



XAVIER UNIVERSITY OF LOUISIANA COLLEGE OF PHARMACY

SIXTH HEALTH DISPARITIES CONFERENCE

IMPROVING MEDICAL EFFECTIVENESS AND HEALTH OUTCOMES TO ACHIEVE HEALTH EQUITY THROUGH INTERPROFESSIONAL COLLABORATIONS



MARCH 7-9, 2013

NEW ORLEANS, LOUISIANA

<http://xula.the1joshuagroup.com>

PROGRAM SYLLABUS



TABLE OF CONTENTS

General Information.....	10
Venue Floor Plan.....	12
Program-at-a-Glance.....	13
Agenda.....	15
Abstracts.....	26
Abstract Presenter Index	72
Speaker / Moderator Index	76
Speaker Biographies.....	78

Funding for this conference was made possible {in part} by Grant Number 5 S21 MD 000100-12 from the National Institute on Minority Health and Health Disparities (NIMHD), National Institutes of Health (NIH) Department of Health and Human Services (DHHS). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Scan this code for mobile
access to your registration
record and social media feeds!

MARCH 7-9, 2013

NEW ORLEANS, LOUISIANA
<http://xula.the1joshuagroup.com>

Xavier University of Louisiana

MISSION - As the nation's only Historically Black and Catholic institution of higher learning, Xavier University's purpose from its founding has included the creation of a more just and humane society. Reaffirming its African-American heritage and its Catholic tradition for more than eight decades, Xavier continues to offer a variety of opportunities in education and leadership development to the descendants of those historically denied the liberation of learning.

NATIONAL RANKING - According to the U.S. Department of Education, Xavier continues to rank first nationally in the number of African-American students earning undergraduate degrees in both the biological/life sciences and the physical sciences. It also ranks high in psychology, computer science and information, and mathematics. Xavier was one of only six schools chosen to participate in the National Science Foundation's Model Institutions for Excellence in Science, Engineering and Mathematics program.

Xavier has been especially successful in educating health professionals. In pre-medical education, Xavier is first in the nation in placing African-American students into medical schools, where it has been ranked for the past 13 years. The 77% acceptance rate of Xavier graduates by medical schools is almost twice the national average, and 92% of those who enter medical schools complete their degree programs. The College of Pharmacy, one of only two pharmacy schools in Louisiana, is among the nation's top three producers of African-American Doctor of Pharmacy degree recipients.

COURSES AND ACCREDITATION - Undergraduate students who major in the Arts and Humanities, Social Sciences, Business, Education, Languages or Communications as well as those in the sciences are required to complete fifty-seven hours of liberal arts core curriculum courses in English, literature, fine arts, foreign languages, history, African-American Studies, mathematics, natural sciences, philosophy, religion, and social sciences in addition to courses for their major fields. Xavier offers preparation in 40 major areas on the undergraduate, graduate, and professional degree levels. The University is accredited by the Southern Association of Colleges and Schools*, the American Council of Pharmaceutical Education, the National Association of Schools of Music, the American Chemical Society, the Association of Collegiate Business Schools and Programs, the Louisiana Department of Education, and the National Council for Accreditation of Teacher Education (NCATE). Xavier is the only private school in Louisiana accredited by NCATE.

HISTORY - St. Katharine Drexel of Philadelphia, canonized a Saint in the Roman Catholic Church in October 2000, and her Sisters of the Blessed Sacrament, a religious community dedicated to the education of African Americans and Native Americans, established Xavier as a high school in 1915. A normal school was added in 1917, the four-year college program in 1925, the College of Pharmacy in 1927 and the Graduate School in 1933. In 1970, the Sisters transferred control to a joint lay/religious Board of Trustees. With improved opportunities for students after the passage of anti-discrimination laws in the 1960's, enrollment in Xavier's arts and sciences and professional curricula began to grow, and has accelerated during the last decade. Today, Xavier produces graduates well educated to serve the community, state and nation.

LEADERSHIP - Xavier's progress has been directed by its President, Norman C. Francis, a Xavier graduate and the University's chief executive for three decades. A nationally recognized leader in higher education, President Francis, selected as one of the nation's most effective college presidents in a survey of his peers, has developed an outstanding team of faculty and administrative officers. A pillar of civic progress, President Francis has made Xavier a force to improve New Orleans and southeastern Louisiana. In the Xavier neighborhood, the President has championed a partnership among community residents, businesses, and the University through a community development corporation to revitalize living conditions, housing, and economic opportunity. He was awarded the nation's top civilian award - the President's Medal of Freedom - in 2006.

FUTURE DIRECTIONS - Xavier is implementing a plan to: increase endowments for scholarships and faculty salaries; expand science facilities; construct new student housing; renovate older structures; upgrade information systems, network capability, and instructional technology. Curricular developments are taking place in environmental programs and at the Centers for the Advancement of Teaching and for Intercultural Studies. Xavier plans to build on its success in responding to the nation's need for scientists, health professionals, engineers, computing specialists, school teachers, and leaders in the arts, government, business, and religion.

NATIONAL RECOGNITION - Xavier is not a wealthy institution. It has learned to do much with limited means. Its historic mission to serve capable minority students strains all resources, especially because Xavier seeks to include those whose potential achievements have been hindered by financial problems or poor schools. But in Xavier's supportive environment, students can and do excel. Their accomplishments have been featured in various national media, including The New York Times, The Boston Globe, The Washington Post, U.S. News and World Report, Money Magazine, Changing Times, The Chronicle of Higher Education, USA Today, Black Issues in Higher Education, CBS, NBC, Cable News Network, and Newsweek. Recognizing the school's many strengths, The New York Times Selective Guide to Colleges has observed that "Xavier is a school where achievement has been the rule, and beating the odds against success a routine occurrence." As Newsweek recently said, "Without question, the little known Roman Catholic college is doing something special."



www.xula.edu

* Xavier University of Louisiana is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, GA 30033-4097; Telephone number 404-679-4501) to award bachelors and masters degrees and the Doctor of Pharmacy.



XAVIER UNIVERSITY OF LOUISIANA
Office of the President
1 Drexel Drive
New Orleans, Louisiana 70125-1098
(504) 520-7541 • FAX (504) 520-7904



The Xavier University of Louisiana is committed to **EDUCATION, RESEARCH** and **COMMUNITY** involvements that improve the **QUALITY OF LIFE** for our citizens.

March 8, 2013

Welcome to the Sixth Health Disparities Conference, hosted by the College of Pharmacy at Xavier University of Louisiana.

This year's theme, "Improving Medical Effectiveness and Health Outcomes to Achieve Health Equity Through Interprofessional Collaborations" is important given the nation continues to experience challenges with improving access to affordable, culturally-appropriate, and evidence-based medical care for millions of Americans; particularly among the poor, uninsured, and minority populations. This year's conference features, once again, the exchange of best practices in the health professions from leading experts in pharmacy, medicine, nursing, and public health. The conference aims to create an environment whereby clinicians, scholars, researchers, and students can explore solutions to the health challenges facing Louisiana, the region, and the nation. In Louisiana as "evolving medical districts are underway in New Orleans and Baton Rouge the southeast is positioned to be a world class health center destination." The need for partnerships and collaborations, as this conference provides, will no doubt encourage the theme of today.

The mission of Xavier's Center for Minority Health & Health Disparities Research and Education's (CMHDRE) is to improve health outcomes among diverse communities that are disproportionately impacted by health and healthcare disparities. This mission is accomplished through engagement and partnerships in research, education, and practice. This conference is one example of how the CMHDRE has served as a catalyst bringing together a diverse group of individuals to stimulate community engagement, disseminate clinical best practices, share public health approaches to disease prevention and control, and identify areas around which additional research is needed.

We encourage you to take full advantage of the many reports and sessions. In addition to the formal presentations, please take time to network with your peers from around the country. Thank you for attending this year's conference and we look forward to your participation in the future.

Sincerely,

A handwritten signature in black ink that reads "Norman C. Francis".

Norman C. Francis
President



XAVIER UNIVERSITY OF LOUISIANA
COLLEGE OF PHARMACY
DEAN'S OFFICE
1 Drexel Drive
New Orleans, Louisiana 70125-1098
(504) 520-7500 • FAX (504) 520-7930



"We hope this Sixth Conference on Health Disparities continues to highlight the work of health professionals in a collaborative environment at the national, regional, and global levels as we aim to achieve health equity."

Dear Conference Attendee:

Xavier University of Louisiana College of Pharmacy welcomes you to our Sixth Health Disparities Conference and to the city of New Orleans.

The College is pleased to continue to provide a meaningful educational discussion around "Improving Medical Effectiveness and Health Outcomes through Interprofessional Collaborations". The discussions presented during this conference will emphasize strategies where interprofessional collaborations are effective in achieving health equity. Additionally, the conference will provide the opportunity for health professionals to network and share innovative approaches that have been successful in their local communities and that support the use of mid-level providers. The proceedings from the conference last year are published in the February 2013 Supplement to the *Journal of Health Care for the Poor and Underserved*. We hope this Sixth Conference on Health Disparities continues to highlight the work of health professionals in a collaborative environment at the national, regional, and global levels as we aim to achieve health equity.

Thank you for your attendance and participation. We look forward to your feedback.

Sincerely,

A handwritten signature in black ink that reads "Kathleen B. Kennedy". The signature is written in a cursive, flowing style.

Kathleen B. Kennedy, Pharm.D.
Professor and Dean
Malcolm Ellington Professor of Health
Disparities Research

Xavier University of Louisiana College of Pharmacy



College of Pharmacy History

The Xavier University of Louisiana College of Pharmacy was established in 1927, only two years after the university had opened its doors in 1925 under the leadership of a visionary woman who would later become Saint Katherine Drexel, the foundress of the Sisters of the Blessed Sacrament. Xavier is recognized as the only historically Black and Catholic University in the United States. Although its special mission has been to serve the Black Catholic community, Xavier has always opened its doors to qualified students of any race or creed.

The College of Pharmacy was organized as the result of a carefully considered idea of providing education and training for Pharmacy practice to young black men and women for whom this education was difficult to obtain. In addition to building a strong foundation in the sciences, a particular emphasis was placed on character building through community involvement.

Despite modest beginnings with only two part-time teachers plus a permanent dean beginning in 1927, the College of Pharmacy graduated its first class of eight (8) students in the spring of 1930 with the Graduate in Pharmacy (Ph.G.) degree. By 1932 the faculty had grown to three full-time instructors, and the three-year program was superseded by a four-year Bachelor of Science degree in Pharmacy. Graduates received this degree through an additional year of studies after their Ph.G. degree. By 1960 the program became mandatory for a B.S. degree in Pharmacy. By 1964, the program had evolved into the requirements of two years of pre-Pharmacy and three years of professional studies. In the fall of 1991, Xavier initiated its entry-level Pharm.D. degree program requiring two years of pre-Pharmacy and four years of professional studies.

Over the past 80 years, the College of Pharmacy has grown tremendously under the leadership and vision of eight deans and one interim dean. The strength of the program is supported through a pharmacy faculty that represents a diverse background of disciplines and expertise. Faculty members provide students with the opportunity to explore interests and test ideas in both traditional and non-traditional roles of pharmacy practice and research.

The College of Pharmacy is physically located on the beautiful campus of Xavier University, not far from downtown New Orleans. In 1993, the three-story, 24,000 square foot facility was expanded by the addition of 30,000 square feet that included additional state-of-the-art modular laboratory facilities and office space for the Pharmacy faculty. Xavier's newest building, the Qatar Pharmacy Pavilion, officially opened October 15, 2010. The five-story, 60,000-square foot addition provides modern classrooms, a 440 seat auditorium, the Dean's suite, a vivarium, and state-of-the-art teaching and research laboratory space.

Xavier's College of Pharmacy is a leader when it comes to numbers of pharmacy degrees awarded to African Americans. From its first class of eight graduating pharmacy students in 1930 to its current average graduating class of 120 entry-level Doctorate of Pharmacy students, Xavier's graduates serve with distinction in communities throughout this nation and around the world. Its graduates continue to excel in areas that include traditional community and hospital pharmacy practices, ambulatory care, nuclear pharmacy, home infusion, industry, research and professional organization management administration.

XAVIER UNIVERSITY'S COLLEGE OF PHARMACY

Center for Minority Health & Health Disparities

RESEARCH AND EDUCATION



The Center for Minority Health and Health Disparities Research and Education (CMHDRE) at Xavier University of Louisiana began on January 14, 2002 with the endowment award from the National Institute on Minority Health and Health Disparities (NIMHD) of the National Institutes of Health (NIH). This award was used to establish the Xavier Pharmacy Endowment for Minority Health in the College of Pharmacy.



While the Xavier Pharmacy Endowment for Minority Health is used to support some of its activities, the CMHDRE utilizes a network of various funders and partnerships to positively influence the health of the community through the provision of education, training and research. The mission of the Center is to improve health outcomes of diverse communities disproportionately impacted by health and health care disparities, through community engagement and partnerships in research, education, and practice.

Three overarching objectives have been established for the CMHDRE. The concrete steps to achieve these objectives are outlined in the new CMHDRE Strategic Plan.



1. Advance and sustain meaningful partnerships with diverse communities to address health and health disparities
2. Support and create an infrastructure and culture that leads to production of scientific research that is relevant, meaningful and consistent
3. Develop the infrastructure of the CMHDRE to support its mission by establishing a diverse funding base and with the recruitment and retention of health professions dedicated to the reduction of health disparities.

GENERAL INFORMATION

NEEDS ASSESSMENT

Mid-level providers provide an increasing primary care resource. Low income, racial and ethnic, rural and migrant communities are particularly affected by health disparities. Sources indicate that utilizing mid-level providers in a interprofessional environment can provide lower costs, improve quality care and access to care in many environments. 75% of those receiving medical treatment do not require specialist care. Increased utilization of mid-level providers along with physicians may save an estimated \$23-\$90 billion or 2.5-10% of our healthcare cost. Mid-level providers play an integral role in the health care of patients and serve as a resource for family members and other caregivers.

The term "mid-level providers" refers to Pharmacists, Nurse Practitioners, and Physician Assistants in the healthcare setting

Addressing the ISSUE

Finding a primary care physician and getting timely care are increasingly difficult, even among Medicare beneficiaries and privately insured adults.

Sixty-five million people live in areas designed by the federal government as having a shortage of primary care providers.

– "Improving Access to Adult Primary Care in Medicaid: Exploring the Potential Role of Nurse Practitioners and Physician Assistants," Kaiser Commission on Medicaid and the Uninsured, March 2011.

LEARNING OBJECTIVES were developed to address the educational needs for our target audience. At the end of this activity, participants will be able to:

- Discuss the roles of research, clinical practice, and policy as key resources in improving health and medical effectiveness in an equitable manner;
- Identify strategies where interprofessional collaborations are effective in improving health outcomes; and
- Describe opportunities for interprofessional collaborations especially for mid-level providers, i.e. pharmacists, nurses, social workers, and health policy advocates.

ACCREDITATION



Xavier University of Louisiana College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Participation in this conference earns up to 6.5 contact hours (0.65 CEUs). Participants must complete post-test and evaluation forms at the conclusion of each session to receive a Statement of Continuing Pharmacy Education Credit. Certificates/Statements of Continuing Pharmacy Education Credit will be placed in your NABP e-profile within 4 weeks following the program. This knowledge-based activity is of importance to all pharmacists.

If you have not obtained your unique identification number from the National Association of Boards of Pharmacy to be used when registering for continuing pharmacy education activities, visit www.nabp.net. You must provide your NABP e-profile ID number to receive statement of Continuing Pharmacy Education Credit.

DISCLOSURES OF CONFLICTS OF INTEREST

Xavier University of Louisiana College of Pharmacy (XU-COP) requires instructors, planners, managers, and other individuals who are in a position to control the content of this activity to disclose any real or apparent conflict of interest they may have as related to the content of this activity. All identified conflicts of interest are thoroughly vetted by XU-COP for fair balance, scientific objectivity of studies mentioned in the materials or used as the basis for content, and appropriateness of patient care recommendations.

PROGRAM CHAIR

Kathleen B. Kennedy, PharmD
Xavier University of Louisiana

ABSTRACT COMMITTEE CO-CHAIRS

C. Alicia Georges, RN, EdD, FAAN
Lehman College, City University of New York

Yolanda Hardy, PharmD
Chicago State University

PLANNING COMMITTEE

Claudia Baquet, MD, MPH
University of Maryland

Kristen N. Campbell, BS
The 1Joshua Group, LLC

Johnnie L. Early, II, PhD, RPh
University of Toledo

Christopher T. Fitzpatrick, CC
The 1Joshua Group, LLC

Martha B. Harris, PharmD
Xavier University of Louisiana

George Hill, PhD
Vanderbilt University

Kermit G. Payne, BFA
The 1Joshua Group, LLC

Sybil M. Richard, JD, MHA
Segue Health Partners

Patrice Rose, MPH
Xavier University of Louisiana

Christopher Williams, PhD
Xavier University of Louisiana

GENERAL INFORMATION

Addressing the ISSUE

The **transformation of the healthcare industry** is proving to be – and will continue to be – hard work, requiring significant investments and resources. An area of great demand is human capital – highly skilled people with specific job experiences and relevant talent.

