



PUBLIC HEALTH INSTITUTE
PRESENTATIONS AT THE
AMERICAN PUBLIC HEALTH
ASSOCIATION'S
2008 ANNUAL CONFERENCE



Monday, October 27

Lee Kaskutas & Jane Witbrodt

Alcohol Research Group
Public Health Institute

8:30-10:00 am

Panel # 3002.1: Packaging Booze to Special Populations

Presentation # 186091: Using drink size to talk about drinking during pregnancy:
A randomized clinical trial of Early Start Plus

Abstract

The purpose of this study was to compare two brief alcohol use interventions in prenatal clinics. In this clinical trial, 15 Kaiser Permanente Northern California obstetric clinics were randomized to either usual care Early Start, a prenatal substance abuse screening and treatment program focused on abstinence and integrated with prenatal care (n=417), or Early Start Plus, which supplemented Early Start with a computerized drink size assessment tool and intervention focused on helping women drink less (n=584). Controls included women who screened at risk for alcohol use during pregnancy at comparable Kaiser Permanente obstetric clinics without Early Start services (n=372). Recruitment occurred from 05/01/00-06/30/04. The groups were compared on neonatal and maternal outcomes, including neonatal assisted ventilation, low birthweight, preterm delivery, neonatal intensive care unit admission, infant or mother rehospitalization within two weeks of discharge from birth hospitalization, preterm labor, preeclampsia, placenta previa, and placental abruption. Controls had higher adverse outcome rates than the other two groups. In multivariate analysis, compared to Controls, statistically significant odds ratios were obtained for Early Start Plus for preterm labor (OR=0.44,p=0.04) and Early Start for low birthweight (OR =0.28,p=0.02). No differences in outcome rates between Early Start and Early Start Plus were statistically significant, suggesting that Early Start already provided a high standard of care. Early Start Plus was very well received by clinicians and clients alike. It provided clinicians with an innovative assessment tool that facilitated an open, in-depth dialogue about drinking during pregnancy that is difficult to develop when focusing singularly on abstinence.

Bill Kerr, Tom Greenfield¹, Yu Ye & Jason Bond

Alcohol Research Group
Public Health Institute

10:30 am-12:00 pm, Marina Ballroom Salon E

Panel # 3094.0: Increased alcohol sales and consumption: Data and Policy
Implications

Presentation # 183192: Increased drinking among young adults in the National
Alcohol Surveys

Abstract

Data from both sales statistics and general population surveys indicate rising alcohol consumption in the US since around 1995, following a roughly 15 year decline. The National

¹ Member of the APHA Governing Council, Member at Large for the Program Committee of the 2008 APHA Annual Meeting, recipient of the Alcohol, Tobacco and Other Drug (ATOD) Section's 2008 Section Leadership Award

Alcohol Surveys conducted in 1995 (n=4,920), 2000 (n=7,612) and 2005 (n=6,919) offer the opportunity to examine the demographic and drinking pattern details involved in drinking trends in relation to per capita sales and to earlier surveys in 1979 (n=1,772), 1984 (n=5,221) and 1990 (n=2,058). These surveys are weighted to be representative of the US population aged 18 and older at the time of the survey. Gender and age-group-specific trends for overall and beverage-specific volume of consumption, 5+ and 8+ days will be presented. Results indicate that men and women aged 25 and under have increased their alcohol consumption and frequency of heavy drinking days since 1995 while mean drinking measures among older individuals have continued to decline. Beverage-specific results show wine consumption rising among all groups while spirits appears to be rising particularly among men aged 21 to 25. Age-period-cohort models will be used in the further decomposition of these trends. Per-capita sales trends for beer, wine, spirits and all ethanol will be presented for comparison. Implications of recent consumption trends for alcohol control policy and predictions for the near future will presented and discussed.

Tom Greenfield

Alcohol Research Group
Public Health Institute

10:30 am-12 pm, Marina Ballroom Salon E

Panel # 3094.0: Increased alcohol sales and consumption: Data and Policy Implications

Presentation # 178005: Trends in alcohol consumption and high risk drinking in Ontario, 1996-2006; Dimensions and implications

Abstract

Since the mid-1990s per capita alcoholic beverage sales have been increasing in Ontario and throughout Canada, as has the percent drinking in a high-risk manner (5+/occasion at least monthly). Furthermore, the percent of Ontario adults reporting drinking 5+/occasion at least weekly increased from 7% to 12% in one year (1995-1996). This presentation focuses on the dimensions of these changes, drawing on archival data and 11 surveys (1996 to 2006) involving: representative samples of Ontarians aged 18 and older, stratified samples by region, random digit dialing, response rates between 58-69%, and annual average N of 2,508 (total 27,594). Over 11 years, the increase in average drinks per week is greater among women than men, and greater among 18-29 and 40-49 year cohorts than other cohorts. Also, increases in average drinks per week were evident in three groups: those who drank weekly/not 5+, 5+/not weekly, and 5+/weekly, with the greatest change in the first group. Further analysis for presentation will examine: trends in depth by age, gender, SES and drinking pattern; changes in percent of total alcohol represented by drinkers with different volume/frequency patterns; and trends in drinking and driving incidents. Several changes in alcohol management may have contributed to these developments: e.g., increase in outlet density, decline in real prices of alcoholic beverages, and an increase in alcohol marketing. The implications of these changes for overall consumption, high risk drinking and damage from alcohol will be discussed, and challenges and opportunities for a more effective and precautionary alcohol management system outlined.

