



**PUBLIC HEALTH INSTITUTE
PAPERS AND PRESENTATIONS
AT THE AMERICAN PUBLIC
HEALTH ASSOCIATION'S
2009 ANNUAL CONFERENCE**



Monday, November 9

Panel Session: Drinking patterns and harms

Thomas Greenfield, William Kerr, Jason Bond & Cheryl Cherpitel, Alcohol Research Group, Public Health Institute;

Lorraine Midanik, School of Social Welfare, University of California, Berkeley;

Jürgen Rehm, Centre for Addiction and Mental Health, Toronto, Canada

8:30-9:30 am

Panel # 3000.0: Drinking patterns and harms: New findings from the National Alcohol Survey

Abstract

This session presents new findings on risk curves for a range of alcohol-related problems—injuries and DUIs (Cheryl Cherpitel), harms from drinking to life areas such as relationships, health and finances (Lorraine Midanik), alcohol use disorders including alcohol dependence and consequences (Jason Bond and Bill Kerr), and estimates of productivity losses due to work absenteeism (Tom Greenfield)—all related to drinking patterns, which Kerr's presentation shows are best measured when accounting for respondents' drink sizes and strengths. Together the broad problems addressed here inflict a huge toll in the US and other countries, both from chronic heavy drinking and high episodic quantities. We see heavy drinking as an interaction between overall intake (volume) and frequencies of exceeding quantity thresholds in a day (5+, 8+ and 12+ drinks). Data used combine the two latest National Alcohol Surveys (NASs), the 2000 and 2005 NAS, which involved representative US adult population samples in all 50 states and the DC. Computer Assisted Telephone Interviewing (CATI) included identical questions for our analyses. The surveys oversampled African American (n=2395) and Hispanic (n=1479) groups (total n = 14,531). Empirical risk curves—the increase in risks for particular problems associated with highly specific drinking patterns—are an essential epidemiological tool for estimating costs to society and helping target policy and preventive interventions. All speakers address the specific implications of their studies; Jürgen Rehm will discuss the alcohol policy impacts as a whole, how national alcohol surveys contribute to defining interventions, and where future research needs to go.

William Kerr, Thomas Greenfield, Jason Bond, Cheryl J. Cherpitel, Yu Ye & Tammy Tam, Alcohol Research Group, Public Health Institute;
Lorraine Midanik, School of Social Welfare, University of California, Berkeley

8:30 am

Presentation # 205787: Effect of drink alcohol content adjustments to alcohol volume on the risk for alcohol

Abstract

Studies in the US and elsewhere have determined that standard drink assumptions made in the interpretation of survey response are typically inaccurate for individuals and on average. Questions included in the 2000 and 2005 National Alcohol Surveys (NAS), along with detailed information from methodologic follow-up studies to these surveys and from a study of on-premise drinks, enable individual estimates of drink alcohol content. These estimates are then used to adjust alcohol consumption volume variables in each survey. Because drink alcohol content estimates are on average larger than the US standard drink these adjustments increase the average volume of consumption and improve coverage of sales data by each survey. To determine whether these adjustments also improve the prediction of alcohol-related consequences and alcohol dependence symptoms, the present study estimates parallel models of these outcome measures using un-adjusted and adjusted alcohol volume variables in the 2000 and 2005 NAS surveys. These surveys include 8,650 current drinkers who are the focus of these analyses. Results indicate better model fit in terms of the R-squared statistic when adjusted volume is used. Additional models with a variable representing the difference in volume after adjustment find that

this is a positive and significant predictor, controlling for unadjusted volume. These results indicate the importance of drink alcohol content estimates for surveys. While the improvements in models fit are small, and do not indicate a major limitation for surveys that do not include these adjustments, they represent an additional refinement contributing to more accurate survey-based alcohol consumption estimates.

Jason Bond, Thomas Greenfield, Yu Ye, William Kerr, Tammy Tam & Cheryl Cherpitel, Alcohol Research Group, Public Health Institute;
Lorraine Midanik, School of Social Welfare, University of California, Berkeley

8:45 am

Presentation # 207827: Risk function analysis of disparities in alcohol-related consequences and dependence among Blacks, Whites and Hispanics in the 2000 and 2005 National Alcohol Surveys

Abstract

The role of drinking pattern in studying alcohol-related problems and dependence symptoms has long been prominent in considering disparities of such problems among different ethnic groups. However, prior assessments of drinking pattern used in predicting risk may have biases varying by ethnic group. This study incorporates recent improvements in consumption measures, adjusting alcohol content in "drinks" from methodological studies of home and on-premise drink pours. It uses data from the 2000 and 2005 National Alcohol Surveys of US adults, including large ethnic oversamples. Dependent measures were 2+ of 15 alcohol-related consequences and, separately, 3+ of 17 DSM-IV dependence symptoms. CHAID (CHi-squared Automatic Interaction Detection), a non-parametric non-linear method of partitioning risk groups, was utilized to examine the effects of both overall intake (volume) and pattern of drinking (frequency of 5+, 8+, 12+ drinks in a day). Risk increased at higher, empirically distinct, volume levels with cut points at 1 drink/week, 1 drink/day, 2 drinks/day, and 4 drinks/day for men (1 drink/month, 1 drink/week, 1 drink/day, 2 drinks/day for women). Within each volume level, frequency of 5+, 8+ or 12+ further partitioned risk, with higher thresholds (e.g., 8+, 12+) differentiating risk at higher volumes. Differences among ethnic groups were examined within the gender-specific risk groups. This analysis strategy addresses both drink size/strength and consumption venue biases, which vary across ethnic groups. Results provide the strongest evidence to date to help inform ethnic disparities observed earlier in risk curves that link specific drinking patterns with alcohol-related consequences or alcohol dependence symptoms.

Cheryl Cherpitel, Yu Ye, Thomas Greenfield, Jason Bond & William Kerr, Alcohol Research Group, Public Health Institute;
Lorraine Midanik, School of Social Welfare, University of California, Berkeley

9:00 am

Presentation # 198918: Alcohol-related injury and driving while intoxicated in the U.S. general population: A risk function analysis from the 2000 and 2005 National Alcohol Surveys

Abstract

Due to scarce national population data on risk of alcohol-related injury (ARI) or drinking while intoxicated (DWI), findings are reported on 8,736 respondents who consumed at least one drink in the last 12 months, in a merged sample from the 2000 and 2005 National Alcohol Surveys. Self reported consumption patterns were assessed as average daily volume and frequency of consuming 5 or more (5+) and 8 or more (8+) drinks in a day. Risks were defined using CHAID segmentation analysis implemented with SPSS Answer Tree. For ARI (n=111), among those consuming between 1 drink per week but less than 1 per day, risk was significantly elevated for those reporting any 5+ days. For those reporting volumes of 1 drink a day but less than 4 drinks a day, risk was significantly elevated for those

reporting any 8+ days. Risk was highest for those reporting more than 4 drinks per day. For DWI (n=702), any 5+ days and more than five 5+ days in the prior year were associated with elevated risk for most alcohol consumption levels. Among those reporting 2 to 4 drinks a day and more than five 5+ days, risk was further elevated for those reporting any 8+ days. Risk was highest for those reporting 4 or more drinks per day and more than five 5+ days (68% DWI). Data indicate that ARI and DWI are positively associated with both average daily volume and number of high consumption days, consistent with highest risk associated with high consumption days.

Lorraine Midanik, School of Social Welfare, University of California, Berkeley;
Tammy Tam, Thomas Greenfield, Yu Ye, William Kerr, Cheryl Cherpitel &
Jason Bond, Alcohol Research Group, Public Health Institute

9:15 am

Presentation # 205123: Alcohol-Related Harm in the U.S. General Population: A Risk Function Analysis from the 2000 and 2005 National Alcohol Surveys

Abstract

To assess the relationship of alcohol use and alcohol-related harms during the last 12-months, risk curves were developed using CHAID (Chi-Squared Automatic Interaction Detection) analysis for current drinkers by gender in two national datasets. Data for analysis involve 8,877 respondents reporting at least one drink in the last 12 months, in a pooled sample from the 2000 and 2005 National Alcohol Surveys. Alcohol use was measured by average daily volume of consumption (adjusting for drink size); heavy episodic drinking was measured by the frequency of consuming >5 and >8 drinks in a day. Reporting any of 6 alcohol-related harms (friendship/social life, outlook on life, home life/marriage, financial position, work/employment opportunities, and health) was used as the dependent variable. For men, the >8 drinks measure differentiates those who report alcohol-related harms at the lowest consumption level (17% versus 2% at <1 drink/week) and at the highest drinking level (44% vs 29% at >4 drinks/day). For several mid-level volumes, frequency of >5 drinks is significantly associated with reports of any alcohol-related harm (but with various frequencies—yearly, monthly, weekly depending on volume). For women, the >5 drinks measure significantly differentiates reports of alcohol-related problems at all consumption levels except the highest (>4 drinks/day). At this level, 40% of women respondents report an alcohol-related harm. These findings underscore the importance of patterns of alcohol use when examining risks of alcohol-related harm and point to the importance of including multiple ranges of heavier episodic drinking given the differences in patterns between women and men.

