may provide valuable guidance for developing safety interventions that protect older workers.

**OBJECTIVE:** To understand factors that increase risk of fatality for older workers in the transportation sector.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Daniel Cain, APRN  
Industrial Hygienist  
Oregon Public Health Division  
800 NE Oregon St, Suite 640  
Portland, OR 97232  
9716730197  
daniel.t.cain@state.or.us

**CO-PRESENTER(S):**

Ryan Olson (olsonry@ohsu.edu)

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**TITLE:** *Empowering Communities to Eliminate Health Disparities*

**TOPIC:** Community Health Needs Assessment, Community Health Improvement Plan, Community Advisory Councils, Strategic Planning, Facilitative Leadership, Community Engagement

**AUTHOR(S):** Jacob Figas

**STUDENT:** No

**ABSTRACT:** Integral to the success of coordinated care organizations is the establishment of community advisory councils, yet their mere existence cannot guarantee a reduction in health disparities. Health Share of Oregon's community engagement program is an outstanding example of what happens when Oregon Health Plan members are empowered to take an active role in improving their own health and that of their family and community members. In order to be effective, an organization or department's leadership must convey a substantive commitment to community engagement. This commitment manifests itself in the form of human resources devoted to recruitment, building capacity in content areas, instituting operational policies and procedures, promoting team development (both among community members and between communities and the organizational as a whole) and facilitating strategic and action planning processes. At Health Share, in less than one year, this substantive commitment has resulted in a more comprehensive transformation plan, performance improvement projects supported by diverse communities, a simplified member handbook, the creation of a mental health and addictions committee working to improve access, and the creation of a community health needs assessment committee building an improvement plan to eliminate health disparities.

**OBJECTIVE:**

1. Explain how community engagement contributes to achieving health equity
2. Identify the steps necessary to build a community engagement program
3. Be able to substantively engage diverse communities on a budget

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jacob Figas, BS  
Community Engagement Program Coordinator  
Health Share of Oregon  
208 SW 5th Avenue, Suite 400  
Portland, OR 97214  
(503) 416-4969  
jacob@healthshareoregon.org

**CO-PRESENTER(S):**

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**TITLE:** *Engaging Youth as Advocates to Create “Healthy Snacking Zones” around Rural Schools: First Year Results*

**TOPIC:** Childhood obesity prevention, food environment

**AUTHOR(S):** Nancy E Findholt, PhD, RN, Betty Izumi, PhD, MPH, RD, Jackilen Shannon, PhD, Thuan Nguyen, PhD, Carole Smith, EdM, Vicky Brogoitti, BS

**STUDENT:** No

**ABSTRACT:** Background/Purpose: Childhood obesity is a significant health problem which disproportionately affects rural children. Major shifts in children’s dietary patterns are a key underlying cause of the obesity epidemic. Snacking has become increasingly common among children and may contribute to excess caloric intake. Children’s dietary behaviors are influenced by their food environments, including schools and corner stores near schools. Interventions that create more healthful food environments are a population-focused strategy for improving diets and reducing obesity.

Methods: “SNACZ” is a 4-year study designed to test an intervention that engages rural youth in advocacy for environmental and policy change in their schools and nearby food stores to promote healthy snacking. Youth engagement is occurring through involvement in new 4-H clubs (“SNACZ” clubs) that have been established in 5 elementary/middle schools in Union County, OR.

Results: The focus of Year 1 was on team formation and peer outreach. “Photovoice” was used to increase youth awareness of their food environment and mobilize them to be advocates for healthy snacking. Peer outreach activities included poster contests and a “water hall of fame” to promote healthy beverage choices.

Conclusions: “SNACZ” has been popular among school personnel and students, and holds promise for achieving environmental change. A primary challenge was recruiting adult volunteers as club leaders.

**OBJECTIVE:** Understand how youth can be engaged in promoting changes within local food environments.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Nancy Findholt, APRN  
Associate Professor  
Oregon Health & Science University School of Nursing  
One University Blvd  
La Grande, OR 97850  
541-962-3648  
findholt@ohsu.edu

**CO-PRESENTER(S):**

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**TITLE:** *Ethical issues at the end of life:Public health practice and policy imperatives of the POLST program*

**TOPIC:** Ethical responsibility of public health workers to support individuals and communities during end of life experiences .

**AUTHOR(S):** Catherine Salveson RN, PhD

**STUDENT:** No

**ABSTRACT:** Premises/Problem: In the US in 1990 the Patient Self-Determination Act was passed to support an individual's right to complete an Advance Directive (AD) to refuse or accept medical treatment and specify future treatment preferences. An AD also allows patients to appoint someone to make decision on their behalf if they cannot.

An AD is not binding, and is often overridden by family or health care providers. Public health professionals advocating for and working with families, especially those with cultural diversity, can be caught in the middle of the varied contrary positions of many people involved.

This problem was recognized in the 1990s and POLST (Physician Orders for Life-Sustaining Treatment) was developed to improve patient care with portable medical orders from patient preferences in ADs. POLST is used by providers including hospitals, emergency medical services and community based care facilities. POLST assures end-of-life care decisions are honored as direct physician orders.

The problem exists because many patients, facilities, and providers are unaware of the POLST for patients with advanced, chronic progressive illnesses or frailty. Only 15 US states had endorsed POLST program as of August 2012

Conclusions: Public health professionals are in a unique ethical position to support POLST programs and enlarge the potential that patient's preferences for end of life care will be followed.

**OBJECTIVE:** This presentation will provide a clear understanding of the Oregon and National POLST Program and registry including the ethical imperative of public health workers to support it.

**AV NEEDS:** I would use a power point format and can provide a computer. A screen & microphone would be helpful.

**PRIMARY CONTACT INFORMATION:**

Catherine Salvesson, PhD  
Associate Professor, Senior Fellow of OHSU Center for Ethics in Health Care  
OHSU, School of Nursing  
3455 SE US Veterans Hospital Road  
Portland, OR 97239  
503-494-3558  
salveson@ohsu.edu

**CO-PRESENTER(S):**

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**TITLE:** *Evaluation of the first year of Oregon State University's smoke-free campus policy*

**TOPIC:** Tobacco Control Policy

**AUTHOR(S):** Jessica A. Johnson, B.A., Lisa Hoogesteger, M.A., & Marc Braverman, PhD.

**STUDENT:** Yes

**ABSTRACT:** The trend toward smoke-free university campuses is rapidly growing (1,159 completely smoke-free as of April 2013, <http://www.no-smoke.org/pdf/smokefreecollegesuniversities.pdf>). Oregon State University (OSU)'s Corvallis campus became fully smoke-free on September 1, 2012; OSU-Cascades, in Bend, is considering a similar policy. This session will present evaluation results from the first year of OSU's smoke-free Corvallis campus policy provide stakeholder input from OSU-Cascades. Online surveys were conducted with four audiences: students and faculty/staff in Corvallis, and students and faculty/staff at OSU-Cascades. The project's aims were to: (1) gauge support for the existing smoke-free policy in Corvallis and the proposed policy at Cascades; (2) determine the extent of policy compliance; (3) gather opinions about enforcement options; (4) ascertain how the Corvallis policy has impacted smokers, (e.g., quit intentions and behaviors, substitute use of smokeless tobacco products.) Data were collected between May 22 and June 17, so as of this submission, data analysis will take place

summer 2013. Response rates as of June 14: Corvallis: 6544 students (30% response rate), 2191 faculty/staff (45%); Cascades: 265 students (32%), 71 faculty/staff (66%).. The presentation will share findings and interpretations, discuss implications for smoke-free policies at both campuses, and place OSU's experience within the context of this national trend.

**OBJECTIVE:**

- 1.) Participants will gain an understanding of the impact of the first year of the OSU Corvallis campus's smoke-free policy.
- 2.) Participants will understand and be able to discuss potential options for a smoke-free campus policy at OSU-Cascades.
- 3.) Participants will gain information to promote informed discussion about smoke-free policies at other Oregon college and university campuses.
- 4.) Participants will gain an understanding of the challenges that accompany the implementation of a smoke-free campus policy.
- 5.) Participants will learn how smoke-free campus policies relate to smoke-free policies at other types of workplaces in Oregon.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jessica Johnson, BA  
Student  
OSU College of Public Health & Human Sciences/Healthy Campus Initiatives  
155 NW Kings Blvd, Apt. #225  
Corvallis, OR 97330  
503-440-1808  
jessica.johnson@oregonstate.edu

**CO-PRESENTER(S):**

Lisa Hoogesteger (jessica.johnson@oregonstate.edu)  
Marc Braverman (marc.braverman@oregonstate.edu)

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**TITLE:** *Everything is everything: spatial association between areas of high poverty and high obesity rates with implications for public health, nutrition, and anti-poverty policies*

**TOPIC:** Poverty, SNAP, social service use, employment, obesity

**AUTHOR(S):** Suzanne Porter, Laurel Goode

**STUDENT:** No

**ABSTRACT:** Background/purpose: There is ample evidence that low-income communities and people living in poverty experience worse health outcomes than more affluent communities. Obesity is also a predictor of physical health. Both are associated with socio-economic disparities in mortality and are of importance from a public health perspective. We created a series of reports that describe high poverty areas in Oregon with a detailed look at the residents and SNAP clients living in them.

Methods: Comparing U.S. Census Bureau data from 2000 with more recent data from the 2006-2010 five-year American Community Survey, we identified census tracts in Oregon that are characterized by either persistent high poverty or emerging high poverty. We then utilized administrative data from the Oregon Department of Human Services, the Oregon Health Authority, and the Oregon Employment Department to provide a comprehensive profile of populations in these high poverty hotspots. Finally, we overlaid the poverty hotspots with the statewide body mass index grid, a recent data set created by the Environmental Public Health Tracking Program.

Implications: These reports may be useful when designing programs targeted to low income people and will facilitate discussion around understanding of the changing face of poverty.

**OBJECTIVE:** Discussion participants will:

Learn where Oregon's areas of emerging high poverty are located and their association with obesity;

Learn how poverty manifests itself in terms of public service use, employment, and mobility.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Suzanne Porter, APRN  
Economist  
Oregon Department of Human Services  
500 Summer Street NE  
Salem, OR 97301  
503-945-9778  
sue.porter@state.or.us

**CO-PRESENTER(S):**

Laurel Goode (laurel.k.goode@state.or.us)

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**TITLE:** *Expansion of Oregon Tracking's Dynamic Data Portal*

**TOPIC:** Environmental Public Health

**AUTHOR(S):** Tara Chetock, Eric Main

**STUDENT:** No

**ABSTRACT:** The Environmental Public Health Tracking Network (Tracking Network) 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-four Tracking Network grantees funded by the Centers for Disease Control and Prevention (CDC). The Tracking Network intends to explore the connections between pollutants and human health by integrating environmental and public health tracking systems.

Coming this fall, Oregon Environmental Public Health Tracking (Oregon Tracking) will display new indicator-based data on their dynamic data portal that will make searching for environmental and public health information more interactive than ever before. Users can now query body mass index (BMI) data to observe obesity rates in Oregon down to the Census block group, explore population characteristics (age, sex, race, ethnicity, economic status, education level, family composition and language) and community design indicators (housing affordability and stock). These new data paired with existing health outcomes data (asthma, air, cancer, heart disease, carbon monoxide poisoning, lead-poisoning, heat-related illness and algae poisoning) and environmental quality data (air and water) will support the continued effort to examine how the environment and human health are connected.

**OBJECTIVE:**

1. Understand the need for a source of integrated information about environmental quality, health outcomes and environmental justice.
2. Learn how to perform data queries on the Oregon Tracking data portal.
3. Identify potential uses for the data and related information in the Tracking Network.

**AV NEEDS:** Computer (PowerPoint and USB port for flash drive), projector, projector screen, and Internet access.

**PRIMARY CONTACT INFORMATION:**

Tara Chetock, MPA, MPH  
Public Health Educator  
Oregon Health Authority  
800 NE Oregon Street Suite 640  
Portland, OR 97205  
971-673-1496  
tara.a.chetock@state.or.us

**CO-PRESENTER(S):**

Eric Main, AICP (ERIC.C.MAIN@dhsosha.state.or.us)

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**TITLE:** *Exploring Perceptions and Choices of Nursing Students Regarding Influenza Vaccination*

**TOPIC:** Public Health -- Healthcare worker vaccination

**AUTHOR(S):** Kristen Wils, MSc

**STUDENT:** No

**ABSTRACT:** Background: Studies showing the benefit of healthcare immunization against influenza have shown significant positive effects for vulnerable patient populations; additional protection levels not achieved with patient immunization alone. Despite guidelines by health organizations suggesting healthcare worker immunization, vaccination rates within this population remain low. Student nurses are a potential vector for increasing healthcare worker vaccination rates in future, but studies showing a student perspective are lacking in current research.

Methodology: The study is a qualitative study, using focus groups as a data collection tool. The population consists of pre-registration student nurses recruited from 2nd and 3rd year cohorts within a moderately sized university in Wales. Focus group transcripts were analyzed using a framework from Newell and Burnard and the health promotion theories of health belief and the Tannahill model.

Results: Findings showed that student nurses had similar responses to healthcare workers in previous studies, though specific concerns were somewhat different. Common themes of knowledge and attitudes, barriers and motivators, organizational aspects, and interventions emerged from literature review and analysis of focus groups, though issues of convenience and knowledge emerged as particularly important to student nurses.

Conclusion: There is a clear need for further research with the population of student healthcare workers, into their perspective on the issue of influenza immunization, and the impact that may be achieved by targeting this group for further interventions.

**OBJECTIVE:** Understanding barriers and motivators to be addressed in encouraging influenza vaccination rates

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Kristen Wils, APRN  
9339 SW Maplewood Dr P177  
Tigard, OR 97223  
503-877-7821  
kj\_wils@yahoo.com

**CO-PRESENTER(S)**

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**TITLE:** *Farm to School: Looking back at the 2013 Pilot Program, and Looking toward the Future*

**TOPIC:** School Nutrition

**AUTHOR(S):** Kasandra Griffin

**STUDENT:** No

**ABSTRACT:** Oregon's 2011 Legislature authorized \$200,000 in funding for Farm to School and School Garden pilot grants to Oregon school districts. Based on analysis in Oregon and elsewhere, Farm to School and School gardens programs are thought to improve the health of K-12 students by increasing their consumption of fruits and vegetables.

The Oregon Department of Agriculture (the agency responsible for the grant program) awarded grants to 11 school districts for the spring of 2013. This session will report on those grants: The berries, beef, CSA boxes, apples, fish, shrimp, tortillas, wheat, and other Oregon products that were purchased with grant funds, the various food, agriculture, and garden-related educational programs that were supported, and how the combined program affected the kids and cafeterias.

This session will also cover the results of the 2013 legislative session, where advocates pushed for an expansion of the grant program, and next steps for Farm to School expansion and promotion in Oregon.

**OBJECTIVE:** Evaluate the implementation of a public health intervention

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Kasandra Griffin, APRN  
Policy Manager, Food and School Health  
Upstream Public Health  
240 North Broadway, #215  
Portland, OR 97227  
5032381799  
kasandra@upstreampublichealth.org

**CO-PRESENTER(S):**

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**TITLE:** *Fighting for Air: Learn, Monitor, Fix*

**TOPIC:** Healthy air & lung disease

**AUTHOR(S):** Bev Stewart, CHES, AE-C

**STUDENT:** No

**ABSTRACT:** The Clean Air Act is one of the most important public health laws in the US. Since its passage in 1970, we have made huge improvements in air quality nationwide. However, 42% of Americans are still breathing unhealthy air, including Oregon residents. This session will review the health effects of ozone and soot, touching on the social justice issue of unfair exposure to air pollution in specific communities.

**OBJECTIVE:** Attendees will understand the health effects of air pollution and identify personal and community actions to reduce contributions to poor air quality.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Bev Stewart, CHES  
Regional Director of Health Initiatives  
American Lung Association of the Mountain Pacific  
7420 SW Bridgeport Road, Ste 200  
Tigard, OR 97224  
5037186146  
bstewart@lungmtpacific.org

**CO-PRESENTER(S):**

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**TITLE:** *Health Equity through Workforce Development and Online Learning*

**TOPIC:** Health Equity, Workforce Development

**AUTHOR(S):** Jennifer Moore

**STUDENT:** No

**ABSTRACT:** Multnomah County Health Department's workforce development goals are built upon a commitment to ensuring "all persons have access to the resources and power they need to attain their full health potential." Workforce development is essential to recruiting, retaining and improving the knowledge and skills of current and future public health professionals who are culturally competent, committed to quality public service and eliminating the roots of health inequity.

In response to this challenge, MCHD is developing a Health Equity through Workforce Development training curriculum that invests in our employees and supports our values around equity and empowerment. Each course in the training curriculum is designed to strengthen our employee's capacity

to shift elements of public health practice and organizational culture toward the elimination of health inequity.

At the foundation of this curriculum is NACCHO's Roots of Health Inequity online learning course. Through this online training, all employees will explore social processes that produce health inequities in the distribution of disease and illness and strategize more effective ways to act on the root causes of health inequity.

In an age of increasing technology use, implementing online course at a department-wide level also creates an opportunity to increase our technical capacity to build core public health competencies through web-based learning.

**OBJECTIVE:** Participants will learn how to develop a set of Core Public Health Competencies and align existing trainings/workforce development opportunities with organizational health equity goals.

**AV NEEDS:** Laptop and projector

**PRIMARY CONTACT INFORMATION:**

Jennifer Moore, MS  
Health Equity Program and Policy Specialist  
Multnomah County Health Department  
426 SW Stark  
Portland, OR 97211  
503-988-3663 x25859  
jennifer.moore@multco.us

**CO-PRESENTER(S):**

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**TITLE:** *Hepatitis B Screening and Linkage to Care, Multnomah County Communicable Disease Services, 2012-2013*

**TOPIC:** Communicable Disease, Refugee Health

**AUTHOR(S):** Jaime Walters, Kamar Haji-Mohamed

**STUDENT:** No

**ABSTRACT:** Background: Being foreign-born from an endemic country is an important risk factor for chronic HBV infection. Approximately 15% of Portland's metro area population is foreign born. Awareness of HBV infection status increases opportunities for prevention and appropriate care. In 2012, Multnomah County Communicable Disease Services (CDS) initiated an effort to improve Hepatitis B screening and linkage to care for foreign-born persons from endemic countries.

Methods: We promoted expanded refugee screening at Multnomah County’s Mid-County Health Center; and partnered with local organizations serving foreign-born persons to provide community referrals to our CDS Clinic and on-site outreach clinics. For HBV positive individuals, counseling and linkage to care was done by telephone or in person. Oregon state case definitions were used.

Results: From September 29-May 24, 2013, 460 individuals were screened: 390 through refugee screening, 70 through CBO outreach. Common countries of origin were Somalia (18%), Iraq (16%), and Cuba (15%). Thirteen clients met the definition for chronic HBV infection; no acute cases were identified. Of the 13 with chronic HBV, twelve (92%) were linked to care.

Conclusions: Screening increased the numbers of persons aware of their hepatitis B status, and over 90% of individuals chronically infected have been linked to care. Similar culturally and linguistically appropriate outreach and referral systems should be considered in other areas with foreign born populations from moderate to high HBV endemic regions.

**OBJECTIVE:**

1. Understand the incidence and prevalence of Hepatitis B among refugee and immigrant (foreign-born) populations in Multnomah County.
2. Analyze best practices for outreaching and screening for Hepatitis B to foreign-born populations in the community.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jaime Walters, APRN  
Epidemiologist  
Multnomah County Health Department  
426 SW Stark Street, 3rd floor  
Portland, OR 97204  
503-988-3406 x22454  
jaime.walters@multco.us

**CO-PRESENTER(S):**

Kamar Haji-Mohamed (kamar.haji-mohamed@multco.us)

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**TITLE:** *High Risk Drinking Prevention in Benton County: How to Effectively Mobilize, Build Capacity, and Engage Communities*

**TOPIC:** Community Mobilization and Capacity Building

**AUTHOR(S):** Kelly Locey, MPH, CPS; Alicia Griggs BA; Julee Christianson, BA

**STUDENT:** No

**ABSTRACT:** Conducting an effective and comprehensive capacity building, needs assessment, planning, implementation, and evaluation process can be challenging. For county prevention staff, this process is integral to successful programming and resulting improvement in community readiness and capacity. Through the Strategic Prevention Framework Project, Benton County Health Department and Oregon State University are working collaboratively to reduce high risk drinking among 18-25 year olds in Benton County. Data was collected in a comprehensive needs assessment process which included key informant and law enforcement interviews, focus groups, and a secondary data review. This information was utilized to determine causal factors and community readiness and aide in selection of resulting project strategies and objectives. Several strategies utilized in this project have resulted in high levels of capacity building, an increase in community readiness, and improved collaborative relationships with community partners. This session will provide an overview of the Strategic Prevention Framework Project, successes and challenges, and how this planning framework is applicable to additional health behaviors.

**OBJECTIVE:** Describe components of the strategic prevention framework and applicability to multiple health behaviors

**AV NEEDS:** None

**PRIMARY CONTACT INFORMATION:**

Kelly Locey, MPH  
Adolescent Health Promotion Program Coordinator  
Benton County Health Department  
530 NW 27th Street  
Corvallis, OR 97330  
541-766-6247  
Kelly.Locey@co.benton.or.us

**CO-PRESENTER(S):**

Alicia Griggs (Alicia.Griggs@co.benton.or.us)  
Julee Christianson (Julee.Christianson@co.benton.or.us)

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**TITLE:** *Huge Demand for Diminishing Returns*

**TOPIC:** Weight self-management

**AUTHOR(S):** Stacey Schubert

**STUDENT:** No

**ABSTRACT:** In 2009, the Oregon Public Health Division, the Oregon Educators Benefit Board and the Public Employees' Benefit Board collaborated to conduct a health behavior and outcomes survey among adults who work in Oregon's school systems, and adults who work in Oregon's public agencies. Results from these surveys indicated that 28% of both employee groups were obese (BMI  $\geq$  30 kg/m<sup>2</sup>), and an additional 34-36% were overweight (25  $\leq$  BMI < 30 kg/m<sup>2</sup>). While overweight is generally not associated with poor health outcomes, individuals who are overweight are at risk of becoming obese. Obesity is causally linked with a wide range of poor health outcomes, including arthritis, asthma, cancer, diabetes, heart disease, liver disease, and premature death. Annual medical costs for an obese person are estimated to be \$1,429 higher than for a non-obese person. Knowing this, the Benefits Boards for both groups began offering and promoting free, unlimited access to Weight Watchers products, including online and meetings at work, to their employees. This session will describe participation in the Weight Watchers benefit and results after inclusion of this benefit.

**OBJECTIVE:**

- 1) Understand the Behavioral Risk Factor Surveillance System Survey of State/School Employees
- 2) Understand how benefits plan changes were designed and implemented by the Benefit Boards in response to surveillance findings
- 3) Understand the role of ongoing surveillance among this population

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Stacey Schubert, MPH  
Surveillance and Evaluation Team Lead  
Oregon Health Authority  
800 NE Oregon Street, Suite 710  
Portland, OR 97232  
971-673-1099  
stacey.s.schubert@state.or.us

**CO-PRESENTER(S):**

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**TITLE:** *Impact of Outreach Educational Video on Pulse Oximetry Screening in Newborns to Detect Critical Congenital Heart Disease*

**TOPIC:** Newborn pulse oximetry screening for critical congenital heart disease

**AUTHOR(S):** Heather Siefkes, MD, Whitnee Stuban, MD, Shannon Flood, Katrina Ramsey, Mark Reller, MD, Amy Starmer, MD, Carrie Phillipi, MD

**STUDENT:** No

**ABSTRACT:** Background: The American Academy of Pediatrics (AAP) recommends pulse oximetry (SpO<sub>2</sub>) screening to detect critical congenital heart disease in newborns. Effective strategies to encourage implementation in areas with limited access to pediatric cardiologists/echocardiography are unknown.

Methods: As part of a prospective pre-post intervention study, we surveyed 96 newborn nurseries in Oregon, Idaho and Southern Washington to assess SpO<sub>2</sub> screening practices and perceptions. The intervention consisted of a free video hosted at [http://www.ohsu.edu/medialab/files/beta\\_pulseOxScr.mov](http://www.ohsu.edu/medialab/files/beta_pulseOxScr.mov), which reviewed the AAP recommended protocol and the importance of screening.

Results: The percentage of hospitals performing SpO<sub>2</sub> screening increased from 53% (n=39) to 73% (n=53) following the intervention (p=0.0001). The opinions of screening improved and the reported barriers decreased significantly among those nurseries that were not screening at baseline following the intervention. The greatest barriers to screening were concerns for false positives and lack of access to cardiology. Of the screening nurseries, only a few were using reusable probes as recommended (36%) and had methods in place to track results for quality assurance (38%).

Conclusions: Implementation of an educational video was associated with a significant increase in nurseries performing SpO<sub>2</sub> screening and may be an effective way to lower perceived barriers to screening. Additional efforts should focus on using reusable probes and quality assurance tracking. Improved access to cardiology is needed, as this remained one of the greatest barriers, despite education.

**OBJECTIVE:**

1. Review importance and effectiveness of pulse oximetry screening in newborns for critical congenital heart disease.
2. Describe the current status of pulse oximetry screening in the Pacific Northwest.
3. Discuss the effectiveness of an educational video recommending pulse oximetry screening and its impact on perceptions and practice.
4. Outline future steps for pulse oximetry screening such as evaluating impact on outcomes and assessing status of screening in non-hospital associated birthing centers and at home births.

**AV NEEDS:** If sound can be used, we could show a few clips from our educational video.

**PRIMARY CONTACT INFORMATION:**

Heather Siefkes, MD

Pediatric Critical Care Fellow  
Oregon Health & Science University (when project completed) University of Utah (current)  
1464 S 1400 E  
Salt Lake City, UT 81405  
503-487-7181  
hmcarpentier@gmail.com

**CO-PRESENTER(S):**

Whitnee Stuban (stuban@ohsu.edu)

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**TITLE:** *Impacting the Community: The Jackson County Latina Health Coalition*

**TOPIC:** Community Based Research

**AUTHOR(S):** Nancy Castillo, Jackson County Public Health; Joanne Noone, PhD, RN, Oregon Health & Science University; Maggie Sullivan, MPH, Health Care Coalition of Southern Oregon; Belle Shepherd, MPH, Jackson County Public Health; Teresa Esqueda, BS, Jackson County

**STUDENT:** No

**ABSTRACT:** While teen pregnancy rates are dropping, disparities in Latina teen pregnancy rates continue nationally, within the state of Oregon and locally within Jackson County. Using a community based participatory research approach, a community and academic partnership was formed in response to a call for action from Latino community leaders with concerns about the rise in local Latina teen pregnancy rates in Jackson County, which are double non-Hispanic rates. A series of community assessments occurred during the first two years of the coalition, including assessment of community readiness, parent focus groups, and a youth Photovoice project. As a result of coalition participation, Jackson County Public Health was awarded a grant to implement CuÃ-date, an evidence-based, culturally based intervention to reduce HIV sexual risk among Latino youth. Other strategies currently being implemented are: 1) a Photovoice calendar for parents focused on communication; 2) a pilot student and parent liaison program for parents of high school students focused on education and communication; and 3) a pilot Latino youth theatre to facilitate parent-adolescent communication about sexual risk. Collaborative efforts with community partners can result in mobilization of the community towards common goals. Indirect benefits the coalition members have observed include youth empowerment

**OBJECTIVE:**

1. Discuss how to use community assessments in CPBR partnerships to develop an action plan.
2. Describe direct and indirect benefits of CBPR partnerships.

3. Describe ways to sustain CBPR partnerships.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Joanne Noone, APRN  
Associate Professor  
Oregon Health & Science University  
1250 Siskiyou Boulevard  
Ashland, OR 97520  
541-552-8453  
noonej@ohsu.edu

**CO-PRESENTER(S):**

Nancy Castillo (CastilNJ@jacksoncounty.org)  
Maggie Sullivan (maggie.sullivan@hccso.org)  
Belle Shepherd (ShepheBS@jacksoncounty.org)  
Teresa Esqueda (esquedat@students.sou.edu)  
Tiffany Allen (allentif@ohsu.edu)

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**TITLE:** *Improving Health Equity through Community Food Systems*

**TOPIC:** Health Equity/ Food Security

**AUTHOR(S):** Megan Patton-Lopez, PhD, RD, Megan Newell-Ching, Doris Cancel-Tirado, PhD, RD, Kristty Polanco, BA, CHES

**STUDENT:** No

**ABSTRACT:** The Benton County Health Department, in collaboration with the Oregon Food Bank, is using a community-based, participatory research strategy in Linn, Benton and Polk Counties to research ways to effectively engage Latinos to participate in and work to improve their local food systems, with the intended outcome of improving overall health and equity within those communities. Although Latinos are overrepresented in populations suffering from food insecurity and diet related illness, they are currently underrepresented among those actively engaged in their local food systems.

Methodology includes: 1) formation of a community partnership with local organizations, 2) key informant interviews with leaders in nutrition, agriculture and social service fields, and 3) focus groups with Latino community members in the three-county region. Key findings will support future strategies to engage Latino families in the creation of a local food system that provides access to fresh food for everyone.

**OBJECTIVE:** Participants will learn the barriers and facilitators in engaging the Latino community in the local food system and improving access to healthy foods.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Kristty Polanco, BA  
Community Health Navigator  
Benton County Health Services  
530 NW 27th Street, P.O. Box 579  
Corvallis, OR 97330  
541-224-4657  
kristty.polanco@co.benton.or.us

**CO-PRESENTER(S):**

Megan Patton-Lopez (megan.patton-lopez@co.benton.or.us)  
Megan Newell-Ching (mnewellching@oregonfoodbank.org)  
Doris Cancel-Tirado (canceltd@mail.wou.edu)

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**TITLE:** *Improving Maternity Care for Low Income Women with Diabetes: A Multidisciplinary Approach*

**TOPIC:** Maternal Care, Chronic Disease

**AUTHOR(S):** Lisa Chickadonz, CNM, DNP, Maria Leiva, MD

**STUDENT:** No

**ABSTRACT:** As the prevalence of diabetes in pregnancy increases, there is a need for women with diabetes to continue to receive care in community maternity clinics. There are not enough providers in specialty practices to care for all of them, and poor and minority women experience barriers of transportation, time, and finances in accessing care. Collaborative practices bring together the skills of nurse-midwives, obstetricians, dieticians, social workers, and other team members to provide consolidated care in one place. In this model, the woman partners with her care providers to improve the outcome not only of her current pregnancy, but the health of her entire family.

**OBJECTIVE:**

1. Understand the barriers to care faced by poor and minority women during a pregnancy complicated by Diabetes.
2. Describe a team-based model of collaborative practice to address the needs of this population.
3. Outline the roles of different team members as we implement care for this population.

4. Provide an innovative model of care in alignment with the triple aim of low cost, patient satisfaction and improving the health of population at risk.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Lisa Chickadonz, APRN  
nurse-midwife  
2225 NE Wasco ST  
Portland, OR 97232  
503 215-6262  
Lisa.Chickadonz@providence.org

**CO-PRESENTER(S):**

Maria Leiva (Maria.Leiva@providence.org)

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**TITLE:** *Increasing recruitment and retention rates among indigenous farmworker participants in a CBPR project*

**TOPIC:** Recruitment, retention, indigenous farmworkers, CBPR

**AUTHOR(S):** Rebecca Allen, Julie Samples, Santiago Ventura, Valentín Sanchez, Stephanie Farquhar

**STUDENT:** Yes

**ABSTRACT:** Little is known about successful recruitment and retention of indigenous farmworkers in the United States for research projects. Community-based participatory research (CBPR) can foster equitable partnerships between community groups and university researchers with the goal of strengthening research projects and improving community health. The Prevent and Reduce Adverse Health Effects of Pesticides on Indigenous Farmworkers project uses a CBPR approach to involve partners from the Oregon Law Center, Pineros and Campesinos Unidos del Noroeste, Farmworker Justice, indigenous farmworkers, and academic partners. In two consecutive years of the study (2010 and 2011), both recruitment and retention rates improved significantly. The project increased recruitment from 62 to 102 participants after a shift in methodology to include more active and fewer passive strategies. Retention improved significantly ( $p < .002$ ) between 2010 and 2011 with changes such as adjusting the research schedule and location to better suit farmworkers. Community educators (CEs) who speak an indigenous language and are former farmworkers served as the primary recruiters for the project and kept written records of recruitment and retention efforts. This presentation will discuss strategies used to successfully recruit and retain indigenous and Latino agricultural workers in Oregon.