Tom Greenfield, Yu Ye, Bill Kerr & Lorraine Midanik

Alcohol Research Group
Public Health Institute

10:30 am-12 pm, Marina Ballroom Salon E

Panel # 3094.0: Increased alcohol sales and consumption: Data and Policy Implications

Presentation # 185162: Acute consequences from high risk drinking in a period of increasing consumption in the US: Demographic factors and policy implications

Abstract

Recent increases US per capita ethanol consumption appear driven by heavier drinking in those aged 18-24, following the nadir of the early 1990s. Data come from the cross-sectional 5-yearly National Alcohol Surveys (NASs) 1979 to 2005 series, especially the 1984 (n=5,221), 1995 (n=4,925), 2000 (n=7,216) and 2005 (n=6,919) surveys spanning the period of declining, then increasing consumption. Primary outcomes are alcohol-related acute consequences involving intoxication: drunk driving, arguments and fighting, crashes and legal trouble, and partner difficulties. Separately by gender, we contrast trends in consumption and problem indicators for young adults 18-25 versus other adults over 25. Drunk driving, though higher in the young, falls systematically over the period 1984 to 2005 for both age groups. Other acute problems, also always higher for the young adults, are relatively stable in the younger group, while modest problem reductions mirror the declining drinking trends in the over-25 group. Multivariate models examine the basis for the decoupling of consumption patterns and problems in the younger drinkers. In those aged 18-25, changing norms regarding acceptance of drunkenness and attitudes toward drinking track the drinking trends, are taken to indicate the drying then wetting social trends over the 20 years. Policies deterring drunk driving appear to result in reductions in drinking driving reports over time in both age groups. We evaluate the conjecture that alcohol problem reporting involves a social construction process, asking whether this helps explain the decoupling of rates of drinking-related aggression, partner trouble and legal problems from the heavy drinking changes among younger adults.

Alyssa Ghirardelli, Ellen Feighery & Sharon Sugerman

California Department of Public Health & Public Health Institute

10:30 am-12 pm

Panel # 3122: Promoting Nutrition Among Vulnerable Populations

Presentation # 185484: Methods to compare fruit and vegetable prices in low-income neighborhood stores with county level retail scanner data

Abstract

The cost of fruit and vegetables can be a barrier to purchase and consumption for low-income individuals and families, however local variability of prices could potentially make addressing this barrier through community level initiatives challenging. The California Department of Public Health's Cancer Prevention and Nutrition Section Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX3) project uses food environment data to inform action in local health departments to empower community members and improve local conditions. Five sites used tools and methods for selected neighborhood nutrition indicators. Each site worked within 3-7 low-income neighborhoods of 1-5 census tracts each. Grocery store surveys collected data from various types of food markets in 18 neighborhoods. Data collection included prices for seven commonly found fruits and vegetables. To evaluate if prices were excessive in neighborhood stores, a method to create a local comparison price was developed using retail scanner data by county from large chain supermarkets. Data was purchased from a vendor specializing in grocery perishables. From scanner data obtained during the same weeks pricing data was collected in the field, a comparison price was developed for each type of produce item using the lowest price free-weight options of items with the highest purchase volumes. A ten percent margin of error was added to create a "reasonable price". Prices collected in the field were then compared to the county "reasonable price." The comparisons were shared with local stakeholders to determine if prices for fruits and vegetables in local low-income neighborhood stores were a barrier that should be addressed with merchants, community leaders or policy

makers. Pricing comparisons for the group as a whole were additionally analyzed at the state level to discuss current conditions in pricing of fruits and vegetables in low-income neighborhoods and to inform development of future statewide policy and initiatives. Preliminary findings from 141 stores surveyed show 64% selling produce. Pricing collected in 84 stores reveal that out of 364 priced items, 86% were at or below the “reasonable price” indicating that, when produce is available, prices do not appear to be excessively higher than county averages.

Elena Lingas & Lori Dorfman
Berkeley Media Studies Group
Public Health Institute

10:30-11:45 am

Panel # 3121: School Food Policies: Innovations and Enforcement Outcomes
Presentation # 185302: Environmental nutrition policy in school settings: The public debate

Abstract

Background: In February 2006, nutrition bills that included restrictions on the sales of sodas and other sugar-sweetened beverages in schools were introduced in the state legislatures in Connecticut, Indiana, Massachusetts, and Maryland. Within months, the bills had met different fates. We analyzed the public debate over enacting state-level environmental nutrition policy focused on school settings. **Method:** A qualitative and quantitative content analysis of news and opinion coverage, text of the bills, and available legislative testimony in Connecticut, Indiana, Massachusetts and Maryland. To serve as a control, we also analyzed the news and opinion coverage in Ohio, which did not have state-level legislation on this issue in 2006. We sampled each state's newspapers available in the LexisNexis database. **Results:** The sample yielded 257 news and opinion pieces, distributed by state as follows: Connecticut (43), Indiana (37), Massachusetts (95), Maryland (21), and Ohio (61). Prominent frames included *obesity is complicated*; *individual choice*; *school achievement and nutrition are connected*; and *schools need revenue*. Many of these frames reflect those found in California's initial debates over selling sodas in schools. We also compared news frames to those found in the legislation and testimony. **Implications:** This study elucidates the arguments being made in favor of healthy food environments and identifies those arguments public health advocates will face from their opposition. A clear understanding

Sharon Rudy²
Global Health Fellows Program
Public Health Institute

11:15 am, Exhibitor Theatre
Session: Getting a Job in International Health

Marice Ashe
Public Health Law & Policy
Public Health Institute

12:30-2:00 pm
Panel # 3194: Advocacy Law

² Member of emerging leaders group of the international health section

Carol Woltring

Center for Health Leadership and Practice
Public Health Institute

2:30 pm, Meeting Room 1B
Panel # 3323: Generational Leadership

Sarah Roberts & Cheri Pies

Public Health Institute

2:30 pm
Poster # 174127: Building Trust Between Pregnant Substance-Using Women and Prenatal Care Providers in a California County

