

FINAL PROGRAM

The Magic of Health Education

**Vision, Imagination
and Transformation**

*SOCIETY FOR PUBLIC HEALTH EDUCATION
64TH ANNUAL MEETING*

**APRIL 17-19, 2013 | ORLANDO, FLORIDA
HILTON LAKE BUENA VISTA
IN THE WALT DISNEY WORLD® RESORT**



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Many thanks to our conference supporters. Please be sure to visit our exhibitors at the Opening Social and throughout the conference.

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Program
Minnesota State University,
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The Rural South Public Health
Training Center
University of Florida, College
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University of South Florida
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Research



Conference Overview

SOCIETY FOR PUBLIC HEALTH EDUCATION 64TH ANNUAL MEETING *The Magic of Health Education: Vision, Imagination and Transformation* April 17—19, 2013 • Hilton Lake Buena Vista, Orlando, FL

Welcome to the Society for Public Health Education's (SOPHE) 64th Annual Meeting. In this destination defined by imagination, we gather to reflect and share the latest research and best practices that health and education professionals have envisioned and implemented to transform the health of society. This meeting focuses on four timely subthemes, including Policy & Advocacy; Transforming and Strengthening the Foundations of our Field; The Future of Health Education & Promotion; and School Health as an Essential Element of Healthy Communities.

This 2013 conference also signals another transformation for SOPHE as we shift our annual meeting from the fall to the spring of each year. We have combined the best attributes and traditions of our Midyear and Annual Meetings into this one forum. Focusing our energies on a single SOPHE conference each year will enable us to better meet members' needs and attract even larger numbers of professionals and students. What better place than sunny Orlando to imagine SOPHE's future and illuminate our best health education research and practice!

CONFERENCE OBJECTIVES

This 2 ½ day conference will enable you to:

- Analyze characteristics of successful cross-sector public health collaborations that have implemented effective policies, systems, and environmental changes to address the social determinants of health in communities, schools, worksites, healthcare entities, and other settings.
- Enhance capacity to create inventive, effective, and inspiring strategies including the latest technological approaches, interdisciplinary collaboration, and emerging evaluation designs to address current and future health education and promotion needs, trends, settings, opportunities, and challenges.
- Explore participatory approaches involving researchers, practitioners, and/or community members to transform health parity efforts, create new models in the field, or overcome challenges for more effective outcomes.
- Examine school-based strategies and school-community collaborations/initiatives designed to improve health literacy, health equity, and overall population health.

ON-DEMAND WEBCASTS VIA SOPHE'S CORE

Can't attend all the sessions you would like? SOPHE's Center for Online Resources & Education (CORE) hosts recordings of conference plenary lectures and select concurrent sessions. Look for meeting webcasts and additional eLearning opportunities on SOPHE's CORE at www.sophe.org/education.cfm. Also, check out SOPHE's first online course, *Health Promotion Programs: From Theory to Practice*, and earn a certificate to enhance your resume. Special savings for SOPHE members.

BONUS: Continuing education fees are included in your meeting registration payment.

Be certain to sign in at the CE Desk to receive forms and information about how to claim credits.

TABLE OF CONTENTS

Selected Conference Faculty	2
2013 SOPHE Award Recipients	3
Annual Meeting Highlights	4
Detailed Schedule	5
Conference Abstracts	12
Posters	38
Poster Session A Abstracts: Thursday Posters	44
Poster Session B Abstracts: Friday Posters	62
Keyword Index	80
Author Index	82
Facility Map	89

CONTINUING EDUCATION

SOPHE, including its chapters, is designated by the National Commission for Health Education Credentialing, Inc. to provide continuing education contact hours (CECH) in health education. An application has been approved for Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES) to receive up to 27 total Category I continuing education contact hours. The * designation in the program indicates sessions approved for advanced credit. This event sponsored by SOPHE also includes Certified in Public Health (CPH) credits. SOPHE is approved by the National Board of Public Health Examiners as a provider of CPH Renewal Credits.

Selected Conference Faculty



JAY M. BERNHARDT, PHD, MPH

Jay Bernhardt is Chair and Professor, Department of Health Education and Behavior, and Founding Director, Center for Digital Health & Wellness, at the University of Florida. His expertise includes the scientific application of social media, mobile health, and participatory web technologies to increase public engagement and health promotion. Dr. Bernhardt earned his PhD from the University of North Carolina at Chapel Hill. He currently serves on SOPHE's Board of Trustees as Trustee for Special Initiatives.



THOMAS J. COATES, PHD

Thomas Coates is the Michael and Sue Steinberg Distinguished Professor of Global AIDS Research and Director of the Center for World Health at UCLA. His work focuses on HIV prevention, the relationship of prevention and treatment for HIV, and HIV policies. He led a randomized controlled trial, funded by USAID and WHO, to determine the efficacy and cost-effectiveness of HIV voluntary counseling and testing in Kenya, Tanzania, and Trinidad. In 2000, he was elected to the Institute of Medicine, where he is a member of the Board on Global Health. During this meeting, Dr. Coates will receive the 2013 Elizabeth Fries Health Education Award from the James F. and Sarah T. Fries Foundation.



ROBERT S. GOLD, PHD, DRPH, FASHA

Robert Gold is Immediate Past-President of SOPHE and Professor of Health Education at the School of Public Health at the University of Maryland, College Park, for which he served as founding Dean. He is an accomplished researcher and an internationally known expert in the application of computer technology to health education and health promotion. His publications include more than seventy research and evaluation articles, dozens of pieces of software, and several textbooks. During his distinguished career, Dr. Gold has held major leadership roles in the public and private sectors both nationally and internationally.



HOWARD K. KOH, MD, MPH

Howard Koh is the Assistant Secretary for Health for the U.S. Department of Health and Human Services. He is recognized as SOPHE's 2013 Honorary Fellow for having demonstrated an extraordinary commitment to disease prevention, health promotion, and the elimination of health disparities. His leadership has catalyzed action across diverse public and private partners to strengthen

our nation's health. Assistant Secretary Koh has addressed a broad range of issues such as adolescent health, minority health, HIV/AIDS, chronic/infectious diseases, nutrition, physical fitness, bioethics, and emergency preparedness. As Massachusetts Commissioner of Public Health, he significantly fortified the state's screening and tobacco prevention and control. He has modeled comprehensive, collaborative, and community-oriented approaches that go beyond examining individual health behaviors to address the social determinants of health.



BILL SMITH, EdD, HONORARY PhD

Bill Smith is recognized as one of the founders of modern social marketing. During his 43 years of social marketing practice he has designed and directed scores of large-scale programs of social change ranging from maternal child care to environmental protection. He received the Alan Andreasen Award for Excellence in Social Marketing in 2004 and the Phillip Kotler Award for Leadership in 2010. He is Co-Editor of *Social Marketing Quarterly* and continues to serve as consultant to governments, foundations, and non-profit organizations.



ADEWALE TROUTMAN, MD, MPH, MA, CPH

Adewale Troutman is committed to social justice, human rights, community activism, health equity, and national and global health. Dr. Troutman has an MD from New Jersey Medical School, an MPH from Columbia University, a master's degree in black studies from the State University of New York in Albany, and board certification from the National Board of Public Health Examiners. His career has included clinical emergency medicine, hospital administration, academic and public health practice. Dr. Troutman has held special consultancies with the World Health Organization and is currently President of the American Public Health Association.



CAROLYN WARD, PHD

Carolyn Ward is CEO of the Blue Ridge Parkway Foundation, where she started the successful Kids in Parks Initiative, with the mission to promote children's health and the health of our parks by increasing physical activity and engaging families in outdoor adventures. Dr. Ward received her master's degree and PhD in forestry from Virginia Tech. In March 2012 the White House honored Dr. Ward as one of 13 leaders being recognized as "Let's Move! and Physical Activity Champions of Change" for their work to inspire and empower America's youth to lead active, healthy lifestyles.



2013 SOPHE Award Recipients

2013 DISTINGUISHED FELLOW AWARD

The Distinguished Fellow Award is the highest recognition given by SOPHE, and it honors members who have made significant and lasting contributions to the Society and to the health education field.

Diane D. Allensworth, RN, BS, MA, PhD, Kent State University
Kathleen R. Miner, PhD, MPH, MCHES, Emory University

2013 HONORARY FELLOW AWARD

The Honorary Fellow Award is SOPHE's highest recognition of a non-member who has made significant and lasting contributions to health education and public health.

Howard K. Koh, MD, MPH, Assistant Secretary for Health, U.S. Department of Health & Human Services

2013 HEALTH EDUCATION MENTOR AWARD

The Health Education Mentor Award recognizes an individual in an academic or practice setting who has made a significant contribution to the preparation and/or performance of health educators and has successfully forged the link between research and practice.

Taryn Oestreich, MPH, MCHES, University of Washington Medical Center

PROGRAM EXCELLENCE AWARD

This award recognizes outstanding health education programs in existence for at least three years.

Liberty House Program, YWCA Northcentral PA

CHAPTER AWARD FOR EXCELLENCE

National SOPHE recognizes and publicizes creative, effective, and replicable methods implemented by SOPHE chapters to deliver one or more core member services.

North Carolina SOPHE

DOROTHY NYSWANDER OPEN SOCIETY AWARD

This award recognizes an individual or group who embodies and promotes an Open Society through research, practice, and/or teaching.

Inuka Midha, PhD, MPH, MCHES, Emory University

SARAH MAZELIS BEST PAPER OF THE YEAR AWARD

This award recognizes authors whose peer-reviewed article has been published in SOPHE's Health Promotion Practice journal in the last year and has made significant contributions to advancing the practice of health education and health promotion programs, policy, or professional preparation.

From Model to Action: Using a System Dynamics Model of Chronic Disease Risks to Align Community Action

Heather Karina Loyo, PhD, Cynthia Batchner, RN, BSN, CCM, PHN, Kristina Wile, MS, Philip Huang, MD, MPH, Diane Orenstein, PhD, and Bobby Milstein, PhD, MPH

Health Promotion Practice, January 2013, 14(1): 53-61.

LAWRENCE W. GREEN BEST PAPER OF THE YEAR AWARD

This award recognizes authors whose peer-reviewed article has been published in SOPHE's Health Education & Behavior journal in the last year and has made significant contributions to understanding health education, health status, and strategies to improve social and behavioral health.

The Extended Parallel Process Model: Illuminating the Gaps in Research

Lucy Popova, PhD

Health Education & Behavior, August 2012, 39(4): 455-473.

VIVIAN DRENCKHAHN STUDENT SCHOLARSHIP AWARD

This student scholarship provides support to both undergraduate and graduate level full-time students in their pursuit of educational and professional development in health education.

Julia Alber, PhD(c), University of Florida
Mindy Menn, PhD(c), University of Florida

2013 ANNUAL MEETING STUDENT SCHOLARSHIP RECIPIENTS

SOPHE is proud to award seven support scholarships to enable the following students to attend this year's meeting. The scholarships are provided through SOPHE's "Campaign for the 21st Century" fund.

Jayzona Alberto, MS(c), Western University of Health Sciences
Evelyn Burttram, PhD(c), University of Alabama at Birmingham
Allison Calvanese, BS(c), University of Tampa
Margarita Chavez, MS(c), University of New Mexico
Angela Gallien, MA, LPC, University of Alabama at Birmingham
Carissa Jo Schmidt, MPH(c), University of Michigan
Hannah Priest, MAEd, PhD(c), University of Alabama

Annual Meeting Highlights

OPENING SOCIAL

Welcome to Florida! Join us on Wednesday, April 17, 6:00 PM—8:00 PM for an evening of food, networking and fun at SOPHE's 64th Annual Meeting Opening Social, hosted by our Florida SOPHE colleagues. Connect with colleagues old and new, and welcome students and first-time attendees to SOPHE. Visit with conference exhibitors to learn about the latest resources and services for health and education professionals and enter to win raffle prizes. This family-friendly evening is a favorite SOPHE tradition.

AWARDS CEREMONY GALA AT EPCOT CENTER AMERICAN ADVENTURE ROTUNDA

Join colleagues in honoring SOPHE's 2013 award recipients on Thursday, April 18, 6:00 PM—9:30 PM at the Epcot American Adventure Rotunda, located in the heart of Epcot. Following a dinner buffet and the awards ceremony, guests will be treated to a front-row presentation of the nighttime fireworks spectacular *IllumiNations: Reflections of Earth*. A limited number of tickets for this sell-out event are available at the SOPHE registration desk. Shuttles depart the hotel lobby at 5:30 PM, and transportation is included in the ticket price.

SOPHE COMMUNITIES OF PRACTICE NETWORKING ROUNDTABLES

SOPHE Communities of Practice (CoP) roundtables on Thursday, April 18, 12:00 PM—1:00 PM will provide opportunities to connect with individuals who share similar interests. Topics include Children/Adolescent Health; Medical Care/Patient Education; Health Communications/Social Marketing; Health Disparities; Healthy Aging; Emergency Preparedness; Environmental Health; Worksite Health; Anthropology; Tobacco; Faculty; Students/New Professionals; and International/Cross-Cultural Health.

SOPHE-AAHE TOWN HALL MEETING

Rise and shine on Thursday, April 17, 7:15 am—8:15 am to get the latest update on how SOPHE and AAHE are uniting their resources to provide the strongest independent voice for the health education profession. Enjoy continental breakfast and let SOPHE and AAHE leaders know what's on your mind and how we can serve you better. Also stop by the SOPHE-AAHE poster on Thursday, April 18.

SOPHE ANNUAL ALL-MEMBER BUSINESS MEETING

On Friday, April 18, 7:15 am—8:15 am, enjoy your continental breakfast with SOPHE leaders and learn about the Society's recent accomplishments, its new dashboard to track progress toward its 2011–2016 strategic plan, and future initiatives.

SOPHE'S REACHING FOR THE STARS!

Make the Magic of Health Education come alive by becoming a STAR. Make a tax-deductible contribution to SOPHE's Campaign for the 21st Century at SOPHE's Registration Desk and receive a STAR to place on our "Reach for the Stars Wall of Fame". Shine among your peers while helping to support scholarships, leadership development, and other valuable SOPHE inter-galactic programs! No contribution is too small.

POSTER GALLERY & POSTER PROMENADE

View nearly 100 posters on display during the conference and interact with authors during the poster presentations on Thursday and Friday at 12:00 PM—1:15 PM. The Poster Promenade, held during these times, will feature a guided tour/discussion on Global Health (Thursday) and Health Communications & Technology (Friday); CHES credits included.

EXHIBITS & PRIZE RAFFLE

Peruse information, publications, tools, and the latest technological innovations from an array of organizations and companies. Visit the exhibitors for valuable information. Collect stamps from exhibitors to be eligible for a raffle on Thursday, April 18!

ASK ME ABOUT MY CHAPTER CHALLENGE

Representatives from SOPHE's chapters will be wearing "Ask Me About My Chapter" stickers. Chat with them to learn more about their respective chapters. Be sure to have the representative initial your Chapter Challenge card (found in your conference bag), and then stop by the Chapter resource table during conference breaks to select one of several fabulous prizes! You are also invited to stop by the Chapter Poster presentation during Friday's poster session.

HOSPITALITY TABLE

Florida SOPHE Chapter members and local volunteers will staff the hospitality table. Stop by for restaurant and entertainment recommendations. Also participate in a fundraising prize raffle for Florida SOPHE!

SOPHE SNAPSHOT/MEETING MENTOR PROGRAM

First-time meeting attendees, including all AAHE members, are invited to the SOPHE Snapshot, Wednesday, April 17, 12:45 PM—1:45 PM. Enjoy light refreshments while learning about SOPHE's programs and how you can be involved. The Meeting Mentor Program, joining mentors and protégés, kicks off at this session as well.

TWITTER ALERT!

Enhance your exchange with other attendees! Follow @SOPHEtweets and use #SOPHE2013 to join the conversation! (Note: participants responsible for any individual fees that may apply.)

JOB BANK

The SOPHE Job Bank is a valuable connection for tools, resources, internships, and employment opportunities in health education and health promotion and prevention. Be sure to check out the latest postings and resumes for candidates throughout the conference at the SOPHE booth.

WELLNESS CHALLENGE

SOPHE is committed to providing healthy foods and encouraging healthy behaviors to address the mind, body, and spirit connection. Take advantage of the hotel's complimentary fitness center and two outdoor swimming pools. Also participate in tai chi on Thursday morning and InstaRecess following Thursday afternoon's sessions. Engage in 30 minutes or more of physical activity daily to be eligible for a raffle with prizes.

LOST AND FOUND

Items turned in to the Onsite Registration Desk as lost and found will be noted and then will be given to hotel security. SOPHE assumes no responsibility for stolen or lost items.

SAFETY

Safety is everyone's concern. Please keep an eye on personal items and do not leave items unattended in meeting rooms or common areas. Fire and safety information is detailed in the directory in your hotel room. Consult a hotel staff member when planning to walk in any unfamiliar area outside the hotel. Remember to remove your name badge when you leave the hotel.

MEDICAL EMERGENCIES

Contact the hotel or a SOPHE staff person if you need assistance locating a doctor in the area. If you need immediate help, pick up any hotel courtesy phone. The hotel will answer and assist you or dial 9-1-1.

Detailed Schedule

SCH	School Health
FUT	Future of Health Education
PRACT	Health Promotion Practice
POL	Advocacy & Policy
WKSP	Workshop
HIST	History Session
*	Session is approved for advanced-level credit

TUESDAY, APRIL 16

8:00 AM—6:00 PM
REGISTRATION & CE DESK OPEN
Room: Palm Foyer

8:30 AM—5:00 PM
PRE-CONFERENCE WORKSHOP T1
Moderator: Deborah Gordon-Messer, MPH, Society for Public Health Education (SOPHE)
Room: Fuschia/Gardenia, Mezzanine Level, Main Building
ADOPTING SCRIPT IN YOUR ORGANIZATION TRAINING (PRE-REGISTRATION REQUIRED)
Presenter: Richard Windsor, MS, PhD, MPH, The George Washington University; Patsy Barrington Malley, MS, MCHES, University of West Florida

9:00 AM—4:00 PM
SOPHE HOUSE OF DELEGATES MEETING & LEADERSHIP WORKSHOP
Room: Camelia/Dogwood, Mezzanine Level, Main Building

6:00 PM—9:00 PM
SOPHE BOARD OF TRUSTEES MEETING, PART 1
Room: Camelia/Dogwood, Mezzanine Level, Main Building

WEDNESDAY, APRIL 17

7:30 AM—6:00 PM
REGISTRATION & CE DESK OPEN
Room: Palm Foyer

8:00 AM—12:00 PM
EXHIBIT SET-UP
Room: Palm Foyer

* **POL 8:00 AM—12:00 PM**
PRE-CONFERENCE WORKSHOP W2
Moderator: Catherine Morrison, MPH, Alzheimer's Association
Room: Begonia, Mezzanine Level, Main Building
EVALUATING EVIDENCE-BASED POLICY, SYSTEMS & ENVIRONMENTAL INTERVENTIONS
Presenters: Jennifer Leeman, DrPH, MDiv, University of North Carolina at Chapel Hill; Cam Escoffery, PhD, MPH, CHES, Emory University; Alexis Moore, MPH, University of North Carolina at Chapel Hill; Katherine Wilson, PhD, MPH, CHES, Centers for Disease Control & Prevention

8:00 AM—12:00 PM
* **FUT PRE-CONFERENCE WORKSHOP W3**
Moderator: Amy Bernard, PhD, MCHES, University of Cincinnati
Room: Poinsettia, Mezzanine Level, Main Building
HANDS ON SOCIAL MEDIA: AN INTRODUCTION TO "NEW" RULES OF ENGAGEMENT
Presenter: J. Don Chaney, PhD, University of Florida

8:00 AM—12:00 PM
* **PRACT PRE-CONFERENCE WORKSHOP W4**
Moderator: Mario C. Browne, MPH, CHES, University of Pittsburgh
Room: Quince, Mezzanine Level, Main Building
DISCOVERING YOUR INNER LEADER
Presenters: Karen Denard Goldman, PhD, MCHES, Long Island University; Richard A. Gitlin, BBA, The Gitlin Group

8:15 AM—12:00 PM
SOPHE BOARD OF TRUSTEES MEETING, PART 2
Room: Camelia/Dogwood, Mezzanine Level, Main Building

8:30 AM—11:30 AM
CHES & MCHES EXAMINATIONS (PRE-REGISTRATION REQUIRED)
Room: Hibiscus/Iris, Mezzanine Level, Main Building

10:45 AM—1:45 PM
HEALTH PROMOTION PRACTICE EDITORIAL MEETINGS
Room: Fuschia/Gardenia, Mezzanine Level, Main Building

11:00 AM—12:30 PM
PRACT PRE-CONFERENCE WORKSHOP W5
Moderator: Khaliah Fleming, MPH, CHES, H. Lee Moffitt Cancer Center
Room: Edelweiss, Mezzanine Level, Main Building
STUDENT WORKSHOP—NAVIGATING THE TURBULENT LIFE CROSSROADS: A WORKSHOP FOR BUDDING AND EMERGING PROFESSIONALS, CO-SPONSORED BY FLORIDA SOPHE
Facilitators: Claudia S. Coggin, PhD, CHES, Coggin Consulting; Mary Shaw-Ridley, PhD, MEd, MCHES, Shaw & Associates, LLC; Brandy M. Rollins, PhD, MPH, CHES

12:00 PM—1:45 PM
HEALTH EDUCATION & BEHAVIOR EDITORIAL BOARD MEETING
Room: Hotel Restaurant

12:45 PM—1:45 PM
SOPHE SNAPSHOT & MEETING MENTORING PROGRAM
Room: Edelweiss, Mezzanine Level, Main Building

1:00 PM—1:30 PM
SOPHE 2013 ANNUAL MEETING PLANNING COMMITTEE MEETING
Room: Azalea, Mezzanine Level, Main Building

1:30 PM—8:15 PM
EXHIBITS/JOB BANK OPEN
Room: Palm Foyer



Detailed Schedule

2:00 PM—2:15 PM

WELCOME & OPENING REMARKS

*Presenters: Rebecca H. Reeve, PhD, CHES, 2013 Annual Meeting Trustee;
M. Elaine Auld, MPH, MCHES, Chief Executive Officer, SOPHE*

Room: Palm Ballroom 2

2:15 PM—3:00 PM

*** FUT PLENARY I**

Moderator: Rebecca H. Reeve, PhD, CHES, University of North Carolina at Asheville

Room: Palm Ballroom 2

KEYNOTE ADDRESS—IMAGINING THE FUTURE: USING STORIES TO CREATE TRANSFORMATIVE CHANGE

Presenter: Bill Smith, EdD and Honorary PhD, Founder, makingchange4u

3:15 PM—4:45 PM

CONCURRENT SESSIONS A

SCH A1: Utilizing Qualitative Research Methods in Schools

Moderator: Adenike Bitto, MD, MPH, DrPH, MCHES, FRSPH, East Stroudsburg University

Room: Palm Ballroom 1

EDUCATION ABOUT FRUIT AND VEGETABLE CONSUMPTION INCLUDES LISTENING TO THE CHILDREN

Presenter: Andrew Hansen, DrPH, Georgia Southern University

PROMOTING BEHAVIOR CHANGE AMONG ADOLESCENTS AT THE CULTURAL LEVEL: USING ELICITATION RESEARCH TO DEVELOP CULTURE-SPECIFIC SCHOOL-BASED CURRICULUM ON HIV AND AIDS PREVENTION IN RURAL SOUTH AFRICA

Presenter: Hans Onya, PhD, University of Limpopo, South Africa

COLLEGE HEALTH ASSESSMENT USING PHOTOVOICE

Presenter: Mary Ann Middlemiss, PhD, RN, Syracuse University

FUT A2: Preventing Obesity

Moderator: Karen A. Spiller, BA, Boston Collaborative for Food & Fitness

Room: Palm Ballroom 4

RIGHT SIZE FOR ME: THEORETICAL DEVELOPMENT OF A WEIGHT MANAGEMENT PROGRAM FOR AFRICAN AMERICAN WOMEN

Presenter: Delores James, PhD, University of Florida

PRESCHOOL OBESITY IS INVERSELY ASSOCIATED WITH OUTDOOR PLAY, VEGETABLE INTAKE AND GROCERY STORE ACCESS

Presenter: Maura Mohler, MPH, PhD(c), Louisiana State University

EXERGAMING AMONG YOUNG ADULTS: A DESCRIPTIVE ANALYSIS

Presenter: Erin O'Loughlin, MA, The University of Montreal Hospital Research Centre

*** PRACT A3: Impacting Health through Community Engagement**

Moderator: Thometta Cozart Brooks, MS, CGMP, Center for Equal Health

Room: Palm Ballroom 5

WHAT POLICYMAKERS NEED TO HEAR FROM EMERGENCY PREPAREDNESS PRACTITIONERS ABOUT COMMUNITY ENGAGEMENT

Presenter: Monica Schoch-Spana, PhD, University of Pittsburgh Medical Center

INVESTIGATION OF THE ROLE OF RELIGIOUS AFFILIATION AND RELIGIOUS BELIEFS ON HEALTH DECISION MAKING OF RELIGIOUS LEADERS IN AN APPALACHIAN COMMUNITY

Presenter: Melissa Grim, PhD, Radford University

POL A4: Advocating for Smoke-free Policies

Moderator: Jeffrey Goodman, MPH(c), San Jose State University

Room: Camelia/Dogwood, Mezzanine Level, Main Building

WHEN THE DATA SAYS YES BUT THE DECISION IS NO... LESSONS LEARNED WHILE ADVOCATING FOR A SMOKE FREE COLLEGE CAMPUS IN THE HEART OF TOBACCO COUNTRY

Presenters: Sherer Royce, PhD, Coastal Carolina University; Chanler Hilley, BS(c), Coastal Carolina University

CLEARING THE AIR: SMOKE-FREE HOUSING POLICY IN PUBLIC HOUSING COMMUNITIES

Presenter: Megan Folkert, MPH, CHES, Northern Kentucky Independent District Health Department

RATING UNIVERSITY TOBACCO POLICIES: GAPS BETWEEN CURRENT AND IDEAL POLICIES

Presenters: Angela Gallien, MA, University of Alabama at Birmingham; Gina Moses, MS, University of Alabama at Birmingham; Christopher Thorne, MA, University of Alabama at Birmingham

SCH A5: Reducing Risk Behaviors Among Youth

Moderator: Gayle Walter, MPH, University of Dubuque

Room: Palm Ballroom 2

UNDERSTANDING PREVALENCE AND ATTITUDES: DIETARY AND EXERCISE BEHAVIORS AMONG AFRICAN AMERICAN COLLEGIATE ATHLETES

Presenter: Dwight Lewis, PhD, MBA, University of Alabama at Birmingham

THE NATURE AND EXTENT OF SCHOOL VIOLENCE AGAINST LGBT YOUTH: A REVIEW OF PREVALENCE, PREDICTORS, AND PREVENTIVE MEASURES

Presenter: Martin Wood, PhD, Ball State University

EMPOWERING URBAN YOUTH TO TAKE THE LEAD IN SEXUAL HEALTH EDUCATION: A COLLABORATIVE, COMMUNITY-BASED APPROACH IN CLEVELAND, OHIO

Presenter: Brynne Presser, BA, Infectious Diseases Alliance



Detailed Schedule

5:00 PM—5:45 PM
*** PRACT PLENARY II**

Moderator: Kelly Bishop, MA, MCHES, FASHA, Centers for Disease Control and Prevention

Room: Palm Ballroom 2

DISCOVERING TRAIL MAGIC: TRANSFORMING THE HEALTH OF OUR KIDS AND COMMUNITIES

Presenter: Carolyn Ward, PhD, Blue Ridge Parkway Foundation

6:00 PM—8:00 PM
OPENING SOCIAL & NETWORKING RECEPTION WITH EXHIBITORS

Room: Palm Foyer

THURSDAY, APRIL 18, 2013

7:00 AM—4:00 PM
REGISTRATION & CE DESK OPEN

Room: Palm Foyer

7:00 AM—8:15 AM
POSTER GROUP A SET-UP

Room: Palm Ballroom 3

7:15 AM—8:15 AM
SOPHE-AAHE TOWN HALL MEETING (CONTINENTAL BREAKFAST; ALL INVITED)

Room: Palm Ballroom 1

7:15 AM—8:15 AM
SOPHE HEALTH EQUITY PROJECT MEETING

Room: Azalea, Mezzanine Level, Main Building

7:15 AM—8:15 AM
SOPHE 2014 ANNUAL MEETING PLANNING COMMITTEE MEETING

Room: Begonia, Mezzanine Level, Main Building

8:15 AM—8:45 AM
TAI CHI

Facilitator: Peter A. Gryffin, PhD, MS, University of Florida

Room: Palm Patio

8:30 AM—4:00 PM
EXHIBITS/POSTER GROUP A/JOB BANK OPEN

Room: Palm Foyer & Palm Ballroom 3

8:45 AM—9:30 AM
*** FUT PLENARY III: 2013 ELIZABETH FRIES HEALTH EDUCATION AWARD PRESENTATION & LECTURE**

Moderator: James F. Fries, MD, James F. and Sarah T. Fries Foundation

Room: Palm Ballroom 2

VISIONING THE FUTURE: COMMUNITY PREVENTION OF HIV

Presenter: Thomas J. Coates, PhD, University of California at Los Angeles

9:30 AM—10:00 AM
COFFEE BREAK WITH EXHIBITORS

Room: Palm Foyer

10:15 AM—11:45 AM
CONCURRENT SESSIONS B

*** SCH B1: Promoting Healthy School Environments and Connectedness**

Moderator: Linda E. Forsys, EdM, MCHES, Harris County Public Health and Environmental Services

Room: Palm Ballroom 2

IMPROVING STRUGGLING MIDDLE SCHOOL GIRLS' LEVELS OF SCHOOL CONNECTEDNESS, ACADEMIC SELF-EFFICACY, AND IDENTITY: A MIXED METHODS QUASI-EXPERIMENTAL STUDY OF THE REAL GIRLS PROGRAM

Presenters: Michael J. Mann, PhD, West Virginia University; Alfgeir L. Kristjansson, PhD, West Virginia University

ASSESSING TEACHER PREPAREDNESS TO IDENTIFY, PREVENT, AND RESPOND TO BULLYING IN THE MIDDLE SCHOOL SETTING
Presenter: Dena Simmons, MEd, CHES, Columbia University

STAKEHOLDERS' PERCEPTION OF FACTORS IMPEDING THE TRANSFORMATION OF SCHOOLS TO A HEALTHY SCHOOL ENVIRONMENT

Presenters: Andrea McDonald, MS, Texas A&M University; Wura Jacobs, BSc, MSc, Texas A&M University

*** FUT B2: Training the Public Health Workforce**

Moderator: Brittan Wood, MPH, CHES, Public Health Accreditation Board (PHAB)

Room: Palm Ballroom 4

EDUCATING AND TRANSFORMING THE FUTURE PUBLIC HEALTH WORKFORCE: LESSONS LEARNED FROM DEVELOPING & IMPLEMENTING AN INNOVATIVE, INTERDISCIPLINARY MPH GRADUATE COURSE FOR PUBLIC HEALTH PRACTICE

Presenter: Leah Neubauer, MA, EdD(c), DePaul University

LOOKING INTO THE CRYSTAL BALL: WHAT YOU NEED TO KNOW ABOUT INDIVIDUAL CERTIFICATION AND PROGRAM ACCREDITATION

Presenters: Randall R. Cottrell, EdD, MCHES, University of Cincinnati; Linda Lysoby, MS, MCHES, CAE, National Commission for Health Education Credentialing, Inc.

PREPARING THE HEALTH EDUCATION WORKFORCE OF TOMORROW: BACKWARD COURSE DESIGN

Presenter: Rebecca Foco, PhD, University of Massachusetts Lowell

PRACT B3: Exploring Mental Health & Substance Abuse

Moderator: Amy S. Hedman, PhD, MCHES, Minnesota State University, Mankato

Room: Palm Ballroom 5

ASSESSMENT OF THE COLLABORATIVE RELATIONSHIP BETWEEN CDC'S TOBACCO AND CANCER CONTROL PROGRAMS: STRATEGIES FOR MAXIMIZING PROGRAMMATIC EFFORTS TO IMPROVE PUBLIC HEALTH

Presenter: Behnoosh Momin, MS, MPH, Centers for Disease Control and Prevention

Detailed Schedule

"IT'S ONLY A BROCHURE": WOULD ADOLESCENTS UNDERSTAND HEALTH EDUCATION MATERIALS FOR DRUG USE PREVENTION?

Presenter: Edith López-Toro, MPH, University of Puerto Rico

MODELING THEORETICAL PREDICTORS OF COLLEGE STUDENT MENTAL HEALTH

Presenter: Adam Knowlden, CHES, MBA, MS, University of Cincinnati

*** POL B4: Exploring Perceptions of Health Care Reform**

Moderator: Chandra R. Story, PhD, MCHES, Oklahoma State University

Room: Palm Ballroom 1

PERCEPTIONS FROM LEADING HEALTH EDUCATORS OF HOW THE AFFORDABLE CARE ACT HAS, AND WILL, STIR THE HEALTH EDUCATION POT

Presenters: Christine Gastmyer, CHES, Texas A&M University; Buzz Pruitt, EdD, Texas A&M University

UNDERSTANDING STATE-LEVEL ATTITUDES TOWARD HEALTHCARE REFORM

Presenter: Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University

WKSP B5: Skill-Building Workshop: Designing Health Information

Moderator: Cherylee Sherry, MPH, CHES, Minnesota Department of Health

Room: Camelia/Dogwood, Mezzanine Level, Main Building

DESIGNING HEALTH INFORMATION: WHAT EVERY HEALTH EDUCATOR NEEDS TO KNOW

Presenters: Stacy Robison, MPH, MCHES, CommunicateHealth, Inc.; Xanthi Scrimgeour, MEd, MCHES, CommunicateHealth, Inc.

11:45 AM—12:15 PM

BOX LUNCH PICK UP

Room: Palm Foyer

12:00 PM—1:15 PM

LUNCH, POSTER PROMENADE (GLOBAL HEALTH) & POSTERS WITH PRESENTERS, GROUP A

Room: Palm Ballroom 3

12:00 PM—1:00 PM

COMMUNITIES OF PRACTICE ROUNDTABLES

Room: Palm Ballroom

12:00 PM—1:00 PM

SOPHE FINANCE COMMITTEE MEETING

Room: Azalea, Mezzanine Level, Main Building

12:00 PM—1:00 PM

SOPHE AWARDS COMMITTEE MEETING

Room: Begonia, Mezzanine Level, Main Building

1:30 PM—3:00 PM

CONCURRENT SESSIONS C

SCH C1: Advocating for School Health

Moderator: Ameena Batada, DrPH, University of North Carolina at Asheville

Room: Palm Ballroom 2

IDENTIFYING INFLUENTIAL SCHOOL HEALTH ADVOCACY MESSAGES, METHODS, AND MESSENGERS: AN ASSESSMENT OF LOCAL SCHOOL BOARD MEMBERS WITHIN THREE SOUTHEASTERN STATES

Presenter: Beth Chaney, PhD, MCHES, University of Florida

SCHOOL-BASED WELLNESS AND ADVOCACY PROJECT: EFFECTS ON DIET, PHYSICAL ACTIVITY AND PARENTAL HEALTH BELIEFS

Presenter: Wenhua Lu, MS, MA, Texas A&M University

ADVOCATING FOR QUALITY SCHOOL HEALTH EDUCATION: THE ROLE OF PUBLIC HEALTH EDUCATORS AS PROFESSIONAL AND COMMUNITY MEMBERS

Presenters: David Birch, BS, MS, PhD, MCHES, University of Alabama; Qshequilla Mitchell, MA, MPH, University of Alabama; Hannah Priest, BS, MAEd, University of Alabama

FUT C2: Using Technology & Social Media to Influence Health

Moderator: Alesha Hruska, MPH, MCHES, AREUFIT Health Services, Inc.

Room: Palm Ballroom 4

TEXT MESSAGING AND CIGARETTE CONSUMPTION IN COLLEGE STUDENTS SEEKING SMOKING CESSATION ASSISTANCE: A DUAL UNIVERSITY PILOT STUDY

Presenters: Allison Calvanese, University of Tampa; Elisabeth Franzen, BS, University of South Florida

LOOK, A FLASH MOB! COMBINING TRADITIONAL TEACHING METHODS WITH POPULAR CULTURE TRENDS TO TEACH COLLEGE STUDENTS AND THE COMMUNITY ABOUT ELDER ABUSE

Presenter: Everett L. Long, MA, University of Georgia

PREFERRED SOURCES OF BREAST CANCER PREVENTION INFORMATION: WILL MOBILE MESSAGES WORK?

Presenter: Cindy Kratzke, PhD, CHES, New Mexico State University

PRACT C3: Improving Outcomes for Diabetes and Chronic Disease Management

Moderator: Kelly Bishop, MA, MCHES, FASHA, Centers for Disease Control and Prevention

Room: Palm Ballroom 1

CORE HEALTH: AN EFFECTIVE CHRONIC DISEASE MANAGEMENT PROGRAM WITH AN IMPRESSIVE RETURN ON INVESTMENT

Presenters: Mark Lubberts, MSN, RN, Spectrum Health; Arlene Colbert, Community Health Worker Certification, Spectrum Health

LESSONS LEARNED FROM IMPLEMENTING THE ROAD TO HEALTH TOOLKIT FOR DIABETES PREVENTION IN RURAL GEORGIA

Presenters: Cassandra Arroyo, PhD, MS, Walden University; Nandi Marshall, DrPH(c), MPH, CHES, Georgia SOPHE

DIABETES SELF-MANAGEMENT EDUCATION FOR AFRICAN AMERICANS: USING THE PEN-3 MODEL TO ASSESS NEEDS

Presenter: Ninfa Peña-Purcell, PhD, MCHES, Texas A&M AgriLife Extension Service



Detailed Schedule

* **POL** C4: Collaborating for Health Promotion

Moderator: Cam Escoffery, PhD, MPH, CHES, Emory University

Room: Palm Ballroom 5

FORGING COLLABORATIONS USING ADMINISTRATIVE DATA AND COLLABORATIVE PARTNERSHIPS TO SUPPORT LOCAL AND STATE SMOKE-FREE AIR INITIATIVES

Presenters: Signe Shackelford, MPH, Center for Mississippi Health Policy; Roy Hart, MPH, CHES, Mississippi State Department of Health; Robert McMillen, PhD, Mississippi State University

TRANSFORMING & STRENGTHENING HEALTH PROMOTION VIA INTERDISCIPLINARY EDUCATION COLLABORATIVE: LESSONS LEARNED FROM PILOT PROGRAM

Presenter: Rho Henry Olaisen, DC, MPH, San Jose State University

CONNECTING THE DOTS: COLLABORATION ACROSS SECTORS AND SYSTEMS

Presenter: John Rosiak, MA, Education Development Center

* **WKSP** C5: Skill-Building Workshop: School-Community Relationships

Moderator: Cathy D. Whaley, MS, MCHES, Ball State University

Room: Camelia/Dogwood, Mezzanine Level, Main Building

SCHOOL-COMMUNITY RELATIONSHIPS: SHARING STRENGTHS TO PROMOTE HEALTH AND ACADEMIC ACHIEVEMENT OF STUDENTS

Presenters: Kathleen Allison, PhD, MPH, MCHES, Lock Haven University; Beth Stevenson, MPH, Centers for Disease Control and Prevention

3:15 PM—4:00 PM

* **POL** PLENARY IV: 2013 SOPHE HONORARY FELLOW AWARD PRESENTATION & LECTURE

Moderator: Kelli R. McCormack Brown, PhD, CHES, FASHA, FAAHE, SOPHE President

Room: Palm Ballroom 2

THE POWER OF PREVENTION: TRANSFORMING VISION TO REALITY

Presenter: Howard K. Koh, MD, MPH, Assistant Secretary, U.S. Department of Health and Human Services

4:00 PM—4:15 PM

InstaRECESS

Facilitator: Ninfa Peña-Purcell, PhD, MCHES, Texas A&M AgriLife Extension Service

Room: Palm Ballroom 2

4:00 PM—6:00 PM

POSTERS—GROUP A TEAR DOWN

Room: Palm Ballroom 3

4:15 PM—5:30 PM

SOPHE PAST PRESIDENTS RECEPTION

Room: Azalea, Mezzanine Level, Main Building

4:15 PM—5:30 PM

FLORIDA SOPHE CHAPTER MEETING

Room: Begonia, Mezzanine Level, Main Building

6:00 PM—9:30 PM

SOPHE AWARDS CEREMONY GALA (BY TICKET)

Location: Epcot Center Odyssey Pavilion (Buses Board at Hotel Lobby, 5:30 PM)

FRIDAY, APRIL 19, 2013

7:00 AM—6:00 PM

REGISTRATION & CE DESK OPEN

Room: Palm Foyer

7:00 AM—8:15 AM

POSTER GROUP B SET UP

Room: Palm Ballroom 3

7:15 AM—8:15 AM

SOPHE ALL MEMBER BUSINESS MEETING (CONTINENTAL BREAKFAST; ALL INVITED)

Room: Palm Ballroom 1

8:30 AM—3:30 PM

EXHIBITS/POSTER GROUP B/JOB BANK OPEN

Room: Palm Foyer & Palm Ballroom 3

8:45 AM—9:45 AM

* **FUT** PLENARY V

Moderator: Stacy Robison, MPH, MCHES, CommunicateHealth

Room: Palm Ballroom 2

SOPHE KNOWLEDGE CENTER: WHAT'S IN IT FOR YOU?

Presenters: Jay Bernhardt, PhD, MPH, University of Florida and Robert S. Gold, PhD, DrPH, University of Maryland

9:45 AM—10:15 AM

BREAK WITH EXHIBITORS

Room: Palm Foyer

10:15 AM—11:45 AM

CONCURRENT SESSIONS D

HIST D1: History Session—Roles of Health Education in Recurring Public Health Crises

Moderator: Karen Denard Goldman, PhD, MCHES,

Long Island University

Room: Palm Ballroom 1

DÉJÀ VU OR DARINGLY NEW: RETRO, RECENT, AND RISING ROLES OF HEALTH EDUCATION IN RECURRING PUBLIC HEALTH CRISES

Presenters: Janis Biermann, MS, March of Dimes; Suzanne Miro, MPH, MCHES, New Jersey Department of Health and Senior Services

* **SCH** **FUT** D2: Involving & Reaching Teens in Tobacco Prevention & Cessation

Moderator: Frances D. Butterfoss, PhD, Eastern Virginia Medical School

Room: Palm Ballroom 4

SUSTAINED WATERPIPE USE IN YOUTH

Presenter: Erika Dugas, MSc, The University of Montreal Hospital Research Centre

Detailed Schedule

TRAINING AMBASSADORS TO INCREASE COMPLIANCE ON A TOBACCO-FREE CAMPUS

Presenter: Melinda Ickes, PhD, University of Kentucky

PROJECT CURBING: A CUMULATIVE MODEL ASSOCIATING RISK FACTORS WITH SUSCEPTIBILITY TO SMOKING AND SMOKELESS TOBACCO USE

Presenters: Salma Marani, MS, University of Texas MD Anderson Cancer Center; Kentya Ford, DrPH, University of Texas Austin

* PRACT D3: Reducing Health Disparities

Moderator: Jennifer Conner, MPH, MPA, Marion County Department of Public Health

Room: Palm Ballroom 5

TRANSFORMING CHILD, COMMUNITY AND SCHOOL HEALTH IN THE U.S.-MEXICO BORDER REGION THROUGH PARTICIPATORY APPROACHES: BEST PRACTICES AND LESSONS LEARNED FROM FOUR PILOT COMMUNITY GARDEN PROJECTS

Presenters: Thenral Mangadu, MD, MPH, PhD, The University of Texas at El Paso; Sandra Bejarano, BS, MPH(c), The University of Texas at El Paso

PROCESS DATA FROM THE LATINO PARTNERSHIP: A NOVEL APPROACH TO CAPTURE THE COMMUNITY-LEVEL IMPACT OF LATINO MALE LHAS

Presenters: Lilli Mann, MPH, Wake Forest School of Medicine; Mario Downs, Wake Forest School of Medicine

TRANSFORMATIVE LEARNING THAT WORKS MAGIC ON STUDENTS AND THE COMMUNITIES THEY SERVE

Presenter: J. Sunshine Cowan, PhD, MPH, MCHES, University of Central Oklahoma

* POL D4: Promoting Health through Policy Change

Moderator: Claudia Coggin, PhD, Coggin Consulting

Room: Palm Ballroom 2

PROMOTING HEALTH THROUGH POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE IN MANATEE COUNTY, FLORIDA

Presenters: Megan Jourdan, BA, Manatee County Health Department; Marissa Sheldon, MPH, Manatee County Health Department

A WHOLE NEW WORLD: COMBINING POLICY, ENFORCEMENT, AND MEDIA TO REDUCE UNDERAGE DRINKING

Presenters: Bonnie Fenster, PhD, MA, Student Assistance Services Corp.; Judy Mezey, MA, Student Assistance Services Corp.; Patricia Warble, LMSW, CPP, Student Assistance Services Corp.; Patricia Tomassi, BA, Westchester County Office of Drug Prevention and STOP DWI

TRAINING FUTURE AND CURRENT HEALTH PROMOTION LEADERS: INCORPORATING POLICY DEVELOPMENT AND ADVOCACY INTO UNDERGRADUATE, GRADUATE, AND CONTINUING EDUCATION

Presenter: Robert Simmons, DrPH, MPH, MCHES, CPH, Thomas Jefferson University

WKSP D5: Skill-Building Workshop: Writing and Reviewing for Health Promotion Journals, Part 1 of 2

Moderator: Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University

Room: Camelia/Dogwood, Mezzanine Level, Main Building WRITING & PUBLISHING FOR JOURNALS (PART 1)

Presenters: Leonard Jack Jr., PhD, MSc, Centers for Disease Control and Prevention and Editor-in-Chief, Health Promotion Practice; Melissa Grim, PhD, MCHES, Radford University and Deputy Editor, Health Promotion Practice

11:45 AM—12:15 PM

BOX LUNCH PICK UP

Room: Palm Foyer

12:00 PM—1:15 PM

LUNCH, POSTER PROMENADE (HEALTH COMMUNICATION & TECHNOLOGY) & POSTERS WITH PRESENTERS, GROUP B

Room: Palm Ballroom 3

12:00 PM—1:00 PM

SOPHE CONTINUING EDUCATION COMMITTEE & SOPHE PROFESSIONAL DEVELOPMENT COMMITTEE JOINT MEETING

Room: Fuschia, Mezzanine Level, Main Building

12:00 PM—1:00 PM

SOPHE MEMBERSHIP COMMITTEE MEETING

Room: Gardenia, Mezzanine Level, Main Building

12:00 PM—1:00 PM

SOPHE COMMUNITIES OF PRACTICE CO-CHAIRS MEETING

Room: Palm Ballroom 5

1:30 PM—3:00 PM

CONCURRENT SESSIONS E

SCH E1: Exploring Social & Cultural Influences on Substance Use

Moderator: David Birch, PhD, MCHES, University of Alabama

Room: Palm Ballroom 5

USING INNOVATION FOR TEEN TOBACCO CONTROL IN CULTURALLY DIVERSE POPULATIONS: ASPIRE (A SMOKING PREVENTION INTERACTIVE EXPERIENCE) DISSEMINATION PROJECT

Presenter: Lauren McCoy, MS, MD Anderson Cancer Center

DRINKING BEHAVIORS OF HIGH SCHOOL STUDENTS WHO INTEND TO JOIN THE MILITARY

Presenter: Adam Barry, PhD, University of Florida

THE GROWING FAD OF HOOKAH WATERPIPE USE AMONG FOUR-YEAR AND TWO-YEAR (COMMUNITY) COLLEGE STUDENTS

Presenter: Maria De Borba-Silva, DrPH(c), MPH, CHES, Crafton Hills College



Detailed Schedule

* **FUT** E2: Improving Health Literacy

Moderator: Melanie Stopponi, MPA, MCHES, Kaiser
Permanente Colorado

Room: Palm Ballroom 4

FACULTY-LIBRARIAN COLLABORATION: ARE WE HELPING STUDENTS LEARN BY USING LIBGUIDES?

Presenter: Bojana Berić, MD, PhD, CHES, Monmouth University

HEALTH LITERACY STIGMA: A FRAMEWORK FOR ADVANCING RESEARCH AND PRACTICE

Presenter: Amanda Mabry, MPH, The University of Texas at Austin

CURRENT AND FUTURE DIRECTIONS IN HEALTH LITERACY

Presenters: Rachel Torres, EdD, MPH, CHES, BMCC- City University of New York; Sharie Hansen, MSW, BMCC—City University of New York

PRACT E3: Evaluating Health Education Programs

Moderator: Ninfa Peña-Purcell, PhD, MCHES, Texas A&M AgriLife Extension Service

Room: Palm Ballroom 1

THE EFFICACY OF A PEER EDUCATOR HIV PREVENTION INTERVENTION FOR AFRICAN AMERICAN COLLEGE STUDENTS

Presenters: Deneen Long-White, PhD, CHES, Howard University; Denyce Calloway, PhD, Howard University

DETERMINING THE ENHANCEMENT OF CAREER DEVELOPMENT THROUGH LOCAL SOPHE CHAPTER INVOLVEMENT

Presenter: Melissa Thomas, PhD, MSPH, MSA, Ohio Health Research & Innovation Institute

EVALUATING THE EFFECTIVENESS OF A HOME-VISITATION PROGRAM IN BALTIMORE CITY: AN MCH STORY

Presenter: Ndidi Amutah, PhD, MPH, Montclair State University

POL E4: Exploring Community-Level Policy & Advocacy Efforts

Moderator: Deborah Gordon-Messer, MPH, Society for Public Health Education (SOPHE)

Room: Palm Ballroom 2

THE ROLE OF SIDEWALKS IN BUILDING HEALTHY COMMUNITIES: THE INTERSECTION OF URBAN PLANNING AND PUBLIC HEALTH

Presenters: Sherry Fontaine, PhD, Creighton University

NEW BEGINNINGS: INCORPORATING CLINICAL SERVICES INTO PUBLIC/COMMUNITY HEALTH STRATEGIC PLANS

Presenter: Cherylee Sherry, MPH, CHES, Minnesota Department of Health

SMARTER POLICIES, HEALTHIER COMMUNITIES: THE ROLE OF HIA IN COMMUNITY HEALTH

Presenter: Katherine Houghton Hirono, MPH, Health Impact Project, Pew Charitable Trusts

WKSP E5: Skill-Building Workshop: Writing and Reviewing for Health Promotion Journals, Part 2 of 2

Moderator: Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University

Room: Camelia/Dogwood, Mezzanine Level, Main Building WRITING & PUBLISHING FOR JOURNALS (PART 2)

Presenters: Leonard Jack Jr., PhD, MSc, Centers for Disease Control and Prevention and Editor-in-Chief, Health Promotion Practice; Melissa Grim, PhD, MCHES, Radford University and Deputy Editor, Health Promotion Practice

3:00 PM—3:30 PM

BREAK WITH EXHIBITORS

Room: Palm Foyer

3:30 PM—6:00 PM

EXHIBITS/POSTERS GROUP B TEAR DOWN

Room: Palm Foyer & Palm Ballroom 3

3:45 PM—4:45 PM

* **FUT** PLENARY VI

Moderator: Collins Airhihenbuwa, PhD, MPH, Pennsylvania State University

Room: Palm Ballroom 2

TRANSFORMING THE FUTURE OF PUBLIC HEALTH

Presenter: Adewale Troutman, MD, MPH, MA, CPH, University of South Florida and APHA President

4:45 PM—5:00 PM

CONCLUDING REMARKS

Presenter: Kelli R. McCormack Brown, PhD, CHES, SOPHE President

Room: Palm Ballroom 2



Conference Abstracts

TUESDAY, APRIL 16

8:30 AM—5:00 PM

PRE-CONFERENCE WORKSHOP T1

Room: Fuschia/Gardenia, Mezzanine Level, Main Building

ADOPTING SCRIPT IN YOUR ORGANIZATION TRAINING

Presenter: Richard Windsor, MS, PhD, MPH, The George Washington University; Patsy Barrington Malley, MS, MCHES, University of West Florida

SOPHE's Smoking Cessation & Reduction in Pregnancy Treatment (SCRIPT) Program is an award-winning, evidence-based program shown to be effective in helping thousands of pregnant women quit smoking. It is designed to be a component of a patient education program for prenatal care providers, and it is cited by the Agency for Healthcare Research & Quality's Smoking Cessation Clinical Practice Guidelines. This one-day workshop is designed to train health educators and other professionals to promote, implement, and evaluate SCRIPT, now a reimbursable service under the Affordable Care Act. It teaches skills and provides insight on how the program can become part of routine prenatal care.

WEDNESDAY, APRIL 17

8:00 AM—12:00 PM

*** PRE-CONFERENCE WORKSHOP W2**

Room: Begonia, Mezzanine Level, Main Building

EVALUATING EVIDENCE-BASED POLICY, SYSTEMS & ENVIRONMENTAL INTERVENTIONS

Presenters: Jennifer Leeman, DrPH, MDiv, University of North Carolina at Chapel Hill; Cam Escoffery, PhD, MPH, CHES, Emory University; Alexis Moore, MPH, University of North Carolina at Chapel Hill; Katherine Wilson, PhD, MPH, CHES, Centers for Disease Control & Prevention

Public health practitioners are adopting and implementing evidence-based interventions in a wide variety of settings at the levels of policy, systems, and environments (PSE). PSE strategies can be challenging to evaluate, however. In this highly interactive workshop, representatives from multiple partners within the CDC/NIH-funded Cancer Prevention and Control Research Network will share what they have learned from their research/practice partnerships evaluating PSE interventions to prevent obesity and to prevent and control cancer in community-based organizations, worksites, and other settings. The workshop will include hands-on exercises to provide participants an opportunity to practice engaging stakeholders, creating evaluation questions, and identifying appropriate indicators and methods.

8:00 AM—12:00 PM

*** PRE-CONFERENCE WORKSHOP W3**

Room: Poinsettia, Mezzanine Level, Main Building

HANDS ON SOCIAL MEDIA: AN INTRODUCTION TO "NEW" RULES OF ENGAGEMENT

Presenter: J. Don Chaney, PhD, University of Florida

Over the last several years, the use of Facebook, Twitter, YouTube, Pinterest and other social media tools has grown significantly and continue to trend upwards. Social media is changing the way health professionals and consumers obtain, share, and disseminate health information.

Additionally, these channels provide a means to enhance the timeliness of disseminating health information, and an ability to tailor or target messages to specific audiences. This half-day workshop is designed for entry-level social media users who are interested in learning more about the social media platforms and how they can use these tools in public health practice.

8:00 AM—12:00 PM

*** PRE-CONFERENCE WORKSHOP W4**

Room: Quince, Mezzanine Level, Main Building

DISCOVERING YOUR INNER LEADER

Presenters: Karen Denard Goldman, PhD, MCHES, Long Island University; Richard A. Gitlin, BBA, The Gitlin Group

To improve the public's health requires courageous, thoughtful leaders in schools, communities, and worksites on many levels—local, national, and global—and each one is as important as the next! Have you ever yearned to know more about the art and science of learning to lead? You're not alone! This workshop will help you examine what it really means to be a leader and the decisions you need to make; the risks and rewards of daring to lead; the challenges of leading through change; leadership role models and mentors; and leadership training resources to help you in your journey of self-discovery. Come discover some "aha's" about yourself and bring your inner leader to the next level.

11:00 AM—12:30 PM

PRE-CONFERENCE WORKSHOP W5

Room: Edelweiss, Mezzanine Level, Main Building

STUDENT WORKSHOP—NAVIGATING THE TURBULENT LIFE CROSSROADS: A WORKSHOP FOR BUDDING AND EMERGING PROFESSIONALS, CO-SPONSORED BY FLORIDA SOPHE

Facilitators: Claudia S. Coggin, PhD, CHES, Coggin Consulting; Mary Shaw-Ridley, PhD, MEd, MCHES, Shaw & Associates, LLC; Brandy M. Rollins, PhD, MPH, CHES

This workshop will focus on building essential skills for the profession, and includes intimate roundtable discussions with seasoned and emerging professionals. The event concludes with a visioning session to provide the tools necessary for finding a niche in your career. Capitalize on this opportunity to network one-on-one while sharpening your professional skills!

2:15 PM—3:00 PM

*** PLENARY I**

Room: Palm Ballroom 2

KEYNOTE ADDRESS—IMAGINING THE FUTURE: USING STORIES TO CREATE TRANSFORMATIVE CHANGE

Presenter: Bill Smith, EdD and Honorary PhD, Founder, makingchange4u

To be human is to have a story. Since our earliest ancestors gathered around the fire, stories have been the vehicle for learning, sharing, and bonding. So why do we persist in thinking we can jumpstart social change with data, statistics, and facts? And why do we think that scaring people with stories about the consequences of disease will motivate them to change? Transformative change requires understanding how to change—models of behavior that give us hope and tactics at the same time. Stories are one of the few tools powerful enough to do both and sustain people as they go through the difficult process of transformative change.



3:15 PM—4:45 PM
CONCURRENT SESSIONS A
CONCURRENT SESSION A1
UTILIZING QUALITATIVE RESEARCH METHODS IN SCHOOLS
Room: Palm Ballroom 1

EDUCATION ABOUT FRUIT AND VEGETABLE CONSUMPTION
INCLUDES LISTENING TO THE CHILDREN

Andrew Hansen, DrPH, Georgia Southern University; Moya Alfonso, PhD, Georgia Southern University; John Luque, PhD, Georgia Southern University; Mondy Mason, PhD, Georgia Southern University; Jen Nickleson, PhD, University of Alabama; Robert Vogel, PhD, Georgia Southern University

BACKGROUND: Diets high in fruit and vegetables (F&V) are associated with a lower risk of obesity, diabetes, cancer, and cardiovascular disease (CDC, 2008; Do et al., 2011). However, only 30-40% of children age 4-8 consume four servings of F&V and only 14% consume the recommended five servings a day (Guenther et al., 2006; USDA, 2007). School health education studies involving school aged children (>5 years) have reported that positive and negative outcome messages can influence a child's consumption of F&V's with positive outcome messages having the most significant mediating effect (Reynolds et al. 2004). Similar studies are limited for preschool aged (< 5 years) children. The current study was designed to explore what preschool children hear and remember about fruit and vegetable messages. **METHODS:** School lunch-time F&V consumption of pre-school children (n=201) was recorded over five days. Children (n=192) were individually interviewed about their knowledge, preference, and perceptions of fruits and vegetables using a picture card sort and open ended questions. Social Cognitive Theory (SCT) was utilized to categorize F&V messages conveyed by children. Descriptive statistics, Pearson's correlation and one-way ANOVA were used for analysis. **RESULTS:** Preschool children convey a variety of information associated with F&V consumption that fits under SCT constructs. Positive outcome expectancies (POE), negative outcome expectancies (NOE), and prompts were most frequently stated. POEs were accompanied with a direct benefit valued by the child. Boys received negative reinforcements more than girls. Significant differences were observed based on socioeconomic status. **CONCLUSIONS and IMPLICATIONS:** How parents, teachers, and health education professionals convey information about F&V's can have an influence on children's perceptions and preference. Parent modeling, availability/ accessibility and preference have typically been the default determinants of F&V consumption for young children (<5 years of age) (Rasmussen et al. 2006). However, preschool children (aged 4) in this study demonstrated an understanding of positive outcome expectancies by placing a direct value on the outcome stated. While preschool children (aged 4) have limited cognitive skills compared with school aged children, their understanding and insight into valued outcomes of consuming F&V may be more apparent than previously researched. Hence, assessing preschool children's perceptions first, then tailoring health education messages according to why a child values a specific outcome from eating F&V's may produce benefits in addition to known determinants of F&V consumption.