– “A Perfect Storm Ignites Hospital Consolidation and Partnerships Nationwide: What’s Your Position?,”
Kaufman, Hall & Associates, Spring 2012

VENUE

Sheraton New Orleans Hotel
500 Canal Street
New Orleans, Louisiana 70130
Tel: 504.525.2500

REGISTRATION SCHEDULE

Lagniappe - Second Floor

Thursday, March 7.....12:00 PM – 7:00 PM
Friday, March 8 7:00 AM – 3:00 PM
Saturday, March 9.....7:30 AM – 10:00 AM

BADGES

Identification badges will be provided to all registered participants, speakers, and special guests and are required for participation in all conference activities.

POSTER SCHEDULE *

Waterbury Ballroom Second Floor

Thursday, March 7.....5:00 PM – 7:30 PM
Friday, March 8 7:00 AM – 8:30 AM
5:00 PM – 7:00 PM
Saturday, March 9..... 8:00 AM – 9:30 AM

* Additional networking opportunities available during all session breaks.

SPEAKER READY HOURS

Lagniappe - Second Floor

Thursday, March 7.....12:00 PM – 5:00 PM
Friday, March 8 7:00 AM – 3:00 PM
Saturday, March 9..... 7:30 AM – 9:30 AM

SESSION RECORDING

Participants are asked to refrain from video or audio taping during sessions. Presentations will be available as approved by authors at the close of the meeting. For more information visit <http://xula.the1joshuagroup.com>.

SPONSOR

This activity is sponsored by the Center for Minority Health and Health Disparities Research and Education at Xavier University of Louisiana College of Pharmacy.

FUNDING

Funding for this conference was made possible {in part} by Grant Number 5 S21 MD 000100-12 from the National Institute on Minority Health and Health Disparities (NIMHD), National Institutes of Health (NIH) Department of Health and Human Services (DHHS). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

ORGANIZER

The 1Joshua Group, LLC
www.The1JoshuaGroup.com

Addressing the ISSUE

Technology and informatics also can be used to build and enhance provider networks, linking community and rural providers to specialists, linking patients to providers virtually, and remotely monitoring patients’ health status and medication compliance.

– “Unmet Needs: Teaching Physicians to Provide Safe Patient Care,” a report of the Lucian Leape Institute Roundtable on Reforming Medical Education, Lucian Leape Institute at the National Patient Safety Foundation, 2010

VENUE LAYOUT

LEVEL 8



Sessions

Poster Presentations

Registration & Speaker Ready

LEVEL 2



XAVIER UNIVERSITY OF LOUISIANA COLLEGE OF PHARMACY
SIXTH HEALTH DISPARITIES CONFERENCE
 IMPROVING MEDICAL EFFECTIVENESS AND HEALTH OUTCOMES TO ACHIEVE HEALTH EQUITY THROUGH INTERPROFESSIONAL COLLABORATIONS
 NEW ORLEANS, LOUISIANA MARCH 7-9, 2013



PROGRAM-AT-A-GLANCE

THURSDAY, MARCH 7, 2013

3:00 PM – 5:00 PM	Pre-Conference Workshop – Developing a Community-Based Partnership to Improve Health Outcomes (UAN 0024-0000-13-008-L04-P – 2.0 Contact Hours) – Rhythms 2 p. 15 Facilitator: Daphne Ferdinand, PhD, RN – President and Executive Director, Healthy Heart Community Prevention Project, Inc. <i>At the completion of this activity, participants should be able to identify at least four principles of successful community partnerships.</i>
5:00 PM – 7:30 PM	Welcome Reception & Networking Poster Session – Waterbury Ballroom

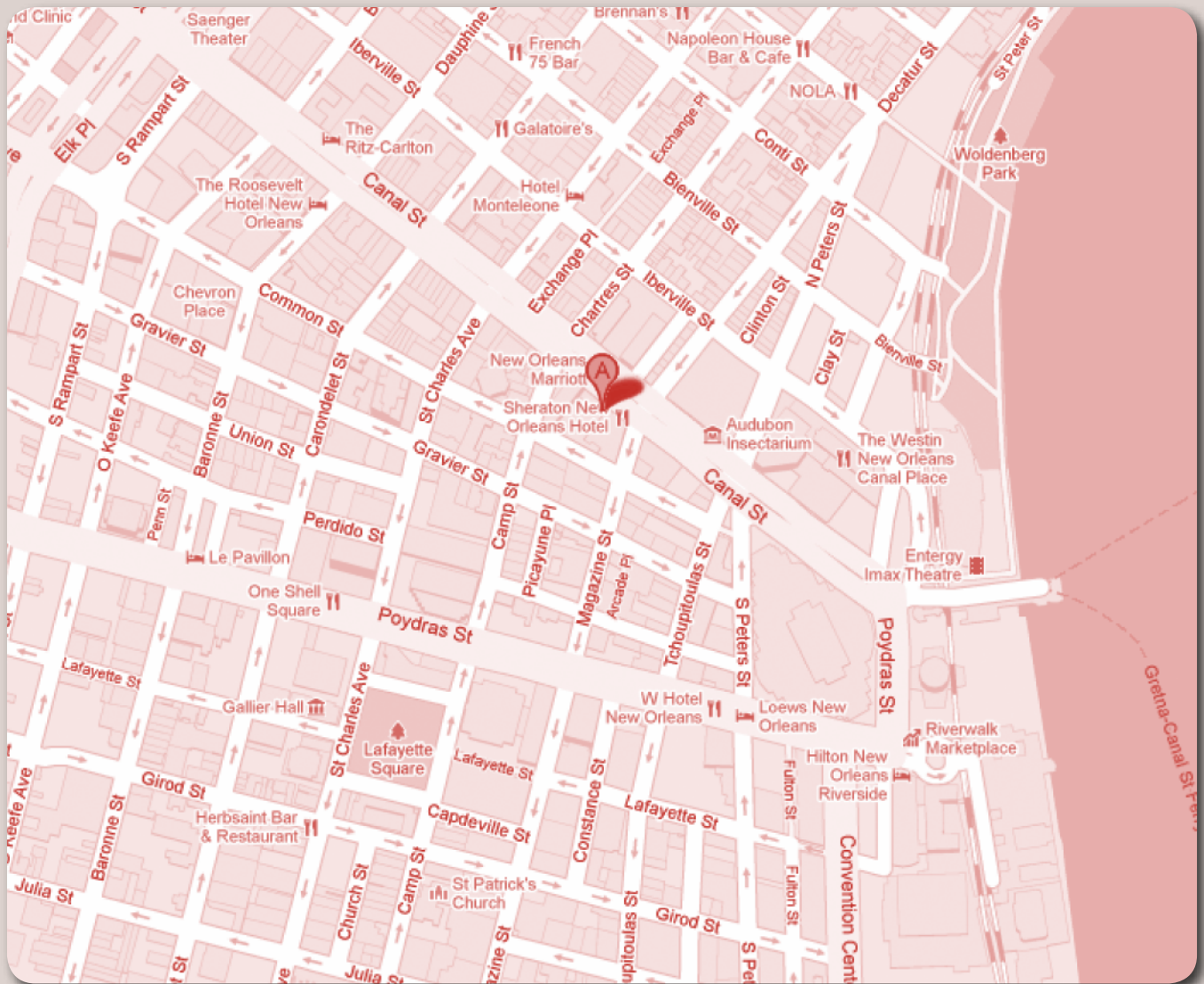
FRIDAY, MARCH 8, 2013

7:00 AM – 8:00 AM	Morning Networking Breakfast and Poster Session – Waterbury Ballroom
8:30 AM – 10:00 AM	General Session I – Employing Interprofessional Strategies to Improve Health Outcomes (UAN 0024-0000-13-001-L04-P – 1.0 Contact Hour) – Rhythms Ballroom p. 16 Keynote: J. Nadine Gracia, MD, MSCE – Deputy Assistant Secretary for Minority Health, U.S. Department of Health and Human Services, Office of Minority Health <i>At the completion of this activity, participants should be able to discuss the complexities of health care and how interprofessional collaborations can effectively improve outcomes and achieve equity.</i>
10:00 AM – 10:30 AM	Networking Break – Waterbury Ballroom
10:35 AM – 11:55 AM	General Session II – The Importance of Evidence-Based Practice and Research: Achieving Equity and Improving Outcomes (UAN 0024-0000-13-002-L04-P – 1.25 Contact Hours) – Rhythms Ballroom p. 17 Cheryl Taylor, RN, PhD – Director, Office of Research, School of Nursing, Southern University and A&M College Derek Lewis, Jr., MD – Owner and Principal Investigator, Arkansas Primary Care Clinics Arcelia M. Johnson-Fannin, PharmD, RPh – Dean, School of Pharmacy, University of the Incarnate Word <i>At the completion of this activity, participants should be able to identify strategies where evidence-based practices and research can be utilized to achieve improved health outcomes across healthcare disciplines.</i>
12:00 PM – 1:30 PM	Lunch and General Session III – Can Equity in Outcomes be Achieved through Medical Effectiveness? (UAN 0024-0000-13-003-L04-P – 1.0 Contact Hour) – Armstrong Ballroom (8th Floor) p. 18 Keynote: John Ruffin, PhD – Director, National Institute on Minority Health and Health Disparities <i>At the completion of this activity, participants should be able to discuss the role of federal programs in achieving health equity and medical effectiveness by integrating policy, research, and clinical practice.</i>
1:35 PM – 3:00 PM	Workshop 1 – Healthcare Communications and Education (UAN 0024-0000-13-004-L04-P – 1.25 Contact Hours) – Rhythms 1 p. 19 Debra L Roter, MPH, DrPH – Distinguished Professor in the Department of Health, Behavior and Society, Bloomberg School of Public Health and the Schools of Medicine and Nursing, Johns Hopkins University Arshad M. Khan, PhD – Assistant Professor, Department of Biological Sciences, University of Texas at El Paso Renea A. Duffin, MPA – Vice-President, Mary Bird Cancer Center <i>At the completion of this activity, participants should be able to: identify innovative programs where patient provider communication and health education strategies have improved health outcomes; and identify the implication of basic science research on current clinical practices.</i>
1:35 PM – 3:00 PM	Workshop 2 – A Moderated Panel Discussion on Public Health and Health Policy: Where are We Now? (UAN 0024-0000-13-005-L04-P – 1.25 Contact Hours) – Rhythms 2 p. 20 Sybil M. Richard, JD, MHA, RPh – Principal, Segue Health Partners Marie L. Cameron, MS, FACHE – Lecturer and Executive in Residence, J. Mack Robinson College of Business, Georgia State University Melba R. Moore, MS, CPHA – Commissioner of Health, City of St. Louis Department of Health <i>At the completion of this activity, participants should be able to discuss access to medical care in relation to public health; and discuss the integration of health policy and the healthcare delivery systems.</i>
1:35 PM – 3:00 PM	Workshop 3 – Clinical Practice as a Key Resource in Improving Health in an Equitable Manner (Invited Abstract Podium Presentations) (UAN 0024-0000-13-006-L04-P – 1.25 Contact Hours) – Rhythms 3 p. 21 This session will include abstract presentations developed around clinical sciences that affect health equity through access, advocacy, treatment, and policy development. <i>At the completion of this activity, participants should be able to identify practice strategies that are successful in clinical settings.</i>
3:00 PM – 3:15 PM	Networking Break – Waterbury Ballroom
3:15 PM – 5:00 PM	Breakout Session A – Disease Process and Disparities (Abstract Podium Presentations) – Rhythms 1 p. 22 <i>This session will include abstract presentations discussing disease process and disparities across the interprofessional spectrum.</i>
3:15 PM – 5:00 PM	Breakout Session B – Health Services, Policy, and Social Determinants of Health (Abstract Podium Presentations) – Rhythms 2 p. 23 <i>This session will include abstract presentations discussing health services, health policy, and social determinants to eliminate health disparities.</i>
3:15 PM – 5:00 PM	Breakout Session C – Health Maintenance and Prevention in Special Populations (Abstract Podium Presentations) – Rhythms 3 p. 24 <i>This session will include abstract presentations discussing health maintenance and prevention strategies in special populations.</i>
5:00 PM – 7:00 PM	Networking and Poster Session – Waterbury Ballroom

SATURDAY, MARCH 9, 2012

8:00 AM – 9:30 AM	Morning Networking Breakfast and Poster Session – Waterbury Ballroom
9:30 AM – 11:00 AM	General Session IV – Health Literacy & Medical Effectiveness: Complex Information and Treatment Decisions (UAN 0024-0000-13-007-L04-P – 2.0 Contact Hours) – Rhythms Ballroom p. 25 C. Alicia Georges, RN, EdD, FAAN – President, National Black Nurses Foundation, Inc. <i>At the completion of this activity, participants should be able to describe the synergistic relationship of cultural competency and health literacy and their efforts to deliver higher quality care across disciplines.</i>

LOCAL ATTRACTIONS



- French Quarter ½ block
- Harrah's Casino 2 blocks
- Audubon Insectarium 2 blocks
- Bourbon Street 3 blocks
- Aquarium of the Americas 3 blocks
- Mississippi River 3 blocks
- The Shops at Canal Place 3 blocks
- Riverwalk Marketplace 4 blocks
- Mardi Gras World 1.3 miles
- Audubon Zoo 5.0 miles
- Louisiana State Museum 0.4 miles
- The National D-Day Museum 0.6 miles
- Louisiana Children's Museum 1.0 miles
- New Orleans Museum of Art 3.0 miles
- Ogden Museum of Southern Art 0.7 miles
- City Park Golf Course 3.0 miles

3:00 PM – 5:00 PM

PRE-CONFERENCE WORKSHOP

Developing a Community-Based Partnership to Improve Health Outcomes

Location: Rhythms Ballroom

At the end of this activity (UAN 0024-0000-13-008-L04-P – 2.0 Contact Hours), participants should be able to identify at least four principles of successful community partnerships; and describe how collaborative partnerships use evidence-based interventions to build and support healthy communities.



Daphne P. Ferdinand, PhD, APRN
President and Executive Director
Health Heart Community Prevention
Project, Inc.



Bertina McGhee, MPH, RD, LDN
Parish Chair & Area Nutrition Agent
LSU Agriculture Center, Orleans Parish



Rashida Ferdinand, MFA
Executive Director
Sankofa Community Development
Corporation

Introductions & Overview Daphne P. Ferdinand, PhD, APRN

A Community-Based
Partnership Model Bertina McGhee, MPH, RD, LDN

Strategies to Develop
Community-Based Partnerships Rashida Ferdinand, MFA

Closing Remarks Daphne P. Ferdinand, PhD, APRN

AGENDA

FRIDAY, MARCH 8

8:30 AM – 10:00 AM

GENERAL SESSION I

Employing Interprofessional Strategies to Improve Health Outcomes

Location: Rhythms Ballroom

At the end of this activity (UAN 0024-0000-13-001-L04-P – 1.0 Contact Hour), participants should be able to discuss the complexities of health care and how interprofessional collaborations can effectively improve health outcomes and achieve equity.



Kathleen B. Kennedy, PharmD
Program Chair
Dean, College of Pharmacy
Xavier University of Louisiana



Loren J. Blanchard, PhD
Senior Vice President for Academic Affairs
Xavier University of Louisiana



J. Nadine Gracia, MD, MSCE
Deputy Assistant Secretary for Minority Health
Office of Minority Health
U.S. Department of Health and Human Services

Welcome & Program Overview Kathleen B. Kennedy, PharmD

Greetings Loren J. Blanchard, PhD

Keynote Presentation J. Nadine Gracia, MD, MSCE

Questions & Answers

Closing Remarks Kathleen B. Kennedy, PharmD

10:35 AM – 11:55 AM

GENERAL SESSION II

The Importance of Evidence-Based Practice and Research: Achieving Equity and Improving Outcomes

Location: Rhythms Ballroom

At the end of this activity (UAN 0024-0000-13-002-L04-P – 1.25 Contact Hours), participants should be able to identify strategies where evidence-based practices and research can be utilized to achieve improved health outcomes across healthcare disciplines.



Johnnie L. Early, II, PhD, RPh
Dean and Professor
College of Pharmacy
University of Toledo



Cheryl Taylor, RN, PhD
Director, Office of Research
School of Nursing
Southern University and A&M College



Derek Lewis, Jr, MD
Owner and Principal Investigator
Arkansas Primary Care Clinics



Arcelia M. Johnson-Fannin, PharmD, RPh
Dean, School of Pharmacy
University of the Incarnate Word

Opening Remarks Johnnie L. Early, II, PhD, RPh

Special Panel Discussion

*Evidence-Based Clinical Care:
Where are we Now?*

Panelists Cheryl Taylor, RN, PhD
Derek Lewis, Jr, MD
Arcelia M. Johnson-Fannin, PharmD, RPh

Questions & Answers

Closing Remarks Johnnie L. Early, II, PhD, RPh

AGENDA

FRIDAY, MARCH 8

12:00 PM – 1:30 PM

LUNCH & GENERAL SESSION III

Can Equity in Outcomes be Achieved through Medical Effectiveness?