Abstract

Substance-using pregnant women are over-represented among women who deliver with late, limited, and no prenatal care. Substance-using women who receive adequate prenatal care generally have better birth outcomes than substance-using women who do not receive adequate prenatal care. To engage pregnant substance-using women in prenatal care, the Contra Costa Family, Maternal, and Child Health Programs recruited pregnant and parenting substance-using women to participate in the creation of a consumer-designed community awareness campaign encouraging substance-using pregnant women to seek prenatal care. Twenty individual interviews and four focus groups were conducted. Participants suggested campaign messages such as: "Talk to us, trust us. You will not be judged." and "You won't be reported to Child Protective Services." These suggestions describe a response from providers that differs significantly from what women reported receiving when they attended prenatal care. We realized that before we could offer these welcoming messages, prenatal care providers would need to be able to respond in ways that our campaign promised. This presentation describes the process of creating an initial campaign that provides some information and encouragement to women about prenatal care, but does not make promises about what will happen in prenatal care. It then describes the Bridges to Prenatal Care for Pregnant Substance-Using Women Project, a project that seeks to build trust by preparing the perinatal health care system in our county to work more effectively and knowledgeably with substance-using women who fear being judged and fear being reported to Child Protective Services.

Esther Tahrir, Josie Ramos & Denise Dunning³

International Health Programs
Public Health Institute

4:30-5:45 pm
Panel # 3416: Reproductive Health & Family Planning
Presentation # 176755: Institutional Strengthening Sustains Improved Reproductive Health in Central America

Abstract

Purpose: Since 2005, International Health Programs' (IHP) of the Public Health Institute is improving the community response within Central America and Mexico to support adolescent sexual and reproductive health (ASRH) and youth leadership development through increasing the

³ Member of the APHA population family planning reproductive health section

capacity of organizations participating in IHP's Youth Leadership in Sexual and Reproductive Health Program (GOJoven). Data/Design/Methods: IHP strengthens organizational and community capacity through providing an annual series of workshops and project grants to organizations and institutions that influence ASRH. IHP conducted assessments of organizational needs and provided 30 Institutional Strengthening (IS) workshops between 2005 and 2007 to build organizational competency in ASRH. In 2006, IHP launched a small grants program to award IS grants to GOJoven organizations to increase internal capacity in ASRH. IHP has funded 35 IS projects focused primarily on in-service training of youth, government personnel, and health professionals to improve ASRH. Results: Participants report having used the information and strategies from IS workshops to improve ASRH and form networks of organizations that are working together to improve ASRH policies and services locally and nationally. Over 200 IS workshop participants, representing 100 organizations, report increased capacity and commitment to meet ASRH needs. IS Grantees report increased organizational capacity and support of youth leaders and have positively impacted over 1000 youth and community members with enhanced ASRH services and programs. Recommendations: Including an IS component in leadership development programs is an effective way to increase capacity to improve ASRH. Providing IS workshops builds community networks and strengthens organizational capacity. Small grants programs can improve organizational capacity and encourage sustainable long-term improvements in community health.

Tuesday, October 28

Cheryl Cherpitel

Alcohol Research Group
Public Health Institute

8:30-10:00 am

Panel # 4002: Alcohol Brief Interventions: National and International Groups
Presentation # 170773: Screening, Brief Intervention and Referral to Treatment (SBIRT) in a Polish Emergency Room

Abstract:

A randomized trial of screening, brief intervention and referral to treatment (SBIRT) was undertaken in an emergency room (ER) in Sosnowiec, Poland, and is the first outside of the U.S. to test protocols of the NIAAA-funded U.S. 14-site SBIRT study. Eligibility criteria were 18 or older, a positive RAPS4 (as an indicator of alcohol dependence), or 11 + Polish drinks (PD) for males/ 6 + for females per week during the last year, or 4+ PD for males/3+ for females on an occasion in the last 30 days (following NIAAA guidelines for harmful drinking; a Polish drink contains 20 ml of ethanol). Patients were screened over a 23-week period (2007), 4:00 pm to midnight, seven days a week. 23% screened positive (445) and were randomized: screened only (n=149), screened and assessed (n=151), screened, assessed and intervention (n=145). 15% were female. ER nurses were trained to provide the intervention. No difference was found on baseline screening variables across groups. A follow-up rate of 85% was achieved at three months, at which time all three groups showed a decline in the RAPS4 score, mean number of drinking days, mean number of drinks per day, and number of 4+/3+ days in the last 30 days, but the intervention group showed a larger change than the other two groups. Findings suggest that the U.S.-based SBIRT protocols can be successfully transported to another culture, and that nurses can be successfully trained to integrate brief intervention for problem drinking along with other duties in the ER setting.