Thomas Greenfield, Yu Ye, William Kerr, Jason Bond & Cheryl Cherpitel, Alcohol Research Group, Public Health Institute;
Lorraine Midanik, Social Welfare, University of California, Berkeley; Jürgen Rehm, Social, Prevention and Health Policy Research Department, Centre for Addiction and Mental Health, Toronto, Canada

9:30 am

Presentation # 205231: Days totally unable to work and days more than an hour late for work from use of alcohol: Estimating costs of heavy drinking patterns in the 2000 and 2005 U.S. National Alcohol Surveys

Abstract

Productivity losses due to alcohol use represent a major tangible cost to society. We investigate how drinking patterns affect alcohol-related work incapacitation, losses from days unable to work (and separately, being late for work) due to respondents' own alcohol use. Data come from representative US adult population telephone surveys of 50 states plus DC, the 2000 and 2005 NASs. Segmentation analyses used CHAID (Chi-Squared Automatic Interaction Detection) with drink-ethanol adjusted volume

and frequencies of 5+, 8+ and 12+ drinks in a day to define risk groups. We calculated prior 12-month losses among current drinkers employed at least part time (pooled n = 6290). At various volume levels, heavy quantity days, based on 5+, 8+ and 12+ thresholds, strongly affect mean days missed. Overall 2.4% workers reported alcohol-related missed days (1.7% late > 1 hour). Among those averaging more than 4 drinks/day with any 12 drink days, 18% reported drinking related missed days, and 10% tardiness. At mid-volumes, 5+ and 8+ patterns distinguished higher risks: e.g., at 1-4 drinks/day volumes, 8.0% who drank 5+ above 3 times/month missed work, vs 1.0% with ≤ 3 5+ days/year. Heavy drinking patterns also strongly affect mean productivity losses derived from personal income/day estimated from self-reported household income (both $p < .001$). Lowest risk groups had little alcohol-related absenteeism (mean productivity losses $< \$$) while highest risk groups averaged over 7 days missed and mean losses up to \$500 per person (some individual productivity losses $> \$30,000$). Public health policy and prevention interventions are considered.

Panel Session: School-based Water-related Problems

Karla Hampton, Public Health Law & Policy, Public Health Institute

9:30 am

Presentation # 197076: From Research to Policy Implementation: Improving Access to Drinking Water in Schools

(In Panel Session # 3063.0: School-based Water-related Problems, with Dr. Anisha Patel*, Robert Wood Johnson Foundation scholar; 8:30 am)

Abstract

Reducing the consumption of sugar-sweetened beverages is an effective obesity prevention strategy. Clean and accessible drinking water in schools offers children a good alternative to the unhealthy beverages that are widely available on campus.

*As a Robert Wood Johnson Foundation (RWJF) Clinical Scholar, Dr. Anisha Patel is researching barriers to water accessibility in schools. The National Policy & Legal Analysis Network to Prevent Childhood Obesity (NPLAN) is funded by RWJF to provide legal technical assistance to the childhood obesity prevention movement and is collaborating with Dr. Patel to develop resources to help schools overcome these barriers. The purpose is to identify legal issues implicated in the barriers to water accessibility and describe NPLAN resources that schools, parents, and advocates can use to help overcome barriers to providing palatable drinking water to students. NPLAN's resources can be used to lift barriers to water accessibility in schools—thus promoting a healthy alternative to the sugar-sweetened beverages that are widely available on school campuses. NPLAN's resources can help surmount several barriers identified by Dr. Patel, including the acceptance of restrictive contracts with beverage companies, the misinterpretation of nutritional standards set forth in government programs, and the neglect of existing sources of tap water.

Meenakshi Subbaraman & Lee Ann Kaskutas, Alcohol Research Group, Public Health Institute

10:30 am

Presentation # 193515: Mediators of "Making Alcoholics Anonymous Easier" (MAAEZ), a group-format 12-step facilitation program

Abstract

We conducted a trial (n=508) of "Making Alcoholics Anonymous Easier" (MAAEZ), a group-format 12-step facilitation program. Higher rates of past 30-day alcohol and drug abstinence at the 12-month follow-up were found among individuals treated in MAAEZ compared to usual care. The effect was especially marked in several subgroups. We studied whether the effects of MAAEZ are mediated by higher particular Alcoholics Anonymous (AA) activities in the MAAEZ group both overall and among subgroups.

The pool of potential mediators consists of activities such as having a sponsor, associating with people who support sobriety, and feeling comfortable at meetings. We implemented two sets of analyses—one with lagged mediators, and the other with concurrently-measured mediators. The only variable that appeared to mediate the effects of MAAEZ in the sample overall was comfort speaking at meetings, which positively related to outcomes in both the simple concurrent model and in the multiple concurrent model. We then examined mediators for subgroups including atheists and agnostics, those with high prior AA attendance, those with high psychological severity, and those with anxiety. We found that the effect of MAAEZ after 12 months was mediated by different variables according to subgroup; these findings suggest mediated moderation, a phenomenon in which the mechanisms of action of MAAEZ on abstinence differ according to subgroups of participants. Results highlight the value of studying complicated combinations of activities as potential mediators of treatment effects, and demonstrate the importance of exploring subgroups when trying to understand treatments' mechanisms of action.

Samantha Huffman, Global Health Fellows Program, Public Health Institute & Monique Hennink & Deborah McFarland, Rollins School of Public Health, Emory University; Jaap Veen, Central Asian TB Control Partnership, Project HOPE, Almaty, Kazakhstan

10:30 am, Room 107A

Presentation #198208: Tuberculosis awareness and access to treatment among Uzbek labor migrants in Kazakhstan
(In Panel Session 3138.0: International HIV and TB programs)

Abstract

Kazakhstan has become an important destination for labor migration from neighboring Central Asian republics. Many of these migrants come from Uzbekistan and most are undocumented seasonal workers. Kazakhstan has a high incidence of tuberculosis (TB) and migration poses a risk both for increased transmission and treatment default. Residents of Kazakhstan are entitled to free TB treatment; however, anecdotal evidence suggests that migrants are reluctant to seek care. This study was conducted in Kazakhstan and Uzbekistan in summer 2008 to understand Uzbek migrants' barriers in accessing health care in Kazakhstan. Qualitative methods were used and consisted of 12 focus group discussions with Uzbek labor migrants, 10 in-depth interviews with migrants who were on treatment for TB, and 18 in-depth interviews with health providers in Kazakhstan. Textual data was analyzed using a Grounded Theory approach and entered into MAXQDA 2007 software. Results show that migrants experience multiple levels of barriers in their access to health care in Kazakhstan. Migrants lack of legal status makes them vulnerable to exploitative work conditions and their lack of registration impedes their access to primary health care services. Migrants also cannot afford the fees, both formal and informal, charged for health services. A lack of awareness of the symptoms of TB, and especially of the availability of TB treatment, makes migrants less likely to seek care for TB. Health system barriers include perceived negative attitudes of health providers towards migrants and administrative problems that arise from treating unregistered patients. Barriers to access at the primary health care level impede migrants' access to TB treatment at the TB dispensary level. The results of the study will contribute to the development of information campaigns to raise awareness of TB among migrants and provide empirical evidence for policy to improve migrants' access to health services in Kazakhstan.

Sara Cook, California Cancer Registry, California Department of Public Health and Public Health Institute

10:50 am

Poster Session # 194809: Access to Care Community Forums—An Example of Local Implementation of California's Comprehensive Cancer Control Plan

Abstract

The California Dialogue on Cancer (CDOC) provides guidance for comprehensive cancer control (CCC) activities throughout the state. The coalition's focus is on implementation of California's CCC Plan through working teams formed to address cross cutting issues, including Access to Care. CDOC has made it a priority that all Californians have access to quality cancer care with no disparities in outcomes. In 2005, the Disparities, Access to Care and Early Detection (DAD) team carried out a pilot project in Oakland/Alameda County designed to increase community education and involvement in these issues. The pilot project was successful and a plan was developed to replicate this approach in other California communities. Each new community was tasked with attending an orientation meeting/training, developing a community profile, and establishing a coalition of key community leaders to conduct a forum to bring attention to access to care barriers and explore solutions. The DAD team brought this regional implementation model to the following communities: Group 1 (initiated in 2006-2007) included San Diego, Kern County, Ventura/Tri County area and Sacramento; Group 2 (initiated in 2007-2008) included Los Angeles, Orange County, San Bernardino/Riverside Counties, Solano County, Santa Cruz County, and Fresno County. All 11 communities have conducted their initial forum and will now be receiving Mobilization Forum Training to provide them with the information and skills to prioritize their community's cancer concerns and put their plans into action. We hope to establish this as a model of how CCC Plans can be efficiently implemented at the local level.

Eugenia Gratto, National Policy & Legal Analysis Network to Prevent Childhood Obesity, Public Health Law & Policy, Public Health Institute

11:30 am

Presentation # 197657: Healthy Communities: An Interactive Policy Vision

(In Session # 3115.0: Disease Prevention and Health Promotion in the Community, at 10:30 am)

Abstract

Although public policy is a powerful tool for social change in public health, it is often difficult to illustrate the many benefits public policy change can provide to a community. To help our wide range of audiences—from community members and advocates to policymakers—Public Health Law & Policy is developing an interactive graphic tool, available through our website, to help show how extensively public policy can strengthen the health of a community.