PROMOTING BEHAVIOR CHANGE AMONG ADOLESCENTS AT THE CULTURAL LEVEL: USING ELICITATION RESEARCH TO DEVELOP CULTURE-SPECIFIC SCHOOL-BASED CURRICULUM ON HIV AND AIDS PREVENTION IN RURAL SOUTH AFRICA

Hans Onya, PhD, University of Limpopo, South Africa; Charles Abraham, PhD, University of Exeter; Leif Aarø, PhD, University of Bergen

BACKGROUND: Sub-Saharan Africa is more strongly affected by the HIV/AIDS epidemic than any other region of the world. HIV spreads through unprotected sexual intercourse and young segments of populations are increasingly at risk. In order to be successful, interventions among adolescents should target adolescents already before their sexual debut

down to the age of around 12 years. The present article describes the use of elicitation research in developing a community-based (school delivered) interventions being conducted in a rural community in South Africa. The intervention has a distinct focus on culture-specific beliefs, norms, attitudes and practices. The study is part of an EU-funded research project called PREPARE. **METHODS/DESIGN:** The Information, Motivation, Behavioral skills model (IMB) proposes that HIV-preventive interventions are most effective when they target particular deficits in these three domains. Such deficits (for example, missing or inaccurate information or mistaken beliefs about others' behavior patterns) can be identified using elicitation research. Three focus groups including only young women, three including only young men and one mixed focus group as well as 7 individual interviews were used to explore young people's views about sexual behavior, contraception HIV/AIDS and condom use. Focus groups and interviews were transcribed verbatim and a thematic analysis undertaken. The results of this analysis were used to develop a questionnaire assessing culturally-relevant aspects of IMB and focusing on issues identified during the thematic analysis. Identification of intervention targets was based on analysis of these 1200 completed questionnaires, together with discussions with local experts on key cultural belief relevant to HIV-prevention. **RESULTS:** Twelve key intervention targets were identified within the IMB framework. Examples include: Consistent condom prevents sexual transmission of HIV (under Information); Young people in S Africa can avoid HIV infection (under Motivation); and Unprotected sex does not mean commitment or love. Say, "No-condom-no-sex" (under behavioral skills. Discussions between teachers and public health specialists led to an integration of the 12 messages above into a programme. The programme is being delivered in 5 three-hour school "units" to grade 8 children who are typically aged 12-14. The units are Self-concept and self-motivation; Self and Society; Understanding HIV and AIDS; Contraceptive and HIV-preventive Behavioral Skills; and Social Influence. **DISCUSSION:** We expect interventions to have an impact on sexual behaviors and on hypothesized mediators. Data from the study will also be used in order to throw light on the usefulness of social cognition models in non-western cultures and contexts.

COLLEGE HEALTH ASSESSMENT USING PHOTOVOICE

Mary Ann Middlemiss, PhD, RN, Syracuse University

Students in a public health class at Syracuse University recently initiated an innovative, creative approach to campus health assessment. Students adapted Photovoice methodology, developed by Carol Wang, to document health behaviors/risks that enhance or inhibit the health of the campus population. They used readily accessible technology such as cell phone cameras for assessment and documentation; and computers and iPads for analysis, contextualizing and codifying. Their action plan included journal entries using the mnemonic SHOWed; selection of an appropriate change theory; selection of evidence based practice actions/strategies for change; and creation of e posters for presentations to potential campus partners with the aim of enlisting their help to bring about desired change. Development and implementation of this project was informed by theoretical literature on critical consciousness, feminist theory and documentary photography. Photovoice methodology was important because it provided an opportunity to perceive campus health behaviors/risks from the reality of the students who lead lives that are very different from campus administrators and faculty, who are traditionally in control of health initiatives on campus. It addressed the descriptive mandate of needs assessment through the critical image. It facilitated the sampling of different social and behavioral settings by taking advantage of the access enjoyed by students, and it encouraged and included student's stories into the assessment process. The project resulted in a series of compelling photographs and quotes from the participants about health and safety behaviors/risks on campus. Findings indicate that this Photovoice effort was successful in empowering the students, increasing their awareness of campus health, and enabling students to advocate for themselves and

Conference Abstracts

their campus community. Findings from the Photovoice needs assessment were shared with the campus health center and the student affairs health office. Most significantly as future health educators, students were introduced to participatory action research strategies. At the end of this session, participants should be able to: 1) discuss the major challenges and opportunities related to participatory needs assessment, 2) explore strategies for implementing Photovoice methodology and 3) value the participatory needs assessment approach.

CONCURRENT SESSION A2 PREVENTING OBESITY

Room: Palm Ballroom 4

RIGHT SIZE FOR ME: THEORETICAL DEVELOPMENT OF A WEIGHT MANAGEMENT PROGRAM FOR AFRICAN AMERICAN WOMEN

Delores James, PhD, University of Florida

BACKGROUND: African American women experience one of the highest prevalence of overweight and obesity in the United States, with 78% being overweight or obese. Research suggests a strong desire for culturally appropriate materials in this population. **OBJECTIVES:** To describe an academic-community partnership in the development of the Right Size for Me, a culturally appropriate weight management book for African American women. The Health Belief Model (HBM) served as the theoretical framework for the program's development. **DESIGN, SETTING, PARTICIPANTS:** Stage one consisted of seven focus groups with 50 African American women. Participants were recruited by community contacts from beauty salons, churches, sororities, college campus, and low-income housing. Each group consisted of 6-9 women and each participant received a \$25 gift card. The focus group guide was guided by the HBM constructs. Thematic analysis was used to identify the data for common themes and patterns in the data. Stage two consisted of a draft of the weight management guide, content analysis by two registered dietitians, and readability assessment by two certified health education specialists. Stage three pilot-tested the book with 10 women from an African American church. Each participant received a pedometer and a \$100 gift card. Minor revisions were made. Stage four consisted of three focus groups to identify a name for the book and to evaluate a draft copy of the book for overall appeal and attractiveness, cultural relevance, and practicality. Each participant received a \$25 gift card. **RESULTS:** Participants made a clear delineation between "healthy weight," "overweight," and "obese." Participants accurately described the health risks of obesity, but most believed their weight was due to culture and genetics. Perceived benefits of losing weight included reduced risk for health problems, improved physical appearance, and living life to the fullest. Perceived barriers included lack of motivation, reliable information, and social support. Motivators to losing weight included being diagnosed with a health problem, physical appearance, and saving money on clothes. Self-efficacy was primarily affected by a frustrated history of dieting. **CONCLUSION and IMPLICATIONS:** The HBM provided a good fit for the data and it allowed the researchers to use the themes to develop a weight management book for African American women and a practitioner's handbook. The materials will be published by the Academy of Nutrition and Dietetics.

PRESCHOOL OBESITY IS INVERSELY ASSOCIATED WITH OUTDOOR PLAY, VEGETABLE INTAKE AND GROCERY STORE ACCESS

Maura Mohler, MPH, PhD(c), Louisiana State University; Julia Volaufova, PhD, Louisiana State University; Tung-Sung Tseng, MS, DrPH, Louisiana State University; Henry Nuss, PhD, Louisiana State University; Richard Scribner, MD, MPH, Louisiana State University; Melinda Sothorn, MEd, PhD, Louisiana State University

INTRODUCTION: Factors that contribute to preschool obesity are not well understood. **THEORETICAL FRAMEWORK:** The ecological framework acknowledges that multiple factors interrelate to influence a health

problem. We employed this theoretical framework in our exploration to identify individual behavioral and environmental factors that influence preschool obesity. **HYPOTHESIS:** Obesity (BMI z-score) in preschool children is negatively associated with self-reported fruit and vegetable intake, outdoor play, and grocery store access; but positively with fast food outlet access and ratio of fast food outlets to grocery stores. Additionally, self-reported fruit and vegetable intake is positively associated with grocery store access, but negatively associated with fast food outlet access and ratio of fast food outlets to grocery stores. **METHODS:** Individual-level variables include fruit and vegetable intake (Children's Nutrition Questionnaire; Newby, 2003), outdoor play (Outdoor Playtime Checklist; Burdette, 2004) and BMI z-score measured from preschool children (N=78; Age: 2.94 [0.69]); Males=38 (48.72%); Females=40 (51.28%); African American=27 (34.62%); Caucasian=42 (53.85%) across Louisiana, as part of a multi-site randomized controlled trial of the Nutrition and Physical Activity Self-Assessment for Child Care intervention. Environmental factors (grocery store counts, fast food counts and ratio of fast food outlets to grocery stores) were calculated in concentric areas around each child's residential address using geographic information systems software. Linear model analysis to determine best model (max R2 and min mean squares) was employed to examine potential correlates of obesity. Pearson's correlation determined associations between any two variables in the study. **RESULTS:** Using the best-fit model, vegetable intake, outdoor play and the ratio of fast food outlets to grocery stores in a 2-mile concentric area around the child's residence were identified as factors associated with obesity (p=0.0346). Individually, vegetable intake was inversely related to obesity (p=0.0472), outdoor play was not related to obesity (p=0.1130), and the ratio of fast food to grocery stores around the child's residence was positively related but this association did not reach statistical significance (p=0.0590). Additionally, fruit intake was positively associated with grocery store counts around the child's residence (p=0.0281). **CONCLUSION:** Although preliminary, our findings support the ecological framework; both individual behaviors (fruit and vegetable intake and outdoor play) and environmental factors (the ratio of fast food outlets to grocery stores) should be targeted to reduce preschool obesity in central and south Louisiana. **IMPLICATIONS for PRACTICE:** Public health practitioners should consider methods to increase access to healthy food options and safe outdoor play in efforts to prevent preschool obesity.

EXERGAMING AMONG YOUNG ADULTS: A DESCRIPTIVE ANALYSIS

Erin O'Loughlin, MA, The University of Montreal Hospital Research Centre; Tracie Barnett Barnett, PhD, Concordia University/CHU Sainte-Justine; Erika Dugas, MSc, The University of Montreal Hospital Research Centre; Jennifer O'Loughlin, PhD, The University of Montreal Hospital Research Centre

BACKGROUND: Only 15% of adults participate regularly in physical activity (PA); strategies to improve PA levels are urgently needed. Exergaming (a type of active video game) offers a PA option that may be especially attractive in our increasingly technophilic society. Increased understanding of the characteristics of exergamers may inform the development of interventions aimed at improving PA participation in young adults. The purpose of this study was to investigate the type, timing and intensity of exergaming in a population-based sample of young adults, as well as to describe attitudes and beliefs of young adult exergamers related to exergaming enjoyment and future intentions. **METHOD:** A cross-sectional analysis of 857 young adults aged 22-27 years participating in a longitudinal cohort study (Montreal, Quebec) completed self-report questionnaires in 2011-12 that collected data on socio-demographic characteristics, PA involvement including exergaming, and levels of enjoyment and intentions with respect to exergaming. **RESULTS:** The mean (sd) age of participants was 24.0(1.0); 45% were male. Seventeen percent (n=147) reported exergaming in the past month. On average exergamers played 2(1.5) days per week for 50.4(40.1) minutes per bout. Males reported significantly more minutes per bout than females (66 vs. 40minutes). The percentage of participants that exergamed

Conference Abstracts

at light, moderate or vigorous intensity was 37%, 50% and 14%. A statistically significantly higher proportion of females than males reported exergaming intensely. Wii Sports, Boxing and Dance Dance Revolution were the most popular exergames. Most exergamers (84%) intended to continue exergaming for many years, 32% enjoyed exergaming more than playing outdoor sports, 36% enjoyed exergaming more than playing indoor sports, and 79% reported exergaming as a way to integrate PA into their lives. Girls were more likely to exergame alone than boys. CONCLUSIONS: Many young adults exergame. Females exergame more intensely while male exergame longer per bout. The exergames most frequently played may contribute to meeting physical activity guidelines. IMPLICATIONS: The popularity of exergaming may relate to its reliance on technology, the instant feedback which may motivate exergamers, its easy access at home "on demand", the appeal to both to groups and individual involvement, the social interaction required in many games, trying something new and different and the fact that it is fun. Exergaming provides opportunities to try a range of sports in the home, some of may not otherwise have been tried. This exposure may increase motivation to become involved in these activities in other environments.

*** CONCURRENT SESSION A3 IMPACTING HEALTH THROUGH COMMUNITY ENGAGEMENT**

Room: Palm Ballroom 5

WHAT POLICYMAKERS NEED TO HEAR FROM EMERGENCY PREPAREDNESS PRACTITIONERS ABOUT COMMUNITY ENGAGEMENT

Monica Schoch-Spana, PhD, University of Pittsburgh Medical Center

BACKGROUND: Community engagement is enshrined in federal grants for public health emergency preparedness (PHEP), national consensus statements on PHEP, and current principles of public health practice. But does its popularity signify its common practice? Do local health departments (LHDs) have sufficient organizational capacity to integrate local residents as well as faith-based, community-based, and business organizations into the PHEP enterprise? How can LHDs be empowered to help achieve the national vision of broad-based preparedness coalitions and a ready and aware citizenry? METHODS: With these questions in mind and in collaboration with the National Association of County and City Health Officials, the Center for Biosecurity of UPMC conducted a national survey of LHDs in September 2012. Emergency Preparedness Coordinators (EPCs) from 740 LHDs were surveyed with a projected (as of September 10, 2012) overall response rate of 65% (N=481). Among the questions posed to the EPCs were: what types of community engagement activities does your LHD perform; what resources does your LHD use to engage community partners in emergency preparedness; and, what organizational factors help or hinder your LHD's community engagement efforts for preparedness. THEORETICAL FRAMEWORK: Community engagement in its most intense form is characterized by structured dialogue, joint problem solving, and shared implementation of solutions around a pressing policy issue. Among the hypotheses tested is that LHDs who practice "intense" community engagement for PHEP are those who have greater leadership buy-in, staffing, and programmatic funding for community engagement, and those who have experienced an actual disaster. Underpinning the survey is an algorithm that rates the intensity of LHD community engagement based upon the kind of information flow between the LHD and community partners (e.g., one-way versus two-way) and the extent to which entities without a formal PHEP role (i.e., residents, CBOs, FBOs, and businesses) assume greater responsibility for community well-being in a public health emergency. SESSION OUTCOMES: Presented with survey findings (pending at the time of this submission), session participants will discuss the study's implications for policy and practice. As a result of the session, LHD practitioners will gain practical guidance on how to strengthen their agencies' efforts at community engagement in public health emergency preparedness, and policymakers will learn about

concrete leverage points through which to achieve the strategic national health aim of an "informed, empowered, and resilient population" (U.S. National Health Security Strategy 2009).

INVESTIGATION OF THE ROLE OF RELIGIOUS AFFILIATION AND RELIGIOUS BELIEFS ON HEALTH DECISION MAKING OF RELIGIOUS LEADERS IN AN APPALACHIAN COMMUNITY

Melissa Grim, PhD, MCHES, Radford University; Melinda Bollar Wagner, PhD, Radford University; Amanda Strokus, Radford University; Eric Pidcock, Radford University

Though there is a growing body of research illustrating a positive correlation between religious engagement and health, the mechanism behind this relationship is not well understood. Most studies investigating this link have focused on parishioners and specific health behaviors, and few have been conducted in Appalachian communities. Religion plays a major role in Appalachian cultures, rendering the teachings of religious leaders influential in their congregations. Because people living in Appalachian communities tend to have poorer health overall, lower access to health care, and lower rates of health promoting behaviors (and high rates of risk behaviors), this population is one that is in need of culturally competent health programs. The purpose of this exploratory qualitative study is to investigate the teachings of religious leaders on health beliefs, health behaviors, and health decision-making. Interviews with religious leaders from ten different denominations in an Appalachian community were conducted, transcribed, and analyzed. An interview schedule of open-ended questions was employed to gather data on beliefs and teachings related to causes of illness/injury, personal responsibility for health, End-Times beliefs, and beliefs about treatment and recovery from an illness or injury. The responses of leaders with different religious affiliations were compared to discover similarities and differences in health-oriented beliefs and practices. Preliminary findings suggest that the majority of religious leaders were concerned about balance in physical, mental, and spiritual health. Though some religious organizations do prohibit certain health behaviors, others believe most health issues and behaviors are personal choices. Some leaders who discussed community-wide health problems identified prescription drug abuse as the most prevalent problem, while others felt that chronic diseases were more prevalent. Leaders expressed frustration in trying to work together (inter-denominationally) to combat the community's largest health problems. Most expressed a need or desire to offer programs to parishioners, while others discussed health issues openly in sermons. These findings, along with others in this study, can help health educators create more effective collaborations with religious organizations to create culturally competent programs to improve the health of parishioners in Appalachian communities.

CONCURRENT SESSION A4 ADVOCATING FOR SMOKE-FREE POLICIES

Room: Camelia/Dogwood, Mezzanine Level, Main Building

WHEN THE DATA SAYS YES BUT THE DECISION IS NO... LESSONS LEARNED WHILE ADVOCATING FOR A SMOKE FREE COLLEGE CAMPUS IN THE HEART OF TOBACCO COUNTRY

Sherer Royce, PhD, Coastal Carolina University; Chanler Hilley, BS(c), Coastal Carolina University; Andy Pope, DrPH, University of South Carolina

BACKGROUND: Cigarette smoking among college students is on the rise at a rate disproportionate of the general adult population. Initiation has transitioned from a behavior that generally occurs before age 18 into something that now begins in young adulthood. While smoke free policies on college campuses have proven effective against the initiation of use, and serve to reduce the behavior among smokers, many campuses remain reluctant to enact a smoke free policy despite evidence which shows that students largely support a smoke free campus. Coastal Carolina University (CCU) is a public comprehensive liberal arts university with a student

Conference Abstracts

body population of 9000 students. It is located in Horry County, South Carolina. Horry has an economic and cultural heritage which is deeply rooted in tobacco farming as it was once one of the leading tobacco growing counties in the United States. Neither Horry County nor CCU is a smoke free community. **OBJECTIVES and THEORETICAL BASIS:** As part of a Communities Putting Prevention to Work (CPPW) initiative, Horry County received \$2.3 million to develop policy, environmental and systems changes for tobacco prevention. CCU was a targeted community. A team of students and faculty utilized best practices and involved organizational stakeholders in campus wide awareness and advocacy efforts to change social norms and campus policy. **INTERVENTIONS:** Campus activities included conversations with key student, staff and faculty leaders about perceived concerns and benefits for a smoke free campus; social marketing and social media efforts directed at changing social norms; petition collections for consensus and advocacy; presentations to campus stakeholder and governing bodies; and faculty/staff and student surveys. **EVALUATION MEASURES:** Faculty/Staff survey; Student survey; Faculty Senate resolution; Student Government resolution; and a comprehensive smoke free campus policy. **RESULTS:** The community organizing efforts yielded student, faculty and staff consensus for a smoke free campus policy. Both the faculty/staff and student surveys had a majority favoring a smoke free campus and Faculty Senate passed a resolution supporting a smoke free campus. However, the Student Government Association was unable to make quorum at their meetings for voting. Therefore, three of four desired outcomes were most favorable for policy change. Yet, the campus smoking policy remains permissive and has yet to be amended. What went wrong? **DISCUSSION:** Discussion will highlight contextual and environmental barriers in a change process. Lessons learned include: identifying organizational capacity for change and perceived roles; messaging; and implications from faculty exposure during advocacy.

CLEARING THE AIR: SMOKE-FREE HOUSING POLICY IN PUBLIC HOUSING COMMUNITIES

Megan Folkert, MPH, CHES, Northern Kentucky Independent District Health Department

BACKGROUND: The Northern Kentucky Health Department (NKHD) and Housing Authority of Covington (HAC) developed a partnership to address health issues in public housing which evolved to include policy change related to secondhand smoke (SHS) exposure. The NKHD surveyed HAC residents on attitudes and behaviors related to SHS and tobacco use and conducted air nicotine testing. **THEORETICAL FRAMEWORK:** The 2006 Surgeon General's Report states that there is no risk-free level of exposure to SHS. Eliminating smoking indoors is the only way to fully protect individuals. Smoke-free policies are becoming standard practice across the country in market rate and public housing multi-unit complexes. The U.S. Department of Housing and Urban Development released a notice in 2009 encouraging public housing authorities to implement smoke-free policies. **HYPOTHESIS:** Residents in Housing Authority of Covington multi-site complexes are exposed to SHS regardless of smoking behavior inside their unit. **METHODS:** The objective was to monitor air nicotine levels and smoking behavior in three public housing communities in Covington. A 22-question survey was administered to 217 residents. Monitors were placed in 67 locations for one week to measure the level of air nicotine present. **RESULTS:** Of those surveyed, 55% were every day smokers and 12% were some day smokers. 89% believed SHS was harmful, however 62% stated that someone had smoked cigarettes, cigars or pipes inside their home in the past 30 days. 57% reported that they would support rules that did not allow smoking inside apartments and common areas in HAC buildings. Of the 67 monitors placed, 21 of them were in non-smoking locations, however detectable levels of air nicotine were found in 100% of the areas tested. The average air nicotine concentration was 4.103 µg/m³, the lowest was 0.009 µg/m³, and the highest was 23.92 µg/m³. **CONCLUSION:** Tobacco use rates among residents surveyed are

higher than local, state and national rates. Airborne nicotine is a direct indicator of SHS exposure therefore any level of air nicotine detected indicates tobacco smoking occurred either in the unit or in close enough proximity for SHS to have traveled there. The residents residing at the HAC are exposed to SHS regardless of if they allow smoking in the home. **IMPLICATIONS for PRACTICE:** The results provide evidence to support smoke-free public housing policies. Working with all stakeholders and developing cross-sector partnerships is essential to gain support for policy, ensure successful implementation, and make significant health impacts in the community.

RATING UNIVERSITY TOBACCO POLICIES: GAPS BETWEEN CURRENT AND IDEAL POLICIES

Angela Gallien, MA, University of Alabama at Birmingham; Gina Moses, MS, University of Alabama at Birmingham; Chris Thorne, MA, University of Alabama at Birmingham; Lei Huang, MS, University of Alabama at Birmingham

BACKGROUND: Policies mandating tobacco-free environments, as recommended by The American College Health Association, provide an avenue to influence tobacco attitudes, behaviors, and cessation. Tobacco-free campuses may reduce exposure to second-hand smoke and reduce tobacco use among faculty, staff, and students. Unfortunately, many existing tobacco policies inadequately address important prevention and cessation efforts. Researchers from the Center for Tobacco Policy Research (CTPR) at Washington University in St. Louis shared The Higher Education Tobacco Policy Manual and Rating Form (Rating Form) with students enrolled in a doctoral-level planning and administration course. The Rating Form enabled the student team to rate tobacco policies at four public universities in Alabama. **FRAMEWORK:** The Social Ecological Model (SEM) provided the theoretical basis for policy ratings. Tobacco policy review required a complex and comprehensive approach to understand the dynamic interplay among factors that influence behaviors. Team members used SEM at both the community level (campus policies) and the societal level (laws). **PURPOSE:** The purpose of this policy rating activity was to evaluate current tobacco policies of four Alabama universities regarding a) environment; b) enforcement; c) prevention and treatment; d) organization and communication; and e) promotion of tobacco products. The course instructor and information from the CTPR guided the activity. **METHODS:** The first activity was retrieving available university policies from the Alabama Department of Public Health's (ADPH) Tobacco Policy Tracking System. As recommended by CTPR, the doctoral students searched campus websites, student handbooks, faculty and staff manuals, residence life handbooks, and campus newspapers for all tobacco policy related information and current tobacco policies. Team members contacted campus stakeholders by phone and email to verify accuracy and completeness of the information collected. Using the Rating Form, the team individually rated each policy. Team members defended individual ratings and agreed to consensus scores for each section of the rating form and an overall score for the campus. Finally, consensus scores and recommendations were presented to peer doctoral students, the course instructor, and shared with the ADPH. **RESULTS:** Each of the four campuses had a tobacco-free or smoke-free policy communicated via their website. All policies designated buildings as smoke-free and mentioned provisions for enforcement. Three campuses lacked comprehensive tobacco education, prevention, and treatment services for students, faculty, and staff. In addition, three campuses did not specify prohibition of sale, distribution, advertising, and sponsorship of tobacco-related products during collegiate events. None of the campuses mandated a 100% tobacco-free environment. **CONCLUSION:** The Rating Form provided a systematic and comprehensive method for rating university tobacco policies. The doctoral student team concluded that large gaps existed between current policies and an ideal policy as recommended by the CTPR. Universities should assess current tobacco policies using the Rating Form in order to address these gaps. SEM can guide the implementation

of revised policies. PRACTICE IMPLICATIONS: College students are a group at-risk for exposure to second-hand smoke and for initiating tobacco use. An initial step of planning a tobacco prevention program is assessing the campus environment by using the Rating Form. Assessments identify the barriers and facilitators to tobacco sale and use. University policy makers should revise university tobacco policies to align with 100% tobacco-free guidelines recommended by the ACHA. Such revised policies may reduce tobacco-related risks within this vulnerable population.

CONCURRENT SESSION A5 REDUCING RISK BEHAVIORS AMONG YOUTH

Room: Palm Ballroom 2

UNDERSTANDING PREVALENCE AND ATTITUDES: DIETARY AND EXERCISE BEHAVIORS AMONG AFRICAN AMERICAN COLLEGIATE ATHLETES

Dwight Lewis, PhD, MBA, University of Alabama at Birmingham; Deidre Leaver-Dunn, PhD, ATC, University of Alabama at Birmingham; Stuart Usdan, PhD, CHES, University of Alabama at Birmingham; Jen Nickelson, PhD, CHES, University of Alabama at Birmingham; Brad Lian, PhD, University of Alabama at Birmingham; Toni Torres-McGehee, PhD, ATC, University of South Carolina

BACKGROUND: Eating disorders, a serious public health issue, affect an estimated 8-11 million Americans (Hudson, Hiripi, Pope & Kessler, 2007; National Institutes of Mental Health, 2010). Weak participation from minority populations in robustly-designed disordered eating and exercise dependence research has produced limitations to the generalizability of theory-based prevention, diagnosis, and treatment programs, among non-Caucasian populations. OBJECTIVE/THEORETICAL FRAMEWORK: The purpose of this study was to examine disordered eating and exercise dependence behaviors among student-athletes enrolled at historically black colleges and universities (HBCUs) through application of existing instruments and the direct constructs of Ajzen's (1991) Theory of Planned Behavior (TPB). HYPOTHESES: This study tested three overarching hypotheses which go as follows: 1) do participants' prevalence rates differ from other populations, 2) why do participants engage in disordered eating, 3) are subjects dissatisfied with their body image. METHODS: A battery of surveys were disseminated to 601 varsity level athletes enrolled at HBCUs, of which 71% (N = 427) were used in the analysis. Outcomes of interests were eating disorder (ED) risk, intentions to engage in disordered eating (DE), exercise dependence (ExD) risk, orthorexia nervosa (ON) risk, and body image dissatisfaction. These outcomes were operationalized through application of the Eating Attitudes Test (EAT-26), Exercise Dependence Scale (EDS-21), ORTO 15 questionnaire (ORTO 15), and Pulvers and colleagues' (2004) Figural Stimuli. Regression, chi-square, ANOVA/ANCOVA, and simple descriptive statistical analyses served as quantitative means of measurement. RESULTS: Among participants in this study, 10.8% were at risk for an ED, 10.3% were at risk for ExD, and 66.3% were at risk for ON. With respect to ED and ON risk, between group differences did not exist among most men's sports, while race and academic classification group differences were present among several women's sports. The TPB construct, attitude, exhibited the largest influence on future intentions to engage in DE among both male ($p = .005$) and female ($p = .001$) participants. Significant differences between ideal and perceived body stature existed among female subjects ($p < .001$). CONCLUSIONS: ED risk findings among subjects failed to challenge current literature as to populations at increased risk for an ED. Also, health education programming for EDs and ExD among HBCU student-athletes at risk should occur concurrently. ON risk findings among participants exceeded levels reported for European populations. Since ON is a novel phenomenon in the US, future research is warranted with respect to other American populations and the ON at-risk threshold for athletes.

THE NATURE AND EXTENT OF SCHOOL VIOLENCE AGAINST LGBT YOUTH: A REVIEW OF PREVALENCE, PREDICTORS, AND PREVENTIVE MEASURES

Martin Wood, PhD, Ball State University; Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University

BACKGROUND: There is ample evidence to show that violence in schools is a significant public health problem. Although there is ample evidence that LGBT youth suffer disproportionately from school violence, the efficacy of preventive measures which target this group is poorly understood. The purpose of this exploratory review was to assess the: 1. nature and extent of school violence against LGBT youth, 2. outcomes of school violence against LGBT youth, and 3. efficacy of preventive measures to alleviate school violence against LGBT youth. A mixed method systematic review of MEDLINE PubMed (1980-2012) was conducted to assess the extent and outcomes of school violence against LGBT youth. An initial group of 54 articles was identified using key words such as "school", "violence", "LGBT", "youth", "same sex" which were further filtered using predetermined criteria, to include 15 studies. Our review found that LGBT youth are more frequently victims of violence perpetrated in and outside of school property, both direct and indirect violence, physical and verbal, received at the hands of other students as well as adults. Victimization takes a toll on both the physical and academic well-being of all students, and it is apparent that LGBT students suffer disproportionately. Students with same-sex attraction are at higher risk than their heterosexual peers for a host of health outcomes, including depression, alcohol abuse, emotional distress, and suicide ideation. LGBT students who are victims of harassment have lower GPAs, and are less likely to pursue post-secondary education. Overall, the efficacy of most school based preventive measures remains questionable. However, there is some evidence that factors related to school environment can significantly reduce harassment experienced by LGBT students: gay-straight alliances, LGBT-inclusive curriculum, supportive school faculty and staff. School-based interventions have been introduced to address the needs of LGBT young people, and to reduce the prevalence of violence experienced by them. Largely independently, community-based organizations have also arisen to meet the needs of LGBT youth. Presenters will provide an overview of research to date on violence and harassment experienced by LGBT youth at school, including personal and environmental factors associated with such incidents. School and community interventions that address LGBT harassment issues will be discussed. Mutually beneficial linkages between school and community prevention efforts will be proposed.

EMPOWERING URBAN YOUTH TO TAKE THE LEAD IN SEXUAL HEALTH EDUCATION: A COLLABORATIVE, COMMUNITY-BASED APPROACH IN CLEVELAND, OHIO

Brynne Presser, BA, Infectious Diseases Alliance

A comprehensive community-based sexual education program, "Relationships and Reality", was designed in response to escalating STI prevalence data and community-identified high risk adolescent sexual behavior in the Cleveland neighborhood of Glenville. This program was sponsored and facilitated by the Infectious Diseases (ID) Alliance at Case Western Reserve University. The overarching goal of the program is to improve the sexual health of adolescents, ages 9-18 in the Glenville neighborhood. This program plans to improve adolescent sexual health by implementing a contextualized in-school program and training a cadre of teen Peer Educators (PEs). Relationships and Reality was created as a multi-phase program that initially began as a voluntary after-school program for Glenville High School teens in 2011. Sessions focused on STI education, healthy relationships, and addressed myths and misconceptions related to STIs and sexual health. This initial phase was used as a springboard for gauging interest, building community investment, tailoring relevant curricula and activities, and for the recruitment of young leaders to become PEs. Community Advisory Board members assisted in the

Conference Abstracts

development of the Relationships and Reality and PE programs, and in recruitment of PEs from across Cleveland. In the summer 2012, those selected to become PEs received intensive training designed to increase sexual health awareness, knowledgebase, and awareness of sexual health resources in the community. PEs also participated in shadowing sexual health practitioners in their community. Surveys and interviews conducted before and after the training period suggest PEs retained information about STIs and STI prevention and gained confidence in their ability to share this information with their peers. Peer Educators are now being mobilized to create their own targeted public health campaigns, including a social media campaign for middle school students, and the creation of a "Teen Clinic" at J. Glen Smith Health Center in Glenville. The success of Relationships and Reality and the PE program also enabled the operationalization of an in-school comprehensive sexual education program at Glenville High. This began with the 2012-2013 school year, and PE involvement in the in-school program is ongoing.

5:00 PM—5:45 PM

* PLENARY II

Room: Palm Ballroom 2

DISCOVERING TRAIL MAGIC: TRANSFORMING THE HEALTH OF OUR KIDS AND COMMUNITIES

Presenter: Carolyn Ward, PhD, Blue Ridge Parkway Foundation

The health of our children is connected to the health of our parks. Imagine our public lands linked to each other through one common program designed to get our kids unplugged, outside and actively engaged in their world. The Kids in Parks program started as a vision, and through the imagination and commitment of diverse stakeholders, has transformed into a national movement that is linking the health of our parks and public lands to the health of our children. This presentation will review this non-traditional partnership, discuss the theory behind the program's development and examine how the health profession can join the growing network of partners.

THURSDAY, APRIL 18, 2013

8:45 AM—9:30 AM

*** PLENARY III: 2013 ELIZABETH FRIES HEALTH EDUCATION AWARD PRESENTATION & LECTURE**

Room: Palm Ballroom 2

VISIONING THE FUTURE: COMMUNITY PREVENTION OF HIV

Presenter: Thomas J. Coates, PhD, University of California at Los Angeles

The HIV epidemic is one of the worst to hit the world in modern times. Prevention of HIV has proven elusive. That has changed recently with the development of novel strategies to prevent transmission, but all of the studies demonstrating efficacy of various strategies have been proof-of-concept studies. That is, efficacy has been demonstrated in the rarefied clinical trial environment, but not in entire communities. This presentation will focus on NIMH Project Accept (HPTN 043) as an attempt to extend HIV prevention research in ways that the interventions would benefit the entire community, and not just those participating in clinical trials. The talk will present NIMH Project Accept and discuss the ways in which such trials need to be carried out in the future to advance HIV prevention.

10:15 AM—11:45 AM CONCURRENT SESSIONS B

* CONCURRENT SESSION B1

PROMOTING HEALTHY SCHOOL ENVIRONMENTS AND CONNECTEDNESS

Room: Palm Ballroom 2

IMPROVING STRUGGLING MIDDLE SCHOOL GIRLS' LEVELS OF SCHOOL CONNECTEDNESS, ACADEMIC SELF-EFFICACY, AND IDENTITY: A MIXED METHODS QUASI-EXPERIMENTAL STUDY OF THE REAL GIRLS PROGRAM

Michael J. Mann, PhD, West Virginia University; Alfgeir L. Kristjansson, PhD, West Virginia University; Megan L. Smith, PhD(c), West Virginia University

BACKGROUND: Most middle school girls are doing well. Girls typically achieve academically, make positive behavior decisions, and demonstrate leadership within their school communities. Some middle school girls, however, struggle more than others. Too frequently, the girls who struggle the most are dealing with challenging or traumatic life experiences that affect their ability to be successful in school. For these girls, problem behaviors and academic failures often reflect their best attempts to cope with emotional pain. In the absence of intervention, these struggling girls are more likely to develop patterns of chronically underperforming in school, dropping out, and becoming involved in delinquency. Additionally, they are more vulnerable to experiencing lifelong disproportionate rates of victimization and abuse, high risk sexual behavior associated with unintended pregnancy and sexually transmitted infections, alcohol and substance abuse, and emotional health problems including depression and anxiety. Resiliency theory describes the personal qualities and social supports that help some vulnerable young people have better outcomes than might normally be expected. This body of work acknowledges the inherent strength of young people and describes the conditions that contribute to their achieving the best possible outcomes. The REAL Girls program began as an effort to help struggling middle school girls develop resilience and achieve increasingly successful outcomes in school and life. This mixed methods quasi-experimental study examines the influence of the REAL Girls School-Based Three Day Intervention Program. **METHODS:** This follow-up study utilized a mixed methods QUAN + qual design. The quantitative portion used a quasi-experimental design that measured differences in participant levels of school connectedness, academic self-efficacy, and identity before and after exposure to the treatment. Qualitative methods were used in a supportive role. Focus groups gave participants the opportunity to further elaborate on their perceptions of the intervention and the outcomes associated with the program participation. Seventy-two young women in grades seven and eight participated in this study. **RESULTS and CONCLUSIONS:** Quantitative results suggest significant increases in participant levels of school connectedness, academic self-efficacy, and identity. Effect sizes for school connectedness and identity indicate the intervention made a substantial impact on these variables. Effect sizes for self-efficacy indicate a moderately strong impact. Qualitative results support the quantitative findings. This follow-up study's findings support the original pilot study findings. Both studies suggest the REAL Girls program successfully promotes the healthy development of young women and contributes positively to their school and life success.

Conference Abstracts

ASSESSING TEACHER PREPAREDNESS TO IDENTIFY, PREVENT, AND RESPOND TO BULLYING IN THE MIDDLE SCHOOL SETTING

Dena Simmons, MEd, CHES, Teachers College, Columbia University

Bullying is a critical public health and education problem adversely impacting the health, development, and learning of our nation's youth. Yet, bullying prevention has not been an integral part of education reform efforts or professional preparation. Anecdotal evidence and available research suggests most teachers are not well-prepared to prevent or reduce these insidious harmful behaviors. To date, there is a paucity of research on teacher preparedness as it relates to bullying. Using the educational diagnosis aspect of the PRECEDE theoretical model, this study aims to measure middle school teachers' preparedness to prevent, identify, and respond effectively to bullying. This study entails a quantitative design, using cross-sectional data collected from a pilot-tested and validated survey. The survey items epitomize predisposing, enabling, and reinforcing factors drawn from the PRECEDE theoretical model. The results of this study are pending, as data collection is currently in process. Implications include: 1) federal, state, and local policy changes to address bullying, 2) the implementation of bullying prevention to pre- and in-service teacher preparation, and 3) safer schools.

STAKEHOLDERS' PERCEPTION OF FACTORS IMPEDING THE TRANSFORMATION OF SCHOOLS TO A HEALTHY SCHOOL ENVIRONMENT

Andrea McDonald, MS, Texas A&M University; Wura Jacobs, BSc, MSc, Texas A&M University; Ann Amuta, MPH, CPH, Texas A&M University; Timethia Bonner, DPM, Texas A&M University; Lisako McKyer, PhD, MPH, Texas A&M University; Sharon McWhinney, PhD, Prairie View A&M University

BACKGROUND: Rising childhood obesity (CHO) rates in the US are linked to increased prevalence of weight-related chronic diseases (e.g., diabetes) among children. Increased CHO rates are linked to modifiable factors (e.g., eating and activity). Prior research has established that children obtain support and encouragement for healthy eating habits when immersed in a healthy school environment. Yet in spite of state and local policies in place aimed to improve school health environments, it is not reflected in school children's health outcomes. **RESEARCH QUESTION:** What are the barriers and facilitators to the implementation of policies designed to improve school health environments? **PURPOSE:** To examine factors impeding the transformation of a healthy school environment from the perspective of school personnel (i.e. stakeholders). **METHODS:** This study was conducted in a rural county in Southeast Texas. Fourth grade teachers, nurses, principals, and foodservice directors from three rural Independent School Districts were recruited to participate in a structured interview. School personnel were recruited via email and staff meeting announcements. Semi-structured interviews were utilized for data collection, and constituted open-ended questions which queried the factors impeding the transformation of a healthy school environment. Each stakeholder was interviewed separately at different times and on different days, and each interview participants receive a \$50 gift card incentive. The interview sessions were audio-recorded and transcribed. Atlas Ti software was used for data analysis to identify recurrent quotes, with two or more recurrent quotes considered a theme. The final sample included forty school stakeholders, including 15% males, and racially-diverse sample (9 African Americans, 5 Hispanic, and 26 Whites). **RESULTS:** The following factors were identified as impeding transformation to a healthy school environment: 1) Absence of structured health education classes for elementary schools, 2) Lack of teacher and parental modeling of healthy eating behaviors, and 3) Inadequate genuinely healthy, nutritious, and balanced school lunches. **CONCLUSION and FUTURE DIRECTION:** While our sample size was modest, the school-stakeholders provided a front-row perspective of factors hampering effective changes in schools specific to children's health. Stakeholders identified themselves as part of the problem. For example, unhealthy eating by teachers provides a poor model for children to emulate. Further study is required to identify strategies to overcome these barriers.

*** CONCURRENT SESSION B2 TRAINING THE PUBLIC HEALTH WORKFORCE**

Room: Palm Ballroom 4

EDUCATING AND TRANSFORMING THE FUTURE PUBLIC HEALTH WORKFORCE: LESSONS LEARNED FROM DEVELOPING & IMPLEMENTING AN INNOVATIVE, INTERDISCIPLINARY MPH GRADUATE COURSE FOR PUBLIC HEALTH PRACTICE

Leah Neubauer, MA, EdD(c), DePaul University; Kristin Jacobson, MPH, PhD(c), DePaul University

The Affordable Care Act allocated \$250 million in 2010 for disease prevention via four critical priorities, including Public Health Training and Research & Tracking. Public health educators in academia have an opportunity to reexamine and reconstruct educative preparations for public health workers to adequately identify and address the environmental, social, and behavioral issues that impact health across the life span. Public health professionals are obligated to consider the larger political, social, and economic implications forces surrounding their work to affect the largest possible positive outcomes in communities' health. This presentation will highlight the establishment of a graduate MPH course "Preparation for Public Health Practice" in a degree curriculum focused on community health practice. This course promotes individual student development of a public health "philosophy of practice" grounded within the larger construct of cultural humility, where one develops and practices a constant process of self-awareness and reflection. The core of students' coursework involves increasing self-knowledge through reflection inside and outside the classroom, critical engagement through reflection and action, and the integration of new and innovative approaches/techniques into students' existing public health knowledge and skills. The students' public health practice philosophy evolves during practice, throughout the MPH fieldwork placements and integrated capstone development. The presenter will highlight key course curriculum components, including: a) assembled literature from progressive and radical adult education, health promotion, and education philosophy, b) class lesson plans, c) critical reflection/action-oriented activities, d) lessons learned from two annual course offerings (2010-2011, 2011-2012), and e) recommendations for further course development.

LOOKING INTO THE CRYSTAL BALL: WHAT YOU NEED TO KNOW ABOUT INDIVIDUAL CERTIFICATION AND PROGRAM ACCREDITATION

Randall R. Cottrell, DEd, MCHES, University of Cincinnati; Alyson Taub, EdD, MCHES, New York University; Laura Rasar King, MPH, MCHES, Council on Education for Public Health; Linda Lysoby, MS, MCHES, CAE, National Commission for Health Education Credentialing, Inc.

A variety of initiatives are currently underway in individual certification and program accreditation in health education and health promotion. These initiatives are of importance to practicing health educators, faculty preparing health educators, and employers. The objectives of this presentation are to enable attendees to: 1) identify at least 3 current initiatives in certification and accreditation that will shape the future of the health education profession; 2) describe continued efforts to validate and verify the competencies of health education specialists; and, 3) explain new directions in accreditation of school health education academic programs and baccalaureate degrees in public/community health education. The National Implementation Task Force for Accreditation in Health Education, sponsored by Society for Public Health Education and the American Association for Health Education, has worked to meet its charge of helping to shape the processes and to continue to prepare the health education field for accreditation as a quality assurance mechanism for the profession. The current status of CEPH accreditation for free standing undergraduate health education professional preparation programs will be presented including the new "Critical Component Elements" (CCE's) proposed by the Association for Schools of Public Health (ASPH). Additionally, new directions in the accreditation of academic program in school health education, which will become operational

in 2013, will be discussed. Individual certification of Health Education Specialists (CHES and MCHES) also plays an important role in shaping the future of the health education profession. This presentation will focus on identifying examples of increased recognition of CHES/MCHES, describe standards that strengthen the perceived value of national certifications, and describe continued efforts to validate and verify the competencies of health education specialists.

PREPARING THE HEALTH EDUCATION WORKFORCE OF TOMORROW: BACKWARD COURSE DESIGN

Rebecca Foco, PhD, University of Massachusetts Lowell

BACKGROUND: Preparing the highly skilled health education workforce of the future will require innovative educational approaches. Backward design (Davis, 1993; Wiggins & McTighe, 2005) is a method of course design pioneered in K-12 education that is applicable to higher education (Kelting-Gibson, 2005). Approaches to course design may be based on covering content or meeting learning objectives. Backward course design suggests the latter. It provides a process through which health education faculty can develop courses that are based on specific learning objectives rather than “covering content”. Backward design provides a decision-making framework that helps remove clutter and focus learning activities and assessment. The presentation will discuss using the Areas of Responsibility and entry-level competencies of health education specialists to develop health education objectives and learning experiences. **THEORETICAL BASES:** Backward course design and traditional curriculum design employs similar steps but execute those steps differently. Traditional models incorporated the following steps in curriculum construction: (1) define the goals, purposes, or objectives, (2) define experiences or activities related to the goals, (3) organize the experiences and activities, and (4) evaluate the goals (Taba, 1962). Backward design (Wiggins & McTighe, 2005) describes a process of curriculum design in which the developer of the curriculum begins with the end in mind—the desired results of the course. The process involves (1) developing course goals and associated objectives, (2) determining acceptable evidence that the goals and objectives have been met, and (3) planning learning experiences and instructions. **PRESENTATION CONTENT:** A community health education course will serve as an example of a course designed using backwards design. Each step in the backward design process will be explained and contrasted with the steps used in a traditional approach. The course structure, learning activities, and assessment methods will be compared and contrasted providing an example of the potential differing results derived from using the two approaches to course design. Attendees will be provided with hands-on tools for backward course design as well as additional resources on backward course design. **WORKS CITED:** Davis, B.G. (1993) *Tools for Teaching*. San Francisco: Jossey-Bass. Kelting-Gibson, L.M. (2005). Comparison of curriculum development practices, *Education Research Quarterly* 29(1), 26-36. Taba, H, (1962). *Curriculum development theory and practice*. New York and Burlingame: Harcourt, Brace & World, Inc. Wiggins, G.P. & McTighe, J. (2005). *Understanding by Design*, 2nd Edition. Alexandria, VA: Association for Supervision and Curriculum Development.

CONCURRENT SESSION B3 EXPLORING MENTAL HEALTH & SUBSTANCE ABUSE

Room: Palm Ballroom 5

ASSESSMENT OF THE COLLABORATIVE RELATIONSHIP BETWEEN CDC'S TOBACCO AND CANCER CONTROL PROGRAMS: STRATEGIES FOR MAXIMIZING PROGRAMMATIC EFFORTS TO IMPROVE PUBLIC HEALTH

Behnoosh Momin, MS, MPH, Centers for Disease Control and Prevention; Antonio Neri, MD, MPH, Centers for Disease Control and Prevention; Sonya Green, MPH, Research Triangle International; Nikie Sarris, MPH, Research Triangle International; Lei Zhang, PhD, Centers for Disease Control and Prevention; Jennifer Kahende, PhD, Centers for Disease Control and Prevention; Sherri Stewart, PhD, Centers for Disease Control and Prevention

BACKGROUND: Tobacco use is the leading preventable cause of cancer in the United States. CDC provides funding for tobacco control through two national programs: the National Comprehensive Cancer Control Program (NCCCP) and the National Tobacco Control program (NTCP). Each program supports the use of evidence-based interventions to increase tobacco cessation. The collaborative relationship between these two programs, which have similar objectives, is not defined. The objective of this study is to assess the organizational context, infrastructure, and partnership efforts of these programs in six states, in order to provide recommendations for effective relationships between practitioners, strengthening the foundations of public health practice. **THEORETICAL FRAMEWORK:** An NCCCP-NTCP Collaboration Logic Model, informed by the Community Coalition Action Theory, was used in this study. **HYPOTHESIS:** Based on evidence from previous studies, we hypothesized that effective collaborative efforts between programs would facilitate the accomplishment of programmatic goals. We also hypothesized program size, structure, and the extent of interactions play pivotal roles in the likelihood of success. **METHODS:** A case-study approach and semi-structured key stakeholder interviews were employed. Data on key components that hinder and facilitate collaboration, cross-network utilization, and lessons learned were collected in Alabama, Arkansas, Delaware, Florida, Nebraska, and Vermont. Interviews were independently conducted with project managers, program directors, media coordinators, and cancer/tobacco coalition members. Organizational charts, site progress reports, project officer site visit reports, and work plans were also collected. **RESULTS:** Preliminary results indicate that participants favor an overall chronic disease collaborative model, as opposed to a specific NCCCP-NTCP partnership model, creating more effective outcomes. Leadership support of partnership efforts was a necessary and critical facilitator of collaboration. Office co-location (same floor or suite) also facilitated informal and formal collaborations. Common barriers to collaboration were staff turnover, lack of appropriate funding, and differences in program focus (e.g., prevention vs. treatment). Final analysis and results are expected in January 2013. **CONCLUSIONS and IMPLICATIONS for PRACTICE:** This project provides definitive information for enhancing collaborative efforts across programs. This information can be used by public health practitioners, community coalitions and program leaders to achieve goals in a time of diminishing resources.



"IT'S ONLY A BROCHURE:" WOULD ADOLESCENTS UNDERSTAND HEALTH EDUCATION MATERIALS FOR DRUG USE PREVENTION?

Edith López-Toro, MPH, University of Puerto Rico; Ivelisse García-Meléndez, EdD, University of Puerto Rico; Victor Emanuel Reyes-Ortiz, MS, PhD(c), CLE, University of Puerto Rico; José Félix Colón-Burgos, MS, DrPh(c), University of Puerto Rico

Health literacy is defined as how people obtain, process, understand and communicate health information related to their health and make informed decisions to improve their health. This multifactorial concept is often sub-estimated undermining the objectives and goals of health interventions. With the aim of understanding the comprehensibility of printed educational materials on illicit substance abuse, the authors evaluated specifically the material directed to adolescents. A mixed method study was realized and the printed educational materials were collected from a Puerto Rico government agency working with illicit substance abuse problems among adolescents (n= 15). The materials were evaluated by three health educators using the Suitability Assessment of Materials (SAM), the SMOG Readability Formula and an instrument to determine the level of health literacy. Descriptive statistics, Chi square and ANOVA were used to determine any significant associations. Results showed that the average reading level of materials approximated college degree. Range of reading levels fluctuated between junior school through graduate school (8 -19 years academic level). In addition, SAM results showed that cultural appropriateness, readability, type of graphics/ illustrations, image relevance, layout, content and motivation scored poorly (not suitable). Last, comprehensibility index valued 10 (min 0—max 20), reflecting the materials were kept to half the compressibility index range, away from the maximum value of the index. Other bivariate data shows high associations among findings between different members of the team of evaluators. In conclusion, based in the results of this investigation materials produced by the state level agency with the purpose of avoiding adolescents to start in drugs will hardly accomplish its purpose. The materials produced to increase health literacy levels among adolescents need to be revised in order to be effective among the population target. Recommendations for materials improvement include the integration of health educators among the interdisciplinary teams working with the images. Also, printed materials need to simplify the vocabulary if improve of the comprehensibility among the population is desired. Last, the content of the materials should caught the attention of the adolescents and motivate them to take actions upon information.

MODELING THEORETICAL PREDICTORS OF COLLEGE STUDENT MENTAL HEALTH

Adam Knowlden, CHES, MBA, MS, University of Cincinnati; Manoj Sharma, MBBS, PhD, MCHES, University of Cincinnati; Amar Kanekar, PhD, MPH, MBBS, CHES, CPH, University of Arkansas; Ashutosh Atri, MD, MS, Richard Young Hospital

BACKGROUND: Stress is a universal constant in contemporary society. From a mental health perspective, chronic stress can lead to depression, anxiety, and an overall lower quality of life. Sense of coherence and hardiness have been purported to mitigate the negative impact of distress and thereby improve an individual's overall mental health. Given the scarcity of research on the correlates of mental health in college students, the purpose of this study was to specify a sense of coherence and hardiness-based model to predict the mental health of college students. **THEORETICAL FRAMEWORK:** The instruments administered to build the model included the Kessler Psychological Distress Scale K-6 (K6), the Antonovsky's Sense of Coherence-29 (SOC-29), and the College Student Hardiness Measure (CSHM). **HYPOTHESIS:** The hypothesis of this study was that SOC-29 and CSHM considered together would significantly predict the mental health of college students as measured by the K6. **METHODS:** Data were collected from a sample of college students (n = 220) attending a Midwestern University. Predictive validity of the instrument was evaluated through multiple linear regression analysis. The assumptions

underlying linear regression were tested with diagnostic procedures prior to model development. **RESULTS:** Each of the theoretical predictors regressed on mental health was deemed significant. Collectively, the significant predictors yielded an R² adjusted value of 0.434 (p<0.001), suggesting the final specified model explained 43.4% of the variance in mental health in the sample of participants. **CONCLUSIONS:** The specified model identified the sense of coherence constructs of comprehensibility, manageability, and meaningfulness as measured by the SOC-29, as well as the construct of hardiness as assessed by the CSHM, as significant predictors of the mental health of college students. Mental health is assuming greater importance in the lives of college students. Qualitative cut-points were developed for each scale to aid in measurement of health promotion and education interventions designed to improve the mental health of college students.

*** CONCURRENT SESSION B4 EXPLORING PERCEPTIONS OF HEALTH CARE REFORM**

Room: Palm Ballroom 1

PERCEPTIONS FROM LEADING HEALTH EDUCATORS OF HOW THE AFFORDABLE CARE ACT HAS, AND WILL, STIR THE HEALTH EDUCATION POT

Christine Gastmyer, CHES, Texas A&M University; Buzz Pruitt, EdD, Texas A&M University

BACKGROUND: How has the Affordable Care Act stirred the health education pot? What will be this law's impact on the health education profession in the future? How will these mandates impact the way health educators respond to our clients? Could this law ignite a reform of our health education preparatory programs? This study's goal was to provide preliminary insights into the impact of the Affordable Care Act and changes that may occur within the health education profession as a result of this major health care reform legislation. **METHODS:** Seven highly knowledgeable, experienced, and well-respected leaders of the health education profession participated in an exploratory study in the fall of 2011 investigating the Affordable Care Act's impact on the health education profession. At the time of the semi-structured exploratory interviews, five participants were serving in leadership positions for health education professional organizations: Society for Public Health Education (SOPHE), American Association for Health Education (AAHE), American School Health Association (ASHA), Eta Sigma Gamma (ESG), and National Commission for Health Education Credentialing, Inc. (NCHEC). One participant recently declared himself retired although still played an active and influential role in the profession. And one participant, a past president for the American Academy of Health Behavior (AAHB), was recognized by other health educators as a leader in the profession. Concluding each interview, a thematic analysis was conducted on the participants' responses. **RESULTS:** Among the themes that emerged from the interviews were (1) perceived impact on the profession now, and (2) perceived condition of health education in 2020. The participants identified many issues in the health care system in need for reform. When President Obama signed the Affordable Care Act into law, these leaders of health education initially felt excitement. After investigating the contents of the law, participants began to see that this legislation was not the end-all, be-all to fixing "the nation's fragmented sick-care system." Those interviewed suggested that the profession's reactions to the Affordable Care Act were seen in stages: stage 1, pleased, stage 2, wait-and-see, and stage 3, fear. If the legislation is implemented as planned, the future of health education, according to this panel of experts, looks very promising. Participants envisioned more funding opportunities, an increase in health educators operating in health care and worksite health promotion settings, improved health education preparatory programs, a shift towards total health care teams, and third party reimbursement of health educators. Participants also noted, however, that this promising future will

Conference Abstracts

not come without challenges, such as the challenge to remove the “slush fund” label attached to the Prevention and Public Health Fund, to clarify the ambiguous language of the legislation, to train health educators for an unclear tomorrow, and to prepare health educators to compete with non-health educators. **CONCLUSION:** As a result of the Affordable Care Act, health educators have potential as never before to engage with the nation’s health system. But, according to the participants in this study, such engagement will require action by health educators to protect the “good parts” of this legislation, to strengthen the role of health education in future legislation, and to verify the place of health educators in the decision-making process created by this law. The work of health education professionals is needed, according to this study, to complete the task of reforming health care in the U.S. **IMPLICATIONS for PRACTICE:** The Affordable Care Act is not without controversy, and due to political action it will no doubt be changed from its present form. In fact, its constitutionality was challenged and upheld by the United States Supreme Court. In that process, weaknesses in the law and opportunities to strengthen it appeared. The Affordable Care Act has impacted, and will continue to impact, the health care professions including the profession of health education. Therefore, exploring the perceptions of leading health educators regarding the impact of this newly passed health care law on the health education profession is timely and critical.

UNDERSTANDING STATE-LEVEL ATTITUDES TOWARD HEALTHCARE REFORM

Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University; Maoyong Fan, PhD, Ball State University; Carolyn Shue, PhD, Ball State University; Kerry Anne McGeary, PhD, Ball State University

BACKGROUND: Most attitude research on the Affordable Care Act (ACA) solicits opinions using a national sample. Yet, implementation of the ACA will occur at the state level. To this end, it is important to examine public opinion by state to identify attitudes that can promote or inhibit adoption of ACA principles. **THEORETICAL FRAMEWORK:** If the ACA has to be implemented successfully and has to succeed in its purpose, the support of the state machinery is a must. Understanding ACA attitudes at the state level have practical implications for resource allocation, legislation, and adoption or lack thereof by a citizenry. **HYPOTHESIS:** This was an exploratory study of ACA state-level attitudes to answer the following research questions: How do residents view healthcare reform? Are the state-level attitudes different from national views regarding healthcare reform? Do factors, such as sex, race, age, political affiliation, insurance coverage, and healthcare usage predict support for, or against, elements of healthcare reform? **METHODS:** A valid and reliable questionnaire was used to conduct a random sample, telephone survey of adults about their perceptions regarding the ACA. The survey was conducted both in 2010 (n=601 respondents) and 2011 (n=607 respondents). In 2011, the questionnaire was expanded to include items on health services usage, political affiliation, and more detailed demographic information. **RESULTS:** Majority of the respondents in the two-year study were female (>55%), White (>80%), non-Hispanic (>90%), and insured (>80%). In 2011, the distribution of political affiliation was 43% republican, 39% democrat and 18% independent. In 2010 and 2011, Indiana residents held unfavorable views regarding the ACA (48% and 51% respectively). However, in both years, the respondents supported specific aspects of the bill such as making coverage affordable (97% and 96%), ensuring coverage for everyone (82% and 84%), and mandating that pre-existing conditions be accepted by insurance companies (94% and 93%). In the adjusted analysis, after controlling for confounders, political affiliation, age, and sex remained significant predictors of attitudes. Regarding health services usage, insured residents were more likely to visit a primary care physician (OR= 5.10, p<0.01), engage in outpatient hospital services (OR= 2.22, p=0.01), and stay overnight in hospital (OR= 2.55, p=0.03).

Insurance status did not predict ER use. **CONCLUSIONS and IMPLICATIONS for PRACTICE:** In Indiana, as is the case nationwide, there is a disconnect between negative attitudes about the bill and positive attitudes about healthcare reform elements. Resolving that disconnect is critical for implementation of healthcare policy reform.

CONCURRENT SESSION B5 SKILL-BUILDING WORKSHOP: DESIGNING HEALTH INFORMATION

Room: Camelia/Dogwood, Mezzanine Level, Main Building

DESIGNING HEALTH INFORMATION: WHAT EVERY HEALTH EDUCATOR NEEDS TO KNOW

Stacy Robison, MPH, MCHES, CommunicateHealth, Inc.; Xanthi Scrimgeour, MHEd, MCHES, CommunicateHealth, Inc.

We rely heavily on the written word for health communication—in printed health education materials and on the Web. And while we may agonize over the content of our messages, how we display those messages has immense influence over our audiences. Whether you design your own print and web documents or work with a graphic design department, this workshop is for you! Don’t let small font, drab text, or bad clip art compromise your health education products. Over the course of the workshop, we will look at the many ways visual design affects perception, comprehension, human motivation, and decision-making. We will explore the following questions: How can health educators use visual design to support our health messages? How do visual cues work, and how can we use them to our advantage? How can we use typography to improve readability of health information? How can visual design improve the health literacy of our priority populations? During this interactive workshop, participants will review key health communication and document design principles and the research behind them. We will discuss specific strategies for designing effective health information including: Font selection and style White space and page layout Image selection and style Graphical display of data We will explore how design and layout of health education materials can enhance or detract from your message. Participants will apply what they have learned to critique and improve existing health information products.