Won Kim Cook

Alcohol Research Group
Public Health Institute

8:30-10:00 am

Panel # 4002: Alcohol Brief Interventions: National and International Groups
Presentation # 187080: Beyond Acculturation: A Study of Alcohol Use Among Korean American Adolescents in California

Abstract

Introduction: Drinking is highly prevalent in Korean society. Although limited evidence suggests that Korean immigrants reduce drinking as they acculturate into American society, little research has been conducted on alcohol use among Korean American adolescents. Objectives: Two research questions are posed: 1) Does acculturation increase or decrease alcohol consumption among youth given that alcohol consumption is widespread in traditional Korean culture, and 2) do social, economic, and other patterns of reinforcement influence alcohol use. Methods: Using convenience sampling procedures, paper and pencil questionnaires were administered to 202 teenagers of Korean descent in teenage hangouts in Orange and Los Angeles counties between November 2004 and April 2005. Results: Cultural dimension of acculturation was unrelated to drinking. Affiliation with non-Korean peers was positively associated with increased amount of drinking per drinking session but not with other drinking outcomes. Current smoking and friends drinking were two most strong and consistent risk factors for drinking. Low scholastic

achievement/aspirations was associated with a greatly increased risk for drinking and co-occurrence of drinking/smoking. Amount of spending money was positively associated with the frequency of drinking. Being a female was not associated with any measure of alcohol use. Conclusions: The experience of immigrants and their children may be much more complex than a focus on acculturation can capture. A more integrative approach to investigate how alcohol is related to their overall lived experiences and what forces encourage or mitigate alcohol use might be useful.

Julie Williamson, Bob Prentice & Katherine Armstrong

Partnership for the Public's Health
Public Health Institute

8:30 am

Roundtable # 4056: Novel Approaches to Obesity Prevention

Table 8, Discussion # 185539: Building Local Public Health Capacity to Improve Food and Physical Activity Environments: Lessons from California

Abstract

Purpose: To share the strategies developed through three initiatives funded by The California Endowment: the Healthy Eating Active Communities (HEAC) Program, the Central California Regional Obesity Prevention (CCROPP) program, which were designed to improve access to healthy foods and physical activity opportunities in 12 California communities through policy and environmental change; and the Public Health Department Mini-grant Program, designed to support planning in 11 local health departments to build their capacity to prevent chronic disease, using obesity prevention as the focus. Methods: Through these initiatives, the Partnership for the Public's Health (PPH) worked closely with health departments to identify the core capacities most important to increase effectiveness in changing food and physical activity environments, linking this to chronic disease prevention, and then developed a strategy to assist individual health departments assess their capacities, prioritize areas for improvement, and develop plans to build on capacity areas. Findings: Promising developments in health departments are occurring where leadership at the program and organizational levels embrace environmental approaches, and where they are supported by political and administrative officials. PPH identified seven core capacity areas key to effectively working with communities to change food and physical activity environments: Leadership, Financing, Workforce, Organizational Structure, Communications, Data, and relationships with organizations and communities. To be effective in this work, new roles and capacities need to be developed in each of these areas. This session will highlight the successful strategies, and challenges encountered by health departments in California working to build their capacity to prevent chronic disease.

E. Anne Lown, Rachael Korcha, Tom Greenfield & Jason Bond

Alcohol Research Group
Public Health Institute

12:30 pm

Poster Session # 4134

Board 7, Presentation # 180762: Adult Siblings of Childhood Cancer Survivors Are Heavy Drinkers: Which Siblings are at Risk?

Abstract

Objective: Little is known about alcohol consumption among siblings of childhood cancer survivors, though recent research has documented considerable distress among this under-researched population. This study describes alcohol consumption patterns among the siblings of

long-term survivors of pediatric cancer compared to survivors and healthy peers and evaluates demographic, mental health and severity of the cancer experience to explain associated risks for heavy drinking among siblings. Methods: Data were collected from 3,034 adult siblings of pediatric cancer survivors, 10,398 survivors, and 5,712 controls from a national survey. National data were weighted to reflect the distribution of siblings by gender, age and ethnicity to increase comparability of the samples. Results: Controlling for demographic variables, compared to healthy peers, siblings were more likely to be current drinkers (OR_{adj}=2.0; 95% CI 1.7-2.3), risky drinkers (OR_{adj}=1.3; 1.1-1.6), and heavy drinkers (OR_{adj}=1.3; 1.0-1.6). Compared to survivors, siblings were again more likely to be current drinkers (OR=1.7), risky drinkers (OR=1.5) and heavy drinkers (OR=1.5; 1.3-1.8). Factors associated with heavy sibling drinking include younger age, being male, lower education, and drinking initiation at a young age. Depression and general psychological distress were associated with heavy sibling drinking. Conclusions: Adult siblings of childhood cancer exhibit higher rates of current, risky and heavy alcohol consumption compared to both peers and survivors. Screening for alcohol consumption should be instituted for siblings as well as for survivors. Cancer related stresses from the survivor's diagnosis and treatment do not explain the heavier drinking. Family factors should be explored in future studies.

Rachael Korcha, E. Anne Lown & Laura Schmidt

Alcohol Research Group
Public Health Institute

12:30 pm

Poster Session # 4134

Board 6, Presentation # 180644: Interpersonal violent victimization precedes substance abuse among women on welfare: A longitudinal study

Abstract

Background: Temporary Assistance to Needy Families (TANF) welfare reform laws emphasize economic independence to combat welfare reliance. This study examines the extent to which interpersonal violence, including domestic violence, rape, physical assault, and child abuse, predicts substance abuse over the course of the study. The combination of violence and substance abuse may inhibit women's ability to function and thereby achieve independence. Methods: Applicants (N=1235 women) for TANF and local General Assistance (GA) were surveyed in a northern California county during 2002 as part of the Welfare Client Longitudinal Study. Those granted benefits were re-interviewed each year for 4 more years. Interpersonal violent victimization, demographic, work, and health factors were assessed. Results: Adult violence was reported by 44.8% of women during the five year study. Cumulative partner violence and severe violence (rape or severe physical assault) during the five years was reported by 37.9% and 27.2% respectively. Physical or sexual child abuse was reported by 36.5%. In longitudinal analyses, women reporting severe violence were more likely to report substance use in each subsequent year. Substance abuse was predicted by moderate (OR=1.7; 95% CI 1.0-2.8) and severe child abuse (OR=2.4; 95% CI 1.5-3.8) and severe adult violence (OR=1.8, 95% CI 1.2-2.6). In multivariate analyses child abuse, young age and psychological distress predicted later substance abuse. Discussion: A reported history of violence was associated with subsequent substance abuse. Some of the relationship between adult violence and substance abuse may be accounted for by the strong association between child abuse and substance abuse.