The online tool will invite users to select a particular building or feature of the community—a crosswalk, community garden, school playground, or fast food restaurant, for example—and see what related policy tools are available to the user. This interactive graphic will allow a variety of audience members with different levels of policy sophistication to easily find tools to build a healthier community in which to live and work.

The interactive graphic will have a similar functionality to a Google map: users will be able to zoom in on and pan around the community-scape, and related results (i.e. factsheets, model ordinances, checklists and toolkits) will appear in a clickable list in the left sidebar on the page. The tool takes the abstract vision of a community supported by healthy policy and makes it tangible, concrete, and available at any time to any user with an Internet connection.

Panel Session: APHA President-elect session

Carmen Nevarez, Public Health Institute; George Flores, The California Endowment; Amelie Ramirez, University of Texas Health Science Center

12:30-2:00 pm

Presentation # 213349: APHA President-elect Session: Salud America! Lessons for a Healthier

(In Panel Session: 3195.0 Salud America! Lessons for a Healthier Nation)

Overview/Abstract

The US census predicts that by 2050, nearly one in three Americans will be of Hispanic origin. According to a recent Pew report, the Latino population has accounted for more than half of the overall population growth in the United States since 2000 and this increase is due more to natural increase than international migration. The data also shows that Latino communities are becoming more common all over the country with new communities growing in the south and northeast parts of the country. Because of the high incidence of obesity and type two diabetes in Latino communities as well as the youthful demographics that characterize the population, the need to find solutions that address these issues are critical to a healthy national future. This session will bring together leadership from the Robert Wood Johnson Foundation's Salud America! Initiative and the California Endowment's Healthy Eating Active Communities (HEAC) initiative to discuss community driven solutions to these important issues and to share strategies for building a national movement for a Healthier Nation.

George Flores, Bay Area Office, The California Endowment

12:50 PM

Presentation # 213385: Building healthy communities: Health-supportive environments to prevent Latino childhood obesity

Abstract

Lessons from The California Endowment's deep experience with community-based efforts to improve health affirm that social and physical environments shape health risks, behaviors and outcomes. Confronted by economic blight, remoteness, unsafe neighborhoods, targeted marketing for unhealthy eating, erosion of healthier traditions and more, Latino experience with childhood obesity signals an emerging opportunity to address one of the nation's greatest threats to health. Community organizations, public health departments, and schools partnering in urban and rural largely Latino communities across California are engaged in highly-productive efforts to improve opportunities for healthy nutrition and physical activity by changing environments and policies. Bolstered by expert technical support and participatory evaluation, local youth, parents, government, business, and other stakeholders work collaboratively to assess conditions, plan, advocate, and implement changes that make for healthier places to live, work, play, and go to school. Lessons from environmental and policy change to prevent Latino childhood obesity point to solutions that will also lead to healthier communities and a healthier America.

Amelie Ramirez, Dept of Epidemiology and Biostatistics, University of Texas Health Science Center

12:50 pm

Presentation # 213385: Salud America! Helping reverse the obesity epidemic among Latino children

(In Panel Session: 31950: APHA President-elect Session: Salud America!)

Abstract

Latino children, who belong to the largest, youngest and fastest-growing U.S. minority group, have one of the highest rates of obesity. Recent data shows that 38 percent of Mexican-American children are obese or overweight, compared with 30.7 percent of non-Hispanic whites and 34.9 percent of African-American children. Unfortunately, there is insufficient data available for other Latino subgroups. Responding to this issue, Salud America! The Robert Wood Johnson Foundation (RWJF) Research Network to Prevent Obesity Among Latino Children supports research on environmental and policy solutions to the epidemic of obesity among Latino children. The program, led by health promotion and communication expert Dr. Amelie G. Ramirez, works with researchers, health groups, individual advocates, community leaders, and other RWJF national programs to bridge the gap in the amount of research and data available on Latinos, placing special emphasis on interventions that address multiple levels of an ecologic framework. Salud

America! has developed a network of more than 1,450 researchers and other stakeholders and partners whose findings will help identify the most promising obesity-prevention strategies specifically tailored for Latino communities. The program conducted a national Delphi survey among 313 researchers, policy-makers, community leaders and other Latino childhood obesity stakeholders to identify and assess the top priorities for research aimed at preventing obesity among Latino children. Using these priorities, RWJF, through Salud America!, funded 20 pilot investigators to conduct research and identify the most promising policy-relevant strategies to reduce and prevent obesity among Latino children. Projects started July 1, 2009.

Karen Fogg (co-author), Global Health Fellows Program, Public Health Institute;
Jennifer Mary Yourkavitch (presenter) & James Ricca, Maternal and Child Health Integrated Program, Macro International

1:00 pm

Presentation: USAID's Child Survival and Health Grants Program Improves EBF, ORT, and Handwashing Practices

(In Panel Session: Overview of international child survival programs, starts at 12:30 pm)

Abstract

USAID's Child Survival and Health Grants Program (CSHGP) currently supports 41 NGOs implementing 54 projects in 27 countries. Typical projects run 4-5 years with an average of 40,000 child beneficiaries in one district. Projects use a variety of integrated community-oriented strategies for household behavior change and improved service delivery. This presentation will quantify coverage changes achieved by CSHGP grantees for EBF, ORT use and hand washing, and will estimate the child mortality impact of improvements. We describe successful behavior change strategies.

Data were collected at baseline and final for standard indicators through population surveys (KPC). These data were analyzed with the LiST tool to estimate child mortality impact (see 2006 APHA presentation). Information on strategies was abstracted from project documents.

The median absolute improvement in ORT use was 47.6% (range 0.3% - 67.9%); EBF 27.8% (range - 1.1% - 87%); and hand washing 27.7% (range -12.2% - 90.4%). Estimated overall reduction in child mortality was 23% and 40% of that is attributable to these interventions. Successful behavior change strategies generally were based on regular, one-to-one, interpersonal contacts.

To achieve MDG 4, further study is urgently needed to build the evidence for these community-oriented behavior change strategies. This will help build consensus among donors and host country governments for scale-up.

Erica Jones, DBTAC - Pacific ADA Center, Public Health Institute;
H. Stephen Kaye, Institute for Health & Aging, University of California, San Francisco;
Lita Jans, InfoUse

1:06 pm

Presentation # 204431: Why employers don't hire people with disabilities: Research findings and policy implications

Abstract

Research on employer practices and attitudes toward workers with disabilities generally paints a rosy picture of successfully accommodated workers in a welcoming environment. Yet, nearly two decades after the passage of the Americans with Disabilities Act (ADA), there is little evidence of improvement in employment rates among working-age adults with disabilities. It is possible that much prior research has been biased because of both employer self-selection and social desirability, and that many employers strongly resist hiring workers with disabilities. In this study, a novel approach was used to survey over 300 human resource professionals and supervisors working for employers known or reputed to be resistant to complying with the ADA's employment provisions. People attending employer-requested ADA training

sessions were asked to assess various possible reasons that employers in general might not hire, retain, or accommodate workers with disabilities, and to rate strategies and policy changes that might make it more likely for employers to do so. The principal barriers to employing workers with disabilities, each endorsed by over 80% of respondents, were lack of awareness of disability and accommodation issues, concern over costs of accommodations, and fear of legal liability. With regard to strategies employers might use to increase hiring and retention, the vast majority identified increased training and centralized disability and accommodation expertise and mechanisms. Public policy approaches preferred by respondents include no-cost external problem-solving for disability and accommodation issues (68% “very helpful”), subsidized accommodations (64%), tax breaks (54%), and mediation in lieu of formal complaints or lawsuits (48%).

Christine Fry, Public Health Law & Policy, Public Health Institute

2:30 pm

Presentation # 194627: Lawyers and Planners and Policymakers, Oh My! Strategies for Successful Multidisciplinary Collaborations

Abstract

The Robert Wood Johnson Foundation funds the National Policy and Legal Analysis Network to Prevent Childhood Obesity (NPLAN) to provide public health advocates in communities across the country with model policies that promote healthy eating and active living. Obesogenic factors abound in our society --- from the lack of access to healthy foods to limited physical activity opportunities to media that promote unhealthy diets and sedentary behavior. Such diverse problems require expertise not only in public health, but also in law, urban planning, public policy, and social science research.

NPLAN facilitates an innovative collaboration among experts from all of these disciplines who work on childhood obesity-related issues. Since early 2008, this group of experts has convened monthly to advise NPLAN on new obesity prevention policy strategies and to develop model policies. Although there have been challenges, this collaboration has yielded many successes that would not have been possible without the unique composition of the group. One such challenge has been in engaging non-lawyers in shaping model laws. Overcoming this challenge has led to stronger models for communities fighting childhood obesity.

This type of collaboration will be necessary as public health faces new cross-cutting challenges, such as global climate change. This session will identify strategies for creating and maintaining a collaborative in service of developing public health policy. These strategies will be illustrated through examples from the NPLAN collaboration model. The presenter will also describe NPLAN's approach to childhood obesity prevention, which is the foundation for this model.