Location: Armstrong Ballroom (8th Floor)

At the end of this activity (UAN 0024-0000-13-003-L04-P – 1.0 Contact Hour), participants should be able to discuss the role of federal programs in achieving health equity and medical effectiveness by integrating policy, research, and clinical practice.



Kermit G. Payne
President & Chief Executive Officer
The Joshua Group, LLC



Norman C. Francis, JD
President
Xavier University of Louisiana



John Ruffin, PhD
Director, National Institute on Minority
Health and Health Disparities
National Institutes of Health

Opening Remarks Kermit G. Payne

Greetings & Special Presentation Norman C. Francis, JD

Lunch Service

Keynote Presentation John Ruffin, PhD

Questions & Answers

Closing Remarks Kermit G. Payne

1:35 PM – 3:00 PM

WORKSHOP 1

Healthcare Communications and Education

Location: Rhythms Ballroom 1

At the end of this activity (UAN 0024-0000-13-004-L04-P – 1.25 Contact Hours), participants should be able to identify innovative programs where patient provider communication and health education strategies have improved health outcomes; and identify the implication of basic science research on current clinical practices.



José A. Torres-Ruiz, PhD
Associate Dean
Research and Graduate Studies
Ponce School of Medicine



Debra L. Roter, MPH, DrPH
Distinguished Professor
Dept. of Health, Behavior & Society
Bloomberg School of Public Health
Johns Hopkins University



Arshad M. Khan, PhD
Assistant Professor
Department of Biological Sciences
University Texas at El Paso



Renea A. Duffin, MPA
Vice-President
Mary Bird Cancer Center

Opening RemarksJosé A. Torres-Ruiz, PhD

Improving Patient Provider Communications to
Enhance Medical Effectiveness Debra L. Roter, MPH, DrPH

Can Mapping Brain Circuits
Controlling Eating Behavior Lead to
Treatments of Obesity and Diabetes?..... Arshad M. Khan, PhD

Utilizing Patient Navigators to
Improve Health Outcomes..... Renea A. Duffin, MPA

Panel Discussion

Closing RemarksJosé A. Torres-Ruiz, PhD

AGENDA

FRIDAY, MARCH 8

1:35 PM – 3:00 PM

WORKSHOP 2

A Moderated Panel Discussion on Public Health and Health Policy: Where Are We Now?

Location: Rhythms Ballroom 2

At the end of this activity (UAN 0024-0000-13-005-L04-P – 1.0 Contact Hour), participants should be able to discuss access to medical care in relation to public health; and discuss the integration of health policy and the healthcare delivery system.



Sybil M. Richard, JD, MHA, RPh
Principal
Segue Health Partners



Marie L. Cameron, MS, FACHE
Lecturer and Executive in Residence
J. Mack Robinson College of Business
Georgia State University



Melba R. Moore, MS, CPHA
Commissioner of Health
City of St. Louis Department of Health

Opening Remarks Sybil M. Richard, JD, MHA, RPh

Panelists Sybil M. Richard, JD, MHA, RPh
Marie L. Cameron, MHA, FACHE
Melba R. Moore, MS, CPHA

Panel Discussion

Closing Remarks Sybil M. Richard, JD, MHA, RPh

1:35 PM – 3:00 PM

WORKSHOP 3

Abstract Podium Presentations:

Clinical Practice as a Key Resource in Improving Health in an Equitable Manner

Location: Rhythms Ballroom 3

This session will include abstract presentations developed around clinical sciences that affect health equity through access, advocacy, treatment, and policy development. At the end of this activity (UAN 0024-0000-13-006-L04-P – 1.25 Contact Hours), participants should be able to identify practice strategies that are successful in clinical settings.



Yolanda M. Hardy, PharmD
Assistant Professor of
Pharmacy Practice
Chicago State University



LaKeisha G. Williams, PharmD, MSPH
Drug Information Specialist
College of Pharmacy
Xavier University of Louisiana



Stacey Denham, MSW, MPH
Asthma Educator, HEAL Phase II Project
College of Pharmacy, CMHDRE
Xavier University of Louisiana



Doryne Sunda-Meya, BS
Program Manager, HEAL Phase II Project
College of Pharmacy, CMHDRE
Xavier University of Louisiana

Opening RemarksYolanda M. Hardy, PharmD

Abstract #01.02.07

Utilizing Clinical Interprofessional
Services to Improve the Care of an

Indigent Diabetic Population LaKeisha G. Williams, PharmD, MSPH

Abstract #04.03.03

Improving Pediatric Asthma Outcomes

among Hispanic Communities Stacey Denham, MSW, MPH

Abstract #05.01.19

Engaging Partners in an Evidence-Based

Health Management Project Doryne Sunda-Meya, BS

Panel Discussion

Closing RemarksYolanda M. Hardy, PharmD

AGENDA

FRIDAY, MARCH 8

3:15 PM – 5:00 PM

BREAKOUT SESSION A

Abstract Podium Presentations: Disease Process and Disparities

Location: Rhythms Ballroom 1

This session will include abstract presentations discussing disease process and disparities across the interprofessional spectrum.



Christopher D. Williams, PhD
Assistant Professor, Chemistry
College of Pharmacy
Xavier University of Louisiana



Michael L. Jones, RN, MSN, MBA
Chief Community Officer
University of Mississippi Medical Center



David G. Carmouche, MD
Chief Medical Officer
BlueCross BlueShield of Louisiana



Narviar C. Barker, MSW, PhD
Grant Specialist, Morehouse College
Clinical Professor, School of Social Work
Smith College

Opening Remarks Christopher D. Williams, PhD

Abstract #03.03.09

Healthy Linkages: Addressing Health Disparities
through Academic / Community

Partnerships and Collaboration Sybil M. Richard, JD, MHA, RPh

Abstract #03.03.11

Louisiana Cardiometabolic
Risk Factor Disparities Provide

Opportunities for Improvement David G. Carmouche, MD

Abstract #03.01.04

The Impact of Attitudes towards

Homosexuality on Health Narviar C. Barker, MSW, PhD

Panel Discussion

Closing Remarks Christopher D. Williams, PhD

3:15 PM – 5:00 PM

BREAKOUT SESSION B

Abstract Podium Presentations: Health Services, Policy, & Social Determinants of Health

Location: Rhythms Ballroom 2

This session will include abstract presentations discussing health services, policy, and social determinates to eliminate health disparities.



Cheryl P. Franklin, DNS, RN
Associate Professor and Dean
School of Nursing
University of the Virgin Islands



Marquette L. Cannon-Babb, PharmD
Assistant Dean and Professor of
Pharmacy Practice, School of Pharmacy
Temple University



Jennifer D. Keith, MPH, CPH
Senior Research Associate
Research and Evaluation Group
Public Health Management Corporation



Catherine D. White, PhD
Associate Professor of Biology
Director, Pre-Professional Scholars Program
North Carolina A&T University

Opening Remarks Cheryl P. Franklin, DNS, RN

Abstract #03.03.18

Social Determinants of Health –

Past and Present Marquette L. Cannon-Babb, PharmD

Abstract #04.02.03

Community-Based Patient Navigation

with Network Support Jennifer D. Keith, MPH, CPH

Abstract #05.01.15

Tackling Health Disparities through

Institution and Community Partnerships:

Preparing for Tomorrow's Future Health Care .. Catherine D. White, PhD

Panel Discussion

Closing Remarks Cheryl P. Franklin, DNS, RN

AGENDA

FRIDAY, MARCH 8

3:15 PM – 5:00 PM

BREAKOUT SESSION C

Abstract Podium Presentations:

Health Maintenance and Prevention in Special Populations

Location: Rhythms Ballroom 3

This session will include abstract presentations discussing health maintenance and prevention strategies in special populations across disciplines.



Jill H. White, EdD, RD, LDN
Department Chair & Director
Coordinated Dietary Programs
Dominican University



Meagan Brown, PharmD
Coordinator of Community Pharmacy
Development & Clinical Assistant Professor
University of Mississippi School of Pharmacy



Apophia Namageyo-Funa, PhD, MPH, CHES
Health Scientist, Division of Diabetes Translation
Centers for Disease Control & Prevention



Pilar Z. Murphy, PharmD
Assistant Professor of Pharmacy Practice
McWhorter School of Pharmacy
Samford University

Opening Remarks Jill H. White, EdD, RD, LDN

Abstract #01.03.11

Pharmacy Cardiovascular

Risk Reduction Project:

Preliminary Results from One Rural

Clinic Site in the Mississippi DeltaMeagan Brown, PharmD

Abstract #05.04.03

Coping with Type 2 Diabetes:

The Experiences of Black Men

Living in Atlanta, Georgia Apophia Namageyo-Funa, PhD, MPH, CHES

Abstract #03.03.07

Effectiveness of a Rural Cardiovascular

Risk Reduction ClinicPilar Z. Murphy, PharmD

Panel Discussion

Closing Remarks Jill H. White, EdD, RD, LDN

AGENDA

SATURDAY, MARCH 9

9:30 AM – 11:00 AM

GENERAL SESSION IV

Health Literacy & Medical Effectiveness: Complex Information and Treatment Decisions

Location: Rhythms Ballroom

At the end of this activity (UAN 0024-0000-13-007-L04-P – 2.0 Contact Hours), participants should be able to describe the synergistic relationship of cultural competency and health literacy and their efforts to deliver higher quality care.



Kathleen B. Kennedy, PharmD
Program Chair
Dean, College of Pharmacy
Xavier University of Louisiana



C. Alicia Georges, RN, EdD, FAAN
President
National Black Nurses Foundation, Inc.

Opening Remarks Kathleen B. Kennedy, PharmD

Keynote Presentation.....C. Alicia Georges, RN, EdD, FAAN

Questions & Answers

Closing Remarks Kathleen B. Kennedy, PharmD

ABSTRACTS

ABSTRACT LEGEND

All posters are presented in the Waterbury Ballroom (Second Floor)

1.0 Disease Process and Disparities - p. 27

- 1.1 – Cancer
- 1.2 – Diabetes
- 1.3 – Heart Disease and Stroke
- 1.4 – Kidney Disease
- 1.5 – Other

2.0 Health Maintenance / Prevention - p. 38

- 2.1 – Nutrition
- 2.2 – Overweight / Obesity
- 2.3 – Lipid Management
- 2.4 – Other

3.0 Health Services / Policy - p. 40

- 3.1 – Public Health Infrastructure
- 3.2 – Healthcare Systems and Practices
- 3.3 – Disparities in Health Care
- 3.4 – Other

4.0 Social Determinants of Health - p. 52

- 4.1 – Environmental Health
- 4.2 – Community Intervention
- 4.3 – Other

5.0 Other - p. 58

- 5.1 – Community-Based Program
- 5.2 – Research
- 5.3 – Women's Health
- 5.4 – Men's Health
- 5.5 – Other

POSTER SCHEDULE *

Waterbury Ballroom Second Floor

Thursday, March 7 *PS1* 5:00 PM – 7:30 PM

Friday, March 8 *PS1* 7:00 AM – 8:30 AM

PS2 5:00 PM – 7:00 PM

Saturday, March 9 *PS2* 8:00 AM – 9:30 AM

** Additional networking opportunities available during all session breaks.*

1.0 – DISEASE PROCESS AND DISPARITIES

1.1.02 - Poster Session 1

EDUCATION PROGRAM TO INCREASE COLORECTAL CANCER SCREENING (EPICS)

D KINNEY; T Britt; YJ Watkins (Chicago State University)

PURPOSE - The goal of this study is to use small-group settings in the community to improve colorectal cancer (CRC) education, thus, increasing colorectal screening rates among African Americans. **METHODS** - A pilot study will be implemented in January 2013, as part of a collaborative with Morehouse School of Medicine and the Chicago Coalition of the National Black Leadership Initiative on Cancer. Our pilot study will include $n \geq 36$ participants, who will be presented three separate 1-hour sessions centered on the need for CRC screening. Our target population is African-American men and women ages 50 – 74, who have no history of ulcerative colitis, diverticulitis, and are not involved in another CRC program. Trained facilitators will lead presentations and discussions from Chicago State University's Nursing and Health Studies faculty and MPH students. Participants will be referred to colorectal screening sites at the conclusion of the final session. Within 90 days of completion, participants will be contacted to verify if they were screened. Those who completed all three sessions will be included in final data analysis. **EXPECTED RESULTS** --- All participants will have (a) increased knowledge about CRC, its risk factors, and its adverse sequelae; (b) increased CRC screening rates due to participation in the EPICS intervention. **CONCLUSION** – African-Americans have the highest incidence and mortality rates associated with CRC. Thus, this study seeks to take a step toward decreasing disparities in CRC among African-Americans through the use of education and by increasing CRC screening rates.

GRANT SUPPORT – This pilot study is supported by NCI Grant # 1R01CA166785-01.

1.1.03 - Poster Session 1

NOVEL siRNA FORMULATION TO EFFECTIVELY KNOCK-DOWN P53 GENE

AK Kundu*; SV Iyer; AS Adhikari; T Iwakuma; TK Mandal Center for Nanomedicine and Drug Delivery, Xavier University of Louisiana (AKK, TKM); Department of Genetics and Stanley S. Scott Cancer Center, Louisiana State University Health Sciences Center (SVI),

PURPOSE: The long term goal of this project is to develop a therapeutically effective siRNA formulation to knock down p53 for the treatment of cancer. The primary objective is to develop and optimize lipid based nanosomal formulations that can carry siRNA and effectively silence p53. **DESIGN METHODS:** The nanosomes were composed of a mixture of two lipids (cholesterol and DOTAP) and either PLGA or PLGA-PEG and prepared by using an EmulsiFlex-B3 high pressure homogenizer. A model siRNA specific to murine p53 was precondensed with protamine sulphate prior to homogenization. A murine osteosarcoma cell line expressing a mutant p53 was used. The gene silencing efficiency was optimized by using different nanosomes, different amount of siRNAs, cell numbers, incubation time, transfection media volume and storage temperature. **RESULTS:** The results demonstrate that gradual substitution of lipids by PLGA or PLGA-PEG decreased the particle size and overall cytotoxicity. Also higher encapsulation efficiency of siRNA was observed by increasing PLGA or PLGA-PEG in those formulations. The best gene silencing efficiency (~ 92%) as well as highest cell viability (85-90%) was observed at using 75 nM of siRNA. Increasing transfection media volume from 1 ml to 2 ml (37.5 nM) resulted in reduced transfection efficiency (~2-3 folds). Similarly, the best transfection was observed by using 1.5×10^5 cells/3 cm dish among a series of different cells numbers. **CONCLUSION:** This study concludes that among all those formulations, nanosome with 10% PLGA showed highest knock-down efficiency while maintaining higher cell viability when a nanosome to siRNA ratio equal to 6.8:0.66 and 75 nM siRNA was used. This study warrants a future evaluation of this formulation for gene silencing efficiency of p53 in animal study for the treatment of cancer.

This work was funded in part by 1G12RR026260-01, Louisiana Board of Regents RC/EEP (2007-11), and LEQSF(2007-12)-ENH-PKSFI-PRS-02.

1.1.04 - Poster Session 1

A COLLABORATIVE APPROACH BETWEEN PRIVATE AND NON PROFIT SECTORS TO IMPROVE COLORECTAL CANCER SCREENING RATES.

AM Alfieri; BTomblin; GWalker

PURPOSE –To discuss an innovative partnership between a commercial health services company and a nonprofit community based organization to address a health disparity among African Americans and colorectal cancer screening in Maryland, Virginia, and Washington, DC. **DESIGN METHODS** –A pilot study was conducted for an estimated 3,235 Cigna customers identified as non-compliant for colorectal cancer screening. The study included a control and multiple intervention arms which were implemented in March 2012. A co-branded educational communication was created with the American Cancer Society (ACS) to discuss the importance of colorectal cancer screening and urge customers to be screened. Cigna's African American Employee Resource Group provided internal view and feedback on this culturally adapted communication. In one arm of the study, customers also received a live telephonic reminder call from the American Cancer Society reminding them to be screened. **RESULTS** – Customers who received the reminder call from ACS – a nationally recognized leader in cancer information – had the highest subsequent colorectal cancer screening rates. No statistical difference was found between the intervention arms and the control group. **DISCUSSION/CONCLUSION** –Pilot demonstrated strong commitment to the Cigna customer by implementing and measuring a culturally tailored educational reminder message. The partnership between the American Cancer Society and Cigna to improve colorectal cancer screening rates among the African American population had a positive effect on results.

GRANT SUPPORT- ACS granted funds to administer the telephonic outreach for the Cigna customers. Cigna provided the educational communication and project management.