Marice Ashe

Public Health Law & Policy
Public Health Institute

2:30-4pm

Panel # 4261: Built Environment Standards and Law

Nicole Hara & Joan Twiss

Center for Civic Partnerships
Public Health Institute

4:30-6:00 pm, Manchester Ballroom F

Roundtable # 4354: Environment and Aging

Table 9, Presentation # 184234: Getting From Important to Urgent

Abstract

The literature and mass media is replete with the aging of the boomer population and the unprecedented size of this age cohort. Yet, today's elected officials and public administrators are themselves moving closer to retirement. Given that, what is being done to prepare the next generation of public officials who will inherit these sweeping demographic changes and the concomitant opportunities and challenges that will occur over the next two decades? In response, the Center for Civic Partnerships has a multi-pronged statewide educational program underway and is providing assistance (both technical and financial) to several cities using the California Healthy Cities and Communities Model. The goal for each of these grantee cities is to collaborate with residents and local partners to thoughtfully plan for the future needs of their aging populations. Cities have conducted resident surveys to learn about what older adults think would be important for them to age in their communities. The results were presented to City Councils and department heads to highlight how this phenomenon will impact housing, transportation, and many other aspects of community life. In some cases, additional targeted focus groups will be conducted to further understand special needs within priority populations. Applied research underway by the Center will help communities become more livable for a more diverse and older population.

Wednesday, October 29

Jenny Truong

Global Health Fellows Program
Public Health Institute

8:30 am

Poster Session # 5019: IH Poster Session 9: Beyond Borders

Board 4, Presentation # 185774: Examining adolescence in Asia: How does family influence sexual and reproductive health outcomes?

Abstract:

Purpose: Across all borders, parents/guardians have a significant role in shaping the reproductive and sexual behaviors of adolescents. However, our knowledge of how their influence varies in different cultural contexts is limited. In particular, adolescents living in East and Southeast Asia have been found to have substantially lower levels of premarital sex and late ages of sexual initiation compared to adolescents in other world regions. Adolescents in this region may be 'protected' from engaging in high risk sexual activity because of the way parents strongly encourage sexual virginity for girls and uphold Confucian philosophies that emphasize hierarchy and obedience. This study conducts a literature review on the risk and protective factors within the family domain found to be significantly related to sexual and reproductive health outcomes among adolescents in this region. Methods: Studies selected for the review were based on whether they: 1) were conducted in an East or Southeast Asian country; 2) used multivariate analysis to examine the relationships between risk and protective factors and sexual and reproductive health outcomes; 3) included a sample size ≥ 100 between the ages of 10 and 24 years; and, 4) were conducted between 1997 and 2007. Results: A total of 17 studies were included in the final review; the majority examined factors related to premarital sex (n=8). Other outcomes included were sexual initiation (n=3); adolescent pregnancy (n=2); early childbearing (n=2); and condom use (n=2). Family structure, mother's educational level, and living away from home were found to be statistically significantly related to at least one sexual and reproductive health outcome in more than one study. Amongst these factors, living away from home contributed most to adolescents' risks for premarital sex, sexual initiation, and childbearing. Notably, both risk and protective factors demonstrated greater effects among girls than boys. Conclusions: There is a great need to expand on this body of research, in particular with longitudinal studies to analyze causality among the factors and data stratification by gender to enable a better understanding for how these factors differ between adolescent males and females. Future research and programs will thus be able to utilize a known set of protective factors that promote healthy adolescent development.

Norm Constantine & Kate Karriker-Jaffe

Public Health Institute

8:30 am

Roundtable # 5060.1: HIV/AIDS Prevention in LGBT Communities

Table 5, Presentation # 187301: Potential influence of HIV vaccine understanding on MSM risk reduction decisions

Abstract

Objective: Models have suggested that risk compensation due to a low-efficacy HIV vaccine could exacerbate HIV transmission rates. Trends in vaccine research suggest that a low-efficacy vaccine may be the first available HIV immunization. Correct understanding of low efficacy would be important for risk reduction decisions, yet it is unknown whether the public understands the

efficacy concept. This exploratory study sought to understand how men who have sex with men (MSM) would incorporate an HIV vaccine into current risk reduction practices based on understanding of HIV vaccines. Methods: MSM in the San Francisco Bay Area were interviewed about their perceptions of HIV vaccines. Nineteen participants were recruited from venues frequented by MSM. The analysis employed qualitative methodology, using an adapted grounded theory approach to develop themes about understanding and interest in HIV vaccines. Results: Participant criteria for acceptable vaccine efficacy appeared to be arbitrary, suggesting that self-assessment for sexual risk was not based on epidemiologic understanding of HIV risk and was potentially unrealistic. Furthermore, high-risk MSM listed uses for an HIV vaccine that indicate the potential for risk compensation. High-risk MSM reported a desire to avoid discussion of HIV status and a desire to have more unprotected sex, sex with anonymous partners, and sex with riskier partners. Conclusions: As an exploratory study, further research is needed to determine the prevalence of these attitudes among MSM. However, the results do suggest that improved HIV vaccine education is needed as part of any HIV vaccine intervention.