Ugochukwu Elizabeth Amanyeiwe (co-author), Global Health Fellows Program, Public Health Institute; **Uchenna Onyechom** (presenter), Global Health, Healthsystem Plus

2:30 pm, Board 9

Poster Presentation: Challenges to HIV/AIDS Program Implementation

Abstract

Critical to sustaining development and ensuring continuity of international HIV/AIDS programs is developing the capacity of indigenous institutions in the public, private and the civil society sectors. However, local capacity to handle logistics of program implementation continues to be inadequate, depending on donor support for all levels of activities.

This presentation aims to discuss the basic challenges faced in HIV/AIDS program implementation in sub-Saharan Africa (SSA) and identify possible strategy for converting such challenges into opportunities for success. Though local organizations are provided support and partnership by international donor agencies and governments, basic infrastructure and human capacity remains wanting in its ability to deliver at expected standards. Local partners remain the most valuable conduits for facilitating collaboration between donors and strategic stakeholders in the community however, the varying degrees

of levels of professionalism and human capacity of these partners prove a significant challenge to performance.

Quang Dang, Public Health Law & Policy, Public Health Institute

3:00 pm

Presentation # 3329: Possibilities for Restricting Junk Food Marketing in Schools
(In Panel Session: Regulating Junk Food Marketing to Children: Free Speech Issues and Public Health Law Strategies; at 2:30 pm)

Abstract

Across the country, there is a growing movement to urge public school districts to limit junk food marketing on campus. Studies and common sense point to the powerful influence schools have on students' eating habits. Therefore, the ubiquity on public school campuses of candy, fast food, and soda—and of advertisements promoting their consumption—is very concerning to many stakeholders. A public school district that wants to restrict junk food marketing in its schools may be inhibited not only by monetary and political pressures but also by legal questions relating to the First Amendment. This presentation begins by noting that the First Amendment treats advertising as a form of protected speech. Next, it describes two avenues a school district might take that should not trigger First Amendment scrutiny at all: drafting individual vendor contracts that limit certain sales and advertising practices; and implementing a policy that bans certain food products without regulating advertising. The presentation then distinguishes between two First Amendment standards of review that a court could apply to a school district policy that does ban certain advertising—the commercial speech test and a forum analysis—and argues that the latter is the proper approach. The presentation concludes that the First Amendment gives a public school district considerable leeway to curb advertising to its students but cautions against two types of policies: those forbidding advertisements, or food products that are allowed to be sold on campus; and those prohibiting students from wearing, carrying, or discussing materials promoting junk food.

Jennifer McCleary-Sills, Global Health Fellows Program, Public Health Institute & Douglas Storey, Johns Hopkins Bloomberg School of Public Health

4:30 pm, Room 202A

Presentation: Determinants of Family Planning Use in Jordan: Measuring the Effect of a National Communication Campaign

Abstract

Jordan's Total Fertility Rate (TFR) has declined significantly since the mid-1970s, when it was 7.4 children per woman. However, more recent data indicate that TFR has remained nearly unchanged at 3.4 since 2002, and that contraceptive prevalence is still only 57% among currently married women of reproductive age. The present research aims to identify those social, behavioral, and environmental factors that are most predictive of a woman's decision to use Family Planning (FP). This research draws on data from the nationally representative Jordan Health Communication Partnership Midterm Survey, which collected information on demographics, exposure to communication about FP, and resulting changes in FP behaviors. Among 1,405 ever-married women, 423 (30%) were exposed to campaign messages. Of these, 14% began to use modern contraceptives, 19% planned to use modern contraceptives, and 38% discussed proper birth spacing as a result of this exposure. We constructed propensity scores using those covariates shown in the literature to be most highly associated with FP behaviors and exposure to communication campaigns, including age, parity, education level, media habits, urban/rural residence, and injunctive and descriptive norms. Three approaches to propensity scores will be used: nearest neighbor 1:1 matching, Mahalanobis metric matching, and full matching. We will then compare these models for evaluating the effect of the communication campaign on FP behaviors. The results of these analyses will provide information on the factors most related to FP use among Jordanian women, and will be used to inform the design of future communication campaigns and family planning messages.

Victoria Berends, Peggy Agron, Lindsey Cox, California Project LEAN, California Department of Public Health and Public Health Institute;
Martin Gonzalez, Betsy McNeil & Jessica St. John, California School Boards Association

4:30 pm

Poster Presentation # 201866: Supporting school decision-makers to strengthen physical activity in schools: A public health and education collaborative
(In Session 3391.0, Wellness and Physical Activity)

Abstract

Schools are in a unique position to provide safe physical activity opportunities before, during and after the school day. The California School Boards Association (CSBA) and California Project LEAN (Leaders Encouraging Activity and Nutrition) will highlight their work with school decision-makers to implement policies to improve physical activity opportunities for students. Resources and materials, such as sample policies and case studies, which focus on the board members' role in developing collaborative approaches to strengthen physical activity in schools will be discussed. Schools with numerous opportunities for physical activity see an increase in students' concentration, a reduction in disruptive behaviors, improved test scores, and can contribute to the prevention of obesity and chronic disease. School decision makers can address these issues through the implementation of policies that support physical activity. Formative research, including an environmental scan and survey with California school board members was conducted to identify perceived barriers and opportunities to develop, implement, and monitor comprehensive policies that address physical activity. Findings will be presented that describe: the key barriers and challenges to improving physical activity in schools, strategies to overcome those barriers, and opportunities for school involvement including strategies such as safe routes to schools, school siting, joint use agreements, before and after school programming, recess, moderate-to-vigorous levels of physical activity in PE, and community engagement. The session will highlight the role and responsibilities of school board members and other stakeholders in developing collaborative solutions to addressing the physical activity needs of students.

Alyssa Ghirardelli, Valerie Quinn, Sharon Sugerman, Barbara McKnelly, California Department of Public Health, Network for a Healthy California, Public Health Institute

4:30 pm

Poster Presentation # 208509: Communities of excellence in nutrition, physical activity, and obesity prevention (CX3) project stimulates planning and policy development in food banks

Abstract

Families experiencing food insecurity should receive nutrient dense, healthy foods when requesting assistance. Food banks and distributors with county-wide member agencies addressing local food insecurity need to garner a variety of quality, healthy foods and promote nutrition education. Standardized tools have been developed with input from food bank association experts to gather data on types of foods, policies and nutrition education practices in food banks. Since 2006, over 20 food banks and other county-based distributors in California have been surveyed through Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention (CX3). Developed by the Network for a Healthy California, California Department of Public Health, CX3 is an evidence-based, program planning and policy promotion framework. In-person interviews with coordinators and site surveys were conducted. Preliminary results show that most food banks (73%) offer fresh produce daily, yet the most common vegetables available are potatoes and onions. Healthy foods such as beans, peanut butter, and whole grain cereal are offered daily and forty percent of distributors limit soda availability to rarely or never, however 74% offer other sweetened beverages every day or weekly alongside cookies, sugary cereals and candy. Fifty-three percent of food banks offer nutrition education, showing room for improvement with resources available. Scoring criteria were developed for public health and nutrition professionals to

engage with food bank staff, identify areas for improvement and develop steps to implement policies and activities that enhance offerings and provide nutrition education. Surveys and scoring additionally provide for future evaluation of success.

Tooru Nemoto, Mariko Iwamoto & Birte Boedeker, Health Intervention Projects for Underserved Population, Public Health Institute

4:30-6:00 pm, Room 103C

Presentation # 3425.0: Racial/Ethnic Differences in Psychosocial factors and Violence against High Risk Transgender Women

Abstract

Transgender people are highly vulnerable toward violence, depression, and other forms of discrimination due to transphobia and stigma. The study aims to describe racial/ethnic differences in depression and exposure to violence and transphobia.

Through community outreach, high risk transgender women were recruited during two time periods: 332 participants in San Francisco between 2000 and 2001 (112 African Americans, 110 Asian and Pacific Islanders, and 110 Latinas) and 241 participants between 2004 and 2006 (123 African Americans in Oakland and 118 Caucasian in San Francisco). A total of 573 transgender women completed a structured individual survey interview. Half of the participants were depressed (CESD) and 56% had suicidal thoughts, among them, 61% attempted suicide (64% of Latina were depressed; 74% of Caucasian had suicidal thoughts). Participants reported being a victim of physical assault (50%) and rape or sexual assault (38% in adolescent and 30% adulthood). Exposure to transphobia was reported more among whites, Latinas, and African Americans than APIs. Participants received social support from transgender or other friends and less from family, though whites and Latinas expressed higher needs for social support.

The prevalence of depression, suicidal ideation, and attempt was very high among transgender women. Racial/ethnic differences in psychological vulnerability must be addressed in relation to their needs and specific sources of social support.