1:30 PM—3:00 PM CONCURRENT SESSIONS C CONCURRENT SESSION C1 ADVOCATING FOR SCHOOL HEALTH

Room: Palm Ballroom 2

IDENTIFYING INFLUENTIAL SCHOOL HEALTH ADVOCACY MESSAGES, METHODS, AND MESSENGERS: AN ASSESSMENT OF LOCAL SCHOOL BOARD MEMBERS WITHIN THREE SOUTHEASTERN STATES

Beth Chaney, PhD, MCHES, University of Florida; David Birch, PhD, MCHES, University of Alabama; Michele Wallen, PhD, East Carolina University; Qshequilla Mitchell, MA, University of Alabama; Hannah Priest, MS, University of Alabama

BACKGROUND: Health educators have been encouraged to advocate for comprehensive school health and to develop “health champions” in local school districts. The importance of advocacy for school health education has been verified by many individuals and organizations. Well-planned encounters with influential decision-makers within local school districts maximize the opportunities to promote high quality, school health education. However, limited research exists to provide school health education advocates with the right message(s), best delivery

Conference Abstracts

mechanisms, and theoretical framework(s) for research and practice. Therefore, the purpose of this exploratory school health education study is threefold: 1) to identify the key advocacy messages in support of school health education that best resonate with school board members, 2) to identify the best delivery method for providing advocacy messages, and 3) to identify the best individual and/or group(s) to deliver the messages. **METHODS:** Researchers from three southeastern states used a systematic process to identify a panel of experts, including national school health education scholars, and a teacher, administrator and influential school board member from each state (n=12). Urban, suburban and rural school districts were represented in the panel sample. The panel members participated in a modified Delphi technique to determine response options for each of the three research questions, 1) what are the key school health education messages? 2) what is the best delivery mechanism?, and 3) who is best to deliver the messages? Moreover, the panel provided guidance for recruiting local school board members as participants in each of the three states. Consensus was determined using a modified Delphi technique. A print and online survey containing the three overarching questions and responses were developed using a systematic, test development process, including cognitive interviews of a sample of school board members in each state (n=9). Following the finalization of the instrument, the survey was administered, via online using Qualtrics survey software, or mailed to approximately 1,345 school board members, serving in one of the three southeastern states. **RESULTS:** The results of the exploratory study, including key school health education advocacy messages, preferred delivery mechanism, and the most influential messenger(s) will be presented during this presentation. **CONCLUSION and IMPLICATIONS:** Health educators acknowledge that advocacy promoting quality school health education is a critical professional responsibility. These findings will provide important information related to how school health education advocates can get the right message(s) to those making decision that impact school health education in local school districts.

SCHOOL-BASED WELLNESS AND ADVOCACY PROJECT: EFFECTS ON DIET, PHYSICAL ACTIVITY AND PARENTAL HEALTH BELIEFS

Wenhua Lu, MS, MA, Texas A&M University; Leina Zhu, MEd, Texas A&M University; Sharon McWhinney, PhD, RD, LD, Prairie View A&M University; Corliss Outley, PhD, Texas A&M University; Christine A. Tisone, PhD, MPH, Texas A&M University; Ann Amuta, MPH, CPH, Texas A&M University

BACKGROUND: The intersection of rurality and race/ethnicity on health inequities is multiplicative. Yet school health interventions are largely designed for rural or minority populations; not both. A need exists to assess and understand the impact of child health interventions for minorities in rural contexts. The School-Based Wellness and Advocacy Project (SWAAP) is a culturally sensitive tailored intervention to address childhood obesity (CHO) in low-income rural and minority populations. It was developed based on contextual data gathered from community stakeholders (e.g., students, parents, PE teachers, school nurses). **THEORETICAL BASIS:** Social cognitive theory-driven educational and psychosocial strategies were utilized and framed within the socio-ecological model. The CDC program evaluation framework guided evaluative activities. **OBJECTIVES:** To assess SWAAP effects on children's (1) dietary habits, (2) physical activity (PA), and (3) parents' health beliefs. **INTERVENTIONS:** A multi-level (intra-, inter- and organizational) tailored intervention was implemented in 7 predominantly Hispanic schools (control=2, intervention =5) in rural mid-south Texas. Strategies included: 1) in-class interactive educational interventions with children (target child knowledge), 2) educating parents via newsletters and health promotion materials delivered by students to their homes (target parental knowledge), 3) Parent-child in-home joint activities (target interpersonal-level), and 4) interactive activities during "Parent Nights"

at school designed to reinforced parental self-efficacy related to making positive changes in their child's eating and PA levels. **EVALUATION MEASURES:** Detailed questionnaires were administered pre- (N=298) and post-intervention (N=134) among parents of 4th graders. Subscales assessed socio-demographics, food and beverage consumption, PA and parental health beliefs. Evaluation measures include pre-post changes in children's diet and PA levels, and parental health beliefs. Data were analyzed using two-sample t-test and chi-square significance test. **RESULTS:** Among parents who took both pre- and post-tests (N=134), 44.8% were Hispanic, and most were economically disadvantaged (64.1%). Moderate improvements in children's diet were observed in the intervention group (e.g., 3% increase in the number of students drinking cow milk, 1.5% increase in the number of students consuming skim milk). For intervention group children, more PA in a 7-day period were reported at post intervention (p=0.043), while no significant pre-post difference was found for the control group (p=0.507). Compared with control group parents, intervention group parents were more likely to believe 1) their child's school should encourage healthy eating and PA (p=0.010), and 2) implementing a school wellness policy will improve their child's health (p=0.017). The SWAAP is effective in improving child's diet and PA, and parental health beliefs.

ADVOCATING FOR QUALITY SCHOOL HEALTH EDUCATION: THE ROLE OF PUBLIC HEALTH EDUCATORS AS PROFESSIONAL AND COMMUNITY MEMBERS

David Birch, BS, MS, PhD, MCHES, University of Alabama; Qshequilla Mitchell, MA, MPH, University of Alabama; Hannah Priest, BS, MAEd, University of Alabama

Quality school health education engages students in age-appropriate learning experiences taught by professionally-prepared teachers. These health experiences are clearly articulated within a sequential K-12 curriculum based on the National Standards for School Health Education. However previous studies and anecdotal observations indicate that many schools face challenges in providing students with quality health education programs that promote knowledge acquisition, skill development, and critical thinking. Important movement has occurred recently within the health education profession toward professional unification. A prime example of this movement is the impending merger of SOPHE and AAHE. This merger presents great promise for better understanding and collaboration between public health educators and school health educators. Public health educators have an essential role in advocacy for school health education. This role can take place in both the personal and professional lives of these individuals. It is not unusual for public health educators to plan, implement and evaluate programs that address the needs of school-age children. These health education efforts present opportunities for advocacy for quality school health education. In addition, all public health educators are members of communities that have public schools that provide health education for school age children and youth. This session is intended to provide participants with background information and a venue for communication to address the public health educator's role in advocacy for school health education. Three specific focal points will be addressed in this session: (1) characteristics of quality school health education including specific examples, (2) important considerations for advocacy for school health education, and (3) specific advocacy roles for public health educators. In addition, structured opportunities will be included for dialogue among participants.

CONCURRENT SESSION C2 USING TECHNOLOGY & SOCIAL MEDIA TO INFLUENCE HEALTH

Room: Palm Ballroom 4

TEXT MESSAGING AND CIGARETTE CONSUMPTION IN COLLEGE STUDENTS SEEKING SMOKING CESSATION ASSISTANCE: A DUAL UNIVERSITY PILOT STUDY

Mary Martinasek, PhD, University of Tampa; Allison Calvanese, University of Tampa; Pamela Guevara, MPH, University of South Florida; Tara Trudnak, PhD, Academy Health; Elisabeth Franzen, BS, University of South Florida; Eric Buih, PhD, University of South Florida

BACKGROUND: Young adults frequently begin smoking during their college years. An intervention of SMS (text messaging) enables respondents to receive health-related messages to promote behavior change. **THEORETICAL FRAMEWORK:** The social support theory is used with the functional support that provides support that is informational, instrumental (NRT) and appraisal. The social cognitive theory addresses the tensions between personal factors, behavior, and environmental influences. The transtheoretical model analyzes the extent of change across an intervention. **HYPOTHESIS:** Text Messaging will improve smoking cessation quit attempts in college students. **METHODS:** This study was a longitudinal randomized pilot study. From December 2010 to June 2012, 87 college students (n=87) were recruited and randomized into supportive text message intervention or control (receiving no text messages). The text messages were tailored to each participant's smoking behavioral patterns and triggers. Each participant was prompted to complete a baseline survey and two follow-up web-based survey to assess the effectiveness of motivational text messaging in smoking quit attempts in college students. **RESULTS:** Our results indicate that SMS has a positive influence on smoking cessation efforts. A Wilcoxon signed ranks test indicated that the 22 participants in the intervention receiving text messages did not elicit a statistically significant change in the number of cigarettes used daily $z = -1.841, p = 0.066$ with the average number of 0.5 cigarettes for time two and 1.5 cigarettes for time three. The 41 participants in the control group showed a significant increase from the number of cigarettes smoked from time two to time three ($z = -4.109, p < 0.001$) with an average number of 5 cigarettes and 35 cigarettes smoked were smoked at time two and time three. **CONCLUSIONS:** SMS has been beneficial to students attempting to quit smoking, despite the low acceptability rates from college students. Implementation of SMS contributed to a significant lower average in the overall number of cigarettes smoked between the intervention and control group as well as an increase in the sustainability of the participants to remain quit without reoccurrence. **PUBLIC HEALTH IMPLICATIONS:** University-based smoking cessation programs should consider utilizing short message services for all students seeking smoking cessation. The number of text messages should be distributed less frequently than five per day for college students for a higher level of acceptability. Future smoking cessation researchers should focus on the effect of video messages for students trying to quit smoking.

LOOK, A FLASH MOB! COMBINING TRADITIONAL TEACHING METHODS WITH POPULAR CULTURE TRENDS TO TEACH COLLEGE STUDENTS AND THE COMMUNITY ABOUT ELDER ABUSE

Everett Long, MA, University of Georgia

BACKGROUND: With the burgeoning field of social media and with celebrity participants such as Michelle Obama, the flashmob has become a popular way to bring awareness to and educate on various public health issues. This pop culture trend has been used to raise awareness around the nation about physical fitness, HIV, cancer, and elder abuse. A flashmob is defined as "a group of people mobilized by social media to meet in a public place for the purpose of doing an unusual or entertaining activity of short duration." A flashmob can also be a source of "edutainment" inside and outside of the college classroom. **THEORETICAL BASIS:** Social cognitive theory served as a theoretical base for this educational process and event. Particularly, the construct of reciprocal determinism is engaged since multifaceted methods were used. Students taught themselves, the instructor, and their peers on an unfamiliar topic, learned about the health promotion process, and how to incorporate social media to raise awareness about a public health issue. **OBJECTIVES:** 1) To implement a unique and relevant teaching method to engage students in the health promotion process. 2) To raise awareness about elder abuse. **INTERVENTION:** In an undergraduate Health and Wellness course at the University of Georgia, the instructor used the flashmob as a way to engage students in learning and raising awareness about elder abuse. Fifty-five students worked in one of six groups— Research, Logistics, Communications/Promotion, Music, Digital Media, Choreography and Costume. The research group verified and specified statistics. The logistics group coordinated with university officials to obtain a location and time for the event, and mapped out the flow of the process. The communications/promotion group designed messages and print materials. The music group chose and compiled the music. The digital media group filmed the progress, compiled and cut a final video, and loaded it to social media forums. The choreography and costume group created the steps for the flashmob and decided on costumes. **EVALUATION MEASURES:** Number of materials distributed. Hits on YouTube. **RESULTS:** A 90-second flashmob that was performed twice on the university campus. Over 300 pieces of health promotion materials were distributed in just 180 seconds, the video has had over 1,000 hits on YouTube, and was one of the three winners of the National Public Health Week video contest.

PREFERRED SOURCES OF BREAST CANCER PREVENTION INFORMATION: WILL MOBILE MESSAGES WORK?

Cindy Kratzke, PhD, New Mexico State University

BACKGROUND: Despite breast cancer prevention campaigns, minority and lower income women are more likely to be diagnosed with breast cancer at a later stage. While growing literature for breast cancer information supports Internet use, little is known about breast cancer prevention and the use of mobile messages especially for women of different ages, race/ethnicity, incomes, and education levels. **PURPOSE:** We examined differences for breast cancer prevention knowledge of risk factors, current sources and channels, and mobile message preferences among women in southern New Mexico. The study was guided using a conceptual framework with McGuire's Input-Output Persuasion Model including interpersonal and channel sources. **METHODS:** Women ages 40 and older



Conference Abstracts

at an imaging center completed a survey assessing their knowledge of breast cancer risk factors, sources and channels of information, mobile message preferences, and demographics. Bivariate analysis was used to examine relationships between age, income, race/ethnicity and education of women and their channel information and source preferences. RESULTS: A total of 157 women ages 40 to 91 (mean = 61, SD = 12.07) completed the survey. In chi-square analysis, there were significant differences ($p < .05$) for breast cancer risk factor knowledge between Hispanic and non-Hispanic, education levels, and income levels. Women reported use of the most common channels as television, magazines, and brochures. Magazines were less likely reported by women with lower incomes compared to women with higher incomes (31% vs. 53%). Women reported use of less common channels as newspapers and radio. Overall, 87% used cell phones and 47% used text messaging as technology channels. Cell phone use was more likely among younger women ages 40-59 and women with incomes \$20,000 or higher. Preference for breast cancer prevention cell messages were more likely among younger women ages 40-59 and women with lower incomes. Preference for breast cancer prevention text messages were more likely among younger women ages 40-59, women with lower incomes, and Hispanic women. Nearly 81% of women reported providers as their main source for breast cancer prevention information. CONCLUSIONS: Traditional and mobile messaging for health promotion are preferred by women. Targeting lower income, minority, and younger women with mobile messages may help to reduce health disparities. Further research is needed for mobile technology use in health promotion. Health promotion specialists may partner with clinical offices to develop and target breast cancer prevention messages using technology.

CONCURRENT SESSION C3 IMPROVING OUTCOMES FOR DIABETES AND CHRONIC DISEASE MANAGEMENT

Room: Palm Ballroom 1

CORE HEALTH: AN EFFECTIVE CHRONIC DISEASE MANAGEMENT PROGRAM WITH AN IMPRESSIVE RETURN ON INVESTMENT

Mark Lubberts, MSN, RN, Spectrum Health; Raymond Neff, ScD, Spectrum Health; Arlene Colbert, Community Health Worker Certification, Spectrum Health

Responding to a need from the community, Spectrum Health's Healthier Communities Department has developed a self-management solution for underserved populations diagnosed with heart failure or diabetes using a nurse/community health worker (RN/CHW) team model. After more than three years in operation, this new program has made strong connections with the community, produced a substantial improvement in vulnerable population outcomes, and has a positive financial return on investment. The heart of the program design is in the use of an innovative RN/CHW team approach for home visitation. The nurse case manager provides the clinical perspective, and the CHW supports and mentors the clients toward healthy habits. Both work in partnership with the clients Primary Care Provider. This team approach has been shown in previous work to be an effective means of improving health and removing barriers to care, particularly when applied in the home. Motivational interviewing is a significant driving force behind clinical and behavioral change. An important aspect of the success of this type of disease management programming is its reliance on peer networking and collaborative efforts throughout the community. This entailed the building of strategic collaborations among medical homes/clinics, hospitals, insurance providers, food pantries, the visiting nurses association, and other community programs. These partnerships increased awareness and shared in the achievement of improved health outcomes for our underserved populations. The Core Health Program has a substantial

empirical basis which starts with the monitoring of chronic disease symptoms and includes periodic comparisons of pre-program baselines with outcome measurements collected during and at the conclusion of the program. The Healthcare Effectiveness Data and Information Set are used to measure performance and outcomes of our clients. Because these measures are so specifically defined, it makes it possible to compare the performance of health innovations on an "apples-to-apples" basis. The outcome improvements for program participants seeking appropriate care are extraordinary as well. For example: ER utilization rates for diabetic patients reduced from 16.4% to 10.4%, and inpatient admission rates from 8.5% to 2.6%; Heart failure patients reduced 66.6% in the ER utilization and 73.8% in hospital admissions. Total cost savings in ER visits and inpatient admissions avoided was approximately \$7.8 million. For every \$1 used in the program we have seen \$2.38 return on investment. Core Health continues to work with program participants to reduce their clinical and behavioral risk factors and improve both their physical and mental health towards self-management.

LESSONS LEARNED FROM IMPLEMENTING THE ROAD TO HEALTH TOOLKIT FOR DIABETES PREVENTION IN RURAL GEORGIA

Cassandra Arroyo, PhD, MS, Walden University; Nandi Marshall, DrPH(c), MPH, CHES, Georgia SOPHE

BACKGROUND: Through the Society for Public Health Education (SOPHE) Health Equity Project cooperative agreement with CDC, the Georgia SOPHE chapter was awarded one of two national awards over five years to build capacity with local community-based organizations and community members in addressing risk factors associated with diabetes among African Americans in Jenkins County, Georgia. The disproportionately high burden of diabetes morbidity in Jenkins indicated a pressing need for addressing proper diabetes management as a focus for intervention. With additional observance of diabetes morbidity reaching residents aged 20-29 year olds in Jenkins County, the second largest age group in the county, the Jenkins County Diabetes Coalition decided that some of their intervention activities should be targeted at the greater JC community to have a larger public health impact on preventing early onset diabetes as well. THEORETICAL BASIS: Community Based Participatory Research (CBPR) is currently being utilized to plan and implement various intervention activities with the Jenkins County Diabetes Coalition. CBPR is a research approach that equitably involves community members and organizational representatives in all aspects of the research process. Therefore, the community members contribute their unique strengths and share responsibility so that understanding of social and cultural dynamics of the community is enhanced. The CBPR approach also contributes to sustainability of the effort because the community participates in every aspect of the health intervention and therefore learns the skills that are necessary to continue the effort long term. The Community Readiness Model and the Lay Health Advisor theory also contribute to the theoretical basis of the Jenkins County Diabetes Coalition Strategic Plan activities. OBJECTIVES: Through collaboration with this REACH community, GASOPHE and various community-based partners involved in health promotion and diabetes prevention and management have combined their efforts to develop a Strategic Plan at the individual, family, neighborhood, organization and community level within Jenkins County. The Strategic Plan included implementation of the Road to Health Toolkit for diabetes prevention using Community Health Workers. As a part of this model, we are able to develop the capacity of the community members to improve the lives of local and regional African American/Black populations who are at risk of developing diabetes. The main objectives of the project were to work collaboratively with the JCDC to choose an evidence-based diabetes prevention program in response to the Strategic Plan developed and

Conference Abstracts

implement the chosen program. **INTERVENTION:** This project is focused on planning and implementing the Road to Health Toolkit in rural Jenkins County, Georgia. Established as a best practice for African American and Hispanic communities, the Road to Health Toolkit provides materials and resources to conduct community outreach with the goal of reinforcing the delay and prevention of type 2 diabetes. In order to accomplish this, a train-the-trainer process was implemented using the toolkit resources to train local community members to serve as Community Health Workers. Three training workshops were conducted over the course of three months in Jenkins County. Once trained, the implementation of the Road to Health program was announced in local churches and media outlets. Community Health Workers will hold both large-group and individual diabetes prevention education sessions using the Road to Health toolkit materials. **Evaluation and RESULTS:** There is ongoing evaluation processes in place, including the use of REACH Participant Profile forms for community members who attend the train-the-trainer workshops as well as the Road to Health large group and individual sessions. Train-the-trainer workshop attendance, Road to Health session attendance, attendee feedback, and pre- and post-tests will be used to determine progress towards objectives. **LEARNING OBJECTIVES:** By the end of this presentation, attendees will be able to: 1. Discuss the application of the Community Readiness Model for developing a diabetes prevention and management Strategic Plan. 2. Discuss the process of implementing the Road to Health Toolkit in a rural setting. 3. Summarize the successes and challenges of implementing the Road to Health Toolkit in the rural context.

DIABETES SELF-MANAGEMENT EDUCATION FOR AFRICAN AMERICANS: USING THE PEN-3 MODEL TO ASSESS NEEDS

Ninfa Peña-Purcell, PhD, MCHES, Texas A&M AgriLife Extension Service

BACKGROUND: African Americans are 2.2 times more likely to die from diabetes than Whites. Culturally sensitive diabetes self-management education (DSME) is an approach to respond to this problem. **PURPOSE:** The purpose of this qualitative study was to assess African Americans' experiences managing type 2 diabetes. A secondary outcome was to obtain input for program branding, e.g., logo and intervention name. Study results will guide the development of a culturally sensitive DSME intervention for this population. **METHODS:** Two focus groups with African Americans over 18 years of age were conducted. Sessions were audio-recorded and transcribed. Data were analyzed using content analysis and comparative method. **THEORETICAL FRAMEWORK:** The PEN-3 model was utilized as the conceptual framework to guide the analysis. The model is composed of three primary domains, each with three categories forming the acronym PEN: cultural identity (person, extended family, and neighborhood), relationships and expectations (perceptions, enablers, and nurturers), and cultural empowerment (positive, existential, and negative). **RESULTS:** A total of 18 men and women with a mean age of 53 participated in this study. Nearly half attended a technical or vocational school (43.8%), had private insurance (43.8%), and most (87.5%) had previously attended a DSME class. Years since diabetes diagnosis ranged from 2 to 40. In the relationships and expectations domain, perceptions affecting disease management were feeling highly confident, fears about diabetes complications, and denial. Positive enablers were religion and social support. Negative enablers were disliking needles, time consumption, and cost of healthy foods. Nurturers consisted of family, friends, and healthcare providers. Cultural empowerment attributes were positive (spirituality and family), existential (faith healing), and negative (unhealthy traditional foods). For cultural identity, diabetes education was a need, especially family-focused intervention. After assessing the three PEN-3 model domains, we determined two focal areas in the development of a DSME intervention for African Americans: 1) family-focused, emphasizing their spiritual values and 2) psychosocial, responding to their need for support

groups. We also obtained feedback to select a culturally meaningful program name and logo. **IMPLICATIONS for PRACTICE:** Qualitative research can aid health educators in understanding the unique needs of diverse audiences to plan culturally sensitive DSME. Specifically, we found that focus groups generate rich data to elucidate African Americans' experiences living with diabetes. Application of the PEN-3 model provided a framework to identify cultural assets and barriers impacting their behaviors and beliefs about diabetes self-management.

*** CONCURRENT SESSION C4 COLLABORATING FOR HEALTH PROMOTION**

Room: Palm Ballroom 5

FORGING COLLABORATIONS USING ADMINISTRATIVE DATA AND COLLABORATIVE PARTNERSHIPS TO SUPPORT LOCAL AND STATE SMOKE-FREE AIR INITIATIVES

Signe Jones, MPH, Center for Mississippi Health Policy; Robert McMillen, PhD, Mississippi State University; Roy Hart, MPH, CHES, Mississippi State Department of Health

BACKGROUND/THEORETICAL FRAMEWORK: Collaboration between state departments of health, universities, and private non-profit groups create the opportunity for data-driven health policy decisions. The Office of Tobacco Control at the Mississippi State Department of Health (MSDH), the Social Science Research Center at Mississippi State University (SSRC), and the Center for Mississippi Health Policy (C4MHP) have worked together to identify areas where research is needed on state and municipal levels to inform policy decisions. Individuals who oppose smoke-free policy frequently cite concerns about laws and regulations having negative impacts on the hospitality industry. Although there are many international and national studies showing that smoke-free policy does not adversely affect the hospitality industry, there was no state level data showing this trend in Mississippi. Each organization has played an important role in developing and completing research studies and disseminating results. This presentation will contextualize the concept by using examples of recent research and publications. **METHODS:** In order to provide a comparison for each of the Mississippi communities with comprehensive smoke-free ordinances and an optional tourism tax, we aggregated revenue data from the communities with the tourism tax but without smoke-free ordinances and calculated a comparison for each smoke-free community. We contrasted percent change in revenue in each of these smoke-free communities to the aggregated percent change in the comparison communities in Mississippi that did not have smoke-free ordinances. Aggregated pre- and post-ordinance tourism tax revenue data for control communities were extracted for the same period as each of the smoke-free communities, and provide a comparison for the same time period. A separate study looked at the impact of a voluntary smoke-free policy implemented by a casino in Mississippi. Market share was measured by looking at the number of employees, the number of table games, and the number of slot machines in the smoke-free casino, compared with casinos that did not implement smoke-free policies in the same time period. To accompany this new research, a literature review was conducted, and published along with the new data. **RESULTS:** For the communities with smoke-free ordinances as a whole, inflation-adjusted tourism tax revenue were 10.3% greater in the 12 months following the enactment of a smoke-free ordinance. Conversely, there was no meaningful change in tourism tax revenue in the aggregated control communities (-.1%). Multivariate analysis confirmed that there was no statistically significant adverse effect on revenue. Thus there is no evidence that smoke-free ordinances harmed from the tourism tax. In the casino study, results showed that Data from the Mississippi Gaming Commission demonstrate that the Palace Casino experienced

Conference Abstracts

no reduction in the number of employees, slot games, or table games during the year after implementing a smoke-free policy in June of 2011. Market share for Coastal Region did not decrease either for employees, slot games, or table games. **CONCLUSION and IMPLICATIONS for PRACTICE:** Fruitful collaboration can result from working with different groups. In the case of Mississippi's smoke-free initiative, results of the studies have been released by the Center for Mississippi Health Policy, the Social Science Research Center at Mississippi State University, and the Office of Tobacco Control at the Mississippi State Department of Health through a variety of mechanisms, including Twitter, email newsletters, and hard copies mailed and distributed to decision-makers and stakeholders.

TRANSFORMING & STRENGTHENING HEALTH PROMOTION VIA INTERDISCIPLINARY EDUCATION COLLABORATIVE: LESSONS LEARNED FROM PILOT PROGRAM

Rho Henry Olaisen, DC, MPH, Abilities United/San Jose State University

BACKGROUND: Cost-effective, accessible health promotion is essential to reduce disability after cerebrovascular accidents (stroke). Advances in clinical medicine and technology have increased survival following stroke. At the same time, hospital stays are shortened, leading to earlier discharge exacerbating increased demand for sub-acute rehabilitation services. Systemic economic hardship has further forced many community-based organizations (CBOs) specializing in chronic disease health promotion, to close. Despite increased demand, service access is shrinking causing systemic shortage of post-stroke rehabilitation access among community-dwelling stroke survivors. Interdisciplinary education has recently emerged as a sustainable solution to address the many complex and multi-faceted challenges facing healthcare. A Northern California collaborative, sponsored by a local hospital health education grant, engaged six CBO organizations with expertise in stroke rehabilitation to create, launch and evaluate an interprofessional educational program, built upon best-practices, for the purpose of increasing community capacity in delivering cost-effective health promotion and chronic disease services in community-settings. **THEORETICAL FRAMEWORK:** Social Capital Theory and Precede-Proceed Model. **HYPOTHESIS:** Interprofessional education & practice advances professional self-efficacy. **METHODS:** The pilot epistemology (health education), theory (social capital), method (mixed), and data collection (surveys) informed all phases of planning. The health education process mobilized a working group of health educators, physical therapists, personal trainers and adapted educators in developing a relationship-centered, comprehensive, collaborative, caring and safe stroke program. Six community organizations advised throughout planning, execution and evaluation. A team of interdisciplinary community experts (nurses, physical therapists, recreational therapists and health educators) led curriculum development, teaching & facilitation. Learning activities included traditional Methods (lecture) and interactive modules (practice-based learning & exchange-based learning). Post-stroke survivors were integral educators and informers throughout the interactive modules. **RESULTS:** 1. Matched paired pre-post results gave a statistically significant p-value indicating increase in knowledge and skills, 2. Comparing pooled results for lecture, lab and integration, there was a significant difference between rankings of the three with lecture having the lowest score, and 3. Theme emerged that course participants came to value collaboration as the single most important ingredient for rehabilitation success, upon course conclusion. **CONCLUSION:** Merging evidence-based practice and practice-based evidence holds potential for improving quality, increasing CBO access and lowering cost of health promotion & chronic disease services in community-based settings, warranted sustainability of entry-level interprofessional training programs. **IMPLICATION for PRACTICE:** Health promotion conscious communities may

benefit from building voluntary networks, tap interprofessional experts and build CBO capacities by means of interprofessional educational courses by empowering entry-level professionals.

CONNECTING THE DOTS: COLLABORATION ACROSS SECTORS AND SYSTEMS

John Rosiak, MA, Education Development Center; Deborah Haber, MEd, Education Development Center

Every day, communities and schools throughout our country take on the critical work of creating safe, healthy places where children can learn, play, and grow. Safe Schools Healthy Students (SS/HS) communities are funded through an unprecedented collaboration between the US Departments of Education, Justice and Health and Human Services to bring together schools, law enforcement, mental health, juvenile justice, and community partners to create safer schools and promote healthy childhood development. At the heart of the SS/HS Initiative is the fundamental belief that no one sector (education, mental health, law enforcement, social services, or public health) can create the kinds of systems change required to ensure safe and healthy environments for children to succeed. Navigating Information Sharing and the Three Bold Steps Toolkit illustrate the kinds of cross-sector collaboration the National Center for Mental Health Promotion and Youth Violence Prevention (National Center) promotes to grantees. The two presentations listed below will inform participants how to use these strategies to promote collaboration in their own communities. **Strategy 1: Navigating Information Sharing** The Navigating Information Sharing (NIS) toolkit was created to help communities address the complexities of information sharing. Information sharing among adults working in systems that serve youth is central to promoting the health and development of younger populations. By promoting cross sector information sharing, the NIS Toolkit helps agents understand the issues faced by the youth they serve, create interventions that address the root cause of problems, and navigate the complex legal structure that regulates information sharing. While the NIS toolkit was designed with the SS/HS initiative in mind, it is applicable to any school-community partnership. To create the toolkit, participants at SS/HS grantee sites with more information-sharing experience were interviewed and sample information-sharing documents were collected so that their hard work and success could provide a model for schools and communities with less information-sharing practice. In this way, the NIS toolkit became a living document, evolving based on the actual needs and critiques of schools and communities trying to figure out how to share information about youth involved in multiple systems. The NIS toolkit makes a variety of contributions to the field of information sharing, including reinforcing the collaborative process across sectors and compiling real-life scenarios, examples of effective approaches, and key legal information in one source. Following this presentations, participants will be able to articulate the importance of information sharing, identify resources to navigate sharing, and promote collaboration. **Strategy 2: Three Bold Steps Toolkit** As evidenced by the National SS/HS evaluation, SS/HS has been successful and SAMHSA is very interested in spreading the framework of the SS/HS initiative to all communities. To that end, the National Center created a toolkit for community leaders wanting to create lasting positive change for the children and families they serve. Called 3 Bold Steps for School Community Action, the toolkit distills the key learnings of SS/HS so that other interested change agents from any discipline or agency can apply them. A key learning from the SS/HS initiative is the benefit and power of a strong cross sector group which includes community-serving agencies, schools, community members, youth, and the faith-based community, coming together to solve community issues and build on community strengths. The first bold step, Build a Broad Partnership, operationalizes that concept through a series of actions that are supported by resources,

Conference Abstracts

tools, and real-life experiences and concrete examples. SS/HS confirmed that change happens through effective community collaborations—partnerships that involve others with shared interests and goals, that work across sectors and disciplines, that connect with key decision makers, and that get the work done. This presentation will take participants through the lessons learned from SS/HS, what others can adapt from those learnings, and how to build broad community partnerships to create positive change. The toolkit and accompanying resources are accessible to anyone with internet access.

*** CONCURRENT SESSION C5 SKILL-BUILDING WORKSHOP: SCHOOL- COMMUNITY RELATIONSHIPS**

Room: Camelia/Dogwood, Mezzanine Level, Main Building

SCHOOL-COMMUNITY RELATIONSHIPS: SHARING STRENGTHS TO PROMOTE HEALTH AND ACADEMIC ACHIEVEMENT OF STUDENTS

Diane Allensworth, PhD, Kent State University; Kathleen Allison, PhD, MPH, MCHES, Lock Haven University; Barbara Lorraine Michiels Hernandez, MEd, PhD, MCHES, Lamar University; Beth Stevenson, MPH, Centers for Disease Control and Prevention

Collaborative relationships provide an opportunity to increase the impact of health education and enhance the overall health of a community as well as improve student achievement. During this practical workshop, participants will explore strategies to develop and maintain effective partnerships between school and communities as well as identify strategies to share expertise and cooperatively plan with the goals of improving the health of students and communities and increasing academic achievement. Research has shown that when communities work with schools and provide services to schools, student achievement, particularly for poor and vulnerable students, increases.

3:15 PM—4:00 PM

*** PLENARY IV: 2013 SOPHE HONORARY FELLOW AWARD PRESENTATION & LECTURE**

Room: Palm Ballroom 2

THE POWER OF PREVENTION: TRANSFORMING VISION TO REALITY

Howard K. Koh, MD, MPH, Assistant Secretary, U.S. Department of Health and Human Services

The Affordable Care Act laid the groundwork for a transformational shift from a national focused on medical/health care to one focused on wellness and prevention. Promoting the health and wellness of the population and preventing costly chronic and infectious disease presents a powerful paradigm shift. Yet, making this vision a reality will command a major effort and resources. This presentation will outline vital steps in accomplishing this vision, including the role of health education research and practice and steps our profession must take to support a national wellness agenda.

FRIDAY, APRIL 19, 2013

8:45 AM—9:45 AM

*** PLENARY V**

Room: Palm Ballroom 2

SOPHE KNOWLEDGE CENTER: WHAT'S IN IT FOR YOU?

Jay Bernhardt, PhD, MPH, University of Florida and Robert S. Gold, PhD, DrPH, University of Maryland

This session will focus on current and future trends in health communication and technology, including the rationale for SOPHE's strategic initiative to develop a knowledge center for health education. The "SOPHE Knowledge Center" (SKC) provides a consistent, economical way for health education professionals to access materials relevant to their field and provides evidence-based support for positive changes in health, health policy, research, and/or practice. The SKC is an interactive system that catalogues ongoing research, archive reports and other products, and captures information regarding evidence-based practice and generation of new evidence based on research results. This system enables users worldwide to submit customized searches and retrieve information relevant for guiding their work. Moreover, by closely tracking the use of knowledge and its application, the system can better monitor the effectiveness of health education action and identify emerging priorities for future research. Attendees will participate in a live demo of the knowledge center to gain first-hand insight into its functionality and content.

10:15 AM—11:45 AM

CONCURRENT SESSIONS D

CONCURRENT SESSION D1

HISTORY SESSION

Room: Palm Ballroom 1

DÉJÀ VU OR DARINGLY NEW: RETRO, RECENT, AND RISING ROLES OF HEALTH EDUCATION IN RECURRING PUBLIC HEALTH CRISES

Janis Biermann, MS, March of Dimes; Suzanne Miro, MPH, MCHES, New Jersey Department of Health and Senior Services

An understanding of where we are, from whence we have come, upon whose shoulders we stand, and a willingness to learn from the past are key beacons that light our way into the future. This session offers an exciting, eye-opening, and engaging moderated discussion among health education practitioners who have witnessed and participated in the changing role of health education in recurring health crises. Panelists will provide a unique and perhaps startling glimpse into the roles of health education over time ranging from observer, to responder, to preponder (not a typo!). They will describe how health educators and health education have been involved and perhaps may be involved in the future in three public health "arenas": polio; selected environmental disasters; and war. They will present an overview of each issue, why they are/were public health issues, who provided what are now considered health education specialist functions, specific health education and promotion methods used, discarded, and developed over the years, and open up the floor to a discussion of possible roles and research for health education and health educators and in these three areas in the future. Attendees are encouraged to react, ask questions, share their own experiences and insights, and voice their own perceptions of how the role of health education and health educators is changing on issues that have been with us and may stay with us for generations to come.

* CONCURRENT SESSION D2 INVOLVING & REACHING TEENS IN TOBACCO PREVENTION & CESSATION

Room: Palm Ballroom 4

SUSTAINED WATERPIPE USE IN YOUTH

Erika Dugas, MSc, The University of Montreal Hospital Research Centre; Erin O'Loughlin, MSc, The University of Montreal Hospital Research Centre; Jennifer O'Loughlin, PhD, The University of Montreal Hospital Research Centre

BACKGROUND: Although 38-48% of youth in Canada try waterpipe (also known as shisha, hookah, narghile, hubble bubble), little is known about sustained waterpipe use. The objectives were to: i) describe the prevalence of sustained waterpipe use; ii) compare perceptions of the harmfulness of waterpipe among youth who sustain and do not sustain waterpipe use; and iii) identify predictors of sustained waterpipe use. **METHODS:** The sample included 182 waterpipe users from NDIT, an ongoing cohort investigation of the natural history of nicotine dependence in a population-based sample of 1293 youth followed since grade 7. Waterpipe users were identified in 2007 when participants were aged 20 on average. Data on sustained waterpipe use were collected in mailed self-report questionnaires in 2011-12 when participants were aged 24. Predictors of sustained waterpipe use were identified in multivariable logistic regression. **RESULTS:** 51% of waterpipe users aged 20 continued to report waterpipe use four years later. 12% of sustained users smoked waterpipe at least once a month; 51% smoked waterpipe in sessions lasting longer than 1 hour; 6.5% reported that they used waterpipe when they were alone; 23% used waterpipe at home; 81% smoked waterpipe in cafés or restaurants; 81% used waterpipe at a friend's home; 95% shared the waterpipe hose with others. Most users purchased waterpipe tobacco at a convenience store or tobacco shop. Compared to participants who stopped using waterpipe, sustained users believed that waterpipe is less harmful and addictive than cigarettes. Younger age, language other than French, being currently employed, marijuana use, parent smokes, social phobia symptoms, not participating in light physical activity and poor mental health were associated with sustained waterpipe use (OR 95%CI: 0.5(0.3-0.9); 0.3(0.2-0.7); 2.5(1.2-5.3); 2.1(1.0-4.6); 2.0(0.9-4.3); 1.8(0.8-3.6); 0.8(0.7-1.0); and 2.2(0.7-6.9) respectively). **CONCLUSION:** Half of young waterpipe users sustained use over four years. By far the majority of sustained users smoke waterpipe less than once a month and most smoked with others rather than alone, suggesting that it is a lifestyle behavior undertaken occasionally to socialize with others. **IMPLICATIONS for PRACTICE:** While the addictiveness of waterpipe use is not yet well-established, many waterpipe users report sustained use. Because waterpipe smoke contains harmful constituents including nicotine, carbon monoxide, and carcinogens, and because it has been associated with poor health outcomes, awareness programs targeting youth regarding the health effects of waterpipe are needed, especially given users' belief that waterpipe is less harmful than cigarettes.

TRAINING AMBASSADORS TO INCREASE COMPLIANCE ON A TOBACCO-FREE CAMPUS

Melinda Ickes, PhD, University of Kentucky; Ellen Hahn, PhD, RN, FAAN, University of Kentucky College/UK Clean Indoor Air Partnership (CIAP)

BACKGROUND: The dangers of secondhand smoke cannot be ignored. Nonsmokers exposed to secondhand smoke increase the risk of developing lung cancer or heart disease by 25-30%. Considering the number of tobacco users and the associated health risks, health promotion efforts to combat secondhand smoke exposure and help smokers quit are critical. Over 700 college and universities have recognized the importance of this issue and have thus implemented tobacco- or smoke-free campuses. Although there has been an increase

in smoke- and tobacco-free campuses across the U.S., there is still a need to understand implementation and compliance with such policies. **THEORETICAL BASIS:** The 3-Ts framework: Tell, Treat, and Train, has been incorporated throughout policy implementation. The framework focuses on communication of the tobacco-free policy at multiple levels, the availability of tobacco treatment, and finally, the concept of empowering those in the campus community to assist with policy compliance. **OBJECTIVES:** At the conclusion of the presentation, attendees will be able to discuss development and evaluation of an innovative ambassador program used on a college campus to increase compliance with a tobacco-free campus policy. **INTERVENTION:** The Tobacco-free Take Action! Ambassador program aims to create an environment of compliance by training staff and volunteers to target specific "hot spots" where policy violators congregate. Ambassadors are trained to use scripted messaging using a firm, yet compassionate approach. Ambassadors are also trained in data collection methods, including: cigarette butt pick-up, online documentation of the number of violators observed, how the violators responded, and necessary action taken. **EVALUATION MEASURES:** Cigarette butt data collection occurred pre- and post- intervention using a validated measure, The Tobacco-free Compliance Assessment Tool. In addition, Ambassadors collected data on violators of the policy, the number of violators approached, and the resulting response. All data were input using an online database via Qualtrics software. **RESULTS:** Preliminary data showed a 54.2% decline in the total number of cigarette butts from pre- to post-intervention among three campus hot spots. Also, during the 4-week intervention period, the Ambassadors observed 467 violators (n = 280 males; n = 187 females), were able to approach 338 violators, of which 91% responded positively and complied with the policy. **DISCUSSION:** Compliance with tobacco-free policies remains a challenge. Lessons learned from this innovative approach will benefit those with tobacco-free campus policies and/or assist those currently planning to implement such policies.

PROJECT CURBING: A CUMULATIVE MODEL ASSOCIATING RISK FACTORS WITH SUSCEPTIBILITY TO SMOKING AND SMOKELESS TOBACCO USE

Alexander Prokhorov, MD, PhD, University of Texas MD Anderson Cancer Center; Joshua Hein, Coordinator, University of Texas MD Anderson Cancer Center; Kentya Ford, DrPH, University of Texas Austin; Lisa Sheppard-Goodlett, MPH, BA, University of Texas MD Anderson Cancer Center; Salma Marani, MS, University of Texas MD Anderson Cancer Center

Project CURBING is an online interactive, multi-media school curriculum that educates about the dangers of smoking and smokeless tobacco (ST) use. Individually tailored tracks are designed to help adolescents adopt a tobacco-free lifestyle. A key innovation is social networking through a virtual support community. Culturally diverse high school students were recruited from 16 suburban and rural high schools in southeast Texas. Using a group-randomized trial schools were pair-matched on size, location and ethnicity, and randomized to intervention or standard care conditions. 1139 students completed the baseline survey. A Cumulative Risk Factor Model explored susceptibility to smoking/ST-use among high-risk students. We hypothesized that established individual risk factors for smoking/ST-use and the cumulative effect of these risks will be significantly associated with susceptibility. The additive approach yields added power to detect the combined effects of multiple risk factors. The high risk group was defined by the following student characteristics: depressive-symptoms, close friends and parents who smoke or use ST, low decisional balance, poor academic performance and seeing pro-tobacco messages in movies. The overall risk index was computed as a sum of the individual risk factors. **RESULTS:** For baseline nonsmokers 60% of students had 3 or more risk factors. As the level of risk increased there

was a significant increase in susceptibility to smoking initiation ranging from 8.9% to 56%, $p < .0001$, regardless of gender. The additive effects logistic regression model showed increasing risk of smoking susceptibility. Compared to participants reporting no risk-factors those reporting 3, 4 and 5+ risks were 4.4, 9.8 and 13.1 times more likely to be susceptible to smoking initiation. For baseline non-ST-users 47% of students had 3 or more risk-factors. Gender differences were seen in susceptibility to ST-use. As the risk level increased susceptibility increased from 1.8% to 68.2% for males compared to 18.2% to 23.8% for females. The additive effects logistic regression showed that compared to participants reporting no risk factors those reporting 3, 4 and 5+ risks were 6.7, 8.2 and 15 times more likely to be susceptible. Examination of the cumulative risk factor model revealed the additive effects of multiple risk factors on smoking/ST-use. The probability of smoking initiation and ST-use increased significantly for each added risk factor. Prevention programs ought to diligently address the known risk factors for smoking and ST initiation.

*** CONCURRENT SESSION D3 REDUCING HEALTH DISPARITIES**

Room: Palm Ballroom 5

TRANSFORMING CHILD, COMMUNITY AND SCHOOL HEALTH IN THE U.S.-MEXICO BORDER REGION THROUGH PARTICIPATORY APPROACHES: BEST PRACTICES AND LESSONS LEARNED FROM FOUR PILOT COMMUNITY GARDEN PROJECTS

Threnal Mangadu, MD, MPH, PhD, The University of Texas at El Paso; Sandra Bejarano, BS, MPH(c), The University of Texas at El Paso; Angelee Gigi Shamaley, BBA, MS, The University of Texas at El Paso

BACKGROUND: The Texas-New Mexico, U.S.A- Mexico border population has high prevalence of childhood and adult obesity and diabetes. Owing to the bi-national setting, factors such as transborder migration, low access to health services, low health literacy, poverty, lack of health insurance, dietary patterns influenced by culture, household food insecurity, the arid landscape and undocumented immigration compound the obesity and diabetes risk for this population. In 2011, four pilot gardens including 2 community gardens in El Paso, TX and two school gardens in Anthony and Las Cruces, New Mexico were implemented in order to positively impact nutrition and physical activity within these communities. Project participants range from local school children and local juvenile probation program participants to community members, county employees and local master gardeners. The Center for Interdisciplinary Health Research and Evaluation (CIHRE) at the local institution of higher education is evaluating the process and outcomes for these four pilot gardens. **EVALUATIONS DESIGN and METHODS:** A mixed methods evaluation (formative and summative) examined the specific health education and program implementation strategies that strengthened the implementation of the community and school gardens in a region characterized by unique geographic, cultural and political challenges. Data was collected from multiple stakeholders to assess health outcomes at the individual, program, community and policy level for each of the four target communities. Qualitative data was collected through individual interviews with program implementers, participating elementary and middle school children, community members, county employees and program implementers (N= 25), 2 focus groups with community members, 6 focus groups with parents, and 2 focus groups with participating youth. Drawings from children ages 5-6 years of age and photographic documentation of the gardens were also collected. Quantitative data collected include customized Farm-to School survey for younger and older youth, and customized community gardener survey for youth (Community Food Security Coalition, 2006) (N=127). In addition, the Community Food Security Coalition (2006) Community Gardener Survey for adults is currently being administered to community members who are participating in the pilot community garden. **RESULTS:** The final evaluation

report from the four garden projects will be completed in October, 2012. Current data analysis results indicate positive nutrition, physical activity, mental health and community capacity-building outcomes in all four target communities. In addition, the two school garden projects have achieved regional policy-level outcomes related to local food production and school health. Examination of the program process and outputs achieved indicate unique and flexible participatory approaches within the priority communities to increase community ownership and sustainability of the pilot gardens in this region beyond the pilot fiscal year. The process evaluation also revealed the creativity and flexibility in adapting the infrastructure of the community and school gardens to effectively deal with geographical and weather related barriers inherent to the region. **CONCLUSIONS:** The conclusions from the evaluation findings will be finalized in October 2012 after including analysis results of survey data from the community members who participate in the community garden. These conclusions will be discussed as part of the presentation. **IMPLICATIONS for PRACTICE:** The evaluation findings presented will demonstrate implications for practice related to the following contexts: (i) culturally and regionally sensitive program planning strategies employed to intentionally promote health equity in a resource-poor setting; (ii) the contribution of intra-community participatory approaches and resilience to achieving the intended program outcomes from community/school gardens; (iii) innovative and regionally sensitive program evaluation methods to document direct and indirect evidence of health outcomes in a bi-national setting (iv) the best practices and lessons learned in relation to implementing community gardens to promote Healthy People 2020 nutrition, physical activity and obesity indicators at the participant, community and/or policy levels in the U.S.-Mexico border region.

PROCESS DATA FROM THE LATINO PARTNERSHIP: A NOVEL APPROACH TO CAPTURE THE COMMUNITY-LEVEL IMPACT OF LATINO MALE LHAS

Lilli Mann, MPH, Wake Forest School of Medicine; Mario Downs, Wake Forest School of Medicine; Eugenia Eng, DrPH, MPH, UNC Gillings School of Global Public Health; Beth Reboussin, PhD, Wake Forest School of Medicine; Kimberly Wagoner, DrPH, MPH, Wake Forest School of Medicine; Jorge Alonzo, JD, Wake Forest School of Medicine; Ricky Duck, Chatham Social Health Council; Stacy Duck, BS, Alliance of AIDS Services-Carolina

BACKGROUND: Latinos in the U.S. experience a disproportionate burden of HIV/AIDS and sexually transmitted diseases, particularly in rapidly growing immigrant communities in the Southeast. However, few interventions have been developed to address these disparities, especially among Latino men. As part of an ongoing study to enhance, implement, and evaluate a community-level social network intervention to increase condom use and HIV testing among Latino male soccer league members in North Carolina, process data was explored to characterize lay health advisors' (LHAs') work. **THEORETICAL FRAMEWORK:** The intervention was developed by a community-based participatory research partnership. LHAs were trained to serve as health advisors, opinion leaders, and community advocates. The training was based in social cognitive theory and empowerment education and utilized the ask-advise-assist model to promote sexual health among members of LHAs' social networks. **METHODS:** Using a delayed-intervention comparison group design, one member from each of 20 participating soccer teams was trained as a LHA by staff at local community-based organizations. LHAs conducted formal and informal activities with soccer teammates and other community members and completed low-literacy monthly activity logs during a 12-month intervention period. **RESULTS:** Preliminary descriptive results from the two study waves have been calculated. For the over 1,600 activities that were conducted, the mean number of attendees per activity was 4.23 (range: 1-40); 44% of activities included members of LHAs' soccer teams. Although most activities targeted men only, nearly 11% of activities included women. The most common activity was condom distribution,

Conference Abstracts

followed by talking about general health and about sexual health. On average, DVD vignettes that were part of intervention materials were shown to teammates at least two times per LHA. Referrals to healthcare providers were infrequent. **CONCLUSION:** Latino male LHAs can effectively promote sexual health, particularly condom use. Although outcome data is only collected from soccer team members, LHAs' activities likely have a positive effect on other members of their social networks as well. The flexible format of this intervention allows LHAs' natural helping activities to be creative and context-specific. Additional support may be needed to further increase LHA impact, particularly regarding referrals to providers. **IMPLICATIONS for PRACTICE:** Innovative and easy-to-use evaluation methods are needed to capture the broad potential impact of LHA interventions, including the variety of activities conducted by LHAs and the numerous and diverse community members reached. Training and process measures should be refined to fully address the capacity-building of LHAs as community leaders.

TRANSFORMATIVE LEARNING THAT WORKS MAGIC ON STUDENTS AND THE COMMUNITIES THEY SERVE

J. Sunshine Cowan, PhD, MPH, University of Central Oklahoma

When Community/Public Health students are routinely engaged in the community, they are able to put theoretical concepts into practice, discover that community members hold expertise about their community, affect behavioral and systems change, and better understand the need for health equity. The goal for all courses at the University of Central Oklahoma (UCO) is that students are involved in transformative learning. Using health promotion theories and frameworks, the potential exists to not only transform student lives, but to impact the lives of community members as well. Each fall semester, Community/Public Health students at UCO assess the needs and resources of residents in a mixed-income housing community near campus. Students use the data, as well as the Social Ecological Model and other health theories to plan an intervention to implement in their capstone class the following spring semester. Students develop a logic model, set goals and objectives, and work toward addressing lasting change in the population they serve. Because students are involved in this experiential learning, their health education material comes to life and they discover the intricacies of applying theoretical concepts to practical settings. Furthermore, communities benefit from the involvement of students, particularly when students are able to observe and diagnose determinants in the built and social environment that can improve health for diverse populations. Utilizing transformative learning among health education students impacts their perspective on working with diverse populations and opens connections to the broader community. Students approach the intervention with an understanding of the community as the expert on their own environment, including the needs and resources that exist within that environment. Students also recognize the need for systems change, addressing determinants of health as a practice to best serve their priority population long-term. Lessons learned from these students and the community they serve may benefit other undergraduate health education programs and further empower the lives of students and communities alike.

*** CONCURRENT SESSION D4 PROMOTING HEALTH THROUGH POLICY CHANGE**

Room: Palm Ballroom 2

PROMOTING HEALTH THROUGH POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE IN MANATEE COUNTY, FLORIDA

Megan Jourdan, BA, Manatee County Health Department; Marissa Sheldon, MPH, Manatee County Health Department

BACKGROUND: The National Association of County and City Health Officials has funded Manatee County as an ACHIEVE (Action Communities for Health, Innovation, and Environmental change) community since 2010, transitioning the Manatee County Health Department's focus from programming to high impact policy, systems, and environmental (PSE) change in the areas of nutrition, physical activity, and tobacco use. **THEORETICAL BASIS:** ACHIEVE Communities use the CDC's CHANGE (Community Health Assessment and Group Evaluation) Tool as a needs assessment to determine priority projects within various community sectors. All ACHIEVE initiatives are based on CDC best practices. The Social Ecological Framework has the greatest influence on PSE change, as the higher levels of the framework will have the greatest impact on individuals. **OBJECTIVES:** By September 30, 2012, Manatee County ACHIEVE will: 1) Increase by three the number of tobacco-free campuses. 2) Increase by two the number of EBT-compliant farm stands, and increase by 10 the number of restaurants with healthy menu options. 3) Increase by three the number of breastfeeding-friendly employer policies. 4) Increase by one the number of policies designed to increase traffic safety, reduce air pollution, and increase physical activity. 5) Increase by five the number of businesses participating in policy-based worksite wellness programs. **INTERVENTION(S):** Work with a multi-sectoral coalition to: 1) Create tobacco-free campus policies; 2) a. Partner with a local hospital to establish a Healthy Choices Restaurant Program; b. Partner with local farmers to establish EBT-compliant farm stands; 3) Collaborate with local employers to institute breastfeeding-friendly policies for employees and clients; 4) Create recommendations for a countywide Complete Streets policy; 5) Establish a worksite wellness program and market it to the community. **EVALUATION MEASURES:** Process evaluation measures include site visits, yearly CHANGE community assessments, and ongoing communications with partners and coalition members. Outcome evaluation measures primarily come from PSE successes, County Health Rankings, and Florida CHARTS (Community Health Assessment Resource Tool Set) county health data. **RESULTS:** Manatee County has achieved many PSE change successes since 2010. All hospitals and colleges in the county are tobacco-free; five worksites have instituted breastfeeding-friendly policies; 18 local restaurants participate in the Healthy Choices Restaurant Program; two EBT-compliant farm stands in low-income neighborhoods have been established; Complete Streets policy guidelines will be implemented in December 2012; and 60 schools and worksites are participating in worksite wellness programs. All of these initiatives come with little or no cost, and can be easily sustained over time.

Conference Abstracts

A WHOLE NEW WORLD: COMBINING POLICY, ENFORCEMENT, AND MEDIA TO REDUCE UNDERAGE DRINKING

Bonnie Fenster, PhD, MA, Student Assistance Services; Judy Mezey, MA, Student Assistance Services Corp.; Patricia Warble, LMSW, CPP, Student Assistance Services; Patricia Tomassi, BA, Westchester County Office of Drug Prevention and STOP DWI

We may not have a magic wand, but “be our guest” at this workshop as we share what we have learned about reducing youth alcohol use. **BACKGROUND:** We are the Westchester Coalition for Drug and Alcohol Free Youth, comprised of diverse stakeholders from throughout Westchester, a suburban county of approximately one million people located immediately north of New York City. Our workshop will describe how we have reduced underage drinking in our County. Teen alcohol use is a serious public health concern resulting in significant mortality and morbidity for teens nationwide and prevention of teen alcohol use is a priority for many communities. **THEORETICAL FRAMEWORK:** There are three aspects to our theoretical framework. The first is that we are a Community Coalition comprised of many diverse stakeholders including: parents, youth, government, law enforcement, schools, youth serving agencies, media, substance abuse agencies, civic organizations, faith community, business, and healthcare. Together, we impact both grassroots as well as policy level change. The second aspect is that we use a data driven model, the Strategic Prevention Framework (SPF). The SPF, developed by the federal Substance Abuse and Mental Health Services Administration, uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The five steps are: needs assessment, capacity building, planning, implementation and evaluation. The final aspect of our framework is that we implement environmental strategies that change the culture in which all young people make decisions about alcohol and drug use, instead of focusing on changing individual behavior. **HYPOTHESIS:** Our hypothesis is that a community coalition that uses the SPF to select and implement environmental strategies can produce population level change in teen alcohol use. **METHODS:** The Coalition collects data from a stratified sample of youth representing the ethnic, racial and socio-economic diversity of the county. The data revealed high rates of underage drinking, and highlighted the intervening variables of social access and parental norms. The Coalition builds capacity to address these issues through trainings for specific sectors, participation in conferences and webinars, and monthly coalition meetings. An annual plan is developed by diverse coalition members with a focus on cultural competence. The plan includes the three keys components: policy, enforcement, and media. The workshop will describe implementation of these components. Policy initiatives include state and local laws and ordinances, such as Social Host and Good Samaritan Laws, as well as institutional policies implemented by schools and businesses. Enforcement includes training and support for targeted enforcement of underage drinking laws including compliance checks, party patrols, and prom season enforcement. Media approaches include paid media such as print, outdoor, collateral materials, and Public Service Announcements as well as social media such as websites, and texting campaigns. Presenters will also describe the Coalition’s use of media advocacy to generate earned media to advance policy initiatives. The coalition uses both process and outcome measures to evaluate success. **RESULTS:** The data show reductions in both youth alcohol use as well as “binge” drinking, which measures high risk use. Baseline data in 2008 indicated that 41.8% of Westchester high school students had consumed alcohol in the past 30 days. In 2011, that rate was reduced to 35.0%. Past two week incidence of binge drinking was reduced from 32.4% to 20.5% among high school

students. **CONCLUSION and IMPLICATIONS for PRACTICE:** We conclude that with sufficient resources, a community coalition that uses the SPF to select and implement environmental strategies can produce population level change in teen alcohol use. The theoretical framework employed—the Coalition model, SPF, and environmental strategies—are completely replicable in any community. Presenters will allow time for discussion on how to adapt these strategies in diverse communities.

TRAINING FUTURE AND CURRENT HEALTH PROMOTION LEADERS: INCORPORATING POLICY DEVELOPMENT AND ADVOCACY INTO UNDERGRADUATE, GRADUATE, AND CONTINUING EDUCATION

Rob Simmons, DrPH, MPH, MCHES, CPH, Thomas Jefferson University; Martha Romney, RN, MS, JD, MPH, Thomas Jefferson University

Over the past two decades there has been increasing interest and research on the long-term impact of public policy making and advocating for such policies to promote health. “Health in All Policies” has been an international movement that has proliferated here in the United States (US) at all levels of government policy development and advocacy for preventive health and health promotion as evidenced by the National Prevention Council (as cited in the Accountable Care Act) and the National Prevention Strategy and Action Plan. The American Association of Colleges and Universities (AAC&U) has collaborated with the Association of Schools of Public Health (ASPH) on the Educated Citizen for Public Health initiative to encourage undergraduate students to actively participate in public health initiatives that impact their lives and future career choices. Yet, undergraduate and graduate public health education and to a lesser degree, public health education professional development have not prioritized public policy and advocacy training for our future and current public health promotion workforce. This session will address that need by providing university faculty and continuing education professionals with a framework to develop health promotion policy and advocacy opportunities for students and professionals that can be used in specific courses or experiential service learning opportunities. Participants will examine a general framework for developing health promotion policy based on Kurt Lewin’s Change Theory, Michael Cohen’s and John Kingdon’s Garbage Can Model of Policy Making, and Deborah Stone’s public policy goals of equity, liberty, security, and/or efficiency to improve understanding of policy paradoxes and policy and advocacy “rules of the game”. The key role of advocacy for public policies that promote health will be discussed along with applications both inside and outside the classroom environment. Participants will walk through a step-by-step process to develop a health promotion policy and advocacy university course and professional development opportunities for on-site as well as on-line courses including webinars, with a variety of policy and advocacy learning opportunities. Specific examples of and handouts for different educational learning experiences will be highlighted such as issue briefs, case statements, decision memos, fact sheets, personal stories, oral testimonies, the use of social media, and administrative and legislative visits as well as resources for development of policy and advocacy education in health promotion. In addition, examples of integrating local, regional and national experiential advocacy learning opportunities as complements to formal policy and advocacy education and training will be discussed. Finally, the challenge of evaluation of health promotion policy development will be presented with measureable benchmarks for both process (such as increasing number of stakeholders and quality of stakeholder leadership) and outcomes (change of policies/regulations/laws as a result of policy and advocacy education initiatives) in the field of health promotion.