Lee Kaskutas & Meenakshi Subbaraman

Alcohol Research Group
Public Health Institute

8:30 am

Panel # 5029: Alcohol Treatment: Gaps & Best Practices

Presentation # 173096: Effectiveness of MAAEZ (Making Alcoholics Anonymous Easier)

Abstract

Making Alcoholics Anonymous Easier (MAAEZ) is a manual-guided, group-oriented 12-step facilitation intervention that aims to increase AA involvement and abstinence. MAAEZ addresses aspects of AA that may alienate some people, such as spirituality. The primary goal of MAAEZ is to introduce treatment patients to AA culture and prepare them for what it's like to be part of the 12-step community. MAAEZ is one of the first group format manuals for 12-step facilitation that has been tested and made available for treatment programs. In a quasi-randomized trial, participants were segregated by program type (long- and short-term residential and outpatient) and randomized to either participate in MAAEZ sessions ("On" condition) or not ("Off" condition). We interviewed participants at six and twelve months after treatment completion, and assessed abstinence rates at each follow-up and over time. In the long term residential arm, we found that those in the "On" condition had significantly higher odds of abstinence at six months compared to those in the "Off" condition. Likewise, those in the "On" condition of the short term residential arm had higher odds of abstinence over time than those in the "Off" condition. In this presentation, we will discuss the various components of MAAEZ, as well as the findings of our study. We will focus on explaining the goals and implementation of MAAEZ, the effects we found in our quasi-randomized trial, and the implications of our findings.

E. Anne Lown, Rachael Korcha & Laura Schmidt

Alcohol Research Group
Public Health Institute

8:30am

Poster session # 5009: Violence Epidemiology Poster Session

Board 3, Presentation # 180086: High rates of physical and sexual child abuse among women on welfare: What are the Lasting Effects?

Abstract

Background: Child abuse is associated with multiple psychological and social problems into adulthood. This paper reports the prevalence of physical and sexual child abuse and related psycho-social problems among women on welfare. Methods: This study used data from 484 women from a northern California county who were enrolled in the Welfare Client Longitudinal Study which assessed interpersonal violent victimization, alcohol and drug use, demographic, work, and health factors over five years. Results: Child abuse was classified into three groups: none (71.1%), moderate (physical assault with no injury) (7.6%) and severe (any sexual assault or any abuse with injury)(21.2%). Average age of first physical abuse was 7.4 and sexual abuse was 8.8 years old. Injury was common from physical and sexual child abuse with 52% and 51% respectively reporting injury. Women with child abuse were more likely to be white, have 3+ children at home, be homeless, have child welfare involvement with their own children, report psychiatric distress, alcohol abuse, and heavy drug use. In multivariate stepwise regression women reporting child abuse had had three key problems including later adult violence, psychiatric distress, and drug use. Discussion: Child abuse was associated with multiple long-term problems in this population of women on welfare which is likely to impair women's ability to function within the welfare system and to lead to long term distress. This finding points to the need for wider public health efforts to prevent child abuse and to develop early monitoring and identification of such abuse to minimize lifelong sequelae.

Elena Lingas & Lori Dorfman
Berkeley Media Studies Group
Public Health Institute

8:30-9:45 am

Panel # 5067: Universal Access to Care

Presentation # 185532: Newspaper coverage of health care reform in California in 2007

Elena Lingas, Eliana Bukofzer & Lori Dorfman
Berkeley Media Studies Group
Public Health Institute

8:30-9:45 am

Panel # 5047: Meeting the Marketing Challenge: Understanding Legalities and Strategies for Response

Discussion # 185349: Food and beverage marketing on websites popular with children

Jennifer Gregson
Network for a Healthy California
California Department of Public Health & Public Health Institute

8:30 am

Poster session # 5004.0: Environment Section Poster Session IV

Board 3, Presentation # 181571: What you get for the measurement: A comparison of three geographic aggregations for how the built food environment influences body mass index

Abstract

Introduction. A few studies have demonstrated relationships between the built food environment (which food outlets are placed where) and obesity. However, data are used at differing levels of geographic specification. Data availability varies for geographic specification. These issues make the translation of research to practice problematic. How does the level of geographic specificity influence statistical association between the food environment and BMI? Methods. I compare the relationship between food outlets (large chain supermarkets, grocery stores, convenience stores, and fast food restaurants) and Body Mass Index (BMI) of people living in an area for counties, census tracts and zip codes. I replicate the same model three times using hierarchical linear modeling (HLM) which focus the statistical explanation on the main effects of the environmental variables on individuals, and controls for individual characteristics. Results. The findings focus on which food outlets statistically influence BMI. The results for the three levels of geographic specificity are compared. Discussion. HLM links people with the specific environment in which they function. A larger geographic area may have more readily available data, but the influence between the environment and the person may be lost. Conversely, data for a small geographic area may illustrate a person's immediate environment but the data are rare. Implications are presented, including which findings are consistent and other considerations for developing interventions based built environment research. Some environmental data were provided by the Cancer Prevention and Nutrition Section, California Department of Public Health, funded by the USDA Food Stamp Nutrition Education Program.