ABSTRACTS

1.1.05 - Poster Session 1

THEORETICAL STUDIES ON THE INTERACTION BETWEEN C60(OH)24 AND DNA BASES

Christina Welch, Zhen Feng Xu, Ph.D., and Yixuan Wang, Ph.D.

C60(OH)24 has a great potential to protect DNA from radiation in the process of cancer radiation therapy. In the present study, to theoretically understand the mechanism using semi empirical and ab initio quantum mechanics methods, the geometry of C60(OH)24 and its interaction with DNA bases, such adenine (A), cytosine (C), guanine (G) and thymine (T) were intensively investigated. It was found that the C60(OH)24 can form rather typical hydrogen bonds with the DNA bases. The different number and type of hydrogen bonds, e.g. through O-H...O, O-H...N, O(H)...H-N etc are responsible for the varying strength. The bonding energies between the C60(OH)24 and DNA bases at PM6 level are -8.021962338 (adenine, A) kcal/mol, -12.05358859 (cytosine, C), -12.3444449 (guanine, G), and -10.05082767 (thymine, T), respectively. The current investigation provides a preliminary theoretical evidence to the hypothesis that C60(OH)24 may protect DNA from radiation in cancer radiation therapy.

1.1.07 - Poster Session 1

TELOMERE LENGTH AS A BIOMARKER FOR HEALTH STATUS IN AFRICAN-AMERICAN MEN

G Williams, T Uzamere, S Simon, WD Sharif

PURPOSE To determine if the size of the ends of the chromosome, the telomere, can be used as a novel health status marker in African-American men, and to determine whether chronic perceived stress impacts telomere length in this cohort. **METHODS** DNA was isolated from peripheral blood mononuclear leukocytes of 50 African-American men, and their relative telomere lengths were assessed by quantitative PCR. Telomere length data was compared to known health status markers, including body mass index, age, and smoking status. Telomere length was also compared to survey results from two chronic stress surveys. **RESULTS** No significant difference was observed between telomere length and most health status markers, including scores on the perceived stress survey. An association between telomere length and BMI was seen, and a significant difference between telomere length and smoking status was observed. **CONCLUSIONS** Telomere length is shorter in a number of disease states, including many diseases that disproportionately affect black men, and is affected by chronic stress. Telomeres could therefore be a useful tool in assessing the health status of an individual. The current study shows an association between telomere length and some, but not all, well-characterized health status markers.

NIH 5P0MD006131-02

1.1.08 - Poster Session 1

MEN'S HEALTH MATTERS

CAM Jones; S Hussain College of Natural Science, Mathematics and Business (CAMJ; SH)

PURPOSE – To educate African American men ages 18–45 on the benefits of prostate cancer prevention and early detection methodologies. **METHODS** – Participants attended a men's health symposium. The symposium included presentations from an oncologist and a prostate cancer survivor. Participants completed a pre and post survey assessing their demographic information, health behaviors and general prostate cancer knowledge. **RESULTS** – The surveys will be scored. Correlations between age and prostate cancer knowledge will be assessed. **CONCLUSIONS** – In progress

1.1.09 - Poster Session 2

THEORETICAL STUDY OF COMPETITIVE INHIBITION OF CYCLOOXYGENASE -2 BY SALVIANOLIC ACID B

Yayin Fang

PURPOSE: Using theoretical methods to understand the mechanism of Salvianolic acid B (Sal-B)'s inhibition of cyclooxygenase-2 (COX-2) activity and to develop a new class of therapeutic drugs that target COX-2. Over-expression of COX-2 in the oral mucosa has been associated with head and neck cancer (HNC). Celecoxib is a non-steroidal anti-inflammatory cancer therapeutic drug which selectively inhibits COX-2, but it has also been found to be cardio-toxic when used in humans. Sal-B is a leading bioactive component of an herbal medicine which also inhibits COX-2 in manner similar to that of celecoxib. **DESIGN METHODS/RESULTS:** In our examinations of Sal-B and COX-2 we have performed molecular modeling studies involving the structures of COX-2 bound with known substrates and inhibitors. The structural comparisons of those complexes indicated that celecoxib and substrates occupy the same binding-site on COX-2, indicating a mechanism of competitive inhibition. Our studies further indicated that Sal-B was able to bind into COX-2 in the same binding-site that is utilized by upon its molecular binding/docking. The docking results illustrated that not only does Sal-B make a good fit in the celecoxib binding-site, but it can also form more H-bonds with the protein. **DISCUSSION/CONCLUSION:** These results are expected to provide a better understanding of the mechanism of Sal-B's inhibition of COX-2 activity and it may significantly contribute to the development of a new class of therapeutic drugs that target COX-2 without causing the cardiovascular side effects typically associated with COX-2 inhibition.

This project was supported by the National Institute on Minority Health and Health Disparities of the National Institutes of Health under Award Number G12MD007597 (W. Southerland, PI) and the Howard University College of Medicine Bridge Funds and Pilot St

1.1.10 - Poster Session 2

PREDICTING ENROLLMENT IN A MULTIDISCIPLINARY PROSTATE CANCER STUDY

N SIMONSEN, PhD; E Oral, PhD; J Berken; C Brennan, PhD; J Hayden, MS; E Fontham, MPH, DrPH Epidemiology Program (NS, EF), Biostatistics Program (EO, JB), Health Policy and Systems Management Program (CB), Cancer Control Program/Louisiana Breast and Cervic

PURPOSE - African-American (AA) men have higher incidence and mortality rates for most major cancers, including prostate, compared to Caucasian-American (CA) men, yet many studies are hampered by an insufficient number of AA men to adequately explore the reasons behind these differences. This study aimed to assess the factors contributing to contact and enrollment of cancer patients, including specific analyses focused on AA men, a group often identified as among the hardest to reach in terms of enrollment in health-related research. **METHODS** - Assessment of contact and enrollment employed data from a population-based study of newly diagnosed prostate cancer conducted in southeast Louisiana. Key barriers and contributors to specific components of successful enrollment were identified based on population comparisons and regression modeling. **RESULTS** - The most significant factors associated with study enrollment were age, race, and period of recruitment. In multivariate models, older age was associated with lower odds of participation among eligible cases, but the association was statistically significant only for African-Americans over age 70 (Odds Ratio=0.64, 95% Confidence Interval=0.46-0.90). Participation also declined following Hurricane Katrina compared to previous rates (0.56, 0.42-0.74). Higher Gleason scores (>6), a severity-indicator, tended to be associated with lower participation, primarily among AA men (0.79, 0.61-1.02), while census tracts with household poverty exceeding 20% showed significantly increased participation among CA men not residing in large metropolitan areas but a non-significant decrease among their AA counterparts post-Katrina (1.72, 1.12-2.66). **CONCLUSION** - This study identified factors potentially contributing to decreased participation of AA men in population-based cancer research studies. Factors affecting participation differed depending on race and catchment area-specific characteristics. Thus when designing a health-related study, for example, enhanced recruitment efforts may be particularly critical to facilitate adequate representation of AA men who are older and not living in large metropolitan areas.

SUPPORT - Funding for this study was made possible by NIH Grant R15 CA151031.

1.1.11 - Poster Session 2

RACIAL/ETHNIC DISPARITIES IN PEDIATRIC ONCOLOGY CLINICAL TRIAL ENROLLMENT AT RADY CHILDREN'S HOSPITAL SAN DIEGO (RCHSD)

J. Singer, MPH 1, P. Aristizabal, MD 1, M. Milburn, RN, BSN, CCRC 1, D. Schiff, MD 1 and M.E. Martinez, PhD 2 1 Pediatric Hematology/Oncology, University of California San Diego/Rady Children's Hospital San Diego, San Diego 2 University of California S

Purpose: To assess disparities in clinical trial participation for childhood cancer by age, sex, cancer type, and Hispanic ethnicity at RCHSD. **Background:** In the United States, more than 12,000 children ages 0-21 are diagnosed with cancer each year. Over the past few decades, survival rates in pediatric oncology have improved dramatically, as a result of the successful enrollment of approximately 70% of the cases in clinical trials. Little work has been done to assess cancer disparities in the pediatric population. **Methods:** Data including enrollment in any clinical trial at RCHSD for newly diagnosed patients in 2010 was collected. We sub-grouped and analyzed by race/ethnicity, age, sex, and cancer type (solid or liquid). Rates of enrollment among different sub-groups were obtained and compared. **Results:** There were 121 included in the analysis. When analyzing by race/ethnicity, only comparisons between Hispanics and Non-Hispanic whites (NHWs) were assessed. Fifty percent of the population was Hispanic, whereas 28% were NHWs. The overall clinical trial accrual was 45%. Our analysis revealed significant underrepresentation among Hispanics (59%) when compared to NHWs (93%) in treatment protocols ($p=0.021$) and among males (40%) when compared to females (58%) enrolled in any protocol ($p=0.038$). Additional underrepresentation occurred in enrollment in a biology protocol among Hispanics compared to NHWs (46.5% vs. 60.5%), although the results did not reach statistical significance. **Conclusion:** The unique racial/ethnic composition of communities in San Diego provided a diverse population to study, especially for comparisons between Hispanics and non-Hispanic whites. Participation in clinical trials at RCHSD is low overall. Significant underrepresentation in clinical trial participation was observed for Hispanics and males. Our results warrant further characterization of the identified underrepresented subgroups. Targeted interventions should be implemented to address these disparities and to ensure the ethical practice of pediatric oncology, including an equal clinical trial accrual.

1.1.12 - Poster Session 2

THE IMPACT OF THE PATIENT ASSISTING IN RESOURCES INTERVENTION TO IMPROVE CANCER SCREENING RATES IN ARKANSAS DELTA

M Preston, SA Smith, K Blann, S Jackson, and R Henry-Tillman Winthrop P. Rockerfeller, Cancer Institute (MP,KB, SJ, RHT), Fay W. Boozman, College of Public Health (SAS) University of Arkansas for Medical Sciences

PURPOSE - To improve breast cancer screening among women in medically underserved and resource-poor regions in Arkansas. **METHODS:** Implementation of a patient assisting in resources program (PAIR) to increase breast cancer screening and awareness using patient navigators. The PAIR encourages previous participants to "bring a buddy" to a screening event in their community. Reminder letters were sent to participants asking them to contact the patient navigator to enroll in upcoming screenings in their community. Participants that contacted the patient navigator to schedule a screening were asked to participate in the PAIR. Participants that agreed to take part in the PAIR program complete a referral form or referred a new participant to the patient navigator for enrollment or registration. The patient navigator scheduled an appointment for the new participant and previous participant on the same day and at concurrent times. PAIR program participants received an incentive. **RESULTS:** As a result of the pair program screening; breast cancer screenings increased by 63% from 2010 to 2011. In 2011, over 2300 individuals participated in breast cancer screenings compared to 1400 in 2010. **Conclusions:** Implementation of the PAIR program that incorporates patient navigators is essential in increasing the number of breast cancer screenings in medically underserved resource poor regions in Arkansas.

National Institute of Health

ABSTRACTS

1.1.13 - Poster Session 2

PROSTATE CANCER PATIENT NAVIGATION AND SCREENING PROGRAM

DE Gray; KS Enoch; MA Preston RS Henry-Tillman MD

Purpose- We hypothesized that providing no cost screenings and patient navigation could overcome barriers to screenings. **Project Description-** Arkansas is a relatively rural state with significant cancer burdens. Nationally, over 217,000 men are diagnosed with prostate cancer each year and 32,000 men die as a result. In Arkansas, African Americans rank tenth with a prostate cancer death rate of 75.7 per 100,000. Barriers include access to appropriate prostate cancer education, screening and lack of timely follow-up for suspicious screening results. According to the American Cancer Society, men age 50 should consult with a doctor about prostate cancer screening. African Americans (AA) under age 65 with a family history of prostate cancer should discuss with a doctor starting at age 45. Based on our findings, we provide education and screenings for AA at age 40 and age 35 for men with a family history of prostate cancer. Cancer Control and Population Sciences implemented interventions to increase community awareness and education of prostate cancer. Collaboration with community physicians and nurses help provide education, informed decision making, and screening for all men. Patients with abnormal findings were navigated to overcome barriers to compliance of follow-up services and quality of life and standard of care. Since June 2008, a total of 1,873 men have been screened and navigated with 21 cases of cancer detected. Recommending against PSA testing is going to take us backwards; we will start to see more men dying from the disease. **Implications-** Currently, no consensus exists on whether screening and treatment of early stage prostate cancer reduces mortality. Screening and patient navigation are key to timely intervention—from abnormal screening to cancer treatment. Recommending against PSA testing is going to take us backwards; we will start to see more men dying from the disease.

Mention of Grant Support Funded: NCI, Arkansas Cancer Community Network Grant # (U01 CA114607) and UAMS Winthrop P Rockefeller Cancer Institute

1.1.14 - Poster Session 2

CREATION OF GOVERNANCE FOR A MULTI-INSTITUTIONAL PILOT IN BIOSPECIMEN BIOBANKING FOR IMPACTING CANCER HEALTH DISPARITIES.

DS Lima; T Muñoz-Antonia; CD Meade; K Moroz; G Sica; SO Sodeke; C Butler; ER Seijo; DA Fenstermacher; R Matthews; S Gutierrez; W Robinson; C Yates; W Grizzle; J Sandefur; C Hicks; J Monico; M Echeverri H. Lee Moffitt Cancer Center & Research Institute (D)

PURPOSE- To address the scarcity and coordination of biospecimens available at institutional biobanks from racial and ethnic minorities in the Southeast US and Puerto Rico (hereafter referred to as, Region 3), The Minority Biospecimen/Biobanking Geographic Management Program - Region 3 (BMAP-3), comprised of nine institutions, was formed. The ultimate aim of BMAP-3 is to advance transdisciplinary, team-science approaches to stimulate high-quality biospecimen collection, processing and banking within diverse communities. To test feasibility of this collaborative team-science approach, BMAP-3 undertook a pilot to create a multi-institutional breast biospecimen database and tissue microarray (TMA) from African American and Hispanic/Latino patients. Here, we outline processes used for formation and operation of the Region 3 Tissue Advisory Board (TAB) as a model that can be adapted by other multi-disciplinary, collaborative, multi-institutional initiatives focused on biospecimen/biobanking research in health disparities. **METHODS-** At the pilot's outset, a BMAP-3 Think Tank was held to bring together investigators from the institutions that had expertise in bioinformatics, biobanking, bioethics, legal and community-based research. Previously established through BMAP-3 was an institutional leader, who was responsible for ultimately nominating the TAB member representing their institution. A Charter on TAB purpose, members, meeting and evaluation was established and approved by all members to ensure consensus on these elements. **RESULTS-** TAB members serve as liaisons with their institution for regulatory issues (e.g., IRB permits), data (e.g., Cancer Registry) and samples. The TAB has met twice by teleconference and once face-to-face for voting on issues including data elements, pilot's cancer site, sample retrieval cost. **CONCLUSIONS-** To date, the TAB effectively functions as governing body for issues concerning biospecimen research sponsored by BMAP-3. Next steps include TMA sample selection from multi-institutional dataset and finalized database. Institutions' policies were not prohibitive to reaching consensus on governance and each institution was committed to success of the TAB.

Supported by NIH-NCI grants 3U54CA153509-02S3 and 3U54 CA153509-03S1.

1.1.15 - Poster Session 2

QUALITY OF LIFE DISPARITIES IN A PROSTATE CANCER FOLLOW-UP STUDY

N SIMONSEN PhD; E Oral, PhD; J Berken; C Brennan, PhD; J Hayden, MS; E Fonham, MPH, DrPH Epidemiology Program (NS; EF), Biostatistics Program (EO; JB), Health Policy and Systems Management Program (CB), Cancer Control Program/ Louisiana Breast and Cervic

PURPOSE - To identify factors predicting quality of life differences between African-American (AA) and Caucasian-American (CA) men enrolled in a prostate cancer follow-up study. **METHODS -** The Quality of Life in Prostate Cancer Project (QPCaP) is a follow-up built upon a population-based study that recruited newly-diagnosed prostate cancer cases from July 2004 through August 2009 within Louisiana as part of a two-state case-only study, the North Carolina-Louisiana Prostate Cancer Project (PCaP). QPCaP is currently collecting follow-up Health Related Quality of Life (HRQoL) data among the Louisiana cohort of PCaP (n=1192) via telephone interview and combining this with data collected near the time of diagnosis in the parent study. **RESULTS -** Due to the ongoing nature of QPCaP, results for a random sample of 300 men with completed interviews will be presented as a preliminary look at what predictors can be used to determine differences in quality of life. The sample was evenly divided with respect to race with AA men having an average age of 67.2 years and CA men 68.0 years. For reported magnitudes of urinary or sexual problems on a 5-point scale, an increase of at least two units (one standard deviation) between pre- and post-diagnosis occurred in 53% and 69% of the population, respectively. In initial logistic regression models including age at interview, race, and type of treatment, surgical treatment was significantly associated with increased urinary and sexual function problems (odds ratio and 95% confidence intervals 2.19 (1.25-3.84) and 2.79 (1.50-5.19). AA race was associated with non-significantly higher odds of increased urinary and sexual problems (1.37 (0.85-2.21) and 1.60 (0.94-2.73)). **CONCLUSION -** Initial results suggest greater urinary and sexual function problems post-diagnosis among AA men, although the results for this pilot sample are not statistically significant. More detailed analyses of race and other factors in HRQoL are underway.