CONCURRENT SESSION D5 SKILL-BUILDING WORKSHOP: WRITING & REVIEWING FOR HEALTH PROMOTION JOURNALS

Room: Camelia/Dogwood, Mezzanine Level, Main Building

WRITING AND REVIEWING FOR HEALTH PROMOTION JOURNALS (PART 1)

Leonard Jack Jr., PhD, MSc, Centers for Disease Control and Prevention and Editor-in-Chief, Health Promotion Practice; Melissa Grim, PhD, MCHES, Radford University and Deputy Editor, Health Promotion Practice

Dissemination of social science research and practice is critical to advance our field. Preparing, publishing, and reviewing manuscripts are also excellent ways to stay current in the field and to advance your career. This two-part workshop will focus on writing for publication, with an emphasis on social science/health promotion peer-reviewed publications. Participants are asked to bring an idea for publication to the workshop in order to further develop their idea for future journal submission; and 2) practice peer-review and feedback of manuscript submissions.

1:30 PM—3:00 PM CONCURRENT SESSIONS E CONCURRENT SESSION E1 EXPLORING SOCIAL & CULTURAL INFLUENCES ON SUBSTANCE USE

Room: Palm Ballroom 5

USING INNOVATION FOR TEEN TOBACCO CONTROL IN CULTURALLY DIVERSE POPULATIONS: ASPIRE (A SMOKING PREVENTION INTERACTIVE EXPERIENCE) DISSEMINATION PROJECT

Lauren McCoy, MS, MD Anderson Cancer Center; Alexander Prokhorov, MD, PhD, MD Anderson Cancer Center

Tobacco use typically begins during adolescence, and smoking prevalence among this population remains unacceptably high. To effectively educate teens about tobacco dangers, it is critical to deliver information in a relatable and familiar format. Thus, there is a need to employ modern, interactive multimedia technology to reach culturally diverse adolescents to combat teen smoking. PROGRAM BACKGROUND: ASPIRE began in 2000 as an NCI-funded research project which used CD-ROM-based curriculum for smoking prevention and cessation aimed at 1,600 inner city high school students in Houston, Texas. The study proved to be effective in preventing tobacco use and was expanded to an Internet version that was widely disseminated throughout the community in 2004. In 2008, a more customized version of the website was created by adding pre- and post-test capabilities. The existing ASPIRE program uses animations, videos, and interactive activities to communicate the facts about smoking and tobacco use, as well as, offers skills to adopt a tobacco-free lifestyle. THEORETICAL FRAMEWORK: The ASPIRE intervention was largely guided by the Transtheoretical Model of Change (TTM). HYPOTHESIS: We hypothesize that exposure to the ASPIRE curriculum will decrease smoking uptake among middle and high school students. EVALUATION METHODS and RESULTS: ASPIRE was launched nationally in 2008 in 16 states. Participating schools requested site customization so that the program better aligns with school curriculum requirements and has metrics for evaluating results. Consequently, ASPIRE was adapted to include: five educational modules, pre- and post-test surveys, quizzes after each module, a certificate of completion, and a reporting system with grades. States across North America use ASPIRE to: 1) complement existing health, science and physical education curricula, 2) offer as an "alternative to suspension" for teens who violated the no-tobacco possession law, 3) assign to students as an extra credit assignment. Participating groups encompass: school

districts, a Department of Health, cancer centers, volunteer centers, youth advocacy groups, a health insurance provider, community outreach centers and tobacco prevention specialists. ASPIRE enrollment includes: 24 states, 8 prospect states, international locations, more than 400 sites, nearly 14,000 program participants. Results show a nearly 20% increase in overall tobacco knowledge between pre- and post-test results. 84% of students who completed ASPIRE reported that the program influenced their future behavioral intentions to not use tobacco in the future. CONCLUSIONS: ASPIRE demonstrates an age-appropriate, user-friendly online tool that effectively educates teenagers about the dangers of tobacco in two languages. It also achieves varied interest in program participation as well as in various settings. Additionally, initial ASPIRE research also proved that a large number of less acculturated Hispanics were unable to be reached due to a language barrier. This fact, coupled with knowledge that Hispanics are the fastest growing U.S. population and that Hispanic youth tobacco use has recently increased, resulted in the creation of the Spanish version of ASPIRE in January 2011. ASPIRE Spanish also allows program participation in Spanish-speaking countries. IMPLICATIONS for PRACTICE: The continued goal is to expand ASPIRE dissemination to additional national and international audiences. Future collaborations could provoke cultural adaptations in other languages. Program content will also need to include any new developments in tobacco research and behaviors.

RINKING BEHAVIORS OF HIGH SCHOOL STUDENTS WHO INTEND TO JOIN THE MILITARY

Adam Barry, PhD, University of Florida; Michael Stelfox, PhD, University of Florida

While excessive alcohol use is clearly prevalent among military personnel, it is unclear if the military experience and/or environment is causing personnel to drink in greater quantities, or if these behaviors are already established prior to military enlistment and/or service. Previous research suggests persons self-select into environments that support their personal drinking behaviors. The current investigation explored the extent to which binge drinking was related to propensity to join the military among a national sample of high school seniors (n=14,577) responding to the 2008 Monitoring the Future (MTF) survey. Independent samples t-test and logistic regression analyses were employed to explore the research question. Results indicated that 12th grade students who intended to join the military after graduating from high school binge drank a significantly greater number of days ($p < 0.001$, Cohen's $d = -0.22$) than those not intending to enlist. Even after controlling for various socio-demographic and lifetime drinking characteristics, binge drinkers had a higher propensity to join the military (OR = 1.079, Wald = 5.53, $df = 1$, $p < .05$) than those that did not binge. Moreover, as binge drinking increased, so did one's propensity to join the military. Our findings lend credence to the notion that high school binge drinkers may be self-selecting into military service. These findings underscore the importance of adequately assessing the frequency of high risk alcohol consumption and their associated correlates among potential military recruits prior to accession. Additionally, our results highlight the need for school-based alcohol prevention programs.

THE GROWING FAD OF HOOKAH WATERPIPE USE AMONG FOUR-YEAR AND TWO-YEAR (COMMUNITY) COLLEGE STUDENTS

Maria De Borba-Silva, DrPH(c), MPH, CHES, Crafton Hills College/Loma Linda University; Pramil Singh, DrPH, MPH, Loma Linda University; Hildemar Dos Santos, MD, DrPH, Loma Linda University; Jayakaran Job, MD, DrPH, Loma Linda University; T.L. Brink, PhD, Crafton Hills College; Susanne Montgomery, PhD, MPH, Loma Linda University

BACKGROUND: From 2004-2011, fifteen studies reported on four-year college student waterpipe use. Lifetime prevalence ranges from 11-61% and current 30-day use 5-30%. Common correlates of use are younger age (18-19), male gender, White, past and concurrent substance use, the belief that the waterpipe is less harmful and addictive than cigarettes, and seeing it as highly socially acceptable. **THEORETICAL FRAMEWORK:** Ajzen's theory of reasoned action (attitudes/norms predict intention/behavior) was the basis for many of the studies. **HYPOTHESIS:** First-ever community college waterpipe study would find similar results to four-year school studies. **METHODS:** A cross-sectional, in-classroom survey was undertaken in fall 2011 at two demographically diverse (43% Latino, 25% White, 14% Multirace, 9% African-American, 4% Asian) community colleges in Southern California, n=1,207. SPSS 20 was used for descriptive statistics and univariate logistic regression to identify variables for identification of fully adjusted multiple logistic models. **RESULTS:** Waterpipe use among community college students is in the higher range of the collegiate literature—55.5% reported ever using the waterpipe, and more than one in three (34.1%) in the previous year; no gender differences in use. More students have experimented with the waterpipe than a cigarette (ever cigarette use: 48.8%). Current waterpipe use (10.8%) is associated with current alcohol use (AOR=2.8, p<.001), current cigar use (AOR=2.5, p<.01), current cigarette use (AOR=1.8, p<.05) and female binge drinking (AOR=1.8, p<.05). Compared to African-Americans, Whites are 2.9 times (p<.05) more likely to be current users. Students believing waterpipe use very socially acceptable are 21 times (p<.001) more likely to be current users than those believing it "not at all acceptable." No associations were found between smokeless tobacco and illegal drugs and any measure of waterpipe use. While "ever" use of marijuana (56.2%) was correlated with "ever" waterpipe use, current marijuana use (16.8%) was not associated with any waterpipe use. Economic variables (receiving financial aid, first generation to attend college, number of hours worked each week) had no bearing on use; however, students who spent the least on weekly entertainment, \$0, and those who spent more than \$21 were more likely to have used the waterpipe than those who spent \$1-\$20 (AOR=0.658, p<.05). Self-identified athletes (21.2%) have and currently use the waterpipe as equally as non-athletes. **CONCLUSION:** The community college is a high risk environment for waterpipe use, adding a new dimension to this growing trend. **IMPLICATIONS for PRACTICE:** Hookah waterpipe use prevention, cessation, and control programs are urgently needed.

*** CONCURRENT SESSION E2 IMPROVING HEALTH LITERACY**

Room: Palm Ballroom 4

FACULTY-LIBRARIAN COLLABORATION: ARE WE HELPING STUDENTS LEARN BY USING LIBGUIDES?

Bojana Berić, MD, PhD, CHES, Monmouth University; Amar Kanekar, PhD, MPH, MB,BS, CPH, University of Arkansas; Eleonora Dubicki, MLS, MBA, Monmouth University; John Siegel, MLS, University of Arkansas

BACKGROUND: Librarian involvement in health education and health promotion courses has become critical given the increasing complexity and variety of electronic resources and the focus on evidence-based practice. As college students are often apprehensive about embarking on a research project, collaboration between faculty and librarians can help dramatically to reduce this anxiety as they work together to build

information literacy skills. **PURPOSE:** The purpose of this presentation is to investigate the effectiveness of health faculty-librarian collaboration in teaching health education and health promotion. As previously reported, the "embedded librarian" is an effective addition to instruction in health education and health promotion. **CONCEPTUAL FRAMEWORK:** The social constructivism approach is used to structure the teaching/learning by involving others in the process and with such interaction to increase the students' "zone of proximal development." To enrich instruction, librarians and faculty are collaborating to develop online resource guides (LibGuides) to assist students with research. LibGuides allow students to focus on particular assignments by locating books, articles, and reliable Internet resources. Complementing in-person library instruction, the LibGuides also offer convenience and accessibility to distance education and web-enhanced classes. **METHOD:** To explore the effectiveness of such collaboration and instruction, we expand our research to find out the level of students' satisfaction and the faculty-librarian insights about the use of LibGuides as a teaching strategy in health education at two universities in the United States. The data were collected by the LibGuides usage statistics (to determine which pages and hyperlinks were used most frequently), and the LibGuides survey developed for the present study. **RESULTS:** The usage statistics reveal repeated utilization of course-specific LibGuides after initial introduction. Preliminary results show that students are very receptive to LibGuides as a tool to assist them with research in health education classes. **DISCUSSION and CONCLUSIONS:** Students' preference in using the LibGuides as an effective teaching tool that reinforces material covered during library sessions suggests that the guides can be successfully used to supplement instruction in other health classes requiring extensive research, extending the learning process beyond the class assignment and the course. Students' contacts with librarians post-instruction also indicate a willingness of students to seek assistance on the research assignment from both the faculty and librarians in this interactive collaborating process. Faculty teaching the courses reported a number of quality references supporting the higher quality assignments, and better and more appropriate utilization of APA style for writing.

HEALTH LITERACY STIGMA: A FRAMEWORK FOR ADVANCING RESEARCH AND PRACTICE

Michael Mackert, PhD, The University of Texas; Amanda Mabry, MPH, The University of Texas; Marie Guadagno, MS, The University of Texas; Patricia Stout, PhD, The University of Texas; Erin Donovan-Kicken, PhD, The University of Texas

BACKGROUND: Approximately one-third to one-half of Americans experience difficulty obtaining, understanding, and acting appropriately on health information and are considered to have low health literacy. Individuals with low health literacy have poorer health outcomes and often hide their literacy challenges from physicians and other health care providers due to a perceived stigma associated with low health literacy. The framework outlined here addresses the various factors contributing to stigma associated with low health literacy, how that stigma is manifested, and how it may contribute to adverse health consequences. **THEORETICAL FRAMEWORK:** A health literacy stigma framework is conceptualized building on the Framework Integrating Normative Influences on Stigma (FINIS). FINIS was developed to aid the understanding of factors that influence stigma associated with mental health from multiple levels: micro, meso, and macro. **HYPOTHESIS:** This framework suggests there are factors at different social levels that influence stigma associated with low health literacy. The covert nature of health literacy is highlighted because negative health outcomes associated with the stress of concealment may amplify problems caused by other health concerns or illnesses. **METHODS:** Using FINIS as a starting point, the framework presented here incorporated concepts found in existing empirical research on a variety of stigmatized health conditions with an emphasis on concealable conditions such as mental health, HIV status, and some chronic conditions. **RESULTS:**

Conference Abstracts

Congruent with FINIS, the framework constructed here addresses health literacy stigma from various social levels, including interpersonal (micro-level), community-oriented (meso-level), and mass media (macro-level). Additionally, the project illuminates the current gap in empirical research about stigma associated with low health literacy and provides a more concrete conceptualization of the factors contributing to such stigma. **CONCLUSION:** The project illustrates that for people who hide a health issue due to stigma, health literacy may be an underlying factor that could have a significant impact on how they decide to seek healthcare services and the care they receive. Thus, problems associated with the health issue can be exacerbated by low health literacy and the associated stigma. **IMPLICATIONS FOR PRACTICE:** This framework provides healthcare professionals with a tool for increasing practical awareness of the health literacy challenges experienced by many patients and will help practitioners better identify the ways in which they can help alleviate perceived health literacy stigma. This will facilitate better patient-provider relationships, allow providers to provide more comprehensive care, and help avoid adverse health outcomes due to a lack of patient understanding.

CURRENT AND FUTURE DIRECTIONS IN HEALTH LITERACY

Rachel Torres, EdD, MPH, CHES, BMCC- City University of New York; Sharie Hansen, MSW, BMCC-City University of New York

A better understanding of health literacy and how it affects the health of the nation is crucial to the development of effective health education and promotion strategies. National assessments have repeatedly demonstrated that there continues to be a growing disconnect between the health literacy levels of patients and their ability to understand health information. Low health literacy is and continues to be a public health priority. Health educators and public health educators are at the forefront of these issues and are in unique positions to positively affect them. It is imperative that health educators have a better understanding of the current state of health literacy research and the directions in which the research is headed. This workshop will focus on the following topics: First, providing health educators with an overview of the research to date, including the research linking low literacy and poor health outcomes. Second, participants will explore current assessment tools designed to assess health literacy in a variety of settings and understand the pros and cons of each. Third, participants will engage in hands-on activities designed to provide experiences in working with the different readability tools currently out there and collectively recognize the strengths and weaknesses of using readability formulas to assess health education materials. Finally, the last decade of health literacy research has seen a focus on the patient's inability to comprehend health information in a variety of forms. Researchers and government organizations are calling for a change in direction, one away from primarily the patient perspective. A discussion of where health literacy research is headed, as outlined in the National Action Plan to Improve Health Literacy will be included as part of the discussion surrounding health literacy. The workshop will include lecture, problem-based learning, small group discussions, hands-on activities and practical information.

CONCURRENT SESSION E3 EVALUATING HEALTH EDUCATION PROGRAMS

Room: Palm Ballroom 1

THE EFFICACY OF A PEER EDUCATOR HIV PREVENTION INTERVENTION FOR AFRICAN AMERICAN COLLEGE STUDENTS

Deneen Long-White, PhD, CHES, Howard University; Denyce Calloway, PhD, Howard University

Although significant progress has been made addressing the HIV/AIDS epidemic in the United States, African American youth ages 13-24 continue to represent a disproportionately high rate of new infections

each year. According to the CDC, in 2007 African American youth aged 13-24 accounted for 61% of new HIV diagnoses. The CDC recognizes 69 evidenced-based HIV prevention interventions that focus on the individual, group or community level. However, despite the usefulness of these interventions, none of the evidenced-based HIV prevention interventions have been developed for the college setting, specifically focusing on African American college students. The purpose of this study was to explore the efficacy of a peer-led HIV prevention intervention on African American college students at a HBCU. The theoretical underpinning of the study was the Health Belief Model and Social Cognitive Theory. The study was guided by three hypotheses: students will report greater (1) condom use self-efficacy, (2) condom negotiation skills, and (3) safe sex communication skills than before the intervention. African American student Peer Educators were trained to implement a four-module, HIV prevention intervention entitled, *Playing It Safe: Protecting Yourself from HIV/AIDS and other STDs*. Freshmen students living on campus were recruited for participation in the study. At the time of recruitment participants were asked to complete a 47 item pre-assessment survey which measured the respondent's knowledge regarding HIV/AIDS transmission, HIV prevention skills, condom self-efficacy, and sexual risk behaviors. Each respondent was then randomly assigned to one of two groups—control or intervention. Immediately after the conclusion of the four-module intervention, the intervention group completed the assessment survey again. Four months later, both the control and intervention group completed the assessment survey. In comparing the pre and post assessments of the intervention group, results showed increased condom use self-efficacy, condom negotiation skills and safe sex communication skills. The observed differences were found to be statistically significant at the $p=.05$ level. These differences were sustained months after the initial intervention. The current study demonstrates the sustained impact of a peer-led HIV Prevention intervention in reducing HIV risk behaviors and increasing HIV prevention knowledge, skills and beliefs among African American college students. This model can serve as the starting point of the development of an evidenced-based HIV behavioral intervention in a college setting targeting African American students.

DETERMINING THE ENHANCEMENT OF CAREER DEVELOPMENT THROUGH LOCAL SOPHE CHAPTER INVOLVEMENT

Melissa Thomas, PhD, MSPH, MSA, Ohio Health Research & Innovation Institute; Randall Cottrell, DEd, University of Cincinnati; Zipporah Inniss-Richter, MEd, University of Cincinnati; Holly Mata, PhD, CHES, The University of Texas at El Paso

BACKGROUND: Ohio is one of 19 chapters affiliated with the National Society for Public Health Education, or SOPHE. A literature review of articles associated with statewide or nationwide public health/health education organizations revealed the benefits of membership in enhancing career development. The purpose of this study is to measure the impact that local SOPHE chapter involvement has made on the career development of health education/public health professionals. Additionally, the survey was written to explore which professional activities conducted by the local chapter are perceived as most beneficial to members. **THEORETICAL FRAMEWORK:** The work of Higgins and Kram (2001) in developmental network perspectives and Ibarra's (1999) social network research were chosen as the foundation of this study. **HYPOTHESIS:** It is hypothesized that the greater the level of involvement in a local SOPHE chapter, the stronger the professional identity of the individual. **METHODS:** A convenience sample of approximately 100 health educators who are members of a chapter affiliate of the National Society for Public Health Education (SOPHE) will be recruited from Ohio and Texas via email, listserv announcements, health education courses, and word of mouth. Participants will be invited to complete an anonymous online survey through Survey Monkey aimed at determining the enhancement of career development through local SOPHE chapter involvement. **RESULTS:** Results will be collected in September and October 2012 **IMPLICATIONS**

Conference Abstracts

for PRACTICE: No published quantitative study currently exists on the enhancement of career development through local SOPHE chapters. By identifying key activities that strengthen the career development of local SOPHE members, National SOPHE can provide additional resources to help strengthen our health education professionals.

EVALUATING THE EFFECTIVENESS OF A HOME-VISITATION PROGRAM IN BALTIMORE CITY: AN MCH STORY

Ndidi Amutah, PhD, MPH, Montclair State University

BACKGROUND: Baltimore City has extremely high rates of infant mortality. Additionally, women in Baltimore City experience high rates of low birth weight, premature births, and poor birth spacing. Focus groups were conducted with women from community-based organizations to determine the role of a community based home-visitation program in ensuring that women have safe and healthy pregnancies. **THEORETICAL FRAMEWORK:** The social determinants of health theory was utilized as the foundation for the research study. **METHODS:** In-depth interviews and participatory observation were conducted at a service provider's office to determine the unique needs of pregnant or parenting women of color. Through the use of observations, in-depth interviews and qualitative research, I delved more into the issues in this population and learned from community-based staff and women the situations that arise in regards to primary care, housing, transportation, and childcare, among others. **RESULTS:** Barriers to use of health services for women include lack of insurance, lack of social support from partners, lack of knowledge of available services, and competing issues such as employment, other children, and lack of transportation. **CONCLUSIONS:** Research findings suggest that there are multiple barriers to be mediated through the utilization of home visitation services. **IMPLICATIONS for PRACTICE:** The results of the study indicate opportunities for health educators to improve the health of vulnerable populations of women through the elimination and removal of barriers to proper prenatal care.

CONCURRENT SESSION E4 EXPLORING COMMUNITY-LEVEL POLICY & ADVOCACY EFFORTS

Room: Palm Ballroom 2

THE ROLE OF SIDEWALKS IN BUILDING HEALTHY COMMUNITIES: THE INTERSECTION OF URBAN PLANNING AND PUBLIC HEALTH

Sherry Fontaine, PhD, Creighton University

Jane Jacobs, an urban planning scholar, brought attention to the significance of sidewalks in urban life. According to Jacobs, sidewalks have three primary purposes: safety, human contact, and assimilating children (Jacobs, 1961). For those of us in public health, sidewalks have an additional purpose; increasing physical activity by promoting the walkability of neighborhoods. Sidewalks play a vital role in promoting a physically active community. Increasing the number of sidewalks in a neighborhood is often a component of a community's complete streets program. Supporting the linkage between sidewalks and increased physical activity is research that finds that sidewalks increase the likelihood that residents will walk in their neighborhoods by 65% (Giles-Corti, B. and Donovan, R. 2002). The benefits of sidewalks from a health promotion standpoint are clear. However, ensuring that sidewalks are designed to encourage optimal pedestrian use involves the expertise of urban planners. Considerations such as safety, accessibility, land use, aesthetics, and physical design are factors which contribute to sidewalk usage. This presentation will examine, from the dual perspectives of public health and urban planning, how to increase the use of sidewalks.

The presentation will also discuss best practices in designing walkable neighborhoods; looking at the role of sidewalks in complete streets programs and mixed-use zoning efforts. Drawing upon the literature of urban theorists, the planning guidelines provided at the federal, state and local levels, and reviews of best practices in communities; a clear and comprehensive overview and analysis will be provided to participants of how sidewalks can optimally contribute to healthy behaviors and building healthy communities. In addition, participants will be encouraged to share their own ideas and experiences on how sidewalks can increase the walkability of the neighborhoods in their communities. Jacobs, J. (1961). The life and death of great American cities. New York: Random House. Giles-Corti, B. and Donovan, R. (2002). The relative influence of individual, social, and physical activity. *Social Science and Medicine*, 54:1793-1812.

NEW BEGINNINGS: INCORPORATING CLINICAL SERVICES INTO PUBLIC/COMMUNITY HEALTH STRATEGIC PLANS

Cherylee Sherry, MPH, MCHES, Minnesota Department of Health

Minnesota, despite ranking as one of the healthiest states in the nation, has some of the greatest disparities in health status nationally, especially when comparing populations by race and ethnicity and geographic community. Poverty is associated with lower education attainment and impoverished living conditions, which lead to poor health and increase the risk for tobacco use and higher rates of obesity. These health inequities are compounded by lack of access to health promoting community resources and services. In order to change that dynamic, the Minnesota Department of Health (MDH) is implementing community-based health improvement strategies where the need is greatest. MDH will use the Community Transformation Grant (CTG) to leverage its nationally-recognized health reform legislation of 2008, including the innovative, evidence-based Statewide Health Improvement Program (SHIP). SHIP has worked closely with Minnesota counties and tribal governments to implement community-based efforts to reduce obesity and tobacco use and exposure across the state's population. MDH's work plan for the five-year CTG features: (1) Providing grants to target communities; (2) Developing regional systems and partnerships to support access to healthy food, active living/transportation systems, and strategies to reduce tobacco use and exposure; as well as (3) state-level coordination of these efforts. This broader regional approach will build on the local community capacity developed through SHIP and other initiatives such as Communities Putting Prevention to Work (CPPW) programs that promote changes in policy, the environment, and programmatic and infrastructure efforts to prevent chronic disease. Work is being integrated across tobacco free living, active living and healthy eating, and clinical prevention services strategies and across multiple sectors and sites (e.g., schools, clinics, worksites, public housing and child care). A unique strategy of MDH CTG is improving health care among patient populations with the greatest health disparities (low income, American Indian, racial/ethnic disparities, mentally ill, rural and under/uninsured). Efforts focus on reducing chronic disease risk factors, such as high blood pressure, cholesterol, blood glucose, BMI and tobacco exposure. MDH is working with Minnesota's health care system and key community stakeholders to improve chronic disease data measurement systems; improve reimbursement for screening and prevention programs; promote best practices and quality improvement methods in primary care and specialty clinics serving populations with health disparities; and improve chronic disease care coordination integration between clinical and community-based health improvement services. Baseline results for each clinical prevention service strategy component are being collected.

Conference Abstracts

SMARTER POLICIES, HEALTHIER COMMUNITIES: THE ROLE OF HIA IN COMMUNITY HEALTH

Katherine Houghton Hirono, MPH, Health Impact Project, Pew Charitable Trusts

Every day decisions are made that impact how people work, live and play, yet health is not commonly considered in these actions. The wide body of knowledge on the social determinants of health provides an evidence base to explain how decisions outside of the public health field—such as city planning, transportation, food and agriculture, and energy and natural resource decisions—impact community health, but there is a need for effective processes for engaging decision makers and communities in health-based conversations. Health Impact Assessment (HIA) is an effective tool for helping health educators and community members to shape decisions that impact the public's health. HIA is defined by the National Research Council of the National Academies as "a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects." Through the process, it provides a forum for communities to learn about policies or projects that affect them and concretely engage in the decision-making process. Using a variety of data collection techniques, HIA educates stakeholders about the public health impacts of their actions and translates research into recommendations that maximize health, prevent unintended consequences, and lead to well-informed policies. There are many examples of HIAs providing valuable, timely information to decision makers that led to health-promoting policies, or successfully mitigated harmful health effects. Given the diversity of public policies that impact health, the field of HIA offers the flexibility and adaptability to apply myriad approaches to assess health impacts. Some HIAs have relied on quantitative modeling while others have applied community based participatory research approaches. In all cases, the ability of HIA to translate data into policy recommendations has led to positive outcomes for promoting and protecting community health. This presentation will offer examples of how HIA has added value to the decision-making process; where HIA recommendations have been incorporated into final policies and programs; and how communities have been effectively engaged throughout the process.

CONCURRENT SESSION E5 SKILL-BUILDING WORKSHOP: WRITING & REVIEWING FOR HEALTH PROMOTION JOURNALS (PART 2)

Room: Camelia/Dogwood, Mezzanine Level, Main Building

WRITING AND REVIEWING FOR HEALTH PROMOTION JOURNALS (PART 2)

Leonard Jack Jr., PhD, MSc, Centers for Disease Control and Prevention and Editor-in-Chief, Health Promotion Practice; Melissa Grim, PhD, MCHES, Radford University and Deputy Editor, Health Promotion Practice

Dissemination of social science research and practice is critical to advance our field. Preparing, publishing, and reviewing manuscripts are also excellent ways to stay current in the field and to advance your career. This two-part workshop will focus on writing for publication, with an emphasis on social science/health promotion peer-reviewed publications. Participants are asked to bring an idea for publication to the workshop in order to further develop their idea for future journal submission; and 2) practice peer-review and feedback of manuscript submissions.

3:45 PM—4:45 PM

*** PLENARY VI**

Room: Palm Ballroom 2

TRANSFORMING THE FUTURE OF PUBLIC HEALTH

Presenter: Adewale Troutman, MD, MPH, MA, CPH, University of South Florida and APHA President

Community and individual health are multidimensional. The existence of dramatic inequities is now well-known among communities of color as is the association with poverty and socio-economic status. This talk will discuss these factors and social determinants of health as a driver of health equity based on social justice and the right to health, and how to transform the future of public health.



POSTER PRESENTATIONS SESSION A: THURSDAY POSTERS

• Denotes Poster Promenade

- A1. SOPHE & AAHE: Collaborating to Strengthen the Health Education Profession**
M. Elaine Auld, MPH, MCHES, Society for Public Health Education; Caile Spear, PhD, CHES, Boise State University and AAHE President; Kelli McCormack Brown, PhD, CHES, University of Florida and SOPHE President; and other SOPHE & AAHE Leaders
- A2. Gender Differences in Physical Activity and Related Beliefs Among Hispanic College Students**
Dejan Magoc, PhD, Eastern Illinois University; Joe Tomaka, PhD, The University of Texas at El Paso; Angelee Shamaley, MS, CHES, The University of Texas at El Paso; Amber Bridges-Arzaga, BS, CHES, The University of Texas at El Paso
- A3. Students' Perceptions and Practices Regarding Carrying Concealed Handguns on University Campuses**
Amy Thompson, PhD, University of Toledo; Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University; James Price, PhD, MPH, The University of Toledo; Joseph Dake, PhD, MPH, The University of Toledo; Dianne Kerr, PhD, Kent State University; Jodi Brookins-Fisher, PhD, CHES, Central Michigan University
- A4. Internalized Homophobia Among Focus Group Participants in a University Gay-Straight Alliance: Implications for Practice**
Frederick Schulze, DEd, MCHES, Lock Haven University; Tara Mitchell, PhD, Lock Haven University
- A5. Envisioning an HIV-Free Generation: Findings and Recommendations from a Social Ecological Study to Assess HIV/STI Risks in a Southeastern (US) State**
Lasonja Kennedy, MA, CHES, University of Alabama at Birmingham
- A6. Dating Violence in LGBT Youth: An Exploratory Review**
Martin Wood, PhD, Ball State University; Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University
- A7. Adolescent Dating Violence Prevention: A Comparative Analysis of School Nurses', School Counselors', and School Principals' Perceptions**
Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University; Jeffrey Clark, HSD, MCHES, FASHA, Illinois State University; Michael Wiblishauser, PhD, CHES, Black Hill State University; James Price, PhD, MPH, University of Toledo; Susan Telljohann, HSD, University of Toledo; Emily Sullivan, BS, Ball State University
- A8. Grade Level Similarities and Differences in the Association Between Risk and Protective Factors for School Commitment**
Christine Gastmyer, CHES, Navasota ISD; Kelly Wilson, PhD, MCHES, Texas A&M University; Dawn-Marie Baletka, PhD, LPC, GPC, Navasota ISD
- A9. Building Health Communities: A Multi-year Evaluation of a School-based Childhood Obesity Prevention Program**
Susan Franzen, MS, Prevention Research Center of Michigan; Huda Fadel, MPH, PhD, Blue Cross Blue Shield of Michigan; Tom Reischl, PhD, Prevention Research Center of Michigan; Diane Valade, MS, Blue Cross Blue Shield of Michigan
- A10. Weight Status and Weight Loss Practice among Teenagers**
WayWay Hlaing, MBBS, MS, PhD, University of Miami; Rui Duan, MD, MPH, University of Miami
- A11. Social Supports Influence Weight Status in Urban Minority Adolescent Females in Northeast Florida**
Jevetta Stanford, EdD, University of Florida; Mary H. Lai-Rose, PhD, MEd, University of Florida; Mobeen Rathore, MD, CPE, FAAP, FIDSA, FACPE, University of Florida; Elizabeth Shenkman, PhD, University of Florida
- A12. A Case Study of Teachers' Recess Practices Related to Students with Exceptional Learning Needs**
David Campbell, PhD, Concord University; Andrea Campbell, BS, MEd, Concord University; Jill Nolan, PhD, Concord University
- A13. Connect and Grow with Us: Insights from a Community Garden Network**
Jennifer Marshall, MPH, University of South Florida
- A14. Examining the Impact of a Nutrition Education and Physical Activity Intervention Program on Middle School Students**
Chanadra Young Whiting, EdD, MPH, Florida International University; Audrey Miller, PhD, Florida International University; Michelle Kameka, EdD, MPH, Florida International University
- A15. The FIT for Kids Model: A Systems Approach to A Healthy Community With Food As a Focus**
Mary Hawkins, PhD, MEd, MEd, BS, Louisiana State University in Shreveport; Grace Peterson, PhD, MA, Louisiana State University
- A16. An Asthma Primer for School Nurses: The Use of Web-Based Methodologies to Increase Pediatric Environmental Health Awareness**
Shannon Cox-Kelley, EdD, MS, MCHES, Southwest Center for Pediatric Environmental Health

Thursday Posters

- A17. The Unique Collaboration between Educators and Clinicians to Identify the Educational and Psychosocial Needs of Adolescent and Young Adult (AYA) Cancer Survivors via an AYA Task Force**
Lina Mayorga, MPH, CHES, City of Hope Cancer Center; Kayla Fulginiti, MSW, City of Hope Cancer Center
- A18. Magic Happens when Schools, Hospitals and Family Practice Residency Programs Combine Elements to Create a Healthy Los Nietos**
Nancy Clifton-Hawkins, MPH, Clifton-Hawkins and Associates; Ingrid Patsch, MD, Presbyterian Intercommunity Hospital
- A19. Engaging Early Adolescent School Children and Older Adults in Intergenerational Advocacy to Improve Community Health**
Peter Holtgrave, MPH, MA, OASIS Institute; Christie Norrick, MSW, OASIS Institute; James Teufel, MPH, PhD, OASIS Institute
- A20. Making Changes in Community Oral Health Systems to Address Disparities: Meeting the Needs of Medically Underserved Children through Health Systems Research**
Angelia Paschal, PhD, MEd, College of Human Environmental Sciences; Judy Johnston, MS, LD/RD, University of Kansas School of Medicine-Wichita; Qshequilla Mitchell, MPH, University of Alabama; Sarah Rush, MA, University of Alabama
- A21. Knowledge Mobilization**
Deborah Begoray, PhD, University of Victoria—British Columbia; Robin Wilmot, MA, University of Victoria
- A22. The Contribution of First Aid Training to Early Adolescent Helping Behaviors**
Bianca Reveruzzi, BPsych, Queensland University of Technology; Lisa Buckley, PhD, Queensland University of Technology; Rebekah Chapman, BPsych Science, Queensland University of Technology;
- A23. HIV/AIDS in War Zones: An Agenda for Global Policy Development and Systems Change**
Danvas Omare, MPH (c), East Stroudsburg University; Amar Kanekar, PhD, MPH, MBBS, CHES, CPH, University of Arkansas
- **A24. Electronic System for Monitoring and Health Promotion (SEMPZ) in the Prophylactic Program for Prevention of Addiction to Tobacco and other Psychoactive Substances in Poland**
Anna Włoszczak-Szubzda, PhD, Institute of Rural Health—Poland; Mirosław J. Jarosz, MD PhD, University of Economy and Innovation—Poland; Andrzej Wojtyła, MD, PhD, Institute of Rural Health—Poland; Mariola Rosser, PhD, IDEA Partnership at NASDSE
- A25. Inequality in the Utilization of Maternal Health Care Services in India**
Rakesh Kumar Singh, MPhil, International Institute for Population Studies
- **A26. Addressing Co-occurring Adolescent Problem Behaviors in South Africa**
Mary H. Lai-Rose, MEd, The Pennsylvania State University; Edward A. Smith, DrPH, The Pennsylvania State University; Linda M. Collins, PhD, The Pennsylvania State University; Linda L. Caldwell, PhD, The Pennsylvania State University
- A27. A Layered Approach to the PRECEDE-PROCEED Model in Resource-Poor Haiti**
Carl Mickman, BS, MD(c), MPH(c), Louisiana State University; Elisabeth Gleckler, DrPH, MBA, MCHES, Tulane University; Serena Murphy, Louisiana State University
- **A28. Night Time Parties: A Mobile Outreach to Increase Uptake of HIV Counseling and Testing Among Men Who Have Sex with Men (MSM) in Abuja Nigeria**
Stella Iwuagwu, PhD, CHES, MS, MPH, BNSc, RN, Cleveland State University
- A29. Transformation of the Global Health Field through National Health Collaborations: The Dominican Republic Model**
Helena Chapman, MD, MPH, BS, University of Florida
- A30. Combining Systems of Care Principles with Community-based Participatory Research Methods to Plan and Develop an Electronic Information System for Children’s Mental Health Services**
Mark Fafard, BA, University of Florida Center for Health Equity and Quality Research; William Livingood, PhD, University of Florida Center for Health Equity and Quality Research
- A31. Patient Navigators: An Innovative Use of Outreach Workers in the Maternal Child Health Community**
Robyn D’Oria, MA, APN, RNC, Central Jersey Family Health Consortium; Velve Dawson, MPA, Central Jersey Family Health Consortium
- A32. Risk of Child Neglect and Abuse Among Unmarried Hispanic Teenage Mothers Receiving Women, Infants, and Children (WIC) Support**
Alethea L. Chiappone, BS, University of Georgia; Matthew Lee Smith, PhD, MPH, CHES, University of Georgia/Texas A&M Health Science Center School of Rural Public Health; Justin B. Dickerson, PhD, MBA, Texas A&M Health Science Center School of Rural Public Health; Kelly L. Wilson, PhD, MCHES, Texas A&M University
- A33. Incorporating Men in Prenatal Health Promotion**
Marie Guadagno, MS, The University of Texas; Michael Mackert, PhD, The University of Texas

Thursday and Friday Posters

A34. Listening to Providers: Using Partner Feedback to Shape Perinatal Health Education Programs

Leah Kokinakis, PhD, Wisconsin Women's Health Foundation;
Kristine Alaniz, MPH, CHES, Wisconsin Women's Health Foundation;
Carl Oliver, CHES, Wisconsin Women's Health Foundation; Chelsea
Stover, CHES, Wisconsin Women's Health Foundation

A35. Factors Associated with Those Never Screened for Cervical Cancer within the United States

Sandte Stanley, MPH, Centers for Disease Control and Prevention;
Cheryll Thomas, MSPH, Centers for Disease Control and
Prevention; Lisa Richardson, MD, MPH, Centers for Disease Control
and Prevention

A36. Using Quality Matters™ Rubric in Developing Online Course Curriculum to Align with the Health Education Job Analysis 2010 New Competencies

Debra Maria Vinci, DrPH, MS, RD, University of West Florida; Patsy
Barrington Malley, MS, MCHES, University of West Florida; Nancy
B. Hastings, PhD, University of West Florida

A37. What's In a Name—Professional Identity or Identity Crisis?

J. Don Chaney, PhD, MCHES, University of Florida; Julia Alber,
MPH, University of Florida; Thomas O'Rourke, PhD, MPH, CHES,
University of Illinois

A38. Building a Better Tomorrowland: Empowering Future Health Educators through the "Four I's of Student Leadership"

Jayzona Alberto, Western University of Health Sciences; Amanda
Brenner, Western University of Health Sciences

A39. A Look Across the Lifespan—Are Individuals with Sickle Cell Disease Eating Healthy?

Lisa Shook, MA, CHES, Cincinnati Children's Hospital
Medical Center

A40. Effects of the Nutrition Labeling Format and Involvement on Consumers' Responses to Foods

Mi-Hsiu Wei, PhD, Tzu Chi University; Chien-Hung Chen, PhD,
Dahan Institute of Technology

A41. Designing an Intervention for Fitness Center Staff to Create a Positive, Supportive Climate

Theresa Brown, PhD, CHES, Oklahoma State University

A42. Using Formal and Informal Networks for Emergency Health Education

Michele Samarya-Timm, MA, HO, MCHES, REHS, DAAS, Somerset
County Department of Health

A43. The Role of Health Educators in Responding to Public Health Emergencies

Kathleen Miner, PhD, MPH, MEd, Emory University; Elaine Auld,
MPH, MCHES, Society for Public Health Education; Melanie Sellers,
MPH, Society for Public Health Education; Julia Gin, BS, CHES,
Society for Public Health Education

A44. Building Chapter Capacity through Supportive Grants and Cooperative Partnerships in Addressing Health Equity and Promotion

Robert Rinck, MPH, San Jose State University; Cheryl Hergert,
MPH, San Jose State University; Maggie Sotelo, BS, Health Career
Connections; Isra Ahmad, AA, San Jose State University

A45. A Crystal Ball Approach: Transforming Breast Cancer Research and Practice through Evidence-Based Interventions

Michele Doughty, DHEd, A.T. Still University

A46. Identifying Individuals at Health Risk: Neural Network Approach

Dejan Magoc, PhD, Eastern Illinois University; Borislav Obradovic,
PhD, Faculty of Sport and Physical Education; Mihailo Miletic, MA,
Regional Institute of Sport

A47. Latino Lay Health Leaders as Effective in Forging Relationships Between Community Members and Healthcare Professionals

Stephanie Landsman, BS, MPH, WellSpan Health Community
Health Improvement; Yeimi Gagliardi, MS, WellSpan Health
Community Health Improvement

POSTER PRESENTATIONS SESSION B: FRIDAY POSTERS

• Denotes Poster Promenade

B1. Spotlight on SOPHE Chapters—2013

Melanie Stopponi, MPA, MCHES, SOPHE House of Delegates

B2. SOPHE Sustainable Solutions for Health Equity: Lessons Learned from Chapter Collaboration to Address Diabetes among American Indians/Alaska Natives and African American/Black populations

Nicolette Warren, MS, MCHES, Society for Public Health Education
(SOPHE); Nandi Marshall, MPH, CHES, DrPH(c), Georgia SOPHE
Chapter; Cheryl Mariscal Hergert, MPH, Northern California
SOPHE Chapter



**B3. Development of a Perceived Etiology of Racial/
Ethnic Health Disparities Scale (PEREHDS)**

James Price, PhD, MPH, FAAHE, FASHA, University of Toledo; Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University; Robert Braun, PhD, CHES, Otterbein University; Erica Payton, MPH, CHES, Department of Health and Recreation Professions; Prasun Bhattacharjee, PhD, East Tennessee State University

**B4. Do Reasons to Quit Smoking Differ by
Socioeconomic Status in Adolescents?**

Erin O'Loughlin, MA, The University of Montreal Hospital Research Centre (CRCHUM); Laura Struik, MA, University of British Columbia; Erika Dugas, MSc, CRCHUM; Joan Botorff, PhD, University of British Columbia's Okanagan campus; Jennifer O'Loughlin, PhD, CRCHUM

**B5. Smoking and Health Related Quality of Life in Lower
Income Individuals: A 2012 Survey of Patients in
Louisiana's Public Healthcare Delivery System**

Ariyon C Bryant, BS, Louisiana State University; Micheal Celestin, MA, CHES, TTS, Louisiana State University; Tung-Sung Tseng, DrPH, MCHES, Louisiana State University; Krysten Jones, MPH, CHES, CTTS, Louisiana State University; Sarah Moody-Thomas, PhD, Louisiana State University

**B6. Secondhand Smoke Exposure at Home and its Effects
on Tobacco Use and Quit Attempts Among Low-
Income Smokers**

Yilin Xu, MPH, Louisiana State University; Sarah Moody-Thomas, PhD, MS, Louisiana State University; Tung-Sung Tseng, MS, DrPH, Louisiana State University; Michael D. Celestin Jr., MA, CHES, TTS, Louisiana State University; Krysten D. Jones, MPH, CHES, CTTS, Louisiana State University

**B7. Clear the Air: Tobacco Retailer Education
Community Collaborative**

Patsy Barrington Malley, MS, EdD, MCHES, University of West Florida

**B8. Using Collaborative Approaches to Drive Tobacco
Control Strategic Planning**

Keiren O'Connell, BA, Health Promotion Council of Southeastern Pennsylvania

**B9. Exhaled Air Assessment of Carbon Monoxide Levels
in Hookah Smokers: A Call For Action**

Mary Martinasek, PhD, University of Tampa; Allison Calvanese, University of South Florida; Jake Bailey, University of Tampa; Megan Bingham, University of Tampa; Grace Issiki, BS, University of South Florida; Kayla Mackanin, BS, University of South Florida; Dawn Howard, MPH, BS, University of South Florida; Kimberly Conner, BS, University of South Florida

**B10. Physical Activity and Fruit and Vegetable
Consumption Habits in College Student Smokers,
Social Smokers, and Nonsmokers**

Timothy Murphy, PhD, Mississippi University for Women; Diane Tidwell, PhD, RD, LD, Mississippi State University; Michael Hall, PhD, CHES, Florida Atlantic University; Ronald D. Williams, Jr., PhD, CHES, Mississippi State University; Chiquita Briley, PhD, Mississippi State University; Barry Hunt, PhD, Mississippi State University

**B11. Community-Campus Partnership for Tobacco
Prevention Outreach, Advocacy, and Philanthropy**

Barry P. Hunt, EdD, Mississippi State University; Ronald D. Williams, Jr., PhD, CHES, Mississippi State University; Jeremy Barnes, PhD, Southeast Missouri State University

**B12. Gender Integrated Health Education and Promotion
Interventions: The Philadelphia Ujima Coalition for a
Healthier Community Experience**

Candace Robertson-James, DrPH, MPH, Drexel University College of Medicine; Ana Núñez, MD, Drexel University College of Medicine; Serita Reels, MPH, Drexel University College of Medicine

**B13. Faith-Based Health Program for African
American Women**

Jenelle Robinson, PhD, West Virginia State University; Diane Tidwell, PhD, RD/LD, Mississippi State University; Chiquita Briley, PhD, Mississippi State University; Ronald D. Williams, Jr., PhD, CHES, Mississippi State University; Paula Threadgill, PhD, Mississippi State University; Walter Taylor, PhD, Mississippi State University

**B14. Building Capacity for Evidence-based Practice:
A Training and Technical Assistance Intervention
for Community Organizations**

Alexis Moore, MPH, Lineberger Comprehensive Cancer Center; Marissa Hall, BA, Gillings School of Global Public Health; Jennifer Leeman, MDiv, DrPH, University of North Carolina at Chapel Hill; Kenisha Bethea, MPH, CHES, Susan G. Komen for the Cure—North Carolina Triangle to the Coast

**B15. Using Data Collection and Reporting Strategies to
Increase Community-Level Attention, Interest, and
Investment in Improving Community Health**

Alfgeir Kristjansson, PhD, West Virginia University; Michael J. Mann, PhD, West Virginia University; Inga Dora Sigfusdottir, PhD, Teachers College, Columbia University

**B16. Extending the Healthy Neighborhood Initiative
Assessment Model to a Mixed Methods Design: A
Case Study on Mammography Screening Barriers**

Linda Highfield, PhD, MS, St. Luke's Episcopal Health Charities; Karen Williams, PhD, MHSA, St. Luke's Episcopal Health Charities

• B17. Using Health Information Technology (HIT) to Promote Health Risk Assessment (HRA) with Adolescents in Primary Care Settings

Jevetta Stanford, EdD, University of Florida; Katherine Eddleton, MPH, University of Florida; TaJuana Chisholm, EdS, University of Florida; Maryum Khan, MPH, University of Florida; Elizabeth Shenkman, PhD, University of Florida

B18. Building a Healthier Independence: Multi-Department Collaboration to Combat Chronic Disease

Christina Heinen, MFS, Missouri Health Department

B19. HealthStreet Gainesville: A Robust Community Engagement Model for Jacksonville Florida

Fern Webb, PhD, University of Florida; Jevetta Stanford, EdD, University of Florida; Noni Graham, MPH, University of Florida; Catherine Woodstook Striley, PhD, MSW, LCSW, ACSW, MPE, University of Florida; Linda Cottler, PhD, University of Florida

B20. Winning Over Weight Wellness: Programmed for Success

Fern Webb, PhD, University of Florida; Michelle Doldren, EdD, Nova Southeastern University; Gary Hall, DCE, West Jacksonville Church of God in Christ; Selena Webster-Bass, MPH, Jacksonville Children's Commission

B21. Powering Up Practice in an Observational Case Study of Participants' Knowledge, Experiences, and Transformations with Weight Loss Programs

Adenike Bitto, MD, MPH, DRPH, MCHES, FRSPH, East Stroudsburg University; Kim Eilenberger, MAEd, MPH(c), East Stroudsburg University

B22. Assessing Weight Bias in Nurses toward Obese Patients and Its Effect on Quality of Care

Janelle Garcia, PhD, University of Florida; Beth Chaney, PhD, MCHES, University of Florida; Christine Stopka, PhD, ATC, LAT, CSCS, CAPE, MTAA, University of Florida; J. Don Chaney, PhD, MCHES, University of Florida; Donna Neff, PhD, APRN-BC, University of Florida

B23. Sustaining Positive Health Outcomes through the Augmentation of a Chronic Disease Self Management Program for Latinos

Jaime Corvin, PhD, MSPH, CPH, University of South Florida; Claudia Aguado Loi, PhD, MPH, University of South Florida; Jennifer Burges, BS, University of South Florida; Elizabeth Powers, BA, University of South Florida; Moya Alfonso, PhD, MSPH, Georgia Southern University; Junius Gonzales, MD, MBA, University of Texas El Paso

B24. The "For Heart's Sake" Initiative for African Americans in York City, Pennsylvania

Stephanie Landsman, BS, MPH, WellSpan Health Community Health Improvement; JoAnn Henderson, Community Health Worker, WellSpan Health Community Health Improvement; Kelsie Landis, BS(c), University of Delaware

B25. Factors Affecting Healthy Eating and Physical Activity Behaviors Among Multiethnic Blue- and White-Collar Workers: Implications for Worksite Health Promotion Program Planning

Jodi Leslie, DrPH, RD, University of Hawaii at Manoa

B26. Better Balance: Keeping Older Adults on Their Feet through a Multisensory Physical Activity Program

Sarah Lovegreen, MPH, MCHES, OASIS Institute; James Teufel, PhD, MPH, OASIS Institute

B27. Family Composition and Parent Support for Physical Activity

Jill A Nolan, PhD, Concord University; Lesley Cottrell, PhD, West Virginia University; David Campbell, PhD, Concord University; Wesley Meeteer, PhD, Concord University; Geri Dino, PhD, West Virginia University

B28. Social Cognitive Theory Constructs and Participation in a Comprehensive Worksite Health Promotion Program: A Focus Group Study of Employees of Large Health System

Anders Cedergren, MEd, CHES, University of Cincinnati; Randall Cottrell, DEd, MCHES, University of Cincinnati

B29. Cognitive Limitations and Health Behavior Change

Tina Bhargava, DrPH, Kent State University; Janice Zgibor, RPH, PhD, University of Pittsburgh; Kathleen McTigue, MD, MS, MPH, University of Pittsburgh; Steve M. Albert, PhD, University of Pittsburgh; Christopher Keane, ScD, University of Pittsburgh; Jeanette M. Trauth, PhD, University of Pittsburgh

• B30. Preparing Future Health Education Specialists: Incorporating Technology in the Classroom

Patsy Barrington Malley, MS, EdD, MCHES, University of West Florida; Debra Maria Vinci, DrPh, MS, RD, University of West Florida; Maureen Howard, MS, University of West Florida

B31. Systematic Review of the Delivery of Mobile Clinic Services to Migrant and Seasonal Farmworkers

John Luque, PhD, MPH, Georgia Southern University; Heide Castaneda, PhD, MPH, University of South Florida



B32. Ease Into Health and Fitness- Evaluation of a Functional Fitness Program in Adult Day Centers in North Carolina

Elise Eifert, MS, CHES, University of North Carolina at Greensboro; Patricia Brill, PhD, Functional Fitness, LLC; Jeff Milroy, DrPH, CHES, Elon University; Stefanie Milroy, MPH, CHES, Be Active North Carolina- UNCG Partnership; Maggie Taylor, BA, University of North Carolina at Greensboro

B33. Ethical Relationships between Practitioners and Researchers: Evaluating Programs with Strong Ideological Contexts

Lisa Lieberman, PhD, CHES, Montclair State University

B34. Evaluating Special Events for Cancer Screening: A Systematic Review

Cam Escoffery, PhD, MPH, CHES, Emory University; Kirsten Rodgers, EdD, Emory University; Michelle Kegler, DrPH, Emory University; Regine Haardoerfer, PhD, Emory University; David Howard, PhD, Emory University

B35. Exploring the Alchemy of Salience: Research Directions and Implications on the Role of Media in Sustained Advocacy Strategies for Policy-Driven Change

Charles Kozel, PhD, MPH, New Mexico State University; Anne P. Hubbell, PhD, New Mexico State University; Frank G. Perez, PhD, University of Texas at El Paso

B36. Heating up the Pot with Climate Change and Heat Waves: A Comparative Case Study of Preparedness among Midwestern Health Departments

Alicia Wodika, MS, Southern Illinois University; Kathleen Welshimer, PhD, Southern Illinois University

B37. Preparing Advocacy Partners to Inform Clean Air Policy

Joy Blankley Meyer, BS, Pennsylvania Alliance to Control Tobacco; Jennifer Keith, MPH, Public Health Management Corporation; Deborah Brown, MS, American Lung Association of Pennsylvania; Nayan Ramirez, BA, Public Health Management Corporation

B38. Using Search Engine Marketing to Direct Consumers to Evidence-Based Cancer Information

Crystale Purvis Cooper, PhD, Soltera Center for Cancer Prevention and Control; Cynthia A. Gelb, BSJ, Centers for Disease Control and Prevention; Alexandra N. Vaughn, BSJ, Ogilvy Washington; Alexandra G. Hughes, MPS, Ogilvy Washington; Nikki A. Hawkins, PhD, Centers for Disease Control and Prevention

B39. Effects of Health Claim Framing and Age on Consumers' Product Evaluations and Purchase Intention

Chien-Hung Chen, PhD, Dahan Institute of Technology; Mi-Hsiu Wei, PhD, Tzu Chi University

B40. Participatory Design of a Public Health Communication Tool for Individuals with Functional and Access Needs

Xanthi Scrimgeour, MHEd, MCHES, CommunicateHealth, Inc.; Stacy Robison, MPH, MCHES, CommunicateHealth, Inc.

B41. A Digital Government: Creating an Online Publications Content Repository to Meet Growing Demand for Health Information and Services

Lisa H. Falconer, MPH, IQ Solutions, Inc.

B42. Communication Competencies of Physiotherapists and Nurses Acting as Health Educators

Mirosław J. Jarosz, MD, PhD, Institute of Rural Health, Lublin, Poland; Anna Włoszczak-Szubzda, PhD, Institute of Rural Health, Lublin, Poland; Mariola Rosser, PhD, IDEA Partnership at NASDSE

B43. Going Viral: Strengthening Communications and Enhancing Service Delivery through Social Media

Mitchell Coates, MBA, Healthy Start, Inc.; Doug Arnold, BS, Healthy Start, Inc.

B44. Innovations in Incontinence Education

Brian Geiger, EdD, MS, BS, FAAHE, University of Alabama at Birmingham; Marcia O'Neal, PhD, MS, University of Alabama at Birmingham; Catherine Hogan-Smith, MLS, MPH, University of Alabama at Birmingham; David Coombs, PhD, MPH, University of Alabama at Birmingham; Laura Talbott, PhD, University of Alabama at Birmingham

B45. An Interactive Patient Education Website to Prevent Infections Among Cancer Patients

Eric Tai, MD, MS, Centers for Disease Control and Prevention; Lisa Richardson, MD, MPH, Centers for Disease Control and Prevention; Angela Dunbar, BS, Centers for Disease Control and Prevention; Sonya Shropshire, MEd, ICF International

B46. SOPHE's National Environmental Health Promotion Network (NEHPN): A Clearinghouse of Environmental Health and Emergency Preparedness Resources for Public Health Educators

Dhitinut Ratnapradipa, PhD, MCHES, Southern Illinois University; Ghulam Mahkdoom, MPH(c), Southern Illinois University

Poster Session A Abstracts: Thursday Posters

POSTER PROMENADE GROUP A: GLOBAL HEALTH

THURSDAY, APRIL 18

12:00—1:15 PM

Moderator: Rick Zimmerman, PhD, George Mason University

Poster Promenade Group A highlights three selected posters in Global Health. An expert guide will lead a small group to the selected posters, where the presenters will each speak for about 20 minutes and then take 5 minutes to address any questions. (Credits for CHES, MCHES, and CPH are provided)

- Denotes Poster Promenade
- **Poster # A24—Electronic System for Monitoring and Health Promotion (SEMPZ) in the prophylactic program for prevention of addiction to tobacco and other psychoactive substance in Poland**
- **Poster # A26—Addressing Co-occurring Adolescent Problem Behaviors in South Africa**
- **Poster # A28—Night Time Parties: A Mobile Outreach to Increase Uptake of HIV Counseling and Testing among Men who Have Sex with Men (MSM) in Abuja Nigeria**

POSTER SESSION A ABSTRACTS: THURSDAY POSTERS

A1. **SOPHE & AAHE: Collaborating to Strengthen the Health Education Profession**

M. Elaine Auld, MPH, MCHES, Society for Public Health Education; Caille Spear, PhD, CHES, Boise State University and AAHE President; Kelli McCormack Brown, PhD, CHES, University of Florida and SOPHE President; and other SOPHE & AAHE Leaders

SOPHE and leaders of the American Association for Health Education (AAHE) continue to make exciting progress in aligning their organizational resources to create a stronger voice for the health education profession. Among the benefits of the proposed organizational convergence of SOPHE and AAHE are the potential to create the largest international, independent organization representing some 8,000 or more health educators; expanding the diversity of programs and services to meet members' needs; attracting a larger attendance at annual meetings for disseminating the latest health education research and practice; maximizing health educators' collaboration at the state/local levels for continuing education and advocacy; more efficient use of volunteers' time and expertise; and improved economies of scale within a single organizational infrastructure.

AAHE is expected to officially sunset in April 2013, with the reorganization of its parent organization, the American Alliance for Health, Physical Education and Recreation (AAHPERD). In December 2012, SOPHE and AAHPERD signed a letter of intent to arrange the transfer of certain AAHE programs to SOPHE and for SOPHE and AAHPERD to partner in advocacy, accreditation, continuing education, and other areas. AAHPERD members responsible for teaching health education in schools will continue to receive related quality products, programs and services through AAHPERD, and by virtue of the AAHPERD/SOPHE partnership may receive additional benefits. SOPHE will continue to address health education across all practice areas and will remain the principal independent voice of the health education profession. The partnership will allow both organizations to focus on their strengths, and draw on each other's expertise.

A2. **Gender Differences in Physical Activity and Related Beliefs Among Hispanic College Students**

Dejan Magoc, PhD, Eastern Illinois University; Joe Tomaka, PhD, The University of Texas at El Paso; Angelee Shamaley, MS, CHES, The University of Texas at El Paso; Amber Bridges-Arzaga, BS, CHES, The University of Texas at El Paso

BACKGROUND: Despite numerous health benefits, most adults are not sufficiently physically active, a fact also true for college students. Physical activity (PA) levels are even lower among Hispanics. Although they have favorable attitudes toward PA, Hispanics tend to participate less often and less frequently in leisure time PA than do people from other origins. **THEORETICAL FRAMEWORK:** Social Cognitive Theory (SCT; Bandura, 2004) has been one of the most widely used Behavioral Change Theories, and its constructs provide a useful framework for the prediction of PA behavior and the design of behavioral interventions. Overall, studies support the use of SCT constructs in predicting PA. **OBJECTIVES:** To examine (a) gender differences in levels of PA in Hispanic college students, (b) gender differences in PA beliefs, using SCT, and (c) relationships between PA beliefs and behavior. **METHODS:** Besides various demographic questions, 299 Hispanic college students, from a large southwestern university, completed the International Physical Activity Questionnaire (IPAQ; Booth, 2000), the Exercise Goal-Setting Scale (EGS) and The Exercise Planning and Scheduling Scale (EPS; Rovniak et al., 2002), the Family and Friend Support for Exercise Habits Scale (Sallis et al., 1987), the Self-Efficacy for Exercise Behavior Scale (Sallis et al., 1988), and the Outcome Expectations and Expectancies Scale (Steinhardt & Dishman, 1989). **RESULTS:** The results indicated significant gender differences in levels of PA with men being significantly more physically active than women on all four PA variables: Vigorous Days, Moderate Days, Vigorous Minutes, and Moderate Minutes. Men and women also significantly differed in their PA beliefs on several SCT variables with men having significantly greater Self-Efficacy for PA than women, greater ability to set goals and plans for PA, and greater Expectancies that PA would produce psychological effects (e.g., reduced stress), improve their body image, and enhance their competitive ability. Finally, the results showed that gender moderated associations between PA beliefs and behaviors such that Self-Efficacy and Outcome Expectations were the best predictors of PA for both genders. **CONCLUSION and IMPLICATIONS for PRACTICE:** Although research has related SCT variables to performance of PA in several studies, as of our knowledge none has investigated such relationships in Hispanics, and none has specifically focused on gender differences in this population. The results of this study clearly demonstrated the existence of gender differences in levels of PA as well as PA beliefs among Hispanics. Developing PA interventions in Hispanics based on gender differences and PA beliefs is crucial.