**OBJECTIVE:**

1. Describe how indigenous community educators informed and refined recruitment and retention strategies
2. Name successful and unsuccessful recruitment and retention strategies in indigenous farmworker communities in Oregon
3. Identify three of the guiding partnership principles in the Prevent and Reduce Adverse Health Effects of Pesticides on Indigenous Farmworkers project

**AV NEEDS:** No additional equipment needed.

**PRIMARY CONTACT INFORMATION:**

Rebecca Allen, BA  
Graduate student  
Portland State University - School of Community Health  
1316 SE 35th Ave.  
Portland, OR 97214  
(206) 854-0052  
allrebecca@gmail.com

**CO-PRESENTER(S):**

Santiago Ventura (sventura@oregonlawcenter.org)  
Valentín Sanchez (vsanchez@oregonlawcenter.org)

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**TITLE:** *Inequities in the Managed Care Medicaid Dental Delivery System in Oregon*

**TOPIC:** Public Health Dentistry

**AUTHOR(S):** Eli Schwarz, Alynn Vienot

**STUDENT:** No

**ABSTRACT:** Background: The health care transformation process in Oregon stipulates that dental care be integrated into the CCO system by 2014. The aim of this study was to assess how well the current care system is meeting the dental care needs of the covered Medicaid population in Multnomah, Clackamas, and Washington counties. Methods: Medicaid 2011 data collected as part of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program was analyzed by age group of enrolled members and by county of residence. Data were analyzed according to enrolling dental care organization (DCO). Results: Extreme variation was found between the eight DCOs. The extent to which an enrollee received any dental service was dependent on which DCO was responsible for the dental care. Conclusions: Considerable inequities exist in the present delivery system. The analysis intends to provide evidence-based information and recommendations that can inform decision making in relation

to the ongoing integration of dental care into the CCO structure. It is suggested to 1. Improve the equitable provision of dental care through an evidence based public health approach and 2. Improve the accountability in the dental care system by including additional quality domains, such as cost, health outcomes, and satisfaction with service.

**OBJECTIVE:** To learn about dental care delivery for Medicaid children in Oregon and inequities in the provision of dental care in the prevailing system.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Eli Schwarz, APRN  
Professor & Chair  
Oregon Health & Science University, Community Dentistry  
611 SW Campus Drive SD206  
Portland, OR 97239  
503-494-7603  
schwarz@ohsu.edu

**CO-PRESENTER(S):**

Alynn Vienot (vienota@healthcenteror.org)

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**TITLE:** *Leaders for a Lifetime host ¿Noj Qab Noj Zoo¿ show, a Hmong village museum and other performance activism*

**TOPIC:** Empowering Hmong youth to educate their community about health and well-being and the general community about the health needs of the Hmong

**AUTHOR(S):** Bow Lee, Mary Portis

**STUDENT:** Yes

**ABSTRACT:** The Hmong, refugees from the post-Vietnam War, are often excluded from health education programs due to cultural, linguistic, social, environmental and literacy barriers. To conquer these barriers, Leaders for a Lifetime, empowers Hmong youth to educate their own ethnic community in Butte County, California. The group is comprised of local Hmong youth aged 12-18. The Hmong youth are educated and trained by health specialists and professors from the local university. Because the youth are Hmong and from the community, they understand the community's needs very well. The purpose of Leaders for a Lifetime is twofold (1): the youth use their cultural knowledge and health education training to develop, plan and implement health-related activities for the Hmong community and (2) the youth educate the general community about the cultural, traditional and shamanic beliefs of health for the Hmong through performance activities. As a result of Leaders for a Lifetime, the Hmong

are becoming more aware of health services available for them while the professionals are adapting their services to meet the needs of the Hmong. The implication from Leaders for a Lifetime is to enable programs to target vulnerable communities through a youth-based program.

**OBJECTIVE:**

1. Learn about performance activism
2. Understand how Leaders for a Lifetime enhanced health education programs for the Hmong community
3. Learn how Leaders for a Lifetime empowered the Hmong community

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Bow Lee, APRN  
Graduate Student  
Oregon State University  
505 27th Ave SE # 51  
Albany, OR 97321  
530-354-1404  
leebow@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Lessons Learned from Breast Cancer Narratives of Saudi Women*

**TOPIC:** Women's Health

**AUTHOR(S):** Tassnym H. Sinky, MPH

**STUDENT:** Yes

**ABSTRACT:** Breast cancer accounts for 21% of cancer cases in Saudi Arabia, 40% of which are detected in advanced stages. This study examines how cultural perceptions of breast cancer among Saudi women influence early detection and treatment-seeking behaviors. Data were collected via semi-structured interviews with 20 adult Saudi women affected by breast cancer from two Western cities in Saudi Arabia. Participants were recruited via social networking and purposive snowball sampling and qualitative methods were used to analyze the data. The results indicate that Saudi women mainly attribute their condition to God's will and have little to no control over the course of treatment. Additionally, breast cancer is perceived to be a threat to traditional role fulfillment as mothers and wives. Furthermore, the women expressed distrust regarding Western biomedicine, but felt medical

intervention was necessary. These perceptions lead to avoidance of early detection behaviors and uncertainty when making treatment-related decisions. These findings suggest incorporating traditional therapies into medical interventions to help ameliorate uncertainty.

**OBJECTIVE:** To gain insight into the sociocultural factors affecting the detection and treatment of breast cancer among Saudi women.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Tassnym Sinky, MPH  
Oregon State University  
PO Box 36  
Corvallis, OR 97339  
5417539204  
sinkyta@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Lessons learned from Portland's May 2013 Fluoridation Campaign*

**TOPIC:** dental public health and prevention

**AUTHOR(S):** Kurt Ferré DDS, FACD

**STUDENT:** No

**ABSTRACT:** Despite having a broad coalition of public health, medical, dental, and social advocacy organizations, a well-funded campaign, the unanimous support of the Portland City Council, and 6 editorial endorsements from Portland newspapers, a fluoridation ballot measure was defeated for the 4th time since 1956.

As a result, Portland remains the largest city in the U.S. without fluoridation, and Oregon ranks 48th out of 50 states in percent of their public water supplies that are fluoridated.

Author will review successes and failures of the Healthy Kids, Healthy Portland campaign. The battle in Portland was lost, but the war in Oregon will continue to improve the oral health of all Oregonians.

**OBJECTIVE:** To understand the election outcome in relation to the politics of this emotionally-charged campaign and implications for the future of fluoridation in Oregon.

**AV NEEDS:** Laptop and projector for Power Point presentation.

**PRIMARY CONTACT INFORMATION:**

Kurt Ferré, ANP, APRN, BA, BC, BS, BSN, BSS, CCHP, CHES, CHN, DACBR, DC, DDS  
Friends of Creston Children's Dental Clinic  
3215 NE U.S. Grant Pl.  
Portland, OR  
503-282-8131  
kferre51@gmail.com

**CO-PRESENTER(S):**

Chuck Haynie, MD (P.O. Box 1065, Hood River, OR 97031)

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**TITLE:** *Let's Talk About P-Y-D: How Positive Youth Development Influences Sexual Health Outcomes in Latino Youth*

**TOPIC:** Youth Sexual Health, Sexual Health Disparities, Positive Youth Development

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

**STUDENT:** No

**ABSTRACT:** Positive youth development (PYD) is a comprehensive framework that outlines the support that youth need to successfully transition to adulthood and make healthy decisions regarding different aspects of their lives. PYD emphasizes the importance of focusing on youths' strengths instead of their risk factors. PYD revolves around the physical, cognitive, social and emotional needs of a young person. The Positive Youth Development Benchmark was added to the Oregon Healthy Teens survey in 2006 in order to have a baseline statewide measure of youth development that could be tracked on a regular basis. It assesses youth in the areas of physical health, mental health, confidence, competence, support and service.

¡Cui-date! is a culturally-specific comprehensive sexual health curriculum aimed at improving health outcomes for Latino youth by incorporating many aspects of Latino culture. This program is currently being implemented in six counties across Oregon. Since December 2011, over 1,300 youth have been served. Before ¡Cui-date! begins, youth are given a Pre Survey consisting of questions about demographics, knowledge, intentions, behaviors, PYD constructs, and future educational attainment. A post survey examining many of the same indicators is given to youth immediately after the program ends. PYD questions are included in the ¡Cui-date! surveys to gain a better understand of PYD among Latino youth.

A chi-square analysis of Latino youth who met the PYD benchmark suggested a significant relationship ( $p < 0.05$ ) between meeting the PYD benchmark and being able to say no if pressured to have sex,

finishing high school, and future education/career plans. These results may offer positive implications for program planning regarding the future of Latino youth as they transition into adulthood.

**OBJECTIVE:**

1. Learn about the PYD benchmark and its uses in Oregon
2. Examine elements of PYD and Latino culture that can foster positive outcomes for Latino youth
3. Discuss significant PYD relationships from the 2014-2015 implementation dataset and potential implications of the data for Latino youth

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

LaShanda Eller, MPH  
Research Analyst 3  
Oregon Health Authority  
800 NE Oregon Street Suite 805  
Portland, OR 97232  
3363923403  
lashanda.n.eller@state.or.us

**CO-PRESENTER(S):**

Lindsay Weaver (lindsay.weaver@state.or.us)  
Jessica Duke (jessica.duke@state.or.us)

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**TITLE:** *Life Expectancy of Oregon American Indian and Alaska Natives Using Race Corrected Mortality Rates*

**TOPIC:** Tribal health

**AUTHOR(S):** Corresponding Author: Jenine Dankovchik, NW Tribal EpiCenter, Northwest Portland Area Indian Health Board; Co-authors: Megan Hoopes, Victoria Warren-Mears vwar

**STUDENT:** No

**ABSTRACT:** Background: American Indians and Alaska Natives (AI/ANs) experience a high burden of mortality and other disparities compared with the general population. Life tables are an important population health indicator; however, federal agencies do not produce life tables for AI/ANs due to high rates of racial misclassification on death certificates.

Methods: We conducted probabilistic record linkage between Oregon death certificates (2008-2010) and AI/AN patient registration records to correct for racial misclassification. We then calculated mortality rates and generated period life tables for Oregon AI/ANs and whites.

Results: Overall life expectation at birth for Oregon AI/ANs was 74.8, 5.2 years lower than that of white Oregonians. Male AI/ANs had a lower life expectancy (73.1) than female AI/ANs (76.5); however female AI/ANs had a larger disparity with their white counterparts (5.6 years versus 4.7 years for males). Among AI/ANs, 98.5% survived to age 20 and 44.7% survived to age 80, while 99.1% of whites survived to age 20 and 60.6% survived to age 80.

Conclusions: Data linkage with a registry of known Oregon AI/ANs allowed us to generate accurate life tables for a population which had not previously been available, and provide Tribes with an important tool to conduct survivorship analyses and monitor the health of their communities.

**OBJECTIVE:** Learning Objectives: Attendees will understand life expectancy data among AI/ANs in Oregon, how they compare with the state's white population, and the importance of data linkage to produce accurate health surveillance statistics for this population.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jenine Dankovchik, BS  
Biostatistician  
Northwest Portland Area Indian Health Board  
2121 SW Broadway, Suite 300  
Portland, OR 97201  
503-416-3265  
jdankovchik@npaihb.org

**CO-PRESENTER(S):**

Megan Hoopes (hoopesm@ochin.org)  
Victoria Warren-Mears (vwarrenmears@npaihb.org)

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**TITLE:** *Occupational Safety and Health Meets Worksite Wellness and Wellbeing*

**TOPIC:** Occupational Health/Health Promotion

**AUTHOR(S):** Dede Montgomery, MS, CIH

**STUDENT:** No

**ABSTRACT:** The protection of workers from hazards at work has traditionally had minimal overlap with worksite health promotion. The former is governed by OSHA and workers' compensation laws and regulations while the latter is a more voluntary activity. The landscape is changing in many workplaces with the recognition that traditional occupational safety and health is influenced and impacted by employee wellness and wellbeing and vice versa. Total Worker Health is an initiative prescribed by the National Institute for Occupational Safety and Health (NIOSH) that integrates occupational safety and health protection with health promotion to prevent worker injury and illness and to advance health and wellbeing. This presentation will review the rationale for promoting Total Worker Health in worksites. The mission and projects of the Oregon Healthy Workforce Center, a NIOSH Center of Excellence, will be described. Specific examples of Oregon workplace programs that integrate health protection with health promotion will illustrate the possibilities and challenges, and state and national resources to help meet these challenges will be shared.

**OBJECTIVE:**

1. Define total worker health
2. Describe the Oregon Healthy Workforce Center and its intervention projects.
3. Identify and apply specific worksite examples integrating safety and health with wellness.

**AV NEEDS:** Laptop/projector

**PRIMARY CONTACT INFORMATION:**

Dede Montgomery, APRN  
Senior Research Associate  
CROET at OHSU/Oregon Healthy Workforce Center  
3181 SW Sam Jackson Park Road, L606  
Portland, OR 97239  
503-494-4090  
montgomd@ohsu.edu

**CO-PRESENTER(S):**

Dede Montgomery (montgomd@ohsu.edu)

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**TITLE:** *One Key Question: Better integration of preventive reproductive health into primary care*

**TOPIC:** Reproductive Health Services

**AUTHOR(S):** Helen Bellanca, MD, MPH, Maternal Child Program Manager, Health Share of Oregon;  
Michele Stranger Hunter, Executive Director, Oregon Foundation for Reproductive Health

**STUDENT:** No

**ABSTRACT:** Unintended pregnancy is a pressing public health problem, representing almost half of all live births in the US. To reduce unintended pregnancy, improve preconception health and improve maternal and child health outcomes, the CDC and medical specialty groups recommend reproductive life planning and preconception care for every woman of reproductive age as part of routine primary care. However, many women struggle with the concept of planning a pregnancy, and are ambiguous about their pregnancy intentions.

Asking about pregnancy intentions on a routine basis in primary care is a way to begin a discussion about reproductive health care needs that supports women whether they want to conceive or not. It has the potential to increase women's access to good contraception care and preconception counseling and screenings.

This session will discuss the One Key Question initiative created by the Oregon Foundation for Reproductive Health and provide a launching point for a discussion about how we can help ensure that more pregnancies are wanted, planned, and as healthy as possible.

**OBJECTIVE:** Discuss the prevalence of unintended pregnancy and the need for more effective delivery of preventive reproductive health services.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Hannah Rosenau  
Policy Coordinator  
Oregon Foundation for Reproductive Health  
PO Box 40472  
Portland, OR 97240  
5032234510  
Hannah@ProChoiceOregon.org

**CO-PRESENTER(S):**

Michele Stranger Hunter (Michele@prochoiceoregon.org)

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**TITLE:** *Oregon Alliance to Prevent Gun Violence: Coalition Building and Advocacy*

**TOPIC:** Injury Prevention, Violence Prevention, Gun Safety

**AUTHOR(S):** Kylie Menagh-Johnson, MPH

**STUDENT:** No

**ABSTRACT:** Background: In the wake of the mass shootings at Clackamas Town Center and Newtown, CT, new leadership emerged to address gun violence in Oregon. Diverse, uncoordinated initiatives were brought together and aligned to advocate for a common gun safety agenda.

Methods: Community organizing, media advocacy, social media, and legislative advocacy strategies were used to form a new coalition and mobilize traditional and non-traditional partners for gun safety legislation.

Results: A Day of Action (lobby day and rally) with approximately 150 people, and several other media advocacy events and constituent-outreach activities, moved gun safety bills through the legislature further than ever before.

Conclusions/Implications: Public health strategies and professional networks were utilized effectively in a new arena. Tips for organizing a Day of Action, planning media advocacy events, and coordinating a new coalition will be shared.

**OBJECTIVE:** Participants will learn about the public health burden of gun violence in Oregon and nationally. Participants will be able to explain five policy objectives to reduce gun violence. Participants will learn at least three techniques for organizing and mobilizing a new coalition to advocate for public health policy.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Kylie Menagh-Johnson, MPH  
Consultant  
Oregon Alliance to Prevent Gun Violence  
4826 NE Mason St.  
Portland, 97218  
503 358-6540  
Kylie.ceasefire@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *Oregon's Manufactured Housing Stock: Implications for Resident Health*

**TOPIC:** Health Impact Assessment

**AUTHOR(S):** Annette Klinefelter, Andree Tremoulet, PhD

**STUDENT:** No

**ABSTRACT:** Background/Purpose: 35% of Curry County's housing stock is manufactured homes, 50% of which were built prior to 1980. A Health Impact Assessment grant was awarded to Curry County in conjunction with the launch of an Oregon Solution's Housing Stock Upgrade Initiative pilot.

Methods: Quantitative data analysis on status of existing housing stock, decommissioning standards, energy consumption, and financing packages for repair or replacement. Qualitative analysis of resident interviews and focus groups on relationship between health and housing, attitudes towards repair or replacement options. Comprehensive literature review to analyze relationship between housing and resident health.

Results/Outcomes: Include the obvious correlations between substandard housing and health, but provide a deeper analysis of residents relationships to their housing and the implications for decision-making for repair or replacement. Additional results regarding decommissioning standards and financing options will be provided.

Conclusions/Implications: The HSUI HIA has significant implications for future policy decisions regarding repair eligibility, replacement funding, and "green" decommissioning of aged housing stock.

**OBJECTIVE:** Curry's HSUI as a case study demonstrates the steps of an HIA and how HIA's can be used to inform policies around built spaces, resident and environmental health.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Annette Klinefelter, APRN  
Manager Community Promotion and Prevention  
Curry Community Health, Public Health Division  
94235 Moore Street, Suite 121  
Gold Beach, OR 97444  
541-661-0851  
klinefeltera@co.curry.or.us

**CO-PRESENTER(S):**

Andree Tremoulet, PhD (atrem@pdx.edu)

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**TITLE:** *Out-of-hospital births in Oregon*

**TOPIC:** Out-of-hospital births

**AUTHOR(S):** Anna Stiefvater, RN, MPH; Sarah Hargand, MPH; Genevieve Buser, MD MSHP, EIS Officer

**STUDENT:** No

**ABSTRACT:** Background: Five percent of all Oregon births are planned out-of-hospital births--one of the highest rates in the Country. And while out-of-hospital births hold political, cultural and public health significance, they are difficult to research. Oregon has unique questions on the birth certificate which allow analysis by planned birthplace and birth attendant. This analysis provides new information about the characteristics and outcomes associated with out-of-hospital births in Oregon.

Method and Results: Birth and death certificate files for 2012 Oregon births of 37 weeks gestation were merged to compare maternal characteristics and maternal and infant outcomes by planned birthplace. Women planning out-of-hospital delivery were more likely to be older, married, non-Hispanic white, self-pay and college educated. The perinatal death was 2.3 times higher in planned out-of-hospital births than in-hospital births. Perinatal deaths among planned out-of-hospital births were more closely examined by medical chart review in order to better understand prenatal and peripartum events. Key findings from the analysis will be presented.

Implications: An interdisciplinary workgroup at the Oregon Public Health Division completed the analysis and reviewed all data. The analysis highlights the importance of collaboration between mothers, birth attendants, and public health in order to optimize outcomes for Oregon mothers and babies.

**OBJECTIVE:**

- 1) Describe maternal characteristics of women planning out-of-hospital births in Oregon.
- 2) Compare maternal and infant outcomes associated with planned birthplace.
- 3) Identify opportunities to improve maternal and infant outcomes.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Anna Stiefvater, BSN, MPH  
Perinatal Nurse Consultant  
Oregon Public Health Division  
800 NE Oregon St. Suite 825  
Portland, OR 97232  
971-673-1490  
anna.k.stiefvater@state.or.us

**CO-PRESENTER(S):**

Sarah Hargand, MPH (sarah.hargand@state.or.us)

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**TITLE:** *Peer Specialists: Who they Are, What They Do, and Why You Need Them!*

**TOPIC:** Non-Traditional Health Workers; Mental Health

**AUTHOR(S):** Kelly Volkmann, MPH

**STUDENT:** No

**ABSTRACT:** The Peer Wellness Program in Benton County was one of the first peer specialist programs in Oregon. Located within Benton County Health Services, the peers work closely with the Adult Mental Health treatment team, which consists of psychiatrists, therapists, case managers, Registered Nurses, an Assertive Community Treatment (ACT) Team, and 6 Peer Wellness Specialists. In the 3 years since its inception, the peers have become a vital and integral component of the mental health program in Benton County. Working with the clinicians, the peers provide a range of services, including peer-to-peer support in the community, respite services, group classes on health and wellness, and a “warm hand-off” for clients leaving a hospital setting.

This session offers an overview of Benton County’s Peer Specialist program, the unique supervision needs of Peers, and the current legislation surrounding peers and their place within a Coordinated Care Organization (CCO). Most importantly, two of the Peers will share their experiences of working as part of the treatment team, and what being a Peer Wellness Specialist has meant to them.

**OBJECTIVE:**

1. Describe the structure of the Peer Specialist program at Benton County Health Services
2. Understand the legislation surrounding Peer Support and Peer Wellness Specialists

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Kelly Volkmann, MPH  
Health Navigation Program Manager  
Benton County Health Services  
531-NW 27th Street  
Corvallis, OR 97330  
541-766-6839  
kelly.volkmann@co.benton.or.us

**CO-PRESENTER(S):**

Jeanne Nelson (jeanne.nelson@co.benton.or.us)  
Steven Diehl (steven.diehl@co.benton.or.us)  
Mark Crocker (Mark.corcker@co.benton.or.us)

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**TITLE:** *Physical Activity and Obesity in Children with Autism*

**TOPIC:** Physical Activity and Obesity in Children with Autism: Inclusive home, school, and community level physical activity interventions

**AUTHOR(S):** Kiley Tyler, Nicole Cook, Katherine Anthony, Megan MacDonald

**STUDENT:** Yes

**ABSTRACT:** Autism spectrum disorder (autism) is a pervasive developmental disorder characterized by deficits in social skills, communication and repetitive or restricted interests (APA, 1994). Evidence-based research suggests children with autism are 30% more obese than typically developed peers (Curtin et al., 2010). Physical activity has been indicated as a behavior to combat childhood obesity. Several national organizations (e.g., The White House Task Force on Childhood Obesity) and federal initiatives (e.g., Healthy People 2020 and Physical Activity Guidelines for Americans) have dedicated significant effort towards improving physical activity awareness, opportunity and education in all children and adolescents. The relationship between physical activity and obesity in children with autism is relatively underexplored. By comparing the physical activity habits of children with autism to typically developing gender/age-matched peers, insight can be gained to develop inclusive physical activity interventions. Inclusive home, school, and community level physical activity interventions for children with autism may offset the trend towards obesity and will therefore be discussed.

**OBJECTIVE:**

1. National and federal physical activity initiatives for children with autism.
2. Current evidence-based research demonstrates time spent in moderate to vigorous physical activity and sedentary activity relates to increased percent body fat in children with autism.
3. Individual and community focused interventions can be used to increase physical activity for children with disabilities.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Kiley Tyler, MS  
Physical Activity and Obesity in Children with Autism  
Oregon State University  
202 Women's Building  
Corvallis, OR 97331  
630-408-2444  
Tylerki@onid.orst.edu

**CO-PRESENTER(S):**

Nicole Cook (Nicole Cook <coliecook@gmail.com>)  
Katherine Anthony (anthokat@onid.orst.edu)  
Megan MacDonald (Megan.MacDonald@oregonstate.edu)

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**TITLE:** *Picture of Health: Village Viewpoints on Maternal Health in Sierra Leone*

**TOPIC:** Maternal Health

**AUTHOR(S):** Sudy Storm

**STUDENT:** Yes

**ABSTRACT:** This presentation will discuss local perceptions of maternal health held by a remote village population in Sierra Leone West Africa. It will explore the discordance between public health policy, and village reality discovered during a photovoice research project. The photographs taken by the villagers themselves reveal how attempts to force a biomedical model of maternity care has impacted outcomes and influenced health behaviors in this population. Furthermore, it will discuss how current national and global health policy could be improved with inclusion of village voices in the planning and implementation of program strategies.

**OBJECTIVE:** Identify how the exportation of the biomedical model of healthcare has influenced villager perceptions of maternal health and their health behaviors.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Sudy Storm, APRN, BA, BC, BS  
MA/MPH Candidate  
Oregon State University  
1252 Larchwood St. NE  
Keizer, OR 97303  
541-224-4843  
sudystorm@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *Pilot Study to Assess Risk Factors for Heat-Related Illness among Oregon Farmworkers*

**TOPIC:** Occupational health

**AUTHOR(S):** Jeffrey Bethel, PhD, Renee Harger

**STUDENT:** No

**ABSTRACT:** Background/Objective: Outdoor workers are a group with increased vulnerability to climate-sensitive health outcomes such as heat-related illness (HRI) and farmworkers are particularly at risk given their tasks involve heavy exertion in an outdoor setting. However, most of the previous research regarding the morbidity associated with and prevention of occupational heat-related illness has focused on U.S. military personnel, firefighters, and miners or other industrial workers. The objectives of the pilot study are to 1) identify risk factors for HRI among Latino farmworkers in Oregon; and 2) assess the morbidity associated with HRI among farmworkers in Oregon.

Methods: Bilingual research staff will conduct computer-assisted personal interviews of 100 farmworkers during the summer of 2013. Data to be collected include demographics, agricultural work (work history and current work practices), trainings received, HRI symptoms experienced, health status, and health behaviors. Respondents will receive \$20 for participation. Analyses will include descriptive statistics, bivariate analyses and multivariate analyses to identify independent associations between covariates and HRI.

Results/Outcomes: Data collection will be completed by 8/31/13 and analyses completed by 10/1/13

Conclusions/Implications: Identifying agriculture-specific risk factors for HRI will establish the foundation from which interventions can be developed to reduce the incidence of this preventable condition.

**OBJECTIVE:**

1. Identify the risk factors for heat-related illness among Oregon farmworkers
2. Describe the morbidity associated with heat-related illness among Oregon farmworkers.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jeffrey Bethel, PhD  
Assistant Professor  
Oregon State University  
139 Milam Hall  
Corvallis, OR 97331  
541-737-3832  
jeff.bethel@oregonstate.edu

**CO-PRESENTER(S):**

Renee Harger (hargerr@onid.orst.edu)

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**TITLE:** *Population-based nursing; Strategies for success*

**TOPIC:** Public health nursing

**AUTHOR(S):** MaiKia Moua, Anna Steifvator, Connie Guist

**STUDENT:** No

**ABSTRACT:** Oregon public health nurses have been preparing for the changes created by health care transformation. In 2010, the Oregon Public Health Division's Community Liaison Office conducted a survey identifying strengths of public health nurses and opportunities for skills development. A special session was held with nursing leaders from around the state to gather consensus around these challenges and discuss how to achieving excellence in public health nursing practice. In 2011, the nursing section continued to advocate for public health nurses in policy.

The conversations from previous years have demonstrated the increasing need for population health experts. In May 2013, partners along with the OPHA Nursing Section, held the first Nursing and Public's Health Summit to focus on health reform, population health practice, nursing leadership, and health policy. During the Summit, participants discussed contributions of nursing to health transformation and the abilities and opportunities for growth in nursing practice to achieve individual and community health goals.

In this session, the OPHA Nursing Section will share the analysis of the themes generated from these important discussions and moving forward with public health nursing strategies to improve population health benefits and outcomes.

**OBJECTIVE:** Increase awareness of current strengths and needs of population health nursing. Build collaboration for excellence in public health nursing practice.

**AV NEEDS:** Powerpoint

**PRIMARY CONTACT INFORMATION:**

MaiKia Moua  
OPHA-Nursing Chair  
800 NE Oregon St.  
Portland, OR 97232  
971-673-0534  
opha.nursing@gmail.com

**CO-PRESENTER(S):**

Anne Heenan (heenana@ohsu.com)

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**TITLE:** *Posttraumatic Stress Disorder and Risk of Motor Vehicle Crash Hospitalization among Recent Veterans Enrolled in Veterans Health Administration*

**TOPIC:** Injury epidemiology

**AUTHOR(S):** Aisling Fernandez; Kathleen F. Carlson, MS, PhD; William Lambert, PhD; Dawn Peters, PhD; Maya E. O'Neil, MS, PhD; Jonathan Duckart, MPS

**STUDENT:** Yes

**ABSTRACT:** We studied whether posttraumatic stress disorder (PTSD) increased the risk of hospitalization due to a motor vehicle crash (MVC) among Veterans of the Iraq and Afghanistan wars. We conducted a historical cohort study using Veterans Health Administration (VA) medical records data on 119,409 Iraq and Afghanistan War Veterans. We used univariate and multivariate regression analyses to estimate the relative risk of hospitalization due to a MVC-related injury among Veterans who were and were not diagnosed with PTSD within the first year post-deployment. There were 378 Veterans hospitalized for a MVC, mostly 18-24 years old (50%), male (94%), and in the Reserves (57%). The univariate relative risk of a MVC hospitalization was 1.5 (95% CI: 1.2-1.8) among Veterans with a PTSD diagnosis compared to those without a PTSD diagnosis. After adjustment for age, gender and branch of service, relative risk of a MVC hospitalization was 1.4 (95% CI: 1.1-1.7) among Veterans with a PTSD diagnosis compared to those without a PTSD diagnosis. Researchers, healthcare providers and Veterans should be aware that PTSD may increase risk of MVC hospitalization for recent Veterans. Future research should focus on how the symptoms of PTSD contribute to increased risk of MVC hospitalizations.

**OBJECTIVE:** Discuss the incidence of PTSD and MVC hospitalizations among Iraq and Afghanistan War Veterans who were frequent users of Veterans Affairs healthcare after deployment. Analyze the adjusted relative risk for the association between the two diagnoses.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Aisling Fernandez, APRN  
MPH Student, Epidemiology & Biostatistics  
OHSU  
8833 SW 30th Ave, Apt 112  
Portland, OR 97219  
717.991.0742  
aislinggardner@yahoo.com

**CO-PRESENTER(S):**

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**TITLE:** *Potential for multiple pesticide exposures among blueberry and cherry workers performing reentry tasks*

**TOPIC:** Occupational Health

**AUTHOR(S):** Blaustein, Kathy and Jepson, Paul C

**STUDENT:** No

**ABSTRACT:** Background: Farmworkers performing crop reentry work do not handle or apply pesticides but are still exposed to pesticide residues on crops. All workers are required to observe a restricted entry interval (REI) after application during which entry is prevented without wearing personal protective equipment. When the REI expires workers may reenter treated fields wearing regular field clothing. However, pesticide residues are still present on foliage and little is known about exposure during reentry.

Methods: We developed a model consisting of a series of algorithms allowing us to predict potential dermal pesticide exposures during reentry work starting with the expiration of the REI throughout time as residues decay. This model uses readily available pesticide and worker data to generate a distribution of potential pesticide dermal doses.

Results: Depending on the pesticide, its application rate and decay profile workers have the potential for exposure up to three weeks after the REI expires. Applying multiple pesticides further increases potential exposure.

Conclusions: Workers are exposed to residues from each of the different pesticides applied. When entering fields of several different crops their exposure profile may be expanded. Further studies are required to understand multiple chemical exposures of reentry workers.

**OBJECTIVE:** Learners can describe the difference between acute and chronic exposure in an agricultural setting. Learners can explain the importance of the REI to worker safety. Learners can identify the variables that contribute to estimating potential dermal exposure.

**AV NEEDS:** no extra AV needs

**PRIMARY CONTACT INFORMATION:**

Kathy L Blaustein, MPH  
Human Health Risk Assessment Specialist  
Integrated Plant Protection Center  
Oregon State University  
Corvallis, OR 97331  
541-737-6271  
blaustek@science.oregonstate.edu

**CO-PRESENTER(S):**

Paul C Jepson (jepsonp@science.oregonstate.edu)

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**TITLE:** *Protecting Public Health in Oregon via Fish Consumption Advisories*

**TOPIC:** Environmental Public Health

**AUTHOR(S):** David Farrer

**STUDENT:** No

**ABSTRACT:** Background: Pregnant women who regularly eat fish promote healthy brain development in their babies. Unfortunately, chemical contaminants found in some fish can pose public health risks. Fish consumption advisories encourage fish consumption as part of a healthy diet while protecting vulnerable populations from the effects of chemical contaminants.

Case Study: The Oregon Public Health Division (OPHD) and the Washington Department of Health (WDOH) received fish tissue sampling results covering a 150-mile stretch of the Columbia River forming the Oregon-Washington border. Analysis found the risk-driving contaminants to be methylmercury for predatory fish like bass and polychlorinated biphenyls (PCBs) for bottom feeders like largescale suckers. To protect the public, OPHD and WDOH jointly developed a fish consumption advisory for non-migratory fish species within the advisory area. The advisory recommends that people limit their consumption of non-migratory fish species from the area under advisory to four meals per month but encourages people to consume a variety of fish from various sources as part of a healthy diet. The advisory is especially important for women of childbearing age because methylmercury and PCBs are developmental neurotoxicants. This means that developing fetuses and small children are the most vulnerable to the effects of these toxicants.