Funding for this study was made possible by NIH Grant R15 CA151031.

1.1.16 - Poster Session 2

REGULATION OF ANGIOGENESIS AND PROLIFERATION OF PROSTATE CANCER CELLS BY THE CHEMOKINE CXCL5

Victoria Fitchett, Liz Simon College of Veterinary Medicine, Nursing and Allied Health, Tuskegee University

PURPOSE - To determine if the chemokine CXCL5 regulates VEGF in prostate cancer cell lines and the effect of CXCL5 on proliferation. The central hypothesis of our research is that CXCL5 and its receptor CXCR2 are expressed by prostate cancer cells and is critical for angiogenesis, proliferation, migration and metastasis. **METHODS** - To study the mechanism of CXCL5 signaling, we initially determined the expression of CXCL5 and CXCR2 in PC3, DU145 and LNCaP cell lines. Since vascular endothelial growth factor (VEGF) is essential for angiogenesis, we also determined if CXCL5 regulates its expression and if CXCL5 affected the cell cycle. The cell lines were cultured in RPMI and basal expression of CXCL5, CXCR2 and VEGF was determined by quantitative real-time PCR. DU145 cells were treated with 10 ng/ml of CXCL5 for and the expression of VEGF was determined by real-time PCR, immunocytochemistry and immunophenotyping using flow cytometry. Cell cycle analysis using flow cytometry and the expression of p21 was also determined in DU145 cells. **RESULTS** - CXCL5 was expressed at minimal basal levels in all three cell lines, and PC3 expressed relatively higher levels among them. Vegf was also expressed at higher levels in PC3 cells. A dose and time-dependent study using recombinant hCXCL5 demonstrated that CXCL5 did not significantly regulate the expression of VEGFa in DU145 cells. There was a significant decrease in p21 mRNA expression due to treatment with 10 ng/ml of CXCL5 for 24h. **CONCLUSIONS** - Preliminary data suggest that PC3, DU145 and LNCaP express CXCL5 and CXCR2 and that CXCL5 does not affect VEGF expression in DU145 cells. Present data also suggest that CXCL5 increases proliferation of prostate cancer cells by inhibiting the expression of p21. Future studies will determine if other angiogenic factors are involved in the CXCL5 signaling pathway.

1SC2CA176586-01 (LS), CBM/RCMI (NIH/NCCR/NIMHD 2G12MD007585)

1.2.01 - Poster Session 1

EVALUATION: A DIABETES EDUCATION FOTONOVELA FOR LOW-LITERATE LATINOS

MF Baron; GB Molina; V Serna; N Kasick; JB Unger; S Contreras College of Pharmacy (MFB; GBM), Department of Preventive Medicine (JBU; SC) University of Southern California LA Care Health Plan (NK; VS)

PURPOSE -The objectives of the study were to evaluate the fotonovela entitled "Sweet Temptations" for its ability to increase diabetes knowledge and induce diabetes-prevention behaviors in its readers. **METHODS** - Students (n=311) participated in the study during their evening classes at an adult school in East Los Angeles. Students completed a pre-test survey about their demographic characteristics, diabetes knowledge, and intentions to perform diabetes-preventive behaviors. They were given fifteen minutes to read the fotonovela in English or Spanish, after which they completed a post-test with the same knowledge questions as the pre-test with additional questions about their specific reactions to the fotonovela. **RESULTS** - The majority of the participants said that the fotonovela was informative (100%), entertaining (86%), the right length (86%), the right size (90%), and had an attractive cover (87%). Before reading the fotonovela, the respondents answered an average of 66% of the knowledge questions correctly (13.9 out of 21). After reading the fotonovela, their knowledge scores increased to 86% (18.1 out of 21), which was a statistically significant increase in knowledge ($p < 0.5$). From pre-test to post-test, diabetes knowledge, intention to exercise, to eat fruits and vegetables, to talk to a doctor or pharmacist about diabetes, and to talk to a family member about diabetes all increased significantly ($p < 0.05$). Statistical analysis to determine which types of people experienced the largest changes in knowledge and behavioral intentions as a result of reading the fotonovela demonstrated that across most of the measures, younger participants benefited more from the fotonovela. **CONCLUSIONS** - After reading a fotonovela for diabetes prevention, a sample of adults showed significant increases in diabetes knowledge and intentions to perform diabetes-preventive behaviors. This finding provides compelling evidence that fotonovelas such as "Sweet Temptations" can be a useful medium for diabetes health education among Latinos.

1.2.02 - Poster Session 1

AFFECTS OF FAMILIAL HISTORY OF TYPE 2 DIABETES ON CHANGES IN GENE EXPRESSION OF THE O-GLCNACYLATION PATHWAY IN UNDERSERVED POPULATION OF TYPE 2 DIABETICS

PH Phuong; KK Gan; ES Fricovsky Skaggs School of Pharmacy (PHP, KKG, ESF)

PURPOSE: The intention of this study is to determine the contribution of type 2 diabetes family history in the expression of genes in the O-GlcNAcylation pathway. **METHODS:** Gene expression levels were analyzed from epithelial cheek cells collected from human subjects at the UCSD Student-Run Free Dental Clinic. Epithelial cells were taken using cotton swabs. RNA was extracted from the collected epithelial cells and transcript levels were measured using quantitative real-time PCR. **RESULTS:** All biomarkers previously outlined were found to be insignificant in distinguishing diabetic status, with p-values as follows: OGT (0.1387), OGA (0.3119), GFAT1 (0.1066) and GFAT2 (0.1880). When comparing only those with a family history of type 2 diabetes mellitus, biomarkers were slightly closer to the significance level of $p \leq 0.05$: OGT (0.0863), OGA (0.7549), GFAT1 (0.0536), GFAT2 (0.1682). A sample size calculation showed that a sample size of 54 was necessary to show any significance in the population with family history of type 2 diabetes compared to a total of 136 samples required for the total population. Similar analysis was done for the subpopulation without family history of type 2 diabetes which showed p-values as follows: OGT (0.8470), OGA (0.4236), GFAT1 (0.0536), and GFAT2 (0.1682). **CONCLUSIONS:** None of the previously mentioned biomarkers were effective in differentiating non-diabetic and diabetic populations by relative expression in this trial. The experiment may have been ineffective in finding a significant difference if one truly exists because of the small power of the test, 0.2356. The population size required for a significant result, $n=150$, is feasible for future experimentation. No significant differences in gene expression were seen within the subpopulation that had family history of type 2 diabetes. Biomarkers OGT and GFAT1 were more significant in differentiating non-diabetic versus diabetic group in those with a family history of type 2 diabetes.

Grant Support: Skaggs Summer Research Scholarship

ABSTRACTS

1.2.03 - Poster Session 1

SOPHE SUSTAINABLE SOLUTIONS FOR HEALTH EQUITY: LESSON LEARNED FROM CHAPTER COLLABORATION TO ADDRESS DIABETES AMONG AMERICAN INDIANS/ALASKA NATIVES (AI/AN) IN URBAN NORTHERN CALIFORNIA AND AFRICAN AMERICANS/BLACK IN RURAL SOUTHEAST GEORGIA

Nicolette Warren, Elaine Auld, Cheryl Hergert, Robert Rinck, Jessica App, Nandi Marshall

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.

This publication was supported by the Cooperative Agreement Number 5U58DP002328-04 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the C

1.2.04 - Poster Session 1

A GIS ANALYSIS OF LONG-TERM DIABETES IN BROWARD COUNTY, FL: GEOGRAPHIC ASSOCIATIONS OF ENVIRONMENTAL AND SOCIAL DETERMINANTS AT MULTIPLE SCALES

AL Olivieri FHEED, LLC (ALO) & Broward Regional Health Planning Council, Hollywood, Florida

PURPOSE - To investigate and map the geographic associations between Long-Term Diabetes (LTD) and its social and environmental determinants such as race, poverty, and the quality of the food environment. METHODS - Broward County ZIP Code hospital discharge LTD rates (year 2010) were correlated with rates of African Americans (AA), Earned Income Tax Credit returns (EITC), and the proportion of unhealthy food retail to healthy retail square footage per population (FOOD). All these variables were analyzed with GIS for hot spots and cold spots. Two geographic regression models tested whether LTD rates could be predicted by the determinant variables. "At risk" Census Tracts were then identified using tract-level rates of LTD determinant variables. RESULTS - LTD positively correlates with rates of AA (+0.80), EITC (+0.82), and FOOD (+0.54). Maps of spatial autocorrelation show that LTD hot and cold spots overlap with the same area rates for AA, EITC and FOOD. Controlling for autocorrelation, one of two regression models ($R^2 = .77$) finds a significant associations between LTD by AA ($p < 0.00$), Unhealthy Food Retail ($p < 0.00$), and Healthy Food Retail ($p < 0.04$). This regression model correlates predicted LTD with actual LTD by 88%. Maps of actual vs. predicted LTD show LTD to be spatially determined by the determinant variables. Despite high correlations, EITC was not found to be a significant predictor for LTD in either regression model ($p = 0.08$ and $p = 0.83$). It is speculated that since rates of AA correlate with rates of EITC at +0.90, that these two determinants are confounding. CONCLUSIONS - The health disparities and spatial distribution of LTD in Broward County are associated with social and environmental determinants of health such as race, poverty, and the quality of the food environment. GIS assisted regression can be used as a technique to identify potential locations of smaller-scale "at risk" areas such as census tracts.

MENTION OF GRANT SUPPORT- Cooperative Agreement Award Number U58DP003661-01 from the Centers of Disease Control and Prevention.

1.2.05 - Poster Session 1

CHANGES IN GENE EXPRESSION OF THE GLYCOLYTIC PATHWAY IN TYPE 2 DIABETICS

Kevin Gan, Patrick Phuong, Eduardo Fricovsky

Introduction: Type 2 diabetes represents a major growing healthcare crisis and remains poorly controlled. The goal of this study is to measure changes in gene expression for proteins related with the O-GlcNAcylation pathway in patients with type 2 diabetes mellitus, compared to non-diabetics. We hypothesize that gene expression for enzymes involved in the O-GlcNAcylation pathway will be elevated in type 2 diabetics compared to non-diabetics. Methods: Patients from the UCSD Student Run Free Clinic consented to take part in the study. They were asked to fill out a survey and to have their cheek swabbed. Tissue samples were taken back to the laboratory and gene expression of O-linked N-acetylglucosamine transferase (OGT), O-linked N-acetylglucosaminidase (OGA), and Glucosamine-fructose-6-phosphate aminotransferase 1 and 2 (GFAT1 and GFAT2) was measure using quantitative real-time PCR. All reactions were performed in triplicate and relative quantification of mRNAs was done using the comparative CT method, using β -actin abundance to normalize amounts of mRNAs. Two sample t-tests were used to determine the viability of each biomarker in many different sub populations. A two-group mean comparison t-test was performed to determine the difference in amount of gene expression between diabetics and non-diabetic patients with a statistical significance at $p < 0.05$. Results: Forty-two patients participated in the study, seven patients were diabetic. Power was calculated to be 23.56%. The results showed no significance in p-value between the various biomarkers OGT (0.1387), OGA (0.3119), GFAT1 (0.1066), GFAT2 (0.1880). However, the inability to find a difference in gene expression in the two populations could be due to the small sample size of diabetic patients. Conclusion: In summary, with more diabetic samples we may see a significant difference in genes expression.

1.2.06 - Poster Session 1

MOVING THE NEEDLE TO DECREASE DIABETES MORTALITY AND MORBIDITY: IMPLEMENTATION OF DIABETES SELF-MANAGEMENT EDUCATION PROGRAMS AMONG MISSISSIPPI SAFETY NET PROVIDERS

DT Taylor; AE Mohamed; ML Jones; BJ Daniel Mississippi State Department of Health, Diabetes Prevention and Control Program (DTT, AEM, BJD); University of Mississippi Medical Center, Healthy Linkages Program (MLJ)

PURPOSE Currently Mississippi (MS) has approximately 127 Certified Diabetes Educators (CDEs) and six Federally Qualified Health Centers (FQHCs) that have a certified Diabetes Self-Management Education Program (DSMEP) recognized or accredited through the American Diabetes Association (ADA) or the American Association of Diabetes Educators (AADE). The goal is to increase access to DSME and CDEs among safety net providers to mitigate the diabetes burden. Subsequently, this has led to identifying four clinics who are engaged and working toward DSME accreditation/recognition through the ADA or the American AADE. In addition, a preparatory course for the CDE exam, a CDE mentoring program and follow-up with CDEs are activities to ensure that the number of CDEs increase and programmatic objectives are met. **PROJECT DESCRIPTION** In MS, diabetes is a major cause of morbidity, disability, mortality and is a major source of health care costs. In 2010, MS, had the second highest diabetes prevalence rate in the U.S. at 12.4%. With MS being a rural state with an estimated 27-58% of the population located in federally designated healthcare professional shortage areas, health care access and utilization is a major determinant of health. Subsequently, the Mississippi State Department of Health and the University of Mississippi Medical Center have collaborated in an effort to continue the work that a federal project, Mississippi Health First (MHF) initiated to increase the number of accredited/recognized DSME sites and CDEs. In order to achieve ADA or AADE certification, clinics must ensure that they follow the National Standards of DSME. There are major implications to the MS healthcare landscape as certified sites can be reimbursed by Medicare and other private payers for the education that they provide. Subsequently, DSME has the potential to not only improve diabetes health outcomes, but ensure sustained evidence-based diabetes education, and a return on investment to clinical practices across Mississippi.

Centers for Disease Control and Prevention, Division of Diabetes Translation

1.2.07 - Workshop 3

UTILIZING CLINICAL INTERPROFESSIONAL SERVICES TO IMPROVE THE CARE OF AN INDIGENT DIABETIC POPULATION

LG Williams; MT Coleman; A McLean; KB Kennedy; JE Griffin; K Hasan; JP Burke; Y Chiu Xavier University of Louisiana College of Pharmacy (LGW, KBK); Louisiana State University Health Sciences Center (MTC, AM, JEG, KH, JB, YC)

PURPOSE: 1) To improve patient outcomes and quality indicator goals among indigent diabetic patients and 2) improve patient care and learning through the implementation of patient centered medical home (PCMH) principles among an interprofessional healthcare team. **PROJECT DESCRIPTION:** Diabetes affects at least 25 million people in the United States and poses a significant challenge to the entire healthcare system. The burden of diabetes costs an estimated \$174 billion in medical expenditures, and disproportionately affects racial and ethnic minority populations, including African Americans, Hispanics, and the elderly. African Americans are more likely to be affected with diabetes than Caucasians, and more likely to experience complications, such as kidney failure, lower-limb amputations and retinopathy. Socioeconomic, clinical, health care, medication adherence and self-management issues tend to cause disparities among minority populations. New methodologies for identifying, monitoring, and treating diabetes are needed. Consequently, it requires a collaborative effort in reducing hospitalizations, medical expenditures, and the morbidity and mortality of diabetes. The Diabetes Internal Medicine (DIME) program was designed to improve the education and care of indigent patients with uncontrolled diabetes (hemoglobin A1c greater than 9) by incorporating the Joint Principles of the Patient-Centered Medical Home, and fostering system performance improvement, professional development, and teamwork through interprofessional learning. The program is a collaboration of healthcare professionals in pharmacy, medicine, nursing, social work and public health from Louisiana State Health Sciences Center and Xavier University of Louisiana College of Pharmacy. Medication reconciliation, point of care testing and foot and eye exams are provided, as well as blood pressure, depression, glucose, hemoglobin A1C and lipid assessments. The DIME program strives to improve target patient goals among indigent populations. Ultimately, the program aims to provide a team-based approach in delivering education, and comprehensive, coordinated, patient-centered care.

1.3.01 - Poster Session 1

THE EFFECT OF FENOFIBRATE, PPARA ACTIVATOR, ON AQP4 IMMUNOSTAINING LEVEL

KM Gillyard; Q Guo, PhD; S Namura, MD, PhD; Morehouse School of Medicine (SN & QG) Spelman College (KMG)

Fenofibrate is a lipid lowering drug that activates the peroxisome-proliferator activated receptor alpha (PPAR α) protein through ligand-based action. The neuroprotective effects of fenofibrate have been shown in several studies. For example, substantial evidence has been given to support the hypothesis that fenofibrate activation of PPAR α reduces neuroinflammation. In addition, it has been demonstrated that fenofibrate improves cerebral blood flow after middle cerebral artery occlusion, which induces ischemic stroke, in mice. Moreover, the water channeling protein in the brain, aquaporin-4 (AQP4), has been shown to play an important role in astroglial response to injury or stimuli. The expression of AQP4 on astroglial endfeet suggests its possible cerebrovascular protective role. However, the effect of fenofibrate on AQP4 has not been examined. Thus, the current study seeks to examine this effect. We hypothesized that fenofibrate would influence the expression of AQP4 in brain regions affected by ischemic stroke. We conducted immunohistochemical analysis to determine the localization of AQP4 in different brain regions using tissue sections collected from mice that were treated with fenofibrate at varying concentrations. The results show that fenofibrate increased the expression of AQP4 in the striatum and cortex. The observed increase in the expression level of AQP4 could lead to further study involving the functional significance of the AQP4 increase in the blood-brain barrier alterations after ischemic stroke.