William Kerr, Alcohol Research Group, Public Health Institute

4:48 pm

Presentation # 197624: Scientific basis for alcohol regulation

(In Session # 3396.0: The erosion of state regulation of alcohol: The threat to public health and safety)

Abstract

A substantial research literature supporting the effectiveness of a variety of alcoholic beverage regulations now exists. While some of these studies link alcohol regulations directly to measures of alcohol related harm, others focus on their effects on alcohol consumption measures only. For these, extensive research linking alcohol consumption measures to alcohol-related problems and morbidity and mortality outcomes is used to make this link. This presentation will provide an overview of these broad areas of the research literature with a focus on recent studies and reviews evaluating changes in alcohol regulations and on summarizing the potential impacts of removing or weakening particular regulations. The main areas of focus will be the privatization of government alcohol monopolies, the weakening of 3-tier laws prohibiting producers from selling directly to retailers and consumers and the expansion of the types of stores where alcohol can be sold. Additional findings relevant to these areas will also be included. For example, the effectiveness of government control systems operates in part through higher prices and other pricing regulations, reduced availability in terms of the number of stores and the hours they are open and more uniform enforcement of minimum age laws.

Tuesday, November 10

Maria Campbell Casey, Partnership for the Public's Health, Public Health Institute;
George Flores, Bay Area Regional Office, The California Endowment

8:30 am

Presentation # 210738: Building the evidence base for environmental approaches to obesity prevention

(In Panel Session # 4029.0: Building the evidence for changing nutrition and physical activity environments)

Abstract

The rationale for improving environments for nutrition and physical activity will be introduced with a short video that frames the context as, "what surrounds us shapes us." I will then explain how The California Endowment and our funding partners are supporting building the evidence for the environmental change approach; how accomplishments and lessons learned from multi-sector efforts by diverse stakeholders working collaboratively are being disseminated; and how this is helping to change policies and accelerate the movement to promote equity and reduce disparities. Finally, I will introduce the panel and discuss the implications of evaluation findings from the three programs, Healthy Eating Active Communities, Central California Regional Obesity Prevention Program, and Healthy Eating Active Living.

Nina Mulia, Yu Ye, Alcohol Research Group, Public Health Institute;
Laura Schmidt, Institute for Health Policy Studies, University of California, San Francisco

8:30 am

Presentation # 208459: Racial/ethnic differences in alcohol problem severity: Implications for understanding disparities in treatment use

(In Session #: 4003.0: Health and treatment disparities: Trends and policy implications)

Abstract

While national treatment censuses indicate that African Americans and Latinos are over-represented in alcohol treatment, findings from general population studies are mixed. To accurately assess racial disparities in treatment use it is important to capture differences in problem severity. This study examines multiple problem indicators, including alcohol abuse and dependence, their diagnostic criteria, and drug comorbidity. Data are from the 2001-2 National Epidemiological Survey on Alcohol and Related Conditions. Analysis was restricted to current drinkers (N= 26,937) and compared the risk for problems among whites, African Americans, Latino subgroups and American Indians (AIANs). Preliminary analyses indicate that racial/ethnic minorities have similar or lower overall risk for alcohol abuse compared to whites, but a greater risk for specific symptoms of abuse, including social/interpersonal problems (ORs of 1.5-3.4), and among older Hispanic and AIAN drinkers, legal problems (ORs of 6.2-9.9). Odds of failed role obligations and hazardous drinking in particular were lower or similar among minorities relative to whites. By contrast, minorities had a greater risk for alcohol dependence, especially US-born Latinos and AIANs who reported more severe dependence and more co-occurring drug use, and African American women. The elevated risk for dependence increased with age among African Americans. Because social and legal problems are strong predictors of treatment entry, minority drinkers' greater experience of these abuse criteria might help to explain discrepant findings of the public treatment system and general population studies. Similar to other recent work, these findings raise questions about the social determinants of alcohol abuse diagnoses.

Carol Woltring, Center for Health Leadership and Practice,

Public Health Institute; Cynthia Lamberth, Center for Public Health Systems and Services Research, University of Kentucky-College of Public Health;
Magda Peck, University of Nebraska Medical College-College of Public Health

8:30 – 10:00 am, Philadelphia Marriott, Room TBD
Presentation # 4172.0: Collaborative Leadership for Public Health

Abstract

This session will provide participants with an overview of new and changing contexts for public health and collaborative leadership. It will describe and address an array of models, tools, and skills necessary for successful collaboration around emerging public health challenges. Using adult learning methods and interactive formats, the session will focus on what leaders need to know and do, as well as provide leaders with the “tools” or “strategies” necessary for these complex times.

Laura Schmidt, Institute for Health Policy Studies and Department of Anthropology, History and Social Medicine, University of California, San Francisco; Tammy Tam & Nina Mulia, Alcohol Research Group, Public Health Institute

8:48 am
Presentation # 208820: Unpacking racial/ethnic disparities in alcohol treatment: The “Hispanic” treatment gap
(In Session #: 4003.0: Health and treatment disparities: Trends and policy implications)

Abstract

Prior studies show that Hispanic Americans have some of the highest levels of unmet need for alcohol treatment in the US population, particularly among those with a high-severity of alcohol dependence. Often due to limited sample sizes, scientists studying this phenomenon have fallen into usage of the all-inclusive designation, “Hispanic American.” This could, however, be problematic if heterogeneous subgroups of Hispanics were to differ across key determinants of alcohol treatment need and utilization—perhaps due to differences in drinking cultures and languages of origin, immigration experiences and access to public services. Using data from the National Epidemiological Study on Alcohol and Related Conditions, we compare factors impacting alcohol treatment utilization among cultural and immigrant subgroups commonly captured under the rubric of “Hispanic.” We find that rates of treatment utilization vary across Hispanic subgroups. For example, even though rates of AUDs are similar, twice as many Puerto Rican Americans with an AUD have sought care for a drinking problem in the past year than Mexican Americans (16 versus 8%), and 13% of US-born Hispanics have sought care compared to 5% of immigrants. Factors that enable treatment entry also vary, with US born Hispanics having a twice-greater odds of legal and social problems that precipitate treatment compared to immigrants. Economic and attitudinal barriers to treatment differ across these subgroups as well. We conclude that the nature of treatment seeking and magnitude of the treatment gap vary among Hispanic subgroups and therefore, policy solutions to the problem may differ as well.

Cheryl Niro, Brenda Drake, Kathryn Duke & Mary Dalsin, Public Health Trust, Public Health Institute;
David Nesmith, California Environmental Water Caucus

9:30 am
Presentation # 207767: *Cy pres* settlements as a unique funding tool for projects to address disparities in water quality impacting public health in rural communities: Two case studies from the Public Health Trust

Abstract

Small communities continue to have difficulty funding projects to secure safe and affordable water. Barriers include increasingly limited grant funding from states and private funders, complex application processes, and lack of staff capacity and expertise in fundraising. Organizations that receive cy pres settlement funds from health-related litigation provide new and unique ways of addressing these challenges. These organizations have funding cycles and grantmaking approaches that are flexible enough to accommodate small community non-profits that have limited capacity for addressing sophisticated grant proposal requirements. The Public Health Trust (PHT), a project of the Public Health Institute in Oakland, managed two cy pres settlements addressing water contamination and its impact on drinking water and on fish caught and consumed in rural communities. Using two case studies from communities in northern and central California, this presentation will demonstrate creative, new ways to use litigation settlements to fund projects addressing water quality and resulting health disparities.

Elaine Zahnd, David Grant, Jenny Chia, Royce Park, Public Health Institute and UCLA Center for Health Policy Research/California Health Interview Survey (CHIS); Sue Holtby, Public Health Institute; Amanda Noble, California State Library Research Bureau

9:42 am, Marriott Grant Ballroom, Salon D

Presentation # 202752: Substance use and intimate partner violence among California's diverse population: Findings from the 2007 California Health Interview Survey

Abstract

Studies suggest an association between alcohol use and intimate partner violence (IPV). Substance use can both trigger IPV incidents among couples and serve as a coping device after incidents occur. California Health Interview Survey (CHIS 2007) data were analyzed to identify patterns of substance-related violence by gender and racial/ethnic group. A random-digit-dial sample of 37,330 adults, ages 18 to 65, was asked about lifetime and recent IPV, help-seeking, and the intersection of substance use and IPV. Sixteen percent reported experiencing physical IPV and 5% sexual IPV since age 18: women's rates were 21% and 8%, respectively; in contrast, men's rates were 11% and 1%. Eighteen percent experienced an incident in the past 12 months. During the most recent incident, 34% reported partner drinking and 20% reported partner drug use; women were more likely than men to report partner drug use (25% vs. 14%) and alcohol use (41% vs. 28%). Whites (48%) had the highest prevalence of recent physical violence, followed by Hispanics (32%), African Americans (10%), Asians (6%) and Other/Multiple races (3%). Among Whites, 35% reported partner drinking and 21% reported partner drug use during the most recent incident. All victims were more likely to engage in binge drinking than non-victims (51% vs. 32%). Health care providers should regularly screen for substance use in coordination with violence screening among both men and women in order to appropriately counsel and refer to needed services more effectively.

Tooru Nemoto, Mariko Iwamoto & Toni Moore, Health Intervention projects for Underserved Population, Public Health Institute;
Don Operario, Brown University

10:30 am-12:00 pm, Room 113A

Presentation # 4107.0: High HIV Risk for HIV Transmission among Transgender Women and their Male Partners

Abstract

Transgender women are among the highest-risk groups for HIV in the United States. HIV-positive transgender women frequently report exposure through unprotected sex with steady male partners. This research measured HIV risk behavior among transgender women and men in a committed relationship.