A3. **Students' Perceptions and Practices Regarding Carrying Concealed Handguns on University Campuses**

Amy Thompson, PhD, University of Toledo; Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University; James Price, PhD, MPH, The University of Toledo; Joseph Dake, PhD, MPH, The University of Toledo; Dianne Kerr, PhD, Kent State University; Jodi Brookins-Fisher, PhD, CHES, Central Michigan University

BACKGROUND: Firearm violence has become a serious problem on college campuses in the past 2 decades. In addition, there is an increased push by firearm lobby to advocate for guns on campuses. **THEORETICAL FRAMEWORK:** The social ecological model has been found to be effective in reducing firearm violence. College personnel and students could play a central role in helping reduce gun violence by guiding policies on gun control. **HYPOTHESIS:** What are the perceptions and practices of US college students regarding carrying concealed handguns on campus? **METHODS:**

Poster Session A Abstracts: Thursday Posters

Undergraduate students from 15 public Midwestern universities were surveyed (n=1,800). Faculty members distributed the questionnaire to students in classes broadly representative of undergraduate students. The questionnaire consisted of 48 questions, and face validity of the items was developed from a comprehensive review of the empirical literature on carrying concealed handguns. The questionnaire was reviewed by a panel of experts (n=6) in the area of firearms and survey research, in addition to the panel of authors, to establish content validity. Stability reliability of the questionnaire was calculated based on a convenience sample (n=20) of college students who completed the survey twice, 2 weeks apart. A kappa coefficient for all the items was computed and reliability was found to be acceptable (k=0.59, average). RESULTS: Useable questionnaires were returned for 1,649 students (92%). The majority of students were white (87%), female (64%), ages 18-22 (73%), and did not own a firearm (84%). Five percent of students reported they currently had a permit to carry a concealed handgun and 15% reported they would carry a concealed handgun on campus if it was legal. The prevailing stance of students was not supportive of people with a permit carrying a concealed handgun on campus (79%) or carrying them off campus (53%). The majority of students (79%) felt most students would not feel safe if faculty, students and visitors carried concealed handguns on campus. Those who perceived more disadvantages to carrying handguns on campus were: females, who did not own firearms, did not have a firearm in the home growing up, and were not concerned with becoming a victim of crime. CONCLUSIONS: The majority of students were not supportive of concealed handguns on campus and claimed they would not feel safer if students and faculty carried concealed handguns. IMPLICATIONS for PRACTICE: Policy makers should seriously consider student's needs and perceptions before formulating/ supporting policies that allow guns on campus.

A4. Internalized Homophobia Among Focus Group Participants in a University Gay-Straight Alliance: Implications for Practice

Frederick Schulze, DEd, MCHES, Lock Haven University; Tara Mitchell, PhD, Lock Haven University

Lesbian, gay, and bisexual individuals who feel they have to hide their sexual orientation from others or have negative self-beliefs based upon their sexual identities experience higher levels of psychological distress than heterosexual individuals. The acceptance of society's homophobic and anti-gay attitudes about lesbian, gay, bisexual orientations is known as internalized homophobia. This internalized homophobia is related to the health status and/or health behavior of gay, lesbian and bisexual adults and youth. Further, these internalized beliefs have been characterized by guilt, self-loathing, shame, a delay in identity formation, poor psychosexual development, poor self-esteem and a myriad of other threats to positive self-concept. The researchers facilitated a focus group with members of the campus Gay--Straight Alliance in order to discuss experiences of being gay, lesbian, and bisexual in a small university. The overall views indicated that the university was a "better place to be gay than a lot of other places." Further, the participants were surprised at the level of acceptance at the university and overall rated their experiences as being gay at the university as positive. However, further review of personal comments by participants indicated some issues related to being gay, lesbian or bisexual at the university. Comments included hiding their sexual orientation with friends, people yelling things at a lesbian couple, hearing negative words used by classmates, feeling discomfort in some classroom buildings and in some majors, and hearing negative stereotypes about the university in general. The findings indicated the importance of an accepting campus climate including social acceptance in the lives of the gay, lesbian, and bisexual university students. Being out and accepted is an important issue in reducing the sexual identity distress and relieves the internal

and external stress associated with maintaining a concealed identity. Health educators and psychologists need to partner in developing and maintaining a positive campus climate for gay, lesbian, and bisexual students. In addition, they need to strategize to address transphobia on the university campus. Strategies can be developed and implemented that address institutional, classroom, campus issues and policies to improve the experiences and health status of the students. The professionals can also partner to train peer educators and members of the Gay-Straight Alliance in stress management and empowerment strategies.

A5. Envisioning an HIV-Free Generation: Findings and Recommendations from a Social Ecological Study to Assess HIV/STI Risks in a Southeastern (US) State

Lasonja Kennedy, MA, CHES, University of Alabama at Birmingham

Envisioning an HIV-Free Generation: Findings and Recommendations from a Social Ecological Study to Assess HIV/STI Risks in a Southeastern (US) State OBJECTIVES: 1. Describe major areas impacting sexual health among young adults attending 2-year and 4-year public institutions 2. Identify correlates associated with HIV/STI risks among young adults 3. List factors important for future consideration in exploration of HIV/STI risks The Centers for Disease Control and Prevention (CDC) classifies any bacterial or viral infection acquired through sexual contact as a sexually transmitted disease (STD). Although each sexually transmitted infection (STI) may not lead to a disease diagnosis, STDs negatively affect more than 65 million Americans (CDC, 2009). Infections from HIV/AIDS, classified separately, impact approximately 1.2 million individuals (CDC, 2011). Young adults and adolescents are at a much higher risk for HIV/AIDS and STIs when compared to older adults. Individuals ages 13-29 account for almost 40% of all new HIV infections (CDC, 2011). Estimates related to STI suggest those ages 15-24 account for almost one-half of all infections although they compose only 25% of the sexually active population (CDC, 2007). To identify determinants of HIV/STI risks among young adults in a high-prevalence region, the researcher used a comprehensive mixed-methods approach. Based upon the Social Ecological Model, intrapersonal, interpersonal, institutional, and societal determinants were evaluated. Participants (n=728) included young adults attending 2-year and 4-year academic institutions. Eight major areas were identified and examined: (1) Attitudes and Behaviors, (2) Condom Use, (3) Knowledge, (4) Partner Communication, (5) Parental Communication, (6) Peer-related Issues, (7) Institutional-based Matters, and (8) Policy-based Issues. A total of 54 variables from the areas were assessed. Among significant findings were ability to make responsible decisions, ability to discuss personal sexual history, sexuality education, and availability of health care providers. Future considerations in the exploration of HIV/STI risks should include methods to increase young adults' understanding of HIV/STI transmission (e.g. sexuality education, basic prevention methods, etc.) and additional assessments of peer-related issues. In addition, further examination of societal-based impacts (i.e. systems-level networks) should be explored. The true magic of health education and health-based research: transforming an imagined generation without HIV/AIDS into a reality. REFERENCES: Centers for Disease Control and Prevention. (2007). STD surveillance 2006 special focus profiles: Adolescents and youth. Retrieved from <http://www.cdc.gov/std/stats06/pdf/special-focus-profiles.pdf> Centers for Disease Control and Prevention. (2009). Youth Facts. Retrieved from <http://www.cdc.gov/hiv/resources/factsheets/youth.htm> Centers for Disease Control and Prevention. (2011). HIV in the United States. Retrieved from <http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/HIV-US-overview.pdf>

Poster Session A Abstracts: Thursday Posters

A6. Dating Violence in LGBT Youth: An Exploratory Review

Martin Wood, PhD, Ball State University; Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University

LGBT youth health issues have received greater attention in the past decade. However, little is known about the nature and extent of dating violence in LGBT youth. A comprehensive understanding of dating violence in LGBT youth from empirical evidence and published literature can help formulate preventive strategies and remedial measures. Therefore, the purpose of this exploratory review was to assess: 1. The nature and extent of relational violence in LGBT youth, 2. The correlates of dating violence in LGBT youth, 3. The outcomes of dating violence in LGBT youth, and 4. Strategies to prevent dating violence in LGBT youth. A systematic review of popular databases like MEDLINE PubMed (1980-2012), Google Scholar, and Academic Search Premier was conducted to find pertinent literature using keywords such as "youth," "violence," "LGBT," "dating," "samesex," "romantic," and "adolescents." For this exploratory review, we found 9 suitable studies/ book chapters. Our review found that in general, LGBT youth have similar or higher rates of dating violence as compared to heterosexual youth. In particular, similar to the opposite-sex relations, psychological and minor physical violence victimization is common among adolescents involved in same-sex intimate relationships. We also inferred that the estimates given in published literature could be low due to issues related with reporting of dating violence in LGBT youth, fear and stigma, misperceptions on the part of authorities who could address the problem, and few preventive/remedial options which target LGBT victims. Similarly, LGBT victims of adolescent dating violence have similar or higher likelihood of reporting poor health status compared with opposite sex victims. We also noted the increase in awareness and remedial response of law enforcement officials, more so in communities where the density of LGBT population is relatively higher. However, in general, adolescent dating violence prevention efforts are not targeted towards and tailored to the needs of LGBT youth. Presenters will provide an overview of research to date on dating violence experienced by LGBT youth and personal and environmental factors associated with incidents of dating violence in LGBT youth. Possible school and community interventions that address dating violence in LGBT youth will also be discussed.

A7. Adolescent Dating Violence Prevention: A Comparative Analysis of School Nurses', School Counselors', and School Principals' Perceptions

Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University; Jeffrey Clark, HSD, MCHES, FASHA, Illinois State University; Michael Wiblishauser, PhD, CHES, Black Hill State University; James Price, PhD, MPH, University of Toledo; Susan Telljohann, HSD, University of Toledo; Emily Sullivan, BS, Ball State University

BACKGROUND: Adolescent dating violence (ADV) is a significant public health problem which affects 9%-34% adolescents in the United States. **THEORETICAL FRAMEWORK:** Schools can play an important role in preventing ADV, educating teens about healthy dating relationships, and responding to incidents of ADV. In addition, schools can possibly provide legal and medical assistance to victims of ADV. **HYPOTHESIS:** What are the perceptions of high school principals, nurses, and counsellors on ADV prevention? What are the practices of high school principals, nurses, and counsellors in assisting survivors of ADV? What are the school policies and protocols employed by school personnel to prevent ADV? **METHODS:** A multi-component, valid, and reliable questionnaire was sent in mail to a national random sample of school principals (n=700, spring 2012),

school counsellors (n=550, spring 2011), school nurses (n=750, spring 2010). **RESULTS:** The response rate for school personnel was 51% for principals, 56% for counselors, and 58% for nurses. Majority (>50%) of the respondents were females (for nurses and counselors), and males (for principals) and whites (>66%). Majority (>66%) of these school personnel reported that they do not have a school protocol to deal with incidents of ADV and that they had not received formal training on ADV prevention. The respondents reported the number of victims of ADV assisted by their school (average number of victims assisted in the past 2 years and gender of victims assisted), type of assistance provided, and school policies and practices on ADV prevention and response to ADV incidents. A single scale multi-item assessment in the questionnaire tested the respondents on their knowledge about ADV and found varying results in the three groups of professionals examined. Significant barriers to assisting victims of ADV were identified by each group of professionals (i.e. lack of time, lack of parental approval, lack of private space, lack of training, other issues to deal with, and inertia of school administration etc.) **CONCLUSIONS:** In this comparative analysis we found that schools do not find adolescent dating violence a high priority student health and wellness issue. **PRACTICE IMPLICATIONS:** The professional health education societies should recommend national practice guidelines and school protocols. Schools need to establish a means for assessing the status of ADV in their student population, implement policies, and educational interventions to prevent and respond to ADV. In addition, schools need to provide in-service education for school personnel regarding prevention, assessment, and interdiction of ADV.

A8. Grade Level Similarities and Differences in the Association Between Risk and Protective Factors for School Commitment

Christine Gastmyer, CHES, Navasota ISD; Kelly Wilson, PhD, MCHES, Texas A&M University; Dawn-Marie Baletka, PhD, LPC, GPC, Navasota ISD

BACKGROUND & THEORETICAL FRAMEWORK: Prior research has identified that academic failure beginning in late elementary school and lack of school commitment are risk factors associated with adolescent problem behaviors, such as school drop-out, delinquency, violence, teen pregnancy, substance abuse, and depression and anxiety. Navasota Independent School District (NISD) was awarded a teen pregnancy prevention grant to replicate the evidence-based program model Raising Healthy Children (RHC). RHC, known as Responsible Students, Volunteers and Parents (RSVP) in NISD, is guided by the Social Development Strategy and replicated district-wide targeting k-12th grade students. RSVP seeks to enhance opportunities and recognition for prosocial involvement in school and decrease academic failure and low commitment to school. **HYPOTHESIS:** The purposes of this study were to: (1) identify any differences in risk and protective factors among 6th, 8th, 10th and 12th grades in NISD for the school domain and (2) examine trends and associations in the school risk and protective factor profiles across grade levels. **METHODS:** Communities That Care Youth Survey directly measured students exposure to risk and protective behaviors. Data was collected from 689 Navasota ISD students in 6th, 8th, 10th, and 12th grade. Of the eligible students, approximately 91% were surveyed. This presentation will provide a school risk (i.e., poor academic performance, low school commitment) and protective (i.e., school opportunities and school rewards for prosocial involvement) profile for the school domain, including an examination of Grade level differences. In addition, prevalence of school related experiences will be compared. Finally, ANOVA was used to determine differences among the middle and high school grade level populations. **RESULTS:** The difference in means for the protective score of the "school rewards for prosocial involvement" variable was 0.129 and significant for the middle

Poster Session A Abstracts: Thursday Posters

school group ($t = 2.585$, $df = 384$, $p = .01$). The same variable was significant for the high school group with a mean difference of 0.191 ($t = 3.378$, $df = 303$, $p = .001$). **CONCLUSION:** This study found that there were similarities with middle and high school students, especially with their perception of school rewards for prosocial involvement. **IMPLICATIONS for PRACTICE:** Given potential differences among program participants and grade level, program planning, implementation and evaluation efforts should explore grade level (i.e. age) transformations in order to prioritize adolescent participation, responsiveness and effectiveness in risk protection, especially concerning school commitment and connectedness.

A9. Building Health Communities: A Multi-year Evaluation of a School-based Childhood Obesity Prevention Program

Susan Franzen, MS, Prevention Research Center of Michigan; Huda Fadel, MPH, PhD, Blue Cross Blue Shield of Michigan; Tom Reischl, PhD, Prevention Research Center of Michigan; Diane Valade, MS, Blue Cross Blue Shield of Michigan

BACKGROUND: Childhood obesity rates have nearly tripled in the last 30 years; approximately 17% of American children and adolescents are obese. To address these rising rates in Michigan, Blue Cross Blue Shield of Michigan's Building Healthy Communities (BHC) program awarded one-year small grants to support 39 elementary schools (K-6) in implementing evidence-based healthy eating and physical activity programs during 2009-10 and 2010-11 school years. Schools were selected based on the quality of their application, comprehensiveness of program, need (percentage of students enrolled in free and reduced lunch programs), and geographic distribution. Grantees received a toolkit that included school-based policy and environmental assessments, evidence based physical activity and nutrition curriculums for students, funds for mileage clubs, 5k run/walk events and parent engagement programs. Schools that created community partnerships could receive additional funding to assess or improve built environments. BCBSM partnered with the Prevention Research Center of Michigan at the University of Michigan which developed the measures and processes for the evaluation. **THEORETICAL FRAMEWORK:** The toolkit reflects the CDC's socio-ecological model. It includes programs addressing individuals, families and communities. Student education programs are "evidence based." **HYPOTHESIS:** Do 4th and 5th grade students attending BHC schools report change in physical activity and healthy eating knowledge, behaviors and beliefs? **METHODS:** BHC evaluation researchers measured the impact of the program on knowledge, attitudes and behaviors by collecting outcome data using a 90- question survey. Students completed baseline surveys in the fall and follow-up surveys in the spring of each school year ($N = 2962$). We created scales for physical activity knowledge, physical activity beliefs, nutrition knowledge and nutrition beliefs for the outcome analyses. **RESULTS:** The 4th and 5th grade students reported statistically significant improvements including: increased knowledge about the effects of physical activity, stronger beliefs about the positive effects of physical activity, and increased knowledge of nutrition. There was not a significant difference in beliefs of the positive effects of healthy eating. **CONCLUSION/DISCUSSION:** We discuss the survey results and lessons learned in conducting this study in partnership with BCBSM and the significance of school and community partnerships for program success. We note improvements across the 39 schools over two years, but we remain cautious about direct program effects until we can study outcomes in comparison schools. **IMPLICATIONS for PRACTICE:** We recognize that obesity prevention requires long-term sustained effort by many parties. Schools may need to investigate and pursue innovative partnerships with community and non-traditional funders.

A10. Weight Status and Weight Loss Practice among Teenagers

WayWay Hlaing, MBBS, MS, PhD, University of Miami; Rui Duan, MD, MPH, University of Miami

BACKGROUND: Obesity in youth across the United States (US) have increased with one-third of Florida's adolescents are either overweight or obese. The objective is to evaluate the association between weight status and unhealthy weight loss practice among a representative sample of Florida youths. **THEORETICAL FRAMEWORK:** The health belief model (HBM): a person's health-related behavior (healthy or unhealthy weight loss behavior) depends on the person's perception of and susceptibility to a potential condition (obesity). **HYPOTHESIS:** The odds of unhealthy weight loss practice vary among adolescents with different weight status (underweight, healthy weight, at risk for overweight, or overweight). **METHODS:** An in-depth analysis of Youth Risk Behavior Survey (YRBS) collected from Florida high schools in 2011 was conducted cross-sectionally. A representative sample ($n = 6,212$) of public high school students (grades 9—12) was included. Unhealthy weight loss practice was defined as those who used at least one of three methods to lose weight; > 24 hours of fasting, diet pill use and laxative use or purging. Actual weight status was defined by the Center for Disease Control and Prevention (CDC)'s standard—age-sex-specific body mass index (BMI) percentile. Analysis accounted for sampling design, weight, and non-response rates. **RESULTS:** There were more females (51%) and whites (46%) than their respective counterparts (males and other race/ethnic groups) in the sample. While most of the adolescents were in actual healthy weight (71%), about 4%, 14%, and 12% were underweight, at risk for overweight and overweight, respectively. Based on the actual weight status, about 8% (underweight), 11% (healthy weight), 18% (at risk for overweight), and 23% (overweight) of adolescents used at least one unhealthy weight loss practice. Compared with the referent healthy weight (BMI > 5th -- < 85th percentile) group, underweight (OR=0.7, 95% CI=0.5—1.2) group was less likely but at risk for overweight (OR=1.7, 95% CI=1.4—2.1) and overweight (OR=2.4, 95% CI=1.9—3.0) groups were more likely to exhibit at least one unhealthy weight loss practice. **CONCLUSION:** About 11% (healthy weight) and 8% (underweight) of youths were using at least one unhealthy weight loss practice in Florida. The odds of an unhealthy weight loss practice were significantly higher in overweight than their underweight and healthy weight counterparts. **IMPLICATIONS for PRACTICE:** While prevention of overweight/obesity is essential, understanding the behavioral impact of it among adolescents is imperative. Health education programs regarding weight loss practice could be beneficial in Florida schools.

A11. Social Supports Influence Weight Status in Urban Minority Adolescent Females in Northeast Florida

Jevetta Stanford, EdD, University of Florida; Mary H. Lai-Rose, PhD, MEd, University of Florida; Mobeen Rathore, MD, CPE, FAAP, FIDSA, FACPE, University of Florida; Elizabeth Shenkman, PhD, University of Florida

The BMI of US children has increased drastically over the past 30 years, resulting in the current childhood overweight and obesity epidemic. Studies about the epidemic shed light on disparities between African-American adolescent females and females of other races and ethnicities, with disproportionate increases noted as early as the 1970s. With BMI increases nearly double that of White and Hispanic children, African-American adolescent girls are emerging as the new majority for childhood overweight and obesity in the United States. The purpose of this study was to examine the direct and indirect ecological influences on child weight status in urban, African-American adolescent females posing

Poster Session A Abstracts: Thursday Posters

the following hypotheses: 1) friend social support has a positive, indirect associative influence between child weight through nutrition self-efficacy and diet behaviors; and 2) teacher social support has a positive, indirect associative influence on child weight through diet behaviors. The study's theoretical framework consisted of an adaption of the ecological model developed by Story, Kaphingst, O'Brien, and Glanz (2008) which suggests that food and eating environments have a greater influence on the increasing obesity epidemic than individual factors. The adaptive model used in this study specifically examined factors from the individual and social environment to elucidate associative paths of influence. Using a quantitative, non-experimental, multivariate correlational research design, a convenience sample of 182 urban, African-American adolescent females completed a 39-item questionnaire assessing their perceived teacher social support, friend social support, nutrition self-efficacy, and diet behaviors and provided height and weight data. The results indicated that both teacher social support and friend social support demonstrated a positive, indirect influence on child weight status through nutrition self-efficacy and diet behaviors following two different and specific paths of influence. Diet behaviors, in turn, demonstrated a positive, direct effect on child weight status. The study's findings provide clear implications for classroom teachers and educational leaders that call for the integration of health behavior change theory into traditional education and leadership practice and actively addressing the childhood obesity epidemic in the school environment by implementing health behavior change strategies at various ecological environmental levels.

A12. A Case Study of Teachers' Recess Practices Related to Students with Exceptional Learning Needs

David Campbell, PhD, Concord University; Andrea Campbell, BS, MEd, Concord University; Jill Nolan, PhD, Concord University

Appropriate recess time for young students is an agent for healthy growth, development, and academic performance. Recess time for young students is dissipating due to increased pressure for higher test scores, problematic behaviors on the playground, and its inclusion within classroom discipline policies. Researchers have reported the majority (81%) of elementary schools reduce or eliminate recess time as a consequence for an undesirable behavior. Students with exceptional learning needs (ELN) are more likely than typical peers to engage in problematic behaviors. The problem therefore, was whether or not educators consider the academic and developmental benefits of recess in their day-to-day decision making involving the reduction or elimination of recess time for young students with ELN. The purpose of this qualitative multiple case study was to identify explanations, procedures, and perceived effects educators have for the reduction or elimination of recess time for such students. A purposeful snowball sampling procedure was used in order to establish four cases consisting of classroom teachers in elementary schools located within West Virginia and Virginia. A total of 21 preschool and primary level educators participated in focused interviews and allowed for overt observations of their classrooms. Key results of the study were that the majority of participants in each case did not agree with the practice of recess reduction and elimination, yet the majority of participants reported using the practice as punishment for behaviors perceived to be problematic by the educator. Only one participant was aware of any policy in place regarding recess practices, and only one case was implementing a school wide positive behavior and intervention support (SWPBIS) model. Overall, the majority of participants did not feel as if the practice of recess reduction or elimination was effective in managing classroom behavior. Results from this study could be used by administrators to develop high quality wellness policies that directly address recess practices for all children. Future research could focus on describing recess practice of children with profound exceptionalities, the inclusion of recess in the IEP, and inquiries focused on understanding the successes and challenges associated with high quality wellness policy development and implementation.

A13. Connect and Grow with Us: Insights from a Community Garden Network

Jennifer Marshall, MPH, University of South Florida

Participation in community gardens can increase fruit and vegetable consumption (Alaimo, Packnett, Miles, & Kruger, 2008; Litt, et al., 2011), build social capital (Hancock, 2001; Teig, et al., 2009), and improve neighborhood access to fresh produce (Knapp, et al., 2011; Wakefield, et al., 2007). In October 2011, a few residents of a small Florida community discussed their shared interest in creating a community garden. Within one year, the Temple Terrace Community Garden (TTCG), situated behind a local elementary school, grew from 3 to 60 paid members and 178 online members. By summer, garden members financed and built a field fence, display board, compost area, and raised beds in a second plot at an adjacent park to accommodate a "thieves garden" for interested passerby's, 20 family-rented individual plots, and communal plots. Members have created a website and active social networking page, and solicited in-kind and direct funding from local businesses and civic groups. TTCG promotes community-building, training and education, hosting member meetings, weekly group workdays, and monthly workshops in partnership with local businesses. TTCG participates in a developing network of about 10 community gardens and organic food cooperatives. Planning is underway for the launch the third plot at a local middle school, partially funded by the school and PTA. A number of child-focused activities through the "TTCG Bug Brigade" include painting birdhouses, participating in local events, parades and marches, tours and garden workdays. Recently TTCG has connected with a multigenerational community for foster children to facilitate development of a garden on built on its 12-acre property of foreclosed condominiums. While systematic evaluations of community gardens are needed (McCormack, Laska, Larson, & Story, 2010), this case study provides detailed suggestions for garden startup and implementation, and engagement with local schools, government, and civic organizations. Community health implications and recommendations for further research are also discussed.

A14. Examining the Impact of a Nutrition Education and Physical Activity Intervention Program on Middle School Students

Chanadra Young Whiting, EdD, MPH, Florida International University; Audrey Miller, PhD, Florida International University; Michelle Kameka, EdD, MPH, Florida International University

This study was designed to explore the effect of integrating a nutrition education and physical activity intervention program for middle school students into the school's curriculum. The researcher investigated if this middle school-based program promoting physical activity and proper nutrition affected the students' physical activity levels, muscular fitness, cardiovascular fitness, nutrition knowledge, attitudes about food and eating, and healthful food choices. Participants were divided into a control group who did not receive the intervention and an intervention group who did receive the intervention. The intervention group completed a questionnaire about nutrition and physical activity and took physical tests for muscular strength and endurance. This group received the nutrition education program after school with the principal investigator (PI). The lessons took place in the home economics room located at the students' school. The lessons consisted of 6 lessons taught by the PI for 8 weeks. The lessons were conducted twice a week with each lesson being taught for approximately 60 minutes, and hands-on activities were also be used. The hands-on activities involved food preparations that allowed the intervention group to observe and prepare the proper food proportions such as main dishes, side dishes and desserts. The students also filled in a sample plate diagram with actual food and portion sizes that they would eat during breakfast, lunch, dinner, and a snack. The students were able

Poster Session A Abstracts: Thursday Posters

to observe how the food was prepared from the shopping list and how it fit into their plate recognition forms. The control group continued with the normal and science classes taught in the school and also completed questionnaires about nutrition and physical activity and physical tests for muscular strength and endurance. Two instruments were used to gather pre- and postintervention data: the School Physical Activity and Nutrition Questionnaire and the Presidential Physical Fitness Test. Analyses of covariance were utilized to compare control versus intervention group students' postintervention scores on the 2 measures with the students' pretest scores as the covariate. Results indicated that, compared to the control group, students who participated in the nutrition and physical activity intervention program had significantly higher levels of physical activity, muscular fitness, cardiovascular fitness, and nutrition knowledge as well as better attitudes about food and eating (postintervention). However, there appeared to be no statistically significant differences between the control and intervention groups in terms of healthful food choices (postintervention). Overall, it seems that the intervention program contributed to students' attentiveness of proper eating habits and the benefits of regular daily exercise.

A15. The FIT for Kids Model: A Systems Approach to A Healthy Community With Food As a Focus

Mary Hawkins, PhD, MEd, MEd, BS, Louisiana State University in Shreveport; Grace Peterson, PhD, MA, Louisiana State University

The FIT (Food Initiative Taskforce) for Kids Model and Program was designed to facilitate long term healthy lifestyle modification by developing a health community as a supportive environment and providing multiple self-efficacy building experiences related to food and food systems in a variety of contexts. The FIT for Kids Model Program highlights an individual's place in the food system and educates participants about the three different levels at which they have impacts: individual, family, and household level; the institution, organization, and community level; and the social structure, policies, and practices level. The major components of the FIT for Kids Model are: a). youth afterschool and summer programs addressing gardening, nutrition, the food system, and advocacy; b). the urban youth farmer program which addresses gardening, nutrition, entrepreneurship, and peer mentoring; c). the Veggie of the Month Program which examines nutrition, food preparation, and food systems at a neighborhood and community level; d). a demonstration educational garden which provides a site for training and workshops; e). a communication component with a Facebook page, media, a blog, and you tube videos; f). neighborhood outreach with garden planting days, taste-a thons, and on-going education; g). a physical activity component focused on active living; h). an adult volunteer training program addressing gardening, nutrition, food system education, and advocacy; and i). a hub or headquarters for healthy food system awareness and activities. This program is theoretically based on Bandura's self-efficacy model and incorporates the USDA Community Nutrition Education Logic Model. The core of the FIT for Kids Model is a) the creation of opportunities for participants to have experiences of self-efficacy by learning skills and underlying principles related to the different stages of the Food System, and b) using that learned understanding to impact the many levels of community networks in which they are involved. Initial impacts and outcomes of this pilot program which was conducted in Northwest Louisiana by the LSU AgCenter are positive and will be shared. The future potential for use of this Model to combat childhood obesity at multiple levels is promising.

A16. An Asthma Primer for School Nurses: The Use of Web-Based Methodologies to Increase Pediatric Environmental Health Awareness

Shannon Cox-Kelley, EdD, MS, MCHES, Southwest Center for Pediatric Environmental Health

On any given day, 67 million children are in school, making the school environment a primary factor in children health outcomes. Southwest Center for Pediatric Health (SWCPEH) reviewed cost-effective and progressive methods for educating school nurses on the new guidelines put forth by NHLBI. Faculty of SWCPEH proposed using web-based programming with accompanying continuing education credit to encourage participation of school nurses and school officials. SWCPEH anticipated that more nurses would complete the module if it was easily assessable, learner-paced, and provided continuing education credit for incentive. The courses were submitted to the Texas Nurses Association which is an affiliate of the American Nurses Association, giving the courses the ability to have national continuing education distribution. Within the first month of distribution, 48 school nurses from 32 school districts in the state of Texas had completed both Asthma courses. By the end of three months 83 school nurses from 41 school districts from the state of Texas had completed both Asthma online modules. A six week review of course evaluations showed that 97% of school nurses whom completed the course had a significant increase in asthma related knowledge and 69% reported that they had identified ways to make their school districts more "Asthma Friendly". Evaluations were distributed at 6 months to request information regarding outcomes and strategies implemented since course completion. Of those participants surveyed, 81.8% identified triggers to be addressed in the school setting, 10% were seeing less students in the nursing office, 83% made efforts to make their schools "asthma friendly", 36.4% had given asthma education since the course more than 5 times, 36.4% more than 10 times, and 27.3% more than 15 times and 45.5% were educating about asthma more than before the course. Current data from the Association of School Nurses reports that only 45% of school districts employ a full-time school nurse and of the remaining 55%, 30% have a part-time nurse whom works several campuses, and the other 25% has no nurse at all. It is essential under these circumstances that school nurses are providing other staff members and administrators with basic asthma training for emergency episodes. It is also essential that school nurses have the tools and resources to educate family and students on how to control asthma and reduce the frequency of severe attacks.

A17. The Unique Collaboration between Educators and Clinicians to Identify the Educational and Psychosocial Needs of Adolescent and Young Adult (AYA) Cancer Survivors via an AYA Task Force

Lina Mayorga, MPH, CHES, City of Hope Cancer Center; Kayla Fulginiti, MSW, City of Hope Cancer Center

BACKGROUND: The physical, emotional, and social challenges of the Adolescents and Young Adults (AYA's) patient population are a reality that, at times, has been overlooked. While a sizeable body of literature already exists for young adult survivors of childhood cancer, we are just beginning to see the focus shift to issues concerning those individuals that are diagnosed during the stages of adolescence and young adulthood. Adolescents and Young Adults (AYAs) have unique developmental needs, especially related to education and supportive care. They also often encompass a wider variety of life domains and are more intense (Bleyer, 2002). **METHODS:** An AYA taskforce was developed to conduct a needs assessment to identify educational and social support needs of AYAs. The group pilot-tested LiveSTRONG's "Cancer Transitions: Moving Beyond

Poster Session A Abstracts: Thursday Posters

Treatment,” to see if this existing community program could be applied and adaptable to this population. Although it is an evidence-based program, it has not been implemented with AYAs. It is a six week series that includes support groups, education, nutrition, exercise, medical management, psychosocial and QOL issues. Patients ages 18-39 who were up to two years post treatment were recruited/referred to the program. RESULTS: Preliminary data demonstrates the benefits of engaging with others that have shared similar experiences at the same age, but indicated a need for more time to bond and build relationships with other AYAs. While they touted the benefits of an educational format, a need for greater social support and further education on emotional well-being was recommended. LESSONS LEARNED: Participants felt that attending a similar group while going through treatment would have been extremely beneficial, not only to receive information and education, but also to connect with other AYAs in treatment and alleviate feelings of loneliness. An important part of any AYA program is facilitating social connection and peer support. Emotional support is needed but not always directly stated. Interaction and engagement is essential for AYA programs. CONCLUSION: The “Cancer Transitions” program, combined with the unique psychosocial issues of AYAs, was not sufficient to meet their needs. Further exploration into the development and evaluation of age specific psychoeducational series to address the complex and often challenging needs of the AYA population is needed and in the works. Currently, there is a lack of available resources and educational materials specifically targeted for the AYA population; therefore, our group will collaborate with other community organizations to create a toolkit for the AYA population.

A18. Magic Happens when Schools, Hospitals and Family Practice Residency Programs Combine Elements to Create a Healthy Los Nietos

*Nancy Clifton-Hawkins, MPH, Clifton-Hawkins and Associates;
Ingrid Patsch, MD, Presbyterian Intercommunity Hospital*

Children living in communities with disproportionate unmet health needs have a plethora of issues that can set them up for challenges as adults. Great minds often sit around the table asking themselves, “How can we make a difference? How can we engage children in ways that gives them a measure of control in their destiny? How can we ensure that these children have a chance at a healthy balanced life?” Often times the answers lie in the local schools. A place where the children and their communities convene at least five days a week for about 8 hours each day. But getting into these schools and developing a program can be tricky. The Healthy Los Nietos (HLN) program is community collaboration consisting of staff from a local non-profit hospital, a school district superintendent, elementary school principal, middle school principal, staff from a local community clinic, family practice residency program director, and residents from the three year family practice residency program. This team of stakeholders has taken up this challenge to improve the lives of children in this small district, choosing sixth through eighth graders, and they are it for the long haul. Tackling anything during the middle schools years can be terrifying. For some, it can be an undeniable opportunity to create positive sustainable change. But getting through the preliminary steps can be daunting. The process of engaging the right community partners and co-collaborators can be frustrating. The magic happens when using a socio-ecological approach the with the HLN collaborators; creating a model that is making in-roads and developing sustainable solutions to empower the children, their families, school staff and the community. HLN is utilizing components of the Socio Ecological Health Promotion model

(Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, 2011) in two ways: First, the community collaborators wanted to have an impact on the rate of obesity in children, 6th-8th grade. The second one was to have an impact on a local family practice residency program. Again community collaborators believed that by engaging the 1st through 3rd year Family Practice residents, they would be able influence their perception of community health and as a result, increase the likelihood that they would continue to be engaged in community health activities after their residency program ended. As a result, the team of initial collaborators expanded to include input from: Individual Level: Children, Parents, Teachers/School Staff and the Family Practice Residents were queried and attended focus groups to provide information on what concerned them the most about their health, family, community issues, professional practice. HLN planners combined a Stage Two Individual with Interpersonal Levels when and began to engage the Family Practice physicians in the delivery of the prioritized health topics identified in the queries and focus groups. At the Organizational Level, working with the School District Leadership and the Family Practice Program Medical Directors, HLN began to change the policy and framework for food services, messaging and support for health behaviors at the school level and also changing requirements for the Family Practice Residents, requiring a rotation through the HLN project. On a Community Level, the local hospital is providing the resources and linkages to the HLN project as a way to support and engage the community to sustain efforts. Using the Soci-ecological approach in planning for school based interventions can have a major impact on the lives of children, their families and the community surrounding them. The days of doing for a community are over. The HLN focuses on working with the community and drawing upon their natural resources, talents and relationships meant to create and sustain change. Note: Data is still coming in. This presentation will consist mainly of formative evaluation results: lessons learned, preliminary assessment results, and the model created to ensure sustainability while recognizing barriers, challenges and set-backs that in ordinary circumstances would shut a program down.

A19. Engaging Early Adolescent School Children and Older Adults in Intergenerational Advocacy to Improve Community Health

*Peter Holtgrave, MPH, MA, OASIS Institute; Christie Norrick, MSW,
OASIS Institute; James Teufel, MPH, PhD, OASIS Institute*

Schools and nonprofit organizations are increasingly adopting community-wide approaches to address obesity. OASIS, in partnership with a Saint Louis public school district and regional Girls Scouts organization, is developing Generations for a Healthy Community, a unique, school and community-based intergenerational advocacy program that unites and trains older adults and early adolescents in grades 4 to 6 as community champions who assess their communities’ nutrition and physical activity needs and assets. Champions create community portraits that are presented to stakeholders, including school administrators, family members, and after-school providers, in support of school and community healthy eating and active living policy and environment changes. OASIS’ evolution from offering intergenerational health education programs to developing and piloting Generations for a Healthy Community, an intergenerational advocacy approach designed to support local policy and environment change, will be summarized. The Generations for a Healthy Community approach will be compared and contrasted to other intergenerational advocacy initiatives. Strategies for



Poster Session A Abstracts: Thursday Posters

actively engaging and training older adult volunteers as mentors who work with early adolescents with the goal of developing empowered community champions as well as methods to establish equity in decision making will be identified. Lessons learned training older adults and early adolescents to conduct local policy and built environment assessments that inform the production of community portraits, which are used to support school and community-based healthy eating and active living advocacy efforts, will also be presented. Program processes and impacts, as well as future directions, including program adaptation, expansion, and dissemination, will be summarized.

A20. Making Changes in Community Oral Health Systems to Address Disparities: Meeting the Needs of Medically Underserved Children through Health Systems Research

Angelia Paschal, PhD, MEd, College of Human Environmental Sciences; Judy Johnston, MS, LD/RD, University of Kansas School of Medicine-Wichita; Qshequilla Mitchell, MPH, University of Alabama; Sarah Rush, MA, University of Alabama

PURPOSE: To describe the use of health systems research and community-participatory strategies in efforts to develop a coordinated oral health system in an urban community to address oral health disparities among medically underserved children. **BACKGROUND:** Dental caries is one of the most prevalent chronic conditions among children and has been associated with adverse physical, mental, and social problems. There is little dispute regarding which children are at greater risk for poor oral health and unmet dental care needs: children that are socioeconomically poor and that belong to certain racial/ethnic minority groups. While various strategies can be used to address gaps in services and disparities in oral health, a systems change approach can be beneficial. This presentation describes one such effort. The Patient Centered Medical Home Model (PCMH) is “to provide coordinated and comprehensive care rooted in a strong collaborative relationship”. The Patient Protection & Affordable Care Act of 2010 (PPACA) includes several specific features that will impact the practice of health care in rural settings, including community-based collaborative networks for low income populations, workforce training and links to community resources. The PPACA includes dental coverage for children. **METHOD:** The PCMH model can be used to help coordinate health care in a community. For this project, we documented steps taken in a community’s effort to coordinate its oral health system to serve underserved children and describe the overall results of these efforts. The approach focused on addressing three of the features recommended in the PPACA that can impact the practice of health care in a community: community-based collaborative networks for low income populations; workforce training; and links to community resources. **RESULTS/DISCUSSION:** A community-based collaborative (a county-wide oral health coalition) and its response to the unmet oral health needs among children in its community (the Give Kids a Smile program) are described. The collaborative’s efforts to address workforce training and education are indicated. Existing community health system resources were identified and catalogued, and resulting efforts to coordinate the resources are explained. Overall project results and success in using this systems change approach are discussed. **IMPLICATIONS:** Health systems research was used to increase understanding of how efforts can be undertaken to coordinate oral health systems to impact oral health disparities among underserved children. The approach can be used to address various health issues. This systems change approach has several implications for public health practice, research, advocacy, and policy.

A21. Knowledge Mobilization

Deborah Begoray, PhD, University of Victoria—British Columbia; Robin Wilmot, MA, University of Victoria

This presentation will describe a unique critical media health literacy (CMHL) tool. Participants will learn how a graphic novel: 1. was created by youth for youth; 2. was used as a CMHL tool; and 3. encouraged critical thinking. Popular media, a dominant force in the lives of adolescents (Alvermann & Hagood, 2000), provide key channels through which health information is either explicitly or implicitly conveyed (Begoray, Cimon, & Wharf Higgins, 2010) to this age group. Researchers have documented that media can have positive or detrimental influences on body image (Smolak & Stein, 2006; Tiggemann & Miller, 2010), eating habits (Utter et al., 2003), and self-esteem (Frisen & Holmqvist, 2012). Advertisers use the mass media to target youth consumers and normalize behaviors that are potentially unhealthy (Brey et al., 2008). However, mobilizing knowledge about health-related issues for an adolescent audience is challenging because, perhaps ironically, youth prefer to engage with information mediated by technology especially in multi-media formats (Gee, 2004). University of Victoria researchers from three units (School of Nursing, School of Exercise Science, Physical and Health Education, Department of Curriculum and Instruction) initiated a multi-phase, longitudinal, interdisciplinary research project aimed at understanding the processes through which adolescents develop critical media health literacy (CMHL) (Wharf Higgins & Begoray, 2012; Wharf Higgins, Begoray, Beer et al., 2012). To create a tool capable of mobilizing CMHL findings to a young adolescent audience, the researchers sought a mixed gender group of five 13 and 14 year old youths through the local community library to develop, with the help of adult facilitators, a graphic novel tailored for 11 and 12 year old adolescents. The novel examined the popular media and the resultant effects that it has on health and health habits. It incorporated key media education messages to increase critical media health literacy. This unique knowledge mobilization strategy capitalized on both expert knowledge and adolescent peer to peer communication, and in doing so it leveraged the credibility and relevance of the message. Epistemologically, the researchers adopted the stance that knowledge is mobilized most successfully when learners are cognitively and affectively involved (Paakkari & Paakkari, 2012) through means that are holistic and multi-dimensional; that is, using visual and print media (New London Group, 1996). Presenting CMHL knowledge through a graphic novel/comic book style format allowed the key messages to be contextualized through a story that mirrored the everyday experiences of adolescents. Contextualizing the information created a greater probability that the readers would recognize the relevance of the issues to their own lives (Kotler & Lee, 2011) at both a cognitive and affective level and thus influence behavior. The completed tool is 20 pages in length, professionally illustrated, and published both online and as a hard copy. The story presents a female character with low self-esteem who allows herself to be lured into the world of advertisements in hopes of becoming popular through changes to her appearance. She discovers, along with a male adolescent companion, that the promises of advertisers are largely empty, and that the true source of healthy well-being is exercising control over one’s own decisions rather than allowing the advertisers, and peers, to decide what does and does not constitute healthy choices. In recognition that CHML develops through opportunities to critically examine materials that represent the ambiguous nature of real life, the presentation of the health media messages in this graphic novel is subtle, leaving the possibility open for readers to respond to the story text and graphics critically and in personally relevant ways. Educators responsible for health education will find this book useful as it reflects the everyday challenges that adolescents face as they grapple with the overwhelming strength of the often misleading health messages conveyed through the popular commercial media.

Poster Session A Abstracts: Thursday Posters

A22. The Contribution of First Aid Training to Early Adolescent Helping Behaviors

Bianca Reveruzzi, BPsych, Queensland University of Technology; Lisa Buckley, PhD, Queensland University of Technology; Rebekah Chapman, BPsych Science, Queensland University of Technology; Mary Sheehan, PhD, Queensland University of Technology

Unintentional injury is an ongoing public health concern in that it represents the leading cause of mortality among young people worldwide, accounting for some 950,000 deaths of people under the age of 18 each year (Peden et al. 2008). This research examines the potential for an innovative, evidence based approach to first aid training to reduce young adolescents self reported injuries and increase their likelihood of using helping behaviors when a friend is injured. The intervention is taught as a key component of the school-based injury prevention program, Skills for Preventing Injury in Youth (SPIY). SPIY has a strong theoretical and empirical base and is designed to increase protective factors and reduce adolescent injury risk taking behavior. It includes first aid skills taught interactively through research based scenarios and strengthens supportive friendships in a context of increased school connectedness and individual attitude change. This paper will report on research to determine whether participation in the training leads to significant and meaningful increases in willingness to help and helping behaviors and to reduced personal injury at six months post-intervention. A total of 2,396 Grade 9 students (mean age = 13.46, 40% male) took part from 35 secondary schools throughout Queensland, Australia that were randomly assigned to intervention and control conditions. Students completed baseline surveys in early 2012 prior to the injury prevention health education program (SPIY) being taught. This baseline data will be compared with six month follow up data. The survey measured students' willingness toward helping a friend when injured, first aid knowledge, helping behavior towards an injured friend and injury experiences. It is expected that there will be a significant increase in the helping behaviors and willingness to help an injured friend and a reduction in injury experiences for students participating in the intervention. Further analyses will compare these outcomes for the i) intervention students with those control groups of ii) students taught a standard first aid course and iii) students who were not taught any first aid in the preceding 6 months. To date, the protective benefits of first aid training on adolescents' attitudes and behavior has received limited research attention. Findings from this study will provide insight into the value of first aid in adolescent injury prevention and supporting helping behaviors and into effective process strategies to introduce first aid skills into school based health education.

A23. HIV/AIDS in War Zones: An Agenda for Global Policy Development and Systems Change

Danvas Omare, MPH (c), East Stroudsburg University; Amar Kanekar, PhD, MPH, MBBS, CHES, CPH, University of Arkansas

BACKGROUND: With many active armed conflicts occurring worldwide, economies are shrinking as people are forced to leave their homes and travel to unfamiliar territories, often poor and hungry. The risk of HIV/AIDS infection increases when populations are displaced, as health systems are destroyed, and vulnerable populations are not able to negotiate safe sex practices. HIV infected population in conflict areas is likely to cause security concerns. The objective of this review was to address determinants of HIV/AIDS in war zone populations in relation to global security threats. **CONCEPTUAL FRAMEWORK:** A systems thinking

approach is taken towards HIV/AIDS infection in war zones where multiple health systems interact with human determinants of disease in a dynamic way. **METHODS:** A narrative review of peer-reviewed literature published in English between 1990 and 2011 obtained through an open search of PUBMED database was conducted. Twelve different studies that addressed implications of HIV/AIDS in conflict areas and how it related to global security were retrieved. **RESULTS:** Results showed that over 38 million people, mainly women and children, have been displaced around the globe as a result of conflict and the risk of being infected with HIV/AIDS is very high in this population, as health services are inaccessible. The risks are even higher when such populations come into contact with other populations in their new environments where safe sex practices are rarely negotiated due to power differentials. Because of conflict, the HIV/AIDS crisis is likely to remain and evolve into a threat to global security. **CONCLUSIONS:** Conflicts are emerging around the globe quite frequently and more people are being displaced from their localities. Meanwhile, as economies are likely to weaken, governments become unstable as many young and economically productive people die of HIV/AIDS. This will affect the capabilities of those nations to defend themselves against external threats and thus likely to evolve from a global health issue to a global security threat. **IMPLICATIONS for HEALTH EDUCATION PRACTICE:** HIV/AIDS is taking toll on the global population particularly in those countries with active conflicts and its implications go beyond health. This health crisis will eventually affect global security and hence the international community must unite in ending conflicts around the world for the sake of maintaining global security. Policy initiatives at a global level for HIV/AIDS prevention emphasize refugee integration into HIV programs, sub regional collaboration and use of humanitarian and developmental funding.

• A24. Electronic System for Monitoring and Health Promotion (SEMPZ) in the Prophylactic Program for Prevention of Addiction to Tobacco and other Psychoactive Substances in Poland

Anna Włoszczak-Szubzda, PhD, Institute of Rural Health–Poland; Mirosław J. Jarosz, MD PhD, University of Economy and Innovation–Poland; Andrzej Wojtyła, MD, PhD, Institute of Rural Health–Poland; Mariola Rosser, PhD, IDEA Partnership at NASDSE

The “prophylactic program for prevention of addiction to tobacco and other psychoactive substance” in Poland is coordinated by the Main Statistical Agency (GIS). It consists of the following tasks: 1) informational activities directed to receivers and project partners; 2) e-training directed to medical and health professionals and teachers; 3) health educational activities directed to patients—young women at reproductive age, adults and youths (aged 14-19). A central element, integrating activities of partners—the Electronic System for Monitoring and Health Promotion (SEMPZ). The SEMPZ consist of the following main components: 1) Info-SEMPZ—main project website; 2) Learn-SEMPZ—an e-learning platform; 3) Edu-SEMPZ—an educational website. The goal of the Info-SEMPZ website is an integration of the information actions of all partners in the project. The website contains, among others, information related to the project published in other media (press, radio, television, etc.) and information about accompanying events (conferences, festivals, happenings, etc.) organized on the all-Polish, regional or local levels. The goal of the Learn-SEMPZ e-learning platform is to carry out training in the form of blended-learning for 3 target groups: 1) medical professionals, 2) health professionals 3) teachers. E-training for aprox. 1,000 medical professionals



Poster Session A Abstracts: Thursday Posters

(doctors, nurses, midwives) who will be provided with recent information concerning addicted pregnant women. E-training for health professionals at 16 regional and 318 local sanitary-epidemiological offices will prepare them for conducting the educational programme directed to adults at workplaces, and to cooperate with the regional and local media. At least 5,200 teachers will be e-trained as school coordinators in every main city of the 49 provinces. The knowledge gained by all three e-training target groups will be verified and supplemented every 6 months. The Edu-SEMPZ website is directed at the education target groups—1) patients—young women at reproductive age, 2) adolescents aged 14-19, and 3) adults. All educational materials will be available in an electronic form on the platform, both as methodological materials for the trainees (medical and health professionals and teachers), and educational contents directed to receivers. The effects of information, learning and educational actions will be monitored by means of evaluation tools, e.g. on-line questionnaires. This will serve for the up-dating (adjustment) of existing educational and training materials, and preparation of new materials for the existing and future educational needs.

A25. Inequality in the Utilization of Maternal Health Care Services in India

Rakesh Kumar Singh, MPhil, International Institute for Population Studies

BACKGROUND AND SIGNIFICANCE: Maternal health has ever been a serious matter of concern worldwide as well as in developing countries like India where health care services are not sufficient as per requirement. Moreover, utilization of maternal health care services like ante-natal care in INDIA needs special attention as these states comprise majority of population in India and are very backward as per demographic performance. The present study will try to focus on the utilization of maternal of health care facilities by women's demographic and socioeconomic characteristics **OBJECTIVES:** To examine the influence of women's background characteristics on utilization of maternal health care practices in India. **DATA and METHODOLOGY:** Indian Human Development Survey (IHDS-2005) data is used. The method applied in the study is divided into two sections: variables construction and statistical analyses. Simple bivariate and multivariate analyses like binary logistic regression, significance test are used. **RESULTS:** Though previous literatures have already shown that socio-economic factors as important predictors of maternal health care utilization, but this study found a huge variation in utilization of ante natal care services in EAG states. Apart from the other background characteristics like women's age, residence, level of education, economic status etc. Indicators like abortions, violence faced by women have also immense influence on their health as well as receiving ante natal care services. The study found that, women who have experienced still birth are significantly one time more likely to take at least three antenatal care. But for abortion, the result shows the reverse situation. **CONCLUSIONS:** Though education has significant positive impact on women's health and utilization of maternal health care services, still the scenario is not same in the all EAG states. After controlling for education, other socio economic and demographic indicators have shown greater disparity in ANC received by women. Social equity with respect to distribution of facilities is the utmost important in these states. To reduce the gap between maternal care service providers and the service receivers, proper policy and its implementation is required.

A26. Addressing Co-occurring Adolescent Problem Behaviors in South Africa

Mary H. Lai-Rose, MEd, The Pennsylvania State University; Edward A. Smith, DrPH, The Pennsylvania State University; Linda M. Collins, PhD, The Pennsylvania State University; Linda L. Caldwell, PhD, The Pennsylvania State University

Adolescent substance use (SU) and delinquency are important problem behaviors to prevent because they increase the likelihood of future negative outcomes such as criminal activity, risky sexual behaviors, and substance dependence. Although these behaviors are known to co-occur, these behaviors are usually studied separately. The current study identifies patterns of co-occurring SU and delinquency among a South African adolescent sample and examines the roles of gender, age, and psychosocial life skills in predicting these patterns. The theoretical framework for the current study utilizes both Problem Behavior Theory (PBT) to examine co-occurring problem behaviors, as suggested by PBT's Behavior System, and Social and Emotional Learning to examine the competencies that may prevent or reduce co-occurring problem behaviors. Four main research questions were posited: (1) Are there distinct patterns representing different combinations of SU and delinquency? (2) Are there gender differences in the types or prevalence of patterns? (3) Does age predict involvement in these patterns? (4) How do levels of SEC relate to these patterns? The current study used survey data collected from the control group sample of a randomized effectiveness trial of the HealthWise: South Africa program (N=1,953; Mage=16.7 years; 55% female, 93.6% Coloured). Latent class analysis (LCA) with covariates and multiple-groups LCA were employed using SAS PROC LCA. A four class model best fit the data (G2=298.63, df=472, AIC=376.63, BIC=592.96): Abstainers (47.7%), Gateway Drugs (26.1%), Multiple Problems (3.2%), and Aggressive Gateway Drugs (23%). Gender differences were found in the prevalence—but not types—of patterns. For both genders, older age was associated with an increased likelihood of membership in the Gateway Drugs and Multiple Problems groups and a decreased likelihood of membership in the Aggressive Gateway Drugs group, relative to the Abstainers group. Higher levels of self-reported anger management, decision-making, risk management, and conflict resolution skills were associated with decreased likelihood of membership in all problem behavior groups relative to the Abstainers group, for both genders; anxiety management was not a significant predictor of patterns. The study findings inform prevention/intervention efforts in the U.S. and South Africa by providing a more complete picture of adolescent problem behaviors. A person-centered (vs. variable-centered) approach allowed us to identify high risk subgroups. Prevention/intervention of co-occurring SU and delinquency behaviors may require gender-specific strategies and should focus on preventing these behaviors before they become more severe. Helping adolescents develop psychosocial life skills may be a promising way to address co-occurring adolescent problem behaviors.

Poster Session A Abstracts: Thursday Posters

A27. A Layered Approach to the PRECEDE-PROCEED Model in Resource-Poor Haiti

Carl Mickman, BS, MD(c), MPH(c), Louisiana State University; Elisabeth Gleckler, DrPH, MBA, MCHES, Tulane University; Serena Murphy, Louisiana State University

Haitians in the resource-poor Central Plateau suffer from a large burden of preventable and treatable diseases. Healthcare in the Central Plateau is largely administered by Non-Governmental Organizations (NGOs) along with input from some governmental entities. Following the 2010 earthquake, the number of organizations providing care increased significantly, however outcomes remain poor. With the participation of stakeholders in small community in Central Haiti, we conducted a needs assessment to better understand barriers to health and determine if the PRECEDE/PROCEED model could be used as a template for other healthcare providers working in resource-poor environments. The PRECEDE/PROCEED model is a method used to implement community health interventions. We used the PRECEDE/PROCEED model to guide a multi-method layered community needs assessment. We conducted in-depth interviews with community leaders, governmental healthcare representatives, and NGO workers as well as second level interviews with community leaders. We also conducted cross-sectional survey with 40 community members. Medical charts were reviewed for disease prevalence, to quantify health conditions and compare interview responses with medical and survey data. Community and healthcare leaders reported clinic reputation and cost drove health care selection, i.e. patients only sought care when they were very sick and would travel great distances to obtain care (sometimes bypassing closer facilities). Leaders also reported that most patients waited at least 3 days before seeking medical care, and that western medicine was utilized as a "last resort" and many could not afford fees. Cost of care included transportation, provider fees, and lab fees. Community leaders and healthcare leaders additionally reported that Voodoo priests were a source of care in the community. Community members confirmed reports from community and healthcare leaders on these issues, though not one reported seeing a voodoo priest for any reason. Surveys confirmed severe public health deficits in access to sanitation, clean water and adequate nutrition. Charts confirmed a high disease burden, including chronic disease (primarily hypertension), food insecurity, infectious disease, parasites, childhood stunting and lack of consistent treatment. This assessment demonstrates the utility of the PRECEDE/PROCEED model in assessing healthcare needs in a resource poor environment. This assessment revealed important information regarding health seeking behavior in Haiti, inconsistencies between testimonies of community leaders and community members, and deficits in current efforts to meet basic needs. The PRECEDE/PROCEED model augmented by mixed methods, and cycling through layers of the community is a valuable tool for mapping implementation models for community health care.

• A28. Night Time Parties: A Mobile Outreach to Increase Uptake of HIV Counseling and Testing Among Men Who Have Sex with Men (MSM) in Abuja Nigeria

Stella Iwuagwu, PhD, CHES, MS, MPH, BNSc, RN, Cleveland State University

BACKGROUND: Men who have Sex with men (MSM) have the highest HIV prevalence in Nigeria, yet they have limited access to HIV Counseling and Testing (HCT) due to stigma and discrimination and renewed criminalization of homosexuality that tend to drive them underground. **THEORETICAL FRAMEWORK:** Social networking theory guided the intervention. Out of self-preservation, MSM have a social networking

practice of holding night parties attended by other trusted MSMs in private venues, where they meet for socialization. This safe space of trust, with the support of opinion leaders and facilitated by trained MSM peer counselors increases the opportunity for uptake of HCT. **METHODS:** Center for the Right to Health (CRH), Nigeria in 2006 initiated a nighttime mobile HCT outreach among MSM in Abuja. Trained MSM peer educators identified locations where MSM have their "Parties" each weekend, use their insider privilege to secure permission from key opinion leaders for CRH team to attend. The team consists of 3 MSM peer educators who are also trained counselors and 2 laboratory scientists. They usually will split into 2, one team operate in the inside while the other operate from the mobile clinic parked in a secure and private corner of the party venue. They provide HIV counseling and rapid finger-prick testing. Peer educators also inform party attendees about HIV testing and other services available on site at CRH office. Flyers, condoms and lubricants were distributed. **RESULTS:** Over a 6 month mobile outreach, 563 MSM aged 18-52 were counseled and tested, 174 (31%) had a preliminary HIV positive result. Of these, 157 (90%) received a positive confirmatory test. However Only 142 persons returned for their confirmatory test and were referred to PEPFAR HIV treatment sites. In addition, 11 more MSM peer educators were recruited to join the team. In contrast, only 18 MSM received onsite HCT during the same time frame. However, 85 MSMs from these outreaches came to the center for other services such as syndromic management of STD and to collect condoms and lubricants. **CONCLUSIONS and IMPLICATIONS for PRACTICE:** Night time mobile outreach proved an effective strategy to increase uptake of HCT among MSM. The social 'party' atmosphere provided an opportunity for the team to build relationship of trust with many MSM who became comfortable enough to join CRH team as peer educators as well as increasing the number that came to the center for other reproductive health services.

A29. Transformation of the Global Health Field through National Health Collaborations: The Dominican Republic Model

Helena Chapman, MD, MPH, BS, University of Florida

PURPOSE: To develop a collaborative practice model that would transform the field and guide the formation of medical student teams to develop health initiatives at a national level while fostering health promotion and preventive medicine programs for at-need communities in the Dominican Republic (DR). **BACKGROUND:** Traditionally, medical student collaborations within individual Schools of Medicine in the DR have been organized at the local level and in surrounding at-need communities. Although project objectives and goals were successfully accomplished through these collaborations, globalization and increased technology facilitate communication across cities of developing countries. The formation of a medical student team would not only develop health initiatives at a national level and transform initiatives in health promotion for at-need communities, but also would create outstanding global health leaders in the DR. **INTERVENTION:** There is a lack of national health initiatives with collaborations among health professional students especially medical students in the DR. Beginning in 2007, medical student volunteers organized health collaborations between two medical schools in order to educate citizens on important endemic and epidemic health conditions and disaster preparedness. Senior academic leadership organized national medical student conferences, where medical students presented the concept of unifying forces at the national level within DR communities. After successful program activities on healthy aging among four medical schools in three cities, a medical student team developed a formal organization with student leadership. **RESULTS:** In May 2012, the Dominican Medical Student Organization (ODEM), in collaboration with academic leadership, was developed to promote healthy lifestyle

Poster Session A Abstracts: Thursday Posters

programs in the DR. Previous health promotion and educational programs were successful at the local level, but limited in scope to the local community. Student leaders recognized that program expansion for health activities was needed at the national level. Challenges faced by student leaders included networking with academic leadership, defining national student leadership roles and introducing organizational objectives for health professional students. Short- and long-term objectives were established, and timelines were met. IMPLICATIONS: Innovative research and the science and art of implementation are the basis of effective practice. Findings from this DR health professions practice collaborative model in developing countries will serve as a guide for health professionals to expand local-level efforts in health to national-level interventions in developing countries for targeted health promotion and disease prevention initiatives that strive to reduce disease morbidity and mortality in at-need communities of developing countries.