Research supported by NIH/NCRR Grant # C06 RR-07571 at Morehouse School of Medicine

ABSTRACTS

1.3.03 - Poster Session 1

ASSESSMENT OF HEART FAILURE PATIENT DISCHARGE MEDICATION REGIMENS UPON RE-ADMISSION IN A TEACHING HOSPITAL

JL Marshall; GB Wells; MS Wilburn Mount Sinai Hospital (JLM); Chicago State University College of Pharmacy (JLM, GBW, MSW)

PURPOSE: The Centers for Medicare & Medicaid Services, in response to early re-hospitalization rates and surmounting costs, now penalizes hospitals for “worse than expected” 30-day re-admission rates in accordance with the Affordable Care Act (ACA). The purpose of this project is to identify risk factors for early readmissions, recognize barriers to medication adherence, and review the appropriateness of medication therapy of discharged heart failure (HF) patients in a predominately African-American and Latino populated area of Chicago. **METHODS:** Data was collected using the electronic health record of patients that were discharged from Mount Sinai Hospital with a diagnosis of acute heart failure exacerbation. Participants were identified via medical records. All patients with a diagnosis of HF who were readmitted for heart failure exacerbation between January 2012 and November 2012 were identified and selected for inclusion in the study. All other patients were excluded. **RESULTS:** To be determined. The predicted results of the study are that a higher number of patients re-admitted will be elderly African American and Latino patients and the risk factors for re-admittance will be non-compliance of the patient’s medication regimen due to lack of employment, homelessness, IV drug abuse, or lack of transportation for follow-up medical appointments. **CONCLUSIONS:** To be determined.

1.3.04 - Poster Session 1

DISPARITIES IN DRUG THERAPY, RESOURCE UTILIZATION AND EXPENDITURES FOR PATIENTS

Robert Kemp, PhD, Scott Baggarly, PhD, Xiajung Wang, MS

Abstract Evidence on disparities in drug therapy, resource utilization and expenditures for recipients of Louisiana Medicaid with hypertension is reported, including drug therapy by class of drug, by ethnicity, gender, and level of co-morbidity. Resource utilization and expenditures were collected along with the data on the type of drug therapy. Data is based on paid Medicaid claims from hospitals, pharmacies, and clinics in Louisiana. The study population consists of newly-diagnosed Medicaid recipients, age 18- 64, who had one year of continuous eligibility for Medicaid between in the period of 2007-2009 and a confirmed diagnosis of hypertension. The black Medicaid population has fewer claims and lower average expenditures for outpatient visits. Blacks had fewer claims and lower average expenditures for drug claims. The black population had more visits to the emergency room, and more costly visits to the emergency room per visit than did other ethnic categories. Blacks were more likely to have claims for diuretic agents and were more apt to discontinue diuretics than other ethnic categories. Blacks were much more likely not to be on drug therapy after one year in contrast to the white population, where the number of recipients that had drug claims at one year increased.

Takeda Pharmaceuticals

1.3.06 - Poster Session 1

INVESTIGATING HEALTH DISPARITIES IN PATIENTS WITH HYPERTENSION

HE Fields; ST Houmpavlis; IN Khan Chicago State University College of Pharmacy

PURPOSE-Hypertension affects 1 in 3 American adults. The prevalence of hypertension in African-Americans, and adults with lower education and family income, is disproportionately higher than their counterparts. Individuals of low socioeconomic status have a greater risk of unhealthy behaviors, morbidity, and mortality. About 34% of African-Americans have high blood pressure compared to 24% of Whites. Uncontrolled blood pressure complications such as end-stage kidney disease and cardiovascular-related death are 4.2 and 1.5, respectively, times greater in Blacks than Whites. Data shows patient education improves blood pressure control by 17.5%. Despite evidence of disparities that exist among patients with hypertension, minimal information is known if level of knowledge regarding their medical condition plays a contributing role to disparities. The purpose of this study is to determine if disparities in knowledge and lifestyle behaviors of patients with hypertension vary among different socioeconomic statuses. **METHODS-** A 22-item questionnaire is developed to assess blood pressure knowledge, lifestyle behaviors, and socioeconomic status. Questions pertain to knowledge of risk factors, lifestyle modifications, disease state goals, and complications. Surveys are self-administered to patients at 4 blood pressure screenings in both a community and supermarket pharmacy chain in 2 different socioeconomic neighborhoods in the Chicagoland area. Half of the screenings will occur in affluent, Chicago suburbs that are predominately White, with a family income above the state average. The other half of screenings will take place in non-affluent inner-city Chicago neighborhoods that are predominately Black, with a family income below the state average. **EXPECTED RESULTS-**Data collection is in progress and upon completion statistical analysis will be conducted. However, it is hypothesized a higher amount of disparities will be identified in patients of lower socioeconomic statuses. **CONCLUSION-**Results from this study will identify areas where interventions can be implemented to improve education and patient outcomes.

1.3.07 - Poster Session 2

STROKE OF GENIUS II

CM Davis; P McCarroll College of Natural Science, Mathematics and Business (CMD; PM) Fisk University

PURPOSE – To increase participant knowledge in the causes, signs, diagnosis, treatments and prevention strategies of strokes. **METHODS –** Participants attended a seminar conducted by health experts where they received information of healthy food guidelines, physical activity and general stroke education. Pre and post surveys will assess demographic information, health behaviors and stroke knowledge. **RESULTS –** The surveys will be scored. Correlations between stroke knowledge and health behaviors will be assessed. **CONCLUSIONS –** In progress

1.3.08 - Poster Session 2

DATA DRIVEN TEAM APPROACH IN REDUCING HEALTH DISPARITIES IN A MEDICAL HOME MODEL

BS Thomas; KY Lee; EB Stewart; A Burwell; K Malcolm; LA Bilello

PURPOSE- To improve quality and reduce health disparities among high risk, chronically ill populations, especially those with congestive heart failure (CHF), hyperlipidemia and anticoagulation therapy, with a multi-professional care team that includes clinical pharmacy services. The goals are to improve health outcomes by improving patients understanding of their conditions and engagement in their care, providing patient centered care using a team approach, improving medication management and reducing/eliminating adverse drug events. **PROJECT DESCRIPTION** – As part of UF&Shands at Jacksonville, Florida, the Jacksonville Urban Disparity Institute (JUDI) operates 5 NCQA patient centered medical homes (PCMH) and numerous community based programs. The population served by JUDI is predominately low income, uninsured/underinsured with multiple chronic conditions. These complex patients needed a proactive, coordinated approach to manage their health and well-being. JUDI primary care practices are staffed by culturally competent physicians, pharmacists, mid-level providers, nurses, case managers, and medical assistants, and the staff integrates the use of patient registries, electronic health records and e-prescribing in the management of patients. PharmD practitioners' integration into these practices is seamless as primary care providers depend heavily on clinical pharmacists' expertise in assisting with complex patient care. Protocols are used for all levels of patient management by all levels of staff. The impact of clinical pharmacy services is evident in the fact that high-risk patient populations are successfully achieving their therapeutic goals. Currently, 54% of Anticoagulation patients have goal INR levels, 47% of Hyperlipidemia patients have goal LDL levels, and only 6% of CHF patients experienced adverse drug events. This is remarkable considering this population contains the highest percentages of health disparities in Northeast Florida. As a member of the HRSA Patient Safety and Clinical Pharmacy Services Collaborative (PSPC), JUDI has been recognized by HRSA as a model for collaborative drug therapy management (2012 Integrated Medication Management Services Awardee).

1.3.10 - Poster Session 2

DESCRIPTION OF THE MISSISSIPPI HYPERTENSION SPECIALIST INITIATIVE

LaTonya Lott, MS, MPH Augusta Bilbro, BS Xavier Johnson, MPH

Background: Mississippi adults have high rates of cardiovascular disease (CVD)-associated morbidity and mortality. Strategies that address leading CVD risk factors, such as hypertension, can greatly reduce the burden of CVD. Therefore, the Mississippi State Department of Health developed the Mississippi Hypertension Specialist Initiative (MHSI), a unique, population- and evidence-based quality improvement project to enhance hypertension detection, prevention, and treatment. The goals of the MHSI are to: 1) increase physicians' knowledge and skills in managing complex, treatment resistant forms of hypertension, 2) increase the number of certified Hypertension Specialists in Mississippi, and 3) increase the utilization of a nationally recognized hypertension registry in Mississippi. We describe the overall purpose, development and implementation of the MHSI. **Methods:** The initiative will be comprised of five major components: 1) development of the project framework and selection of partners; 2) meetings with leaders of the healthcare provider community; 3) statewide recruitment of physicians and certification test preparation; 4) test administration and certification of results; and 5) pre- and post-test medical records review from patients of participating physicians. **Results:** To date, the MHSI framework has been developed. Leadership buy-in has been obtained from various state-wide healthcare provider associations. A contractual arrangement has been made with the American Society of Hypertension to handle application submissions and conduct test preparation services. **Conclusion:** The MHSI will increase the number of certified Hypertension Specialists in the state. Participating physicians will receive specialized training in the best practices and quality of care monitoring for hypertension management. Ultimately, this will help to reduce CVD morbidities in Mississippi.

1.3.11 - Breakout Session C

PHARMACY CARDIOVASCULAR RISK REDUCTION PROJECT: PRELIMINARY RESULTS FROM ONE RURAL CLINIC SITE IN THE MISSISSIPPI DELTA

MA Brown¹, LS Bloodworth¹, S Malinowski¹, LA Ross¹, J Bacon², JA Jefferson²

PURPOSE- To improve the health of underserved populations using a multidisciplinary approach to patient care as it relates to cardiovascular-related complications and prevention. **METHODS-** In partnership with the Mississippi State Department of Health (MSDH), the University of Mississippi School of Pharmacy developed a program to provide medication therapy management (MTM) services focused on cardiovascular risk reduction in a subset of patients in rural Mississippi. There are four intervention sites and this evaluation focuses on one site, the G.A. Carmichael Family Health Center. To be eligible, patients must be >18 years with a hemoglobin A1c (A1c) of > 9%. Patients are referred by the primary providers for MTM services. MTM sessions cover the "ABCs" of heart disease and prevention: aspirin therapy/A1c, blood pressure, cholesterol, and smoking cessation. The pharmacist provides MTM services under a collaborative practice agreement, initiating/modifying medication therapy and providing disease state education. Clinical parameters include drug therapy problems (DTP), A1c, systolic and diastolic blood pressure, total cholesterol (TC), low-density lipoprotein (LDL), high-density lipoprotein (HDL), and triglycerides (TG). **RESULTS-** Preliminary results at one year follow-up show 460 DTPs (n=80) identified by the pharmacist and resolved. Additional preliminary outcomes include a statistically significant decrease in averages of 1.9% (n=46) in A1c, 7.0 mmHg for SBP, and 5.2 mmHg for DBP. Other results include a decrease in TC, LDL, and TG and an increase in HDL. **CONCLUSIONS-** Cardiovascular disease is responsible for a significant proportion of healthcare costs and devastating complications. Identifying a strategy to curb disease progression and the associated economic burden is critically important. Preliminary data suggest a decrease in A1c and blood pressure for the targeted population. Implementation of successful pharmacy MTM services that decrease the risk of cardiovascular complications in underserved populations can enhance patient care in similarly challenging rural areas throughout the nation.

MENTION OF GRANT SUPPORT: The Mississippi State Department of Health (MSDH) is gratefully acknowledged for the support of this project through Grant Number 5U50DP003088-03.

ABSTRACTS

1.3.12 - Poster Session 2

WEIGHT- BASED HEPARIN DOSING NOMOGRAM VERSUS STANDARD CARE NOMOGRAM IN OBESE PATIENTS

JL Johnson; RL Lockhart; C Melerine; DJ Thompson Xavier University (JLJ); RLL; CM; DJT); LSU Health Center (JLJ)

PURPOSE- While heparin is a drug of choice in treating thromboembolic events there are differing opinions of which dosing method (standard dosing versus weight based dosing) is the best option to utilize when treating patients. Heparin pharmacokinetics indicate a volume of distribution similar to that of human plasma, and obese patients intuitively require larger doses of anticoagulant. However, there is some concern that using weight-based dosing in obese patients could lead to supratherapeutic anticoagulation and increase the risk of bleeding, so bolus dose caps of 5,000 units have been suggested. Other studies have examined the use of weight-based nomograms without dose caps in obese patients and found no increased risk of bleeding. Our study compares the safety (proportion of patients with subtherapeutic or supratherapeutic aPTT) and effectiveness (time to therapeutic aPTT) of both a standard heparin dosing nomogram and a weight based heparin nomogram in a clinically obese population of patients. **METHODS-** This IRB-approved retrospective chart review evaluates patients receiving heparin drips for treatment of thromboembolic disorders between 4/1/2012 and 11/30/2012. Data was obtained from electronic and paper medical records. The study analyzes data for the effect of obesity on measures of safety and efficacy of heparin use. Descriptive statistics are used to characterize the baseline characteristics of the two groups. For comparisons between groups, the 2-sided t-test are used for continuous variables and the chi-square test for categorical values. **RESULTS-** Pending **CONCLUSION-** Pending

1.3.13 - Poster Session 1

PHARMACIST-LED INTERVENTIONS FOR DECREASING INCIDENCE OF STROKES AMONG THE HIV-INFECTED ELDERLY.

Ogbuokiri, J.E., Ruiz, M., Dargis, J. Pham, K., Tran, T., Perry, D. OJE, KP, TT, DP (Xavier COP), MR, JD (HIV Outpatient Program, LSU)

Purpose: To examine the impact of four pharmacist-led interventions on new stroke incidence among a cohort of elderly HIV-infected patients with uncontrolled hypertension and other co-morbidities. **Method:** HIV-infected patients aged 60 years and above, seen between January to December, 2012, (N=65), with a diagnosis of uncontrolled hypertension and dyslipidemias as evidenced by the latest JNC and NCEP Guidelines were referred to the clinical pharmacist in order to offer four additional interventions namely: education and counseling on stroke prevention, a table of hidden salts in our diets, understanding and optimizing management of diabetes and dyslipidemias when indicated. Uncontrolled hypertension was defined as two consecutive BP readings above 130/80 mmHg inspite of medications and other lifestyle recommendations. Referral was made at the point of intake after the second BP reading to the clinical pharmacist. The pharmacist explained the higher incidence of strokes (four times that of a matched but sero-negative population) and the need to apply each of the four strategies whenever indicated. All materials were presented in simple graphics and at the fourth grade reading level and explained individually to the patient and/or care-giver. Each patient was seen once by the clinical pharmacist and encouraged to call the pharmacist with any questions that may arise. **Results:** Fifty-eight (90%) of this cohort with mean basal BPs of 156/102 mm Hg and a range of 165/113mm Hg-132/83mm Hg were able to achieve normal BPs 6 months after their intervention. This was significant at the $P < 0.02$ level of significance using both the Students t test and the analysis of variance around the mean BP. Using the table of hidden salts in our diets in a visual format was particularly effective in assisting patients in avoiding salt-laden foods and by so doing lowering their sodium intake, decreasing their blood pressures and avoiding strokes **CONCLUSIONS:** Pharmacists in ambulatory care settings as members of the healthcare team, can make a lasting impact on patients' outcomes on hypertension, dyslipidemias, diabetes and other disease states through education, counseling and clinical monitoring of patients with HIV/AIDS and other common co-morbidities states. The intervention materials developed by the Xavier rotation students will be shared during the presentation.

1.4.01 - Poster Session 1

IMPROVING QUALITY OF LIFE IN AFRICAN AMERICAN PATIENTS WITH CHRONIC KIDNEY DISEASE

Lang K; Winters K; Griswold M; Deschamp; Abram S School of Nursing of Mississippi Medical Center

PURPOSE - To evaluate the role of a peer educational intervention in improving the QOL in African Americans with chronic kidney disease. **METHODS -** This study used a randomized controlled design. Participants were recruited from UMMC Renal Outpatient Clinic. The sample consisted of 165 participants randomized into to control (N=82) or intervention (N=83). The intervention group received the peer education and counseling for one year. The peer education consisted of topics that would improve participants' understanding of kidney disease, nutrition, adherence to prescribe medical regimen and medical follow up, control blood pressure and metabolic parameters. Baseline and post intervention data were collected from both groups to evaluate the impact of the intervention. **RESULTS -** Mean composite and subscale scores on the KDQOL were evaluated to determine the impact of the intervention on quality of life. There was no difference in the pre-intervention and post-intervention composite scores regardless of intervention group. There was improvement in the General Health subscale scores for the control (17.35; $p < .001$) and intervention groups (15.07; $P=0.15$). However there was no significant difference in this improvement between the control and intervention groups ($p=.642$). There was also improvement in the Energy/Fatigue subscale scores for the control (15.15; $p < .001$) and intervention groups (31.22; $p < .001$). This improvement was 16 points higher for the intervention group ($p=0.03$). Only the intervention group experienced an improvement in the Pain subscale score (15.07; $p=.015$). **CONCLUSIONS -** The results of the study indicate that peer education had little effect on quality of life in these participants. These findings highlight the further need for research in the area of peer education improving quality of life.