Forty-six couples were recruited (n=92), where one partner was a transgender woman and one was a male. Participants independently completed quantitative ACASI surveys assessing sexual risk behavior, sociodemographic factors, and relationship factors.

Couples were in a relationship for an average of 2.8 years. Men were more likely to describe their relationship as monogamous; transgender women were more likely to describe their relationship as allowing outside partners. However, more men than women had casual sex partners outside the relationship ($p < .05$). Only transgender women had commercial sex partners outside the relationship ($p < .05$). 40% of couples reported unprotected anal sex in the relationship where the transgender woman was the receptive partner; 13% reported unprotected anal sex where the man as the receptive partner. Transgender women were more likely to be HIV-positive (57%) than men (30%). 15% incorrectly diagnosed their partners' HIV status: transgender women were more likely to overestimate their partner being HIV-positive, whereas men were more likely to underestimate their partner being HIV-positive. We observed high levels of unprotected sex in this relationship context and frequent sex with outside partners. Inconsistencies among partners indicate insufficient communication about HIV status and risk. Interventions are needed to prevent HIV for these couples, within the relationship and with outside partners.

Alyssa Ghirardelli, Valerie Quinn & Sharon Sugerman, Cancer Control Branch, Network for a Healthy California, California Department of Public Health, Public Health Institute; Mathew Stone, California Department of Public Health

11:15 AM

Presentation # 206662: Communities of excellence in nutrition, physical activity, and obesity prevention (CX3) project uses GIS mapping of low-income neighborhood food environments

Abstract

Growing evidence shows the connection between the retail food environment and rates of obesity, overweight and other health conditions. Documenting conditions such as access to supermarkets and proximity of fast food to schools in low-income neighborhoods to accurately convey the food environment is an important strategy for stimulating community action and policies. Since 2006, over 80 low-income neighborhoods in California have been assessed by 23 health departments through Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention (CX3). Developed by the Network for a Healthy California, California Department of Public Health, CX3 is an evidence-based, program planning and policy promotion framework. Standardized tools and methods have been developed for measuring indicators in the neighborhood food environment using a combination of GIS mapping and field surveys. Each site chooses 3-7 low income neighborhoods defined by census tracts. The GIS-based methods are used to gather an initial look at community food environments which can inform decision making and survey work. GIS data show an estimated 57% of low-income neighborhood populations are not served by a grocery store within a ½ mile for residents, 31% of neighborhoods have a farmers' market, 82% within 5 miles, with 63% of markets within 5 miles having convenient public transit. A saturation of fast food in neighborhoods is evident with a worst case scenario of 28 restaurants in one census tract. An average ratio of fast food outlets to the population was 1 for 1064 people and neighborhood schools have an average of 6 fast food outlets within ½ mile.

Christy McCain, Public Health Institute & Sue Holtby, Public Health Institute; Elliott Main & Debra Bingham, California Maternal Quality Care Collaborative

11:20 am

Presentation # 197355: California's Maternal Mortality Review: Methods and Summary Findings

Abstract

The California Pregnancy-Associated Mortality Review (CA-PAMR) began in 2004 by the state Maternal, Child and Adolescent Health Division in response to rising rates of maternal mortality and associated racial disparities. California's maternal mortality rate in 2006 was 19.2 per 100,000 live births, more than four times the Healthy People 2010 objective of 4.3 per 100,000 live births and higher than the national rate in 2005 of 15.1. In California, African-American women are more than 3 times as likely as White women to die from pregnancy-related causes (54.9 per 100,000 live births vs. 16.8 respectively). The CA-PAMR identified 194 women in 2002 who died during pregnancy or within one year of a live birth or fetal death. Data from medical and coroner records were abstracted for all pregnancy-related deaths and a sample of non-related deaths (n=75). Case summaries were reviewed by a multidisciplinary committee to determine the factors contributing to the death, and to identify opportunities for quality improvement. Among the pregnancy-related cases, the leading causes of death were cardiovascular conditions, which accounted for half of the deaths, followed by amniotic fluid embolism and hemorrhage. About 30% of the women were obese (BMI \geq 30) and 23% were overweight (BMI 25-30.0). They were more likely than the general population of women who gave birth in CA to be unmarried (40% vs. 31% respectively) and to have had their deliveries paid for by Medi-Cal (57% vs. 43%). It is anticipated that this and other data from CA-PAMR will inform maternal health policy in California.

Elaine Zahnd, Public Health Institute; Sally Adams & Elizabeth Ozer, Division of Adolescent Medicine, University of California, San Francisco

11:30 am

Presentation # 207767: The role of insurance type in the provision of adolescent preventive services: Findings from the 2007 California Health Interview Survey (CHIS)

Abstract

Recent research indicates that preventive health care is a principal factor affecting the quality of primary care for adolescents. Studies examining the role that insurance type plays in the provision of adolescent preventive health services are few in number and less likely to focus on adolescent report. California Health Interview Survey (CHIS 2007) data were analyzed to identify patterns of adolescent preventive service provision among youth with and without insurance and by insurance type. An RDD sample of 3638 adolescents, ages 12-17 years, was asked whether they talked to their provider about health-related issues during their most recent routine exam. Adolescents with a source of current insurance were more likely to report discussing physical activity (53.4%) and nutrition (54.2%) with their doctors than adolescents without insurance (45.1% and 43.6%, respectively). No insurance-based differences were observed for emotion or dental health discussions. Teens with employment-based or privately purchased insurance were no more likely to discuss preventive health topics than those with public health insurance. Females were significantly more likely to report discussing their moods and emotions at their last routine exam (58.3%) compared to males (41.7%). While discussion rates for most topics were low overall, having a source of current insurance increases the likelihood that youth and their providers discuss physical activity and nutrition, but not that they discuss dental or emotional health topics.

Tooru Nemoto, Mariko Iwamoto, Birte Boedeker, Health Intervention Projects for Underserved Population, Public Health Institute;
Usaney Perngpam & Chitlada Areesantichai, Chulalongkorn University, Bangkok, Thailand

12:30-2:00 pm, Loews Hotel, Anthony Suite

Presentation # 4176.0: Substance Use and HIV Risk Behaviors among Transgender Female (Kathoe) Sex Workers in Bangkok, Thailand

Abstract

A number of kathoey engage in sex work at entertainment businesses in Bangkok. The study aims to describe substance use and HIV risk behaviors among kathoey sex workers. After conducting ethnographic mapping, kathoey sex workers were recruited from bars/clubs (n=80) and street (n=32) for a survey. Demographics are: average age=25 years old; 88% single; 38% not completed high school. Street sex workers had a higher number of customers than those working at bars/clubs. 27% reported inconsistent condom use with customers for anal sex and almost all have engaged in sex under the influence of alcohol. More bar/club kathoey reported willingness to engage in unprotected sex with customers for extra money. Substance use was reported (36% ecstasy, 32% marijuana, 20% ketamine, and 10% amphetamine). More than 60% injected hormone, but only one person reported having seen health care providers in the past year. 19% identified themselves as girl in early age (between 5 to 12 years old), 42% reported abuse from father, brother, and other family members, and 45% reported current difficulties in living as kathoey. Although the majority of kathoey have used condoms with customers, many engaged in risk behaviors, such as sex under the influence of alcohol and drugs. In spite of a notion that transgender people are accepted in Thai society, study participants reported abuse from family members and difficulties in current lives. Early intervention and comprehensive health care and promotion are needed to meet the specific needs among kathoey sex workers.

Manel Kappagoda, Public Health Law & Policy, Public Health Institute

2:30 pm

Presentation # 194605: Tipping the scales: Using the law to further childhood obesity prevention policy

Abstract

The Robert Wood Johnson Foundation (RWJF) has committed \$500 million to reverse the childhood obesity epidemic by 2015. To accomplish this ambitious goal, RWJF and its partners are tackling childhood obesity not merely as an issue of personal and parental responsibility, but as a societal problem requiring solutions that reshape children's environments. The National Policy & Legal Analysis Network to Prevent Childhood Obesity (NPLAN) has been tasked with producing the legal research, model policies, fact sheets, toolkits and technical assistance that will increase communities' capacity to make healthier options more accessible to children.

This session will identify the benefits and challenges inherent in providing legal technical assistance nationwide on an issue as complex as childhood obesity prevention. NPLAN's unique collaborative structure, which includes interdisciplinary learning communities, external legal researchers and in-house staff attorneys, provides the breadth of expertise needed to create legally-sound model policies that are both creative and practical. NPLAN's model policies and tools span broad subject areas and include materials on vending in schools, marketing to children, and complete streets. In addition to discussing a number of NPLAN's model policies, the presenter will provide examples of local communities that are using NPLAN's legal technical assistance tools to move obesity-prevention policies forward. Finally, the presenter will hypothesize about how this national model might be used to address other public health challenges.