A30. Combining Systems of Care Principles with Community-based Participatory Research Methods to Plan and Develop an Electronic Information System for Children's Mental Health Services

Mark Fafard, BA, University of Florida Center for Health Equity and Quality Research; William Livingood, PhD, University of Florida Center for Health Equity and Quality Research

Public Health and Health Promotion are challenged to apply social and behavioral science theories to systems change initiatives that improve health and reduce disparities (Livingood et al., 2011). One example of applied systems theory is the Substance Abuse and Mental Health Services Administration's (SAMHSA) System of Care (SOC); an organizational philosophy that incorporates numerous sources of evidence, principles, and theories to create systems change. The Jacksonville Florida SOC Initiative (Jacksonville-SOCI), a 2010 SAMHSA SOC grantee, is a family driven youth guided community coalition comprised of agencies, families, and youth. The purpose of Jacksonville-SOCI is to improve child mental health services and access by expanding coordinated community-based services and supports for children with Severe Emotional Disturbances. Electronic Health Information (EHI) systems are a critical component for improving health systems as EHI are increasingly relied upon for accuracy of medical records, care management and coordination, billing, and information exchange. CBPR and empowerment evaluation approaches (Minkler, 2005; Fetterman, 2007) complement the principles of SOC systems change. The application of these principles can lead to development of a community-based, electronic information system that provides a responsive, systematic, comprehensive and timely approach to addressing a community's mental health needs and disparities. Through the development of a SOC electronic information system for the Jacksonville-SOCI, application of CBPR methods within the SOC principles led to a plan for a community coalition-designed Information Technology (IT) system that improves coordination and efficiency for mental health service providers, organizations, families and youth. Through health promotion methods, particularly Coalition Development strategies (Butterfoss, 2006; Livingood, Coughlin, & Remo, 2009), we illustrate how SOC applied social and behavioral sciences combined with CBPR methodologies can support technological advances in health and lead to systems changes that improve public health outcomes. SOC principles and CBPR methods provided a foundational strategy for the Jacksonville-SOCI IT Committee to develop an Electronic Health Information Exchange System (EHIES). By clarifying conditions, selecting collaborators, and engaging stakeholders, families and youth, the Jacksonville-SOCI IT Committee served as a catalyst for negotiations among community leaders to support a community-wide plan for EHIES that can support the transformation of the system to be more coordinated, effective, efficient and responsive to the needs of key stakeholders, particularly the youth and children the system is intended to serve.

A31. Patient Navigators: An Innovative Use of Outreach Workers in the Maternal Child Health Community

Robyn D'Oria, MA, APN, RNC, Central Jersey Family Health Consortium; Velva Dawson, MPA, Central Jersey Family Health Consortium

The need for comprehensive, affordable, accessible health care for all women in NJ is a priority for our agency. It was clear that early prenatal care rates were not as high as was recommended and just part of the problem in our region. We realize the need for the recognition of health and wellness in women of childbearing age to be paramount to ensure positive health outcomes for themselves and their newborns. Initiating interventions upon entry into prenatal care, often in the second and third trimester, is too late to impact the outcome of that pregnancy. Current literature illustrates the role of preconception care to improve the health of women and impact their reproductive health outcomes to achieve optimally spaced, planned pregnancies, with positive outcomes. The life course perspective offers a way of looking at health, not as separate and distinct stages but as a continuum. We decided to take this theoretical framework and develop a program that would benefit the women in our community and their unborn children. The Access to Prenatal Care Program is a coordinated model of healthcare focusing on the preconception, prenatal, and interconception health of the women it serves. This program is multi-faceted and includes a Patient Navigator component, professional education, county-based maternal and child health (MCH) networks, and community-wide education and awareness activities. A key element of the project incorporates a framework for addressing factors that influence health disparities, including the health care system, economic and social conditions. The program is tailored to the needs of high-risk women, infants, and mothers in geographically, racially, ethnically and linguistically diverse high-risk communities. The project links existing maternal child health programs with local perinatal systems. The key to the success of this program has been the Patient Navigators. They have served as culturally appropriate conduits for women and their families to the healthcare system. Over 1,000 women have been served by the navigators and both anecdotal stories as well as initial outcome data has shown their positive influence on maternal child outcomes with the women they serve. Having someone readily available to ask questions, guide them through the healthcare system and to serve as their healthcare advocate has proven to be priceless in many of the family's eyes. It is proving to be a very cost efficient way to enhance MCH care. The navigators are also viewed as an invaluable resource with our partner agencies and providers. With just a phone call, many problems, misconceptions, and clarification for care can be taken care of in a timely and efficient manner. Over 1,000 women have been served in the past 14 months. As we begin to see our evaluation results through the Collaboration Network Survey we initiated as well as examining our clients outcome data, including such variables as birth weight, gestational age, adequacy of prenatal care, use of resources and referrals we are seeing positive results. Initial results have shown that approximately 90% of participants have initiated prenatal care in the first trimester with over 80% of those receiving services having a positive pregnancy outcome at term with no stillborn births recorded. From the beginning of this initiative collaborations and partnerships have been established. They are local, regional and also include state government. Many of them are with new partners that have been competitors in the past. Through these partnerships we are able to better serve women and their families. What has been done in central NJ has not been easy but has certainly been gratifying for all involved. It was done to maximize resources, to be fiscally responsible through economies of scale, to operate more efficiently in response to the economic climate and to ultimately improve outcomes and ensure health and wellness for women and future generations. We believe this program can be replicated and welcome the opportunity to share our journey with others involved in the care of childbearing age women and their families.

Poster Session A Abstracts: Thursday Posters

A32. Risk of Child Neglect and Abuse Among Unmarried Hispanic Teenage Mothers Receiving Women, Infants, and Children (WIC) Support

Alethea L. Chiappone, BS, University of Georgia; Matthew Lee Smith, PhD, MPH, CHES, University of Georgia/Texas A&M Health Science Center School of Rural Public Health; Justin B. Dickerson, PhD, MBA, Texas A&M Health Science Center School of Rural Public Health; Kelly L. Wilson, PhD, MCHES, Texas A&M University

BACKGROUND: In the United States, Latinas have disproportionately higher rates of teenage pregnancy relative to other ethnic groups. These parenting teens are often emotionally immature, have inadequate support, and lack the knowledge and skills to provide effective parenting. Recognizing the hardships and needs of this subpopulation, the federal government offers subsidized services (e.g., Women, Infants, Children) to offset the negative effects of having limited resources; however, these subsidized services do not specifically teach proper parenting techniques. **PURPOSES:** This study: (1) describes the personal characteristics and child rearing attitudes of unmarried, Hispanic teen mothers receiving WIC; and (2) compares the risk of five negative parenting attributes (i.e., behaviors associated with child maltreatment) among these parenting Hispanic mothers. **METHODS:** Data were collected from 79 participants enrolled in an in-home case management initiative, Project Mothers and Schools (PMAS), which assists teenage mothers create nurturing, positive, safe, and supportive environments for their children while remaining current with their school work and becoming financially self-sufficient. The Adult Adolescent Parenting Inventory-2 (AAPI-2) was used to assess parenting-related risk on five constructs: (1) Inappropriate Expectations of Children; (2) Parental Lack of Empathy; (3) Use of Corporal Punishment; (4) Reversing Parent-Child Roles; and (5) Oppressing Children's Power and Independence. Responses for each construct were converted to standardized 'sten' scores ranging from 1 to 10. Paired t-tests were utilized to examine mean differences between AAPI-2 construct sten scores. Pearson's r bivariate correlation coefficients were calculated to examine the strength and direction of relationships between AAPI-2 construct sten scores. **RESULTS:** On average, participants were 16.7 (SD=1.13) years old and received 2.5 (SD=1.05) non-WIC support sources. The majority of participants were enrolled in school (88.6%), unemployed (92.1%), and lived with a parent (82.3%). Most AAPI-2 constructs were significantly positively intercorrelated. Participants reported significantly higher risk scores for Inappropriate Expectations of Children and Use of Corporal Punishment relative to Parental Lack of Empathy and Reversing Parent-Child Roles, respectively. **CONCLUSION:** Findings indicate the need for parenting education programs to offset potential risk for child maltreatment among this Hispanic teenage parenting population. While governmental supports are provided to young mothers so they can become financially stable and serve children's needs, a greater emphasis to improve new mothers' parenting attitudes, skills, and behaviors is necessary to ensure the intended benefits of allocated governmental supports are attained.

A33. Incorporating Men in Prenatal Health Promotion

Marie Guadagno, MS, The University of Texas; Michael Mackert, PhD, The University of Texas

BACKGROUND: The U.S. infant mortality rate is the highest in the developed world. Traditional health education to improve maternal and infant health in the U.S. has focused only on women, leaving men out of health messages that can affect family well-being. Recently, public health scholars have suggested that men be included in prenatal health education in an effort to reduce infant mortality. Including men

in prenatal health education has been found to improve overall birth preparedness, reduce the risk of maternal-infant HIV transmission, and reduce perinatal mortality in less-developed nations. Although these results are positive, research on paternal impact in pregnancy outcomes in the U.S. to date is lacking. This study seeks to understand the current role of men in pregnancy health, as well as actual involvement, barriers, and influence men can have on prenatal health. **THEORETICAL FRAMEWORK:** This study uses the Health Belief Model (HBM) as the theoretical basis for investigating the potential of including men in prenatal health education because of its focus on perceived benefits and barriers as major contributors to behavior change. The HBM posits that individuals are more likely to act on a recommendation if they have knowledge of the negative condition and/or they are reminded by cues from media, health professionals, or family/friends. **HYPOTHESIS:** Given the unexplored nature of the study, the following research questions will be investigated: **RQ1:** What is the current level of involvement of men in prenatal health? **RQ2:** What would motivate men to be more involved in prenatal health? **METHODS:** This study will involve personal interviews and surveys administered to fathers or current fathers-to-be. Participants will be recruited from a medical clinic in Central Texas. The final study sample is expected to have approximately 40 participants. Standard descriptive and inferential statistical analyses will be used to analyze data. **RESULTS:** Data collection is planned for this fall. Preliminary results will be ready for presentation at the conference. **CONCLUSION:** This study is an initial exploration of the role of men in prenatal health in the U.S. Research indicates including men in prenatal education can be beneficial in producing better birth outcomes. Study results can inform future research and practice in the involvement of men in prenatal health promotion. **PRACTICAL IMPLICATIONS:** The results of this project will be useful to advance health promotion practice regarding maternal and infant health. The findings could help practitioners develop persuasive messages for engaging dads-to-be in prenatal health.

A34. Listening to Providers: Using Partner Feedback to Shape Perinatal Health Education Programs

Leah Kokinakis, PhD, Wisconsin Women's Health Foundation; Kristine Alaniz, MPH, CHES, Wisconsin Women's Health Foundation; Carl Oliver, CHES, Wisconsin Women's Health Foundation; Chelsea Stover, CHES, Wisconsin Women's Health Foundation

Wisconsin's rates of smoking and drinking during pregnancy are higher than the national averages. The Wisconsin Women's Health Foundation (WWHF) took the lead to address the high levels of smoking and alcohol use during pregnancy in Wisconsin by creating First Breath in 2000 and My Baby & Me in 2006. Since the programs' inception, the WWHF has enrolled over 13,000 women in First Breath and My Baby & Me, and has helped thousands of women quit smoking and/or drinking during pregnancy. Part of the programs' success has been the result of listening to health care practitioner feedback and adjusting the programs to fit each community's needs. First Breath and My Baby & Me began with grassroots participatory engagement, as the WWHF developed relationships with health care providers around the state in order to better understand the needs of Wisconsin's diverse communities. The programs emerged in response to provider needs, and address these needs by providing education and training to practitioners across Wisconsin. The training is built on evidence based-practices and is supported by partnerships with experts in the fields of tobacco and alcohol cessation. First Breath and My Baby & Me rely on reciprocity between researchers, practitioners, and community members, and this poster focuses on the unique methodologies the WWHF uses to foster a sense of reciprocity and community between health care providers and program staff. Since 2000 and 2006, respectively, the WWHF has trained practitioners at over 100 diverse First Breath sites and over 40 My

Poster Session A Abstracts: Thursday Posters

Baby & Me sites. Annual visits to each site allow for in-depth conversations between providers and program staff about what works, what doesn't, what providers need, and how program staff can help, and a guided interview generates rich qualitative data. In addition to one-on-one site visits, the WWHF hosts five regional sharing sessions and a large statewide meeting each year. These events create a forum for community building among First Breath and My Baby & Me providers, and allow for additional feedback from practitioners. The WWHF's approach to practitioner engagement and collaborative, reflective program development may serve as a model for organizations that implement interventions through networks of health care practitioners. This poster outlines lessons learned, strategies for integrating provider feedback into program updates, and techniques for building collaboration between program staff and practitioners.

A35. Factors Associated with Those Never Screened for Cervical Cancer within the United States

Sandte Stanley, MPH, Centers for Disease Control and Prevention; Cheryl Thomas, MSPH, Centers for Disease Control and Prevention; Lisa Richardson, MD, MPH, Centers for Disease Control and Prevention

BACKGROUND: Pap screenings have led to declining rates of cervical cancer incidence and mortality, but many are still being diagnosed with and dying from cervical cancer. Minorities and those without a usual source of health care are at higher risk for never having been screened for cervical cancer. Studies on the association between health behaviors and uptake of cancer screenings find that those facing significant barriers to care are less likely to be screened. **THEORETICAL FRAMEWORK:** The Health Belief Model (HBM) was used to examine the constructs associated with screening behavior. **HYPOTHESIS:** There is no difference among women who were never screened for cervical cancer by demographics and HBM factors. **METHODS:** We used data from the 2010 Behavioral Risk Factor Surveillance System (BRFSS) to create three study outcomes for women 21-65: women who have been screened for cervical cancer in the past 3 years with a Pap test, women who have had a Pap test more than 3 years ago, and women who have never been screened. We used multivariate logistic regression modeling to calculate odds ratios examining the associations between the screening outcomes and demographic and HBM characteristics. **RESULTS:** Overall, 3.8% of women had never been screened for cervical cancer. Never screened women were ages 21-29 (15.6%; 95% CI: 11.4-13.8), non-Hispanic Asian/Pacific Islanders (14.6%; 95% CI: 12.4-17.2), English speakers (9.7%; 95% CI: 9.5-10.0), had less than a high school education (6.9%; 95% CI: 6.1-7.9), had an annual income of less than \$15,000 (7.5%; 95% CI: 6.6-8.5), and had no health coverage (7.4%; 95% CI: 6.8-8.2). HBM constructs related to never being screened included, reporting fair or poor health (4.8%), inability to afford a physician in the past 12 months (5.1%), and complete lack of emotional support (11.0%) and satisfaction with life (5.1%). **CONCLUSION:** Women who are never screened for cervical cancer face multiple obstacles to receiving Pap screenings that are not specifically addressed in current interventions. Future interventions should focus on those subpopulations that have never been screened for cervical cancer. **IMPLICATIONS for PRACTICE:** Moving towards culturally sensitive and demographically relevant interventions will help improve incidence and mortality rates for women who have not been screened according to current evidence-based guidelines.

A36. Using Quality Matters™ Rubric in Developing Online Course Curriculum to Align with the Health Education Job Analysis 2010 New Competencies

Debra Maria Vinci, DrPH, MS, RD, University of West Florida; Patsy Barrington Malley, MS, MCHES, University of West Florida; Nancy B. Hastings, PhD, University of West Florida

Advancements in online technologies have greatly influenced the teaching modalities in the training of health educators. While university health education programs continue to provide course curriculum in the traditional face-to-face classroom experience, new opportunities for students to learn include distance-based learning with courses offered completely online to blended formats that combine the traditional live classroom instruction with online delivery of course content. As the profession recognizes the advantages of online learning, faculty are faced with new challenges in developing online course curriculum to align with the Health Education Job Analysis 2010 New Competencies (HEJA). The purpose of this case study is describe how a community health education program in a regional comprehensive university addressed curriculum design and course development for undergraduate and graduate courses offered completely online using the Quality Matters™ (QM) Rubric. QM is a quality assurance process that involves a peer review approach to assess and improve the design of online courses. There are over 400 subscribers in higher education that utilize the QM rubric and process that focuses on learning-centered course design, peer course review, feedback, and course revisions to meet quality expectations. The QM Rubric guides the review process with eight general standards associated with quality online course design: (1) course overview and introduction; (2) learning objectives; (3) assessment and measurement (4) instructional materials; (5) learner interaction; and engagement; (6) course technology; (7) learner support; and (8) accessibility. Community health education faculty identified the online courses to be developed using the QM Rubric and received QM training from the institution's Academic Technology Center. The development of a "blueprint" that included course descriptions, general course goals, course student learning outcomes, and module learning outcomes provided the framework to align course content with the HEJA 2010 New Competencies. While it is a time intensive process, the QM Rubric provided the opportunity to voluntarily review the undergraduate and graduate courses offered within the community health education program to prepare for future self-studies associated with program-level approval and accreditation. Additionally, the involvement of graduate students in undergraduate course design using QM Rubric has contributed to their professional preparation as module learning outcomes, assignments and assessments are aligned with the HEJA 2010 New Competencies.

A37. What's In a Name—Professional Identity or Identity Crisis?

J. Don Chaney, PhD, MCHES, University of Florida; Julia Alber, MPH, University of Florida; Thomas O'Rourke, PhD, MPH, CHES, University of Illinois

Name changes of university departments in higher education reporting having professional preparation health education programs have been ongoing and significant. The study analyzes changes in health education department names between 1974 and 2009 and discusses the implications for the health education discipline going forward with respect to personal and professional identification, as well as credentialing and employment opportunities for health educators. Data from five year increments over a thirty-five year period were collected from the following editions: 1974 (n=1974), 1979 (n=252), 1984 (n=305), 1989 (n=319), 1995 (n=214), 2001

Poster Session A Abstracts: Thursday Posters

(n=233), 2005 (n=247), and 2009 (n=213). A listing of all department names over the study period was made. With the assistance of personnel from a university survey research laboratory, department names were divided into categories that were mutually exclusive, exhaustive and contained a reasonable number of mentions for analysis. Once the categories were selected, they were analyzed in terms of frequency and percent change during the period (1974-2009). The total number of valid cases including in this study was 1885. A large change was seen in many of the department names between 1974 and 2009. The greatest changes were seen in Health Education (-21.4%), Health and Something Else (+14.5%), Health, Physical Education, and Something Else (-12.8), Health and Physical Education (-12.7%), and Kinds of Health (+12.6%). In terms of relative change it appears that the most pronounced increases have been with Health and Something Else (+253.6%), Kinds of Health (+406.5%), Community Health (+900.0%) and Public Health (+310.5%). Each has seen large increases over time. Most pronounced has been the decline in departments named Health Education (-91.9%), Health and Physical Education (-72.5%) and Health, Physical Education and Something Else (-51.8%). The decline of free-standing health education department names has been most apparent and is nearly non-existent in 2009. Names changes present potential challenges for the professional and educational development of the field, employment opportunities, and personal and professional identification. This presentation does not purport to provide a prescription or solution but rather suggests that health education professionals and organizations should address this concern.

A38. Building a Better Tomorrowland: Empowering Future Health Educators through the "Four I's of Student Leadership"

Jayzona Alberto, Western University of Health Sciences; Amanda Brenner, Western University of Health Sciences

Students' perspective of peer encouragement is essential in developing well-rounded health care professionals, committed to serving and leading their community. At Western University of Health Sciences, students prepare to address the needs of the evolving health care system. Through leadership experience students in the Master of Science in Health Sciences program have developed a four-step process, the "Four I's of Student Leadership," which encourages their peers to participate in student-led programs. These four steps include the following: (a) initiate relationship building, (b) inspiring and encouraging leadership, (c) implementing and developing opportunities, and (d) improving and evaluating the outcomes. Initiation is the step which involves creating a foundation for one's sense of belonging in the institution. In the inspiration step, students are empowered by their peers to take on leadership positions. Implementation is the step in which students apply classroom knowledge into the creation and design of health education programs. In the improvement step, students are given the opportunity to reflect on their experiences and offer suggestions for future changes. Through this process, students are expected to show values of (a) integrity, (b) accountability, and (c) commitment; in addition, this fosters the students' practice of professionalism and the growth as a health care professional. To evaluate the "Four I's of Student Leadership" the quality of the student-led programs and an increase in student participation will be measured. Content and methodology is practical application of leadership skills with measurable outcomes within the community. The goal of this process is to ensure that students within the Master of Science in Health Sciences program will build their knowledge and skills while practicing them in their field of study. In addition to this, students will graduate well prepared to be community health educators. These four steps are important for students to practice so that they can empower and influence their peers to continue this process.

A39. A Look Across the Lifespan—Are Individuals with Sickle Cell Disease Eating Healthy?

Lisa Shook, MA, CHES, Cincinnati Children's Hospital Medical Center

BACKGROUND: Healthy behaviors are important for individuals living with any chronic disease, including sickle cell disease (SCD). Currently, there is a paucity of research available on health behaviors of individuals living with SCD. **OBJECTIVE:** To assess the healthy lifestyle behaviors of children and adults with SCD. **METHODS:** Survey in pediatric and adult sickle cell clinics to assess healthy lifestyle behaviors of children and adults with SCD. Survey assessed behaviors, including: water intake, average hours of nightly sleep, exercise, fruit/vegetable intake, and environmental factors that impact healthy living. IRB approval and informed consent obtained. **RESULTS:** To date, 116 caregivers (mean age of child = 10.4 years; 55% female) and 41 adults living with SCD (M=37 years; 63% female) have participated. Of note, 65% adults and 63% of children ate less than 1 fruit serving per day; 60% adults and 55% children ate less than one vegetable per week. Caregivers and adults reported wanting to make changes to improve their health: 82% caregivers and 74% adults felt better food choices was important; 79% adults and 76% caregivers reported learning how to prepare healthy foods would motivate healthy eating; over 60% of caregivers and adults cited high food cost as the determining factor in food choice. **CONCLUSIONS:** Preliminary results show interventions focusing on nutrition (i.e. selecting healthier foods, reading labels, and learning to prepare foods in a healthier manner) may be most beneficial, with subsequent interventions about exercise. Survey will continue to obtain data from at least 50% of the target population.

A40. Effects of the Nutrition Labeling Format and Involvement on Consumers' Responses to Foods

Mi-Hsiu Wei, PhD, Tzu Chi University; Chien-Hung Chen, PhD, Dahan Institute of Technology

BACKGROUND: Making nutrition information easy to comprehend could help consumers act more in accordance with health goals. Previous studies have suggested that pictographs are easier to understand, require less cognitive effort, and are thus more effective in presenting quantitative information than text. We manipulated the format of nutrition labeling to examine consumers' responses. In addition, people who are highly involved with an issue are more likely to process relevant messages in detail. Therefore, we hypothesize that consumers' involvement with health will moderate the effects of nutrition labeling format. **OBJECTIVES:** The purposes of this study were to examine how nutrition labeling format and consumer's involvement affect their disease risk perceptions and purchase intentions to higher- and lower-calorie foods and how the consumers' involvement moderates the effects of labeling format. **METHODS:** A total of 469 adults recruited from a school for adult education in Taiwan participated in the experiment. A 2 (nutrition labeling format) × 2 (involvement) between-subjects design was used. The nutrition labeling format conditions included table (displayed a Nutrition Facts panel) and graphical (displayed a Nutrition Facts panel and a pie chart to illustrate %DV of calories) formats. Regular and sugar-free Coke were used as the experimental products. Each participant was randomly assigned to one of the two format conditions and presented with the packages of experimental products. A median split was used to differentiate the high-involved from low-involved participants. Multivariate covariate analyses (MANCOVA) were performed on the collected data. **RESULTS:** For the high-involved group, the disease risk perception of higher-calorie Coke is significantly higher when graphical labeling was presented, as compared to when table labeling was presented. For the low-involved group, there are no significant differences between conditions in disease risk perception. Consumers with high involvement have a significantly lower purchase intention to higher-calorie Coke, and a higher purchase intention to lower-calorie Coke than those with low involvement under all

Poster Session A Abstracts: Thursday Posters

conditions. CONCLUSIONS: A graphical representation of nutrition labeling is more effective in promoting healthier food choices than that using table format by leading the high-involved consumers to perceive the severity of certain risk events and health problems as more salient. The results of this study suggest an alternative format to display Nutrition Facts information, which potentially have a positive impact on health welfare. Public health educators should explore more effective strategies for promoting healthful diets to low-involved consumers.

A41. Designing an Intervention for Fitness Center Staff to Create a Positive, Supportive Climate

Theresa Brown, PhD, CHES, Oklahoma State University

BACKGROUND: This session will discuss the implementation of an intervention grounded in Self Determination (SDT; Deci & Ryan, 1985) and Achievement Goal Perspective Theory (AGPT; Nicholls, 1984, 1989), designed to positively influence college students' exercise experiences. **THEORETICAL BASIS:** Researchers have suggested that integrating AGPT and SDT may enhance the success of exercise interventions (Wang & Biddle, 2007). SDT suggests that, in order to adopt a physically active lifestyle, intrinsic motivation is key (Biddle, Soos, & Chatzisarantis, 1999), which can be influenced by the satisfaction of three basic psychological needs: autonomy, competence and relatedness. AGPT provides a framework for fostering the development of the basic psychological needs, suggesting that how individuals perceive the climate influences their motivation. In task-involving fitness center climates, individuals perceive that the staff focus on participants' effort and improvement and everyone feels welcomed. In ego-involving climates, the staff provide limited recognition and only those with high ability receive positive feedback (Huddleston, Fry, & Brown, 2012). **OBJECTIVES:** The intervention objectives included: (1) introduce the staff to a theoretical basis for enhancing members' exercise experiences; (2) solidify staffs' role in cultivating a positive, supportive climate; and (3) positively impact members' exercise motivation. **INTERVENTION:** A training session was delivered in the Spring semester. Content included theoretical foundations, background research, specific strategies tailored to the audience, and discussion time. The staff also received a manual on ways to continue the emerging themes as well as how to incorporate training in annual orientation sessions. **EVALUATION MEASURES:** Pre/post questionnaires were completed by members (N= 779, 51% female, age= 20.33, sd = 3.31) and included these measures: a) climate (caring, task-, and ego-involving), b) psychological needs (autonomy, competence, relatedness), c) motivational responses (extrinsic, intrinsic), d) commitment to exercise and e) psychological well-being (life satisfaction, body image). In addition, the staff (N=91, 45% female, age= 21.16, sd = 2.59) completed questionnaires which included pre/post perceptions of the climate and specific behaviors. **RESULTS:** Results of the structural equation model revealed the intervention positively increased perceptions of the task-involving climate while reducing perceptions of the ego-involving climate. The final model was a tenable fit, demonstrating that perceptions of the climate had both a direct and indirect effect on members' motivational experiences. In addition, staffs' perceptions of their behaviors significantly increased from pre (Mpre=3.07, SD= .29) to post-intervention (Mpost=4.34, SD= .43), $t(55) = -21.00, p < .000$, suggesting that training session impacted how staff performed their job responsibilities.

A42. Using Formal and Informal Networks for Emergency Health Education

Michele Samarya-Timm, MA, HO, MCHES, REHS, DAAS, Somerset County Department of Health

The National Environmental Health Promotion Network (NEHPN) is a Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) funded project for SOPHE that has established a network of subject matter experts in environmental health and emergency preparedness. The role of these network

members includes the development of resources for use by public health professionals in environmental health and all-hazards emergency preparedness, risk communication and outreach to populations. Since the formation of NEHPN, network members have bonded and identified a rich health promotion resource—the means to formally identify existing best practices for environmental health promotion, and also ways to informally tap into the expertise and available resources of other professionals inside and outside this network. In these economic times, many agencies are faced with reduced resources and multi-tasking personnel, which create a manpower gap in routine duties, and also an increasing need for competent health education personnel in emergency and disaster response. Integrating informal connections and personal contacts into a health educator's toolbox helps address this gap, and can expand a professional's ability to respond promptly and adequately to a community's emergent health education needs. United by a common professional passion, subject matter experts in NEHPN demonstrated that health educators and environmental health professionals can trade insights and provide resources and best practices that are timely and appropriate to emergent response needs. Using formal and informal networks, professionals can create newfound ways to significantly cut the time and cost involved in developing or procuring needed environmental health print materials by increasing the pool of experience that they could draw upon, tapping insights from different disciplines, and recycling design ideas from other projects. Such relationships and reciprocity have demonstrated improved and timely practice in emergent situations such as Hurricane Irene sheltering, flood related environmental response, pre-disaster connectivity, the sharing of trainings and fact sheets, and dissemination of public emergency information and warning messages. This presentation will provide an overview of how to identify credible formal sources of emergency information, how to leverage existing informal professional networks, and will illustrate how health educators can readily transform and strengthen their emergency public health practice.

A43. The Role of Health Educators in Responding to Public Health Emergencies

Kathleen Miner, PhD, MPH, MEd, Emory University; Elaine Auld, MPH, MCHES, Society for Public Health Education; Melanie Sellers, MPH, Society for Public Health Education; Julia Gin, BS, CHES, Society for Public Health Education

Public health emergencies such as natural disasters, infectious disease outbreaks, and the threat of bioterrorism have impacted the health and safety of our nation and local communities. Health educators are valuable resources in preparing for potential emergencies and communicating response strategies to the masses when an emergency does occur. In response to data that shows health educators could benefit from additional training regarding their role in potential emergency events, SOPHE has identified core competencies health educators need to adequately function in emergency preparedness/all hazards response events. This session will provide an update on the core competency development and an overview of the online introductory course to train entry-level health educators to plan for and respond to emergency events.

A44. Building Chapter Capacity through Supportive Grants and Cooperative Partnerships in Addressing Health Equity and Promotion

Robert Rinck, MPH, San Jose State University; Cheryl Hergert, MPH, San Jose State University; Maggie Sotelo, BS, Health Career Connections; Isra Ahmad, AA, San Jose State University

This poster describes how the Northern California SOPHE chapter received two different grants that supported health education and promotion as well as addressing health equity. By receiving the grants, the SOPHE Chapter, which had just been reorganized and restarted, was given a

Poster Session A Abstracts: Thursday Posters

renewed sense of hope and commitment in working with the community. The two grants came from National SOPHE in Washington DC from two different funding sources and to address two different health challenges in their respective communities. The first grant was a 5 year--\$250,000 health equity grant, which is to address health disparities and increase health promotion and practice with Native Americans on diabetes prevention and education. Northern California SOPHE partnered with the Inter-Tribal Friendship House in Oakland and SEVA to create a community partnership based on culturally competent health education and promotion practices with respect to the Native American Population. Working with communities outside of our own chapter, is a delicate and sensitive matter, which demonstrated cultural sensitivity and cultural humility as health educators. Also, in using the theoretical framework of the Socio-Ecological Web, the community collaborative partnership developed culturally appropriate assessment tools, in creating interventions and educational tools. Utilizing focus groups, interviews, site visits, etc., a development of unique and original methods of addressing diabetes within innovative ways came about through the partnership. The second grant was a "Clearing the Air" grant which was a smaller funded support to help San Jose State University become a smoke free campus. Partnering with NC-SOPHE was SJSU Health Services, California Youth Advocacy Network and Santa Clara County Public Health-Tobacco Department and this grant was to support the work that had been ongoing on the campus by using the Socio-Ecological Model for Environmental-Systems and Policy Change. Working as a cooperative partnership with the goal for the adoption of a 100% tobacco-free policy this would create an environment promoting health, supporting and encouraging tobacco-free lifestyles, and endorsing cessation services and support. The cooperative partnership (due to NC-SOPHE funding) then recruited and hired 1 Graduate Assistant and 2 Undergraduates to develop and conduct surveys from tools developed by the partnership, hold open forums and perform in class presentations and start a student club. The findings from all these events helped the cooperative partnership compile a report on the interest from the community on having a smoke free campus. This movement created a renewed interest in the NC-SOPHE chapter and built up chapter membership as well as acknowledged chapter capacity by demonstrating that NC-SOPHE was a viable resource and referral agency in Northern California.

A45. A Crystal Ball Approach: Transforming Breast Cancer Research and Practice through Evidence-Based Interventions

Michele Doughty, DHEd, A.T. Still University

BACKGROUND/Framework: The 2000-2006 Surveillance Epidemiology and End Results Program (SEER) reported African American women experienced a higher prevalence of early onset invasive breast cancer and in situ breast cancer in comparison to other racial/ethnic groups (NCI, 2009). The onset of aggressive breast cancer has been noted resistant to conventional treatment. The research hypothesis focused on whether or not an evidence based breast cancer intervention could increase conceptualization of breast cancer and the use of preventive services in African American women aged 20-39. The Health Belief Model (HMB) was used to tailor and target the educational intervention for this subgroup. **Method:** The researcher over a course of 10 months designed, implemented, and evaluated a 4-part evidence based breast cancer prevention educational model. A quantitative and qualitative methodology was employed through the administration of pre-survey intervention, post survey-intervention and course evaluation design. The intervention was delivered through in-class and asynchronous learning environments to increase conceptualization of breast cancer and to influence the utilization of preventive services in this subgroup. The intervention was implemented in 2 yr and 4 yr post secondary schools and community based organizations to determine changes. **Results:** The results showed the intervention was statistically significant improving

conceptualization of breast cancer in African American women in a classroom environment $p < 0.039$ and in an asynchronous on-line environment $p < 0.05$ through a paired t-test. The study compared ages 20-29 and 30-39 finding no statistical significance related to age about the use preventive services within the subgroups. The subgroups were both in high consensus about the use of preventive services, importance of preventive services, and the importance of tailoring preventive service for younger women. The subgroups were in high disagreement related to the tailoring outreach efforts to young women, the recommendation of the United States Preventive Task Force (USPSTF) related to mammogram services starting at age 50. **CONCLUSIONS/IMPLICATIONS:** The implication of this research study provides evidence of the need to target women at younger ages related to early-onset breast cancer. The articulation of best practices related to the design of evidence-based interventions should be articulated to a broader community.

A46. Identifying Individuals at Health Risk: Neural Network Approach

Dejan Magoc, PhD, Eastern Illinois University; Borislav Obradovic, PhD, Faculty of Sport and Physical Education; Mihailo Miletic, MA, Regional Institute of Sport

BACKGROUND and THEORETICAL FRAMEWORK: The relationship between physical activity (PA) and disease is unambiguous and lack of PA has become a major public health concern. Machine learning is a branch of computer science that aims at developing computer programs that simulate human reasoning and can therefore "replace" humans in numerous tasks including data analysis and decision making (Russell & Norvig, 2010). A major focus of machine learning is to automatically learn to recognize patterns and infer relationships among different variables. A neural network (NN) is a type of a machine learning algorithm that is designed to imitate the actions of the human neural system (Tan, Steinbach, & Kumar, 2006). Thus, it automatically and instantaneously analyzes and presents the results of individuals identified at risk of being insufficiently physically active to prevent negative health outcomes. **OBJECTIVES:** To (a) develop a preliminary computer program to automatically identify individuals at risk of being insufficiently physically active and (b) validate the accuracy of the developed NN in correctly identifying and classifying individuals at risk of being insufficiently physically active. **METHODS:** Besides various demographic questions, 407 college students, from a mid-sized public university located in the Midwest, completed the International Physical Activity Questionnaire (IPAQ; Booth, 2000), the Exercise Goal-Setting Scale (EGS) and The Exercise Planning and Scheduling Scale (EPS; Rovniak et al., 2002), the Family and Friend Support for Exercise Habits Scale (Sallis et al., 1987), the Self-Efficacy for Exercise Behavior Scale (Sallis et al., 1988), and the Outcome Expectations and Expectancies Scale (Steinhardt & Dishman, 1989). **RESULTS:** We performed 5-fold cross-validation with 80 data points used for training and 20 data points for testing. The results of all five runs in cross-validation indicated that the developed computer program identified and classified individuals at risk of being insufficiently physically active into right categories (at-risk individuals or not at-risk individuals) 79% of the time. **CONCLUSION and IMPLICATIONS for PRACTICE:** As of our knowledge, this is the first study of this kind. Even though the results are not 100% perfect, they show a great potential for quick identification of individuals at health risk due to physical inactivity. There is a potential to train a final NN and develop a web-based tool to administer the questionnaire and immediately identify individuals at risk of being not physically active enough. This program could be easily accessible to health professionals in order to improve well-being of general population.

Poster Session A Abstracts: Thursday Posters

A47. Latino Lay Health Leaders as Effective in Forging Relationships Between Community Members and Healthcare Professionals

Stephanie Landsman, BS, MPH, WellSpan Health Community Health Improvement; Yeimi Gagliardi, MS, WellSpan Health Community Health Improvement

BACKGROUND: WellSpan Health Community Health Improvement utilizes lay health leaders in Adams County, Pennsylvania to address the health needs of the underserved rural Latino population. The lay health leader network connects Latino individuals and healthcare professionals by coordinating and promoting health education events like health fairs. **THEORETICAL BASIS:** The Health Belief Model and Social Cognitive Theory provide the framework for the lay health leader network and corresponding health education events. Self-efficacy and outcome expectations are valuable factors that influence the health behaviors of this population. **OBJECTIVES:** The lay health leader network aims to connect Latino community members to healthcare professionals, an often challenging relationship. By planning and marketing an annual health fair, lay health leaders help facilitate these relationships. The health fair permits the identification of participants with abnormal screening results, provides health education, encourages Latinos to make healthy behavior changes, connects participants to providers and/or health assistance programs, and establishes trust in the community. **INTERVENTION:** In Adams County, Pennsylvania, lay health leaders were utilized to promote an annual health

fair for Latinos. Participants received health screenings for heart disease and diabetes, discussed screening results with healthcare professionals, received health education messages, and received referrals to providers and insurance assistance programs, as necessary. **EVALUATION MEASURES:** Evaluation surveys and screening results were collected at the health fair. Evaluation surveys provided critical information on why participants attended, how they learned about the event and their connectedness to provider and insurance services. Screening results provided snapshot data on the participants' health outcomes and conditions. **RESULTS:** Lay health leaders recruited 52.2% of the 92 participants; a Latino health educator recruited the remaining 47.8% of the participants. Several Latino community members had undesirable screening results:—18.5% had abnormal fasting blood glucose screening results;—39.1% had abnormal lipid profile screening results;—92.4% did not have health insurance, and;—72.8% did not have a regular physician. Of those who were identified as not having health insurance or a regular physician, 71.7% were connected with a physician or insurance assistance program(s). Lay health leaders and healthcare professionals have gained valuable insight on the Latino population, specifically with regard to their frequently transient lifestyle, communication and financial challenges. Lay health leaders are an effective method of recruiting community members for health education and health screening events. Additionally, community screenings helped identify high risk individuals and promoted trusting relationships between healthcare professionals and underserved communities.

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Poster Session B Abstracts: Friday Posters

POSTER PROMENADE GROUP B: HEALTH COMMUNICATION & TECHNOLOGY

FRIDAY, APRIL 19

12:00—1:15 PM

Moderator: Rebecca Foco, PhD, University of Massachusetts Lowell

Poster Promenade Group B highlights three selected posters in the category Health Communication & Technology. An expert guide will lead a small group to the selected posters, where the presenters will each speak for about 20 minutes and then take 5 minutes to address any questions. (Credits for CHES, MCHES, and CPH are provided)

- Denotes Poster Promenade
- **Poster # B17—Using Health Information Technology (HIT) to Promote Health Risk Assessment (HRA) with Adolescents in Primary Care Settings**
- **Poster # B30—Preparing Future Health Education Specialists: Incorporating Technology in the Classroom**
- **Poster # B41—A Digital Government: Creating an Online Publications Content Repository to Meet Growing Demand for Health Information and Services**

POSTER SESSION B ABSTRACTS: FRIDAY POSTERS

B1. Spotlight on SOPHE Chapters—2013

Melanie Stopponi, MPA, MCHES, SOPHE House of Delegates

SOPHE's 19 official chapters represent approximately 2,000-health educators residing in more than 30 states and regions of the United States, western Canada, and northern Mexico. Since the first chapter (National Capital Area) was recognized in 1962, chapters are engaged in addressing local and timely topics through their professional development and continuing education activities, advocating for public policies conducive to health, and building partnerships with other organizations in their states/regions. They also provide an important training ground for future leaders in disease prevention and health promotion. SOPHE chapters must meet requirements for National SOPHE recognition, but maintain their own independent governing boards, member dues, programs and benefits structure. Many attract and serve a vibrant student population through the offering of scholarships and mentoring programs. Find out how you can become involved and grow personally and professionally by being involved in your local SOPHE chapter.

B2. SOPHE Sustainable Solutions for Health Equity: Lessons Learned from Chapter Collaboration to Address Diabetes among American Indians/Alaska Natives and African American/Black populations

Nicolette Warren, MS, MCHES, Society for Public Health Education (SOPHE); Nandi Marshall, MPH, CHES, DrPH(c), Georgia SOPHE Chapter; Cheryl Mariscal Hergert, MPH, Northern California SOPHE Chapter

BACKGROUND: SOPHE's local chapters cover more than 30 states, northern Mexico, and Western Canada. Chapters provide a value-added connection to regional continuing education programs, advocacy, and grass roots outreach. SOPHE chapters are engaged in many exciting activities and partnerships. SOPHE developed a pilot project with Georgia and Northern California SOPHE Chapters and their partners to conduct a strategic,

sustainable initiative to help eliminate health disparities among rural African American community in Southeast Georgia and among urban American Indian/Alaska Native community in San Francisco Bay Area. METHODS: SOPHE developed and implemented project reports for the Georgia and Northern California SOPHE Chapters and non funded chapters to assess the effectiveness of technical assistance efforts to build capacity, establish partnerships, implement evidenced-based programs, encourage policy, systems, and environmental changes strategies, evaluate and disseminate outcomes. SOPHE conducted focus groups with the Georgia and Northern California SOPHE Chapters and non funded chapters focused on curriculum development, dissemination of information, and sustainability efforts. RESULTS: SOPHE demonstrated the feasibility of Chapters partnering with community-based organizations and universities to build a foundation for culturally relevant initiatives to effectively produce positive health improvements in communities. SOPHE Chapter leadership reported a strong commitment to the organization, their chapter, and the funded project serving as major strengths for member involvement and continuous efforts towards improvement. SOPHE's recognition of chapter contributions and skills provided important support to meet project goals. SOPHE learned valuable lessons of how to effectively managing the project expectations while maintaining collaborative community partners. SOPHE lessons learned supported the need for critical capacity building to establish effective frameworks for overcoming project implementation barriers.

B3. Development of a Perceived Etiology of Racial/Ethnic Health Disparities Scale (PEREHDS)

James Price, PhD, MPH, FAAHE, FASHA, University of Toledo; Jagdish Khubchandani, MBBS, PhD, MPH, CHES, Ball State University; Robert Braun, PhD, CHES, Otterbein University; Erica Payton, MPH, CHES, Department of Health and Recreation Professions; Prasun Bhattacharjee, PhD, East Tennessee State University

BACKGROUND: Racial/ethnic minorities exhibit disparities in disease morbidity and mortality when compared to the larger white population. The magnitude, scope, and persistence of these disparities represent both a scientific and moral challenge. THEORETICAL FRAMEWORK: A comprehensive review of the empirical literature indicates that people view racial/ethnic disparities as caused by one of the two perspectives: personal blame of minorities or social determinants. However, the numeric assessment and measurement of such perceptions has not been considered so far. HYPOTHESIS: We hypothesized that a valid and reliable questionnaire can be developed which assesses people's perceptions of the etiology of racial/ethnic disparities. METHODS: A comprehensive review of the empirical literature helped establish 30 items that had face validity. These items were sent to a panel of survey research and racial/ethnic disparities experts (n=9) to establish content validity. A test retest reliability analysis was also conducted by giving the questionnaire to 20 students twice within a week. After conducting a detailed psychometric properties assessment, the questionnaire was eventually given to 480 undergraduate college students at 4 universities. RESULTS: Descriptive and inferential statistics were computed by using SPSS 18 and will be discussed in our presentation. The most significant findings were:- Majority of the responding students was females (54%) and whites (75%). A total of 423 (88%) useable surveys were returned. Principal component analysis confirmed the items formed (by scree plot) two subscales: Personal Blame and Social Determinants (based on item loadings of .40 or higher). Internal reliabilities were: alpha= .87 and .90, respectively. Stability reliabilities (using convenience sample of 31 students) were: .78 and .80, respectively. Readability using SMOG was 10th grade. Significant differences in both subscales were found by race and support for increased funding of social programs (discriminant validity). In addition, scores on scales differed based on gender and political affiliation. CONCLUSIONS: The instrument

Poster Session B Abstracts: Friday Posters

has good validity and reliability and could be helpful in identifying groups of individuals who would blame racial/ethnic minorities for health disparities and would not be supportive of expanding social programs. **IMPLICATIONS for PRACTICE:** To help ensure an adequate assessment of people's perceptions of the etiology of racial/ethnic disparities, this instrument could be used in needs assessments to plan advocacy changes. This new metric could be used in a pretest-post-test format to assess the success of programs that intend to improve the understandings of the social determinants of racial/ethnic health disparities.

B4. Do Reasons to Quit Smoking Differ by Socioeconomic Status in Adolescents?

Erin O'Loughlin, MA, The University of Montreal Hospital Research Centre (CRCHUM); Laura Struik, MA, University of British Columbia; Erika Dugas, MSc, CRCHUM; Joan Botorff, PhD, University of British Columbia's Okanagan campus; Jennifer O'Loughlin, PhD, CRCHUM

BACKGROUND: Smoking prevalence in Canada declined markedly from the early 1980s until the mid-2000s, and has remained relatively stable since. However, this decline was not equivalent across smokers of differing socioeconomic status (SES). People of lower educational attainment, those in blue collar occupations and those with lower income levels experienced lower levels of decline in smoking than any other SES group, reflecting that smoking uptake rates are higher in more disadvantaged adolescents, that smokers with lower SES make fewer quit attempts and/or that they are less successful in quitting. If reasons to quit smoking differ by SES in adolescents, youth cessation interventions may need to be tailored to the needs of more or less disadvantaged youth. The objective of this study was to determine if reasons to quit among adolescents differ by SES. **METHOD:** Data on sociodemographic characteristics, health risk behaviors and reasons to quit (measured using the Adolescent Reasons For Quitting (ARFQ) scale) were collected in mailed self-report questionnaires in 2010-11 completed by 1,243 grade 11 students participating in the AdoQuest study (Montreal, Quebec) (45% male; mean (sd) age = 16.8(0.5)). The association between each of five SES indicators and each of the three ARFQ subscales (short-term, social disapproval, long-term concerns) was investigated in multiple linear regression controlling for age, sex and smoked cigarettes in past 30 days. **RESULTS:** Scores for the short term, social disapproval and long-term concerns subscales of the ARFQ were lower in participants with an annual household income <30,000\$ CAN than in those with incomes ≥30,000\$ CAN. A smoked in the past 30 days X income interaction term was statistically significant in the model for short-term consequences suggested that the association between income and short-term consequences was present in smokers only. **CONCLUSIONS:** All three ARFQ subscales scores were lower in participants with an annual household income <30,000\$ CAN. Tobacco control interventions for youth may need to take differences in reasons to quit across income groups into consideration. **IMPLICATIONS:** Increased understanding of reasons to quit across SES groups may help in the development of more effective tobacco control interventions.

B5. Smoking and Health Related Quality of Life in Lower Income Individuals: A 2012 Survey of Patients in Louisiana's Public Healthcare Delivery System

Ariyon C Bryant, BS, Louisiana State University; Micheal Celestin, MA, CHES, TTS, Louisiana State University; Tung-Sung Tseng, DrPH, MCHES, Louisiana State University; Krysten Jones, MPH, CHES, CTTS, Louisiana State University; Sarah Moody-Thomas, PhD, Louisiana State University

BACKGROUND: Smoking is a major public health challenge, associated with a number of long-term health implications such as various cancers and diseases of the heart. It remains consistent across several studies that smokers are more likely to have a poorer health related quality of life (HR-QoL), and increased disease burden. This is exhibited even more so in populations of lower income. The goal of this study is to determine the impact of smoking status on HR-QoL in a population of low-income primary care patients. This study utilizes the Social Cognitive Theory as a theoretical basis which emphasizes concepts of reciprocal determinism and facilitation. **METHODS:** A 27 item questionnaire constructed from national surveys (ATS; BRFSS) was administered between January and February, 2012 (n=1119, response rate = 98.1%) to patients presenting for primary care out-patient clinic appointments in 7 Louisiana public hospitals. Patient's tobacco use, quit attempts, and utilization of cessation services were assessed. Five items on HR-QoL were also included in this survey. Data analysis was conducted using SAS 9.1 integrated software. **RESULTS:** The survey population consisted of majority African Americans (47%); females (64%); 31-60 year olds (65.68%); and, free care (48.86%) and Medicaid/ Medicare (34.92%) patients. It was observed that 54% of the respondents were lifetime smokers, of which 31% reported current and 24% reported former smoking. Statistically significant differences in mean HR-QoL EQ5D scores were observed on measures of anxiety/depression and pain/discomfort (15.3% and 10.47%, respectively) between smokers and nonsmokers. A 9.73% reduction in mobility was displayed in smokers versus nonsmokers. Mean HR QoL scores also showed indigent/free care patients to have a poorer overall QoL followed by Medicaid/Medicare. Commercial insurance patients showed better HR-QoL scores. **CONCLUSION & IMPLICATIONS:** Successful sustained quits among low income smokers may improve their QoL and overall health, making it more similar to that of non-smokers. Results of this study illustrate the association between smoking and several domains of HR-QoL. Health care providers may use the immediate and short term improvement in HR QoL to motivate smokers to quit and remain abstinent.

B6. Secondhand Smoke Exposure at Home and its Effects on Tobacco Use and Quit Attempts Among Low-Income Smokers

Yilin Xu, MPH, Louisiana State University; Sarah Moody-Thomas, PhD, MS, Louisiana State University; Tung-Sung Tseng, MS, DrPH, Louisiana State University; Michael D. Celestin Jr., MA, CHES, TTS, Louisiana State University; Krysten D. Jones, MPH, CHES, CTTS, Louisiana State University

BACKGROUND: Exposure to secondhand smoke (SHS) is associated with nicotine dependence, discourages quit attempts and increases cigarette consumption among smokers. The negative effects of SHS exposure are well known. However, few studies discussed the impact of SHS exposure in the home setting on tobacco use and quit attempt across different age, gender and ethnic groups. This study aims to examine the influence of SHS exposure at home to daily cigarettes usage and quit attempts among low-income smokers. **THEORETICAL FRAMEWORK:** Social cognitive theory

Poster Session B Abstracts: Friday Posters

offered a framework to understand how SHS exposure impacts smokers' cognition of smoking and quitting in the home setting. **HYPOTHESIS:** We hypothesized that smokers with higher SHS exposure at home were more likely to heavily consume cigarettes and less likely to make quit attempts. These associations may show different strength across different age, gender and ethnicity groups. **METHODS:** A cross-sectional sample of 337 current smokers was identified from the 2012 LSU Tobacco Control Initiative patient survey, which comprised 1119 African American and White men and women age 18 and older. We examined daily cigarette usage, not smoking for one day or longer due to quit attempt in the past 12 months and SHS exposure at home across different age, gender and ethnic groups. **RESULTS:** 61% of current smokers reported that had SHS exposure at home. In age group 18 to 35, we found a significant association between SHS exposure at home and no quit attempt in the past 12 months ($p < 0.0078$). SHS exposure at home was also associated with heavy daily cigarette usage in age groups 18 to 35 ($p < 0.024$) and 36 to 55 ($p < 0.049$). Across different ethnicities and genders, the association between SHS exposure at home and no quit attempt in the last 12 months were found in White smokers ($p < 0.049$) and male smokers ($p < 0.031$). No significant association between SHS exposure at home and heavy daily cigarettes usage was found in ethnicity groups or gender groups. Chi-square tests were performed for the analysis. **CONCLUSION and IMPLICATIONS:** Our study showed that SHS exposure at home significantly impacts young smokers' quit attempts and daily cigarette usage. Further studies are needed to explore the association of SHS exposure in the home setting and smoking and quitting behaviors among smokers 18 to 30s, white and male. Interventions addressing specific environmental issues in different age, gender and ethnicity groups need to be further developed.

B7. Clear the Air: Tobacco Retailer Education Community Collaborative

Patsy Barrington Malley, MS, EdD, MCHES, University of West Florida

Nearly 4,000 youth try their first cigarette every day with 1,000 becoming daily smokers. One of the CDC's best practices for youth tobacco prevention is engaging the community to restrict minors' access to tobacco products, active enforcement of retailer sales laws, and retailer education. The current FDA tobacco retailer laws are designed to make tobacco products less accessible and less attractive to youth. Tobacco retailers play a unique role in protecting youth by complying with the law. The purpose of this project was to educate tobacco retailers about evidence-based tobacco control and prevention policies and promote supportive action. The objectives for this program were: provide training, distribute resource kits, adoption of voluntary policy, and evaluate intent to utilize materials. To address these objectives, the University of West Florida (UWF) worked collaboratively with the health department and tobacco partnership to conduct two luncheon events which covered the role of the retailer in tobacco prevention, an update of current FDA and state regulations, tobacco related health issues, and a roundtable discussion. The 64 participants included tobacco retailers from large chain convenience stores and independently owned stores, health care personnel, and representatives from UWF and the health department. Clear the Air Kits containing information about regulations, tobacco education, and cessation resources were distributed. A pretest and posttest measured the retailers' comprehension of FDA regulations and intent to utilize materials. The majority of retailers was aware of and understood current regulations. Discussion revolved around the health effects of tobacco, local cessation resources, and how the retailers could support community efforts. The majority expressed an interest in displaying cessation resources; those who did not were restricted by corporate policy. Results of the pretest and posttest indicated an increase in knowledge concerning current tobacco regulations. Most retailers

display some type of tobacco products or other advertising material. The majority were willing to display Quitline material and functional items. Most retailers were interested in participating in media recognition as a community partner. The tobacco retailer education resulted in several positive outcomes in addition to the FDA regulation update. Questions were clarified concerning health effects of tobacco and a high interest in local smoking cessation resources was expressed. Retailers requested information about volunteering, joining the tobacco partnership, and tobacco education programs for their employees. Strong professional relationships with local retailers were established which will serve to foster future community partnerships.

B8. Using Collaborative Approaches to Drive Tobacco Control Strategic Planning

Keiren O'Connell, BA, Health Promotion Council of Southeastern Pennsylvania

BACKGROUND: The Health Promotion Council of Southeastern Pennsylvania (HPC) is among one of eight tobacco regional primary contractors whose goal is to advance healthier practices to improve access and sustain tobacco control and prevention programs and services through partnerships, policy, system and environmental strategies. HPC's Southeastern Pennsylvania Tobacco Control Project (SEPA TCP) administers comprehensive tobacco prevention and dependence treatment services in seven counties: Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, and Schuylkill. Funded by the Pennsylvania Department of Health (PADOH), SEPA TCP works to address the Centers for Disease Control (CDC) four primary tobacco goals to: 1) Prevent initiation; 2) Promote quitting; 3) Eliminate nonsmokers' exposure; 4) Identify and eliminate disparities. **METHODS:** In order to determine SEPA's TCP future efforts and funding allocations, it recently aligned its regional and local needs with state and national trends in an extensive five month strategic planning process whereby an external consultant facilitated open discussions with SEPA's thirty-five coalition partners; ranging from community-based organizations to public health researchers and minority owned business owners. The data gathered from the coalition contributed to the prioritization of regional needs. The identified needs were then vetted through a thirteen member Design Team, PADOH administrators and HPC leadership, resulting in three strategic initiatives and supportive guiding principles. Participants successfully shifted funding with greater emphasis on sustainability and impact through partnerships, direct services, policy, system, and environmental strategies. Guiding tools included Healthy People 2020, The United States Department of Health and Human Services' Tobacco Control Strategic Action Plan, Affordable Care Act, National Tobacco Disparities Report, PADOH's Tobacco Prevention and Control work plan and SEPA evaluation reports. **RESULTS:** Twenty-four of SEPA's service providers are using strategies such as expanding partnerships with other health service entities in order to enhance current work and advance SEPA's strategic initiatives. Additionally, twenty-two are actively integrating tobacco and chronic disease treatment within community-based or healthcare sites, directly drawing from SEPA's first strategic initiative. **CONCLUSIONS or SIGNIFICANCE:** This process demonstrates how national disease prevention and health promotion outcomes can be integrated into a comprehensive tobacco control and prevention request for proposal at the local, regional and state level. HPC's work also highlights the successful utilization of multi-sector collaborations and strategic partnerships using a regional tobacco coalition to advance tobacco policy, and to align the priorities of a regional comprehensive tobacco control and prevention program with the Affordable Care Act, Healthy People 2020, and Tobacco Control Action Plan.

Poster Session B Abstracts: Friday Posters

B9. Exhaled Air Assessment of Carbon Monoxide Levels in Hookah Smokers: A Call For Action

Mary Martinasek, PhD, University of Tampa; Allison Calvanese, University of South Florida; Jake Bailey, University of Tampa; Megan Bingham, University of Tampa; Grace Issiki, BS, University of South Florida; Kayla Mackanin, BS, University of South Florida; Dawn Howard, MPH, BS, University of South Florida; Kimberly Conner, BS, University of South Florida

BACKGROUND: Hookah bars/cafes are prevalent around college campuses and urban areas. Hookah differs from cigarette tobacco smoking in that it emits high levels of carbon monoxide from the burning charcoal placed atop the tobacco. The inhalation of carbon monoxide exhibits adverse effects such as impaired vision, loss of coordination, headaches, dizziness, confusion and nausea. Hookah bars are exempt from the clean air indoor ordinances due to limited profit from food items. **HYPOTHESIS:** a. Participants in hookah bars exhibit higher levels of carbon monoxide in expired air than prior to smoking. b. The longer a participant smokes, the higher the carbon monoxide level. **METHODS:** A pre-test/post-test measurement of exhaled carbon monoxide levels were conducted among forty-eight hookah smokers outside of hookah bars ($n=48$). Participants' carbon monoxide levels were assessed twice before entering the hookah bar and then reassessed twice after exiting the hookah bar. Expiratory carbon monoxide levels were gathered in parts per million and as carboxyhemoglobin levels. Information was also gathered on bowls smoke, current cigarette tobacco use and frequency of hookah smoking. **RESULTS:** A paired samples t-test was conducted to assess carbon monoxide levels. Mean carbon monoxide levels pre-hookah were 12.4 ppm (2.7% CoHb) and post-hookah were 51.1 ppm (10.1% CoHb) with a p-value of <0.001 . A Pearson Correlation was conducted between the length of time smoking hookah and the level of carbon monoxide in the exhaled air. Results indicated a positive correlation indicating as time in the bar increased so did the carbon monoxide levels. ($r=0.55$ $p < 0.001$) **CONCLUSION:** Carbon monoxide levels are elevated to high levels with only a limited amount of time spent in hookah bars. Hookah smoking differs in acute negative health effects as compared with traditional cigarette smoking, yet smokers often equate hookah with only the chronic effects. **IMPLICATIONS:** Expansion of the clean indoor air ordinances are needed for public health related to hookah smoking. Continuous exposure to carbon monoxide may lead to a proclivity of cardiovascular or respiratory disease. Advocacy efforts are warranted to bring greater awareness to this public health issue among policy makers and environmental health advocates. Additionally, social marketing campaigns are needed to change behavior and educate hookah smokers on the acute as well as chronic effects of hookah tobacco smoking.