DRI Publication Funding Acknowledgement: This Health Care Disparity Research Project was funded by the Department of Health and Human Services' Office of Minority Health (Prime Award Number 1 CPIMP091054-02-00). This presentation was written, in part, by

1.4.02 - Poster Session 1

IMPLEMENTING THE PAIR-UP CAMPAIGN AS AN AVENUE TO ELIMINATE HEALTH DISPARITIES

Myra A. Kleinpeter, MD, MPH (Tulane University); Dave Frazer, MEd (American Kidney Fund); LaVarne A. Burton, MBA (American Kidney Fund)

Chronic kidney disease (CKD) is increasing in epidemic proportions throughout the United States. Minority patients are disproportionately affected by CKD, largely due to the increased prevalence of type 2 diabetes mellitus, obesity and hypertension in these populations. Due to these factors, public health interventions for CKD need to be implemented in the at-risk communities to reduce the burden of disease, morbidity and mortality related to the disease and economic impact of CKD. The PAIR-UP Campaign of the American Kidney Fund has a dual mission of increasing the awareness of CKD overall with a focus in minority communities and advocating making CKD prevention, beginning with those at highest risk, a priority for individuals, communities, policy makers and ultimately mainstream medicine. Public health screening programs are able to have a targeted impact in the communities where they are held. However, if gains are to be made to reduce the health disparities for CKD in minority populations, broader public health education programs will need to be implemented. The PAIR-UP campaign is a unique privately sponsored activity held in conjunction with the activities of public partners to broaden the awareness of the general public and promote action of at-risk families and individuals to be tested for chronic kidney disease. This intervention reached broader communities than the efforts of public health units in the time of declining budgets and limited staffing to implement new programs. These efforts can be broadly duplicated and employed in communities with public partners to increase the awareness of kidney disease and prompt the action of at-risk individuals to be tested and ultimately treated for CKD to prevent progression to kidney failure requiring dialysis. Additionally, this may serve as a model for other diseases where disparities exist to promote action.

1.5.01 - Poster Session 1

ADDRESSING SEXUAL HEALTH DISPARITIES THROUGH RESEARCH AND COMMUNITY COLLABORATION

Manaseri, Holly, Roberts, Kelly

ISSUE- Examining health disparities in teen pregnancy and sexually transmitted infections is a relatively under studied area. Hawai'i's teen pregnancy rate is 93 pregnancies per 1,000 young women ages 15-19. This rate is higher than the national rate of 84 pregnancies per 1,000. Only nine states have higher rates of teenage pregnancy. Additionally, STIs and HIV/AIDS are a major concern among youth in Hawaii. Given that three-quarters of the teen births in Hawaii are to Asian/Pacific Islander youth, it is possible that sex education curricula developed with mainland youth may not appropriately address the factors associated with teen pregnancy among the ethnic/cultural groups in Hawaii. PURPOSE – To test the efficacy of an innovative curriculum designed to provide young adolescents with the knowledge, attitudes, and skills necessary to reduce their risk of STIs and unintended pregnancy by incorporating medically accurate information, character education and Hawaiian cultural traditions and practices PROCESS- The University of Hawai'i has developed a new program model, Pono Choices, which has been funded by the Office of Adolescent Health and seeks to provide young adolescents with the knowledge, attitudes, and skills necessary to reduce their risk of STIs and unintended pregnancy by incorporating medically accurate information, character education and Hawaiian cultural traditions and practices into a place-based middle school curriculum. Using a collaborative process involving the University of Hawaii, a community health organization- Planned Parenthood of Hawaii, a Hawaiian serving cultural agency-ALU LIKE, Inc. and in partnership with the Hawaii Department of Education, the Pono Choices curriculum is being tested for efficacy through the implementation of a random assignment impact evaluation being conducted across 36 public and public charter schools across the state. This poster submission will 1) detail the process that led to a replicable multidisciplinary collaboration that integrated all partners in meaningful and substantive ways to improve health outcomes for Hawaii youth; 2) share core components of the innovative TPP/STI prevention curriculum; and 3) provide a progress monitoring model that is enacted to ensure continued feedback to all partners throughout the study implementation cycle.

Office of Adolescent Health- HHS

1.5.03 - Poster Session 2

ASTHMA BY AGE: DIFFERENCES IN HEALTH OUTCOMES

CM WILSON; KI Rapp; L Jack; J Flores; FJ Malveaux; RM Post; SD Denham; MA Sanders; D Sunda-Meya; N Morris Xavier University of Louisiana (CMW, KIR, LJJ, SDD, MAS, DSM); Daughters of Charity Services of New Orleans (JF, RMP, NM); Merck Childhood Asthma N

PURPOSE – Identify disparities in health outcomes experienced by varying age categories among pediatric asthmatics (2-18 years old). METHODS – The Head-off Environmental Asthma in Louisiana (HEAL), Phase II Project provides asthma education services to pediatric asthma patients seen at Daughters of Charity Health Centers and Children's Health Fund Mobile Unit. The project collects data using an Asthma Education Inventory (AEI) administered during education sessions with certified asthma educators (AE-Cs). The AEI allows the AE-Cs to collect data, including patient demographics and asthma health outcomes, in order to provide tailored asthma education to the patient and family. The resulting data is compiled and analyzed using Fisher's exact tests via Stata 12 software. RESULTS – From December 2011 to December 2012, 186 patients were enrolled in the project. Patient age was categorized as follows: 2-4 years (n=38, 20.4%), 5-11 years (n=88, 47.3%) and 12-18 years (n=60, 32.3%). At baseline, 50% of 2-4 year olds had an asthma attack in the past three months, compared to 39% and 28% of 5-11 and 12-18 year olds, respectively (p=0.09). Fifty-five percent of 2-4 year olds had an emergency department (ED) visit in the past year, compared to 39% and 23% of 5-11 and 12-18 year olds, respectively (p=0.006). Eleven percent of 2-4 and 5-11 year olds had a hospitalization in the past year compared to 2% of 12-18 year olds (p=0.06). CONCLUSION – The results indicate that younger children experienced asthma related outcomes in higher proportions than their older counterparts. Unlike older children, infants and toddlers are unable to participate in the management of their asthma. These findings help to validate the need for asthma education for caregivers of all children, but especially infants and toddlers who rely solely on caregivers for their asthma management.

The efforts of the HEAL II Project are supported by the Merck Childhood Asthma Network, Inc.

ABSTRACTS

2.0 – HEALTH MAINTENANCE / PREVENTION

2.1.01 - Poster Session 2

COLLABORATION TO REDUCE DISPARITIES THROUGH INCREASING DIVERSITY IN DIETETICS

JH White; EF Crayton; A Douge Nutrition Science Dominican University (JHW; AD), Extension Family and Consumer Sciences Auburn University (EFC)

PURPOSE- A collaborative effort between a Dietetic Internship at a private Catholic University in Chicago and a public Land Grant University in Alabama to increase the number of African American Registered Dietitians (RD) working in rural community nutrition settings. **PROBLEM-** There is a need for African Americans to define healthy eating, fitness and body size within a historical cultural context. Unfortunately, there is a lack of African American professionals, as well as representatives from other communities of color, informing the field of dietetics. Currently less than 7% of RDs come from African American or Latino backgrounds. A shortage of dietetic internships has limited access to credentialing, particularly for anyone from a marginalized community. **PROJECT-** In 2011 the collaboration was born between the Internship Director at Dominican University and the Assistant Director of Family and Consumer Sciences at Cooperative Extension Service at Auburn University to pilot a new Independent Supervised Practice Pathway (ISPP) allowing degreed Extension Nutritionists to complete their qualifications to sit for the RD exam. This has included both a didactic component and supervised field experiences. Now with patients having shorter hospital stays being discharged on special diets or diets with restrictions, they are increasingly turning to their local county Extension office for assistance. Cooperative Extension programs over the years have not placed emphasis on the clinical role of working with families in their homes. The Cooperative Extension Service has degreed nutritionist throughout the US, from a variety of backgrounds, who could become qualified to sit for the Registration exam. They would then be better prepared to appropriately conduct Nutrition Assessments and counsel families in the home and/ or in a community setting. To date, eight people have completed this program, including five African American women from Alabama Extension, and a second cohort began this past fall.

2.1.02 - Poster Session 2

ADDRESSING NUTRITION TRANSITION & IMMIGRANTS VIA INTERPROF EDUCATION

SA Al-Dahir; KA Heyer Xavier University of Louisiana College of Pharmacy (SAA); Nunez Community College (KAH)

PROBLEM - There remains two important gaps in the emergent research on nutrition transition and recent immigrant groups. Among Southeast Asians, Arabs and Asians from the Indian subcontinent, there is limited research on health disparities. The second concerns causal factors explaining dietary transitions to a western diet. Are these factors multiple or can they be collectively applied to all immigrant groups from the developing world? **UNDERLYING ISSUE KEY FACTORS -** Over the past few decades, a well-established and documented nutrition transition has emerged in developing countries. This transition is characterized by the adoption of a “western diet;” one being high in meat, fat, and refined carbohydrate consumption coupled with a decrease in fruit, vegetable, and fiber intake. The implication of such a diet is manifest in increasing rates of obesity and accompanying non-communicable diseases such as diabetes and cardiovascular disease. The effect of such a transition in immigrant populations in the United States, however, has not been as adequately explored. This research in mostly African, East Asian and Hispanic immigrant groups has implicated nativity, acculturation factors, education, and income as indicators of dietary change. **RECOMMENDATIONS-** Interprofessional education and research collaboration among dietitians, pharmacists and registered nurses on divergent nutrition patterns, as exhibited in emerging economies and the subsequent relocation of these groups to the United States, may serve as an area of primary nutritional intervention to prevent further increases in non-communicable diseases, such as obesity, diabetes and cardiovascular disease. Emerging research on recent immigrant groups such as South Asians, Southeast Asians and Middle Easterners points toward developing health disparities in non-communicable diseases. Correlating this research to changing nutritional patterns based on the nutrition transition model may avert further disparities among these groups.

2.2.01 - Poster Session 2

BMI PREDICTS WELLNESS BEHAVIORAL CHANGE IN AFRICAN AMERICAN WOMEN

M PARKS; L McClellan; D Redd; C Haygood; O Mevs; A DuValle; M McDonald-McGee

PURPOSE - To determine if the Body Mass Index (BMI) of African American women predicts health behavioral change after a wellness intervention. **METHODS -** An Institutional Review Board-approved survey modeled after the Trans-Theoretical Model (TTM) contemplation stage of change was offered to participants of two one-day community wellness interventions in urban North Nashville. **RESULTS -** 81 African American women (mean age [standard deviation]: 35.6 [17.8], mean education in years: 13.9 [2.1]) who completed the pre- and post-intervention behavioral survey had a mean BMI of 28.9 [6.7] kg/m (2). These women demonstrated a significant increase (paired 2-tailed student t-test) in overall TTM contemplation scores after the wellness event (pre-event mean 30.6 [5.8] vs. post-event 32.7 [5.8], $p < 0.001$; maximum score 40). Further, the Pearson correlation analysis of BMI versus change in TTM score data revealed a statistically significant R-value (-0.219, $df = 79$, $p < 0.05$, 2-tailed). **CONCLUSIONS -** The TTM survey analysis indicates that BMI is a negative predictor of the degree of behavioral change experienced at a community wellness intervention. Given that the mean BMI indicates that the women surveyed were, in general, overweight, remarkably, those closer to a healthier body mass regarded the wellness intervention as more meaningful for effecting lifestyle change. Future wellness events should include more peer-reviewed interventions that specifically target the clinically obese (BMI > 30 kg/m [2]) to affect all women at-risk for cardiovascular disease and metabolic syndrome.

This work was supported by a legislative appropriation by the State of Tennessee.

2.2.03 - Poster Session 2

RACIAL DISPARITIES IN OBESITY AMONG LOUISIANA PRESCHOOL AGED CHILDREN.

MC Mohler; TS Tseng; AE Arguello; MS Sothern

PURPOSE To examine the differences in weight status among black and white preschool aged children across Louisiana. **DESIGN METHODS** As part of a randomized controlled trial obesity prevention intervention, Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC), demographic data was collected from 411 children aged 2-5 attending 26 day care centers in Orleans, Jefferson, Lafourche, Calcasieu and Quachita parishes. Analysis was performed on 272 black and white children who had recorded weight measures (BMI z-score and waist circumference). The chi-square and t-test was performed to analyze data. **RESULTS** Participants were predominantly black (62.5%) with a comparable amount of males (50.4%) and females (48.7%). The majority of participants were of normal weight (BMI) (51.3%) with 15.36% being overweight and 12.5% obese. Overall, black girls have the greatest prevalence of overweight and obesity (37.3%) of all groups: black boys, 23.9%; white girls, 21.8%; and white boys, 26.7%. Furthermore, black girls had the highest BMI z-score (0.69) and highest BMI percentile (69.1) compared to all other groups. **DISCUSSION/CONCLUSION** These results highlight, that preschool aged black girls across Louisiana have the greatest prevalence of obesity. Future obesity interventions should target black preschool aged children, especially females. In the United States there are racial/ethnic disparities in the prevalence of adult obesity, especially among women. Therefore, targeting racial disparities during preschool years may be effective method to mitigate future disparities. **MENTION OF GRANT SUPPORT** Louisiana Department of Health and Hospitals Office of Public Health, Maternal and Child Health Program

Louisiana Department of Health and Hospitals Office of Public Health, Maternal and Child Health Program

2.2.04 - Poster Session 2

GET FIT AND STAY WITH IT

DK Brooks; P McCarroll Department of Humanities and Social Sciences (DKB); Department of Natural Sciences, Mathematics and Business (PM) Fisk University

PURPOSE - To educate college-aged African Americans on the importance of physical activity and nutrition in developing and maintaining a healthy lifestyle. **METHODS** - Participant will attend wellness event addressing the importance of exercise and healthy eating to reduce the incidence of overweight and obesity. Attendees will complete a pre and post survey assessing demographic information and general health. **RESULTS** - Surveys will be scored. Correlations between general health and nutrition awareness will be assessed. **CONCLUSIONS** - In progress

2.2.06 - Poster Session 2

DISPARITY AND CORRELATES OF PHYSICAL INACTIVITY IN PREGNANT

SA Gaston; N Richmond; BM Lyons, NH Jones-Jack; TF Ferguson

PURPOSE- Currently 1 in 5 pregnant women are overweight or obese in the United States (US), with Black women having a higher prevalence of obesity. Maternal obesity is related to adverse pregnancy outcomes including preterm delivery and macrosomia. Understanding causes of obesity and physical inactivity in pregnant women are important. The purpose of the current study is to examine racial disparities in meeting physical activity recommendations in pregnant women in the US. **METHODS**- Data collected in the 2007 Behavior Risk Factor Surveillance System (BRFSS) was used to estimate physical activity of non-Hispanic White, non-Hispanic Black, and Hispanic pregnant women ages 18-44 in the US. Women were defined as either meeting or not meeting the 2008 physical activity guidelines for Americans from a self-report of their weekly physical activity in the BRFSS. Chi-square estimates were calculated to determine differences among social demographic factors (age, marital status, smoking status, income, education, general health, access to healthcare, pre-pregnancy body mass index (BMI), disability status, and employment status). Unconditional logistic regression modeling was performed using the proc surveyl logistic procedure to determine the relationship between race and physical activity in pregnant women **RESULTS**- Crude odds ratios showed that compared to non-Hispanic White women, non-Hispanic Black and Hispanic pregnant women were more likely to not meet physical activity guidelines (OR: 2.52, 95% CI: 2.41-2.64 and OR: 1.28, 95% CI: 1.23-1.33, respectively). After adjustment for social demographic factors mentioned above, non-Hispanic Black and Hispanic pregnant women were 2.43 times more likely (95% CI: 2.26-2.62) and 1.32 (95% CI: 1.27-1.39) more likely than non-Hispanic White women to not meet physical activity guidelines. **CONCLUSION**- Racial differences in physical activity exist despite controlling for other social demographic factors. Future research should continue to explore social determinants of health related in order to determine causes of poorer obstetric outcomes in minorities.