Emily Perez, Sara Cook & Shauntay Davis, California Department of Public Health and Public Health Institute

3:00 pm, Marriott, Room 405

Presentation # 197070: Comprehensive cancer control in California: Reaching underserved communities

(In session #4267.0, Innovation in Primary and Secondary Prevention and Research, 2:30-4:00)

Abstract

This session will describe California's Comprehensive Cancer Control Program (CCCP) and the California Dialogue on Cancer's (CDOC) achievements in working with community partnerships to implement health

education programs around colorectal and ovarian cancer to ethnic minority populations throughout California. Through a mini-grant program and extensive recruitment efforts, CCCP staff members awarded 15 mini-grants to community based organizations prepared to implement health education activities, specific to colorectal and/or ovarian cancer awareness, to geographically and ethnically diverse populations. The target populations reached include Filipino, Korean, Latino, Hmong, Asian and Pacific Islander, African-American, South Asian, and Chinese ethnic minorities. The presentation will detail the steps taken to implement the program including its infrastructure, design and outreach strategy. The session will also highlight various components of awardee projects including project design, outreach strategies and culturally and linguistically appropriate educational materials developed. In addition, the procedures for linking these community organizations throughout the state will also be discussed. The Center's for Disease Control and Prevention provides funding for California's CCCP and CDOC, in addition to the Ovarian and Colorectal Cancer Additional Programs.

Dawn Nozicka-Ferris & Sara Cook, Chronic Disease Research & Surveillance Branch, California Department of Public Health and Public Health Institute;
Kurt Snipes, Chronic Disease Surveillance and Research Branch, California Department of Public Health

3:15 pm, Marriott, Room 405

Presentation # 197373: California's Efforts in Skin Cancer Prevention

(In session #4267.0, Innovation in Primary and Secondary Prevention and Research, 2:30-4:00)

Abstract

Over-exposure to the sun can cause premature aging, a weakened immune system, cataracts, and is associated with several forms of skin cancer. In 2009, California 7,280 new cases of melanoma of the skin and 840 deaths due to melanoma are expected. The California Skin Cancer Prevention Program (SCPP) focuses on increasing public awareness regarding the dangers of over-exposure to sunlight, increasing individual and organization-wide practice of sun safety behaviors, and decreasing future incidence of skin cancer. The program's innovative activities are implemented at child care and pre-school settings and outdoor worker environment. Children are at high risk of being over-exposed to sunlight. The SCPP works with schools to promote integration of sun protection measures, including education, policy, and increased shade cover. A sun protection education kit is distributed for use with children ages three to five years. In addition, a statewide media campaign promotes sun-safety behaviors to parents with children. Sun safety kits have also been created for outdoor workers, specifically targeting parks and recreation programs and road/building construction outdoor-based worksites. Evaluations of these kits are currently being collected and analyzed. SCPP is hoping to broaden outreach efforts in the future to include amusement parks, ski resorts, pool/waterslide parks, and outdoor sporting events/arenas.

Wednesday, November 11

Elaine Zahnd, Sue Holtby & Christy McCain, Public Health Institute;
Marla G. Becker & Deane Calhoun, Youth ALIVE!;
Tammy Tam, Alcohol Research Group, Public Health Institute

8:30-9:30 am

Poster Session # 5020: Caught in the Crossfire: What predicts program success among violently injured youth?

Abstract

An evaluation of Caught in the Crossfire, a hospital-based peer intervention program for victims of interpersonal violence, was conducted to assess predictors of success among participants. The 6-month long program's purpose is to reduce criminal justice involvement, violent reinjury and retaliation, and to increase non-violent behaviors and attitudes. We conducted a retrospective medical and probation records review of 167 program participants, ages 12-20 years, who were hospitalized in Oakland and a prospective case study of 36 clients interviewed four times over a nine-month period. Retrospective outcomes included violent injury re-hospitalization, criminal justice involvement and death. Prior criminal justice involvement and being African-American versus being Latino or "Other" race predicted negative retrospective outcomes. African-American participants were more likely to have prior arrests. Re-hospitalization rates 18 months post initial injury were 7.2%. Re-arrest rates were 36.1%. For the prospective study, findings show that Latino clients were more likely than African-American clients to have had a male figure in their lives, to have greater self-esteem, and lower tolerance of violence. There were significant increases in numbers working or working and attending school, feelings of safety, and a decrease in violent incidents after program participation. Clients who appear to succeed the most are those without prior arrests, and non-African-American adolescents. Intervening soon after youth are injured can reduce future violence and provide positive alternative outcomes. Tailoring the program to include incentives for meeting individual goals and working more closely with families to increase mutual respect may benefit high-risk clients, such as those with priors.

Christy McCain, Sue Holtby (lead author), Nicole Lordi & Elaine Zahnd, Public Health Institute

9:30 am

Poster Session # 204570: Using Data to Inform Policy: Six-Year Trends in Children's Health Indicators as Measured in the California Health Interview Survey

Abstract

The California Health Interview Survey (CHIS) is a biennial random-digit-dial survey that began in 2001. Each sample has about 45,000 households, including 5,000 children ages 5-11. Data were analyzed from 2001, 2003, 2005 and 2007 to identify trends in diet, physical activity and access to care. The large sample sizes allow for analysis by gender, income level, and race/ethnicity (White, Latino, Asian, African American and American Indian/Alaska Native). Key health indicators were analyzed for changes over the six-year period, including measures of Healthy People 2010 objectives (HP). Trends were tracked for BMI, fruit, vegetable, soda, and fast food consumption; measures of physical activity and sedentary behavior; currently uninsured, usual source of medical care, and dental visit past 12 months. Findings show an overall positive trend on most indicators, but there are significant differences by income and race/ethnicity. For example, low-income children are more likely than higher income children to walk or bike to school, but are also more likely to be overweight and have poorer dietary habits. Asian children continuously have the lowest rate of fruit and vegetable consumption, and Latino and African American children have the highest rates of soda and fast food intake. These findings have been used by state and local governments and organizations to develop and influence policies related to children's health in California. CHIS data are also useful to public health researchers and practitioners nationwide because of the survey's large, diverse and biennial samples.

Nina Mulia, Douglas Polcin & Laura Beth Jones, Alcohol Research Group, Public Health Institute

9:42 am

Presentation # 204974: Understanding the context of confrontation: Implications for recovery from substance abuse

(In Session #: 5025.0: Barriers to alcohol treatment)

Abstract

Confrontation about alcohol and drug use is a common experience for substance users, often involving family, friends, professionals and peers. Yet confrontation is controversial in the treatment field and can be perceived as negative and harmful rather than beneficial and motivating. To better understand confrontation, it is necessary to distinguish the conditions that influence how confrontation is experienced. We analyzed qualitative data from in-depth interviews conducted with 40 AOD users in Northern California in 2008. The sample was recruited from a larger, longitudinal study of AOD users who were former residents of recovery homes. The interviews inquired into participants' positive and negative experiences of confrontation, defined as warnings about possible negative consequences of their substance use. Analyses suggest that AOD users' experience of confrontation is shaped by their "readiness" for it (reflecting their use history and life circumstances), beliefs about recovery and for some men, masculinity, and stage of sobriety. It is also influenced by perceptions about confronters' experience or knowledge of addiction, the confronter's relationship with the user and their confrontational approach. The most helpful confrontations have perceived validity; are from persons the user admires and respects; are delivered with concern and caring; offer hope, critical opportunities or practical help; and occur at a time when the user is "tired" of using. We conclude that confrontation can be an important experience and tool in recovery. Results will highlight for policy makers and treatment providers when confrontation is experienced as supportive and helpful and when confrontation may be counterproductive.

Jennifer Mason (co-author), USAID, Global Health Fellows Program, Public Health Institute; **Sandra Dalebout** (presenter), Project HOPE

10:30 am

Presentation #207415: Introducing a new contraceptive technology in Kyrgyzstan

Abstract

To expand the FP method mix in Batken Oblast, Kyrgyzstan by introducing Standard Days Method (SDM). 273 reproductive health care workers were trained in SDM. Cycle beads were procured and adapted promotional materials were distributed. Data for integrating SDM into the national FP register was collected and reported to MOH. Regular unscheduled monitoring visits occurred to trained providers, clients, partners, and mother-in-laws. 1,729 new SDM users started from May 2007 to February 2008. The majority of clients were monitored for 8 consecutive months. 24 clients discontinued the method due to: 6 unintended pregnancies, 3 husbands did not like the method, 5 planned pregnancies, and 10 moved. The project had 1 pregnancy among every 289 users-less than .1% pregnancy rate, less than the standard rate for the method. 75% of trained providers received SDM Certification, which indicated they passed knowledge and skills tests and were able to successfully counsel clients on SDM in regular practice settings. 98% of users and partners correctly explained how to use SDM and the meaning of bead colors. 56% made a joint decision with their partner to use SDM. 80% of partners support continued use and the majority of users plan to continue use. SDM proved to be a culturally appropriate and effective method in Kyrgyzstan, in terms of pregnancy rate, user satisfaction, increased couples communication, and family and community support for the method. Scale up and replication of activities is recommended for other areas with similar conditions, including high literacy rate and low HIV prevalence.