**OBJECTIVE:**

1. Increase awareness of the health benefits and risks of eating locally-caught fish
2. Increase understanding of Oregon's fish advisory program

**AV NEEDS:****PRIMARY CONTACT INFORMATION:**

David Farrer, PhD  
Public Health Toxicologist  
Oregon Health Authority  
800 NE Oregon Street, Suite 640  
Portland, OR 97232

971-673-0971  
david.g.farrer@state.or.us

**CO-PRESENTER(S):**

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**TITLE:** *Racial/Ethnic and Insurance Status Disparities in Post-Hospitalization Care for Patients with Traumatic Brain Injury*

**TOPIC:** traumatic brain injury, discharge disposition, race/ethnicity, insurance, healthcare disparities

**AUTHOR(S):** Wendy G. Kane, MS, MPH; Dagan A. Wright, PhD; Rongwei Fu, PhD; Kathleen F. Carlsion, PhD

**STUDENT:** Yes

**ABSTRACT:** We examined racial/ethnic and insurance disparities in post-hospitalization care among adults hospitalized for traumatic brain injury (TBI) in the state of Oregon. Data were from the Oregon Hospital Discharge Data Index for the four-year period 2008-2011. Patients were identified based on diagnosis codes. Multivariable logistic regression was used to assess the association between receiving post-hospitalization care and race/ethnicity and insurance status while controlling for potential confounders. A total of 6,997 patients were included in analyses. Overall, 28% of patients were discharged to post-hospitalization care; this proportion was greater for Non-Hispanic Whites (32%) than Non-Hispanic Other (20%), Non-Hispanic Black (17%) and Hispanic patients (11%). Few uninsured patients were discharged to post-hospitalization care (3%). While controlling for potential confounders, Hispanics were less likely discharged to post-hospitalization care (Odds Ratio [OR] 0.62; 95% Confidence Interval [CI] 0.42-0.91) than Non-Hispanic Whites. Compared to patients with private insurance, uninsured patients were less likely discharged to post-hospitalization care (OR 0.21; CI 0.11 - 0.41) while patients with public insurance (OR 1.74; CI 1.42 - 2.14) and worker's compensation (OR 1.57; CI 1.13 - 2.18) were more likely to be discharged to post-hospitalization care. Future research should examine factors that might contribute to and reduce these inequities in care.

**OBJECTIVE:** Audience members will be able to describe racial/ethnic and health insurance disparities in post-hospitalization care for patients hospitalized for traumatic brain injury in the state of Oregon.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Wendy Kane, MPH  
Department of Public Health and Preventive Medicine, Oregon Health and Science University  
3181 SW Sam Jackson Park Road, Mail Code CB 669  
Portland, OR 97239

503-709-7875  
wendygkane@yahoo.com

**CO-PRESENTER(S):**

Dagan Wright, PhD (dagan.a.wright@state.or.us)  
Rongwei Fu, PhD (fur@ohsu.edu)  
Kathleen F. Carlson, PhD (kathleen.carlson@va.gov)

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**TITLE:** *Reliability of mother-reported age at weaning: evidence of recall bias using data from the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) and PRAMS-2*

**TOPIC:** breastfeeding; methods; maternal and child health

**AUTHOR(S):** Marit L. Bovbjerg, Adrienne E. Uphoff, Kenneth D. Rosenberg

**STUDENT:** No

**ABSTRACT:** Most beneficial outcomes associated with breastfeeding appear to have a dose-response relationship. Studies usually rely on retrospective, mother-reported assessment of breastfeeding duration; reliability of these reports has not been studied extensively. Oregon re-contacts PRAMS participants (survey given 14 weeks postpartum) when the children are 2 years old (PRAMS-2). Breastfeeding questions are asked on both surveys. We took the initial PRAMS responses to be the gold standard, and compared PRAMS-2 responses. The positive predictive value for “ever breastfed” was 97.6%, but the negative predictive value was 33.6%. Among mothers who weaned by 14 weeks, only 53.1% (95% CI: 47.9%, 58.4%) reported on PRAMS-2 a duration of breastfeeding that fell within 1 month of their original PRAMS answer. Reliability was higher among college-educated mothers [57.2% vs. 51.9%] and married women [60.0% vs. 45.3%]; there was no difference by immigration status. In nearly all instances (95.1%), mothers reported a longer duration of breastfeeding on PRAMS-2. Retrospective, “ever breastfed” questions might underestimate the true proportion of ever breastfed infants, and single-item retrospective questions about breastfeeding duration appear to be strongly biased in this population. Our results indicate more bias than has been reported by others. This has implications for breastfeeding research practice and interpretation.

**OBJECTIVE:** Describe difficulties with retrospective breastfeeding duration measurement. Explain possible reasons why ever-breastfed questions have an extremely low negative predictive value

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Marit Bovbjerg, PhD  
Research Associate

Oregon State University, Public Health  
103 Milam Hall  
Corvallis, OR 97333  
541-737-5313  
marit.bovbjerg@oregonstate.edu

**CO-PRESENTER(S):**

Adrienne Uphoff (aeuphoff@gmail.com)  
Ken Rosenberg (ken.d.rosenberg@state.or.us)

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**TITLE:** *Replicating Evidence-Based Sexual Health Programs among At-Risk Youth*

**TOPIC:** Adolescent Sexual Health

**AUTHOR(S):** Mercy W Mwaria, PhD & Nanci Coppola, M.S., D.P.M.

**STUDENT:** No

**ABSTRACT:** Background: Evidence-based interventions (EBI) have garnered support among adolescent sexual health advocates for several reasons. First, epidemiological data indicate that young adults are the fastest growing group in acquiring STD/I. Second, in spite of declining trends in teen births, the U.S. teen birth rate remains higher than other developed countries. Program Reach is replicating Promoting Health Among Teens! (PHAT!), a curriculum originally developed with African-American youth to reduce early risky sexual behavior and the subsequent negative health consequences such as unintended pregnancy and STD/I, including HIV.

Methods: Grounded in the Theory of Planned Behavior, this 8-hour curriculum is designed to increase knowledge, strengthen behavioral beliefs, and to increase skills to negotiate abstinence. A randomized control trial design is used.

Results: Preliminary perceived impact data reveals that as a result of participating in the PHAT! Program, 65% of the participants are less likely to have sex in the next 12 months, and 46% are more likely to use birth control methods.

Conclusions: Success in replicating EBIs is based on: a) implementing with a high level of fidelity to the original program's core components, b) adaptation of certain components to fit the replication setting, c) achieving a high community stake-holder buy-in.

**OBJECTIVE:**

1.To describe the tension between fidelity to the original evidence-based intervention (EBI)components and processes and necessary adaptations required to replicate in a different context.

2. To assess the transferability of an evidence based program from one geographical setting and one target population to another.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Mercy Mwaria, PhD  
In-House Research Analyst  
Program Reach, Inc  
3250 Westchester Ave Suite# 202  
Bronx, NY 10461  
7184090800  
mmwaria@programreach.org

**CO-PRESENTER(S):**

Nanci Coppola, M.S., D.P.M (ncoppola@programreach.org)

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**TITLE:** *"See Well to Learn Well" - The Lincoln School Vision Project*

**TOPIC:** School and Health Department collaboration

**AUTHOR(S):** Monica Juarez, B.s. Health Navigator, Fabiola Herrera, B.S. Health Navigator

**STUDENT:** No

**ABSTRACT:** According to the American Optometric Association, 5 to 10 percent of preschoolers and 25 percent of school-aged children have vision problems. To address this issue, a collaborative team from Lincoln Elementary School, the Lincoln School-Based Health Center, and Benton County Health Navigation created the "See Well to Learn Well" vision project to promote the importance of a comprehensive vision exam for students.

Lincoln School, located in south Corvallis, is the site for the Lincoln School-Based Health Center, and has approximately 37 percent Latino students, 69 percent of students in the free or reduced lunch program. During the 2012-2013 school year, bilingual-bicultural outreach staff assisted 25 kindergarten students to get a comprehensive vision exam. Strategies included presentations at parent-teacher conferences and school events; surveys to determine student insurance status and existing vision issues; personal parental phone calls to assess potential barriers to making and keeping a vision appointment, such as language differences or transportation issues; and a comprehensive tracking system that allowed project staff to monitor student status. In addition, using bilingual-bicultural outreach staff was an essential component to increase and enhance trusting relationships between the school, parents, the health center, and the community.

**OBJECTIVE:** At the end of this session, attendees will be able to:

1. Identify strategies and methods for increasing parental awareness of the importance of having a comprehensive vision exam for their children.
2. Discuss the role of bilingual, bicultural staff as an intermediary between health services and the community.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Monica Juarez, APRN  
“See Well to Learn Well”- The Lincoln School Vision Project  
Benton County Health Services  
530 NW 27th St  
Corvallis, OR 97333  
541-766-6384  
monica.juarez@co.benton.or.us

**CO-PRESENTER(S):**

Fabiola Herrera (fabiola.herrera@co.benton.or.us)

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**TITLE:** *Social and Political Correlates of Oregon Fluoridation Opposition*

**TOPIC:** Public Health implications of the Portland fluoridation vote beyond fluoridation.

**AUTHOR(S):** Charles C. Haynie, M.D. FACS, Kurt Ferré, DDS

**STUDENT:** No

**ABSTRACT:** In May of 2013 Portland voters rejected community water fluoridation despite near universal recognition by public health scientists of its importance to oral health. The Portland vote was particularly remarkable for the overwhelming majority opposing.

Those who oppose fluoridation tend to oppose vaccination, support alternative health practitioners, seek non-standard cancer treatments, and have political sensibilities consistent with opposing fluoridation. Anti-fluoridation activists have been associated with the belief that Aids is not being caused by HIV and are sympathetic to 9-11 conspiracy theories.

Important public health programs are vulnerable to disinformation campaigns. Despite clear science many people believe that vaccines can cause autism and that 0.7 ppm fluoride will harm their immune system. Misinformation can persist and succeed politically in the face of overwhelming evidence. Recent psychological thought suggests that efforts to argue from scientific knowledge often simply entrench mistaken beliefs.

**OBJECTIVE:** A better understand the motivations, psychology and politics which place accepted public health interventions in jeopardy.

**AV NEEDS:** Computer projector

**PRIMARY CONTACT INFORMATION:**

Charles Haynie, MD  
Community Water Fluoridation Advocate  
Hood River Healthy Water  
PO Box 1065  
Hood River, OR 97031  
5413866563  
chaynie@gorge.net

**CO-PRESENTER(S):**

Kurt Ferré (kferre51@gmail.com)

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**TITLE:** *TB Screening in Oregon Healthcare Workers: Coming to Consensus*

**TOPIC:** TB, epidemiology, health care workforce health, evaluation

**AUTHOR(S):** Heidi Behm, RN, MPH TB Control, Oregon Health Authority; Stephanie Ryan, MPH Oregon Health and Science University; Lindsey Lane, MPH TB Control, Oregon Health Authority; Trung Vu, MD Oregon Health and Science University; Kevin Winthrop, Oregon Health and

**STUDENT:** No

**ABSTRACT:** TB Control, Oregon Health Authority (TBOHA) has noted an increase in consultation requests from health care facilities about implementing TB testing programs for health care workers (HCWs) and interpretation of test results. Despite the high volume of calls, TBOHA did not have information on how TB testing was conducted by facilities.

To learn more, a 29 question survey was emailed to Oregon hospitals, clinics and long term care facilities. 56 individuals responded with good representation from a variety of settings. Most facilities stated they are in a low risk classification for TB. For baseline screening, 59 % reported using a TB skin test (TST) and 32% QuantiFERON. 8 respondents use both. Respondents expressed concern about false positive QuantiFERON results and confusion on how to utilize the test. Practices varied on when results from other facilities are acceptable as part of baseline testing. 90% stated their facility accepts prior negative TB screening results from other facilities and negative chest x-ray results, but the age of the results acceptable varied.

After analysis and dissemination of results, stakeholder meetings occurred to discuss key areas of discordance in practice. Guidelines addressing these specific areas were developed which reflect survey findings and stakeholder group concerns.

**OBJECTIVE:**

1. Participants will learn about the current employee TB screening practices at health care facilities in Oregon.
2. Participants will learn about new health care worker TB screening guidelines developed as part of a collaborative process with health care facilities

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Heidi Behm, APRN  
TB Controller, HIV/STD/TB Section  
OHA  
800 NE Oregon Street  
Portland, OR 97232  
5032969165  
hbbehm@yahoo.com

**CO-PRESENTER(S):**

Stephanie Ryan  
Lindsey Lane  
Trung Vu  
Kevin Winthrop

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**TITLE:** *The Oregon Self-Management Alliance: a systems approach for sustainable chronic disease self-management resources*

**TOPIC:** Chronic Disease

**AUTHOR(S):** Danna Drum, MDiv, Chronic Disease Programs Manager, Health Promotion & Chronic Disease Prevention, Oregon Public Health Division

**STUDENT:** No

**ABSTRACT:** Background/purpose: Evidence-based chronic disease self-management programs are widely available across Oregon, delivered via a diverse network of organizations. To ensure universal access to these resources (and the increases in quality of life and decreases in healthcare costs that they provide) significant changes must be made to the delivery and financing of these programs. The Oregon Public Health Division is implementing a business plan to create an efficient, sustainable delivery and

funding system for these programs via the Oregon Self-Management Alliance. This entrepreneurial organization will coordinate statewide supply and demand for programs by developing a delivery network, marketing programs to payers and participants, and facilitating centralized administrative systems. Simultaneously, Oregon's public employees benefit boards (PEBB and OEGB) have added several self-management programs to their 2014 benefits structure.

**Methods:** The proposed presentation will describe the plan; provide an update on implementation and development of sustainable funding sources via PEBB, OEGB and other purchasers; and discuss how the process will involve and connect to public health and health/social service delivery systems statewide.

**Results/Conclusions:** The presentation will emphasize the key role of policy, systems and partnerships in the state's approach to reducing chronic disease burden and its financial impact.

**OBJECTIVE:** Describe how policy and systems approach can create sustainability for community-based chronic disease self-management resources.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Danna Drum, BSS  
Chronic Disease Programs Manager  
Oregon Public Health Division  
800 NE Oregon Street, Suite 730  
Portland, OR 97232  
971-673-1042  
danna.k.drum@state.or.us

**CO-PRESENTER(S):**

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**TITLE:** *The Plan and Practice for an Emergency*

**TOPIC:** How to plan a tabletop exercise for an Environmental Health Emergency

**AUTHOR(S):** Sara Fillion-Emergency Preparedness and Carolyn Stegall- Environmental Health

**STUDENT:** No

**ABSTRACT:** Marion County Environmental Health recently sponsored a tabletop exercise involving the City of Hubbard, Drinking Water System. Our exercise had two goals, 1) test our staffs ability to be experts in a emergency event and 2) allow a drinking water system to test their Emergency Response Plan (ERP).

An emergency event takes some preplanning long before you have to go into action. Through the tabletop exercise, you allow your staff to think of every possible problem that might come up during a live event. We will go over the basic steps in planning the event to include who to invite, how to organize the event and how to write a Master Scenario Event List (MSEL) and end with an After Action Report (AAR). We have developed an AAR that is compliant with Public Health Accreditation Board documentation. We will share our successes and weaknesses to enhance your event.

**OBJECTIVE:**

1. Learn the importance of a table top exercise.
2. How to plan a tabletop event to include a MSEL and Hot Wash, and
3. The importance of an After Action Report.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Carolyn Stegall, REHS, APRN  
Environmental Health Specialist III  
Marion County Health Department, Environmental Health  
3180 Center St NE #2274  
Salem, OR 97317  
503-588-5126  
cstegall@co.marion.or.us

**CO-PRESENTER(S):**

Sara Fillion (sfillion@co.marion.or.us)

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**TITLE:** *The truth is in the frosted mini-wheats: What cereals can tell us about email, smart phone and app usage by WIC participants*

**TOPIC:** WIC, Electronic Technologies

**AUTHOR(S):** Julie Reeder

**STUDENT:** No

**ABSTRACT:** Background: Email, internet, smart phones, and apps provide different channels to connect WIC participants with the program as well as to conduct program evaluation. Understanding how many participants use these channels and in what ways will help WIC plan future electronic-based interventions.

Methods: A representative sampling of 17 Oregon Local WIC Agencies administered a hard copy survey (HC) to participants (English/Spanish) during a one-week period. An email link to an electronic version of the survey (ES) was sent to participants having an email address in the data system.

Results: More than 30% of respondents had either a basic cell phone or no cell phone at all. While only 3% of ES respondents said they hardly ever look things up on the internet, 18% of English HC respondents and 50% of Spanish respondents reported this. Only 7% of HC and 13% of ES respondents used a grocery or nutrition app. Even among ES respondents fewer than 8% reported using their cell phone to scan UPCs or QR codes. The email survey yielded a non representative sample.

Implications: Electronic technologies hold great potential for connecting WIC with program participants. However, relying solely on email addresses to gather information from WIC families may skew results. Additionally, while some WIC families are ready to use smart phones or internet tools to interact with WIC, a significant number still have limited contact with these technologies.

**OBJECTIVE:**

1. Explore the frequency of use of different electronic technologies among WIC participants
2. Identify the limitations of using email as a means to gather participant input.
3. Consider the appropriate mix of electronic and in person interventions for families with young children.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Julie Reeder, APRN  
Senior Research Analyst  
Oregon Health Authority, WIC Program  
800 NE Oregon St, Suite 865  
Portland, OR 97232  
971-673-0051  
julie.a.reeder@state.or.us

**CO-PRESENTER(S):**

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**TITLE:** *Thick Skin: An Analysis of Cancer Risk Perceptions and Indoor Tanning Behavior*

**TOPIC:** Health Behavior and Health Promotion

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

**STUDENT:** Yes

**ABSTRACT:** Rising incidence of skin cancer makes intentional exposure to UV light a serious public health concern. Indoor tanning represents the foremost modifiable cause of skin cancer, and use of UV-emitting lamps has recently been classified as a known human carcinogen. Because males differ from women in their cancer perceptions and in their health behavior patterns, it cannot be assumed that what is known about female indoor tanners will translate to the male tanner population. The current study will investigate gender differences in perceived cancer risk and indoor tanning behavior, using the 2010 NHIS dataset. This study will further use logistic regression to examine the relationship among male tanners between cancer perceptions and skin cancer screening. Last, the study seeks to determine whether the effect of cancer risk perception on skin cancer screening differs between men and women. Significant findings would offer insight into gender differences in reasons not to tan, and support the development of gender-specific indoor tanning reduction interventions.

**OBJECTIVE:** To increase awareness of indoor tanning prevalence and health risk. To offer insight into male indoor tanning, to counter the perception that tanning is a behavior that is only found among females.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Anne Julian, APRN  
Oregon State University  
449 SE Cleveland St #2  
Albany, OR 97321  
805 698 8466  
juliana@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Understanding Family Readiness for Behavior Change: Development of the Family Stage of Change Measure*

**TOPIC:** Obesity Prevention

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

**STUDENT:** No

**ABSTRACT:** Background: The Transtheoretical Model (TTM) is used to understand and promote obesity-preventing behavior change among individuals. However, for children, enacting health behaviors depends upon family-level behaviors. At present there are no available tools to measure and guide family-level behavior change. Purpose: To develop and test a theory-driven measure of family-level readiness for behavior change directed at obesity-preventing behaviors; the Family Stage of Change Survey (FSOC). Methods: The FSOC applies the 5 stages of change (pre-contemplation through

maintenance) as defined by the TTM, to understand family-readiness to change. The FSOC addresses 12 family-specific obesity-preventing behaviors in the domains of physical activity, food consumption, and sleep shown to predict child obesity. Initially the FSOC was tested in 120 families, revised, and re-tested on 139 families of children ages 2-14 years. Results: Eleven of 12 FSOC items were strongly correlated against a validated tool (Family Nutrition and Physical Activity Survey). Correlations ranged from 0.56 to 0.77; one item was lower than desirable (0.45) but all were significant at  $p < 0.001$ . Conclusion: The FSOC is a valid measure of the relevant family-level obesity-preventing behaviors and will enable us to categorize families in order to tailor intervention strategies to best meet the needs of each family.

**OBJECTIVE:** After attending this session, attendees will be able to:

1. Describe the current approach to obesity-preventing behavior change among children and families.
2. Describe the components of the Family Stage of Change Survey and its applicability to obesity prevention in families.
3. Describe the relationship of the FSOC to previously validated instruments that measure family-level behaviors and predict child obesity.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Katherine Gunter, APRN  
Associate Professor  
Oregon State University  
247 Hallie Ford Center  
Corvallis, OR 97331  
541-737-1405  
Kathy.gunter@oregonstate.edu

**CO-PRESENTER(S):**

Patrick Abi-Nader (p0abin01@gmail.com)

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**TITLE:** *Urban African American Adolescents' Romantic Relationships: Positive Implications for STI/HIV Prevention*

**TOPIC:** Health education strategies, diversity and culture, sexual health, STI/HIV prevention

**AUTHOR(S):** Senna Lee Towner, Ph.D., M. Margaret Dolcini, Ph.D., Joseph Catania, Ph.D., and Gary W. Harper, Ph.D., MPH

**STUDENT:** Yes

**ABSTRACT:** Background: Urban African American adolescents exhibit high levels of risk behaviors and disproportionately high rates of STIs/HIV. The purpose of the current study was to gain a better understanding of African American adolescents' romantic relationships to provide insight into their sexual behaviors and, in turn, inform STI/HIV prevention.

Methods: Data on romantic and sexual relationships were elicited using in-depth, face-to-face interviews with 32 male and 20 female sexually experienced heterosexual African Americans aged 14-17 living in high-risk metropolitan neighborhoods. Interviews were recorded, transcribed, and entered in NVivo; coding and reliability coding were completed.

Results: Cross-case and gender-based comparative qualitative analyses identified three themes that were the same across gender: (1) monogamy and commitment were considered positively; (2) monogamy, commitment, trust, and respect were thought to be important and closely linked; and (3) adolescents believed romantic partners should treat one another as they wished to be treated. Adolescents' relationship perceptions, however, were incongruent with their behaviors.

Conclusion: These findings suggest that youth have an understanding of the important elements of healthy relationships. Interventions may benefit from capitalizing on youths' understanding of positive interpersonal relationship dynamics. Dyadic-level interventions have been shown to promote healthy relationship skills in adolescence and in adulthood.

**OBJECTIVE:**

- 1) Describe romantic relationships as perceived by urban African American adolescents.
- 2) Demonstrate the discrepancy between urban African American adolescents' romantic relationship perceptions and behaviors.
- 3) Show the benefit of relationship-focused interventions for STI/HIV prevention.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Senna Towner, PhD  
Research Assistant  
Oregon State University  
Hallie E. Ford Center for Healthy Children and Families College of Public Health and Human Sciences  
2631 SW Campus Way Oregon State University  
Corvallis, OR 97330  
(406) 396-7100  
townerse@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Use of Other Tobacco Products in Oregon and Implications for Tobacco Control Efforts*

**TOPIC:** Tobacco

**AUTHOR(S):** Steven Fiala, MPH

**STUDENT:** No

**ABSTRACT:** Background: Cigarettes are the most widely used tobacco product. However, consumption of traditional cigarettes is declining while consumption of Other Tobacco Products increases. Other Tobacco Products include chewing tobacco, snuff, snus, dissolvable tobacco, cigars, little cigars/cigarillos, hookah, and electronic cigarettes. Population surveillance of Other Tobacco Product use informs tobacco prevention and control efforts.

Methods: Prevalence of Other Tobacco Product use among Oregon adults, young adults, and youth was estimated using data from Oregon's 2010 and 2011 Behavioral Risk Factor Surveillance System and Oregon Healthy Teens surveys.

Results: Four percent of 8th graders, 7% of 11th graders and 8% of young adults in Oregon use smokeless tobacco products. Three percent of 8th graders, 9% of 11th graders and 4% of adults use cigars or little cigars. Two percent of 8th graders and 3% of 11th graders use dissolvable tobacco. Three percent of 8th graders and 8% of 11th graders use hookah tobacco. One percent of 8th graders and 2% of 11th graders use electronic cigarettes.

Discussion: Population use of Other Tobacco Products is increasing and threatens to offset declines in cigarette use. Other Tobacco Products keep people addicted to tobacco and make it more difficult for smokers to quit due to dual use of cigarettes and smokeless tobacco. Other Tobacco Products are also less expensive than cigarettes and can be flavored, which appeals to youth and makes it easier for youth to become addicted to tobacco.

**OBJECTIVE:**

1. Describe trends in population consumption of cigarettes and Other Tobacco Products.
2. Discuss the use of Other Tobacco Product among Oregon adults, young adults, and youth.
3. Identify tobacco prevention and control issues related to Other Tobacco Products

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Steven Fiala, MPH  
Research Analyst  
Oregon Health Authority/Health Promotion and Chronic Disease Prevention

3334 NE 15th Avenue  
Portland, OR 97212  
503-349-3852  
steve.fiala@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *Using an Equity and Empowerment Lens for Quality Improvement in Public Health*

**TOPIC:** Health Equity

**AUTHOR(S):** Ben Duncan, Program Manager, Multnomah County Health Department

**STUDENT:** No

**ABSTRACT:** Institutionalizing equity and racial justice within Public Health organizations requires that we recognize how our policies, programs and practices can perpetuate differential outcomes for populations. Multnomah County developed an Equity and Empowerment Lens to assist and empower decision-makers to conduct analyses of organizational development, resource allocation, decision-making and meaningful involvement. The lens, grounded in values of racial, social, and environmental justice, is a set of nine questions, accompanying education materials, and tools designed to provide information needed for discussion, planning and decision-making that will lead to more equitable policies and programs.

Using the Equity and Empowerment Lens increases the capacity of Public Health Departments and other organizations in identifying and eliminating the root causes of racial and ethnic health disparities by focusing on quality improvement internally and externally, increasing awareness of the roles that both individuals and organizations play in achieving equity, accurately assessing client needs to improve satisfaction and service delivery, identifying opportunities to influence operational processes and decisions, and improving our ability in Public Health to explain what we do and the value of our services to clients and community members.

This session will walk participants through the background and history (the journey) of Multnomah County in developing the lens in response to the need for systemic, community-led change towards equity particularly in racial and ethnic communities, and provide examples of how the Lens has been applied in various settings within a local Public Health Department. We will discuss what conditions create the opportunity for movement around addressing inequity, and identify some of the challenges and lessons learned through the five years of doing this work in order for other jurisdictions to learn from, adapt and apply similar models to improve the health of our communities, and to reduce racial and ethnic health inequities.

**OBJECTIVE:** Discuss and describe how an Equity and Empowerment Lens (racial justice focus) can benefit both Governmental Public Health and Community Based Organizations by analyzing and understanding benefits and burdens, and by assuring equity is part of all programs, practices and policies.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Ben Duncan, BS  
Program Manager  
Multnomah County Health Department  
426 SW Stark  
Portland, OR 97204  
503-988-3663  
benjamin.e.duncan@multco.us

**CO-PRESENTER(S):**

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**TITLE:** *Using focus groups to inform advocacy and program planning*

**TOPIC:** Community Policy

**AUTHOR(S):** Robb Hutson

**STUDENT:** No

**ABSTRACT:** Focus groups have become useful for much more than simply testing markets or basic research. Focus groups can help inform program planning and advocacy efforts through testing of specific populations and their knowledge, opinions, values, beliefs and behaviors. Through this understanding, we can better target our efforts with those specific populations. Over the past year the Rede Group has worked with non-profit and government agencies to develop, recruit for, and facilitate several focus groups working toward positive public health outcomes. Every stage of the focus group process is critical to attaining the most informative qualitative data possible. With new technologies and systems it is possible to have effective focus groups in very non-traditional settings. This presentation will show how focus groups have been used in tobacco prevention, obesity prevention (especially with sugar sweetened beverages) in healthy food options as well as with health department workforce development.

**OBJECTIVE:**

1. Participants will learn how focus groups can be used in a policy change process.

2. Participants will learn the importance of setting up an appropriate focus group.
3. Participants will learn how a focus group can help with workforce development as part of Public Health Accreditation.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Robb Hutson, MA  
President  
The Rede Group  
240 N Broadway, Suite 116  
Portland, OR 97227  
971-645-0381  
robb.hutson@redegroup.co

**CO-PRESENTER(S):**

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**TITLE:** *Using HEAL MAPPS to build community capacity among Latinos*

**TOPIC:** Community leadership capacity building through participatory research

**AUTHOR(S):** Tina Dodge Vera, MPH, Deborah John, PhD

**STUDENT:** No

**ABSTRACT:** Latinos are disproportionately impacted by obesity and related diseases. The burdens of these diseases are compounded by the socioeconomic, cultural, and environmental factors. In Oregon, Latinos are five times more likely to die prematurely than Caucasians, non-Hispanic Oregonians. In Linn County, 83% of Latinos have incomes below 200% of the federal poverty level, compared to 12% in the general population. For low-income Linn County Latinos, financial constraints and neighborhood conditions increase food insecurity and limit access to healthy foods and safe places to exercise.

Albany's population is approximately 11.7%. This number is expected to grow an additional 184% by 2025. Healthy Eating, Active Living - Mapping Attributes using Participatory Photographic Surveys (HEAL MAPPS) is a community-based participatory research tool developed by OSU obesity prevention researchers. HEAL MAPPS was used to engage Albany's Latino community to explore the environmental conditions that support or hinder healthful eating and physical activity behaviors among youth and families.

Latinos were mobilized to assess Albany's HEAL-related issues, prioritize concerns, and further develop advocacy skills and action groups. This project engaged emerging Latino leaders and residents with the

wider community and increased capacity for improving the local HEAL environment and health inequities that exist in Albany.

**OBJECTIVE:**

1. Participants will learn how HEAL MAPPS tools can engage and empower underserved audiences to assess their environments.
2. Participants will learn about grassroots efforts to build leadership capacity with Latino families.
3. Participants will learn what helps and hinders Albany Latinos to eat healthy and be physical activity.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Tina Dodge Vera, APRN  
Nutrition Educator  
OSU Extension Service Linn and Benton County  
104 4th St SW  
Albany, OR 97321  
541-967-3871  
tina.dodge@oregonstate.edu

**CO-PRESENTER(S):**

Deborah John, PhD Assistant Professor, School of Biological and Population Health Sciences  
(Deborah.John@oregonstate.edu)

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**TITLE:** *Vaccine Beliefs of Complementary and Alternative Medical (CAM) Providers in Oregon*

**TOPIC:** mother and child health, pediatrics, qualitative research

**AUTHOR(S):** Sandra J. Bean, MPH, Joseph A. Catania, PhD

**STUDENT:** Yes

**ABSTRACT:** Context: Parents in Oregon increasingly are exempting their children from vaccination. CAM providers are shown to negatively influence vaccination, and may be even more influential in Oregon because of the widespread use of CAM modalities.

Objective: To ascertain the personal and professional beliefs of CAM providers about the immune system that affect their beliefs about vaccines and sources of those beliefs.

Design: Qualitative analysis of 30 CAM provider interviews.

Preliminary Findings: CAM providers' beliefs about the immune system affect their vaccine support. The sources of those beliefs appear to go beyond their professional education and to include continuing education courses and other discipline-specific information. Perceived vaccine benefits and risks are often related to experience with a severe vaccine-preventable disease or a severe reaction to a vaccine, even second- or third-hand accounts, and less to the documented public health benefits of vaccines.

Conclusion: Erroneous beliefs about the immune system and vaccine benefits may stem from CAM continuing education courses and publications unique to their disciplines. These beliefs in turn shape vaccine beliefs and advice CAM providers provide to others.

**OBJECTIVE:** Participants will gain an awareness of the spectrum of CAM practice and practitioners' attitudes toward pediatric vaccination in Oregon.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Sandra Bean, MPH  
Ms  
Oregon State University  
5516 SW Willow Ave  
Corvallis, OR 97333  
404-281-7185  
beans@onid.orst.edu

**CO-PRESENTER(S):**

Sandra J. Bean, MPH (beans@onid.orst.edu)  
Joseph A. Catania, PhD (joseph.catania@oregonstate.edu)

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**TITLE: *VACCINE IN IMMUNOLOGY: NEW INSIGHTS AND DEVELOPMENT***

**TOPIC:** VACCINE IMMUNOLOGY

**AUTHOR(S):** ONODU WINIFRED UZOAMAKA, AGANIGO CHIGOZIE

**STUDENT:** No

**ABSTRACT:** Vaccines represent one of the greatest triumphs of modern medicine. Since the first mass vaccination against smallpox and its eventual eradication, many more vaccines have been developed based on advances in bacteriology and virology and the use of attenuated live or killed whole pathogens. Immunological discoveries have allowed the development of more refined anti-toxin and conjugate vaccines, while biotechnology provided the tools for rationally designed and genetically engineered vaccines.