B10. Physical Activity and Fruit and Vegetable Consumption Habits in College Student Smokers, Social Smokers, and Nonsmokers

Timothy Murphy, PhD, Mississippi University for Women; Diane Tidwell, PhD, RD, LD, Mississippi State University; Michael Hall, PhD, CHES, Florida Atlantic University; Ronald Williams, PhD, CHES, Mississippi State University; Chiquita Briley, PhD, Mississippi State University; Barry Hunt, PhD, Mississippi State University

Smoking, physical inactivity, and insufficient fruit and vegetable consumption have been linked to increased instances of cardiovascular disease, chronic obstructive pulmonary disease, type 2 diabetes, numerous cancers, and a several other chronic health conditions. In the United States approximately 22% of college students have smoked at least one

cigarette in the past 30 days, 70-85% do not meet recommended levels of physical activity, and 75% do not consume recommended levels of fruits and vegetables. Applying the Theory of Planned Behavior and Health Belief Model, this study sought to investigate the interactions of health promoting behaviors such as physical activity, fruit consumption, and vegetable consumption in self reported smokers and nonsmokers at a mid-sized, southern university. A valid and reliable survey instrument was created and administered to college students ($N = 461$) in the spring of 2012. **RESULTS:** indicated that 20% of the population smoked at least one cigarette in the past 30 days, with men being more likely to smoke than women ($p = .008$). Physical activity was significantly correlated to smoking status ($p < .001$); however, fruit and vegetable consumption was not significant. Multiple regression determined the following constructs significantly ($p < .01$) predicted smoking status: attitudes and intentions from the Theory of Planned Behavior and perceived severity, perceived benefits, perceived barriers, and cues to action from the Health Belief Model. The results of this study may be utilized to address differences in college student engagement in adverse health behaviors, and in enhancement of the efficacy of smoking interventions on college campuses.

B11. Community-Campus Partnership for Tobacco Prevention Outreach, Advocacy, and Philanthropy

Barry P. Hunt, EdD, Mississippi State University; Ronald D. Williams, Jr., PhD, CHES, Mississippi State University; Jeremy Barnes, PhD, Southeast Missouri State University

BACKGROUND: Collaborations between campus departments and community organizations may serve to strengthen health advocacy efforts among populations of need. Such efforts can also serve as excellent experiential learning opportunities for health education and health promotion students. The purpose of this presentation is to describe a two-year tobacco prevention advocacy and philanthropy project led by undergraduate health students in southeast Missouri. **THEORETICAL FRAMEWORK:** The initiative was developed using the Campus-Community Partnership Framework and included formalized partnerships with a community tobacco prevention coalition, regional substance abuse support center, health promotion faculty, and a student-led peer advocacy group. **METHODS:** Campus-based advocacy efforts began with the formal creation of the student-group called Peers Advocating for Smokefree Solutions (PASS) which worked collaboratively with the community coalition to increase awareness of secondhand smoke and tobacco-related health risks. Through PASS, students assessed campus-based beliefs and perceptions of smoke-free policies among students, faculty, and staff. Assessment data was used to design and implement a two-phase tobacco prevention awareness campaign which also served to generate philanthropic initiatives among community members. **RESULTS:** In phase one, PASS members collaborated with other student groups to increase campus philanthropy by collecting shoe donations which were used in tobacco advocacy demonstrations and ultimately donated to multiple local charities. Phase two of the initiative included partnership with the university child development center. Tobacco prevention advocacy was, again, the primary theme; however, philanthropic efforts focused on the community donation of baby clothes, toys, and supplies that were used in tobacco advocacy demonstrations and also donated to local charities. Outcomes of the initiative included an increase in campus awareness of tobacco risks, the continued campus involvement of the PASS group, and a strengthened partnership between students, health promotion faculty, and local community health leaders. **IMPLICATIONS:** The Campus-Community Partnership Framework serves as a useful model in developing collaborations for tobacco prevention efforts in university communities, particularly in student-led advocacy initiatives.

Poster Session B Abstracts: Friday Posters

B12. Gender Integrated Health Education and Promotion Interventions: The Philadelphia Ujima Coalition for a Healthier Community Experience

Candace Robertson-James, DrPH, MPH, Drexel University College of Medicine; Ana Núñez, MD, Drexel University College of Medicine; Serita Reels, MPH, Drexel University College of Medicine

BACKGROUND: Sex and gender disparities in health continue to persist. Differences exist in mortality and morbidity rates as well as quality of care received and experiences with social determinants of health. Gender is an important social determinant of health because it influences social roles, responsibilities, norms, expectations and access to resources. However, a critical assessment of the role of gender in health is often omitted from many research studies. These “gender blind” studies undermine health education and promotion efforts. **THEORETICAL FRAMEWORK:** The Philadelphia Ujima Coalition for a Healthier Community (23 faith-based, social service, wellness, education, health organizations) funded by the Office on Women’s Health, employs a gender integrated health education and promotion intervention utilizing a lifespan approach to focus on health and wellness, nutrition, sexual health and healthy relationships in adult and youth populations. The intervention uses a gender analysis framework to assess understanding of the role of gender norms and activities in health and promotes behavior change while addressing gender relations that promote disparities in specified health outcomes. **METHODS:** A quasi experimental design is used in which intervention groups receive a 15 hour core health education and promotion workshop series on the targeted objective areas and were compared with control groups not receiving the intervention. Adult intervention sites included community faith based and social service agency partners. Youth intervention sites included school partners. Intervention sites also participated in a health reminder and motivator system to encourage behavior change. Baseline, post intervention, 6 month and 1 year evaluations are being completed for intervention and control groups. **PRELIMINARY RESULTS:** Sex differences exist in attitudes and behaviors associated with accessing care, nutrition and eating practices, sexual health and healthy relationships. Intervention participants have an increased understanding of the role of gender norms, expectations and activities in their health and they identified specific gender barriers related to their health goals. Gender differences in needed health promotion messages were identified. Overall, participants noted an increase in awareness and behavior changes related to intervention objective areas post intervention. **CONCLUSIONS/IMPLICATIONS:** Health promotion interventions must consider the role of gender in disparate health outcomes and integrate attention to gender throughout programming. Important lessons learned were identified to enhance assessment and inclusion of gender in to adult and youth health promotion programming. Interventions that address gender-based constraints that influence health disparities can result in improved health outcomes across multiple health conditions and provide opportunities for larger systems programming.

B13. Faith-Based Health Program for African American Women

Jenelle Robinson, PhD, West Virginia State University; Diane Tidwell, PhD, RD/LD, Mississippi State University; Chiquita Briley, PhD, Mississippi State University; Ron Williams, PhD, CHES, Mississippi State University; Paula Threadgill, PhD, Mississippi State University; Walter Taylor, PhD, Mississippi State University

African American women are suffering from high rates of debilitating illnesses and diseases such as obesity (50%), hypertension (44%), diabetes (12.4%), and stroke (4.1%). These health outcomes are associated with the consumption of high-fat, low-nutrient dense foods among this population. Health education efforts targeting African American women

must be culturally responsive. Because the church can serve as an important cultural medium for the African American community, it may also serve as an efficient setting for health and nutrition education. The purpose of this study was to pilot-test the Eve’s Apple Nutrition Education program, a newly designed 8-week program promoting healthy dietary behaviors among African American women in churches (faith-base). Strategies were based on the Social Cognitive Theory constructs and the Stages of Change model within the Transtheoretical Model. Educational sessions were implemented once a week for eight weeks and included lessons on emotional eating, body image, food labels, healthier cooking methods, portion control, dieting, fitness, exercise and hair, and healthy lifestyle changes. Instructional methodology included lecture, group discussion, presentations, food demonstrations, role-play, applied activities (grocery store and restaurant simulations), physical activity, and a guest speaker. Each participant was given the Eating Styles Questionnaire (ESQ) and the Eating Behavior Patterns Questionnaire (EBPQ). A total of 38 women completed the program. Pre- and post-test results indicated a significant increase in low fat eating behaviors ($t(37) = -10.078, p < .001$) and styles ($t(37) = -5.728, p < .001$). There was also a decrease in eating behaviors such as emotional eating ($t(37) = 5.478, p < .001$), snacking on sweets ($t(37) = 3.18, p = .003$), meal skipping ($t(37) = 3.009, p = .005$) and haphazard meal planning ($t(37) = 5.477, p < .001$). A statistically significant increase in positive cultural/lifestyle factors ($t(37) = 3.151, p = .003$) was also observed at post-test. A post-program focus group ($n=8$) indicated that the church setting, as well as spiritual tenets of scripture and prayer within the program, provided a means of positive support for healthy dietary behaviors. The pilot of Eve’s Apple Nutrition Education program was successful in improving healthy dietary behaviors among the participants. For African American women, faith-based health programs provide cultural relevance, support, and are unique in specifically targeting their health needs.

B14. Building Capacity for Evidence-based Practice: A Training and Technical Assistance Intervention for Community Organizations

Alexis Moore, MPH, Lineberger Comprehensive Cancer Center; Marissa Hall, BA, Gillings School of Global Public Health; Jennifer Leeman, MDiv, DrPH, University of North Carolina at Chapel Hill; Kenisha Bethea, MPH, CHES, Susan G. Komen for the Cure—North Carolina Triangle to the Coast

BACKGROUND: The Guide to Community Preventive Services (Community Guide) recommends a range of evidence-based strategies (EBS) to promote public health. Yet, practitioners’ awareness and use of those recommendations is limited. A critical need exists for interventions to promote adoption and implementation of evidence-based recommendations, including those in the Community Guide. Private health foundations are well-positioned to encourage evidence-based practice by modifying funding requirements, including training on evidence-based practice in grant-writing workshops, and providing technical assistance (TA) to grantees. **PURPOSE:** A local health foundation, Susan G. Komen for the Cure NC Triangle to the Coast Affiliate (NCTC Affiliate), and The University of North Carolina at Chapel Hill partnered to design, implement and evaluate a training and TA intervention to increase community practitioners’ use of EBS. Study objectives were to assess the feasibility of the capacity-building intervention and its effects on practitioners’ self-efficacy to select, implement, and evaluate breast cancer screening EBS. **METHODS:** Study participants were practitioners working in community organizations in 24 counties of eastern and central North Carolina. The intervention included two 4- to 6-hour trainings, ongoing technical assistance, and written guidance on cancer screening EBS. We assessed the feasibility and effects of the intervention using a single group, pretest-posttest design. Participants completed questionnaires. Data also were collected on the amount, type, and content of TA provided.

Poster Session B Abstracts: Friday Posters

FINDINGS: Thirty-seven individuals representing 23 organizations enrolled in the study. At baseline, participants reported low self-efficacy for identifying measurable program outcomes (68%); assessing quality and fidelity of EBS implementation (78%); and matching EBS to program objectives (86%). Post-test questionnaires administered in fall 2012 will assess change in self-efficacy scores. Seventeen study participants (46%) requested and received 47 TA consultations by phone (n=15) or email (n=32). The average amount of time per TA contact was 22 minutes. The most frequent TA topics were "selecting EBS," "developing a program plan" and "identifying resources and partnerships." "Evaluating program activities" was a less frequent TA topic; however, when addressed as part of phone TA, it took the majority of time per contact (14:30 minutes on average). **CONCLUSIONS:** Training and TA to implement EBS addresses a need expressed by public health practitioners in community organizations. Furthermore community practitioners are likely to seek training and TA to improve capacity for implementing Community Guide recommendations. This study's findings will be used to refine the intervention and inform future research to test its effectiveness and implementation costs.

B15. Using Data Collection and Reporting Strategies to Increase Community-Level Attention, Interest, and Investment in Improving Community Health

Alfgeir Kristjansson, PhD, West Virginia University; Michael J. Mann, PhD, West Virginia University; Inga Dora Sigfusdottir, PhD, Teachers College, Columbia University

BACKGROUND: Health promotion is most often practiced in the context of local communities that consist of individuals who live in the same neighborhoods, attend the same schools, etc. and are often connected by similar lifestyles and values. Perhaps too often, the data used to justify and guide community-level interventions comes from state, national or other higher-level research that may or may not account for local characteristics. We argue that the effective use of community-level data is an overlooked health promotion strategy that can be used to empower communities as they pursue to improve health-related outcomes. Routinely collecting and reporting community-specific data that both local health promotion practitioners and community members recognize as "our" data provides a powerful incentive which serves to increase a community's interest in, commitment to, and ownership of their collective outcomes. **THEORETICAL BASES:** Bronfenbrenner's Human Ecological Theory **OBJECTIVES:** 1. Describe how community-specific data reporting strategies can be used to empower local communities and improve community health. 2. Discuss examples of how these strategies have been used to improve community health in Icelandic schools, neighborhoods, and cities. **INTERVENTION(S):** The Icelandic Prevention Model has been used during the past 15 years to help local communities reduce substance use and abuse among adolescents in their care. The core of this approach has involved collecting and reporting data at a level that supports community ownership of the "numbers" and community investment in improving them. Key elements have emphasized 1) determining communities based on commonalities such as school districts or geographical areas, 2) collecting and reporting data by community regardless of size, 3) reporting data to each community, routinely, and in a manner that increases the community's commitment to positively influencing contextual and behavioral factors related to health, and 4) maintaining a long-term commitment to providing practical, understandable data that community members can use to monitor and work toward continuously improving health outcomes.

This model has demonstrated the positive difference long-term, local-level research-policy-practice collaborations can make on community health. **EVALUATION MEASURES and RESULTS:** Cross-sectional data has been collected with repeated surveys for 15 years and has included 80-90% of all 14-15 year old adolescents in the country. Trend data suggests the Icelandic Model of Substance Use Prevention has greatly helped reduce adolescent substance use in Iceland. Additionally, results indicate this strategy has positively impacted a range of community and contextual factors known to support child and adolescent health.

B16. Extending the Healthy Neighborhood Initiative Assessment Model to a Mixed Methods Design: A Case Study on Mammography Screening Barriers

Linda Highfield, PhD, MS, St. Luke's Episcopal Health Charities; Karen Williams, PhD, MHSA, St. Luke's Episcopal Health Charities

BACKGROUND: Community-based participatory research (CBPR) approaches seek to equitably involve communities of focus in all stages of research: formulation of the research question, study design, data collection, data analysis, and dissemination of results. Since 1997, we have used a CBPR approach, called Healthy Neighborhoods Initiatives (HNI), to achieve a healthcare philanthropy organization's mission to assess and improve the health of underserved neighborhoods in the service area of a tertiary health system. **THEORETICAL BASIS:** The original HNI developed a quantitative picture of the community utilizing secondary data sources and proceeded to qualitative data collection and asset mapping (model A established in 1997). Later, rapid epidemiological assessment was incorporated (survey) (model B established in 2000), but was found to be cost-prohibitive. A streamlined model blending secondary data, qualitative assessment, collaboration and asset mapping (model C established in 2002) was the most commonly used approach until 2008. In 2009 and 2010, a predominantly qualitative version of model C was used. In 2011, we adapted model C to sequential mixed methods and incorporated survey data collection (model D). **OBJECTIVES:** Our objectives were: 1) Modify the HNI to a mixed methods research paradigm, 2) Incorporate survey development to allow for an additional dimension of assessment in the community and 3) Utilize HNI (model D) for an assessment of barriers to mammography screening as a case study. **EVALUATION MEASURES and RESULTS:** The HNI model was extended to as follows: 1) The quantitative assessment was used to develop key informant interview questions related to mammography barriers, 2) The key informant analysis was utilized to develop the questions used in the lay led group interviews, 3) The data gathered from both 1 and 2 was used in conjunction with existing validated questions to create a draft survey instrument, 4) The survey was reviewed by both quantitative and qualitative researchers and 6) The survey was tested and refined using cognitive interviewing. Three major lessons were learned during this study. First, mixed methods structure and process could be successfully brought into the HNI model. Second, HNI model D brought the quantitative and qualitative researchers together from the inception of the project, which presented both opportunities and challenges. Finally, HNI model D provided a checks and balances approach. Assessing the health of the community using a CBPR approach requires time, resources and commitment. The authors believe that the HNI model can serve as a framework for others conducting community assessments.

Poster Session B Abstracts: Friday Posters

• B17. Using Health Information Technology (HIT) to Promote Health Risk Assessment (HRA) with Adolescents in Primary Care Settings

Jevetta Stanford, EdD, University of Florida; Katherine Eddleton, MPH, University of Florida; TaJuana Chisholm, EdS, University of Florida; Maryum Khan, MPH, University of Florida; Elizabeth Shenkman, PhD, University of Florida

All major pediatric guidelines recommend HRAs and counseling during health care visits. HRAs are considered the first step in health promotion. Adolescence represents an important time for prevention and early intervention of health issues, which, if not addressed, significantly contribute to the development of chronic conditions in adulthood. Physician counseling and advice provided during preventive care visits is thought to enhance parent and adolescent knowledge, which is an antecedent to behavior change and health promotion. Social Cognitive Theory (SCT) was the theoretical framework used in this study. Participating in HRAs and counseling often requires that physicians and adolescents develop new behaviors, with specific reference to individual characteristics of self-efficacy (confidence to perform an activity) and outcome expectations (an individual's expectations about the results from the behavior). Both constructs are associated with physicians' adoption of new techniques and with the individual adolescents' adoption of healthy lifestyles. iPads were used to facilitate gathering and using HRA information in primary care settings. The implementation strategy consisted of 9 processes that included: entering patients into the research database, offering the iPad to teens, obtaining consent/assent, teens completing the survey, provider counseling the teens based upon their responses, teens receiving custom health links related to identified risks, provider completing a brief debriefing survey, and teens completing a follow-up phone survey on their visit experiences. First, clinic staff added patients to the electronic research data base and offered the iPad to the patient and their parents to gain consent and assent. Once consent and assent is gained, teens moved to private areas to complete the HRA on the iPad. Once complete, the patient submitted answers electronically and returned the iPad to the clinic staff. During the visit, the provider used the iPad to access the HRA results for counseling and referral. The research software generated custom health links based upon the teen's answers geocoded to their home zip code. Health links included electronic resources and were available as standalone web address or quick response (QR) codes for digital scan using smart phones. Patients received health links electronically to their private e-mail address or printed. Randomly selected patients were contacted to complete the Young Adult Health Care (YAHCS) Survey as a follow up survey via telephone about their visit experiences. A site coordinator was assigned to each practice and made regular site visits to collect monitoring data. The monitoring data was used to generate the percentage of adolescents screened which allowed the research team to identify practice characteristics associated with greater success and assess each practice's adherence to the study. The YAHCS follow-up survey was administered to both intervention and comparison participants 4-6 weeks after the date of the clinic visit to determine the effectiveness of using HIT during the visit. Providers used the iPad to facilitate counseling and referral during visits with intervention group participants, while the comparison group providers' did not. The 3 primary evaluation measures for the feasibility study were: 1) the ability to effectively engage practices in enrolling patients and participating in research; 2) determining if HIT can promote health risk assessments in adolescents in primary care settings; and 3) to determine the effectiveness

of using HIT to promote and enhance the discussion of the health risk assessment results. To date, 479 adolescents have participated, and recruitment is ongoing. Patients were recruited from 20 clinics in urban and suburban areas, with most of the clinics collecting data for an entire six-month period. Preliminary results suggest that adolescents in the intervention group were more likely to report having time alone with their provider, being told that their conversation was confidential, and having discussed specific health issues on the risk assessment tool. These findings may be due to differences in recall rather than overall experience. Nevertheless, the use of HIT may increase the number of adolescents who recall health promotion discussions with their providers, making it a potentially valuable tool for health education and promotion.

B18. Building a Healthier Independence: Multi-Department Collaboration to Combat Chronic Disease

Christina Heinen, MFS, Missouri Health Department

In 2011, the Independence Health Department (IHD) was awarded the Social Innovation for Missouri grant from the Missouri Foundation for Health and the Community Transformation Grant from the Centers for Disease Control for the Building a Healthier Independence (BHI) project initiative. These grants have provided more than one million dollars over five years to prevent death and disability due to chronic diseases. In order to leverage resources, IHD has formed partnerships with the City of Independence, Missouri's Public Works, Parks and Recreation, Community Development, Water, and Tourism Departments along with the Kansas City Health Department, Jackson County Health Department, and Mid-America Regional Council. BHI aims to use evidence-based approaches to make it safer and more convenient to be physically active, make healthy food choices, and decrease tobacco use for Independence residents. The overall project has many deliverables including building two new sidewalks to parks or schools each year, installing six emergency blue light phones along trails, the promotion of parks, trails, and community recreational facilities, farmers' market promotions, counter-tobacco advertising, the creation of a complete streets policy, the establishment of smokefree parks, and the increase of healthy vending options at worksites. IHD believes that multi-department cooperation and policy change is the most effective way to decrease the number of citizens impacted by chronic disease. In the first year of the two grants, fitness membership at the community recreational facility increased by 35%, 45 smoke-free parks signs were posted at 25 City parks, food stamp usage at the local farmers' market increased by 92%, two sidewalks to parks and one sidewalk to a school were completed, all 290 school crosswalks were repainted, a complete streets policy was passed by the City Council, three emergency blue light phones were installed, 111 counter-tobacco advertisements ran in the local newspaper, and all beverage vending machines at City facilities have at least 50% healthy options and snack vending machines have at least 85% healthy options. Through a community health assessment conducted every two years, IHD is measuring physical activity rates, parks and trail usage, tobacco usage, fruit and vegetable consumption, and body mass index for Independence residents. With a current obesity rate of 35% and a smoking rate of 19%, BHI endeavors to show a marked reduction in both rates by the completion of the project in September 2016.

Poster Session B Abstracts: Friday Posters

B19. HealthStreet Gainesville: A Robust Community Engagement Model for Jacksonville Florida

Fern Webb, PhD, University of Florida; Jevetta Stanford, EdD, University of Florida; Noni Graham, MPH, University of Florida; Catherine Woodstook Striley, PhD, MSW, LCSW, ACSW, MPE, University of Florida; Linda Cottler, PhD, University of Florida

The purposes of this presentation are to describe the community engagement research (CEnR) model (HealthStreet) and its practical application to collaborative efforts, research and community health. The learning objectives are to: 1. Provide a historical perspective of HealthStreet and explain its theoretical frameworks; 2. Describe how this CEnR model works, including required resources; and 3. Report on evaluative measures. By the end of the session, the participant will be able to: 1. Understand the historical perspective of HealthStreet and explain its theoretical frameworks; 2. Describe how the community engagement research model works in relation to HealthStreet and what are some of the resources required; and 3. Construct some of the measures and reports [yields] used to evaluate HealthStreet's effectiveness. BACKGROUND: In 1993, the National Institutes of Health (NIH) mandated the inclusion of traditionally underrepresented groups in research. However, almost 20 years after NIH's mandate, researchers continue to struggle to include elderly, individuals from lower socioeconomic statuses, minorities and other marginalized groups (i.e., drug users) in research studies. Some of the barriers are that researchers are unable to identify or locate eligible individuals, or that individuals are not interested in participating in research studies. THEORETICAL BASIS: The HealthStreet model serves as a gold standard that forges new collaborative relationships between community members traditionally not included in research, researchers, and medical and social service providers. HealthStreet's theoretical basis finds root dually in the Positive Deviance (PD) and the Diffusions of Innovations theories. The PD theory suggests that solutions to community problems exist within the community, while the Diffusions of Innovations theory offers insight relevant to social change. The HealthStreet model embodies the principles of CEnR in that all stakeholders are actively involved in the process, and all stakeholders actively benefit. OBJECTIVES: The HealthStreet model's objectives are to: 1. Conduct real-time, ongoing assessment of health problems and concerns of community residents; 2. Refer community residents to research studies and opportunities; 3. Link residents to medical and social services provided throughout the community; 4. Disseminate and translate research findings back to the community; and 5. Provide opportunity for the University community to learn from and serve Alachua County residents. Interventions: HealthStreet is a community-based outreach effort that works to reduce disparities in healthcare and research. HealthStreet's innovation exists within the context of the model's intervention methodology, which utilizes community health workers (CHWs) to collect and provide health information from community members in a variety of community settings. More specifically, CHWs conduct brief health assessments with community members and provide referrals to current research studies relevant to their current health conditions, information about low and or no-cost medical and social services, and invite them to visit the local HealthStreet facility to receive a variety of free resources and services and participate in free activities. Examples of services that community members who visit the local HealthStreet facility may receive include health screenings, community classes, computer use for job or resource searching, access to the clothing and toiletry pantry, confidential HIV testing, and smoking cessation counseling. EVALUATION MEASURES and RESULTS HEALTH: Health assessment data are used to address social determinants of health, develop research and program applications to seek additional community resources, and provide ongoing feedback to community and university

stakeholders about the current health status of the community. The following list outlines evaluative measures used to assess HealthStreet's progress and results: 1. Number of community members engaged/ completing a health assessment; 2. Number of community members interested in research; 3. Number of community members referred to research studies; 4. Recruitment yield as defined by the proportion of individuals enrolled in a study out of all individuals contacted using street outreach methods; and 5. Enrollment yield as defined by the proportion of individuals enrolled in a study out of all eligible individuals.

B20. Winning Over Weight Wellness: Programmed for Success

Fern Webb, PhD, University of Florida; Michelle Doldren, EdD, Nova Southeastern University; Gary Hall, DCE, West Jacksonville Church of God in Christ; Selena Webster-Bass, MPH, Jacksonville Children's Commission

The purposes of this presentation are to: 1. Describe W.O.W. Wellness; 2. Report on the utility of W.O.W. Wellness program features; and 3. Report the overall findings of W.O.W. Wellness. By the end of the session, the participant will be able to: 1. Describe the structure of W.O.W. Wellness; 2. Evaluate the usefulness of W.O.W. Wellness program features; and 3. Identify opportunities for improvement and possible replication of successful components in similar programs. BACKGROUND: African American women experience health disparities regarding weight, nutrition and physical activity. In Duval County (Jacksonville, Florida), 75% of African American women (Confidence Interval: [CI] 66.3-80.5) are overweight or obese. Moreover, 2007 data show that only 25% of African American women eat > 5 servings of fruits and vegetables per day. Regarding physical activity, 2007 data revealed that 15% of African American women (CI: 10.2-22.1) vigorously exercise, 23% (CI: 17.1-30.1) exercise at moderate levels and 30% (CI: 23.6-36.6) currently lead primarily sedentary lifestyles. Change requires the ability to focus efforts to transition from unhealthy eating practices and a primarily sedentary lifestyle to one consisting of healthier eating choices and becoming mild to moderately active. In addition, eliminating barriers to successfully transition are also essential. Thus, the purpose of W.O.W. Wellness was to implement a culturally relevant, interactive health program to assist African American women and their families with learning how to eat healthier and exercise more as part of their current lifestyles. THEORETICAL BASIS: W.O.W. Wellness is grounded in behavioral choice and social cognitive theories, and is developed with the theory that both eating and physical activity practices significantly reduce obesity in African American women. Community-based participatory research principles also were essential with insight from key collaborators regarding potential barriers and church assets being incorporated in W.O.W. Wellness. OBJECTIVES: The objectives of W.O.W. Wellness were to: 1. Provide a holistic health program for African American women in Duval County; 2. Increase the proportion of participants consuming fruits and vegetables by program end; 3. Increase the proportion of participants participating in physical activity; and 4. Reduce body mass index (BMI). INTERVENTIONS: W.O.W. Wellness was conducted at two churches and one primary care clinical center, and consisted of 20 sessions, requiring no more than two (2) hours per session at two sessions per week. Each session was generally comprised of a spirituality, nutritional activity and physical activity component. The ministers developed the spirituality component to include a brief interactive meditation/self-reflecting activity to recognize and appreciate participants' spirituality. A nutritionist and/or layperson facilitated a 45-minute nutrition activity that covered various topics like the importance of eating breakfast and varying vegetables and fruits. Participants also participated in physical activity for 45-60 minutes at every session. Along with spirituality, other program features that make W.O.W.

Poster Session B Abstracts: Friday Posters

Wellness unique include Kids' Play Club, the Unwind and Dine program, and Train-the-Trainer. The Kids' Play Club provided participants' children with the opportunity to participate in structured, organized activities to increase their physical activity, do their homework, or get to know their fellow church members, all allowing the participant to focus in/on her own class session. The Unwind & Dine program provided healthy evening meals for participants and their children, which allowed participants to attend evening classes, knowing that they are not required to prepare meals for their families once they leave class. Thus, we suspected that the likelihood that participants arrived late, left early or failed to attend due to this reason was eliminated. Another program feature was Train-the-Trainer, which was developed for women to learn how to implement W.O.W. Wellness in efforts to sustain it beyond its initial year of funding and resources. EVALUATION MEASURES and RESULTS: For purposes of this presentation, evaluation measures include the: 1. Number of women who enrolled in W.O.W. Wellness; 2. Number of women who completed W.O.W. Wellness; 3. Number of children participating in Kids' Play Club; and 4. Number of women completing Train-the-Trainer.

B21. Powering Up Practice in an Observational Case Study of Participants' Knowledge, Experiences, and Transformations with Weight Loss Programs

Adenike Bitto, MD, MPH, DRPH, MCHES, FRSPH, East Stroudsburg University; Kim Eilenberger, MAEd, MPH(c), East Stroudsburg University

BACKGROUND: The current U.S. obesity epidemic is a major cause for public health concern, given associated sequelae of poor body image, hypercholesterolemia, hypertension, heart disease, stroke, diabetes, cancer, and the metabolic syndrome (CDC, 2011; Ogden et al., 2012). Although obesity is complex, it is conquerable and IOM (2012) presents a strategy of five essential areas needing improvement. Furthermore, multi-sectorial strategies should include physician's recommendations for appropriate and sensible weight loss programs (DeNoon & Martin 2012). **THEORETICAL FRAMEWORK:** From an ecological perspective, levels of influence include intrapersonal (Health Belief Model-HBM), interpersonal (family/friends), and institutional factors (weight loss programs). **HYPOTHESIS:** Participants who are more knowledgeable about the motivational and other components of their self-selected weight loss programs are more likely to accomplish their stated goals. **METHODS:** After IRB approval, regional volunteer participants completed a standardized fifty-question Likert Scale survey to compare the nutritional knowledge base of participants in each weight loss program, identify relevant constructs of the selected theoretical framework, and evaluate weight loss steps. Three questions each assessed HBM Perceived Susceptibility, HBM Perceived Severity, HBM Perceived Benefits, and HBM Cues to Action, with HBM Perceived Barriers-4 questions/HBM Self-Efficacy-5 questions. A codebook was developed for data entry. Epi Info and SPSS statistical packages were used for data analysis. **RESULTS:** The median age of participants was 42 years; employment status included undergraduate/graduate students, high school teachers, university and regional police department staff. Weight loss/diet programs included Cinch Inch Loss Plan, Dunkan, Jenny Craig, Keto, Kris Gethin's, Shape-Up, Stay Fit, Three Day, and Weight Watchers. Cost was a barrier for 20% of participants who paid \$200 or more for their self-selected programs. Regarding HBM, family/friends played a role in the food choices of 74% of participants; and 53% of participants were influenced by the media. Reasons for using these programs included concern with medical family histories of heart attack, to get fit, feel better or stay healthy. But 33% of participants were not knowledgeable about the motivational and other components of their self-selected weight loss programs, which affected their outcomes. Likewise, 66% of participants did not obtain their physician's approval before starting these weight loss programs. **CONCLUSIONS/IMPLICATIONS for PRACTICE:** Participants identified several cues to action;

the interpersonal level of the ecological model was important in this study indicating another avenue of intervention for control of this obesity epidemic. There is need for health education on weight loss programs and more health care provider involvement.

B22. Assessing Weight Bias in Nurses toward Obese Patients and Its Effect on Quality of Care

Janelle Garcia, PhD, University of Florida; Beth Chaney, PhD, MCHES, University of Florida; Christine Stopka, PhD, ATC, LAT, CSCS, CAPE, MTAA, University of Florida; J. Don Chaney, PhD, MCHES, University of Florida; Donna Neff, PhD, APRN-BC, University of Florida

The prevalence of adult obesity (BMI \geq 30) in America has steadily risen over the past two decades. Hospitalizations related to chronic conditions associated with obesity have also risen placing increased demands on nurses and their support staff. Negative weight bias has been identified among nurses towards obese patients in previous studies, but research is lacking that links nurse body mass index (BMI) to their perceptions of an obese patient and how weight bias affects the quality of care that they provide. This study used a partial mixed methods approach to assess weight bias in rural registered nurses (RN), licensed practical nurses (LPN), and certified nursing assistants (CNA) working in a rural hospital setting. The purposes of the study were to determine if weight bias existed and test its relationship with body mass index (BMI), identify causes of weight bias, and evaluate the effects bias has on quality of care. A web-based version of the Nurses' Attitudes Toward Obesity and Obese Patients Scale (NATOOPS) was used to assess weight bias and BMI was measured using self-report height and weight. A convenience sample of 113 participants were recruited by their nurse managers via email. Results indicated that underweight/normal weight nurses were more likely to exhibit weight bias and indicated that obesity was controllable, but overweight/obese nurses were more likely to associate negative characteristics with obese patients. CNAs were found to exhibit more bias than RNs or LPNs. Participants were given the opportunity to participate in a semi-structured interview to discuss factors related to weight bias and quality of care; 13 nurses chose to participate and were compensated with a gift card. Thematic analysis was used to derive themes from the interviews. Four themes emerged as causal and contributing factors to weight bias: 1) patient care tasks; 2) characteristics of the patient; 3) equipment needs; 4) nurse perception of self. Quality of care was affected by delays in treatment. The results indicated weight bias among nurses working in rural settings, found that multiple factors in different levels of influence cause or contribute to weight bias that affect quality of care. Mixed methods demonstrated support between the quantitative and qualitative data. These findings provided backing for intervention strategies for bariatric sensitivity training using the ecological perspective to target specific issues at each level of influence.

B23. Sustaining Positive Health Outcomes through the Augmentation of a Chronic Disease Self Management Program for Latinos

Jaime Corvin, PhD, MSPH, CPH, University of South Florida; Claudia Aguado Loi, PhD, MPH, University of South Florida; Jennifer Burges, BS, University of South Florida; Elizabeth Powers, BA, University of South Florida; Moya Alfonso, PhD, MSPH, Georgia Southern University; Junius Gonzales, MD, MBA, University of Texas El Paso

BACKGROUND: The co-occurrence of minor depression and chronic diseases is often under-recognized, under-treated and under-studied. Among Latinos, complex structural and cultural barriers exist which further complicate the translation of evidence-based interventions (EBIs)

Poster Session B Abstracts: Friday Posters

aimed at managing chronic conditions for this population. **OBJECTIVE:** To better understand those barriers and deliver an EBI designed to best meet the needs of this population, a multiphase, mixed methods study was employed with the goal of 'translating' research findings directly into practice through the implementation of an augmented EBI (Tomando Control de su Salud) for Latinos with chronic illness and minor depression (ICD) and their family members (FM). **METHODS:** Forty ICDs and 32 FMs, along with 82 key stakeholders, participated in formative research through which findings informed the transformation of an EBI designed to help Latinos better manage their chronic illness and minor depression. Additionally, 125 ICDs and 65 FMs participated in the pilot intervention study to test this model. ICDs were randomized into either a standard 6-week course or an augmented 9-week course. Participants completed researcher-administered assessments at baseline, post, 3-month post and 6-month post intervention. Repeated measure analyses were completed to assess changes in health related outcomes over time. Differences in outcomes among subgroups (ICD and family; male and female) were also assessed. **RESULTS:** Results indicated changes in health related outcomes following participation in the intervention, with statistically significant differences found on several health related indicators, including depression scores (PHQ-9), weight changes and physical activity. Findings also suggested that differences exist between male and female participants. Female participants were significantly more likely to attend and complete the intervention, females were more likely to attend as an FM and, given their role as a 'caregiver', were important in the recruitment, retention and successful completion of male Latinos in chronic disease self management programs. **CONCLUSION and IMPLICATIONS:** Many disease management interventions for minor depression have shown to have limited effect over time for people with co-occurring conditions. This study presents a promising 'augmentation' model for enhancing the effects of an EBI to sustain positive outcomes over time among Latinos. Results emphasize the important role of 'translating' EBIs into community-settings to reduce health disparities, and highlight the need to not just translate but transcend these programs for differing needs of the local population. Lessons learned regarding recruitment and retention also suggest the key role of women and caregivers in expanding the scope and reach of the program.

B24. The "For Heart's Sake" Initiative for African Americans in York City, Pennsylvania

Stephanie Landsman, BS, MPH, WellSpan Health Community Health Improvement; JoAnn Henderson, Community Health Worker, WellSpan Health Community Health Improvement; Kelsie Landis, BS(c) University of Delaware

BACKGROUND: The WellSpan Health "For Heart's Sake" initiative, coordinated by Community Health Improvement, strives to improve the cardiovascular health of York City African Americans. The initiative reaches this underserved population through education and culturally appropriate program development, coordinated by lay health leaders. **THEORETICAL BASIS:** This initiative utilizes the PRECEDE-PROCEED planning model and focuses on the perceived susceptibility, severity, benefits, barriers, cue to action and self-efficacy constructs of the Health Belief model. **OBJECTIVES:** This initiative aims to improve the cardiovascular health of African American community members through health education and healthy behavior promotion. Effective, sustainable and culturally appropriate program components are coordinated by an actively engaged lay health leader group. **INTERVENTION(s)** The initiative consists of multiple components, including health education and screening events, and a ten-week Zumba program. Free screening events include health education, health screenings and insurance/physician referrals. To follow-up the

screening event, a Zumba program promoting physical activity was offered to participants. **EVALUATION MEASURES:** The initiative encourages participants to "know their numbers;" healthcare professionals are present throughout the initiative to provide screenings and obtain measurements. Pre and post measurements were collected for Zumba participants, to demonstrate program impact. Surveys and registration information provides insight into the likelihood that participants had a primary care physician, insurance, or chronic diseases, and feedback on the programs. Evaluation results were summarized in a report to be used by lay health leaders for future programming. **RESULTS:** Nearly 500 community members have been reached by the initiative's six screening events and one Zumba program. The York City African American participants demonstrate higher rates of overweight/obesity and high blood pressure than national and local level data for the same population:—89.9% had at least one unfavorable screening result;—83.9% were overweight or obese;—75% had high blood pressure;—23.3% reported not having a regular doctor, and;—24.4% reported not having health insurance. The initiative has demonstrated improvements in participants' health outcomes and connections with resources that may improve health conditions and access to care. Zumba program participants demonstrated a decrease in average weight and blood pressure; those who attended more Zumba classes tended to lose more weight than those attending fewer classes. The Zumba program participants:—Lost an average of 3.6 pounds per participant, and;—Decreased their average blood pressure by 11.67 mm Hg systolic and 5.2 mm Hg diastolic during the program.

B25. Factors Affecting Healthy Eating and Physical Activity Behaviors Among Multiethnic Blue- and White-Collar Workers: Implications for Worksite Health Promotion Program Planning

Jodi Leslie, DrPH, RD, University of Hawaii at Manoa

BACKGROUND: Worksite health promotion programs can reduce prevalence of chronic disease among employees, but little research has been done to discern whether they meet the needs and incorporate the preferences of workers of different occupational types. **THEORETICAL FRAMEWORK:** Worksite health promotion programs are often developed without regard to differences in influences or interests among workers from different occupational types. With research demonstrating blue-collar workers (BCW) to be more likely to engage in health risk behaviors and have higher risk for chronic diseases, compared to white-collar workers (WCW), the need for worksite health programs that address the needs of different types of workers become all the more important. **HYPOTHESIS:** A clear understanding of those factors related to the health differences between BCW and WCW needs to be taken into consideration in designing a health promotion program that is effective and applicable to them. The objective of this study is to examine differences in influences to healthy eating and physical activity and preferences for programs among multiethnic BCW and WCW in Hawai'i. **METHODS:** A total of 57 employees from a major health care corporation in Hawai'i participated. A mixed methods approach was employed, in which findings from focus groups with WCW (n=18) were used to inform development of a questionnaire with closed and open-ended items for use with BCW (n=39), whose jobs did not provide adequate time to participate in focus groups. **RESULTS:** Focus groups with WCW revealed that onsite availability of healthy food and fitness opportunities provided the most support for healthy eating and physical activity at work; work demands, easy access to unhealthy foods and lack of onsite fitness opportunities were barriers; and lifestyle management a topic of substantial interest. BCW cited the ability to bring home lunch and their (physically active) jobs as being supportive of healthy behaviors; not having enough time to eat and personal

Poster Session B Abstracts: Friday Posters

illness/injury were barriers; and chronic disease topics of greatest interest. CONCLUSION: Knowing differences in influences to healthy eating and physical activity, as well as preferences for worksite wellness programming, among BCW and WCW, is important when planning and implementing worksite health promotion programs. IMPLICATIONS for PRACTICE: Designing a worksite health promotion program that incorporates the differences in influences to healthy eating and physical activity will aid in developing a program applicable and appropriate for all workers involved.

B26. Better Balance: Keeping Older Adults on Their Feet through a Multisensory Physical Activity Program

Sarah Lovegreen, MPH, MCHES, OASIS Institute; James Teufel, PhD, MPH, OASIS Institute

One out of three adults age 65 and older falls each year, nationwide. The likelihood of falling and of being seriously injured in a fall increases with age. Previous research has found that when people do fall they are likely to develop a fear of falling, even if they were not injured in the event. This fear may cause them to limit their activities leading to reduced mobility, social isolation and loss of physical fitness, which in turn increases their actual risk of falling. Older adults participating in regular physical activity, especially focused on increasing leg strength and improving balance, have reduced risk for falls. Better Balance was designed to prevent falls and improve balance and functional physical fitness among older adults. It was developed by the OASIS Institute in partnership with the Fall Prevention Center of Excellence at California State University, Fullerton. The goal of Better Balance is to provide a relatively low-cost, accessible, and sustainable community-based exercise program to improve or maintain balance skills. Participants experience a wide range of movement and sensory experiences during 16 one-hour sessions. Better Balance focuses on the multiple dimensions of balance (sensory, motor and cognitive) while providing a socially supportive and confidence building environment. Beginning in 2012, a pilot study was conducted examining the subjective and objective benefits. Six Better Balance classes were scheduled with target enrollment of at least 60 participants. Statistical analysis of pre- and post-program data will examine perceived body satisfaction, overall health, and self-efficacy to control falls. Participants also performed four fitness tests to measure improvements in agility, walking speed, lower body strength and standing balance. Start-up costs were monitored and projected sustainability and expansion costs were estimated. Findings from this program will be used to refine and expand physical activity programs designed specifically to improve balance and potentially reduce falls among older adults in community settings.

B27. Family Composition and Parent Support for Physical Activity

Jill A Nolan, PhD, Concord University; Lesley Cottrell, PhD, West Virginia University; David Campbell, PhD, Concord University; Wesley Meeteer, PhD, Concord University; Geri Dino, PhD, West Virginia University

BACKGROUND: Parent support for child physical activity has consistently been identified as a positive predictor for child physical activity. Girls consistently receive lower levels of support for physical activity than boys, though the causes are unknown. Little research has been done on the influence of family composition on parent support for child physical activity. By learning more about influences on physical activity, health educators are better able to implement multi-level interventions to enhance child health. THEORETICAL FRAMEWORK: According to Social Learning Theory, children learn through modeling and reinforcement. Therefore the way parents approach childhood physical activity could

be influenced by traditional gender roles with boys receiving more positive messages about physical activity than girls. HYPOTHESIS: This research study tested the following hypotheses: 1) Family composition will influence parent support for child physical activity; 2) Parents of boys will report higher levels of supportive behavior; and 3) Socioeconomic status will positively influence support for child physical activity and 4) grade will negatively influence support for child physical activity. METHODS: This cross-sectional study utilized the Coronary Artery Risk Detection in Appalachian Communities (CARDIAC) project to explore family and community-level factors that may impact parent support for child physical activity. The study sample included 741 parents of children who were screened in West Virginia schools. Parents were sent a health survey either through the school system or the USPS during the 2008/2009 and 2009/2010 school years. RESULTS: Parents of boys reported significantly higher levels of parent support for child physical activity. Child-gender specific linear regression models showed that in parents of girls, lower socioeconomic status (SES) actually predicted higher levels of parent support. More children in the home also predicted higher levels of parent support in parents of girls. In both parents of boys and parents of girls parent support decreased as child grade increased. CONCLUSION: Findings show that parents of girls have more significant predictors than parents of boys do. In light of the consistent finding that boys receive higher levels of support it is possible that support for girls physical activity is more vulnerable to changes and barriers in family and community dynamics. IMPLICATIONS for PRACTICE: Practitioners in health education and health promotion should be mindful of the specific needs of parents of girls and target programming to increase support for physical activity in that population.

B28. Social Cognitive Theory Constructs and Participation in a Comprehensive Worksite Health Promotion Program: A Focus Group Study of Employees of Large Health System

Anders Cedergren, MEd, CHES, University of Cincinnati; Randall Cottrell, DEd, MCHES, University of Cincinnati

BACKGROUND: Both the Patient Protection and Affordable Care Act (ACA) and Healthy People 2020 mention comprehensive Worksite Health Promotion (WHP) as an integral part of public health improvement efforts. For WHP to have the desired effect, participation levels among employees must be high and an organization must ensure that people from both ends of the health continuum take part in program activities. THEORETICAL FRAMEWORK: The professional literature discusses a plethora of individual, behavioral, and environmental factors that influence participation in WHP programs. The inconsistencies in the literature in terms of research methods as well as results justified a qualitative study grounded in Social Cognitive Theory (SCT). The purpose of this study was to investigate what factors influence WHP program participation among employees of a large health system and to add contrast and depth to existing literature. METHODS: Focus groups were offered for employees of a large health system at various worksite locations. Group discussions were recorded and transcribed, and narratives were analyzed using constant comparison analysis. Focus groups were offered until saturation of themes was reached. Altogether, six groups were conducted at four worksites. RESULTS: Thoughts and opinions shared by employees of a large health system during focus group discussions will be presented to highlight how SCT constructs may influence participation in a WHP program. Transcripts will be carefully reviewed and coded for individual, behavioral, and environmental factors that may be related to participation in a single program event or completion of multiple program activities over time. Short narratives will be provided to suggest how different constructs and employee demographics may combine to

Poster Session B Abstracts: Friday Posters

influence likelihood of program participation. CONCLUSION: Qualitative information can be helpful when trying to add context to available statistical predictions of WHP program participation. Often, reasons for participation are best understood and incorporated into programming by directly asking the employee population. IMPLICATIONS for PRACTICE: If implemented according to best practices, WHP has the potential to improve population health and promote utilization of affordable high quality health care. Participation in programming by the employee population has to be significant enough to impact indicators of cost and employee satisfaction. Through theory based research, health education must continue to form a better understanding of the factors that drive program participation. An addition, research findings must be consistently incorporated into existing and novel WHP programs to reaffirm the value of the field of health education.

B29. Cognitive Limitations and Health Behavior Change

Tina Bhargava, DrPH, Kent State University; Janice Zgibor, RPH, PhD, University of Pittsburgh; Kathleen McTigue, MD, MS, MPH, University of Pittsburgh; Steve M. Albert, PhD, University of Pittsburgh; Christopher Keane, ScD, University of Pittsburgh; Jeanette M. Trauth, PhD, University of Pittsburgh

Health promotion interventions that facilitate self-management of chronic diseases typically ask people to make specific changes, such as healthier eating and increased physical activity. Initiating and maintaining these changes are complex tasks with high cognitive demands. However, the effect of cognitive limitations on success with behavior change is seldom explored. Therefore, this study examined the effect of cognitive limitations on weight loss efforts, focusing on cognitive interference (i.e. "off task" thoughts), with the hypothesis that those who had lower cognitive interference would be more successful with and engaged in a weight loss program. An emotional Stroop test was designed to measure interference in response to weight loss stimuli (words) perceived as positive (e.g. active) and negative (e.g. overweight), with slower response times indicating higher levels of interference. Response times for obese individuals enrolled in a structured weight loss program were compared within and between participants who were actively engaged (N=25) vs. unengaged in (N=15) and successful (N=16) vs. unsuccessful (N=24) with the program. Successful participants responded significantly faster to positive compared to negative stimuli ($p=.01$; 716.6 ± 98.1 versus 761.3 ± 106.4 ms), as well as faster on the positive Stroop than unsuccessful participants ($p=.06$; 715.7 ± 13.5 ms versus 750.0 ± 11.0). Engaged participants also responded significantly faster to positive than negative stimuli ($p=.02$; 725.1 ± 96.7 versus 759.9 ± 111.7 ms). However, they responded faster on the negative Stroop than those who were unengaged ($p=.05$; 732.4 ± 13.0 versus 766.0 ± 10.3 ms). Overall, successful participants had faster response times on the positive Stroop compared either to their own response times to the negative Stroop or to their unsuccessful counterparts' response times to either the positive or negative Stroop, indicating that successful participants process the positive stimuli more easily. On the other hand, engaged participants had slower response times in response to the negative stimuli compared either to their own response times to the positive stimuli or to unengaged participants' response times to either the positive or negative stimuli, suggesting that engaged participants are more distracted and have higher cognitive interference in response to negative stimuli. The process of health behavior change is extremely difficult to accomplish, which suggests that we aren't accounting for all of the key factors in our current interventions. This study suggests that there may be important cognitive limitations that affect success with behavior change and should be taken into account when designing future health promotion interventions.

• B30. Preparing Future Health Education Specialists: Incorporating Technology in the Classroom

Patsy Barrington Malley, MS, EdD, MCHES, University of West Florida; Debra Maria Vinci, DrPh, MS, RD, University of West Florida; Maureen Howard, MS, University of West Florida

Health education employment is predicted to grow 37% by 2020. In order to meet the increased demand for health education specialists, effective education and training for students is imperative. One type of classroom environment that is conducive to professional preparation is the learner-centered environment which enhances learning by: shifting responsibility of learning to the student; promoting higher order thinking to enhance long term retention; emphasizing quality discipline specific skills; and promoting independent thinking. Students actively participate in activities which require content knowledge integration applied to realistic situations. The University of West Florida Department of Health, Leisure, and Exercise Science was awarded a technology grant that funded the creation of a Mobile Computer Laboratory (MCL). The MCL includes 12 laptop computers on a mobile cart. The MCL allows faculty to develop technology-driven instructional strategies that promote high levels of student engagement and provides authentic workplace experiences within an academic setting. Multiple laptops provide the opportunity to create interactive learner-centered environments through instructional strategies that are aligned with professional skills and competencies. One course that utilized the MCL provides essential research tools for current school and community issues. Learner outcomes include: discussing current issues that affect a community's health; describing the function and role of Healthy People 2020; applying principles of epidemiology to identify and prioritize community health issues; and understanding the organizational structure of private and governmental health agencies. A variety of experiential learning activities incorporate the Competency Areas I, II, IV, VI, and VII in order to achieve learner outcomes. Students typically work in pairs with one MCL computer, allowing access to current information and extensive web resources. Students may research current statistics on specific health issues and create a fact sheet that summarizes salient data in a format designed for a target population. Findings are reported to the class, followed by discussion and constructive feedback. This activity enhances internet research skills, assessment of credible web resources, critical analysis of copious amounts of information, and encapsulation of relevant points appropriate for a targeted audience. The shared classroom experience allows immediate and collective feedback, enhances collaboration, and allows exposure to a variety of approaches. For health education students and future health education specialists, utilization of the resources provided by the MCL supports project-based learning assignments in a highly interactive modality which incorporates professional competencies that define the role of the health education specialist.

B31. Systematic Review of the Delivery of Mobile Clinic Services to Migrant and Seasonal Farmworkers

John Luque, PhD, MPH, Georgia Southern University; Heide Castaneda, PhD, MPH, University of South Florida

BACKGROUND: Farmworkers in the U.S. are a medically underserved group, who are largely uninsured, foreign-born, and working in a hazardous industry. This systematic review addresses the challenges of providing health services for this priority population to study the numerous health access barriers which face MSFW, evaluates the services provided at mobile clinics, summarizes practice models for community-academic partnerships, and synthesizes the literature on effective partnership approaches to deliver these services. Because migrant

Poster Session B Abstracts: Friday Posters

and seasonal farmworkers (MSFW) are a difficult group to reach and access, mobile farmworker clinics provide an opportunity for unique student training experiences, in addition to small survey and feasibility studies. Method: A literature search was conducted to identify articles for the review using PubMed and CINAHL literature databases using keywords, "farmworker," "mobile," and "clinic." RESULTS: Out of 196 articles identified by the article databases and manual search techniques, 18 articles were finally selected for the review based on predetermined inclusion and exclusion criteria. Half of the articles were classified as case studies or descriptive studies with lessons learned. Only three articles were classified as research studies, and six articles were not classified as research studies, but rather descriptions of the clinics only. Many of the partnership models were structured with the lead agency as either the academic partner or an Area Health Education Center. The academic partner was usually a nursing school, and less frequently a medical school. Other service partners frequently mentioned were federally-qualified Community Health Centers, Migrant Health Centers, and health departments. CONCLUSION: The review found that service partnerships were characterized by collaboration between academic institutions and community organizations, with a lead agency driving sustainability efforts. IMPLICATIONS for PRACTICE: Having an interdisciplinary team of clinical partners from the university setting, together with federally funded farmworker health clinics, AHECs, and other community partners can produce sustainable models for service delivery for migrant and seasonal farmworkers when there is a shared mission and goal.

B32. Ease Into Health and Fitness- Evaluation of a Functional Fitness Program in Adult Day Centers in North Carolina

Elise Eifert, MS, CHES, University of North Carolina at Greensboro; Patricia Brill, PhD, Functional Fitness, LLC; Jeff Milroy, DrPH, CHES, Elon University; Stefanie Milroy, MPH, CHES, Be Active North Carolina- UNCG Partnership; Maggie Taylor, BA, University of North Carolina at Greensboro

BACKGROUND: As people age, they often lose strength, flexibility, balance, and endurance, which impairs their ability to perform everyday tasks. Evidence suggests that exercise and physical activity can improve functional ability among the elderly. Unfortunately, barriers like cost, access, and physical limitations, make exercise difficult. While there is a wealth of information regarding the benefits of physical activity among the elderly, there is limited literature regarding programs that effectively promote functional fitness, particularly among frail elderly. In an attempt to provide an adaptable and low impact fitness routine for elderly individuals, Be Active North Carolina adapted a program for use among adult day centers; Ease Into Health and Fitness. Accordingly, the purpose of this study was to explore the efficacy of Ease Into Health and Fitness on functional fitness, quality of life, and fear of falling among elderly who attend adult day centers in North Carolina. METHODS: A repeated measure delayed treatment approach was used for this study to examine the impact of the Ease Into Health and Fitness program on functional fitness, quality of life, and fear of falling among older adults. Nine adult day centers across North Carolina self-selected to participate in the study. Each site was then randomly assigned to either the early treatment group or the delayed treatment group. The delayed treatment design allowed for the creation of a control group while at the same time ensuring all sites eventually received the Ease Into Health and Fitness program. Clients at each adult day site were asked to participate in the Ease Into Health and Fitness program for 12 weeks. Participants were assessed

onsite using the short performance battery to measure functional fitness, WHOQOL- BREF to measure quality of life, and modified falls efficacy scale to determine fear of falling. These assessments were given before the start of the program and repeated after 12 weeks. RESULTS: As of submission, post intervention assessments are being performed. Final results will be available by conference date. CONCLUSIONS & IMPLICATIONS for PRACTICE: This research takes the first steps to better understand physical activity programs for older adults, especially those who attend adult day centers. Future implementation of Ease Into Health and Fitness hinges on the impact it has on older adults located in North Carolina. Ultimately, health care professionals promoting physical activity among the elderly should be aware of and implementing evidence based programs.

B33. Ethical Relationships between Practitioners and Researchers: Evaluating Programs with Strong Ideological Contexts

Lisa Lieberman, PhD, CHES, Montclair State University

Twenty years since funding for abstinence-until-marriage programs began, there is limited evidence of their effectiveness and questions remain about the best approaches to reducing the risks of teen sexual behaviors. Evaluations have sought to answer different kinds of questions, some to determine if a program or curriculum meets its stated objectives in terms of specific knowledge, attitudes, or behavior changes in a particular group of youth, others aiming higher, that is, seeking to determine whether a larger philosophical approach is effective in achieving a more overarching goal. Part of the difficulty in answering either set of questions is that researchers who evaluate programs which are rooted in ideology are commonly aligned with or work with particular types of programs, and rarely cross the ideological divide. A key question in designing and conducting evaluation of programs that tend to be highly ideologically driven is this: Regardless of philosophy, values, or approach, if your program was not working to achieve the desired result, a) would you want to know the answer and b) what would you do about it? This is critical because, in contrast to more clinical research, the threshold for "success" in behavioral intervention research is often unclear, and the determination of what are the benefits and risks vary with differing beliefs and perspectives. This presenter is in a unique position of having conducted evaluations ranging from New York City's condom availability policy to comparison of different approaches to school-based pregnancy prevention, to abstinence-only-until-marriage programs. The presentation will use the case study of a strongly ideologically-driven abstinence education program, which was interested in demonstrating evidence of its effectiveness. Believing that working with an evaluator who was not seen as an "abstinence evaluator" would give credence to the findings, the organization agreed to conduct a randomized study carefully controlling for various biases. When the evaluation demonstrated a significant short-term behavioral impact, but not a longer-term impact, the organization agreed to publish the data with a peer review stamp of approval, including the study's limitations both in methods and the implications of the findings. Subsequently, however, the organization and the national clearinghouse published a press release that exaggerated and incorrectly reflected the reported findings. The presentation will describe the case study, the ethical and practical considerations in evaluating the effectiveness of ideologically-driven programs, and the implications of such evaluation work for policy advocacy.

Poster Session B Abstracts: Friday Posters

B34. Evaluating Special Events for Cancer Screening: A Systematic Review

Cam Escoffery, PhD, MPH, CHES, Emory University; Kirsten Rodgers, EdD, Emory University; Michelle Kegler, DrPH, Emory University; Regine Haardoerfer, PhD, Emory University; David Howard, PhD, Emory University

Special events commonly are used to provide health information, education, and screening. They may include health fairs, charity walk/runs, cultural festivals or special days. Special events aim to improve awareness, knowledge, and screening; yet, the effectiveness of this intervention strategy has not fully been examined. To understand the role that special events play in increasing participants' cancer screening behavior, we conducted a systematic review of the published literature. Peer-reviewed published literature was searched using Pubmed, EMBASE, Web of Science, CINAHL, the Cochrane Library, PsycInfo and Sociological Abstracts. Articles had to be published between January 1990 and December 2011, had to be in English and conducted in the U.S., and describe at least one of the categories of special events (health fairs, community cultural events/community festivals, races or charity walks/runs, special dinner, parties/receptions, contests, plays, and art/photo exhibits) to increase breast, cervical, and/or colorectal cancer screenings and have reported outcomes. We found 1,427 articles from the databases and 1,374 that did not meet eligibility criteria and were excluded. Twenty articles were selected for full-text screening. Our search yielded ten articles that evaluated five types of special events: health fairs, parties cultural events, a special day, and a play. The range of participants for the events spanned from 50 to 1,732. Seven events focused on minority populations and seven events served underserved or underinsured populations. The events were hosted by clinical, academic, or professional organizations, public health agencies, a foundation, and community-based non-profit agencies. Eight of the events were single component and two were multi-component. Intervention strategies across the studies involved one-on-one or group education, small media, reducing out-of-pocket costs, and reducing structural barriers through onsite clinical exams and screening, transportation, or provision of screening kits. The results of the events included screening, clinical exams, increased knowledge and intentions to get screened. Six of the eight single component special events reported cancer screening results. Mammography screening rates ranged from 4.8% to 88% and conduct of clinical breast exams ranged from 9.1% to 100%. For colorectal screening, FOBT ranged from 29.4% to 76% and sigmoidoscopy was at 100% for a single event. Events that reduced structural barriers (e.g., onsite screening, transportation) greatly increased cancer screening. Due to widespread use of special events to promote health and cancer screenings in the field, further studies are needed to identify the core elements of special events and evaluate the effectiveness of this strategy.