Tooru Nemoto, Mariko Iwamoto & Birte Bodeker, Health Intervention Projects for Underserved Population, Public Health Institute

10:30 am – 12:00 pm, Room 2004A

Presentation# 5112.0: HIV-Related Risk Behaviors among Asian and Pacific Islander Men who Have Sex with Men (API MSM) in the San Francisco Bay Area

Abstract

HIV sero-prevalence rates among API MSM are low compared to other racial/ethnic groups; however, both prevalence and incidence rates have sharply risen. Participants were recruited through community outreach in the San Francisco Bay Area. A total of 652 API MSM completed individual interviews using a structured questionnaire. The participants were: Chinese (28%), Filipino (25%), and Vietnamese (12%); average age = 31 years; 70% immigrants. Nearly 60% of the participants reported having primary (M=1, range: 1-7) and/or casual partners (M=9, range: 1-150) in the past 6 months. Participants had higher levels of HIV knowledge and positive attitude toward condom use; however, inconsistent condom use was reported (only 43% always used a condom with primary partners; 74% with casual partners in the past 6 months). Majority of participants said they never used condoms for oral sex (77% with primary and 75% with casual partners). 12% and 50% of participants had had sex without knowing their primary and casual partners' HIV status, respectively. Alcohol use was most commonly reported in the past 30 days (75%), followed by marijuana (11%), and 24% reported being intoxicated with alcohol (more than 5 drinks in one sitting) in the past 30 days. 38% and 45% had sex under the influence of substances with primary and casual partners, respectively. 89% reported being tested for HIV and 6% revealed their HIV positive status. Regardless of participants' high levels of HIV knowledge and positive attitude toward condom use, many API MSM had engaged in riskier sex behaviors and substance use. Culturally appropriate prevention programs addressing both sexual and substance use behaviors need to be implemented in API MSM communities.

Callie Simon, Global Health Fellows Program, Public Health Institute; **Rob Stephenson**, Hubert Department of Global Health, Rollins School of Public Health, Emory University

11:00 am

Presentation # 192774: Community Influences on sexual behavior in 4 African Countries

Abstract

Targeting young people is essential in defeating the global HIV/AIDS epidemic and although much attention has been given to the individual and familial factors that influence the sexual behavior of young people, the role of structural elements of the community remains poorly understood. This paper estimates the influence of several dimensions of the community environment on young people's recent sexual behaviors in four countries: Burkina Faso, Ghana, Malawi and Uganda. The analysis samples are males and females (12-19) from the National Surveys of Adolescents conducted in 2004 in Burkina Faso, Ghana, Malawi and Uganda. Community level variables representing economic prosperity, gender norms, social and cultural participation, demographic characteristics and the health care infrastructure will be examined as factors expected to shape the sexual behavior of young people. A multilevel modeling strategy will be applied to outcomes measuring age at first sex, number of partners, condom use, participation in transactional sex, and alcohol influenced sex. Previous studies of young people's sexual behaviors have focused on individual and household level factors; this research is innovative in its conceptualization of the community, examining the role of economic, social and normative community characteristics in determining young people's sexual behaviors. This research will provide information on the associations between characteristics of a community's environment and young people's behaviors, providing new information that will directly influence the development of health interventions aimed at young people. In addition to strengthening the scientific field of community influences on health, the research will generate interest in examining community influences on other health outcomes, and will lead to a greater motivation to improve the collection of community level data. The research will also identify community characteristics that can be harnessed in the development of public health interventions, strengthening public health practice for the improvement of program and policy aimed at reducing HIV transmission among young people. The data to be used include a wider age range (12-19) and richer set of data on sexual behavior than is commonly found in nationally representative surveys of adolescents. An additional advantage of this research is therefore a more detailed examination of sexual behaviors for a wider age range of young people.

Charlene Brown (co-author), Global Health Fellows Program, Public Health Institute;
Shilpa Bhardwaj (presenter), Carolyn Nganga-Good, Rafiq Miazad, Ravikiran Muvva,
Bureau of STD/HIV Prevention, Baltimore City Health Department

11:15 am

Presentation: Planning and Implementing Rapid HIV Testing in Baltimore City:
Challenges and Lessons for a Health Department
(In Panel Session: Contemporary Issues in HIV Testing, starts at 10:30 am)

Abstract

In 2007, Baltimore City Health Department (BHCD) received a Center for Disease Control and Prevention (CDC) grant to implement rapid HIV screening within clinical and outreach settings.

The program commenced with a competitive solicitation, issued by Division leadership, to select implementation sites; hiring of key program personnel, and the creation of site-specific testing and counseling protocols and test result charting instruments through program and site staff. Program personnel devised a training strategy and trained site coordinators in rapid HIV testing and counseling techniques and the program documentation and database requirements.

Implementation was delayed because key site stakeholders, particularly Emergency Department (ED) physicians, were inadvertently excluded from the early planning and implementation stages at some sites. Program personnel later convinced ED physicians and mobile outreach staff that rapid HIV testing would not hamper existing work flow. Site counselors and mobile outreach staff became concerned about rapid HIV test accuracy when the program experienced an unusually high number of false positives. Mobile outreach vans did not have space for the confidential provision of results.

Stephanie Stevens, Public Health Law & Policy, Public Health Institute

12:30 pm

Presentation # 5146.0: The portable farmer's market: Mobile vending to promote healthy food access in vulnerable communities

Abstract

In 2007, the Robert Wood Johnson Foundation funded the National Policy and Legal Analysis Network to Prevent Childhood Obesity (NPLAN) to provide advocates nationwide with model policies that promote healthy eating and active living for children. One primary focus area for NPLAN is addressing racial and ethnic disparities in childhood obesity rates.

Obesity and its health related complications are occurring at higher rates in Latino, African American, and Native American children. Studies also indicate that children of color are more likely to live in neighborhoods with limited access to fresh produce. In areas that are unlikely to attract a large supermarket, mobile vending is one viable alternative that can increase access to healthy food in underserved communities. While many cities have traditionally viewed mobile vendors as a menace, or have merely regulated vendors to ensure food safety, few have considered mobile vending policy aimed at improving nutrition.

In this session, the presenter will draw on real-world examples to discuss specific policy and legal tools that advocates can employ to implement healthy mobile vending in their communities. First, the presenter will provide some background on mobile food vending policies nationally. Second, the presenter will discuss how a few cities, such as New York, Oakland, and Kansas City, have implemented mobile vending policies that promote good nutrition. And third, the presenter will examine policy strategies that incentivize healthy mobile vending in neighborhoods that need it most.

Julie Williamson, Michelle Silver, Kevin Cloud, Partnership for the Public's Health, Public Health Institute

12:30 pm

Presentation # 207938: Using Social Networking as a Tool to Strengthen a Peer Network Working to Improve Food and Physical Activity Environments in California: Opportunities and Challenges

Abstract

California Convergence is an effort to bring together community leaders across the state working to prevent obesity and chronic disease by improving food and physical activity environments. The goal of converging these leaders is to promote synergy of efforts across communities, accelerating the change they are influencing at the local level. Learning from peer leaders in other communities is one of the most powerful ways to proliferate change, and these leaders have not had the time or the mechanisms to do this effectively. California Convergence created a virtual peer learning network using the social networking site Ning to help leaders stay connected, learn from each other, share stories, successes, and challenges, and to reduce information and resource overload. Peer learning happens most effectively in-person, however this is not always possible for community leaders. Technology can be a powerful tool to strengthen and support an existing network. At the same time, this technology is new and uncomfortable for many users. The experience within California Convergence reveals some of the challenges but also the opportunities in turning these tools to the task of supporting public health advocacy and community change. Six months into the effort, we look at progress to date, hurdles, and future potential of this tool.

Christine Fry, Public Health Law & Policy, Public Health Institute

12:45 pm

Presentation # 203765: Leap-frog for lawyers: Using local policy and law to promote play

Abstract

Lack of physical activity is considered one major factor in childhood obesity. According to the Centers for Disease Control and Prevention, 66 percent of adolescents are not moderately physically active for 60 minutes per day, the standard recommended by public health agencies and experts. Studies of younger children present similarly dismal levels of physical activity. Children need to play not only to maintain good health, but also to develop creativity, confidence, and group skills. Researchers have identified a number of barriers to physical activity, including lack of access to safe places to play, decreasing opportunities for unstructured and structured play in schools, and lack of opportunities for safe, active transport around children's neighborhoods.

Public health advocates have developed a number of innovative approaches to remedy these barriers to physical activity. One approach is to use public policy and the law to improve children's environments. In 2007, the Robert Wood Johnson Foundation funded the National Policy and Legal Analysis Network to Prevent Childhood Obesity (NPLAN) to provide advocates in communities across the country with model policies that promote healthy eating and active living.

In this session, the presenter will discuss NPLAN's model policies that communities can adopt to provide more opportunities for play and physical activity, including joint use agreements that facilitate after-hours use of school grounds, childcare physical activity standards, and policies that create infrastructure for safe walking and biking. The session will also identify legal resources that address liability in play, a concern often raised by decision makers.

Program note: Presenters are listed in bold type. Authors and co-authors of studies and presentations are listed in plain text. Complete program guide to APHA presentations, available online at <http://apha.confex.com/apha/137am/webprogram/start.html>.