Many challenges remain in developing safer and more effective vaccines against the more complex diseases such as rotavirus diarrhoea, pneumococcal disease, tuberculosis and HIV-AIDS, and for the rapid protection against newly emerging pathogens or pathogen strains. These vaccines are likely to require the isolation of the "protective" antigenic molecules from the whole pathogen, as well as ways to deliver these to induce effective immune responses with minimal side effects. It has long been recognized that most antigens require the addition of an adjuvant that triggers the innate immune system and boosts an immune response.

Recent immunological breakthroughs have uncovered that the innate immune system has a much higher degree of complexity than previously thought and can be activated along a wide range of different pathways, depending on the engagement of different innate immune receptors. This in turn determines the type of immune response that will be generated against the vaccine antigens or pathogens. Harvesting the complexity and exquisite specificity of this innate immune system has inspired a new direction in vaccine research, towards the generation of novel adjuvant formulations, tailored to induce defined immune responses effective against specific pathogens. This paper seeks to highlight new insights and development in vaccine research and development against infectious diseases.

**OBJECTIVE:**

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

WINIFRED UZOAMAKA ONODU, APRN  
DR MRS  
SAFE MOTHERHOOD, PUBLIC HEALTH DEPARTMENT  
MINISTRY OF HEALTH ENUGU  
ENUGU-NIGERIA, 234  
4692377420  
delegatesgov@gmail.com

**CO-PRESENTER(S):**

AGANIGBO CHIGOZIE (AS ABOVE)

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**TITLE:** *Wellness@WIC*

**TOPIC:** Worksite Wellness

**AUTHOR(S):** Adrienne Paige Mullock, MPH, CHES, RYT, CWWS

**STUDENT:** No

**ABSTRACT:** Where we live, work and play have a great influence on our health. Given that we spend a majority of our waking hours at work, creating a healthy worksite can have a positive impact on our lives. Accordingly, the Oregon WIC Program is providing worksite wellness opportunities for state and local WIC staff. Branded Wellness@WIC and based on the National Wellness Institute's Six Dimensions of Wellness Model, staff are receiving resources to increase their confidence and ability to be effective educators by modeling healthy behaviors. Come see the ways WIC agencies across the state are incorporating wellness activities into their day and discover how you can bring these ideas back to your worksites too!

**OBJECTIVE:** By the end of this presentation, participants will be able to:

1. Identify the Six Dimensions of Wellness as described by the National Wellness Institute.
2. Examine quarterly resources provided to state and local staff.
3. Experience the creative ways staff across the state are incorporating wellness into their worksites.
4. Discover how resources can be shared.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Adrienne Paige Mullock, APRN, BA, BC, BS, BSN, BSS, CCHP, CHES, CHN, DACBR, DC, DDS, DMD, DVM, DrPH, DrPH, EdD, FACPM, FAGD, FNP, HA, JD, HE, MA, MD, MN, MPA, MPH  
Public Health Educator  
Oregon WIC Program  
800 NE Oregon Street, Suite 865  
Portland, OR 97232  
971 673-0054  
adrienne.p.mullock@state.or.us

**CO-PRESENTER(S):**

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**TITLE:** *What do Oregon legislative staff think about public health issues?*

**TOPIC:** Policy/Advocacy

**AUTHOR(S):** Craig Mosbaek

**STUDENT:** No

**ABSTRACT:** Background: Lack of information about how policy makers and their staffs view public health issues and potential policy solutions hinders effective advocacy efforts to pass health-promoting

laws. The purpose of this study is to assess the effectiveness of current communication and advocacy strategies to influence lawmakers and determine how those strategies can be improved.

**Methods:** The staff responsible for health policy in each Oregon legislative office (60 House and 30 Senate) will be recruited to participate in the study prior to the end of the current legislative session. Survey interviews will be conducted by telephone in July-August. A similar survey in 2011 included questions about staff perceptions and opinions on the importance of public health issues, awareness and views of local and national public health groups, and persuasiveness of various messaging approaches. The 2013 questionnaire will be modified based on the public health policies being considered in the current legislative session.

**Results:** Survey results from 2013 will be presented and compared to results from the 2011 survey. In 2011, staff in 64% of the legislative offices completed surveys.

**Conclusions:** Study findings will inform recommendations for how public health advocates can communicate more effectively with legislative staff.

**OBJECTIVE:** Attendees will learn how Oregon legislative staff obtain information on public health issues. Attendees will learn how to better communicate with legislative staff.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Craig Mosbaek, MPH  
President  
Mosbaek Consulting  
3230 SE Sherman St  
Portland, OR 97214  
5034328287  
cmosbaek@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *What Stimulates Change? Translating Motivational Interviewing Theory into Practice*

**TOPIC:** Behavior Change, Health Education, Motivational Interviewing, Counseling

**AUTHOR(S):** Alissa Leavitt, MPH, CHES, Faculty- Health, Portland Community College; Dana Sturtavant, MS, RD; Dietitian, Trainer, Mentor, Be Nourished

**STUDENT:** No

**ABSTRACT:** BACKGROUND: Motivational Interviewing (MI) is an evidence-based clinical counseling method designed for evoking intrinsic motivation for positive behavior change. Originally developed in the drug and alcohol field, MI is now being widely applied in a variety of settings including health care.

The OPHA Health Education & Promotion section recently sponsored two MI workshops led by Dana Sturtevant, MS, RD. Sixty-three people participated in one or more of the workshops. These highly interactive workshops included a mix of presentation, practice with partners, group discussion and counseling session videos.

METHODS: We used a retrospective pretest and posttest design to conduct follow-up evaluation (n = 25). Participants voluntarily completed assessments of their perceived confidence, knowledge and skills using MI techniques. We also conducted five face-to-face interviews.

RESULTS: Preliminary results show significant increase in participants' confidence, knowledge and skills using MI techniques. Results were consistent across interviews with different health professionals.

Complete study findings will be available in September 2013.

CONCLUSIONS: Although more intensive training is needed to develop MI competence, the preliminary results of our study suggest that targeted MI training has short-term efficacy and is well received by health professionals.

OBJECTIVE: The study aimed to evaluate the feasibility and effectiveness of a MI training workshop for health professionals.

**OBJECTIVE:** At the conclusion of presentation, the participant will be able to:

1. Describe the spirit and key principles of Motivational Interviewing.
2. Evaluate the content and outcomes of MI training for general healthcare professionals.
3. Identify the OPHA Health Education & Promotion section as a statewide resource for health education and promotion training.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Alissa Leavitt, CHES, MPH  
Faculty  
Portland Community College  
17705 NW Springville Rd Portland, OR  
Portland, OR 97229  
503-358-2331  
alissa.leavitt@pcc.edu

**CO-PRESENTER(S):**

Dana Sturtavant, MS, RD (dana@benourished.org)

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**TITLE:** *What's Hot/ What's Not: Overview of the health status of Oregonians*

**TOPIC:** Epidemiology; health status indicators; metrics

**AUTHOR(S):** Katrina Hedberg, MD, MPH

**STUDENT:** No

**ABSTRACT:** In order to improve the health of all Oregonians, we must first understand the primary health outcomes, as well as risk behaviors, environment and policies that affect our population. Oregon's "State Health Profile", published in September 2012, presents information and trends in selected health indicators, including: 1) demographics; 2) mortality; 3) chronic disease; 4) infectious disease; 5) health risk behaviors; 6) maternal and child health; and 7) environmental health. This talk will present the framework for these indicators, and provide updated data on the health status of Oregonians.

**OBJECTIVE:**

1. Understand the framework for the population health status indicators;
2. Identify trends in health outcomes and health risk behaviors among Oregonians

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Katrina Hedberg, ANP, APRN, BA, BC, BS, BSN, BSS, CCHP, CHES, CHN, DACBR, DC, DDS, DMD, DVM, DrPH, DrPH, EdD, FACPM, FAGD, FNP, HA, JD, HE, MA, MD  
Oregon State Epidemiologist  
Oregon Public Health Division, OHA  
800 NE Oregon St. Suite 930  
Portland, OR 97212  
971-673-1050  
katrina.hedberg@state.or.us

**CO-PRESENTER(S):**

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**TITLE:** *Who uses the internet to identify medical conditions?: An analysis of national data*

**TOPIC:** Health information-seeking; Technology and health

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

**STUDENT:** Yes

**ABSTRACT:** Approximately 60% of U.S. adults seek health information online, but few studies have examined how this information is used. Some may seek information to identify medical conditions, which may have implications for health care utilization and health outcomes. We examined predictors of (1) using the internet to identify medical conditions and (2) follow-up with a medical professional. We analyzed the 2012 Health Tracking dataset from the Pew Internet and American Life Project. Using weighted data, we determined adjusted associations between sociodemographic and health-related variables and use of the internet to identify medical conditions among recent (≤12 months) internet health information-seekers (n=1733). Most (57.9%) information-seekers sought information to identify medical conditions. Internet use for this purpose was significantly more likely among women (AOR=1.37) and significantly less likely among those aged 55-69 (AOR=0.40), aged ≥70 (AOR=0.32), of Hispanic ethnicity (AOR=0.64), and with less than a high school education (AOR=0.35). Of those who used the internet to identify medical conditions, 62% followed up with a medical professional to confirm the suspected diagnosis; insurance status (AOR=2.03) was associated with follow-up. For some, the internet may be an important health information source for identifying medical conditions, potentially triggering follow-up. Further research is needed.

**OBJECTIVE:**

1. Describe the prevalence of using the internet to identify medical conditions in those who seek health information online.
2. Name significant predictors of using the internet to identify medical conditions among online health information-seekers.
3. Name significant predictors of following up with medical professionals among those who used the internet to identify medical conditions.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jennifer Faith, MS  
Doctoral Student  
School of Social and Behavioral Health Sciences, College of Public Health and Human Sciences, Oregon State University  
401 Waldo Hall  
Corvallis, OR 97331  
(541) 737-1281  
faithj@onid.orst.edu

**CO-PRESENTER(S):**

Sheryl Thorburn, PhD, MPH (Sheryl.Thorburn@oregonstate.edu)

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**TITLE:** *Will an incentive work?: Mental health care access in low-income pregnant women at risk for perinatal depression*

**TOPIC:** reproductive health, mental health, interventions

**AUTHOR(S):** Rebecca Sacks, Jessica Greene

**STUDENT:** Yes

**ABSTRACT:** Background: Studies have shown the effectiveness of limited duration financial incentives on health behaviors, such as smoking cessation during pregnancy. In this pilot study, we examined the effect of a small financial incentive on mental healthcare access by at-risk women on Oregon Health Plan. Additionally, we examined the barriers to access that exist for this population.

Methods: Pregnant women at risk for depression (n = 34) were randomized to: 1) receive a \$10 giftcard every time they saw a mental health provider, or 2) a control condition. Qualitative interviews were conducted at baseline and six weeks following delivery and claims were reviewed for visit use.

Results: Most women reported intrinsic motivation to access mental healthcare and emphasized the importance of community support. No differences were observed between control and incentive groups in use of mental health services. Barriers to treatment included availability of providers, transportation, poor mental and physical health, and a lack of recommendation by healthcare providers.

Implications: Reasons for the incentive's failure are examined. We recommend that further resources be dedicated to availability of Oregon Health Plan mental health providers and that obstetricians and midwives be better trained on the mental health resources available to their patients.

**OBJECTIVE:** Understand the limitations of incentives to affect health behavior change. State the internal and external barriers to mental health care access in low-income pregnant women.

**AV NEEDS:** none!

**PRIMARY CONTACT INFORMATION:**

Rebecca Sacks, BA  
Research Assistant  
Trillium Community Health Plan  
1800 Millrace Dr.  
Eugene, OR 97403  
(925)200-5670  
rebecca.sacks@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *Working conditions and fluid consumption among Oregon farmworkers*

**TOPIC:** Fluid consumption among Oregon farmworkers

**AUTHOR(S):** Renee Harger, MPH candidate and Jeffery Bethel, PhD, College of Public Health and Human Sciences, Oregon State University

**STUDENT:** Yes

**ABSTRACT:** Background: Farmworkers are at increased risk for heat-related illness (HRI) given that their tasks involve heavy exertion in an outdoor setting. Given that remaining hydrated is an important strategy to prevent HRI, these analyses seek to 1) examine the fluid consumption patterns of Oregon farmworkers; and 2) examine the association between working practices/conditions and the amount of liquid consumed while working.

Methods: Bilingual research staff will conduct computer-assisted personal interviews of 100 farmworkers during the summer of 2013. Data to be collected include demographics, work history and current work practices (e.g. fluid consumption, breaks taken, location of bathroom, etc.). Respondents will receive \$20 for participation. Analyses will include descriptive statistics and bivariate analyses of the associations between fluid consumption and current working practices/conditions.

Results/Outcomes: Data collection will be completed by 8/31/13 and analyses completed by 10/1/13.

Conclusion: These analyses are important to give us a better understanding of how best to promote hydration to prevent HRI among Latino farmworkers in Oregon and elsewhere. The contribution of these data to the body of knowledge regarding the health and working conditions of Oregon Latino farmworkers can lead to regulations that protect and advocate for conditions that are more conducive to appropriate fluid consumption.

**OBJECTIVE:**

1. Explain the patterns of Oregon farmworkers™ fluid consumption while at work and possible mediating factors.
2. Identify working conditions among Oregon farmworkers.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Renee Harger, ANP, APRN, BA  
MPH Candidate 2013  
OSU  
5642 SE Boise St.  
PDX, OR 97206

503 307 8992  
Hargerr@onid.orst.edu

**CO-PRESENTER(S):**

Jeffrey Bethel (jeff.bethel@oregonstate.edu)

## PANEL PRESENTATIONS

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**TITLE:** *A Collaborative Journey along the Road to a Culture of Quality: A Regional Effort*

**TOPIC:** Public Health Accreditation, Quality Improvement/Performance Management, Leadership, Regional Collaboration, Health Reform, Local Public Health

**AUTHOR(S):** Cally Kamiya (Multnomah County), Marisa McLaughlin (Multnomah Count), Philip Mason (Clackamas County), Jennifer Lund (Washington County), Kristin Tehrani (Tri-County Health Officer)

**STUDENT:** No

**ABSTRACT:** Overview: Through the Regional Accreditation Initiative, Washington, Multnomah, and Clackamas Counties collaborated to improve the culture of quality across the region. In this presentation, panelists will discuss how this collaborative effort impacted their position on the “Roadmap to a Culture of Quality” (<http://qiroadmap.org/assess/>). Panelists will also describe examples of quality improvement successes, opportunities for growth, and tools learned through the technical assistance provided by Quality Improvement expert Marni Mason.

**OBJECTIVE:**

- 1) Identify the benefits of collaborative efforts in implementing activities related to public health accreditation
- 2) Learn ways to engage senior leadership in creating a culture of performance management within their agency
- 3) Be aware of tools available to assist in implementing quality improvement initiatives
- 4) Learn about the the different “Exits” along the “Roadmap to a Culture of Quality”

**PANEL ABSTRACT 1:** Brief Abstract for Panelist #1 (Washington County):

Washington County Public Health is in the initial stages of establishing a performance management system and a culture of quality improvement within the division. The Regional Accreditation Initiative has been an extremely valuable resource for us to begin this work. In addition to being able to share successes and brainstorm solutions to various challenges, we were also able to provide our leadership team with a half-day training on “Performance Management 101.” Jennifer Lund, AmeriCorps VISTA member, will share the achievements and obstacles of Washington County Public Health Division in regard to performance management and quality improvement and will also discuss where the division currently is on the “Roadmap to a Culture of Quality.”

**PANEL ABSTRACT 2:** Brief Abstract for Panelists #2, #3 (Multnomah County):

Multnomah County Health Department has engaged in various quality improvement activities over several years through a variety of councils, teams, and programs. However, a guiding plan with departmental improvement priorities has not been established. The intention of this grant was to distinguish the roles of various quality improvement committees and develop a department Quality Improvement Plan in alignment with the departmental Strategic Plan and Community Health Improvement Plan, and performance management structures. Cally Kamiya, AmeriCorps\* VISTA, will share the successes and challenges of the grant work and where Multnomah County Health Department lies on the “Roadmap to a Culture of Quality”.

Marisa McLaughlin, Quality Improvement Specialist, will share successful programmatic quality improvement projects developed in Multnomah County.

**PANEL ABSTRACT 3:** Brief Abstract for Panelist #4 (Clackamas County):

Clackamas County Public Health Division has been measuring organizational performance for over 5 years within its department, however, the level of staff engagement and ownership of program-level performance measures was limited. Over the past year the division has developed its first Quality Improvement Committee and actively engaged management and staff to work together in implementing a culture of quality improvement. Philip Mason, Policy Analyst, will share the division’s progress thus far, which includes the approval of the organization’s first performance management plan, the development of new staff-led performance measures through the Line-of-Sight framework, and implementation of quality improvement projects. These structures have prepared the organization to submit their application to the Public Health Accreditation Board.

**AV NEEDS:** Microphones, Computer, Projector

**PRIMARY CONTACT INFORMATION:**

Kristin Tehrani, APRN  
Program Manager/Moderator  
Tri-County Health Officer Program  
426 SW Stark St, Floor 8  
Portland, OR 97204  
5039883663x26178  
kristin.tehrani@multco.us

**CO-PRESENTER(S):** Marisa McLaughlin (marisa.a.mclaughlin@multco.us)

Cally Kamiya (cally.kamiya@multco.us)  
Philip Mason (PMason@clackamas.us)  
Jennifer Lund (Jennifer\_Lund@co.washington.or.us)

**TITLE: *A Tool for Creating Healthier Food Environments***

**TOPIC:** Nutrition, Policy, Worksites

**AUTHOR(S):** Kim La Croix MPH RD, Rebecca Pawlak MPH, Nancy Becker MS RD LD, Amber Hansen MS, RD

**STUDENT:** No

**ABSTRACT:** Background/Purpose: State and local organizations can be critical players in transforming the food system to help slow rising rates of disease related to the consumption of foods high in calories, sugar, fat and salt. Organizations can make a difference by modeling healthful nutrition and adopting food procurement policies and practices in their own facilities that promote healthful food and align with the Dietary Guidelines for Americans recommendations.

Methods: Nancy Becker will provide an overview of the increased growing statewide and national movement of using nutrition standards as a policy tool for improving the food environments where we live, work, play and learn. Nancy will moderate the panel to review applying setting nutrition standards in key venues:

- Rebecca Pawlak will detail case studies of applying nutrition standards in the workplace
- Kim La Croix will describe the use of nutrition standards in Oregon senior nutrition programs
- Amber Hansen will describe how Multnomah County has successfully implemented healthy food and beverage guidelines for county supported procurement.

Conclusions/Implications: Procurement policies for purchasing and providing more healthful foods can contribute to improving the health of citizens served by city and state agencies in addition to their employees and visitors.

**OBJECTIVE:** Participants will gain an understanding of using nutrition standards as a policy tool for improving the food environments where we live, work, play and learn.

**PANEL ABSTRACT 1:** Title: Creating a Culture of Health

Background/Purpose: As the prevalence of obesity, diabetes, and other nutrition-related diseases reach dangerous highs, governments are taking steps to address nutrition in their communities and workplaces. Establishing nutrition standards for foods and beverages purchases with government funds and served in public buildings is emerging as a promising approach to addressing obesity.

Methods: Governments can demonstrate their commitment to addressing obesity by becoming an active driver for demand and access to healthful food. Rebecca Pawlak will discuss case study examples of using nutrition standards as a tool for worksite policy change. She will review the ways nutrition standards can be used to influence policy, procurement and contracting.

Conclusions: Governments are key players in changing the food environment and increasing the availability of healthful foods for employees, visitors, clients and the publics.

**PANEL ABSTRACT 2:** Title: Healthy Food, Healthy People

Background/Purpose: The prevalence of overweight, obesity and related chronic disease in older Oregonians is dramatically higher now than it was a few decades ago. Oregon's Area Agencies on Aging provide over 2.6 million meals to independent and homebound seniors every year and greatly influence their nutritional intake. These meals are often their only meal of the day.

Methods: Oregon's State Unit on Aging revised their nutrition standards for Older Americans Act (OAA) funded meals in 2012 to clarify and modernize nutrition practices and to meet the nutrition needs of older Oregonians. Changes included a calorie range and nutrient standards, including sodium, for congregate and home delivered meals, amongst other program requirements. Nutrition programs have implemented various methods to comply with the new standards, which can be replicated in other venues.

Conclusions/Implications: Many older adults receiving congregate or home delivered meals have chronic conditions that nutrition and diet can help ameliorate. Healthy food can help seniors live independent, healthy and safe in addition to saving precious health care dollars.

**PANEL ABSTRACT 3:** Title: Multnomah County Healthy Food and Beverage Guidelines

Background: One of Multnomah County's key goals is to promote and assure the health of its employees, clients, and the public. Multnomah County recognizes that supporting good nutrition can positively impact the community by encouraging healthy eating and increasing access to healthful foods. The goal of the Healthy Food and Beverage Guidelines (HFBG) is to ensure that healthy options are available whenever food or beverages are purchased by Multnomah County.

Methods: A policy was developed to establish HFBG for county employees purchasing and serving food and beverages for meetings, trainings and events. The guidelines were vetted by staff, caterers, registered dietitians, institutional food purchasers, and procurement specialists. Based on feedback, they were modified to ensure cultural inclusiveness, nutritional soundness, and feasibility of implementation. The specific goals of the guidelines are to increase the availability of drinking water, fruits and vegetables, and calorie information, while decreasing the availability of sugary drinks.

Conclusions: With the HFBG, the county will promote healthy living and improve the food environment through its own organizational practices for purchasing and serving food.

To support the implementation of the guidelines, evidence-based resources and technical assistance will be provided to county staff who purchase and serve food and beverages.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Kim La Croix, APRN  
Policy Specialist

Oregon Health Authority/Public Health Division  
800 NE Oregon St  
Portland, OR 97230  
503-901-5047  
kimberly.w.lacroix@state.or.us

**CO-PRESENTER(S):**

Rebecca Pawlak (Rebecca.l.pawlak@state.or.us)  
Nancy Becker (nancy@orphi.org)  
Amber Hansen (amber.hansen@multco.us)  
Nancy Becker (nancy@orphi.org)

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**TITLE:** *Developing public health resilience against climate affects*

**TOPIC:** Climate Change and Public Health

**AUTHOR(S):** Andrea Hamberg, OHA, Brian Cooke, Benton County, Matthew Davis, Multnomah County

**STUDENT:** No

**ABSTRACT:** Changes to our climate have the potential to impact health in many ways. Communities in Oregon are especially concerned about water quality and quantity; the impact of severe weather events such as flash floods and drought on health, including mental health; and the possible increase of communicable and vector-borne diseases.

Oregon Health Authority has spent the past two years leading a cohort of 5 local health jurisdictions to understand and prepare for the health impacts of climate change. Partners at the Resource Innovation Group (TRIG) and Oregon Climate Change Research Institute (OCCRI) provided local climate predictions, and the health departments of Benton, Crook, Jackson, and Multnomah counties, and North Central Health District, used local data to identify possible health outcomes and vulnerabilities. Then, with partners from Emergency Management, Public Health Preparedness, Communicable Diseases, local hospitals, and others, the counties developed strategies to help them monitor possible increases in climate-related deaths and diseases, prepare appropriate localized responses, and develop plans to communicate with their communities about the risks.

**OBJECTIVE:**

- 1) Understand the challenges of a changing climate in Oregon
- 2) Understand how those changes will impact the health of Oregonians

3) Learn what OHA and 5 local health jurisdictions are doing to prepare Oregon communities to be resilient and prevent disease and deaths

**PANEL ABSTRACT 1:** The first panelist will give an overview of the health impacts of climate change in Oregon and discuss the role of public health and the Oregon Health Authority in preparing for those impacts. She will give an overview of the two-year project with five local health jurisdictions to pilot a tool for developing an adaptation plan, highlighting processes and resources used, partnerships developed, and lessons learned. She will highlight the different approaches used across jurisdictions of varying size, and discuss lessons learned throughout the project.

**PANEL ABSTRACT 2:** During the last two years 2011-2013 Benton County Health Department worked on a Climate Change Health Adaptation Plan. During this two-year process the Climate Change Health Risk Assessment Model, first of its kind, was created to help assess which climate change areas will have the greatest health impacts to the local community. Once the top three climate change areas were identified then the climate change health adaptation plan was formed. This plan required working with many different partner agencies (hospital, Oregon Climate Change Research Institute, Emergency Management, Community Development, Environmental Health, Public Health, and Oregon Health Authority). The plan was presented to the Benton County Commissioners August 2013 to raise awareness, gain support, develop resources, and encourage other partnering government agencies to create their own climate adaptation plan, so that the Benton County community will be less impacted by the health related issues associated with the identified climate change risk.

**PANEL ABSTRACT 3:** Multnomah County Health Department developed their Climate Change Public Health Adaptation Plan within a wider framework of county and city climate change planning efforts. Multnomah County will present the priorities they identified during their two-year project; give an overview of the strategies they identified to respond to and prepare for those priority climate change impacts; and discuss the benefits and challenges of working within other efforts, including substantial stakeholder and staff engagement, changing timelines, and competing priorities.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Andrea Hamberg, BA  
Health Impact Assessment Program Coordinator  
Oregon Health Authority  
700 NE Oregon St  
Portland, OR 97232  
971-673-0444  
andrea.hamberg@state.or.us

**CO-PRESENTER(S):**

Andrea Hamberg (andrea.hamberg@state.or.us)

Brian Cooke (Brian.Cooke@CO.Benton.OR.US)  
Matthew Davis (matthew.davis@multco.us)

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**TITLE:** *Engaging Communities in Health Equity Policy Formation at the Oregon Health Authority, Office of Equity and Inclusion*

**TOPIC:** Health Equity Policy Formation

**AUTHOR(S):** Emily L.Wang, Tricia Tillman, Junghee Lee, Patricia Cortez

**STUDENT:** No

**ABSTRACT:** The mission of the Office of Equity and Inclusion (OEI) is: to engage and align diverse community voices and the Oregon Health Authority (OHA) to assure the elimination of avoidable health gaps, and promote optimal health in Oregon. To identify health equity policy priorities for Oregon’s diverse population, the Oregon Health Authority, Office of Equity and Inclusion (OEI) embarked upon a unique community engagement process led by the communities’ definition of health, community strengths, and community ideas to advance health equity. Special attention was paid to engage representatives of communities experiencing health disparities, including, but not limited to: racially and ethnically diverse populations, linguistically diverse populations, LGBTQ populations, people with disabilities, and geographically diverse communities at multiple levels, including the quantitative and qualitative analyses of results. This unconventional orientation and process has arguably led to more meaningful and accurate policy priorities to advance health equity that this presentation will highlight.

**OBJECTIVE:**

1. Identify at least 4 ways to strengthen diverse community engagement for meaningful health equity policy formation.
2. Identify at least 3 top policy priorities related to health equity.
3. Identify at least 1 difference in policy priorities between sub-communities (e.g. race, ethnicity, geography, etc.)
4. Identify at least 2 ways to strengthen community engagement efforts with culturally diverse communities.

**PANEL ABSTRACT 1:** To identify health equity policy priorities for Oregon’s diverse population, the Oregon Health Authority, Office of Equity and Inclusion (OEI) embarked upon a two phase community engagement process. For the first phase, OEI partnered with Regional Equity Coalitions/other community-based organizations to engage diverse populations through statewide forums that explored what “health” means to communities, and identified strengths, challenges, and policy recommendations to advance “health”.

For phase two, OEI implemented a modified Policy Delphi survey process (Rayens & Hahn, 2000), a structured group process/“forum of ideas”. More than 60 policy recommendations gathered from the forums were shared in the first of a series of three iterative surveys administered to a community panel representative, knowledgeable, and experienced with issues of health equity. OEI invited 50 of 180 applicants to serve on the panel, making sure to include community representatives experiencing health disparities. As is characteristic of a Policy Delphi survey, a community analysis team also guides the implementation of the survey, and quantitative and qualitative analyses.

This presentation will describe this unconventional community engagement process which seeks to inform strategic policy decisions and actions within government agencies, legislative initiatives, and community coalition building activities, which will advance health equity.

**PANEL ABSTRACT 2:** The Oregon Health Authority, Office of Equity and Inclusion (OEI) used a modified Policy Delphi survey method (Rayens & Hahn, 2000) to identify and analyze health equity policy priorities in Oregon. Implementation of the survey involved recruitment of a diverse and representative community panel and community analysis team (CAT) knowledgeable and experienced in issues of health equity. The CAT provided both quantitative and qualitative analyses for the iterative 3-round survey series. This presentation focuses on the survey findings which include 13 ranked policy areas for health equity and 67 related sub-policy priorities identified by statewide stakeholders who participated in one of eight community forums and/or as a community panel survey respondent.

Findings show policy priorities among “mainstream” communities (age 25-64, non-immigrant community, English only speaking, non-LGBTQ, and living in metropolitan area) were similar, while several sub-communities identified different priorities. Access to health/dental/mental health services for all individuals were top priority among all communities, with several social determinants of health ranked high for most. There were some differences between racial/ethnic and geographically-based groups. The findings highlight the importance of developing comprehensive policy options across government, private organizations, and communities, who are working on social determinant of health and equity issues.

**PANEL ABSTRACT 3:** In 2012, the Oregon Health Authority, Office of Equity and Inclusion (OEI) and its community partners held eight health equity policy forums statewide to better understand what “health” means to local communities, and what related strengths, challenges, and potential policy solutions would advance their health. Policy priorities gathered from the forums were shared with a diverse, knowledgeable, experienced, and representative community panel, who in turn, provided additional feedback/ideas through a modified Policy Delphi survey process (Rayens & Hahn, 2000). The OEI invited 50 of 180 applicants to serve on the community panel.

Patricia Cortez from the Eugene area was one of the community panelists who completed the series of 3 surveys. As was true for several panelists, Ms. Cortez engaged members of her culturally-based Latino community to discuss the survey questions, before responding herself, as a representative voice. She will share her community’s experience, inclusive of the knowledge and empowerment they gained, as a result of participating in this survey.

Findings highlight the importance of government entities engaging the voice of culturally diverse stakeholders, including communities who experience health disparities, in the development of comprehensive policy options when working on the social determinants of health and related equity issues.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Emily Wang, MPH  
Health Equity Policy Analyst  
Oregon Health Authority/Office of Equity & Inclusion  
800 NE Oregon St.  
Portland, OR 97232  
(971) 673-2307  
emily.l.wang@state.or.us

**CO-PRESENTER(S):**

Tricia Tillman, MPH (moderator) (tricia.tillman@state.or.us)  
Junghee Lee, PhD (jungl@pdx.edu)  
Patricia Cortez, CWSA (patrcortez@yahoo.com)

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**TITLE:** *Environmental Scans and Retailer Surveys: What, How and Local Policy impacts.*

**TOPIC:** Public Health Policy

**AUTHOR(S):** Robb Hutson, The Rede Group, David Visiko, Deschutes County Health Services, Kris Williams, Crook County Health Services

**STUDENT:** No

**ABSTRACT:** During May, June and July 2013, the Rede Group worked with Deschutes County and Crook County Health Services to assess both county's residents' access to tobacco, alcohol and lottery through an observational study of tobacco, alcohol and lottery retail outlets, as well as the perceived environmental impact of alcohol, tobacco and lottery advertisements to the community, utilizing environmental scans and retailer surveys. The session will describe study design, results and discussion of next steps in a policy process.

**OBJECTIVE:** Participants will understand two tools (environmental scan and retailer survey) in assessing local environments for public health policies.

**PANEL ABSTRACT 1:** Explanation of what an environmental scan is and the process for assessing goals in Deschutes County.

**PANEL ABSTRACT 2:** Presentation of the retailer survey conducted in Crook County and what general themes were made.

**PANEL ABSTRACT 3:** Presentation of the overall project processes, design and how next steps towards public health policy.

**AV NEEDS:** N/A

**PRIMARY CONTACT INFORMATION:**

Robb Hutson, MA  
Environmental Scans and Retailer Surveys: What, How and Local Policy impacts.  
240 N Broadway St Ste 116  
Portland, OR 97227  
503-796-9696  
robb.hutson@redegroup.co

**CO-PRESENTER(S):**

David Visiko (David.Visiko@deschutes.org)  
Kris Williams (kwilliams@h.co.crook.or.us)

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**TITLE:** *Going for the Gold: Grant Writing as a Team Sport*

**TOPIC:** Health Program Planning and Grant Writing

**AUTHOR(S):** Katherine Anthony, MA, Deb Bailey, MS, Alysia Cohen, MA, Liv Gifford, Colin Stevens, BA

**STUDENT:** No

**ABSTRACT:** With diminishing funding support for public health interventions, grant-writing ability is a must for public health professionals.