Paul English

Environmental Health Investigation Branch
California Department of Public Health

8:30-9:30 am

Panel # 5030.1: Forum to Provide Input on Future Directions of Federal Climate Change Research

Discussion # 191272: Public health impacts of climate change in California

Doug Polcin, Bill Lapp & Rachael Korcha

Alcohol Research Group
Public Health Institute

10:30 am-12 pm

Panel # 5088: A Continuum of Care: Across Systems, Settings & Population

Discussion # 185212: Three models of residential recovery houses for addiction: One year outcomes

Abstract

For many individuals with serious addiction problems, establishing abstinence can be enhanced through provision of an alcohol and drug free living environment supportive of recovery. This presentation reports on 323 individuals who entered 3 different types of recovery houses for addiction: 1) An 8-week residential treatment program (n=23), 2) Sober Living Houses (SLHs) associated with an outpatient treatment program (n=55), and 3) Freestanding SLHs not affiliated with any formal treatment (n=245). The houses differed in the types of individuals served and their roles in community recovery systems. A repeated measures design examined problem areas at baseline, six months, and one year. Seventy five percent (n=242) of the sample was interviewed at six months and seventy two percent were interviewed at one year (n=233). Mixed model regressions assessed the aggregate sample over the 3 time points and showed significant improvement on Addiction Severity Index scales (i.e., drug, alcohol, employment, family and legal), psychiatric symptoms on the Brief Symptom Inventory, and substance use over a 6-month time period. Although sample sizes were relatively small for two of the recovery house models,

several interactions suggested individuals in the different types of houses entered with different problems and made different types of improvements. Although there were limitations in the sampling, it is suggested that addiction recovery systems more closely examine the types of recovery houses needed to meet addiction needs within specific communities.

Jennifer Gregson

Network for a Healthy California
California Department of Public Health

10:30-11:50 am

Panel # 5099.0: Obesity and Links to the Built Environment

Presentation # 181889: Do components of the built food environment influence body mass index (BMI) of residents?

Abstract

Introduction. Scholars increasingly connect obesity to changes in the built environment, theoretically because opportunities for utilitarian physical activity decrease as urban sprawl increases. However, studies have also identified lower income areas and non-white areas as having more overweight and different kinds of store placement. Associations between sprawl, area demographics (SES), and food outlets may covary, and in some cases be contradictory. Thus, the aim of this paper is to identify which components of the built food environment influence individual body mass index, after controlling for sprawl and area SES, as well as individual factors. Methods. Individual- and census tract-level data from California are used to create hierarchical linear models that explain variation of bodyweight. Data from individuals (BMI and demographics) come from the 2005 California Health Interview Survey (CHIS). Census tract data (land use and SES) are compiled from the US Census and a market research database of all retail food outlets in California. Data are only included for census tracts with CHIS sample sizes over 30. Results. Using hierarchical models, in this case, focuses results on the statistical explanation of the main effects of the urban environment variables on BMI measures across census tracts. Discussion. This paper explains the role of the food environment to overweight in consideration of sprawl. Ultimately, this paper contributes to community-level, rather than individual-level explanations overweight. Environmental data were provided by the Cancer Prevention and Nutrition Section, California Department of Public Health, funded by the USDA Food Stamp Nutrition Education Program.

Julie Williamson

Partnership for the Public's Health
Public Health Institute

12:30 – 2:00 pm

Panel # 5162.0: Successful strategies for Public Health Policy Development:

Multilevel Policy Approaches to Improving Nutrition Environments in California

Discussion # 191473: Successful Strategies for Public Health Policy

Development: Multilevel Policy Approaches to Improving Nutrition Environments in California

Jennifer Gregson

Network for a Healthy California
California Department of Public Health & Public Health Institute

12:30-1:50 pm

Panel # 5158.0: Empowering Families with Tools to Eat Healthy
Presentation # 178002: Using social network analysis to evaluate regional partnerships: A tutorial and program application conducted for the Network for a Healthy California, 2001-2006

Abstract

Introduction. This study uses social network analysis (SNA) to evaluate regional partnerships for the Network for a Healthy California (Network) 2001-2006. The Network is a USDA-funded Food-Stamp Nutrition Education (FSNE) state network. This study uses the Network as a tutorial to demonstrate SNA statistics and the application to program evaluation. We ask if California's program is able to 1) establish and maintain partnerships among local agencies that provide statewide access to a local audience, 2) improve collaboration in a region over time, and 3) include otherwise unaffiliated local agencies to expand program reach? Methods. This study examines 11 regional partnerships. SNA focuses on the relationship between entities rather than the units involved. Statistics (density $p=.084$, fragmentation, and distance $p=.050$) tested for changes over time. A cross-sectional time-series regression was used for deeper analysis. Results. Regional sociograms for each region (a mathematical model of the partnership web) demonstrated improved access to local audiences; more counties were participating in remote areas. The statistical analysis demonstrated that over time, collaboration improved and new agencies were included. The final model ($p<.000$) indicated that current partners are reaching out to new, unaffiliated agencies more often than linking with existing partners. Distance between partners decreased, which is consistent with a tighter, more collaborative network. These findings indicate that, statewide, the Network has met its partnering goals. Discussion. SNA takes a macro, structural approach to assessing partnerships that is replicable. This unique lens on the organizational form can be complemented by more traditional partnership evaluation.