B35. Exploring the Alchemy of Salience: Research Directions and Implications on the Role of Media in Sustained Advocacy Strategies for Policy-Driven Change

Charles Kozel, PhD, MPH, New Mexico State University; Anne P. Hubbell, PhD, New Mexico State University; Frank G. Perez, PhD, University of Texas at El Paso

This research provides novel directions for methods and practices for addressing health disparities through expanding the diffusion of policy-driven health promotion and disease prevention innovations. The interplay of how the media, public, and policy makers influence each other is termed agenda-setting. This perspective suggests that direct attitudinal effects of what to think are less empirically established than are indirect cognitive effects of what to think about (Cohen, 1963; McCombs & Shaw, 1972). Cross-cutting Agenda-setting theory from the field of mass communication conceptualizes the process of how issues move from

relative unimportance to the forefront of media professionals', members of the public, and policy makers' thoughts (Dearing & Rogers, 1996). An area within agenda-setting research, Health Promotion Agenda-Setting (HPA-S), provides practitioners with a framework, and strategies to set agendas for sustained courses of action (Kozel, Kane, Rogers, & Hammes, 1995). This approach fosters a shared vision, alternative solutions and strategies for influencing pre-decision systems, and increasing media salience for "sustained" action. The bi-national interdisciplinary research team examined agenda-setting processes and how the health agenda in the Paso del Norte Region is determined. Using quantitative and qualitative data collection, the research focused on identifying deficiencies in the border area's public health systems, infrastructure and channels for working toward the bi-national objectives in the Healthy Border 2010 initiative (U.S.-Mexico Border Health Commission, 2003). Studying HPA-S in applied locations provides the evidence basis for health promotion researchers and practitioners to better understand the role media in sustaining advocacy strategies to enhance salience for policy-driven change within regions where cultures, systems and economies are complex and interrelated. **KEY WORDS:** Salience, agenda-setting characteristics, processes and systems, health education advocacy, policy development, health disparities **ACKNOWLEDGEMENTS:** The project described was supported by a grant from the Paso del Norte Health Foundation, the Center for Border Health Research. Its contents are solely the responsibility of the authors and do not necessary represent the official views of the funding agency.

B36. Heating up the Pot with Climate Change and Heat Waves: A Comparative Case Study of Preparedness among Midwestern Health Departments

Alicia Wodika, MS, Southern Illinois University; Kathleen Welshimer, PhD, Southern Illinois University

BACKGROUND: Approximately 700 people died in the 1995 Chicago heat wave, and over 30,000 deaths occurred in the 2003 European heat wave, yet the devastation of these heat events fades in our memories. Heat waves lack the awe-effect of other natural disasters including tornadoes, earthquakes, and hurricanes. Compounded with climate change, heat waves are projected to be more intense and frequent. Socio-cultural factors, political decisions, and the physical environment can contribute to individuals affected by heat waves. Several health departments have initiated preparedness plans, yet questions remain on how preparedness tasks are filtered among competing public health priorities. **THEORETICAL FRAMEWORK:** The social-ecological model is the guiding framework that is threaded throughout this study to explain the contextual factors influencing preparedness. Using a model with an ecological approach facilitates wearing of multiple lenses for constant comparison at multiple influential levels. **METHODS:** This qualitative study is being conducted in three Midwestern states. Here, meaning is being constructed by using a comparative case study method following an interpretive paradigm. A comparative case study was chosen to compare heat wave preparedness plans and climate change mitigation strategies at local and state levels of government. Document analysis is being utilized to guide the research questions, interview format, and participant selection. Interviews are taking place with emergency preparedness and environmental health officials of state and local health departments. The guiding research questions focus on health department preparedness for heat waves, communication and decision making of competing public health priorities, and perceptions of climate change impacting the health of communities. **RESULTS and CONCLUSION:** Data collection is still ongoing and will be completed by conference presentation. However, preliminary results have shed light on resource availability of health departments, communicative relationships between state and local health departments, and the current preparedness practices for heat waves. Although climate change is a public health priority, in certain cases, strained resources limit the mitigation and prioritization of such phenomena. **IMPLICATIONS for**

Poster Session B Abstracts: Friday Posters

PRACTICE: This study has many possible outcomes for health education that center on informing current and future programs. Establishing climate literacy workshops for health educators, financially conscientious heat wave preparedness plans, and community organizing to enhance networking are long term goals of this project. Having educators that are cognizant of climate change may positively influence future agendas, while also keeping in mind that programs need to fit the needs of specific health departments in regards to budgets, time, resources, and culture.

B37. Preparing Advocacy Partners to Inform Clean Air Policy

Joy Blankley Meyer, BS, Pennsylvania Alliance to Control Tobacco; Jennifer Keith, MPH, Public Health Management Corporation; Deborah Brown, MS, American Lung Association of Pennsylvania; Nayan Ramirez, BA, Public Health Management Corporation

BACKGROUND: The Pennsylvania Alliance to Control Tobacco (PACT) is a statewide coalition dedicated to strengthening tobacco control laws across Pennsylvania. In fall 2010 and 2011, PACT delivered "Clearing the Air" workshops focused on advocacy and communication techniques. Each workshop was tailored for a region, allowing participants to discuss political insights and coordinate legislator education and other advocacy efforts. Presenters included PACT and American Lung Association tobacco control and advocacy experts, a local political expert and a data use specialist. By providing a forum for advocate education PACT was able to engage a broad(er) audience in their advocacy efforts, foster focused messaging, and build advocacy skills. **INTERVENTION:** Advocates may come from any background. To engage a broad group of potential advocates and help build confidence in educating policymakers, PACT organized a workshop that included information, strategy, and opportunities for questions and answers. The workshop covered current legislation, explained the legislative process, including past and expected obstacles, provided an in depth look at PA political culture and individual players, and built skills in effective communicate with policy makers at the state and district level. **EVALUATION MEASURES:** Following each workshop, attendees completed an evaluation survey with questions on participants' level of experience in tobacco control advocacy, usefulness of the workshop, and any planned application of workshop topics/tool for future advocacy efforts. Several months later, workshop attendees were sent an online follow-up survey to assess their advocacy activities since the workshops and to identify ongoing training needs. **RESULTS:** 144 people participated in the 6 workshops between October 2011 and January 2012. Almost all respondents reported that the workshop: presented new information (98%); reviewed important information (99%); and enabled them to better participate in PACT advocacy efforts (98%). The vast majority of survey respondents had definite plans to use a fact or tip from the workshop in their future work (93%). Within 1-month of the advocacy campaign kick-off, activities began. Over 100 adults participated in an Advocacy Day at the state capital. Those participants reported being prepared to conduct a visit (97.9%), along with an increased/renewed motivation to discuss clean air with policy makers (91.7%). Participants also reported that the interactive workshops helped existing partners gain confidence in and resources for advocacy participation. The Advocacy Workshop format can be adopted for different issues (e.g., injury prevention, asthma, etc.), audiences (e.g., community health workers, etc.) and political environments (e.g., elections, federal/state/local, etc.).

B38. Using Search Engine Marketing to Direct Consumers to Evidence-Based Cancer Information

Crystale Purvis Cooper, PhD, Soltera Center for Cancer Prevention and Control; Cynthia A. Gelb, BSJ, Centers for Disease Control and Prevention; Alexandra N. Vaughn, BSJ, Ogilvy Washington; Alexandra G. Hughes, MPS, Ogilvy Washington; Nikki A. Hawkins, PhD, Centers for Disease Control and Prevention

To direct online consumers searching for gynecologic cancer information to evidence-based content, the Centers for Disease Control and Prevention's Inside Knowledge: Get the Facts About Gynecologic Cancer (IK) campaign began sponsoring English- and Spanish-language text advertisements on Google® in June 2012. The development of this search engine marketing (SEM) initiative was guided by Bettman's Consumer Information Processing Model, which asserts that human information processing capabilities are limited, and delineates the availability and perceived utility of information as precursors of use. IK advertisements appear in response to users entering search terms related to gynecologic cancer. When consumers click on any portion of advertisements, they are linked to specific IK campaign Web pages. Campaign planners continually monitor key SEM metrics, including click-through rates and duration of Web page visits. During the first 12 weeks of this initiative, English-language advertisements were displayed 11.5 million times and users clicked on them 180,977 times (1.58% click-through-rate); Spanish-language advertisements were displayed 1.6 million times and users clicked on them 52,817 times (3.29% click-through-rate). Compared with pre-campaign levels, visits to the IK Web pages linked to the advertisements were more than 20 times higher, and a greater number of visits lasted 30 seconds or longer ($p < 0.0001$). By analyzing real-time results and making adjustments to sponsored search terms and advertisements, campaign planners reduced the average cost-per-click from \$1.65 in week one to \$0.67 in week 12 for English-language advertisements, and from \$0.64 to \$0.43 during the same time period for Spanish-language advertisements. SEM can be a cost-effective strategy to guide consumers searching for online health information to accurate content.

B39. Effects of Health Claim Framing and Age on Consumers' Product Evaluations and Purchase Intention

Chien-Hung Chen, PhD, Dahan Institute of Technology; Mi-Hsiu Wei, PhD, Tzu Chi University

BACKGROUND: Salient health claims have been found can lead consumers to respond more favorably to the product. Despite the increased use of health claims for foods, few studies have investigated how specific health claims have differential effects depending on consumers' individual factors. Empirical studies have shown that the prevalence of obesity and obesity-related diseases increases with age. Older consumers may be more motivated than their younger counterparts to process health information. Therefore, we hypothesize that consumers' age will moderate the effects of claim framing. **OBJECTIVES:** The purposes of this study were to examine how the framing of health claims and consumers' age affect their product evaluations and purchase intention and how the consumers' age moderates the effects of claim framing. **METHODS:** A total of 708 adults recruited from an adult education school in Taiwan participated in the experiment. A 3 (health claim framing) \times 2 (age) between-subjects design was used. Diet soda was used as the experimental product. Three versions of the package of diet soda were created: (1) no health claim, (2) positively framed claim, and (3) negatively framed claim. Each participant was randomly assigned to one of the three framing conditions

Poster Session B Abstracts: Friday Posters

and presented with a package of diet soda. A mean split was used to differentiate the younger from the older participants. A multivariate covariate analysis (MANCOVA) was performed on the collected data. RESULTS: With adjustment for involvement and dietary habits, health claim framing and age interact to influence dependent variables. For the older group, the product attitude and purchase intention are significantly higher when a positively framed claim was presented, as compared to when no health claim was presented. The disease risk perception is significantly lower when negatively framed claim was presented, as compared to when positively framed claim was presented. For the younger group, perceived calories are significant lower when positively framed claim was presented, as compared to when no claim was presented. CONCLUSIONS: Consumers' age moderates the effects of health claim framing. When a positively framed claim is presented on the package of diet soda, it leads older consumers to produce favorable product attitude and higher purchase intention, and leads younger consumers to produce lower perceived calories. However, the negatively framed claim could produce lower disease risk perception in older age group. This study highlights some practical implications with respect to effective health communication strategies for promoting healthful diets.

B40. Participatory Design of a Public Health Communication Tool for Individuals with Functional and Access Needs

Xanthi Scrimgeour, MHEd, MCHES, CommunicateHealth, Inc.;
Stacy Robison, MPH, MCHES, CommunicateHealth, Inc.

The Massachusetts Department of Public Health (MDPH) needed a tool to help first responders transcend communication barriers. Individuals with functional and access needs (IFAN) in an emergency include people with disabilities, people with communication limitations, and those who speak languages other than English. First responders need an intuitive tool that will work for all of these populations. MDPH Emergency Preparedness Bureau and CommunicateHealth worked together to develop a tool to facilitate communication between IFAN and emergency shelter staff. From the outset of the project, the end users were involved in every step of development and testing, including the communication goals, concepts, format, and final tool. The key questions this project answered are: Who needs assistance communicating in an emergency shelter?; What messages and actions do IFAN need to communicate in an emergency shelter?; How are those communication needs different from those of emergency shelter staff?; Can an effective, easy-to-use tool be developed to improve communication between IFAN and emergency shelter staff? We undertook a user-centered design (UCD) process—a method for developing materials that involves end-users as co-creators in every step of the design. The UCD process for this project included: 8 in-depth interviews with IFAN advocates; 12 focus groups with IFAN, public health professionals, and first responders; 6 usability sessions with IFAN; 6 dyadic interviews (conducted with one public health professional and one IFAN in each session) As a result of the UCD process, the team developed a pocket-sized tool that can be carried around by emergency shelter staff. The tool was designed to be a two-way communication device. It is able to convey messages from shelter staff to IFAN and vice versa. This session will discuss research findings, walk participants through a UCD process, and highlight the benefits of involving community members in participatory research.

• B41. A Digital Government: Creating an Online Publications Content Repository to Meet Growing Demand for Health Information and Services

Lisa H. Falconer, MPH, IQ Solutions, Inc.

In today's economy, the government is faced with the challenge of doing more with less. Health agencies must devise creative solutions to reduce operational costs, while meeting increased demand for information and services resulting from health reform. IQ Solutions was tasked with helping the Substance Abuse and Mental Health Services Administration (SAMHSA) devise a strategy for reducing costs and improving access to its behavioral health communication products, services, and information traditionally offered through its online publications store and contact center. According to SAMHSA, nearly 46 million Americans were living with a mental illness in 2011; and about one-fifth to one-third of the nation's uninsured have mental and substance use disorders. Health Reform and Mental Health Parity are reshaping the conversation around behavioral health in the United States. The Patient Protection and Affordable Care Act's mental health access and parity provisions will improve health equity by increasing access to services and integrating mental health and primary care. Rapid expansion of social media platforms and the rise of mobile web technology have raised consumers' expectation of immediate access to shareable information. In line with the White House Digital Government Strategy, IQ Solutions is expanding access to SAMHSA's print publications by developing a publications repository that makes content available where its audiences are growing: on partner websites, in social media, and on mobile devices. Looking to the future with the motto "create once, publish everywhere," SAMHSA's publications repository (launched in October 2012) offers behavioral health information to customers right where they are, and right when they need it. Product-related information and files are stored in a centralized location, allowing content to be accessed on any device, re-purposed for different formats, and shared via a multitude of channels (Facebook, Twitter, SAMHSA's blog). This customer-centric approach to information dissemination will improve health literacy by empowering users to access the best information available—at no cost—and make it relevant to their audiences. Key benefits of IQ Solutions innovation include saving developers—and by extension, SAMHSA—time and money, allowing them to devote scarce resources to the development of content not products. Further, increasing the availability of content in digital formats will improve SAMHSA's reach and reduce its carbon footprint by decreasing demand for costly printed products. This presentation will share lessons learned through the development of the content repository, promote health literacy through content repositories, and outline best practices for digital information sharing.

Poster Session B Abstracts: Friday Posters

B42. Communication Competencies of Physiotherapists and Nurses Acting as Health Educators

Miroslaw J. Jarosz, MD, PhD, Institute of Rural Health, Lublin, Poland; Anna Włoszczak-Szubzda, PhD, Institute of Rural Health, Lublin, Poland; Mariola Rosser, PhD, IDEA Partnership at NASDSE

BACKGROUND: Health professionals have the responsibility to promote health at the individual, group, and community levels. The World Confederation for Physical Therapy (WCPT) expects, among other things, physiotherapists to “provide accurate information to patients/clients...”. Which means that physiotherapists also have to act as health educators. Nurses, as the largest group of health professionals, have the potential to contribute substantially in the area of health education. There arises the question whether educational programmes for physiotherapists and nurses satisfy these requirements, and to a sufficient degree prepare to undertake that type of work. **THEORETICAL FRAMEWORK:** The primary goal of the presented research was evaluation of the level (study of the state) of communication competencies of physiotherapists and nurses, and determination of the factors on which this level depends. An additional goal was analysis of the needs and educational possibilities within the existing models of education in the area of interpersonal communication provided by higher medical education institutions. **METHODS and PARTICIPANTS:** Three methods research were used: 1) analysis of documentation (education schedules and syllabuses); 2) diagnostic survey (self-designed questionnaire); 3) testing of professional self-evaluation (20 items adjective check list). The self-designed questionnaire and adjective check list were subject to standardization from the aspect of reliability and validity. The study group covered a total number of 223 respondents in the following subgroups: 1) occupationally-active persons (physiotherapists and nurses) who, as a rule, were not trained in interpersonal communication (77 respondents); students of physiotherapy and nursing covered by a standard educational programme (106 respondents); 3) students of physiotherapy and nursing who, in addition to a standard educational programme, attended extra courses in professional interpersonal communications (40 respondents). **RESULTS:** The results of the study indicate poor efficacy in shaping communication competencies of physiotherapists and nurses based on education in the area of general psychology and general interpersonal communication. Communication competencies acquired during undergraduate education are subject to regression during occupational activity. **CONCLUSIONS:** Methods of evaluating communication competencies are useful in constructing group and individual programmes focused on specific communication competencies, rather than on general communication skills. **KEY WORDS:** physiotherapy, nursing health educators, interpersonal communication

B43. Going Viral: Strengthening Communications and Enhancing Service Delivery through Social Media

Mitchell Coates, MBA, Healthy Start, Inc.; Doug Arnold, BS, Healthy Start, Inc.

PURPOSE: To provide audience members with an outline on how to utilize social media as a method to broaden outreach services in the community to increase enrollment, organize and communicate ideas and information to larger audiences, and actively engage the public and Healthy Start, Inc. participants on relevant maternal child health topics. **DESIGN METHODS:** This approach has been joined with social media tools including Facebook, Twitter, YouTube, Text4Baby, and web-based enrollment services to provide the community and participants with the information necessary to have healthy pregnancies, children, and lives. Program strategies and outcomes resulting from data analysis, both quantitative and qualitative, will be presented. Healthy Start, Inc. utilizes a multidimensional approach for service implementation to women, men and children with the goals

of reducing infant mortality, poor birth outcomes and elimination health disparities. **RESULTS:** Using social media allows Healthy Start, Inc. to reach out, inform, and educate more participants and community members, with over 350 individuals signed up to receive updates. The most potent means of getting information out to mothers is still through their peers, and social media allows them to network through a simple and accessible medium. Web-based enrollment requests on the organizations website now accounts for 18% of total enrollments. Healthy Start, Inc. has also successfully implemented the Text4Baby program, whose success will be presented. **CONCLUSION:** Considering the proliferation of social media, the use of social media has become an effective tool that can be used to increase enrollment and educate participants on a variety of maternal child health topics.

B44. Innovations in Incontinence Education

Brian Geiger, EdD, MS, BS, FAAHE, University of Alabama at Birmingham; Marcia O'Neal, PhD, MS, University of Alabama at Birmingham; Catherine Hogan-Smith, MLS, MPH, University of Alabama at Birmingham; David Coombs, PhD, MPH, University of Alabama at Birmingham; Laura Talbott, PhD, University of Alabama at Birmingham

BACKGROUND: Older adults, aged 62 years and over residing in the Birmingham-Hoover Metropolitan area represent 16.2% of the population. Building on knowledge gained from review of literature, surveys conducted at senior health fairs, and guidance from an expert panel of advisors, brief consumer educational modules were produced and piloted with older adults residing in communities. Health information was provided in several formats to reach those with and without Internet access and presented in two languages. Presenters will share resources and discuss insights useful to SOPHE members who plan community health education. **THEORETICAL BASIS AND METHODS:** A university-based medical librarian and health educators (including two who are bilingual) used Rogers Diffusion of Innovation theory to develop and disseminate innovative modules educating seniors about bladder incontinence. A collaborative approach enabled diffusion of trustworthy health information compatible with NIH State of Science Conference Statement: Prevention of Fecal and Urinary Incontinence in Adults. Content was informed by consumers who participated in an incontinence webinar hosted by the AUA Foundation and vetted by urology experts from University of Alabama at Birmingham, Birmingham VAMC and University of Pennsylvania. Materials were designed to promote dialogue between older adults and physicians for effective treatment. Modules of 5 minutes or less, with a reading level at or below 9th grade, are available without cost in several formats (narrated video tutorials, audio-only or printed files). Minimal operator skills are required. Consumers access modules online through HealthyRoadsMedia.org, as smart phone applications, or as media files stored on CD or PCs. Developers conducted a series of presentations in Metro communities to achieve four purposes: 1) demonstrate how to access modules, 2) engage seniors with incontinence to use content and seek treatment, 3) recommend reliable consumer health resources, and 4) obtain user feedback on content of modules. Project support was provided by a research university, National Network of Libraries of Medicine, AUA Foundation, county senior service agency and Astellas Pharma. **RESULTS:** Unmet needs for consumer education about incontinence were identified through results of original surveys administered to 130 older adults, review of published literature, and participation in a NIH consensus conference and consumer webinar. These sources guided development of specific content promoting awareness and advocacy among seniors. Following vetting by professionals, three modules were produced and reviewed by older adults across multiple communities. To increase consumer access and use, developers carefully refined English and Spanish language content through multiple reviews (ongoing at time of proposal submission). Considerations included

Poster Session B Abstracts: Friday Posters

reading level, message complexity, length and use of familiar terms.

CONCLUSION AND IMPLICATIONS FOR PRACTICE: An expected outcome of Innovations in Incontinence Education is effective support for individuals living in communities who experience incontinence as well as for their caregivers, enabling aging in place. Older adults learn specific skills (e.g., physician communication; monitoring and reporting frequency of urination, daily medication and dietary habits; training pelvic floor muscles). Participants will consider lessons learned when forming future multi-disciplinary health promotion partnerships.

B45. An Interactive Patient Education Website to Prevent Infections Among Cancer Patients

Eric Tai, MD, MS, Centers for Disease Control and Prevention; Lisa Richardson, MD, MPH, Centers for Disease Control and Prevention; Angela Dunbar, BS, Centers for Disease Control and Prevention; Sonya Shropshire, MEd, ICF International

BACKGROUND: Many cancer patients receive chemotherapy, which puts them at risk for neutropenia (low white blood counts). Neutropenia and subsequent infectious complications are treatment-related side effects which result in preventable morbidity and mortality. Cancer patients may not be aware of actions they can take to minimize their risk of infection. Educational programs directed toward this population may reduce the risk of infections thereby decreasing morbidity and mortality. The Centers for Disease Control and Prevention (CDC), the CDC Foundation, and ICF International collaborated to develop and launch an interactive website for cancer patients, caregivers and healthcare providers. **METHODS:** We performed an environmental scan and convened a meeting of subject matter experts on chemotherapy-related neutropenia. Based on our findings, we designed an algorithm to predict an individual cancer patient's risk for neutropenia. Utilizing this algorithm, we designed a website which allows cancer patients, based on individual and treatment related factors, to better understand their individual risk for neutropenia. The website provides information on neutropenia and subsequent risk of infection, steps to prevent infections, and consumer friendly information on how to recognize and respond to signs and symptoms of infections when they occur. Dissemination and outreach efforts for the website included press releases, podcasts, printed materials, social media, a satellite media tour, partner outreach, contacting health care workers, and publicizing the campaign at national conferences and through traditional media outlets. **RESULTS:** Since its launch in October 2011, the website

has received over 80,000 page views and 14,000 visitors, including over 2,000 return users. The contents of the website have been adopted for use in patient education in several medical oncology practices. A website on this project maintained by the CDC has received more than 23,000 visitors. **CONCLUSIONS:** An interactive educational website is a feasible way to reach cancer patients undergoing chemotherapy. Utilization of this website may provide these patients important information on how to minimize their risk of infections. An evaluation is currently being conducted to examine the use and effectiveness of the website.

B46. SOPHE's National Environmental Health Promotion Network (NEHPN): A Clearinghouse of Environmental Health and Emergency Preparedness Resources for Public Health Educators

Dhitinut Ratnapradipa, PhD, MCHES, Southern Illinois University; Ghulam Mahkdoom, MPH(c), Southern Illinois University

The NEHPN was created in 2011 through a cooperative agreement between SOPHE and the Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR). Professionals from the fields of environmental health, public health preparedness, and health education work together to develop professional training, continuing education, and health education outreach materials. One goal of the network is to enhance capacity of health education and health promotion professionals to apply risk communication and education methods in their activities to explain protective measures and human health effects of exposure to hazardous substances by providing professional development and continuing education. The NEHPN has developed several technology-based tools to connect health educators with available resources. The NEHPN can be accessed via the SOPHE website, it maintains a NEHPN blog, and has links to other training and resources materials. NEHPN links include funding opportunities as well as educational materials. Since its inception, the NEHPN has covered several issues of importance relating to natural disasters and climate, such as: earthquakes, hurricanes, tornadoes, flooding, drought, and heat waves. The NEHPN continues to update the available resources to meet the ongoing needs of health educators. Health educators are encouraged to provide suggestions for environmental health and emergency response resources and trainings that they would like to see added.

Keyword Index

ACA	PLENARY IV; CONCURRENT SESSION B4
Adolescent Health	CONCURRENT SESSIONS C2, A2, A4, C1, E1, D4, B3, A5, B1, A5, A1; POSTERS A2, A3, A6, A7, A8, A10, A11, A12, A14, A17, A19, A22, A26, A41, B4, B10, B17
Adult Health	POSTERS A19, B32
Advocacy	CONCURRENT SESSIONS A4, C1, D4; POSTERS A19, B11, B35, B37
Assessment	POSTER A46
Behavior Theories	PLENARY I; CONCURRENT SESSION A1; POSTER B29
Cancer	CONCURRENT SESSION C2; POSTERS A17, A35, A45, B34, B38, B45
Capacity Building	POSTER B14
Child Health	PLENARY II; CONCURRENT SESSIONS A2, A1, D3; POSTERS A9, A15, A16, A18, A20, A30, A31, A32
Chronic Disease Management	CONCURRENT SESSION C3; POSTERS A39, B18, B23
Collaboration	CONCURRENT SESSIONS A3, B3, C4; POSTERS A17, A18, A29, B2, B7, B8, B11, B18, B33
Community-based Participatory Research	POSTER A30
Community Health	PLENARY II; PLENARY III; CONCURRENT SESSIONS A3, A4, A5, C2, C3, C4, D3, D4, E4; POSTERS A9, A13, A15, A19, A47, B7, B11, B12, B15, B16, B19, B36
Computer-Mediated Health Promotion	PLENARY V; CONCURRENT SESSIONS A1, C2; POSTERS A21, A24, A28, A30, A36, B17, B30, B31, B38, B41, B43, B45
Diabetes	CONCURRENT SESSION C3; POSTER B2
Diet	POSTERS A10, A11, A13, A15, A39, B10, B20, B25
Emergency Preparedness	POSTERS A42, A43, B46
Emergency, Risk & Crisis Communication	CONCURRENT SESSION A3; POSTERS A22, A42
Environmental Health	CONCURRENT SESSION A4; POSTERS A16, B9, B36, B37
Evaluation	POSTERS B32, B33, B39
Family Health	POSTERS A32, B27
Geriatrics	CONCURRENT SESSION C2; POSTER B26
Global Health	PLENARY III; CONCURRENT SESSION A3; POSTERS A23, A24, A25, A26, A27, A28, A29
Health Communication	PLENARY V; CONCURRENT SESSION C1; POSTERS A42, B17, B30, B34, B35, B40, B41
Health Disparities & Health Equity	PLENARY VI; CONCURRENT SESSION B3; POSTERS A31, A44, B2
Health Literacy	CONCURRENT SESSIONS B3, E2; POSTER A21
Health Promotion	CONCURRENT SESSION C4
HIV/AIDS	PLENARY III; CONCURRENT SESSIONS A1, E3; POSTERS A5, A23, A28



Keyword Index

Lay Health Workers	CONCURRENT SESSION D3; POSTER A47
LGBTQ	CONCURRENT SESSION A5; POSTERS A3, A4, A6, A28
Maternal Health	POSTERS A25, A31
Men's Health	POSTER A33
Mental Health	CONCURRENT SESSION B3; POSTERS A4, A30
Nutrition	CONCURRENT SESSION A1, A2; POSTERS A10, A14, A11, A40, B10, B25
Obesity	CONCURRENT SESSION A2; POSTERS A9, B20, B21, B22
Oral Health	POSTER A20
Parenting	CONCURRENT SESSION E3; POSTER A32
Perinatal Health	POSTER A34
Physical Activity	PLENARY II; CONCURRENT SESSION A2; POSTERS A2, A12, A14, B10, B20, B25, B26, B27, B32
Policy and Systems	PLENARY IV; CONCURRENT SESSIONS A3, B4, C1, D4, E4; POSTERS A23, B35, B37
Prenatal Health	POSTER A33
Race/Ethnicity	CONCURRENT SESSIONS A2, A5, C3, D3, E1, E3; POSTERS A2, A11, B2, B3, B13, B23, B24, B25
Religion and Health	CONCURRENT SESSION A3; POSTER B13
Research Design	CONCURRENT SESSION E2; POSTERS A27, B15, B19
School-Based Health Care	CONCURRENT SESSIONS A1, B1, B2, C1, D3; POSTERS A9, A16
Social Determinants of Health	POSTERS A5, A8, A11, B5, B6
Social Media	POSTERS B4, B43
SOPHE	POSTER A1, A43, A44, B1, B2, B46
Substance Use	CONCURRENT SESSIONS D2, D4, E1; POSTERS A24, B9
Tobacco Control and Policy	CONCURRENT SESSIONS B3, E1, A4, D2, C2, C4, D2; POSTERS B4, B6, B7, B8, B11
Training Health Professionals	PLENARY V; CONCURRENT SESSIONS B1, B2, C1, D3, D4, E2; POSTERS A36, A38, B10, B30, B42
Violent Behavior & Prevention	CONCURRENT SESSION A5; POSTERS A3, A6, A7
Weight Management	CONCURRENT SESSIONS A2, A5
Women's Health	CONCURRENT SESSION E3; POSTER B16
Workforce Development	CONCURRENT SESSIONS E3, B2, B4; POSTERS A37, B1
Worksite Health	POSTERS B25, B28, B31

Author Index

- AARØ, LEIF _____ CONCURRENT SESSION A1
- ABRAHAM, CHARLES _____ CONCURRENT SESSION A1
- AGUADO LOI, CLAUDIA _____ POSTER B23
- AHMAD, ISRA _____ POSTER A44
- ALANIZ, KRISTINE _____ POSTER A34
- ALBER, JULIA _____ POSTER A37
- ALBERT, STEVE M. _____ POSTER B29
- ALBERTO, JAYZONA _____ POSTER A38
- ALFONSO, MOYA _____ CONCURRENT SESSION A1;
POSTER B23
- ALLENSWORTH, DIANE _____ CONCURRENT SESSION C5
- ALLISON, KATHLEEN _____ CONCURRENT SESSION C5
- ALONZO, JORGE _____ CONCURRENT SESSION D3
- AMUTA, ANN _____ CONCURRENT SESSIONS B1, C1
- AMUTAH, NDIDIAMAKA _____ CONCURRENT SESSION E3
- AMUTAH, NDIDI _____ CONCURRENT SESSION E3
- ARNOLD, DOUG _____ POSTER B43
- ARROYO, CASSANDRA _____ CONCURRENT SESSION C3
- ATRI, ASHUTOSH _____ CONCURRENT SESSION B3
- AULD, ELAINE _____ POSTERS A1, A43
- BAILEY, JAKE _____ POSTER B9
- BALETKA, DAWN-MARIE _____ POSTER A8
- BARNES, JEREMY _____ POSTER B11
- BARNETT, TRACIE BARNETT _____ CONCURRENT SESSION A2
- BARRINGTON MALLEY, PATSY _____ WORKSHOP T1; POSTERS B7, B30
- BARRY, ADAM _____ CONCURRENT SESSION E1
- BEGORAY, DEBORAH _____ POSTER A21
- BEJARANO, SANDRA _____ CONCURRENT SESSION D3
- BERIĆ, BOJANA _____ CONCURRENT SESSION E2
- BERNHARDT, JAY _____ PLENARY V
- BETHEA, KENISHA _____ POSTER B14
- BHARGAVA, TINA _____ POSTER B29
- BHATTACHARJEE, PRASUN _____ POSTER B3
- BINGHAM, MEGAN _____ POSTER B9
- BIRCH, DAVID _____ CONCURRENT SESSION C1
- BITTO, ADENIKE _____ POSTER B21
- BLANKLEY MEYER, JOY _____ POSTER B37
- BOLLAR WAGNER, MELIND _____ CONCURRENT SESSION A3
- BONNER, TIMETHIA _____ CONCURRENT SESSION B1
- BOTORFF, JOAN _____ POSTER B4
- BRAUN, ROBERT _____ POSTER B3
- BRENNER, AMANDA _____ POSTER A38
- BRIDGES-ARZAGA, AMBER _____ POSTER A2
- BRILEY, CHIQUITA _____ POSTERS B10, B13
- BRILL, PATRICIA _____ POSTER B32
- BRINK, T.L. _____ CONCURRENT SESSION E1
- BROOKINS-FISHER, JODI _____ POSTER A3
- BROWN, THERESA _____ POSTER A41
- BROWN, KELLI MCCORMACK _____ POSTER A1
- BROWN, DEBORAH _____ POSTER B37
- BRYANT, ARIYON C. _____ POSTER B5
- BUCKLEY, LISA _____ POSTER A22
- BUHI, ERIC _____ CONCURRENT SESSION C2
- BURGES, JENNIFER _____ POSTER B23
- CALDWELL, LINDA L. _____ POSTER A26
- CALLOWAY, DENYCE _____ CONCURRENT SESSION E3
- CALVANESE, ALLISON _____ CONCURRENT SESSION C2; POSTER
B9
- CAMPBELL, ANDREA _____ POSTER A12
- CAMPBELL, DAVID _____ POSTERS A12, B27
- CASTANEDA, HEIDE _____ POSTER B31
- CEDERGREN, ANDERS _____ POSTER B28
- CELESTIN, MICHEAL _____ POSTER B5
- CELESTIN JR., MICHAEL D. _____ POSTER B6
- CHANEY, BETH _____ CONCURRENT SESSION C1;
POSTER B22
- CHANEY, J. DON _____ WORKSHOP W3; POSTERS A37; B22
- CHAPMAN, HELENA _____ POSTER A29
- CHAPMAN, REBEKAH _____ POSTER A22
- CHEN, CHIEN-HUNG _____ POSTERS A40, B39
- CHIAPPONE, ALETHEA L. _____ POSTER A32



Author Index

- CHISHOLM, TAJUANA _____ POSTER B17
CLARK, JEFFREY _____ POSTER A7
CLIFTON-HAWKINS, NANCY _____ POSTER A18
COATES, MITCHELL _____ POSTER B43
COATES, THOMAS _____ PLENARY III
COGGIN, CLAUDIA _____ WORKSHOP W5
COLBERT, ARLENE _____ CONCURRENT SESSION C3
COLLINS, LINDA M. _____ POSTER A26
COLÓN-BURGOS, JOSÉ FÉLIX _____ CONCURRENT SESSION B3
CONNER, KIMBERLY _____ POSTER B9
COOMBS, DAVID _____ POSTER B44
COOPER, CRYSTALE PURVIS _____ POSTER B38
CORVIN, JAIME _____ POSTER B23
COTTLER, LINDA _____ POSTER B19
COTTRELL, RANDALL R. _____ CONCURRENT SESSIONS B2, E3;
POSTER B28
COTTRELL, LESLEY _____ POSTER B27
COWAN, J. SUNSHINE _____ CONCURRENT SESSION D3
COX-KELLEY, SHANNON _____ POSTER A16
DAKE, JOSEPH _____ POSTER A3
DAWSON, VELVA _____ POSTER A31
DE BORBA-SILVA, MARIA _____ CONCURRENT SESSION E1
DENARD GOLDMAN, KAREN _____ WORKSHOP W4
DICKERSON, JUSTIN B. _____ POSTER A32
DINO, GERI _____ POSTER B27
DOLDREN, MICHELLE _____ POSTER B20
DONOVAN-KICKEN, ERIN _____ CONCURRENT SESSION E2
D'ORIO, ROBYN _____ POSTER A31
DOS SANTOS, HILDEMAR _____ CONCURRENT SESSION E1
DOUGHTY, MICHELE _____ POSTER A45
DOWNS, MARIO _____ CONCURRENT SESSION D3
DUAN, RUI _____ POSTER A10
DUBICKI, ELEONORA _____ CONCURRENT SESSION E2
DUCK, RICKY _____ CONCURRENT SESSION D3
DUCK, STACY _____ CONCURRENT SESSION D3
DUGAS, ERIKA _____ CONCURRENT SESSIONS A2, D2;
POSTER B4
DUNBAR, ANGELA _____ POSTER B45
EDDLETON, KATHERINE _____ POSTER B17
EIFERT, ELISE _____ POSTER B32
EILENBERGER, KIM _____ POSTER B21
ENG, EUGENIA _____ CONCURRENT SESSION D3
ESCOFFERY, CAM _____ WORKSHOP W2; POSTER B34
FADEL, HUDA _____ POSTER A9
FAFARD, MARK _____ POSTER A30
FALCONER, LISA _____ POSTER B41
FAN, MAOYONG _____ CONCURRENT SESSION B4
FENSTER, BONNIE _____ CONCURRENT SESSION D4
FOCO, REBECCA _____ CONCURRENT SESSION B2
FOLKERTH, MEGAN _____ CONCURRENT SESSION A4
FONTAINE, SHERRY _____ CONCURRENT SESSION E4
FORD, KENTYA _____ CONCURRENT SESSION D2
FRANZEN, ELISABETH _____ CONCURRENT SESSION C2
FRANZEN, SUSAN _____ POSTER A9
FULGINITI, KAYLA _____ POSTER A17
GAGLIARDI, YEIMI _____ POSTER A47
GALLIEN, ANGELA _____ CONCURRENT SESSION A4
GARCIA, MANUEL _____ CONCURRENT SESSION D3
GARCIA, JANELLE _____ POSTER B22
GARCÍA-MELÉNDEZ, IVELISSE _____ CONCURRENT SESSION B3
GASTMYER, CHRISTINE _____ CONCURRENT SESSION B4;
POSTER A8
GEIGER, BRIAN _____ POSTER B44
GELB, CYNTHIA A. _____ POSTER B38
GIN, JULIA _____ POSTER A43
GITLIN, RICHARD _____ WORKSHOP W4
GLECKLER, ELISABETH _____ POSTER A27
GOLD, ROBERT _____ PLENARY V
GONZALES, JUNIUS _____ POSTER B23
GRAHAM, NONI _____ POSTER B19
GREEN, SONYA _____ CONCURRENT SESSION B3

Author Index

- GRIM, MELISSA _____ CONCURRENT SESSIONS A3;
D5; E5
- GUADAGNO, MARIE _____ CONCURRENT SESSION E2;
POSTER A33
- GUEVARA, PAMELA _____ CONCURRENT SESSION C2
- HAARDOERFER, REGINE _____ POSTER B34
- HABER, DEBORAH _____ CONCURRENT SESSION C4
- HAHN, ELLEN _____ CONCURRENT SESSION D2
- HALL, GARY _____ POSTER B20
- HALL, MARISSA _____ POSTER B14
- HALL, MICHAEL _____ POSTER B10
- HANSEN, ANDREW _____ CONCURRENT SESSION A1
- HANSEN, SHARIE _____ CONCURRENT SESSION E2
- HART, ROY _____ CONCURRENT SESSION C4
- HASTINGS, NANCY B. _____ POSTER A36
- HAWKINS, MARY _____ POSTER A15
- HAWKINS, NIKKI A. _____ POSTER B38
- HEIN, JOSHUA _____ CONCURRENT SESSION D2
- HEINEN, CHRISTINA _____ POSTER B18
- HENDERSON, JOANN _____ POSTER B24
- HERGERT, CHERYL _____ POSTERS A44, B2
- HIGHFIELD, LINDA _____ POSTER B16
- HILLEY, CHANLER _____ CONCURRENT SESSION A4
- HLAING, WAYWAY _____ POSTER A10
- HOGAN-SMITH, CATHERINE _____ POSTER B44
- HOLTGRAVE, PETER _____ POSTER A19
- HOUGHTON HIRONO, KATHERINE _____ CONCURRENT SESSION E4
- HOWARD, DAVID _____ POSTER B34
- HOWARD, DAWN _____ POSTER B9
- HOWARD, MAUREEN _____ POSTER B30
- HUANG, LEI _____ CONCURRENT SESSION A4
- HUBBELL, ANNE P. _____ POSTER B35
- HUGHES, ALEXANDRA _____ POSTER B38
- HUNT, BARRY P. _____ POSTERS B10, B11
- ICKES, MELINDA _____ CONCURRENT SESSION D2
- INNISS-RICHTER, ZIPPORAH _____ CONCURRENT SESSION E3
- ISSIKI, GRACE _____ POSTER B9
- IWUAGWU, STELLA _____ POSTER A28
- JACK JR., LEONARD _____ CONCURRENT SESSIONS
D5, E5
- JACOBS, WURA _____ CONCURRENT SESSION B1
- JACOBSON, KRISTIN _____ CONCURRENT SESSION B2
- JAMES, DELORES _____ CONCURRENT SESSION A2
- JAROSZ, MIROSŁAW J. _____ POSTERS A24, B42
- JOB, JAYAKARAN _____ CONCURRENT SESSION E1
- JOHNSTON, JUDY _____ POSTER A20
- JONES, KRISTEN D. _____ POSTERS B5, B6
- JONES, SIGNE _____ CONCURRENT SESSION C4
- JOURDAN, MEGAN _____ CONCURRENT SESSION D4
- KAHENDE, JENNIFER _____ CONCURRENT SESSION B3
- KAMEKA, MICHELLE _____ POSTER A14
- KANEKAR, AMAR _____ CONCURRENT SESSIONS B3, E2;
POSTER A23
- KEANE, CHRISTOPHER _____ POSTER B29
- KEGLER, MICHELLE _____ POSTER B34
- KEITH, JENNIFER _____ POSTER B37
- KENNEDY, LASONJA _____ POSTER A5
- KERR, DIANNE _____ POSTER A3
- KHAN, MARYUM _____ POSTER B17
- KHUBCHANDANI, JAGDISH _____ CONCURRENT SESSIONS A5, B4;
POSTERS A3, A6, A7, B3
- KNOWLLEN, ADAM _____ CONCURRENT SESSION B3
- KOH, HOWARD _____ PLENARY IV
- KOKINAKIS, LEAH _____ POSTER A34
- KOZEL, CHARLES _____ POSTER B35
- KRATZKE, CINDY _____ CONCURRENT SESSION C2
- KRISTJANSSON, ALFGEIR L. _____ CONCURRENT SESSION B1;
POSTER B15
- LAI-ROSE, MARY H. _____ POSTERS A11, A26
- LANDIS, KELSIE _____ POSTER B24
- LANDSMAN, STEPHANIE _____ POSTERS A47, B24

Author Index

- LEAVER-DUNN, DEIDRE _____ CONCURRENT SESSION A5
- LEEMAN, JENNIFER _____ WOKRSHOP W2; POSTER B14
- LESLIE, JODI _____ POSTER B25
- LEWIS, DWIGHT _____ CONCURRENT SESSION A5
- LIAN, BRAD _____ CONCURRENT SESSION A5
- LIEBERMAN, LISA _____ POSTER B33
- LIVINGOOD, WILLIAM _____ POSTER A30
- LONG, EVERETT L. _____ CONCURRENT SESSION C2
- LONG-WHITE, DENEEN _____ CONCURRENT SESSION E3
- LÓPEZ-TORO, EDITH _____ CONCURRENT SESSION B3
- LOVEGREEN, SARAH _____ POSTER B26
- LU, WENHUA _____ CONCURRENT SESSION C1
- LUBBERTS, MARK _____ CONCURRENT SESSION C3
- LUQUE, JOHN _____ CONCURRENT SESSION A1;
POSTER B31
- LYSOBY, LINDA _____ CONCURRENT SESSION B2
- MABRY, AMANDA _____ CONCURRENT SESSION E2
- MACKANIN, KAYLA _____ POSTER B9
- MACKERT, MICHAEL _____ CONCURRENT SESSION E2;
POSTER A33
- MAGOC, DEJAN _____ POSTER A2, A46
- MAHKDOOM, GHULAM _____ POSTER B46
- MALLEY, PATSY BARRINGTON _____ WORKSHOP T1; POSTER A36
- MANGADU, THENRAL _____ CONCURRENT SESSION D3
- MANN, LILLI _____ CONCURRENT SESSION D3
- MANN, MICHAEL J. _____ CONCURRENT SESSION B1;
POSTER B15
- MARANI, SALMA _____ CONCURRENT SESSION D2
- MARSHALL, NANDI _____ CONCURRENT SESSION C3;
POSTER B2
- MARSHALL, JENNIFER _____ POSTER A13
- MARTINASEK, MARY _____ CONCURRENT SESSION C2;
POSTER B9
- MASON, MONDI _____ CONCURRENT SESSION A1
- MATA, HOLLY _____ CONCURRENT SESSION E3
- MAYORGA, LINA _____ POSTER A17
- MCCOY, LAUREN _____ CONCURRENT SESSION E1
- MCDONALD, ANDREA _____ CONCURRENT SESSION B1
- MCGEARY, KERRY ANNE _____ CONCURRENT SESSION B4
- MCKYER, LISAKO _____ CONCURRENT SESSION B1
- MCMILLEN, ROBERT _____ CONCURRENT SESSION C4
- MCTIGUE, KATHLEEN _____ POSTER B29
- MCWHINNEY, SHARON _____ CONCURRENT SESSIONS B1, C1
- MEETEER, WESLEY _____ POSTER B27
- MEZEY, JUDY _____ CONCURRENT SESSION D4
- MICHIELS HERNANDEZ, BARBARA _____ CONCURRENT SESSION C5
- MICKMAN, CARL _____ POSTER A27
- MIDDLEMISS, MARY ANN _____ CONCURRENT SESSION A1
- MILETIC, MIHAILO _____ POSTER A46
- MILLER, AUDREY _____ POSTER A14
- MILROY, JEFF _____ POSTER B32
- MILROY, STEFANIE _____ POSTER B32
- MINER, KATHLEEN _____ POSTER A43
- MITCHELL, QSHEQUILLA _____ CONCURRENT SESSION C1;
POSTER A20
- MITCHELL, TARA _____ POSTER A4
- MOHLER, MAURA _____ CONCURRENT SESSION A2
- MOHLER, MAURA _____ CONCURRENT SESSION A2
- MOMIN, BEHNOOSH _____ CONCURRENT SESSION B3
- MONTGOMERY, SUSANNE _____ CONCURRENT SESSION E1
- MOODY-THOMAS, SARAH _____ POSTERS B5, B6
- MOORE, ALEXIS _____ WORKSHOP W2; POSTER B14
- MOSES, GINA _____ CONCURRENT SESSION A4
- MURPHY, TIMOTHY _____ POSTER B10
- MURPHY, SERENA _____ POSTER A27
- NEFF, RAYMOND _____ CONCURRENT SESSION C3
- NEFF, DONNA _____ POSTER B22
- NERI, ANTONIO _____ CONCURRENT SESSION B3
- NEUBAUER, LEAH _____ CONCURRENT SESSION B2
- NICKELSON, JEN _____ CONCURRENT SESSIONS A1, A5
- NOLAN, JILL A. _____ POSTERS A12, B27

Author Index

- NORRICK, CHRISTIE _____ POSTER A19
- NÚÑEZ, ANA _____ POSTER B12
- NUSS, HENRY _____ CONCURRENT SESSION A2
- OBRADOVIC, BORISLAV _____ POSTER A46
- O'CONNELL, KEIREN _____ POSTER B8
- OLAISEN, RHO HENRY _____ CONCURRENT SESSION C4
- OLIVER, CARL _____ POSTER A34
- O'LOUGHLIN, ERIN _____ CONCURRENT SESSION A2, D2;
POSTER B4
- O'LOUGHLIN, JENNIFER _____ CONCURRENT SESSION A2;
POSTER B4
- OMARE, DANVAS _____ POSTER A23
- O'NEAL, MARCIA _____ POSTER B44
- ONYA, HANS _____ CONCURRENT SESSION A1
- O'ROURKE, THOMAS _____ POSTER A37
- OUTLEY, CORLISS _____ CONCURRENT SESSION C1
- PASCHAL, ANGELIA _____ POSTER A20
- PATSCH, INGRID _____ POSTER A18
- PAYTON, ERICA _____ POSTER B3
- PEÑA-PURCELL, NINFA _____ CONCURRENT SESSION C3
- PEREZ, FRANK G. _____ POSTER B35
- PETERSON, GRACE _____ POSTER A15
- PIDCOCK, ERIC _____ CONCURRENT SESSION A3
- POPE, ANDY _____ CONCURRENT SESSION A4
- POWERS, ELIZABETH _____ POSTER B23
- PRESSER, BRYNNE _____ CONCURRENT SESSION A5
- PRICE, JAMES _____ POSTERS A3, A7, B3
- PRIEST, HANNAH _____ CONCURRENT SESSION C1
- PROKHOROV, ALEXANDER _____ CONCURRENT SESSIONS D2, E1
- PRUITT, BUZZ _____ CONCURRENT SESSION B4
- RAMIREZ, NAYAN _____ POSTER B37
- RASAR KING, LAURA _____ CONCURRENT SESSION B2
- RATHORE, MOBEEN _____ POSTER A11
- RATNAPRADIPA, DHITINUT _____ POSTER B46
- REBOUSSIN, BETH _____ CONCURRENT SESSION D3
- REELS, SERITA _____ POSTER B12
- REISCHL, TOM _____ POSTER A9
- REVERUZZI, BIANCA _____ POSTER A22
- REYES-ORTIZ, VICTOR EMANUEL _____ CONCURRENT SESSION B3
- RHODES, SCOTT D. _____ CONCURRENT SESSION D3
- RICHARDSON, LISA _____ POSTERS A35, B45
- RINCK, ROBERT _____ POSTER A44
- ROBERTSON-JAMES, CANDACE _____ POSTER B12
- ROBINSON, JENELLE _____ POSTER B13
- ROBISON, STACY _____ CONCURRENT SESSION B5;
POSTER B40
- RODGERS, KIRSTEN _____ POSTER B34
- ROLLINS, BRANDY _____ WORKSHOP W5
- ROMNEY, MARTHA _____ CONCURRENT SESSION D4
- ROSIK, JOHN _____ CONCURRENT SESSION C4
- ROSSER, MARIOLA _____ POSTERS A24, B42
- ROYCE, SHERER _____ CONCURRENT SESSION A4
- RUSH, SARAH _____ POSTER A20
- SAMARYA-TIMM, MICHELE _____ POSTER A42
- SARRIS, NIKIE _____ CONCURRENT SESSION B3
- SCHOCH-SPANNA, MONICA _____ CONCURRENT SESSION A3
- SCHULZE, FREDERICK _____ POSTER A4
- SCRIBNER, RICHARD _____ CONCURRENT SESSION A2
- SCRIMGEOUR, XANTHI _____ CONCURRENT SESSION B5; POSTER
B40
- SELLERS, MELANIE _____ POSTER A43
- SHACKELFORD, SIGNE _____ CONCURRENT SESSION C4
- SHAMALEY, ANGELEE GIGI _____ CONCURRENT SESSION D3;
POSTER A2
- SHARMA, MANOJ _____ CONCURRENT SESSION B3
- SHAW RIDLEY, MARY _____ WORKSHOP W5
- SHEEHAN, MARY _____ POSTER A22
- SHELDON, MARISSA _____ CONCURRENT SESSION D4
- SHENKMAN, ELIZABETH _____ POSTERS A11, B17



Author Index

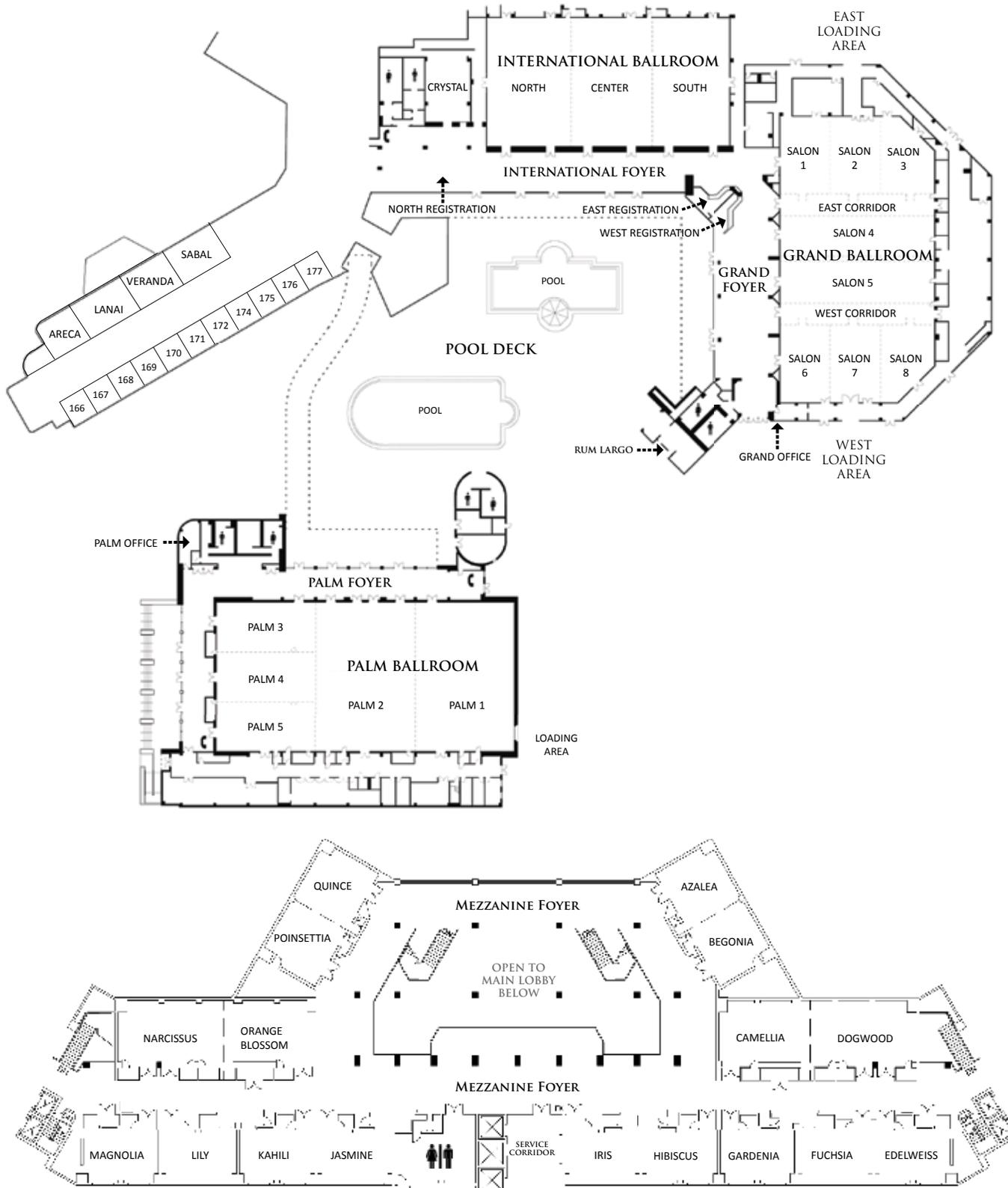
- SHEPPARD-GOODLETT, LISA _____ CONCURRENT SESSION D2
SHERRY, CHERYLEE _____ CONCURRENT SESSION E4
SHOOK, LISA _____ POSTER A39
SHROPSHIRE, SONYA _____ POSTER B45
SHUE, CAROLYN _____ CONCURRENT SESSION B4
SIEGEL, JOHN _____ CONCURRENT SESSION E2
SIGFUSDOTTIR, INGA DORA _____ POSTER B15
SIMMONS, DENA _____ CONCURRENT SESSION B1
SIMMONS, ROBERT _____ CONCURRENT SESSION D4
SINGH, PRAMIL _____ CONCURRENT SESSION E1
SINGH, RAKESH KUMAR _____ POSTER A25
SMITH, BILL _____ PLENARY I
SMITH, EDWARD A. _____ POSTER A26
SMITH, MEGAN L. _____ CONCURRENT SESSION B1
SMITH, MATTHEW LEE _____ POSTER A32
SOTELO, MAGGIE _____ POSTER A44
SOTHERN, MELINDA _____ CONCURRENT SESSION A2
SPEAR, CAILE _____ POSTER A1
STANFORD, JEVETTA _____ POSTERS A11, B17, B19
STANLEY, SANDTE _____ POSTER A35
STELLEFSON, MICHAEL _____ CONCURRENT SESSION E1
STEVENSON, BETH _____ CONCURRENT SESSION C5
STEWART, SHERRI _____ CONCURRENT SESSION B3
STOPKA, CHRISTINE _____ POSTER B22
STOPPONI, MELANIE _____ POSTER B1
STOUT, PATRICIA _____ CONCURRENT SESSION E2
STOVER, CHELSEA _____ POSTER A34
STROKUS, AMANDA _____ CONCURRENT SESSION A3
STRIJK, LAURA _____ POSTER B4
SULLIVAN, EMILY _____ POSTER A7
TAI, ERIC _____ POSTER B45
TALBOTT, LAURA _____ POSTER B44
TAUB, ALYSON _____ CONCURRENT SESSION B2
TAYLOR, MAGGIE _____ POSTER B32
TAYLOR, WALTER _____ POSTER B13
TELLJOHANN, SUSAN _____ POSTER A7
TEUFEL, JAMES _____ POSTERS A19, B26
THOMAS, MELISSA _____ CONCURRENT SESSION E3
THOMAS, CHERYLL _____ POSTER A35
THOMPSON, AMY _____ POSTER A3
THORNE, CHRISTOPHER _____ CONCURRENT SESSION A4
THORNE, CHRIS _____ CONCURRENT SESSION A4
THREADGILL, PAULA _____ POSTER B13
TIDWELL, DIANE _____ POSTERS B10, B13
TISONE, CHRISTINE A. _____ CONCURRENT SESSION C1
TOMAKA, JOE _____ POSTER A2
TOMASSI, PATRICIA _____ CONCURRENT SESSION D4
TORRES, RACHEL _____ CONCURRENT SESSION E2
TORRES-MCGEHEE, TONI _____ CONCURRENT SESSION A5
TRAUTH, JEANETTE M. _____ POSTER B29
TROUTMAN, ADEWALE _____ PLENARY VI
TRUDNAK, TARA _____ CONCURRENT SESSION C2
TSENG, TUNG-SUNG _____ CONCURRENT SESSION A2;
POSTERS B5, B6
USDAN, STUART _____ CONCURRENT SESSION A5
VALADE, DIANE _____ POSTER A9
VAUGHN, ALEXANDRA N. _____ POSTER B38
VINCI, DEBRA MARIA _____ POSTERS A36, B30
VOGEL, ROBERT _____ CONCURRENT SESSION A1
VOLAUFOVA, JULIA _____ CONCURRENT SESSION A2
WAGONER, KIMBERLY _____ CONCURRENT SESSION D3
WALLEN, MICHELE _____ CONCURRENT SESSION C1
WARBLE, PATRICIA _____ CONCURRENT SESSION D4
WARD, CAROLYN _____ PLENARY II
WARREN, NICOLETTE _____ POSTER B2
WEBB, FERN _____ POSTERS B19, B20
WEBSTER-BASS, SELENA _____ POSTER B20
WEI, MI-HSIU _____ POSTERS A40, B39
WELSHIMER, KATHLEEN _____ POSTER B36

Author Index

- WIBLISHAUSER, MICHAEL_____POSTER A7
- WILLIAMS, KAREN_____POSTER B16
- WILLIAMS, JR., RONALD D._____POSTERS B10, B11, B13
- WILMOT, ROBIN_____POSTER A21
- WILSON, KATHERINE_____WORKSHOP W2
- WILSON, KELLY L._____POSTERS A8, A32
- WŁOSZCZAK-SZUBZDA, ANNA_____POSTERS A24, B42
- WINDSOR, RICHARD_____WORKSHOP T1
- WODIKA, ALICIA_____POSTER B36
- WOJTYŁA, ANDRZEJ_____POSTER A24
- WOOD, MARTIN_____CONCURRENT SESSION A5;
POSTER A6
- WOODSTOCK STRILEY, CATHERINE_____POSTER B19
- XU, YILIN_____POSTER B6
- YOUNG WHITING, CHANADRA_____POSTER A14
- ZGIBOR, JANICE_____POSTER B29
- ZHANG, LEI_____CONCURRENT SESSION B3
- ZHU, LEINA_____CONCURRENT SESSION C1



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