When approached as a team sport, grant writing does not have to be an intimidating prospect. This panel presents the experiences of novice grant writers who, using the team-based strategy of grant-writing, developed six different grant proposals to fund programs aimed at improving public health. Liv Gifford will launch the discussion with an overview of the community-based programs and initiatives for which funding from private foundations and the federal government was sought.

Katie Anthony and Deborah Bailey will describe working with local government partners on a proposal aimed at building safe routes to schools in Lincoln County. Alysia Cohen and Collin Stevens will share

their experiences working with family practice residents on a proposal designed to reduce childhood obesity by training family physicians about effective individual and community interventions.

Panelists will describe successful practices used for engaging stakeholders, developing and using logic models, creating realistic work plans and timelines and ensuring that programs are solidly designed and address critical public health needs. To present all perspectives, qualitative analyses of vignettes written by grant-writing team members about these topics will be presented.

**OBJECTIVE:** Audience members will be able to describe three successful strategies for engaging and sustaining stakeholder involvement in the grant-writing process.

Audience members will explain why it is essential to include the evaluator in the proposal development team from the start.

Audience members will learn the value of using theory and health promotion planning models to steer the program planning and grant-writing process and will be able to describe what happens when these critical foundations are not present.

Audience members will be able to describe three advantages to launching the grant-writing process with the development of the logic model.

**PANEL ABSTRACT 1:** Katherine Anthony, MA and Deb Bailey, MS

Katie Anthony and Deborah Bailey will describe working with local government partners on a proposal aimed at building safe routes to schools in Lincoln County.

Katherine Anthony earned her MA in Special Education from California State University Dominguez Hills in 2007. She is currently a doctoral student in the PhD program at Oregon State University in Public Health Behavior and Promotion. Katherine taught high school special education for over eight years and is currently a Graduate Teaching Assistant and one of the instructors for AIDS and STIS in Modern Society at OSU. Katherine is a research assistant in the Children and Youth with Disabilities Lab in the OSU School of Biological & Population Health Sciences, Exercise & Sport Science Program within the Movement Studies and Disability department. She is also an associate in the OSU Integrative Graduate Education and Research Training (IGERT) program earning a minor in Aging Sciences.

Deb Bailey has a Master's of Science Degree in Resource Development from Michigan State University and has been working in outreach and education for the past nine years. She is currently a PhD student in Science Education focusing on free-choice learning as well as a Master's of Public Health student in the Health Behavior and Promotion track. Deb is currently working on community-based research designed to explore young adolescents' engagement and interests in Science, Technology, Engineering and Math. Deb's research area of interest includes adolescent summer gardening programs and the use of gardening to engage youth in advocating for a healthy community.

**PANEL ABSTRACT 2:** Alysia Cohen, MA and Colin Stevens

Alysia Cohen and Collin Stevens will share their experiences working with family practice residents on a proposal designed to reduce childhood obesity by training family physicians about effective individual and community interventions.

Alysia Cohen graduated from OSU in 2002 with a Bachelor's degree in Exercise and Sport Science, concentration in Athletic Training and Fitness Program Management. She began a career as a Certified Athletic Trainer and later completed her MA in Education with licensure in Health and Physical Education. Alysia's professional career grew into collegiate athletics as an ATC and athletic training program educator. In addition, she has been actively engaged in fitness programming with a focus on children and youth, and adult obese patients. She has been involved in NIH-funded research on childhood obesity measures and is currently pursuing her doctorate in Exercise and Sport Science, concentration Physical Activity, and Public Health, and a Master's in Public Health.

Colin Stevens is a second-year student in the Oregon Master of Public Health program at OSU. He has a B.A. from Oregon State in 2012, where he worked for the Male Advocates for Responsible Sexuality program at Student Health Services. He has experience with several non profits, including serving five years on the Board of Directors for Planned Parenthood of Southwestern Oregon. He currently works as the Sexual Health Graduate Assistant at Student Health Services, and is doing an internship with Dr. Pat Ketcham evaluating the educational programming for the Health Promotion department.

**PANEL ABSTRACT 3:** Liv Gifford will launch the discussion with an overview of the community-based programs and initiatives for which funding from private foundations and the federal government was sought.

Liv Gifford is a second-year MPH student in Health Promotion/Health Behavior. She has nearly ten years of experience planning, coordinating and finding funding for grassroots community food projects. Her grant-writing experience includes a range of private foundations, government grants, and appeals to major donors. Most recently Liv managed a two-year research project at OSU funded by the National Institutes of Health documenting the health benefits of gardening to low-income youth. She also completed an internship at the Benton County Health Department, where she helped complete a Community Health Assessment for Lincoln County. She holds an undergraduate degree in Environmental Studies from University of California, Santa Cruz.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jana Kay Slater, PhD  
Director  
SHS Center for Health Research & Quality  
815 NW 9th Street, Suite 203A  
Corvallis, OR 97330  
541-768-4676  
jslater@samhealth.org

**CO-PRESENTER(S):**

Katherine Anthony, MA (anthokat@onid.orst.edu)

Deb Bailey, MS (baileyde@onid.orst.edu)

Alysia Cohen, MA (cohen@onid.orst.edu)

Liv Gifford (giffordl@onid.orst.edu)

Colin Stevens, BA (stevenco@onid.orst.edu)

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**TITLE:** *Health Impact Assessment's Ability to Highlight and Address Inequities: Stories from the field*

**TOPIC:** Tools for incorporating data about health inequities into decisions in non-health sectors

**AUTHOR(S):** Andrea Hamberg, Tia Henderson, PhD, Kathleen Johnson, Megan PATTON-LOPEZ, Annette Klinefelter

**STUDENT:** No

**ABSTRACT:** Health Impact Assessment (HIA) is an innovative, flexible framework for assessing the potential health impacts of a proposed plan, policy, or project in non-health sectors. The most effective HIAs are conducted on projects where possible substantial health outcomes are not already being considered in the decision-making process. Sometimes this is because the decision is in a non-health sector such as land use planning, transportation, or energy. Sometimes an HIA is useful because only one or two possible health impacts are under consideration, leaving other critical impacts unconsidered. Lastly, an HIA may be necessary because impacts to vulnerable populations have not been thoroughly explored.

The presentation will give an overview of Health Impact Assessments; share experiences from two counties and an Oregon nonprofit for assessing potential health inequities associated with proposed projects; share best practices and lessons learned; discuss Oregon Health Authority and non-profit and county health partnerships to develop capacity to conduct Health Impact Assessment; and share information about an upcoming funding opportunity for local health departments.

**OBJECTIVE:**

1. Understand what health impact assessment is;
2. Understand what "equity" and "health inequities" are; and
3. Discuss different projects and how each has identified and worked to address equity concerns through stakeholder engagement, defining the scope and carrying out the assessment or crafting recommendations.

**PANEL ABSTRACT 1:** This presentation will review Health Impact Assessments steps, highlight recent Oregon efforts, and describe HIA values including equity as a foundation to other presentations in this panel. HIAs identify how existing social, environmental, and physical conditions related to a proposal could change and affect people's health. Vulnerable populations face significant inequities in opportunity. Decision makers can use information from an HIA to increase opportunities for vulnerable populations in order to maximize positive, and minimize negative, health outcomes from a decision. This presentation will give example strategies that can be used in HIAs to address equity at different stages.

**PANEL ABSTRACT 2:** Case study 1: Benton county speed HIA.

This case study will explore ways to address issues of equity using different methods of community involvement. In 2013, the Benton County Health Department conducted an HIA that focused on the impacts vehicle speed had on safety, opportunities for physical activity, access to essential services, and social interactions. The vulnerable populations most affected by a change in vehicle speed included: low-income residents, Latino residents, youth, and older adults. The Benton County Health Department employed several different methods to gather community input throughout the process of the HIA. The scope of the HIA was determined using information collected from a previous community needs assessment, and by a technical advisory group that included diverse community partners and stakeholders. Additionally, information was collected using focus groups, conducted in both English and Spanish, with our community partners and residents to provide data for the assessment phase and to shape the HIA recommendations.

**PANEL ABSTRACT 3:** Case study 2: Curry County Housing Stock Upgrade HIA.

Manufactured housing, or mobile homes, is a type of housing that is built in a factory and then transported to a semi-permanent or permanent location. Manufactured housing represents 35% of Curry County's housing stock. Curry County initiated a Housing Stock Upgrade Initiative pilot, funded by Oregon Health Authority, in January 2013. Curry started the HIA to assess the health impacts of aged manufactured housing and examine implications for repair or replacement options. This presentation will discuss the findings of this assessment and more specifically address how this information is used to inform stakeholders and funders and lenders as they consider assistance plans for residents of aged manufactured housing.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Andrea Hamberg, BA  
Health Impact Assessment Program Coordinator  
Oregon Health Authority  
700 NE Oregon St  
Portland, OR 97232  
971-673-0444  
andrea.hamberg@state.or.us

**CO-PRESENTER(S):**

Andrea Hamberg (andrea.hamberg@state.or.us)

Tia Henderson (tia@upstreampublichealth.org)

Kathleen Johnson (Kathleen.Johnson@CO.Benton.OR.US)

Megan Patton-Lopez (Megan.PATTON-LOPEZ@CO.Benton.OR.US)

Annette Klinefelter (klinefeltera@co.curry.or.us)

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**TITLE: *Health Needs of African Refugees and Immigrants*****TOPIC:** Refugee Health**AUTHOR(S):** Seth Asare, PhD, P.Eng. Research Coordinator, African Partnership for Health; Ahmed Iya, MA, BA. Program Coordinator, African Partnership for Health; Isabelle Soule, PhD, RN. Assistant Professor, OHSU School of Nursing**STUDENT:** No**ABSTRACT:** African Partnership for Health (APH) is a coalition of refugees, immigrants, healthcare service providers, researchers and organizations that supports and provides services for Africans in the Portland Metro Area of Oregon. The mission of APH is to improve the health and healthcare of African immigrant and refugees through community-based participatory research (CBPR), education and advocacy. The African population in Portland Oregon is estimated at 11,500 - 15,500, including immigrants and refugees. The health and healthcare needs of this population is unique due to their cultural and social background. The panel discussion will focus on 3 aspects of refugee health relating to this population: (a) Population and Available Data on Africans in Portland, Oregon; (b) Health Needs of African Refugees and Immigrants; and (c) Health Orientation Video (HOV) - an advocacy tool developed by APH for newly-arrived refugees.**OBJECTIVE:** To educate public health professionals on culturally responsive healthcare, and to help bridge the gap in cross-cultural communication between providers and Africans.**PANEL ABSTRACT 1:** Population and Available Data on Africans in Portland, Oregon:

African Partnership for Health (APH) recognizes the fact that in health program planning (those who aren't counted don't count). The research findings of APH's attempt to estimate the African immigrant and refugee population will be presented. The research study defines the African community and draws on existing publicly available data sources to estimate the size of the target population. The study also identified the strength and weakness of each source, and estimated a conservative 2010 African community population of 11,500 - 15,500. Research limitations and the importance of creating practical systems to collect data on country of origin and to address an existing data bias towards refugees over immigrant will be discussed in this presentation. This presentation will provide a discussion forum for

public health professionals, as well as health program planners to be aware that existing data may include more information about some groups (refugees as opposed to immigrants) and emphasize some characteristics (race instead of country of origin).

**PANEL ABSTRACT 2: Health Needs of African Immigrants and Refugees:**

African Partnership for Health through a series of house meetings has identified the health needs of the African community. Details of the findings of this community based participatory research (CBPR) study will be outlined in this presentation. Three health priorities based on the results of the research study were established. These were:

- (a) Mental Health, trauma and stress issues;
- (b) Domestic and family violence; and
- (c) Lack of culturally responsive health care, including serious gap in cross-cultural communication between providers and Africans.

In addition to these challenges, the house meetings provided many examples of strengths and resources to meet those challenges.

**PANEL ABSTRACT 3: Health Orientation Video - An Advocacy Tool for Newly Arrived Refugees:**

African Partnership for Health (APH) in collaboration with Lutheran Community Service developed and tested a Health Orientation Video and a summary brochure which educate newly arrived refugees about the healthcare system in the United States and provide orientation for their initial health screening appointments at the Mid-County Health Center (MCHC). The video was developed with still photos with voice over narration, and recorded video clips. The video was shown to newly-arrived refugees prior to their screening appointment with the help of interpreters. In order to assess the effectiveness of the video, two sets of survey questions were administered to participants. The initial survey was administered after the video presentation, and the follow-up survey was administered after the screening appointment. A total of 107 refugees participated in the pilot test by watching the video. 77 of the participants responded to the initial survey and 30 responded to the follow-up survey. Result from the initial survey indicated that 92% of the participants understood the content of the video and 96% said the video was very helpful to them. In the follow-up survey, 97% said the video included enough information for their screening appointment and 90% felt comfortable asking questions during the screening appointment.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Seth Asare, PhD  
African Partnership for Health  
20754 SW Rosemount St

Beaverton, OR 97007  
971-344-3518  
koonti@yahoo.com

**CO-PRESENTER(S):**

Seth Asare (koonti@yahoo.com)  
Ahmed Iya (dotiia@yahoo.com)  
Isabelle Soule (soulei@ohsu.edu)

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**TITLE:** *Healthy Columbia Willamette: Assessing Community Needs, Improving Health*

**TOPIC:** Needs Assessment

**AUTHOR(S):** Rachel Burdon (moderator), Priscilla Lewis (panelist), Sunny Lee (panelist), Kathleen O'Leary (panelist)

**STUDENT:** No

**ABSTRACT:** The Affordable Care Act requires that non-profit hospitals and those public health departments applying for accreditation conduct community health needs assessments to identify and respond to health needs in their communities. Fourteen hospitals, four local public health departments, and two Coordinated Care Organizations in the Portland, OR & Vancouver, WA area formed the Healthy Columbia Willamette collaborative to conduct a regional community health needs assessment and develop regional strategies to improve community health. Presenters will: explain the formation of an innovative collaborative group and process; describe how the group employed a modified Mobilizing for Action through Planning and Partnerships (MAPP) model to assess and identify need and; discuss the collaborative strategies implemented to address community health issues.

**OBJECTIVE:**

1. After participating in this panel, attendees will be able to describe the collaborative process for meeting hospital and public health department needs for CHA/CHNA/CHIP.
2. After participating in this panel, attendees will know the Mobilizing for Action through Planning and Partnerships framework including the different assessment components and options for community engagement.
3. After participating in this panel, attendees will be able to describe the assessment findings and implementation strategies identified by Healthy Columbia Willamette.
4. After participating in this panel, attendees will be able to list benefits and challenges to multi-jurisdictional, multi-sector collaborative work.

**PANEL ABSTRACT 1: Healthy Columbia Willamette formation and collaborative relationship**

Presenter: Priscilla Lewis, co-chair Healthy Columbia Willamette

In 2010, local health care and public health leaders began to discuss the upcoming need for several community health assessments and health improvement plans within our region in response to the Affordable Care Act and Public Health Accreditation. They recognized that the most efficient and effective approach would be to create a work group responsible for conducting a region-wide community health assessment for Clackamas, Multnomah, Washington Counties (Oregon) and Clark County (Washington).

With start-up assistance from the Oregon Association of Hospitals and Health Systems, the Healthy Columbia Willamette (formally known as Four County Community Health Needs Assessment) collaborative was developed. It is a large public-private collaborative comprised of fourteen hospitals, four local public health departments and two Coordinated Care Organizations in the four-county region. Healthy Columbia Willamette group meetings, assessment process, and implementation planning is lead and facilitated by a neutral convener team from Multnomah County Health Department. The presenter and co-chair will share key insights and lessons learned about the development and maintenance of this innovative collaboration.

**PANEL ABSTRACT 2: Assessment findings through MAPP-modified process**

Presenter: Sunny Lee, Epidemiologist, Clackamas County

Healthy Columbia Willamette employed a modified MAPP framework (Mobilizing for Action through Planning and Partnerships) to systematically screen and prioritize quantitative community health indicators. There were four different components of the assessment that informed the group's findings and strategy development including: Community Themes and Strengths Assessment, Health Status Assessment, Local Community Health System Assessment, and Forces of Change Assessment. Extensive community engagement was conducted, specifically involving minority and disadvantaged communities. The presenter will outline each assessment component with an emphasis on the Health Status Assessment and highlight key findings from the overall assessment process.

**PANEL ABSTRACT 3: Strategies for improving community health together**

Presenter: Kathleen O'Leary, co-chair Healthy Columbia Willamette

Community input was a key component of both the assessment and strategy development process. After gathering community input as part of the modified MAPP framework, a separate tool was developed to consider findings from the various MAPP assessments and select priority community health issues for regional strategy development. In addition to considering population data and community input during the health issue selection process, the group also considered cost, prevention opportunities, and existing or promising practices for making impact on the identified health issue/s. The presenter will describe the community input process at both the assessment and strategy

development stages and describe Healthy Columbia Willamette's initial plans for addressing identified regional health needs.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Rachel Burdon, MPH  
Kaiser Permanente  
500 NE Multnomah Street  
Portland, OR 97232  
503-813-4567  
rachel.e.burdon@kp.org

**CO-PRESENTER(S):**

Priscilla Lewis (priscilla.lewis@providence.org)  
Sunny Lee (slee@co.clackamas.or.us)  
Kathleen O'Leary (Kathleen\_O'leary@co.washington.or.us)  
Rachel Burdon (moderator) (rachel.e.burdon@kp.org)

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**TITLE:** *I-CAN Project (Interprofessional Care Access Network): Working Together towards Improving Health Outcomes for Underserved People in Oregon's Neighborhoods*

**TOPIC:** Interprofessional Collaborative Practice; Underserved vulnerable populations, Triple Aim Outcomes, Neighborhoods

**AUTHOR(S):** Peggy Wros, PhD, RN – Moderator, Nic Bookman, MPH, Katherine Bradley, PhD, RN, Launa Rae Mathews, MS, RN, COHN-S

**STUDENT:** No

**ABSTRACT:** The purpose of the Interprofessional Care Access Network (I-CAN) is to create a collaborative model for clinical practice and education that enhances the health care experience, improves population health outcomes, and reduces health care costs for disadvantaged and underserved patients, families, and populations in partnership with established neighborhood agencies. The program will strengthen capacity of nurses and other health care professionals to lead interprofessional practice through collaborative health care delivery, and to advance the health and well-being of disadvantaged populations in neighborhoods in Portland and Medford, Oregon. The project will coordinate academic programs, community services, and health care delivery by leveraging existing neighborhood partnerships. Founding academic partners are the SON, SOM, Global Health Center, and Office of the Provost. Additional intra-institutional partners will include the School of Dentistry (SOD) and OHSU/OSU College of Pharmacy (COP). The project will expand strategic

partnerships with neighborhood community organizations and health services agencies (HSAs) that are federally designated as medically underserved communities. The proposed Interprofessional Collaborative Practice (IPCP) innovation is sustainable and scalable, and will grow over the grant period to serve as a statewide model for interprofessional health care for underserved populations in an evolving delivery system and for training effective interprofessional care teams.

**OBJECTIVE:**

1. Describe working together within the I-CAN Project.
2. Discuss three technology innovations that support confidential care management.
3. Describe tools and processes for evaluating the impact of collaborative partnership by interprofessional student teams on health outcomes.

**PANEL ABSTRACT 1:** Neighborhoods: Supporting Clients/Patients through Care Management with Interprofessional Student Teams

OHSU nursing students have historically provided population-based care at neighborhood community agencies and primary care clinics; medical students participate in rotations at urban primary care clinics for underserved populations and rural disadvantaged populations through the Office of Rural Health. The intention of the I-CAN project is to identify and address service gaps and barriers related to social determinants of health, provide interprofessional care management, and facilitate access to resources for underserved people within a designated neighborhood. The I-CAN project aims to facilitate interprofessional experiences for students, faculty, and practitioners through interprofessional collaborative practice strategies and coordination of services between OHSU students, community service and health care agencies that comprise the Neighborhood Collaborative for Academic-Practice Partnerships (NCAPP). A nurse faculty in residence partners with the NCAPP to facilitate client care management and interprofessional collaborative practice experiences. Under the supervision of their respective clinical faculty, students from the SON, SOM, SOD and COP collaborate in student care teams with the client and FIR to address social determinants of health and health promotion through client centered and team based strategies. Outcomes metrics include increased quality of life, reduced emergency room and hospitalizations and increased health literacy and autonomy.

**PANEL ABSTRACT 2:** Technology Innovation in the Neighborhood

The I-CAN project incorporates technology to improve service delivery and collect evaluation data. Using iPad hardware, care teams have the flexibility to collect and store HIPAA-compliant documentation, share health education videos and other materials, and bring interpreters from across the country into the discussion visually as well as in the typical auditory way. Mastering and evaluating these technological innovations in the varied settings of people's homes and other neighborhood locations will contribute to development of best practices for using technology to improve healthcare service delivery.

**PANEL ABSTRACT 3:** Evaluation: Does I-CAN Make a Difference?

The I-CAN project brings together two areas of focus for evaluation. The evaluation will focus on the people from the neighborhood who are referred to the I-CAN project for care management. They will be asked about their satisfaction with the health care experiences. Additionally, their experiences as an aggregate will be compared with neighborhood norms in areas such as use of healthcare resources, emergency departments and hospitals.

I-CAN will also evaluate interprofessional collaborative experiences of students, and the teamwork of community agency partners and the I-CAN grant team. Much has been written about IPCP in the classroom and associated evaluation tools have been developed. Fewer demonstration projects have brought together students for authentic IPCP experiences in clinical settings. The I-CAN project will evaluate the students' satisfaction with IPCP experiences as well as evaluate their perspective about collaborative decision-making related to client care. The I-CAN grant team and NCAPP teams will also be evaluated for "teamness" or team functionality.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Launa Rae Mathews, MS  
Clinical Assistant Professor  
Oregon Health & Sciences University, School of Nursing  
3455 SW U.S. Veterans Hospital Road  
Portland, OR 0  
503-418-1274  
mathewsl@ohsu.edu

**CO-PRESENTER(S):**

Peggy Wros, Moderator (wros@ohsu.edu)  
Nic Bookman (bookmann@ohsu.edu)  
Katherine Bradley (bradleyk@ohsu.edu)  
Launa Rae Mathews (mathewsl@ohsu.edu)

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**TITLE:** *Implementation of the Patient-Centered Primary Care Home (PCPCH) Model in Oregon: Experiencing rapid policy change during statewide delivery systems transformation.*

**TOPIC:** Health Policy

**AUTHOR(S):** Nicole Merrithew, MPH, E. Dawn Creach, MS, Roberta Kaplan, PA, MPH, MS, Phyllis Lebo, RN, MSN, Deepti Shinde, MPP, Evan Saulino, MD, PhD

**STUDENT:** No

**ABSTRACT:** Approximately 25% of all Oregon primary care practices implemented the PCPCH model and attested to meeting defined minimum criteria for recognition in the first year of the program, and new sites continue to be recognized on a weekly basis; nearly half of Oregon's primary care clinics are recognized as of June 2013 (400). Early reports indicate that adoption of the PCPCH model is spreading as a result of policy initiatives and financial incentives, and that clinics are invested in offering innovative primary care services that are improving patient care. The PCPCH model, along with the use of alternative payment methodologies, has been included as required components of Oregon's Coordinated Care Organizations, providing an additional incentive for the PCPCH model adoption as the foundation of an efficient, high-quality health care system. Survey and site visit data have begun to elicit patterns demonstrating common barriers to transformation, technical assistance needs, and potential strategies for furthering widespread adoption of the PCPCH model in Oregon. Public feedback is mixed. While many are in support of the program and hope to continue to advance its rigor, others would prefer to move more slowly and focus on sustainability and building infrastructure.

Funding Source(s): Health Resources and Services Administration

**OBJECTIVE:**

- 1) Understand the rulemaking process of the executive branch of state government and possibilities for policy implementation after legislation creating a new program.
- 2) Characterize important components of health policy reform including: public preference for incremental change, involvement of community and stakeholder groups, and need for technical expertise.
- 3) Recognize the elements needed to evaluate policy implementation, program development, and verification processes
- 4) Review important concepts of user engagement and technical support.

**PANEL ABSTRACT 1:** Evaluation of policy during a period of rapid system change.

Capitalizing on political will, circumstances within the health care community, and an influx of grant and federal monies, the PCPCH model has been implemented rapidly throughout Oregon. Rapid implementation has contributed to predictable complications, but also may have provided ideal conditions to introduce a new model of care delivery and ensure rapid uptake

Initially, an environmental scan was conducted to enumerate and characterize the variety of primary care practice settings in Oregon, and was then compared to survey data collected from recognized Patient-Centered Primary Care Homes. Public feedback has been collected through multiple avenues both formal and informal. The program is now working to revise policies to encourage innovation and improved primary care delivery. However, these policies are undergoing increasing public scrutiny as the model continues to rapidly change. After years of experimentation, Oregon stakeholders are comfortable with innovation, but it is a challenge to implement policy changes designed to transform the healthcare system before outcomes research has produced definitive findings.

**PANEL ABSTRACT 2:** Experiences in implementation of a new verification program with a dual purpose.

Evaluation of the implementation of the PCPCH model through various methods, including direct clinic site visits, has demonstrated rapid practice innovation on a scale that may allow other states or geographic regions to replicate the transformations. Site visits to a purposefully selected sample of PCPCH sites sought detailed information about implementation processes, challenges and successful strategies. Using information from these initial pilot visits, the site visit program was standardized and expanded. Interview protocols have been developed for clinic staff of various functions, and patients have been included as well. Recognizing that many providers and administrators find visitation to be threatening or burdensome, the site visits were also designed to include aspects of on-site technical support and assistance. Overall, the site visits have been an excellent way to learn how the policies are being implemented and spread improvement.

**PANEL ABSTRACT 3:** Challenges and successes providing support for implementation at the user level: individual primary care practices.

The Patient-Centered Primary Care Home Program now administers the application, recognition, and verification process for practices applying to become Patient-Centered Primary Care Homes. The program is also working with stakeholders across Oregon to support adoption of the primary care home model. This involves coordinating with federal initiatives, learning collaboratives, and direct facilitation at the individual clinic level.

The program has also developed new staff positions, many new resources, and new partnerships to help support the growing changes. To accommodate the time and effort required for travel, many of these resources are in a web format. Care coordination across the state involves many different systems, but specific practices can be tested, improved, and shared to successfully improve efficiency and communication.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Nicole Merrithew, APRN, BA, BC, BS, BSN, BSS, CCHP, CHES, CHN, DACBR, DC, DDS, DMD, DVM, Dr PH, DrPH, EdD, FACPM, FAGD, FNP, HA, JD, HE, MA, MD, MN, MPA, MPH  
Director Patient-Centered Primary Care Program  
Oregon Health Authority  
1225 Ferry Street SE Attn: OPHR, PCPCH Program  
Salem, OR 97301  
503-373-1608  
Nicole.Merrithew@state.or.us

**CO-PRESENTER(S):**

E Dawn Creach, MS (dawn.creach@state.or.us)

Roberta Kaplan, PA, MPH, MS (roberta.r.kaplan@state.or.)  
Phyllis Lebo, RN, MSN (phyllis.lebo@state.or.us)  
Deepti Shinde, MPP (deepti.shinde@state.or.us)  
Evan Saulino, MD, PhD (evan.saulino@state.or.us)

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**TITLE:** *Leaders for a Lifetime host “Noj Qab Noj Zoo” show, a Hmong village museum and other performance activism*

**TOPIC:** Empowering Hmong youth to educate their community about health and well-being and the general community about the health needs of the Hmong

**AUTHOR(S):** Bow Lee, Mary Portis

**STUDENT:** Yes

**ABSTRACT:** The Hmong, refugees from the post-Vietnam War, are often excluded from health education programs due to cultural, linguistic, social, environmental and literacy barriers. To conquer these barriers, Leaders for a Lifetime, empowers Hmong youth to educate their own ethnic community in Butte County, California. The group is comprised of local Hmong youth aged 12-18. The Hmong youth are educated and trained by health specialists and professors from the local university. Because the youth are Hmong and from the community, they understand the community’s needs very well. The purpose of Leaders for a Lifetime is twofold (1): the youth use their cultural knowledge and health education training to develop, plan and implement health-related activities for the Hmong community and (2) the youth educate the general community about the cultural, traditional and shamanic beliefs of health for the Hmong through performance activities. As a result of Leaders for a Lifetime, the Hmong are becoming more aware of health services available for them while the professionals are adapting their services to meet the needs of the Hmong. The implication from Leaders for a Lifetime is to enable programs to target vulnerable communities through a youth-based program.

**OBJECTIVE:**

1. Learn about performance activism
2. Understand how Leaders for a Lifetime enhanced health education programs for the Hmong community
3. Learn how Leaders for a Lifetime empowered the Hmong community

**PANEL ABSTRACT 1:**

**PANEL ABSTRACT 2:**

**PANEL ABSTRACT 3:**

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Bow Lee, APRN  
Graduate Student  
Oregon State University  
505 27th Ave SE # 51  
Albany, OR 97321  
530-354-1404  
leebow@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Not just a job - The Role of Work in Wellness and Recovery*

**TOPIC:** Social Determinants of Health

**AUTHOR(S):** Dr. Rachel Solotaroff - Medical Director Central City Concern, Portland, OR; Marisha L. Johnson - Mental Health Planner at Oregon Health Authority Addictions & Mental Health Division; Catherine J. Coleman - employed consumer; Jeff Krolick - Administrator, Oregon Supported Employment Center for Excellence (facilitator)

**STUDENT:** No

**ABSTRACT:** Individuals with disabilities including serious mental illness and substance use disorder as well as those experiencing chronic homelessness experience unemployment at rates as high as 85%. From a public health perspective, unemployment is associated with a wide variety of negative health outcomes including significantly increased rates of mortality. The panel will discuss an effective public health intervention, The Individual Placement and Support (IPS) model of supported employment, which is available to Oregon Health Plan recipients as well as uninsured individuals. Outcomes, lessons learned and plans for the future will be discussed from the perspective of 1) a statewide Oregon Health Authority employment initiative begun in 2008, 2) An FQHC operating as part of Central City Concern, a private non-profit human services agency serving the Greater Portland area and 3) a consumer whose road to health and recovery began with employment.

**OBJECTIVE:**

**PANEL ABSTRACT 1:** Dr. Solotaroff will discuss the role of the Old Town Clinic FQHC at Central City Concern in promoting and supporting employment among its patients as a cornerstone of care and will present outcomes obtained.

**PANEL ABSTRACT 2:** Marisha Johnson will discuss how the Oregon Health Authority's Mental Health and Addictions Division promoted employment for people with serious mental illness through the creation of the Oregon Supported Employment Center for Excellence, adoption of the Individual Placement and Support model, creation of a Medicaid billing code for employment services, outcome data collection and partnering with Oregon Vocational Rehabilitation Services and Dartmouth College.

**PANEL ABSTRACT 3:** Catherine J. Coleman will describe how finding employment through the Individual Placement and Support model supports her continued recovery from a serious mental illness and the difference that has made in her life.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jeff Krolick, MA  
Administrator  
Oregon Supported Employment Center for Excellence  
1215 SW G St.  
Grants Pass, OR 97526  
541-840-5614  
jkrolick@optionsonline.org

**CO-PRESENTER(S):**

Catherine J. Coleman (catherinejcoleman@hotmail.com)  
Marisha Johnson (marisha.l.johnson@state.or.us)  
Dr. Rachel Solotaroff (Rachel.Solotaroff@ccconcern.org)

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**TITLE:** *ObamaCare and Coordinated Care Organizations: Does Oregon need any more health care reform?*

**TOPIC:** Health Care Reform in Oregon

**AUTHOR(S):** Panelists: Peter N. Mahr, MD, Michael Huntington, MD , Sumeeth Bhat, MD

Moderator: Kenneth D. Rosenberg, MD, MPH

**STUDENT:** No

**ABSTRACT:** Oregon is implementing new approaches to the delivery of health care, having to accommodate new federal regulations (the Affordable Care Act, also known as "ObamaCare") and new state legislation (the Health Care Transformation Act and its associated Coordinated Care

Organizations). Attitudes among providers regarding these reforms run from faith to skepticism. In the midst of experimentation, what public health results can we realistically expect?

Three panelists will examine different aspects of health care reform in Oregon:

**OBJECTIVE:** (1) Describe advantages and disadvantages of the Affordable Care Act, (2) list challenges to coordinated care organizations (3) state what reforms are still necessary.