Sharon Sugerman, Alyssa Ghirardelli, David Ginsburg & Susan Pennel
Network for a Healthy California
California Department of Public Health & Public Health Institute

12:30-1:50 pm

Panel # 5158.0: Empowering Families with Tools to Eat Healthy
Presentation # 184649: Direct mail marketing--a new way to empower moms:
The Champions for Change Grassroots Initiative

Abstract

The Network for a Healthy California is the largest Food Stamp nutrition education (FSNE) program in the nation, combining social marketing with direct education to promote healthy eating and physical activity (PA) among Californians with incomes < 185% of the Federal Poverty Level (FSNE-eligible). Formative research conducted with eight focus groups of low-income women was used to identify a "motivating context" to inform development of a multi-component, innovative direct mail (DM) intervention. Goals were for the recipient to open the package, read/use the materials promoting family healthy eating and PA behaviors, perceive that other moms like her were leading their families and communities to these behaviors, feel she could do so also, identify with the "Champions for Change" brand, and take action. The four-item DM kit, combining bilingual low and high technology materials, was sent to over 500,000 FSNE-eligible households in five California counties during July 2007. It included a mom-oriented DVD and mini-magazine with empowerment and motivational messaging, as well as basic education on eating healthfully and PA and an action plan. A "low-tech" assessment tool enabled moms to see how many cups of fruit and vegetables each family member needs daily. Finally, a set of success cards presented real mothers offering concrete suggestions to specific barriers and a reply card to receive more tips and recipes. A quasi-experimental longitudinal design was used to evaluate the kit in two treatment counties against similar control areas not receiving it. A 15-minute

telephone survey was administered in either English or Spanish to 400 each randomly selected treatment and control households immediately before and six weeks after the DM package was mailed. Survey topics included package recall, reading/use of materials, rating of materials, information and support seeking behavior, effectiveness of materials in increasing saliency and knowledge of related issues, and effectiveness of materials changing social normative and self-efficacy beliefs and health behavior. Over 80% of respondents found the contents “very” or “extremely” interesting. Treatment effects were seen for three of six self-efficacy and two of six social normative measures. As of 12/31/07, 5,650 information requests had been received. Well-designed direct mail marketing may be an effective strategy for reaching targeted low-income consumers for public health education.

Reba Meigs, Kamaljeet Singh-Khaira, Katharina Streng, Betty Sun & Tanya Garbolino

Network for a Healthy California

California Department of Public Health & Public Health Institute

12:30-1:50 pm

Panel # 5158.0: Empowering Families with Tools to Eat Healthy

Presentation # 185692: Empowering Children and Youth: Innovative and effective social marketing and youth engagement strategies for nutrition and physical activity education

Abstract

The Network for a Healthy California employs effective, innovative, research-based, age-appropriate youth intervention campaigns and programs to encourage low-income food stamp eligible children and youth to eat more fruits and vegetables (FV) and engage in 60 minutes of physical activity (PA) daily. Using the social ecological model, children and youth participate in activities at schools, community youth organizations, farmers' markets, supermarkets, and with policy-makers. The Harvest of the Month program provides a consistent base of knowledge for grades K-12, emphasizing the farm-to table connection and providing materials for educators and parents. Results showed a statistically significant change for knowledge ($p < .001$), four of five self-efficacy scales ($p < .001$), and consumption ($p < .001$). The Children's Power Play! Campaign empowers 9-11 year olds with the knowledge and skills to make healthy choices at schools and home by influencing psychosocial determinants of FV consumption, including knowledge (4 items, $P < .05$ to $P < .001$), positive outcome expectations (fifth-grade only, $P < .0001$), asking/shopping and eating self-efficacy ($P = .039$ and $P < .0001$); PA knowledge (2 items, $P < .001$), outcome expectations ($P = .014$), and support seeking self-efficacy ($P = .037$), but not barriers self-efficacy. The Youth Empowerment Program engages and activates students ages 12-18 and their adult allies in youth-led participatory action research and provides opportunity for youth to develop and strengthen their leadership skills, as well as co-develop innovative strategies to help address health, nutrition and physical activity issues. This presentation will demonstrate a unique continuum of social marketing and youth empowerment strategies designed to increase FV consumption and PA levels for the prevention of overweight and chronic disease. It will describe different types of methods used to evaluate the diverse youth intervention strategies. It will also discuss key findings from case studies that highlight environmental change outcomes from regional implementation efforts and discuss key strategies to successfully engage youth in program planning, implementation and development.

Paul English

Environmental Health Investigation Branch

California Department of Public Health

12:30-1:45 pm

Panel # 5151.0: Climate Change and Environmental Health

Discussion # 183299: Findings from the State Environmental Health Indicator Collaborative on climate change

Abstract

The goal of the State Environmental Health Indicator Collaborative (SEHIC) Workgroup on Climate Change is to develop, pilot test, compile, and disseminate standardized indicators on environmental and public health effects of climate change for ongoing surveillance. The Workgroup is composed of Federal and State agency health and environmental professionals and is sponsored by the Council of State and Territorial Epidemiologists. The Workgroup recommends that the following indicators be tracked: (1) hazard indicators such as increased temperatures, and extreme weather events; (2) exposure indicators such as population vulnerabilities; (3) indicators of health effects of climate change; and (4) intervention indicators, including preparedness, mitigation, adaptation, and policy indicators. The Workgroup formed four initial teams, based on workgroup interest and resources, which were (1) Indicators of air quality and extreme weather events; (2) Indicators of health effects; (3) Indicators of Vector-borne disease; and (4) Indicators of Population Vulnerabilities. The Air Quality Team has recommended that measures of increased particulate matter and frequency of wildfires related to climate change be tracked as initial indicators; the Population Vulnerabilities Team developed indicators of population vulnerabilities to heat and flooding; and the Health Effects Team developed indicators of Excess Mortality and Morbidity related to Heat Events. The Vector-borne Disease Team conducted an online survey of all State vector-borne disease programs and assessed State priorities of vector-borne diseases and inventoried availability of supplemental meteorological data. This presentation will show the results of the Workgroup's recommendations to date, including compiled data from States, and discuss plans for future work.