**PANEL ABSTRACT 1:** Peter N. Mahr, MD, Panelist abstract #1: Does the Affordable Care Act (ACA) answer the recommendations of the Institute of Medicine's 2004 report, "Insuring America's Health: Principles and recommendations"?

Oregon health care reforms aim to fully implement the Affordable Care Act (ACA). ACA proponents expect patient protection from insurance companies, expansion of private insurance and Medicaid coverage, and improved quality of care. ACA critics argue it is an enormous expansion of government power infringing on choice or it does not go far enough, leaving millions without insurance and under-insured. Before we can assess ACA effectiveness, we need to know what we expect from a health care system. The Institute of Medicine offered guidelines in their 2004 report "Insuring America's Health: Principles and Recommendations." The 5 principles are:

1. Health care should be universal.
2. Health care should be continuous.
3. Health care should be affordable to individuals and families.
4. Health care should be sustainable for society.
5. Health care should enhance well-being by promoting access to high-quality care that is effective, efficient, safe, timely, patient-centered, and equitable.

This talk will compare the ACA to these principles.

**PANEL ABSTRACT 2:** Michael Huntington, MD, Panelist abstract #2: Can Coordinated Care Organizations in Oregon provide cost-effective health care to Oregon's sickest patients when all previous attempts failed?

Coordinated Care Organizations (CCO) differ from Accountable Care Organizations in the benefits provided, the patient population being served, and the program paying for services. CCOs are unique to Oregon. The federal government advanced Oregon nearly \$2 billion for the next five years as an experiment in health care. If CCOs fail to reduce the cost of care for their Medicaid patients, Oregon taxpayers must pay the difference and refund the \$2 billion. How can CCOs succeed and what can Oregonians do to insure that success?

**PANEL ABSTRACT 3:** Sumeeth Bhat, MD, Panelist abstract #3: Is publicly funded, universal health care in Oregon ("single payer") a legitimate alternative to private health insurance?

Financing health care with private health insurance companies who determine who enrolls, what benefits are provided, and how much providers are paid is a uniquely American format. No other industrialized country uses this model, and all other industrialized countries provide better care to more people for less money. Single payer health care, in which everyone participates without discrimination against the sick, health care access is encouraged, and financing is provided by publicly accountable, transparent, not for profit agencies, already is in use around the world and within some health care systems in this country. Should everyone in the US belong to the same single payer system?

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Samuel Metz, MD  
Anesthesiologist  
Oregon Physicians for a National Health Program  
3106 SW Gale Ave  
Portland, OR 0  
5037541329  
S@samuelmetz.com

**CO-PRESENTER(S):**

Peter N. Mahr, MD (peter.n.mahr@gmail.com)  
Michael Huntington, MD (mchuntington@comcast.net)  
Sumeeth Bhat, MD (sumeethbhat@gmail.com)  
Kenneth D. Rosenberg, MD, MPH (rosenbergkd@yahoo.com)

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**TITLE:** *Oregon Public Health Nurse Home Visiting Programs: Medicaid Outcomes Evidence and Translation for Partnering with CCOs*

**TOPIC:** Home Visiting and CCOs

**AUTHOR(S):** Mary Ann Evans, PhD, MPH, Marilyn Sue Hartzell, Med, Francine Goodrich, RN, Lari Peterson, RN

**STUDENT:** No

**ABSTRACT:** Background. The purposes are to briefly describe three statewide public health nurse (PHN) home visiting programs (Babies First!, CaCoon, and Maternity Case Management); share Medicaid evidence based outcomes; and translate results for partnering with Coordinated Care Organizations (CCOs).

Method. Nurse home visiting program data was linked to Medicaid claims data and ALERT immunization data to compare Medicaid clients who received nurse home visiting services with Medicaid clients who did not. Cross sectional and longitudinal methodologies were used to test hypotheses.

Results. Babies First! and CaCoon nurse home visiting clients had significantly higher immunization, well child and dental care visit rates. Maternity Case Management clients were more likely to receive adequate and timely prenatal care and less likely to deliver preterm.

Conclusions/implications. Oregon health transformation is changing how nurse home visiting services are delivered and funded. Local health departments currently claim reimbursement for nurse home visits directly from Oregon Department of Medical Assistance Programs (DMAP), but that will change in the future. Maternity case management will be included in the CCO global budget and CCOs will determine and reimburse management of pregnant clients. While Babies First! and CaCoon are not in the global budget, funding these services will require partnership between CCOs and local health departments to access Medicaid matching funds.

**OBJECTIVE:**

1. Increase knowledge about PHN home visiting.
2. Describe Medicaid evidence for PHN home visiting.
3. Translate evidence to facilitate partnership with CCOs

**PANEL ABSTRACT 1:** Panel Abstract 1: Babies First! Nurse Home Visiting

Background. Babies First! is a statewide public health nurse home visiting program for families with babies and young children up to age 5 years old. The goal is to identify high-risk infants (based on social, emotional and medical risk factors) and improve the health outcomes of these vulnerable children through prevention and early intervention.

Method. Babies First! data was linked to Medicaid claims data and ALERT immunization data to compare Medicaid clients who received nurse home visiting services with Medicaid clients who did not. Cross sectional and longitudinal methodologies were used to test hypotheses.

Results. Babies First! clients had significantly higher rates of annual flu immunizations, two year old immunizations, annual well child visits, and annual dental visits compared with other Medicaid clients. Babies First! was associated with a 10% reduction in Medicaid hospitalization compared to clients who did not receive nurse home visits.

Conclusion. In addition to public health benefits, Immunizations generate significant economic benefits. The Centers for Disease Control (CDC) estimates that every dollar spent on immunizations saves about \$6 dollars in direct medical costs. The reduction in hospitalization associated with Babies First may result in substantial Medicaid savings given that the national average cost of a child's hospital visit is \$5,200.

**PANEL ABSTRACT 2:** Panel Abstract 2 CaCoon Nurse Home Visiting

**Background.** CaCoon is a statewide public health nurse home visiting program for families with children, birth to 21 years, with special health needs. These children often have very complex health and related needs requiring coordination across multiple systems of care. CaCoon nurses assess family needs and provide interventions and care coordination to improve their health and well-being. The goal is to assure these children access to needed health and related services, spanning multiple systems of care, resulting in optimal health and well-being.

**Method.** CaCoon data was linked to Medicaid claims data and ALERT immunization data to compare Medicaid clients who received nurse home visiting services with Medicaid clients who did not. Cross sectional and longitudinal methodologies were used to test hypotheses.

**Results.** CaCoon clients had significantly higher rates of annual flu immunizations, two year old immunizations, annual well child visits, annual primary care visits, and annual dental visits compared with other Medicaid clients. CaCoon was associated with a reduction in Medicaid emergency room visits.

**Conclusion.** In addition to public health benefits, immunizations generate significant economic benefits. The CDC estimates that every dollar spent on immunizations saves about \$6 dollars in direct medical costs. The national average cost of a child's emergency room visit is \$1,300. The study results indicate substantial potential Medicaid savings from CaCoon.

**PANEL ABSTRACT 3: Panel Abstract 3 Maternity Case Management Nurse Home Visiting**

**Background.** Maternity Case Management (MCM) is a public health nurse home visiting program for pregnant women with risk factors associated with poor birth outcomes. Required assessments and education include alcohol, tobacco, and drug exposure; oral health; breastfeeding; preterm birth risks; HIV and hepatitis; nutrition and physical activity; and intimate partner violence. The goal is to lower risks and ensure access to prenatal care.

**Method.** MCM data was linked to Medicaid claims data to compare clients who received MCM visits with clients who did not. MCM clients were matched to clients who did not receive MCM based on age, race and ethnicity, length of Medicaid enrollment, poverty and urban or rural location to select a sample of Medicaid pregnant women who were as much like MCM pregnant women as possible for study comparison.

**Results.** MCM clients were significantly more likely to receive adequate and timely prenatal care and less likely to deliver preterm compared to matched Medicaid clients who did not receive MCM home visit services.

**Conclusion.** Adequate prenatal care and reduction in preterm births generate significant economic benefits. According to the CDC the cost associated with preterm birth in the US was at least \$26 billion or \$51,600 per preterm infant.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Mary Ann Evans, MPH, MS, PhD  
Lead Assessment and Evaluation Analyst  
Oregon Health Authority & OHSU  
800 NE Oregon St  
Portland, OR 97232  
971-673-1499  
maryann.evans@state.or.us

**CO-PRESENTER(S):**

Marilyn Hartzell (Hartzell@ohsu.edu)  
Francine Goodrich (francine.goodrich@state.or.us)  
Lari Peterson (lari.peterson@state.or.us)

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**TITLE:** *Pilot Project- Accreditation Mock Review Collaboration between Marion & Clackamas County Health Departments*

**TOPIC:** Public Health Accreditation, Regional Collaborations, Cross-jurisdictional Sharing, Local Public Health

**AUTHOR(S):** Lyndsie Schwarz & Pam Heilman (Marion County); Philip Mason & Dana Lord (Clackamas County); Erin Mowlds (moderator; Coalition of Local Health Officials)

**STUDENT:** No

**ABSTRACT:** Public Health Accreditation is quickly becoming a priority for most Health Departments in Oregon. Approximately ten of the thirty-four local health departments are getting close to submitting documentation and preparing for accreditation site reviews.

For this panel, we will present about a regional collaborative pilot project conducted by Marion and Clackamas County Health Departments and a mock accreditation site review of each other's health departments. This process helped develop stronger local partnerships across the two counties and provided both health departments with an objective perspective on their accreditation documentation.

Both counties provided their time and differing expertise to review and score each other's accreditation documentation, including Community Health Assessment and Improvement Plans, to visit and conduct interviews relevant to each accreditation standard, and to provide their partner health department with a final report highlighting areas of strength and opportunities for improvement. For this panel, we will share the tools developed including the site review agenda, scoring tools and interview questions.

We found this process to be beneficial for both health departments in preparing for their real accreditation site review; it has enabled them to identify opportunities for improvement across their work and increase staff engagement in the accreditation process.

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

- 1) Learn ideas for how to successfully prepare for your agency's accreditation site review
- 2) Identify the benefits of conducting a mock accreditation review process with another agency
- 3) Be aware of tools available to assist in conducting a mock review process

**PANEL ABSTRACT 1:** Clackamas County Public Health Division (Philip Mason and/or Dana Lord) conducted the first mock site review. They reviewed and scored Marion County Health Department's documentation, visited Marion's health department, and wrote a summary report of their findings. They will discuss the value of this collaborative process, the process for scoring another agency's documentation, and the benefit for their own agency's process. They will also discuss the importance of leadership involvement and any lessons learned from their process. They will also share the documentation scoring tool.

**PANEL ABSTRACT 2:** Marion County Health Department (Lyndsie Schwarz and/or Pam Heilman) were the first health department to go through this mock review process. They submitted their documentation to Clackamas Public Health Division and developed a thorough one-day agenda that included reviews of each accreditation standard, an administrator interview, and a meeting with community partners and a Board of Health member. They will discuss engaging staff in the process, and preparing staff, leadership and community partners for the site visit. They will also discuss any lessons learned and the value added in having an outside agency review their documentation. They will share the mock review agenda template.

**PANEL ABSTRACT 3:** Coalition of Local Health Officials Program Manager (Erin Mowlds-- will also be the moderator) acted as the Accreditation Specialist during the mock site reviews. She will discuss what to expect during the actual site visit, the overall benefit of working with another health department to conduct a mock review, and the toolkit developed for going through the mock review process (includes scoring tools, interview questions, template schedule, and a description of the overall process).

**AV NEEDS:** Microphones, Computer, Projector

**PRIMARY CONTACT INFORMATION:**

Erin Mowlds, MPH  
Program Manager  
Coalition of Local Health Officials (CLHO)  
1201 Court St. NE  
Salem, OR 97301  
541-280-6400

erin@oregonclho.org

**CO-PRESENTER(S):**

Lyndsie Schwarz (LSchwarz@co.marion.or.us)

Pam Heilman (PHeilman@co.marion.or.us)

Philip Mason (PMason@clackamas.us)

Dana Lord (DanaLor@clackamas.us)

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**TITLE:** *Preventing Obesity among Rural Children - Changing the Context is Key*

**TOPIC:** Obesity Prevention

**AUTHOR(S):** Deborah H. John, PhD, Katherine B. Gunter, PhD (Moderator), Jenny Jackson, MS, RD

**STUDENT:** No

**ABSTRACT:** Background/Purpose: Reducing obesity prevalence in rural populations is dependent upon the extent to which obesity-preventing lifestyles can be adopted and sustained by rural children and families and requires multi-level efforts. GROW Healthy Kids and Communities is a USDA-funded, 5 year research and Extension program aimed at developing and testing a multi-level model for preventing obesity among rural children.

Methods: Baseline data were collected using mixed methods at multiple levels. At the community level (n=6), Healthy Eating Active Living (HEAL) Mapping Attributes using Participatory Photographic Surveys (MAPPS), a community-based participatory research (CBPR) tool, was employed to engage rural residents in assessing resources and readiness to address issues of obesity and place. At the school level (n=6), the School Nutrition and Physical Activity (SNPA) environment assessment was conducted with school stakeholders to identify environmental and policy conditions that may hinder the development and enactment of students' healthy nutrition and physical activity habits. Students' height and weight were assessed as a component of the GROW HKC school-based program and used to calculate overweight and obesity (BMI) rates by grade (K-5) and school.

Results: Baseline data revealed that rural community and school environments provide features and conditions that may hinder the development and enactment of healthy nutrition and physical activity habits for children and families. Across all six rural schools, overweight and obesity rates for students in 3rd, 4th, and 5th grade were significantly higher than for students in Kindergarten and trended upward.

Conclusion: There is a need to improve contextual conditions in rural schools and communities to optimize healthful eating and physical activity behaviors and reduce the prevalence of childhood obesity.

**OBJECTIVE:**

1. Describe the purpose and application of HEAL MAPPS as an environmental approach to rural obesity prevention.
2. Describe the purpose and application of the SNPA as an environmental approach to obesity prevention for elementary schools.
3. Describe the prevalence of overweight and obesity among rural elementary school students.

**PANEL ABSTRACT 1:** Title: Engaging Rural Communities in Sharing Their Voices and Visions of Obesity Prevention

Background: Rural communities face unique structural and situational challenges that can have an impact on healthful eating and physical activity.

Purpose: HEAL MAPPS was employed to engage rural communities in assessing their resources and readiness to change the local conditions that make harder habitual healthy eating and physical activity.

Methods: A CBPR approach using qualitative methods, including participatory photomapping and community conversations, was facilitated in rural communities (n=6) in Oregon. HEAL MAPPS was employed to establish descriptive baselines by community case of local residents' perceptions of attributes of the community environment and readiness to change attributes that hinder obesity preventing lifestyles through community-driven actions.

Results: HEAL MAPPS revealed that rural residents identify and perceive features of the rural community environment as both supports and barriers for obesity preventing habits. Qualitative analyses of community conversation narratives revealed that rural communities differed in quantity and quality of resources but were similar in their overall stage of readiness to address the issue of rural obesity.

Conclusion: HEAL MAPPS is an effective CBPR tool for engaging people in assessing and addressing issues of obesity and place.

**PANEL ABSTRACT 2:** Title: Understanding the School Nutrition and Physical Activity Environment for Obesity Prevention

Background: Rural schools are charged to support students' learning and challenged to promote students' health holistically. Adopting a public health approach to health promotion would focus efforts on changing the context of the behavioral environment to make healthy options the default choice.

Purpose: The SNPA tool fills a gap in understanding of the interplay between characteristics of schools and students' nutrition and physical activity behavior options, and provides characteristic-matched strategies that schools can use to improve the behavioral context.

Methods: A descriptive approach was employed to pilot (n=3) and implement (n=6) the SNPA in rural elementary schools. The SNPA demonstrated strong inter-rater reliability, sensitivity to assess school

resources and readiness to change, and efficacy for identifying environmental characteristics needing improvement.

Results: SNPA assessments revealed that schools were poised to address issues, but planned efforts were not focused or evidence-based.

Conclusions: The SNPA can be utilized to leverage resources to improve SNPA environments, document changes, and evaluate SNPA performance factors.

**PANEL ABSTRACT 3:** Title: Overweight and Obesity among Rural Elementary Students

Background: Over 30% of children are overweight or obese by age 5 placing them at risk for numerous short-term chronic conditions and long-term risk for obesity as adults. While rural-urban differences in childhood obesity prevalence tend to vary across age groups, data have consistently shown that obesity is markedly higher in rural (40%) versus urban adults (33%).

Purpose: To determine whole school obesity prevalence in (N=6) rural elementary schools and evaluate the relationship of school-level environmental and policy characteristics on rural children's risk for obesity.

Methods: We measured height and weight in 1737 K-5 elementary students (n=961 boys; n=776 girls) from N=6 rural schools. BMI was calculated and aggregated by age and gender within and across schools.

Results: 19% of boys and 17% of girls were obese; the combined prevalence of overweight and obesity was 36% and 34% for boys and girls, respectively. Prevalence trended upward across grades.

Conclusions: The weight status profile of Oregon rural c K-5th graders suggests a critical need to improve conditions that support children's ability to enact obesity-preventing behaviors.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Deborah H. John, PHN, PhD  
Assistant Professor  
Oregon State University/College of Public Health and Human Sciences  
345 Hallie E. Ford Center - GROW Healthy Kids & Communities  
Corvallis, OR 97331  
541-737-4542  
deborah.john@oregonstate.edu

**CO-PRESENTER(S):**

Katherine B. Gunter, PhD (kathy.gunter@oregonstate.edu)  
Jennifer Jackson (jenny.jackson@oregonstate.edu)

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**TITLE:** *Smokefree Cars for Kids: Clearing the Air for Healthier Kids*

**TOPIC:** Child & Youth Health and Safety; Public Health Policy

**AUTHOR(S):** Senator Elizabeth Steiner Hayward, MD; Colleen Hermann-Franzen, American Lung Association in Oregon; Christel Allen, NW Public Affairs

**STUDENT:** No

**ABSTRACT:** From 2011-2013, the American Lung Association in Oregon implemented an educational campaign to raise community awareness about the unique dangers of smoking in a motor vehicle, particularly with children, as they are more vulnerable to the health effects of secondhand smoke. According to a California Air Resources Board study, secondhand smoke in motor vehicles can be up to 27 times more concentrated than in a smoker's home.

The primary audience for this campaign was parents and other adults who worked with children. The educational campaign consisted of several outreach methods including:

- Online Communications: social media, web content,
- Print Communications: brochures, fact sheets, smokefree decals for car windows,
- Earned Media: articles for parenting/family magazines, and
- Community Outreach: tabling at community health fairs, presenting to children's safety groups

The educational efforts built momentum for statewide policy change in the 2013 Oregon legislative session. The policy campaign in Salem was led by State Senator Elizabeth Steiner Hayward, MD, who quickly became the public face of the campaign. The combination of strong legislative champions, an effective lobbying team and an active grassroots network led to the bill's passage in the State Legislature with bipartisan support. Senate Bill 444-A was signed into law by Governor Kitzhaber on June 11, 2013.

**OBJECTIVE:**

1. Learn how to conduct an effective educational campaign on a low-cost budget
2. Learn different ways to frame tobacco control policy bills and identify new legislative champions
3. Learn about the Lung Association's continued community education efforts af

**PANEL ABSTRACT 1:** Colleen Hermann-Franzen will cover the educational campaign conducted from 2011-2013 by the American Lung Association in Oregon, as referenced in the main abstract. She will share tips on how others can conduct an effective educational campaign with a small budget.

**PANEL ABSTRACT 2:** Christel Allen will cover the early legislative conversations conducted from 2011-on. She will give her perspective of the overall process as a lobbyist for the American Lung Association in Oregon.

**PANEL ABSTRACT 3:** State Senator Elizabeth Steiner Hayward, MD, the public face of the policy campaign, will discuss the pivotal outreach her office conducted with her colleagues, which resulted in strong bipartisan support in both chambers.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Colleen Hermann-Franzen, BA  
Regional Advocacy & Communications Manager  
American Lung Association of the Mountain Pacific  
7420 SW Bridgeport Rd., Ste 200  
Tigard, OR 97224  
503-718-6145  
chermann@lungoregon.org

**CO-PRESENTER(S):**

Senator Elizabeth Steiner Hayward, MD (sen.elizabethsteinerhayward@state.or.us)  
Christel Allen (christel@nwpublicaffairs.com)

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**TITLE:** *TAKING IT TO THE STREETS: using the new Equity Atlas 2.0 and the HEAL Cities Campaign to create healthy environments*

**TOPIC:** Healthy Environment; Public Policy; Public Participation

**AUTHOR(S):** Beth Kaye, J.D., OPHI, Councillor Tamie Arnold, City of Fairview, OR, Scotty Ellis, MPH, Coalition for a Liveable Future, Amanda Garcia-Snell, MPH Washington County Health Dept. (moderator)

**STUDENT:** No

**ABSTRACT:** Purpose: to explore how local environments can be improved to increase options for healthy eating and active living, with the through a collaboration of public health advocates, equity advocates, local health departments, and local elected leadership; to illuminate the changing relationship between public health and city government

Methods: present photographs and maps from the Equity Atlas 2.0 of environmental features and health outcomes to illustrate current conditions in East Multnomah County; presentation describing health conditions affecting youth and adolescents in East Multnomah County; describe process City of Fairview followed to join the HEAL Cities Campaign

Results/Outcomes: Attendees will know how to use the Equity Atlas 2.0 to analyze need for environmental change in 4-county Portland Metro area (Clark County, WA, and Clackamas, Washington,

and Multnomah Counties in OR, and how to use the resources of the HEAL Cities Campaign to create environmental change

Conclusions/Implications: The Equity Atlas graphically illustrates the health outcomes that result from maintaining the status quo in communities with few HEAL options. Changing public policy is possible, with a political champion and the assistance of the HEAL Cities Campaign.

**OBJECTIVE:** To understand how to use the Equity Atlas 2.0 produced by the Coalition for a Livable Future and the policy resources available through the HEAL Cities Campaign to create healthier environments where we live, work, shop and play

**PANEL ABSTRACT 1:** Scotty Ellis, MPH, will introduce the Regional Equity Atlas 2.0. The Atlas uses maps, policy analysis, community based research, and other tools, to assess how well different populations across the Portland-Vancouver metro region can access key resources necessary for meeting their basic needs and advancing their health and well-being. Mr. Ellis will present initial findings, and engage attendees in using the Atlas and similar equity maps to explore health equity issues from the perspective of their own communities and constituencies. He will explain the technical assistance available from the Coalition for a Liveable Future to support stakeholder organizations and governments in using the Atlas mapping tool to inform their decision-making.

Attendees will know how the Atlas can be used to illuminate health inequities and to influence public policy discussions.

**PANEL ABSTRACT 2:** Beth Kaye will provide an overview of the policy resources available from the HEAL Cities Campaign to help local leaders create healthy environments, including options for healthy eating and active living, where we live, work, shop, and play. She will provide an update on the HEAL Cities Campaign in Oregon, and underscore why public health is not just a county concern.

**PANEL ABSTRACT 3:** Fairview City Councillor Tamie Arnold, a nurse who works in youth obesity prevention, will describe (using photographs and anecdotes) the environmental challenges facing residents of East Multnomah County, and will explain why the City of Fairview has joined the HEAL Cities Campaign, and why she is working to create a Healthy East County coalition.

**AV NEEDS:** A laser pointer would be helpful as we navigate the Regional Equity Atlas.

**PRIMARY CONTACT INFORMATION:**

Beth Kaye, APRN, BA, BC, BS, BSN, BSS, CCHP, CHES, CHN, DACBR, DC, DDS, DMD, DVM, Dr PH, DrPH, EdD, FACPM, FAGD, FNP, HA, JD  
HEAL Cities Campaign Manager  
Oregon Public Health Association  
310 SW 4th Avenue  
Portland, OR 97204  
503 701 7081  
bethkaye@orphi.org

**CO-PRESENTER(S):**

Scotty Ellis, MPH (scotty@clfuture.org)

Tamie Arnold (tamera.l.tlustos-arnold@kp.org)

Amanda Garcia-Snell (moderator) (amanda\_garcia-snell@co.washington.or.us)

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**TITLE: *The Role of Local Breastfeeding Coalitions in Advancing Public Health***

**TOPIC:** Developmental Origins of Health and Disease, Community Health Workers, Peer Counselors, Infant Nutrition, Maternal/Child Health

**AUTHOR(S):** Marion Rice, Ed.D.

**STUDENT:** No

**ABSTRACT:** The Breastfeeding Coalition of Oregon (BCO) working in tandem with 15 local breastfeeding coalitions is working statewide to build and link families and community partners to support, promote and protect breastfeeding in Oregon. We aim to make breastfeeding the cultural norm in our state. Come hear about work happening through local breastfeeding coalitions to improve long term health outcomes for Oregonians through the primary prevention strategy of increasing breastfeeding rates and duration.

**OBJECTIVE:** Participants will learn about opportunities to collaborate with state and local breastfeeding coalitions to improve maternal and child health

**PANEL ABSTRACT 1:** Lane County Breastfeeding Coalition- Collaboration among active partners in the Lane County Breastfeeding Coalition. Highlights of Coalition partners and ways of working to eliminate inequities in breastfeeding support.

**PANEL ABSTRACT 2:** Marion County Breastfeeding Coalition- Collaboration among active partners in the Marion County Breastfeeding Coalition, impact through a community engagement model.

**PANEL ABSTRACT 3:** Nursing Mothers Counsel of Oregon- grass roots group working to improve care in the early postpartum period as well as provide back to work coaching for moms seeking to combine the demands of work and providing infant nutrition

**AV NEEDS:****PRIMARY CONTACT INFORMATION:**

Marion Rice, EdD

Director

Breastfeeding Coalition of Oregon

310 SW 4th Ave. Suite 900  
Portland, OR 97204  
503.708.0707  
marion@breastfeedingor.org

**CO-PRESENTER(S):**

Katharine Gallager (bfcoalitionlaneco@gmail.com)  
Heather Desmarteau-Fast (hcfast@msn.com)  
Jen Haralson (jen@nursingmotherscounsel.org)

## POSTER PRESENTATIONS

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**TITLE:** *A qualitative study of the Health Education for Persons with Multiple Sclerosis (HEMS) program*

**TOPIC:** Disability

**AUTHOR(S):** Mara B. Nery, MS, Simon Driver, PhD, Alicia Dixon-Ibarra, MPH, Kerri A. Vanderbom, PhD, Jill Pawlowski

**STUDENT:** Yes

**ABSTRACT:** Background: Individuals with Multiple Sclerosis (MS) are more sedentary than the general population and face many barriers to physical activity (PA). The Health Education Program for Persons with Multiple Sclerosis (HEMS) is designed to increase PA through health education based on the social cognitive theory (SCT). The purpose of this study is to evaluate the efficacy of the HEMS intervention through focus groups.

Methods: Seven of the 18 participants who completed the HEMS program took part in the two focus groups, which were conducted at the conclusion of the 8-week intervention. Three coders reviewed the transcribed documents to identify emerging themes.

Results: Participants enjoyed the HEMS program and felt that it helped increase their knowledge of PA and goal setting, and provided social support. The most frequently encountered barriers were motivation, disability, and environmental barriers.

Conclusion: Future HEMS programs may include a self-compassion component and individualized counseling to overcome specific barriers to participating in PA. Researchers can build upon the findings from the focus group to improve the HEMS program and disseminate it to a larger population.

**OBJECTIVE:** Evaluate the components of the intervention that were effective and those that can be modified to increase PA behavior, and to identify the barriers and facilitators to PA for this population.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Mara Nery, MS  
Oregon State University  
123 Women's Building  
Corvallis, OR 97331  
409.457.4390  
nerym@onid.orst.edu

**CO-PRESENTER(S):**

Simon Driver (simon.driver@oregonstate.edu)

Alicia Dixon-Ibarra (dixona@onid.orst.edu)  
Kerri Vanderbom (mcmurtrk@onid.orst.edu)  
Jill Pawlowski (pawlowsj@onid.orst.edu)

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**TITLE:** *An Inventory of Healthy Weight Practices in Federally-Funded Hemophilia Treatment Centers in the United States*

**TOPIC:** Hemophilia, Obesity Prevention

**AUTHOR(S):** Elizabeth Adams, PhD, RD1; Joann Deutsche, RN, MS, FNP-C1, Ekwutosi Okoroh, MD, MPH2, Sally Owens-McAlister2\*, Suvankar Majumdar, MD3, Megan Ullman4, PhD , Mary Lou Damiano, RN, MEd5, and Michael Recht, MD, PhD1 for the Healthy Weight Working Group

**STUDENT:** No

**ABSTRACT:** Background: In the hemophilia population, obesity causes adverse health effects as well as increases health care costs. Although federally-funded Hemophilia Treatment Center (HTC) staff recognize these outcomes, practices to promote healthy weights have not been reported.

Objectives: To identify body mass index (BMI) assessment practices and evidence-based strategies to promote healthy weights among HTC patients.

Methods: A telephone survey was developed to assess HTC practices including patient BMI assessment, counseling, and roles in weight management.

Results: Ninety of the 130 federally-funded HTCs contacted elected to participate. Of these, 67% routinely calculated BMI and 48% provided results to patients. Only one third reported correctly classifying obesity for children (30%) or adults (32%), using the Centers for Disease Control and Prevention (CDC)'s BMI cutoffs. Most HTC staff (87%) reported obesity as an issue of "big" or "moderate" concern; 98% indicated HTC staff had responsibility to address this issue. Most centers (64%) address patient weight during comprehensive visits. Most (89%) HTCs do not have a protocol in place to address healthy weights. Fifty-three percent indicated guidelines are needed.

Implications: Training programs for calculating and interpreting BMI as well as identification of appropriate guidelines to apply to the HTC patient population are needed.

**OBJECTIVE:**

- 1) Identify problems related to overweight in the hemophilia population
- 2) Explain common practices to promote healthy weights among people who receive care at HTCs
- 3) Discuss strategies to overcome barriers to promoting healthy weights

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Liz Adams, APRN  
OHSU - Institute for Development and Disability  
1817 NE 54th Ave  
Portland, OR 97213  
5034940981  
adamse@ohsu.edu

**CO-PRESENTER(S):**

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**TITLE:** *Assessing the Clinical Document Architecture for Health Information Exchange among Early Hearing Detection and Intervention partners*

**TOPIC:** Public Health Informatics

**AUTHOR(S):** Chia-Hua Yu, Dina Dickerson, Heather Morrow-Almeida, Meuy Swafford

**STUDENT:** No

**ABSTRACT:** In 2013, the State of Oregon participated in a pilot project sponsored by the Public Health Data Standards Consortium (PHDSC) to foster Health Information Exchange (HIE) between state Early Hearing Detection and Intervention Information Systems (EHDI-IS) and partner organizations' electronic health records (EHR). Advancing nationally promoted data standards, the PHDSC developed a newborn hearing screening report that would act as currency for HIE between participating organizations. This report was based on a constrained Clinical Document Architecture (CDA) template. Project success was demonstrated when the partner organization created the newborn hearing screening report from the EHR, and when the report data was successfully submitted to the EHDI-IS.

The project provided several lessons for organizations seeking to implement HIE. First, implementing organizations need to secure IT resources and support early on. For example, one of our partners dropped out due to competing demands on their time from a system-wide upgrade. Secondly, project documentation provided to partners should provide concrete implementation examples and details. Because the CDA can be used and implemented in so many ways, different project teams formed divergent ideas of how the workflow was to be implemented. Finally, involvement of non-technical end-users proved crucial to ground the design new workflows.

**OBJECTIVE:** The individual should gain knowledge about Health Information Exchange (HIE), and some of the organizational and technical pitfalls that confront implementers.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Chia-Hua Yu  
Public Health Informatics Specialist  
Oregon Health Authority  
800 NE Oregon Street Suite 370  
Portland, OR 97232  
971-673-0374  
chiahua.yu@state.or.us

**CO-PRESENTER(S):**

Dina Dickerson (dina.dickerson@state.or.us)  
Meuy Swafford (meuy.f.swafford@state.or.us)  
Heather Morrow-Almeida (heather.r.morrow-almeida@state.or.us)

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**TITLE:** *Assessment of factors related to male engagement among African-American families participating in the Healthy Birth Initiatives Program*

**TOPIC:** Maternal-Child Health: The Role of Fathers

**AUTHOR(S):** Rachael Banks, MPH, Barbara Pizacani, PhD, Tim Holbert, BA

**STUDENT:** No

**ABSTRACT:** Background: The Healthy Birth Initiatives is a Multnomah County maternal child health program providing prenatal/postpartum services to African American women in order to decrease inequities in birth outcomes. HBI offers services to support fathers as well. To improve outreach and services for men, the program gathered feedback from community members about the barriers and facilitators men face in their roles as fathers.

Methods: Interviews were conducted with 21 African-American community members with experience working with men.

Results: Individual barriers to involvement include self-perception, and the need for education and jobs. Interpersonal factors included the need to heal family disunity created through historical policies, and to promote respect for fatherhood. Community factors included disruption of the community in Multnomah County through gentrification. Societal factors included racism and media exploitation. Community members added that HBI should engage African-American men who successfully model engaged fatherhood to conduct outreach, and should reexamine its image in the community as a program for “poor mothers.”

Conclusion: Factors affecting men are multifaceted, and include individual, interpersonal, community-level and societal. HBI should examine ways that it can strategically address these barriers through utilizing its public health role as a convener, service referral or support for policy change.

**OBJECTIVE:** By the end of the presentation, the learner will be able to summarize factors affecting male engagement in the family.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Tim Holbert, APRN, BA  
Evaluation, Research and Policy Analyst  
Multnomah County Health Department  
823 NE Oregon St  
Portland, OR 97232  
971-673-0601  
tim.holbert@state.or.us

**CO-PRESENTER(S):**

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**TITLE:** *Bio-compatibility of silver nanomaterials using the embryonic zebrafish bioassay*

**TOPIC:** Environmental and Occupational Health and Safety (EOHS)

**AUTHOR(S):** Fisher, Joseph A, Tanguay, Robert L

**STUDENT:** Yes

**ABSTRACT:** The bio-compatibility of silver nanomaterials (AgNP) is currently of great interest to regulators and health and safety professionals because it is a material that has the potential to reach mass populations. This study reports on the development and implementation of a heart rate assay that requires only 30 seconds per animal using this semiautomated technique. Zebrafish embryos were exposed to four AgNP (20 nm Citrate, 20 nm PVP, 110 nm Citrate, 110 nm PVP), at five low exposure concentrations ( $\leq 10$   $\mu\text{g}/\text{mL}$ ), across two exposure media (EM, 62.5  $\mu\text{M}$   $\text{CaCl}_2$ ). The heart rate assay at 6 days post fertilization (dpf) detected a significant concentration and media effect. Experimenters who alter exposure media must not overlook other potential biological effects that could influence or confound data interpretation. The development and implementation of this sensitive heart rate assay adds to the versatile well-established zebrafish bioassays, and is able to detect affects not identified with other assays.

**OBJECTIVE:** What are nanomaterials and how can they be tested to investigate bio-compatibility in order to safeguard health and safety.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Joseph Fisher, APRN  
PhD Candidate  
Oregon State University  
PO BOX 2875  
CORVALLIS, OR 97339  
541-737-6500  
fishejos@onid.orst.edu

**CO-PRESENTER(S):**

Robert Tanguay (Robert.Tanguay@oregonstate.edu)

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

**TOPIC:** Health Effects of Climate Change

**AUTHOR(S):** Brian E. Cooke, MS & BSPH, Public Health Preparedness Planner, Benton County Health Department

**STUDENT:** No

**ABSTRACT:** In 2011, Benton County Health Department was 1 of 5 counties to be a part of helping to create a path for other Health Departments to create a Climate Health Adaptation Plan, which is funded by the CDC. This process has led to the creation of the Climate Change Health Risk Assessment Model. This model helps to bring climate change down to the local level instead of at the Global or State level and currently there is no climate change model that allows for this type of planning. The health issues in relation to climate change will affect counties differently and it is important that resources are properly used to help identify and plan for future climate change health related issues.

**OBJECTIVE:**

1. Health effects of climate change at the local level.
2. Planning and preparing for climate change at the local level.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Brian Cooke, APRN  
Public Health Preparedness Planner  
Benton County Health Services  
530 NW 27th St  
Corvallis, OR 97339-0579  
541-766-6623

brian.cooke@co.benton.or.us

**CO-PRESENTER(S):**

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**TITLE:** *Community Connections Network (CCN): Applying Lessons Learned from CCN to Oregon's Health Care Reform*

**TOPIC:** Community Health Teams

**AUTHOR(S):** Marilyn Berardinelli, BS, Karen Brown, MEd, Gillian Freney, BA, and Marilyn Hartzell, MEd

**STUDENT:** No

**ABSTRACT:** Community Connections Network (CCN), a program of The Oregon Center for Children and Youth with Special Health Needs, has a 20-year history of providing community-based multidisciplinary care coordination for children and youth with special health needs (CYSHN), ages 0-21. Currently, there are CCN teams in 9 rural and semi-rural communities in Oregon. Those served receive comprehensive care planning. The result is increased capacity of the family to address their child's needs. Concurrent with the care coordination function, each team functions as a "community of practice." Practitioners serving CYSHN come together out of desire to effect change in their communities. They share knowledge, improve existing practices and identify and solve problems for children with special health needs and their families. The common store of knowledge built over time benefits the greater local population of CYSHN, resulting in a strengthened system of care.

In 2012, a series of interviews were conducted with CCN team members and community partners. The purpose was to identify strengths of the program and where improvements could be made. This poster will focus on key findings of those interviews and how lessons learned about community-based multidisciplinary care coordination may be applied to practice transformation and health reform.

**OBJECTIVE:** To increase understanding of how community health teams for children and youth with special health needs may be integrated into Oregon's health care reform efforts

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Marilyn Berardinelli, BS  
Community Consultant; Coordinator, Medical Home Initiative  
Oregon Center for Children and Youth with Special Health Needs  
Mailcode CDRC; P.O. Box 574  
Portland, OR 97207-0574  
503-418-1485  
berardin@ohsu.edu

**CO-PRESENTER(S):**

Karen Brown (brownkar@ohsu.edu)

Gillian Freney (freneyg@ohsu.edu)

Marilyn Hartzell (hartzell@ohsu.edu)

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**TITLE:** *Crook County on the Move***TOPIC:** Chronic disease prevention through built environment improvements.**AUTHOR(S):** Kris Williams, Carly Rachocki**STUDENT:** No**ABSTRACT:** This poster presentation will discuss how local research projects have been used in Crook County to improve the built environment and to increase opportunities for physical activity.

We will focus on two projects: a Health Impact Assessment (HIA) on existing pedestrian and bicycle facilities and a Community Research Enhancement Project to evaluate facilitators and barriers to utilization of recreation services and programs in the county.

For each project, we will discuss the recommendations, community partnerships, and changes to the County's built environment resulting from the studies. The poster will include maps on sidewalk connectivity and trail improvements.

**OBJECTIVE:** Learn ways communities can improve their built environments via local research projects.**AV NEEDS:****PRIMARY CONTACT INFORMATION:**

Kris Williams

TPEP Coordinatiro

Crook County Health Department

375 NW Beaver St. Ste. 100

Prineville, 97754-1853

5414475165

kwilliams@h.co.crook.or.us

**CO-PRESENTER(S):**

Carly Rachocki (crachocki@h.co.crook.or.us)

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**TITLE:** *¡Cúídate!: Taking Care of Our Latino Youth in Oregon*

**TOPIC:** Youth Sexual Health, Sexual Health Disparities, Latino Health

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

**STUDENT:** No

**ABSTRACT:** To address Latino youth sexual health disparities in Oregon, the ¡Cúídate! program was selected to implement with youth. In 2011, Latina females aged 15-19 years had the highest teen pregnancy rates in Oregon. In 2012, Latino youth 15-19 had the second highest rate of chlamydia infections in Oregon. ¡Cúídate! is a culturally-specific seven module curriculum aimed at reducing unintended pregnancy and STI/HIV rates among Latino youth. The curriculum is proven to positively influence sexual health beliefs, intentions and behaviors. ¡Cúídate!is currently being implemented in six counties across Oregon. Over 1,300 youth have participated in ¡Cúídate!. Questions on demographics, knowledge, intentions, behaviors and future educational attainment are asked of participants in pre-program and post-program surveys.

Early results from ¡Cúídate! evaluation indicate that Latino youth have reported positive changes in knowledge, intentions and beliefs. At program baseline, 63.7% of Latino youth reported knowing how to correctly use a condom, while at program exit, 94.6% of Latino youth reported this. The belief that abstinence is the surest way to prevent unintended pregnancy and STI/HIV infection among Latino youth increased from 82.1% at program baseline to 89.1% at program exit. Additionally, there were increases in the percentage of Latino youth who reported that they would be “very likely” to use condoms in the next 3 months and get tested for STDs and HIV annually if they were sexually active.

**OBJECTIVE:**

1. Learn about ¡Cúídate!implementation in Oregon and how the curriculum aims to improve youth sexual health outcomes among Latino youth
2. Review results from the ¡Cúídate! program in Oregon and explore the potential the program has to contribute

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Lindsay Weaver, MPH  
Program Analyst 2  
Oregon Health Authority  
800 NE Oregon Street Suite 805  
Portland, OR 97232  
9716731398  
lindsay.weaver@state.or.us

**CO-PRESENTER(S):**

LaShanda Eller (lashanda.n.eller@state.or.us)  
Jessica Duke (jessica.duke@state.or.us)

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**TITLE:** *Development of a global healthcare delivery management system for BioMedLink*

**TOPIC:** Global healthcare delivery management systems

**AUTHOR(S):** Renee Harger, MPH-IH 2013 candidate; Tanida Chongvilaiwan, BS IE; Javier Calvo-Amodio, Ph.D; Hector A. Vergara, PhD; Daniel Lopez-Cevallos, PhD

**STUDENT:** Yes

**ABSTRACT:** BioMedLink is a start-up that wants to connect biomedical innovators with experts and healthcare providers at medically underserved communities throughout the developing world, and become an intermediary between these groups and manufacturers and distributors. In this research, we are developing an efficient healthcare delivery management system that will allow BioMedLink to carry out the last-mile delivery of healthcare innovations in an effective way. This study comprises: 1) the selection of metrics based on local and international health, social and economic indicators; 2) the development of a mathematical model to represent the interaction between different social metrics and inform decision making related to last-mile distribution of healthcare innovations through a decision support tool/policy; and, 3) the development of a management system to implement policies dictated by the mathematical model using the Total Systems Intervention (TSI) approach as the guiding theoretical framework. Countries of interests considered in our research as initial case studies are Ecuador and Mexico.

**OBJECTIVE:**

1. Raise awareness about the challenges of current delivery systems for healthcare equipment in low/middle-income countries.
2. Explore the development of a more efficient healthcare delivery management system for low/middle-income countries.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Renee Harger, APRN  
MPH Candidate 2013  
OSU  
5642 SE Boise St.  
PDX, OR 97206  
503 307 8992  
Hargerr@onid.orst.edu

**CO-PRESENTER(S):**

Tanida Chongvilaiwan (chongvit@onid.orst.edu)

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**TITLE:** *Emergency Preparedness for Oregonians with Disabilities*

**TOPIC:** Emergency Preparedness, People with Disabilities,

**AUTHOR(S):** Danielle Bailey, MPH; Angela Weaver, MEd; Eva Hawes, MPH; Elena Andresen, PhD

**STUDENT:** No

**ABSTRACT:** Under normal circumstances, someone with a moderate to severe disability can live alone and lead an independent life with outside supports. But what happens in an emergency when supports are unavailable? People with disabilities (PWD) are among those most likely to be adversely affected in an emergency or natural disaster. About 824,600 Oregon adults age 18 and older has a disability based on surveillance surveys (BRFSS, 2011). We need to ensure that vulnerable populations in Oregon, including PWD, are addressed in all aspects of State emergency planning. To prepare PWD for emergencies the Oregon Office on Disability and Health (OODH) collaborated with national experts and Oregon coalitions and organizations to create an emergency preparation toolkit and training titled "Ready Now!" The training is presented in a manner that addresses and reflects the unique abilities of PWD, allowing the person going through the training to address his or her specific needs. OODH also provides training for Oregon's first responders on how to respond to the needs of PWD during a disaster, as well as helps the State address accessibility, and the inclusion of PWD in state-level public health and emergency management functions, through web and train-the-trainer activities, and assessment of county-level emergency plans.

**OBJECTIVE:**

1. To Learn about emergency preparedness training for individuals with disabilities and those who support them.
2. To learn about disability and EP training for first responders.
3. To learn about state efforts to include and meet the needs of PWD in state Emerg

**AV NEEDS:****PRIMARY CONTACT INFORMATION:**

Angela Weaver, APRN  
Project Coordinator  
Oregon Office on Disability and Health

707 SW Gaines Street  
Portland, OR 97080  
503-494-1205  
WEAVERRO@OHSU.EDU

**CO-PRESENTER(S):**

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**TITLE:** *Encouraging Quality, Making Improvements: An MCH Success Story*

**TOPIC:** Quality Improvement, Database Development, Prenatal Care Access

**AUTHOR(S):** Matt Gilman, Lesa Dixon-Gray, Fred King, Trong Nguyen, Valerie Stratton

**STUDENT:** No

**ABSTRACT:** Oregon MothersCare is a statewide Maternal and Child Health Program that focuses on early access to prenatal care. Over the 14 years of existence, the process for data transfer and tracking remained unchanged; all data was submitted on paper, individually entered quarterly. Oregon MothersCare and the Performance Management Program partnered to improve the current data tracking and transfer system. This improvement increased the speed of access to client data, which allowed for a reduction in the amount of paperwork per client, and made it possible for each OMC sites to track their own clients.

The Quality Improvement work included developing a stakeholder group of county-level OMC providers, development of a new data system, piloting several iterations of the new system, and constant stakeholder feedback that enabled the state-level OMC group to make ongoing improvements to the system. The information that the stakeholder group provided was invaluable and early success was seen when the sites piloting the new system, advocated to maintain use of the new system, instead of moving back to the paper-based process.

Special acknowledgement to the Association of State and Territorial Health Officials and the Robert Woods Johnson Foundation for providing the funding that made this project possible.

**OBJECTIVE:**

1. Attendees will gain knowledge about the impact of a quality improvement process to improve data gathering and reporting with a prenatal care referral program.
2. Attendees will be able to state the importance of including stakeholders in the quality impro

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Matt Gilman, APRN  
Quality Improvement Specialist  
Oregon Public Health Division; Performance Management Program  
800 NE Oregon Street, Suite 930  
Portland, OR 97232  
971-673-0360  
matt.s.gilman@state.or.us

**CO-PRESENTER(S):**

Lesia Dixon-Gray (lesa.dixon-gray@state.or.us)

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**TITLE:** *Factors That Prevent and Promote Community Based Physical Activity Participation in Young Adults with Asperger Syndrome*

**TOPIC:** Health Promotion and Health Behavior

**AUTHOR(S):** Jessica Hamm, Simon Driver

**STUDENT:** Yes

**ABSTRACT:** Background: Currently 1/50 American school children are diagnosed with Autism, which according to the DSM-V includes individuals with Asperger Syndrome. As these individuals transition from school to living in the community they often experience social isolation, higher rates of depression, anxiety, and other mental health issues. Thus, practitioners are challenged to provide opportunities for individuals to engage in meaningful community programs that promote their overall health. Physical activity is one health promoting behavior that can be implemented into community programs, and increased activity is known to improve the physical and mental health of individuals with Asperger Syndrome. However, individuals with Asperger Syndrome are typically inactive, emphasizing the need for strategies to facilitate participation. Purpose: To provide practitioners with a framework to engage individuals with Asperger syndrome in community-based physical activity programs. Specifically, practitioners will be able to identify the community-based barriers that individuals face and then implement practical strategies to overcome the specific barriers. Self-determination theory will be used as the framework to guide strategies with discussion focusing on increasing individual's competence, autonomy, and relatedness. By implementing these strategies, practitioners will be positioned to create effective physical activity programs for individuals with Asperger Syndrome living in the community.

**OBJECTIVE:**

1. Attendees will be able to identify barriers and strategies to community based physical activity participation for individuals with Asperger Syndrome.

2. Attendees will understand how to apply a theoretical framework to promote the physical activity of ind

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jessica Hamm, MS  
Oregon State University  
2515 NW Fairlawn St.  
Corvallis, OR 9733-  
716-812-7992  
Jessica.l.hamm@gmail.com

**CO-PRESENTER(S):**

Simon Driver (simon.driver@oregonstate.edu)

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**TITLE:** *Family Care of Older Latinos with Diabetes: A qualitative study*

**TOPIC:** Elder Caregiving

**AUTHOR(S):** Erika S. Sanchez, BA, and Carolyn A. Mendez-Luck, PhD, MPH

**STUDENT:** Yes

**ABSTRACT:** Latinos age 60< have a higher prevalence of type 2 diabetes and more severe complications from the disease, compared to non-Latino Whites of the same age. The majority of informal care for older adults is provided by friends and family and this is especially true among Latino families. This study aimed to qualitatively understand the realities of managing diabetes at home and to examine the cultural context of elder care in Latino families, in terms of the pattern and range of assistance caregivers provide to elders with diabetes. One-time, semi-structured interviews were conducted with 12 caregiver-care receiver dyads in East Los Angeles, California. Participant observation was conducted in 11-12 home visits over a 3-4 month period. Observational notes were taken after home visits and audio files were transcribed. Transcripts were repeatedly examined for thematic content, using Atlas.ti software to manage the data. A theme that has emerged thus far from preliminary data analyses is that there is a discrepancy between what dyads report as the most important diabetes care activities and the care activities actually observed in the homes. Family dynamics and interpersonal communication appeared to undermine dyads' intentions to enact the behaviors they reported as most important.

**OBJECTIVE:** 1) Describe at least one inconsistency of diabetes care among Latino families that participated in the study 2) Identify at least one potential interpersonal communication barrier for providing diabetes care in this sample of Latino families.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Erika Sanchez, BA  
Graduate Research Assistant  
OSU  
Waldo 421  
Corvallis, OR 97331  
8187202054  
ERIKA.S.SANCHEZ82@GMAIL.COM

**CO-PRESENTER(S):**

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**TITLE:** *Food Security Screening and Intervention at Doernbecher Pediatrics*

**TOPIC:** child health, food, primary health care, poverty

**AUTHOR(S):** Elizabeth Adams, RD, PhD, Dana Hargunani, MD, MPH, Laurel Hoffmann, Beth Cohen

**STUDENT:** Yes

**ABSTRACT:** Background: Food insecurity, the unreliable access to nutritious food due to limited financial or other resources, affected 20.6% of American families with children in 2011. A child's growth, cognitive development, academic performance, and physical and psychological health are negatively affected by food insecurity and hunger. Health care providers are well-positioned to address childhood hunger during routine well child care.

**Objective:** The aim of the Doernbecher Pediatrics Food Security Screening and Intervention project is to assess the impact of routine screening for food insecurity and to evaluate the feasibility of intervention during general pediatric visits.

**Methods:** Families are recruited from visits to Doernbecher Pediatrics clinics. Eligibility is based on responses to validated food insecurity screening questions that are asked of all families during well child checks. Providers are encouraged to intervene in situations of food insecurity by providing county-specific food resource lists.

Participants complete a paper survey about household food needs and resource utilization. Six months later, they will complete a second, similar survey to evaluate for any change in food security status or resource utilization.

**Results:** The IRB approved the project in November of 2012 and data are being collected.

**Conclusions:** Conclusions are pending at the time of abstract submission.

**OBJECTIVE:** The viewer will be able to describe ways to address food insecurity in the setting of pediatric primary care.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Laurel Hoffmann, BA  
OHSU  
4133 SW Corbett Unit B  
Portland, OR 97239  
405-659-0648  
murphy@ohsu.edu

**CO-PRESENTER(S):**

Elizabeth Adams (adamse@ohsu.edu)  
Dana Hargunani (mooreda@ohsu.edu)  
Beth Cohen (bcohen@oregonfoodbank.org)

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**TITLE:** *Healthy Lifestyles for People with Disabilities*

**TOPIC:** Health and Disability, Health Promotion

**AUTHOR(S):** Angela Weaver, MEd, Willi Horner-Johnson, PhD; Elena Andresen, PhD

**STUDENT:** No

**ABSTRACT:** People with disabilities (PWD) experience more health disparities than their peers without disabilities, i.e., they are more likely to be obese and smoke, and less likely to exercise. People with disabilities also experience more barriers when accessing health promotion programs. About 824,600 Oregon adults age 18 and older has a disability based on surveillance surveys (BRFSS, 2011). Oregonians with disabilities have the right to access accessible health promotion opportunities within their communities.

Since 2001, the Oregon Office on Disability and Health (OODH) has delivered numerous Healthy Lifestyles (HL) workshops to over 600 Oregonians with disabilities and has trained another 25 PWD to be Lead HL Trainers. HL workshops offer a holistic approach to health, are conducted using an evidence-based health promotion curriculum, written for and by PWD. OODH is collaborating with state and local partners to conduct several HL Train-the-Trainer events. The events will establish certified Lead HL trainers expanding the program's capacity to reach more PWD state-wide. It is the goal of OODH and our partners that Coordinated Care Organizations, disability agencies, etc., will

sponsor HL workshops and thus creating a long-term sustainable health promotion opportunity for Oregonians with disabilities.

**OBJECTIVE:**

1. To learn about the Healthy Lifestyles Curriculum and related workshops.
2. To learn about the research procedures used to development of an evidence-based curriculum.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Angela Weaver, |EMPTY|  
Project Coordinator  
Oregon Office on Disability and Health  
707 SW Gaines Street  
Portland, OR 97239  
503-494-1205  
WEAVERRO@OHSU.EDU

**CO-PRESENTER(S):**

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**TITLE:** *Identifying and Developing Health Class Curriculum for Secondary Students in Tanzania*

**TOPIC:** Advocacy for health and health education, Planning of health education strategies and lessons

**AUTHOR(S):** Rachel Clark, Christina Baldisseri

**STUDENT:** Yes

**ABSTRACT:** Purpose: Red Sweater Project, an NGO working to expand secondary education in rural East Africa, sponsored the assessment of health education needs to establish a baseline measurement of health knowledge and to evaluate health behaviors prior to implementation of health curriculum intervention.

Methods: Two community health officer volunteers from the Red Sweater Project in Tanzania administered the CDC's Global School-based Health Survey (GSHS) in Swahili to 40 secondary students, (20 girls and 20 boys), between the ages of 12 and 18. The survey items measured behaviors related to: alcohol, substance abuse, nutrition, hygiene, physical activity, sexual behaviors and violence.

Students were invited to participate in the survey and were told that participation was optional and that their responses would be anonymous. Each student completed a paper copy of the survey questionnaire. Survey results were entered into an Excel spreadsheet and analyzed. Patterns emerged

identifying areas where students reported a strong understanding of topics and areas where students needed further education.

Results: Students reported healthy behaviors related to: nutrition, hygiene, tobacco and physical activity. Students reported deficits in knowledge in: violence and bullying, substance abuse, HIV/AIDs and interpersonal relationships.

Conclusion: The survey provided critical health teaching planning information based on student's reported assessments of their health knowledge strengths and deficits. Additional health classes are being developed for the topics that had the lowest survey scores. The use of the GSHS survey is a useful tool for public health professionals in planning relevant health education for students in developing countries.

**OBJECTIVE:**

1. Describe the process for assessing student's health education needs.
2. List findings from results of the Global School Based Health Survey.
3. Describe the health classes needed to strengthen student's health knowledge.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Rachel Clark  
MBA GCPH, MPH Student  
Oregon Health Sciences University  
521 W 30th Street  
Vancouver, WA 98660  
5034755324  
knowltor@ohsu.edu

**CO-PRESENTER(S):**

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**TITLE:** *Impact of regulatory changes on chlamydia testing and trends in Union County*

**TOPIC:** Chlamydia; STI testing; access to health care

**AUTHOR(S):** Natalie Linton

**STUDENT:** Yes

**ABSTRACT:** Chlamydia, the most frequently reported bacterial sexually transmitted infection (STI) in the United States, is most often found in young people aged 15-24 years. Access by this age group to screening and testing services is essential to the identification, treatment, and education of those

infected in order to prevent re-infection and the spread of the disease. However, cost is a barrier to access to STI screening and testing, and Affordable Care Act (ACA) requirements precluded many Eastern Oregon University (EOU) students from enrolling in the student health insurance plan during the 2012-2013 academic year, altering the way they receive care.

Changes in student health insurance premiums in order to meet ACA requirements led to 98.7% percent drop in domestic students enrolled in the student health insurance plan between fall 2011 and fall 2012. As a result of new out-of-pocket costs the EOU Student Health Center saw a significant decrease in utilization and a 72% decrease in STI testing in fall term alone. To counteract these changes, the local public health authority was invited in October 2012 to provide its low/no-cost services onsite at the Student Health Center twice a month. Data to explain how these changes have affected overall STI testing and chlamydia rates are currently in analysis, with findings anticipated by August 2013.

**OBJECTIVE:** (1) Describe chlamydia trends in rural Union County. (2) Illustrate how ACA requirements have impacted the cost of student health insurance and the implications this has had for STI screening and testing of young people in Union County. (3) Discuss how ch

**AV NEEDS:** N/A

**PRIMARY CONTACT INFORMATION:**

Natalie Linton, APRN  
MPH Student (formerly Healthy Communities Coordinator)  
Oregon State University (formerly Center for Human Development, Inc.)  
2301 Cove Ave (until July 16)/633 NW 29th St (after July 16)  
La Grande/Corvallis, OR 97850/97330  
619-851-3100  
nlinton@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *Increasing Access to Healthcare for Oregonians with Disabilities*

**TOPIC:** Disability and Access to Healthcare

**AUTHOR(S):** Angela Weaver, MEd; Danielle Bailey, MPH, Elena Andresen, PhD

**STUDENT:** No

**ABSTRACT:** The Oregon Office on Disability and Health (OODH) seeks to improve health and independence of People with disabilities (PWD). PWD experience more health disparities and barriers to accessing health care than their peers without disabilities, i.e., less likely to have received a mammogram, or regular dental exam. About 824,600 Oregon adults age 18 and older has a disability

based on surveillance surveys (BRFSS, 2011). Oregonians with disabilities need to have access to regular preventative healthcare services within their communities.

OODH promotes and increases access to healthcare for PWD. In partnership with: 1) the majority of Oregon's Mammography facilities, OODH developed and currently maintains the Oregon Mammography Directory that provides accessibility information; 2) major medical providers OODH provides training to Mammography Technologists on disability etiquette and how to position women with mobility impairments for screening; 3) Oregon's Dept of Public Health and the NW ADA Center, OODH developed an ADA physical accessibility assessment tool and is an ADA Disability Etiquette training that is part of Local Public Health Departments' accreditation requirements and on-going staff training; and 4) key community partners and disability providers, OODH supports and provides TA to Oregon's rural communities to identify, prioritize and address community-based healthcare access barriers.

**OBJECTIVE:**

- 1) to learn about healthcare access issues for people with disabilities
- 2) to learn about working with community partners to find solutions and strategies to reduce or eliminate access barriers

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Angela Weaver  
Project Coordinator  
Oregon Office on Disability and Health  
707 SW Gaines Street  
Portland, OR 97239  
503-494-1205  
WEAVERRO@OHSU.EDU

**CO-PRESENTER(S):**

ANGELA WEAVER (WEAVERRO@OHSU.EDU)

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**TITLE:** *Individual, interpersonal, and structural power: Associations with condom use in a sample of young adult Latinos*

**TOPIC:** Sexual and Reproductive Health, Latino Health

**AUTHOR(S):** Lynissa R. Stokes, S. Marie Harvey, Jocelyn T. Warren

**STUDENT:** No

**ABSTRACT:** Background and Purpose: Latinos in the US experience disproportionately high rates of STIs and HIV/AIDS. The purpose of this study was to examine the influence of multiple measures of power on condom use among Latino young adults.

Methods: We conducted interviews with sexually active Latinos between the ages of 18 and 25 (246 women, 234 men) recruited from community sites in four rural Oregon counties.

Results: Spearman rank coefficients indicated that the measures of power were, with one exception, significantly, but not strongly correlated. In stratified logistic regression analyses condom use self-efficacy, a measure of individual power, and sexual decision-making, a measure of interpersonal power, were associated with increased odds of consistent condom use among both men and women. Among men, increasing relationship control, a measure of interpersonal power, was associated with lower odds of consistent condom use. Among women, increasing medical mistrust, a measure of structural power, was associated with increased odds of consistent condom use.

Conclusions and Implications: Measures of individual, interpersonal, and structural power explained variations in condom use among Latino men and women. Results suggest that interventions designed to increase condom use among this population may be more effective if they address power at multiple levels.

**OBJECTIVE:** Identify the types of power associated with consistent condom use among the Latino young adult men and women sampled as well as gender differences in these associations.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Lynissa Stokes, APRN  
Research Associate/Postdoctoral Fellow  
Oregon State University  
214 Langton Hall  
Corvallis, OR 97331  
541-737-2155  
lynissa.stokes@oregonstate.edu

**CO-PRESENTER(S):**

S. Marie Harvey (marie.harvey@oregonstate.edu)  
Jocelyn T. Warren (jocelyn.warren@oregonstate.edu)

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**TITLE:** *Leaders for a Lifetime host “Noj Qab Noj Zoo” show, a Hmong village museum and other performance activism*

**TOPIC:** Empowering Hmong youth to educate their community about health and well-being and the general community about the health needs of the Hmong

**AUTHOR(S):** Bow Lee, Mary Portis

**STUDENT:** Yes

**ABSTRACT:** The Hmong, refugees from the post-Vietnam War, are often excluded from health education programs due to cultural, linguistic, social, environmental and literacy barriers. To conquer these barriers, Leaders for a Lifetime, empowers Hmong youth to educate their own ethnic community in Butte County, California. The group is comprised of local Hmong youth aged 12-18. The Hmong youth are educated and trained by health specialists and professors from the local university. Because the youth are Hmong and from the community, they understand the community's needs very well. The purpose of Leaders for a Lifetime is twofold (1): the youth use their cultural knowledge and health education training to develop, plan and implement health-related activities for the Hmong community and (2) the youth educate the general community about the cultural, traditional and shamanic beliefs of health for the Hmong through performance activities. As a result of Leaders for a Lifetime, the Hmong are becoming more aware of health services available for them while the professionals are adapting their services to meet the needs of the Hmong. The implication from Leaders for a Lifetime is to enable programs to target vulnerable communities through a youth-based program.

**OBJECTIVE:**

1. Learn about performance activism
2. Understand how Leaders for a Lifetime enhanced health education programs for the Hmong community
3. Learn how Leaders for a Lifetime empowered the Hmong community

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Bow Lee, APRN  
Graduate Student  
Oregon State University  
505 27th Ave SE # 51  
Albany, OR 97321  
530-354-1404  
leebow@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Long-term comparative effectiveness of telemedicine to detect diabetic retinopathy*

**TOPIC:** Disease Prevention

**AUTHOR(S):** Steven L. Mansberger, Stuart K. Gardiner, Shaban Demirel , Thomas M. Becker

**STUDENT:** No

**ABSTRACT:** Purpose: To determine the long-term comparative effectiveness of telemedicine for providing diabetic retinopathy screening exams in community health clinics with a high proportion of minorities.

Methods: We enrolled 567 participants with diabetes into a multicenter, randomized controlled trial with a staged intervention. We assigned diabetic participants to one of two groups: 1) telemedicine with a non-mydratic camera in a primary medical clinic; or 2) traditional surveillance with an eye care provider. After two years, the trial offered telemedicine to all participants. We determined the proportion of diabetic retinopathy screening exams during each year after enrollment using an intention-to-treat analysis.

Results: The Telemedicine group (n=296) was more likely to receive a diabetic screening exam when compared to the Traditional Surveillance group (n=271) during Year 1 (91.9% vs. 43.9%, p<.001) and Year 2 (53.0% vs. 33.2%, p<.001). However, after the trial offered telemedicine to both groups, the proportion of diabetic screening exams was similar for the subsequent years.

Conclusions: Telemedicine in the primary medical clinic using non-mydratic cameras increased the proportion of participants who obtained diabetic screening exams when compared to traditional surveillance, and most patients did not have levels of diabetic retinopathy requiring a referral to an ophthalmologist.

**OBJECTIVE:**

1. Discuss why telemedicine has the potential to increase the proportion of patients with diabetes that receive annual eye exams.
2. Evaluate whether telemedicine is an effective way to screen diabetic patients for retinopathy.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

William Lambert, PhD  
Associate Professor  
Oregon Health & Science University  
3181 SW Sam Jackson Park Rd, CB669  
Portland, OR 97239

503-494-9488  
lambertw@ohsu.edu

**CO-PRESENTER(S):**

Steven L. Mansberger (smansberger@deverseye.org)  
Stuart K. Gardiner (sgardiner@deverseye.org)  
Shaban Demirel (sdemirel@deverseye.org)  
Thomas M. Becker (beckert@ohsu.edu)

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**TITLE:** *Overweight and Obesity: Prevalence and Correlates in a Large Clinical Sample*

**TOPIC:** autism, overweight, obesity

**AUTHOR(S):** Kim Guion, Lisa Voltolina, JB Roulet, Magaret Wolff, Katherine Zuckerman, Lark Huang-Storms, and Eric Fombonne

**STUDENT:** No

**ABSTRACT:** Background: Studies have shown that the rate of obesity in children with autism is significantly higher than that in the typically developing population, though consistent with rates of obesity being higher in other populations with developmental disabilities. Predictors of overweight (OWT) and obesity (OBY) in ASD children should be identified in order to promote healthier life and inform clinical management.

Objective: identify predictors of overweight and obesity in a clinical sample of children with ASD.

Methods: Data collected at the OHSU site of the Autism Treatment Network on 388 subjects were available. OWT and OBY were defined as BMI  $\geq$  85th or  $\geq$ 95th centiles derived from CDC population norms. Data on parental concerns, autism severity, adaptive behavior, verbal level, medication use, and socio-demographic background were available.

Results: The mean BMI was 17.4 and the median was 16.5. Prevalence was 33.8% for overweight and 16.5% for obese. Bivariate analyses indicated that few of the variables examined significantly predicted overweight status. Melatonin use and CBCL score on the Affective scale seem associated with OWT status. In a subsample of 94 children with Stanford-Binet data, a trend emerged for a negative association between full scale IQ and BMI. Analyses repeated for OBY children and broadly comparable results were obtained.

Implications: Interventions for overweight in children with ASD should likely focus on similar behavioral strategies as those used in the typical population. Special attention may be given to children with high levels of affective difficulties and sleep difficulties.

**OBJECTIVE:** Identify issues of overweight and obesity in developmentally delayed populations and understand the need for interventions for overweight in children with autism.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Lisa Voltolina, MS  
Research Coordinator  
Oregon Health and Science University  
707 SW Gaines St  
Portland, OR 97239  
503-418-5076  
voltolin@ohsu.edu

**CO-PRESENTER(S):**

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**TITLE:** *Pathways to Better Health for High-Risk OMIP Members*

**TOPIC:** Healthcare transformation, cost reduction

**AUTHOR(S):** Marifer Sager

**STUDENT:** No

**ABSTRACT:** Background/Purpose: Pathways to Better Health (PBH) is an OMIP funded project to remove barriers to access and to improve responsiveness of the provider delivery system with the goal of reducing long term costs. Project Access NOW (PANOW) and Familias en Acci3n were chosen to implement the project by developing outcomes based, data focused pathways that allow multiple agencies to provide navigation services using an outcomes-based payment mechanism. Pathways to Better Health aims to improve communication between providers, improve health status and health literacy, and to connect patients to social services

Methods: PBH employs a combination of qualitative and quantitative data collection for outcome evaluation (changes in utilization and costs of medical care for patients who do and do not receive patient navigation) and process evaluation (based on the number of patients enrolled, number/type of pathway(s) initiated and completed), and patient narratives.

Results/Outcome: At the present moment, PBH has 50 enrollees in its pilot project for a total of 175 active pathways. Our data supports preliminary conclusions about the efficacy of the pathways model in increasing education and health literacy and in reducing ED visits and inpatient hospital stays. Patient narratives provide a social context and identify areas to achieve improvements in care and/or reductions in cost

Conclusions/Implications: PBH is a promising tool for implementing healthcare transformation in multiple domains.

**OBJECTIVE:** Positively impact the challenges faced by OMIP members accessing healthcare at the right time, in the right place, and at the right cost.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Marifer Sager, APRN  
Implementation Manager  
Project Access NOW  
1311 NW 21 Ave  
Portland, OR 97209  
503-413-5568  
marifer.sager@projectaccessnow.org

**CO-PRESENTER(S):**

Janet Hamilton (janet@projectaccessnow.org)

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**TITLE:** *Prevalence and Predictors of Food Insecurity in Children with Hemophilia*

**TOPIC:** Food Insecurity

**AUTHOR(S):** Ziha, Sarah; Adams, Elizabeth; Black, Anna; Stadler, Diane; Recht, Michael

**STUDENT:** Yes

**ABSTRACT:** Background: Food insecurity (FI), the limited or uncertain availability of nutritionally adequate and safe food, negatively affects children's development and health. Households including people with hemophilia may be at increased risk for FI due to hemophilia-related medical expenses and employment limitations.

**Objectives:** The purpose of this pilot study was to quantify FI prevalence and determinants among households of people with hemophilia.

**Methods:** FI and health status, as assessed at annual comprehensive visits from May 2012-January 2013 were obtained by chart review. Descriptive statistics were applied to summarize participant characteristics. This study was approved by the Oregon Health & Science University Institutional Review Board.

**Results:** Data were available for forty-two male participants, aged 0-18 years, 42.9% had mild or moderate hemophilia and 57.1% severe. Prevalence of FI overall was 16.7% (95% CI 5.4-28.0%), similar

to national averages; FI was rare among those with mild and moderate disease (5.6%) and concentrated among those with severe disease (25.0%; 95% CI 7.7-42.3%). Additionally, children who were older, taller, heavier, had higher BMI status, or were identified as a minority race or ethnicity were at increased risk for food insecurity (all  $P > 0.05$ ).

Conclusions: This study provides pilot data showing the need for screening and linkage to resources as a routine part of care, and the need for improved understanding of the determinants of FI in this population.

**OBJECTIVE:**

1. Define food insecurity.
2. List two questions that can be used to identify household food insecurity.
3. List characteristics that may be associated with food insecurity in children with hemophilia.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Sarah Ziha, BS, MS, RD  
OHSU Graduate Studies in Human Nutrition  
537 SW Valeria View Dr Apt 302  
Portland, OR 97225  
314-308-5145  
SarahZiha@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *Producing for the Future: Community Impacts of a Low-Income Youth Garden Project*

**TOPIC:** At-Risk Youth, Community Health

**AUTHOR(S):** Joy Lile, Leslie Richards

**STUDENT:** Yes

**ABSTRACT:** Producing for the Future engaged low-income youth at community gardens in Corvallis and Sweet Home, Oregon during the 2011 and 2012 growing seasons. Thirty youth participated in planning, planting, tending, and microenterprise activities at the gardens, as well as group meetings and nutritional lessons. Researchers used Community Based Participatory Research methods to collaborate with youth and adult mentors to collect qualitative and quantitative measures of individual and community-level effects of the gardens. Qualitative data collection methods included pre- and post-

interviews, peer-led interviews, group discussions, journals and written survey answers, photography, and the Community Capitals Framework. Of considerable note is the impact of these youth-adult partnerships on the surrounding communities, especially within the rural town of Sweet Home. This poster describes how the garden projects impacted their surrounding communities by providing youth with opportunities for engagement and employment, increasing youth visibility through micro-enterprise activities, fostering connections between youth and adult mentors, raising awareness of poverty and local food systems, and establishing sustainable programs with community supports. Research findings have contributed to the development of five additional youth-adult partnership gardens in rural Oregon communities, through existing 4-H youth programs.

**OBJECTIVE:**

1. Understand the potential benefits to youth and communities of a youth garden project.
2. Be able to apply strategies encouraging youth-adult garden partnerships in local settings.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Joy Lile, BA  
PhD Candidate  
HDFS, College of Public Health, Oregon State University  
401 Waldo Hall, Oregon State University  
Corvallis, OR 97330  
360-951-9402  
lilejo@onid.orst.edu

**CO-PRESENTER(S):**

Leslie Richards (Leslie.Richards@oregonstate.edu)

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**TITLE:** *Risk factors for noise-induced hearing loss and tinnitus in rural Oregon tribal communities*

**TOPIC:** Noise-induced hearing loss; noise exposure, tinnitus, hearing protection devices.

**AUTHOR(S):** WE Lambert, SE Griest, JL Sobel, LC Howarth, G Vann, T Zaback, TM Becker, C Sahme, S Kosey, C Matthew, WH Martin

**STUDENT:** No

**ABSTRACT:** Background: Noise-induced hearing loss has been reported in 16.8% 12-19 year olds in the U.S. Prevalence of moderate-to-severe hearing problems in American Indian/Alaska Native (AI/AN) populations is 2-4 times higher than other US subgroups. Little information is available on sound exposures in Native American youth.

Methods: As part of a community-based, multi-component noise-induced hearing loss and tinnitus prevention intervention, 162 American Indian elementary school children completed surveys. The surveys contained questions about types and frequency of sound exposures, consequences of exposures and use of hearing protective devices.

Results: Ninety-nine percent of students self-reported exposures to at least one potentially hazardous sound during the past year and 71% reported exposures to at least one dangerous sound on a daily basis. More than 54% reported exposure to sounds loud enough to make their ears hurt or ring, 55% rarely or never used hearing protective devices. The most common sound exposures were related to music but 57% reported using or being near discharging firearms.

Conclusions: The children participating in this study are at-risk for obtaining noise-induced hearing loss and/or tinnitus. Noise-induced hearing loss can be prevented using early educational interventions. Such interventions are strongly recommended.

**OBJECTIVE:**

1. Explain noise exposures for tribal school children in rural communities.
2. Discuss risk of noise-induced hearing loss and tinnitus in tribal school children in rural communities.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

William Lambert, PhD  
Associate Professor  
Oregon Health & Science University  
3181 SW Sam Jackson Park Rd, CB 669  
Portland, OR 97239  
503-494-9488  
Lambertw@ohsu.edu

**CO-PRESENTER(S):**

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**TITLE:** *Risky Behavior: Perceived Risk of Infectious Disease in Youth Entering Alcohol/Drug Treatment*

**TOPIC:** health behavior; adolescent health

**AUTHOR(S):** Cody Manriquez, Marit Bobbjerg, Tanya Pritt

**STUDENT:** Yes

**ABSTRACT:** YES (Youth Entering Sobriety) House is a youth inpatient treatment facility in Corvallis, serving Oregon and southwest Washington. Upon entering the facility, clients complete an anonymous risk assessment form, which collects data on demographics; health status; sexual, drug, and other health behaviors; and perceived risk of disease. YES House contacted OSU College of Public Health, asking for assistance analyzing the risk assessment forms for the years 1999-2011. We calculated frequencies for all variables, compared the per capita rate of youth admitted by county, and used ordinal logistic regression to explore perceived risk of HIV and HepatitisC. We found that 55.1% of the youth had been in jail and 22.3% had been homeless sometime in their life. The median age was 16.4 years; 64% were male. Though overall perceived risk was low, for each 1-point increase on a risky sexual behavior index, youth were 1.8 times more likely to perceive themselves at higher risk for contracting HIV and 1.4 times more likely to perceive themselves at higher risk for contracting HepatitisC. Similar results were seen for a drug behavior index. Adolescents entering YES House do not perceive themselves at high risk for infectious diseases, though many have engaged in high-risk behaviors.

**OBJECTIVE:** Participants will be able to describe patterns of risky health behaviors among youth admitted to an inpatient rehabilitation facility.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Cody Manriquez  
undergraduate student  
Oregon State University, Public Health  
c/o M. Bovbjerg, Milam 103  
Corvallis, OR 97333  
541-737-5313  
manriqco@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Screening & Regional Education Network (SCREEN): A collaborative Effort for Early Detection*

**TOPIC:** Health Promotion & Health Behavior (Cancer Screening)

**AUTHOR(S):** Andres Cardenas, MPH, Karen Caul, BA & Jana Kay Slater, PhD

**STUDENT:** Yes

**ABSTRACT:** SCREEN is a regional program designed to increase knowledge and awareness on the importance of breast and cervical screenings as well as early detection. SCREEN is a joint partnership between Susan G. Komen for the Cure, OHSU and Samaritan Health Services. The goal of the program is to increase the percentage of women who are current on their breast and cervical screenings in Benton,

Lane, Lincoln, and Linn counties. The program trains volunteers to attend public events and provide information and resources on the recommended screening schedules. Educational presentations to groups are also provided and pre and post assessments on the participant's views and knowledge are collected. Results of the pre and post assessments will be presented as an evaluation tool of the program (n=300). A follow up survey on screening practices is also collected from individuals that participated in the presentations. Long term follow up data will illustrate the impact of the presentations and adherence rates to the recommended screening schedules. Preliminary results show reduced intentions on screening practices for residents of Lincoln County. These results indicate that baseline knowledge of participants can be improved, and highlights the need to understand screening disparities between counties.

**OBJECTIVE:**

1. Describe the characteristics of a successful health education program and key components for its implementation.
2. Identify potential sources of data essential to evaluate the implementation of community health initiatives.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Andres Cardenas, MPH  
graduate Research Assistant  
Oregon State University  
4024 Nw Witham Hill Dr. Apt #34  
Corvallis, OR 97330  
(541)908-5179  
cardenaa@onid.orst.edu

**CO-PRESENTER(S):**

Karen Caul (kcaul@samhealth.org)  
Jana Kay Slater (jslater@samhealth.org)

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**TITLE:** *Self-Compassion: An Application to Public Health*

**TOPIC:** Self-Compassion

**AUTHOR(S):** Erin Mitchell, Dr. Vicki Ebbeck

**STUDENT:** Yes

**ABSTRACT:** Though an ancient idea rooted in Eastern thought, self-compassion was recently operationalized for use in Western science by Neff (2003a). Neff defines self-compassion through three interrelating components: mindfulness versus overidentification, self-kindness versus self-judgment, and common humanity versus isolation. Self-compassion is embodied when individuals desire to alleviate their own suffering, failures, and inadequacies by noticing how they feel, being kind towards these feelings, and acknowledging that their experience is part of being human. Self-compassion may promote the successful self-regulation of health-related behaviors (Terry & Lerry, 2011). It has been associated with motivation to improve personal weaknesses (Breines & Chen, 2012), lower levels of depression and anxiety (MacBeth & Gumley, 2012), attenuated eating following preload among highly restrictive eaters (Adams & Leary, 2007), well-being in the exercise context (Magnus, Kowalski, & McHugh, 2010), and greater acceptance of one's body in women (Berry et al, 2013; Woelke & Ebbeck, 2013). Research on self-compassion is in its infancy; however, its use in fields such as public health has promise.

The purpose of this presentation is to examine the relevance of self-compassion for public health professionals and outline possible practical implications of promoting a self-compassionate approach to behavior change.

**OBJECTIVE:**

1. To familiarize individuals in the field of public health with the construct of self-compassion.
2. To suggest practical approaches to incorporating self-compassion within the field of public health at individual, group, and organizational levels.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Erin Mitchell, APRN  
MPH  
Oregon State University  
963 NW Jackson Ave, Apartment 102  
Corvallis, OR 97330  
503 544 2013  
mitchell.erin@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships*

**TOPIC:** Healthy brains, Alzheimer's disease, dementia

**AUTHOR(S):** Kate Morrison, Jon Bartholomew

**STUDENT:** No

**ABSTRACT:** Over the last several years, the issues of cognitive health and Alzheimer’s disease are receiving greater attention from the public health community. The genesis of this recognition as a public health issue can be attributed in part to the 2007 publication and related activities highlighted in “The Healthy Brain Initiative: A National Public Health Road Map to Maintaining Cognitive Health.” The 2007 Road Map was a collaboration between the Centers for Disease Control and Prevention’s (CDC) Healthy Aging Program and the Alzheimer’s Association. This was the first publication to address cognitive health and functioning from a public health perspective and to provide a framework for the community. In light of several major events, including the issuance of the “National Plan to Address Alzheimer’s Disease,” and evolving recognition of the role of public health, a new Road Map was developed. “The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships” used participatory concept mapping methods and involved more than 280 experts in the field. This session will introduce the new Road Map, the conceptual framework, and key action steps focused on how state and local public health partners can address cognitive functioning and impairment in their states and communities. The four components of the Road Map’s conceptual framework align with the core public health functions. The poster will provide examples that illustrate how public health partners can implement the Road Map and integrate its priorities into their work.

**OBJECTIVE:**

1. Describe the public health burden and impact of Alzheimer’s disease.
2. Describe the four components of the conceptual framework of the Road Map.
3. List at least two actions state and local public health entities can take to integrate the Road Map

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jon Bartholomew, MPA  
Public Policy Director  
Alzheimer's Association Oregon Chapter  
1650 NW Naito Parkway, Suite 190  
Portland, OR 97209  
503-416-0201  
jon.bartholomew@alz.org

**CO-PRESENTER(S):**

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**TITLE:** *The Union County Zombie Apocalypse - Engaging Public Participation in Immunization Education and Emergency Response Drills*

**TOPIC:** Immunizations; Emergency Preparedness; Public Engagement and Education; Community Partner Engagement

**AUTHOR(S):** Andi Walsh, Emergency Preparedness Coordinator, Center for Human Development Public Health

**STUDENT:** No

**ABSTRACT:** Adult immunization rates, and in particular, flu immunization rates are only at 56% in Union County. Past efforts to improve immunization rates by engaging adults in immunization clinics, educational campaigns and coalition sponsored meetings have met with moderate to low interest. In order to boost community awareness of the need for immunizations, the Union County Emergency Preparedness Coalition coordinated a public emergency preparedness exercise that 1. provided a playful opportunity for all community members with a Zombie Apocalypse theme to exercise a contained communicable disease outbreak during a community event, 2. engaged public participation as patients who could contract the virus and be treated at various stations, 3. educated the community and participants on the importance of vaccines and emergency preparedness and 4. allowed community partners and emergency responders to practice emergency preparedness capabilities during a large community-wide event. As a result of the Zombie Apocalypse Event 33% of event attendees (250 total participants) participated in the drill and the majority of participants completed a survey that gathered local vaccination-related data. The success of the drill strengthened community partnerships and set the stage for future county-wide drills that provide public education and participation.

**OBJECTIVE:** 1. Engage public participation in a public health emergency preparedness drill. 2. Educate the community on the importance of vaccinations. 3. Recruit and engage community partners in a public health emergency preparedness drill that also benefits their

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Andi Walsh, MA  
Emergency Preparedness Coordinator  
Center for Human Development, Inc.  
2301 Cove Ave  
La Grande, OR 97833  
(541) 962-8880  
awalsh@chdinc.org

**CO-PRESENTER(S):**

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**TITLE:** *The Vivitrol Pilot Program: Workforce Attitudes Regarding the Implementation of Extended Release Naltrexone to Treat Opioid Dependence*

**TOPIC:** Medication Assisted Substance Abuse Treatment

**AUTHOR(S):** Elias M. Klemperer, B.A., Katherine T. Garvey, B.A., Jessica Gregg, M.D., Ph.D., Linda Hudson, M.S.W., C.S.W.A., C.A.D.C. II, Laura Andrich, & Traci Rieckmann, Ph.D.

**STUDENT:** No

**ABSTRACT:** Introduction: The FDA recently approved the use of extended release injectable naltrexone for the treatment of opioid dependence. This study will explore workforce attitudes and experience regarding the implementation of medication assisted treatment (MAT), specifically naltrexone and its utilization in a residential detoxification setting. This study will advance behavioral public health by providing information regarding effective implementation of medications for substance use disorders.

Aims: The aims of this study are to determine the workforce's response to the utilization of extended release naltrexone to treat opioid addiction; explore staff attitudes and opinions toward the implementation of a new MAT for opioid addiction; and document the integration of an FDA approved treatment in an in-patient addictions facility to make recommendations for future treatment implementation and research.

Methodology: Participants included registered nurses, addictions counselors, and other support staff who interacted with patients completed the survey at time one (n=36) and again six months later (n=30). Questions included demographic variables and assessed knowledge and opinions regarding medications. Data will be analyzed using SPSS and will include descriptive statistics, correlations t-tests, and analyses of variance.

Discussion: Counselors and support staff play a critical role in the adoption of efficacious treatments. Greater attention to staff attitudes and perspectives when working to accelerate utilization of medications may be warranted.

**OBJECTIVE:** Participants will gain an understanding of staff attitudes and their impact on the implementation of a new medication for opioid detoxification.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Katherine Garvey, |EMPTY|  
Research Assistant  
Oregon Health & Science University  
3181 SW Sam Jackson Park Rd. CSB669

Portland, OR 97239  
(503) 418-8046  
garvey@ohsu.edu

**CO-PRESENTER(S):**

Elias Klemperer (klempere@ohsu.edu)  
Jessica Gregg (greggj@ohsu.edu)  
Linda Hudson (Linda.Hudson@ccconcern.org)  
Laura Andrich (andrich@ohsu.edu)  
Traci Rieckmann (rieckman@ohsu.edu)

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**TITLE:** *Tobacco Use, Physical Activity, and BMI: Lifestyle Health Indicators by Employment Position*

**TOPIC:** Work Site Health Promotion

**AUTHOR(S):** Sandi Cleveland, MPH (Oregon State University College of Public Health & Human Sciences); Lisa Hoogesteger, MS (Oregon State University Health Campus Initiative)

**STUDENT:** Yes

**ABSTRACT:** Oregon's Action Plan for Health (2010) prioritizes the reduction of chronic disease through the modification of lifestyle behaviors and improving health equity in every setting, including workplaces. Oregon State University's Healthy Campus Initiative conducted a survey of Corvallis Campus employees (n=1869) in 2012 to assess lifestyle health indicators. This study examined the relationship of tobacco use, cardiorespiratory exercise, and body mass index (BMI) to employees' positions (academic faculty, professional faculty, or classified staff) by estimating logistic and linear regression models. Results indicate that on average the classified staff position was significantly associated with higher 30-day tobacco use (AOR: 5.35, CI: 2.40, 11.93) and lower cardiorespiratory exercise (AOR: 0.63, CI: 0.49, 0.82). The professional faculty position was significantly associated with higher 30-day tobacco use (AOR: 4.26, CI: 1.92, 9.45). Additionally, BMIs were higher among classified staff (3.59 points, CI: 2.92, 4.26) and professional faculty (2.11 points, CI: 1.48, 2.73) on average. Findings suggest that health inequities exist within OSU as a workplace, and that OSU's work site health programs may benefit from tailoring approaches to employees' positions.

**OBJECTIVE:**

1. Participants will see an example of using survey methodology to conduct a needs assessment within a work setting.
2. Participants will be able to identify the nature of the relationship between employment position and lifestyle health indicators.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Sandi Cleveland, APRN, BA, BC, BS, BSN, BSS, CCHP, CHES, CHN, DACBR, DC, DDS, DMD, DVM, Dr PH, DrPH, EdD, FACPM, FAGD, FNP, HA, JD, HE, MA, MD, MN, MPA, MPH  
Doctoral Student  
Oregon State University College of Public Health & Human Sciences  
401 Waldo Hall  
Corvallis, OR 97331  
214-676-9123  
sandi.cleveland@oregonstate.edu

**CO-PRESENTER(S):**

Lisa Hoogesteger (lisa.hoogesteger@oregonstate.edu)

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**TITLE:** *Trauma Recovery and Empowerment: An Evaluation of a Group Intervention to Strengthen Trauma Recovery among Women with Histories of Complex Trauma*

**TOPIC:** Trauma-Informed Care, Violence as a Social Determinant of Health

**AUTHOR(S):** Rebecca X. Casanova, MPH, MSW, Diane Yatchmenoff, PhD, Mandy Davis, LCSW

**STUDENT:** Yes

**ABSTRACT:** The objective of this evaluation was to identify the characteristics and prevalence of trauma exposure among women participants in the Trauma Recovery and Empowerment Model (TREM) intervention in Multnomah County during the 2010-2011 and 2011-2012 academic years. The evaluators also sought to assess changes in participants' mental health status and trauma recovery skills during the course of the intervention and to identify whether the findings were congruent with concepts from trauma theory and Social Cognitive Theory.

This evaluation utilized quantitative and qualitative methods to identify the sociodemographic and health characteristics of participants and investigate whether participating in an intervention developed for women trauma survivors with comorbid mental health and substance abuse issues, could help participants make important strides towards recovery. The evaluation found participants (all of whom were survivors of complex trauma and most of whom were challenged by housing instability and unemployment) experienced improvements in their mental health status as well as acquisition of trauma recovery skills.

The progress made by the participants during the 25-29 week intervention is impressive, especially given their histories and current struggles. It demonstrates that, with structure and compassion, survivors can begin setting goals and making important strides towards greater well-being.

**OBJECTIVE:**

1. Describe the relationship between interpersonal violence and deleterious physical, mental, and behavioral health outcomes
2. Articulate the principles of Trauma-Informed Care
3. Discuss how a theory-informed group intervention can provide women survi

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Rebecca Casanova, APRN  
MPH Intern  
Trauma-Informed Care, RRI, Portland State University  
PO Box 751 - RRI  
Portland, OR 97207  
503-539-3224  
rebeccaxcasanova@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *Use of Process and Impact Evaluation to Gauge Effectiveness of Advisory Committee Engagement and Short-term Outcomes of a Health Impact Assessment*

**TOPIC:** Health Impact Assessment; Evaluation

**AUTHOR(S):** Meghan Crane, MPH

**STUDENT:** Yes

**ABSTRACT:** Background: While Health Impact Assessment (HIA) is becoming more common in the United States, evaluation of HIA implementation and influence is needed to demonstrate the tool's effectiveness. In 2012, the Oregon Health Authority (OHA), with support from Metro, conducted a HIA on the Climate Smart Communities Scenarios (CSCS) region planning project with the goal to have public health considered in the selection and implementation of final transportation and land-use policies aimed at reducing greenhouse gas emissions.

Methods: Using in-depth qualitative interviews and an online questionnaire, this project utilized process and impact evaluation on the Advisory Committee (AC) and project staff of the HIA.

Results: Nine main themes are summarized from analysis including general attitudes of the CSCS HIA; AC engagement; partnership building; framing of HIA findings and recommendations for decision-makers and; AC member consideration of future HIA use. Overall, there were positive attitudes associated with the HIA with a small number of critiques provided around communication and engagement. Short-term

outcomes of the HIA show that Metro is relying on the HIA to provide health information as they work toward making project decisions.

Conclusion: This work contributes to evaluation research pertaining to HIA and demonstrates how HIA can be an effective tool to including health in regional planning policy decisions.

**OBJECTIVE:** Understand how process and impact evaluation can be used to improve HIA Advisory Committee engagement, assess short-term outcomes, and be evaluated for effectiveness.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Meghan Crane, APRN, BA, BC, BS, BSN, BSS, CCHP, CHES, CHN, DACBR, DC, DDS, DMD, DVM, Dr PH, DrPH, EdD, FACPM, FAGD, FNP, HA, JD, HE, MA, MD, MN, MPA, MPH  
MPH  
Oregon Health Authority  
1412 SE 25th Avenue  
Portland, OR 97214  
503-505-4497  
meghan.crane@gmail.com

**CO-PRESENTER(S):**

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**TITLE:** *Using an Epidemiological Framework to Assess the Status of Physical Activity Research for Individuals with Traumatic Brain Injury*

**TOPIC:** Health Promotion

**AUTHOR(S):** Pawlowski,Jill; Driver, Simon; Dixon, Alicia

**STUDENT:** Yes

**ABSTRACT:** Objective: To utilize the Behavioral Epidemiological Framework to evaluate the current status of physical activity research for individuals with traumatic brain injury. Data Sources: All articles were retrieved through the electronic databases EBSCOHOST, PubMed, and Google Scholar and published from 2000-2012. Study Selection: All studies included in this review were peer reviewed and involved physical activity research for individuals with a TBI. Of the initial 79 articles retrieved, 63 met the study criteria. Data Extraction: Articles were categorized after researchers determined the main themes of the study and then placed them into one of the five phases. Reliability between coders was established at 94%. Data Synthesis: Of 63 articles, 44% were categorized as phase 1 (establishing connections between behavior and health), 23% as phase 2 (developing methods for measuring behaviors), 22% as phase 3 (examining factors that influence behavior), 6% as phase 4 (evaluation of

behavior change interventions), and 5% as phase 5 (dissemination of health promotion programs).  
Conclusions: There was a high emphasis on phase 1 research which suggests that the field is still in the early stages of development and future research should concentrate on expanding knowledge into the higher order phases.

**OBJECTIVE:** Understand the status of physical activity research for individuals with Traumatic Brain Injury, (2) understand the possible implications for health promotion for special populations.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Jill Pawlowski, BS  
Student  
Oregon State University  
123 Women's Building  
Corvallis, OR 97331-8577  
8178078734  
pawlowsoj@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Vital Records Data in Oregon*

**TOPIC:** Vital Records

**AUTHOR(S):** Jennifer A. Woodward, State Registrar, Karen Hampton

**STUDENT:** No

**ABSTRACT:** Vital records on births, fetal deaths, and deaths provide the foundation of information on population health. There is frequently misunderstandings on the source of the information, timeliness of information, data cleaning that occurs, and the availability of the data for public health use.

A poster presentation demonstrating the sources, activities, and flow of information from the data provider to the local public health departments is proposed.

**OBJECTIVE:** To promote understanding and use of vital records information in program design and development.

**AV NEEDS:** None

**PRIMARY CONTACT INFORMATION:**

Karen Hampton, APRN  
OHA/Public Health Division/Center for Health Statistics  
800 NE Oregon Street, Suite 225  
Portland, OR 97232  
971-673-1191  
Karen.R.Hampton@state.or.us

**CO-PRESENTER(S):**

Jennifer A Woodward (Jennifer.A.Woodward@state.or.us)

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**TITLE:** *Weighing the Evidence and Ethics of Obesity Prevention*

**TOPIC:** Public health ethics; Obesity; Health promotion

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

**STUDENT:** Yes

**ABSTRACT:** Obesity is an international public health concern that the World Health Organization (WHO; 2013) considers preventable. Is it essential, however, that obesity prevention efforts be balanced with ethical concerns. Public health practitioners should consider potential harms related to prevention efforts aimed at reducing body mass index (BMI). Potential harms of prevention efforts include physical, psychological, emotional, social, occupational, and cultural outcomes. The purpose of this critical review is to present: (a) the ethical concerns related to obesity prevention efforts; (b) evidence that significant improvements in health can occur independent of BMI change; (c) a framework practitioners can use to balance evidence and ethics in obesity-related research and practice; and (d) a “health promotion” approach to obesity-related noncommunicable diseases called Health At Every Size® (HAES; Association for Size Diversity and Health, 2013). The HAES approach has been shown to be equal to or more efficacious at improving health than traditional BMI-based interventions (Bacon et al., 2005; Bacon & Aphramor, 2011). Public health and health promotion professionals can use HAES as a framework for improving obesity-related noncommunicable diseases while minimizing potential harms associated with traditional obesity prevention campaigns.

**OBJECTIVE:**

1. Public health professionals will learn about evidence-based and ethical issues inherent in obesity prevention and a framework for balancing these issues.
2. Public health professionals will learn about Health At Every Size as an efficacious strategy for health promotion.

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Brian Souza, MS  
Oregon State University  
230 Langton Hall  
Corvallis, OR 97331  
978-884-7876  
souzabr@onid.orst.edu

**CO-PRESENTER(S):**

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**TITLE:** *Youth Advocates for Health (YA4-H!)*

**TOPIC:** Healthy Living for Youth

**AUTHOR(S):** Lynette Black, 4-H Youth Development, Wasco County; Elissa Wells, 4-H Youth Development, Coos County; Carolyn Ashton, 4-H Youth Development, Benton County

**STUDENT:** No

**ABSTRACT:** This poster session will share information on YA4-H! garden projects. Each garden is unique yet focused on the same learning outcomes. Many studies show a positive correlation between growing one's own food and eating more veggies, therefore involving youth in gardening projects should be an opportunity health-oriented youth practitioners offer their young students. Building off the healthy aspects of growing food, are the YA4-H! Producing for the Future youth gardening projects. These are youth-developed community gardens created in partnership with supportive adults in limited resource communities where all aspects of gardening from design to harvest is part of the learning. In addition, the youth create and implement a micro-enterprise of selling their produce at the local farmer's market or other venue. Youth are involved in research from start to finish; from how to plan a garden, which vegetables and fruit to sell, plant water and food needs, when and how to harvest, and how to best market their harvest. The YA4-H! Program guides youth through the process of assessing health related needs in their community, then developing and implementing a service learning project to address those needs. See how counties have incorporated gardening into the 4-H healthy living programming.

**OBJECTIVE:**

1. To create sustainable youth-developed community gardens
2. To teach youth to develop and implement a micro-enterprise plan
3. To train youth in participatory research

**AV NEEDS:**

**PRIMARY CONTACT INFORMATION:**

Lynette Black, APRN  
4-H Youth Development Faculty  
Oregon State University Extension Service  
400 E. Scenic Dr., Ste. 2.278  
The Dalles, OR 97058  
541-296-5494  
lynette.black@oregonstate.edu

**CO-PRESENTER(S):**

Elissa Wells (elissa.wells@oregonstate.edu)  
Carolyn Ashton (carolyn.ashton@oregonstate.edu)

## APPENDIX A (by submitting author's last name)

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### Adams, Liz

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