2.4.01 - Poster Session 2

PERCEIVED BARRIERS FOR HIV TREATMENT ADHERENCE: AN ECOLOGICAL VIEW

Eida M. Castro, PsyD; 2; Julio C. Jiménez, MD; Lydia E. Santiago

PURPOSE: In Puerto Rico most of the HIV/AIDS cases have progressed to AIDS (5,725). There may be a series of factors underpinning this phenomenon and one of these may be poor adherence. The objective of this presentation is to discuss various system's level perceived barriers for optimal HIV treatment adherence in HIV patients and intervention opportunities to be leveraged. **METHODS:** The study follows a Social Ecological perspective framed under a mixed sequential exploratory design. For this presentation, we will discuss the results of the qualitative phase. Twelve in-depth interviews are conducted to HIV patients in order to identify HIV treatment adherence barriers at different systems' levels (individual, interpersonal, meso-system, exo-system, macro-system and crono-system). Adherence facilitators are being also inquired. Content analysis is being performed for each transcribed interview by independent coders aided by the Atlas TI[®] computer program. Inter-coder agreement (> .65) guides the selection of themes. **RESULTS:** Preliminary results (6 interviews) show emergent HIV treatment adherence barriers at different system's levels. For example, untreated depression and feelings of anger and frustration were some of the identified individual level barriers. Perceived interpersonal level barriers were related to close relationships with intimate partner and peers or friends. Barriers related to access to medication (e.g. delay in medication approval by health insurance) and perceived unjust case management practices (eg. limit supportive benefits to people with clinically compromised immune system) has emerged. The latter was perceived as an unjust retribution for complying with HIV treatment. Other perceived barriers at the individual, interpersonal, meso, exo, macro and crono-system levels emerging from the remaining 6 interviews will be discussed. **CONCLUSIONS:** Studying multiple systems' levels of barriers to HIV treatment adherence can better guide the development of more comprehensive interventions.

RCMI/NIMHD S21MD001830/ U54RR026139

ABSTRACTS

2.4.02 - Poster Session 2

AGE, GENDER DISPARITIES IN SECONDHAND SMOKE EXPOSURE AT HOME AMONG PUBLIC HOSPITAL PATIENTS

Yilin Xu, Tung Sung Tseng, Sarah Moody-Thomas, Michael D. Celestin, Krysten Jones

PURPOSE-To identify age and gender disparities in Secondhand Smoke (SHS) in home setting among public hospital patients. **METHODS**-SHS prevalence across different ages and genders were obtained from the 2012 LSU Tobacco Cessation Initiative patient survey, which is designed to assess patient tobacco use, perceptions of provider tobacco treatment, quit attempts and utilization of cessation services within Louisiana's safety-net public hospital system. The data were collected via anonymous paper-based optional survey offered upon check-in to patients presenting for primary care clinic appointments. **RESULTS**- Patients age 36 to 55 were more likely to be exposed to SHS at home (51.34%) than patients age 18 to 35(11.28%) or 56 or older (37.39%). Female patients were more likely to have SHS exposure at home (62%) than male patients (38%). Among current smoking patients, a significant association between SHS exposure at home and no quit attempt were found in age groups 18 to 35 and 36 to 55. However, the association was not found in patients age 56 or older. The same association was found significant in male smoking patients. **CONCLUSION**-The findings indicated age and gender differences in SHS exposure in home setting among public hospital patients. This exposure negatively impacted smoking patients' quit attempts, especially among young, middle aged and male patients. Interventions addressing specific environmental issues in different age and gender groups need to be further developed.

2.4.03 - Poster Session 2

BARRIERS AFFECTING ASTHMA MEDICATION COMPLIANCE IN MINORITY CHILDREN

MA SANDERS; KI Rapp; L Jack Jr.; CM Wilson; SD Denham; R Arnaud; D Sunda-Meya; AP Porter; P Dixon; FJ Malveaux Xavier University of Louisiana (MAS, KIR, LJJ, CMW, SDD, DSM, APP, PD); Daughters of Charity Services of New Orleans (RA); Merck Childhood Asthm

PURPOSE – The 2012 National Center for Health Statistics Data Brief illustrates that minority children (including multiracial, African American and Puerto Rican), with low income to poverty level ratios have the highest rates of asthma morbidity, primary care visits and emergency department (ED) visits. The HEAL, Phase II Project aims to improve pediatric asthma symptoms and ED/hospitalization usage through tailored asthma education. This presentation will identify the most prominent barriers to asthma medication (med) compliance among minority children, at an inner city Federally Qualified Health Center. **METHODS** –Certified asthma educators (AE-C) interviewed asthmatic children (age 2-18) and their caregivers on problems with medication adherence at baseline, and two week follow up. Data collection at six and twelve months will occur. **RESULTS** – Of 139 patients seen at baseline, delivery device technique (30.2%), no spacer (29.5%), lack of adult supervision (21.6%), remembering to take meds (20.9%), obtaining meds (20.1%), and complicated family lifestyle (18.7%) were the top barriers to medication adherence. At two week follow up, proportions improved in delivery device technique (18.0%), no spacer (7.2%), remembering to take meds (13.7%) and complicated family lifestyle (12.2%). Improvements were not seen in obtaining meds (20.1%) and lack of adult supervision (25.9%). **CONCLUSION** – Our top finding of delivery device technique issues supports the National Asthma Education & Prevention Program, Expert Panel Report 3 recommendation to teach device technique at each patient encounter. HEAL, Phase II certified asthma educators incorporate device technique education and encourage spacer use at each educational session. Identifying barriers to medication non-compliance can better inform asthma educational sessions and aid in improving asthma health outcomes.

The HEAL, Phase II Project is funded by Merck Childhood Asthma Network, Inc.

3.0 – HEALTH SERVICES / POLICY

3.1.02 - Poster Session 2

EMPLOYING A MULTI-SECTOR APPROACH TO ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH THROUGH COMMUNITY HEALTH IMPROVEMENT PLANNING

YM Wing; CM Parent; KB DeSalvo

PURPOSE: To assess the current state of community health in New Orleans and implement a progressive, assets-based community health improvement plan that addresses the multiple social determinants of health through collaborative work with community stakeholders and partner agencies. **METHODS**: In 2011, the New Orleans Health Department brought together a diverse group of community partners to engage in the first city-wide health assessment and health improvement planning process since 2000. Following the tenants the Mobilizing for Action through Planning and Partnership framework, we employed a mixed-method approach to primary and secondary data collection and analysis to identify assets and gaps to community health improvement in New Orleans. **FINDINGS**: New Orleans is still a city on the mend seven years post Hurricane Katrina. The community renaissance we've experienced in the years since the storm have created unparalleled opportunity for many New Orleanians. Despite our gains, there are many historical disparities that continue to undermine the health of our citizens. For the nearly 350,000 residents of Orleans Parish, high rates of poverty, particularly childhood poverty, is a major contributing factor to health disparities. **CONCLUSION**: The proliferating effects of poverty on the health of our citizens can be seen through lack of access to affordable housing, food, healthcare services, as well as higher rates of unemployment, infant mortality and morbidity, and obesity than the national average. Therefore, we must continue to work collaboratively across sectors to examine and address the distributions of poverty and health at the neighborhood/community level and advocate for a "Health in All Things" policy and programmatic agenda.

National Association of County and City Health Officials and Robert Wood Johnson Foundation

3.1.03 - Poster Session 2

EMERGENCY PREPAREDNESS IN DIALYSIS PATIENTS: STRATEGIES TO ELIMINATE DISPARITIES

Myra A. Kleinpeter, MD, MPH

Hurricane Katrina resulted in massive destruction of the healthcare infrastructure. Since that time, dialysis providers have been charged with developing emergency preparedness programs for dialysis patients to prevent the problems that occurred in the provision of dialysis services to the over 5000 patients residing in the hurricane affected areas in the aftermath of Hurricane Katrina. This year, the dialysis infrastructure was challenged in the New Orleans metropolitan area by Hurricane Isaac. Overall, the dialysis providers in areas affected by Hurricane Isaac, had systems in place to provide services, even in the absence of electrical power supplied by the utility company. There were disparities however among patients based on their insurance status, in their preparation and recovery from the storm in the New Orleans area. Patients with Medicaid were more likely to have sheltered in place and were more likely to have missed one or more dialysis treatments as a result of the storm. Following the storm, patients were willing to share their experiences to improve the emergency plan for the dialysis unit as well as their personal disaster plan. The devastation of Super Storm Sandy led to other major challenges in providing dialysis services in the geographically larger affected area to larger numbers of patients. Integration of the patient experiences in the New Orleans metropolitan area with the experiences of novice patients experiencing the wrath of Super Storm Sandy will lead to improved recovery from disasters and may prevent disparities in disaster recovery to prevent morbidity and mortality in vulnerable high risk patients during disasters. Using an all-hazard disaster preparation strategy may translate to multiple populations of patients experiencing a variety of disaster threats to prevent the morbidity and mortality in disasters, especially among vulnerable populations.

3.1.04 - Breakout Session A

THE IMPACT OF ATTITUDES TOWARDS HOMOSEXUALITY ON HEALTH POLICY SUPPORT

Narviar C. Barker, M.S.W., Ph.D. D. Sarita Cathcart, R.N., MSN, NP

PURPOSE: To examine how attitudes towards homosexuality impact health policy and decision making. **METHODS:** An Attitudes towards Homosexuality Survey (AHS) will be administered to diverse population groups to determine what impact demographics, education, religion and culture have on attitudes towards homosexuality, health policy, and social change. **CONCLUSIONS:** The results of this research will provide insight into 'points of entry' for social policy change, how to engage families and communities in equitable treatment, and how equal treatment can lead to improved health outcomes for African American communities.

3.2.02 - Poster Session 1

INTEGRATING HIV MANAGEMENT INTO PRIMARY CARE SETTINGS

AN Imudia

PURPOSE – To describe best practices from the literature in integrating HIV management into primary care. **PROBLEM** - Many factors are known to impact access to care for people living with HIV/AIDS (PLWHA) including missed HIV testing/diagnosis opportunities, HIV-related stigma, and lack of provider knowledge in HIV management. Nurse Practitioners (NPs) in primary care settings have a key role in minimizing the barriers that these individuals encounter by identifying, diagnosing, and placing in treatment and/or referring to specialty care as needed. In addition, NPs in outpatient primary care clinics can be instrumental in the delivery of HIV management programs as HIV patients often have other chronic conditions such as hyperlipidemia, insulin resistance and other comorbidities, especially if on highly active antiretroviral therapy (HAART). However, in order to effectively play this role, NPs must acquire key knowledge, skills, and positive attitudes towards providing excellent care for PLWHA. **BEST PRACTICE/RECOMMENDATION** – Services should be coordinated to improve quality of care for HIV patients using a multidisciplinary approach, which includes collaboration with other health care providers, including pharmacists. **CONCLUSION** – Primary care settings for HIV/AIDS services enhance access, reduce stigma, and is cost-effective. Multidisciplinary approach to treating HIV patients in primary care results in better outcome for patients.

3.2.03 - Poster Session 1

KNOWLEDGE REGARDING CD4 AND VIRAL LOAD (VL) AMONG HIV POSITIVE PEOPLE RECEIVING HIV SPECIFIC CARE IN THE NEW ORLEANS REGION

Fran Lawless, MHA; Vatsana Chanthala, MPH; Jasmine Fournier The Office of Health Policy and AIDS Funding, City of New Orleans Health Department

PURPOSE: To assess HIV treatment and consumer understanding of CD4 and Viral Load (VL) levels in relation to health status. **METHODS:** Data were collected using a survey tool available in paper and electronic formats and in English and Spanish. Volunteers and HIV positive trained peers were used to help low literacy HIV positive individuals complete the survey if necessary. Respondents (N=603) answered questions regarding their knowledge about HIV and experiences within the Ryan White Part A continuum of care. **RESULTS:** Participants rated their overall satisfaction with HIV service delivery and identified barriers to treatment adherence. Lack of knowledge of CD4 and VL levels was identified as a widespread theme. Many respondents indicated that they did not know or could not remember their last lab values. Of those who responded, 47% (N = 210) reported they did not know or could not remember their CD4 and 48% (N=201) did not know or could not remember their VL counts. **CONCLUSION:** The results indicate that HIV positive consumers in the Part A system would benefit from increased education regarding CD4 and VL counts. As a result, the Office of Health Policy and AIDS Funding created an educational tool called "Know Your Score" for service providers to use to educate clients about CD4 and VL counts. The tool is currently being evaluated to measure its efficacy.

The Ryan White Part A Grant is an HIV treatment grant supported by the Health Resources and Services Administration under the HIV/AIDS Bureau.

ABSTRACTS

3.2.04 - Poster Session 1

UNIQUE COLLABORATIONS TO REDUCE THE DUAL RISK OF TOBACCO AND DIABETES

ML Williams; JD Keith; JM Turner; RD Lorah; SI Allen Health Promotion Council (MLW); Public Health Management Corporation (JDK, JMT); Pennsylvania Department of Health (RDL, SIA)

PURPOSE: Unmanaged diabetes and tobacco use is a dangerous combination. PA cAARdS! is an integrated brief intervention and referral model developed to address the dual risks of unmanaged diabetes and tobacco use by training interdisciplinary health professionals in the evidence-based Ask/Advise/Refer (AAR) brief intervention. AAR training offers practitioners tools and techniques to support and inform client efforts to quit tobacco and/or manage their diabetes. Brief intervention allows practitioners to encourage and refer clients with dual risks. **PROJECT DESCRIPTION:** PA cAARdS! facilitates and promotes the use of local and statewide diabetes education/management and tobacco cessation resources. PA cAARdS! training and tools help link community and primary care; while technical assistance efforts help to increase an organization's capacity to implement and sustain integrated cross-referral programs. PA cAARdS! has trained 370 individuals, from over 180 organizations, in AAR. Trainees have reported over 2,100 referrals to diabetes and tobacco cessation services by responding to training follow up surveys and, in some cases, submitting a web report. Now PA cAARdS! is expanding its reach to family physicians and nurse practitioners through unique collaborations with the Pennsylvania Academy of Family Physicians Foundation (PAFP/F) and the School of Nursing at the University of Pittsburgh. Through these projects, residents and nurse practitioners will be trained in AAR, potentially improving the quality of care for patients with diabetes who use tobacco. These new collaborations are expected to inform future practice efforts, organizational policy, and the development of additional tools to support dual risk referral. In this presentation we will describe findings to date and next steps for informing clinical practice. **IMPLICATIONS:** PA cAARdS! is a promising program model with application in a variety of settings to benefit clients with dual risks.

This project is funded by the Pennsylvania Department of Health, Diabetes Prevention and Control and Tobacco Prevention and Control Programs.

3.2.05 - Poster Session 1

USING A COLLABORATIVE TO FOCUS ON REFUGEE HEALTH

JD Keith; G Wendel; S Ingerman Public Health Management Corporation (JDK, SI); Nationalities Service Center (GW)

PURPOSE: Formed in 2010, the Philadelphia Refugee Health Collaborative (PRHC) is a regional coalition consisting of Philadelphia's three refugee resettlement agencies and eight refugee health clinics. The mission of PRHC is to create an equitable system of refugee health care in the Philadelphia region ensuring a consistently high standard of care for newly arrived refugees. Each year, PRHC provides domestic health screenings, primary care (including newborn, pediatrics, adult medicine, geriatric, obstetric/gynecologic care), dental care and access to laboratory, radiology and subspecialty services to 800 newly arrived refugees. PRHC also provides ongoing primary care and women's health services to established refugee patients. Resettlement and clinical partners are committed to building both their internal capacity and the capacity of the Philadelphia region to maximize refugee health outcomes. **METHODS:** PRHC partners participated in an online capacity assessment to describe current leadership, adaptive, management and technical capacities, as well as PRHC strengths and areas for improvement (n=9, 56% response rate). Findings were discussed at a PRHC meeting to prioritize next steps. **RESULTS:** All respondents agree they have a voice in PRHC and that benefits of participating in the collaboration outweigh any drawbacks. Respondents agree PRHC has advanced the system of care for refugees and that it maintains a variety of mutually beneficial relationships. Survey findings indicate a need to examine refugee community involvement in decision-making, PRHC's ability to discuss progress, and the acquisition of human and financial resources. **DISCUSSION:** A modified version of the survey will be administered on two more occasions (January and May 2013). PRHC is now developing a minimum data set to inform collection of client data at each agency and enable the group to better discuss and examine aggregated refugee health and needs. PRHC partners will also develop a strategic plan to determine future PRHC structure, priorities, and funding opportunities.

Support provided by the Barra Foundation.

3.2.06 - Poster Session 1

ASSESSING THE APPROPRIATENESS OF THE MANAGEMENT OF POSITIVE BLOOD SAMPLES IN A 200-BED HOSPITAL

J Bailey; FZ Brakta; A Baird

Purpose - The purpose of this study is to determine the frequency of false-positive blood samples in a 200-bed teaching hospital, assess the appropriateness of antimicrobial therapy, and determine associated lengths of stay and expenses. **Methods -** Prior to conducting this study, the proposed research was submitted to the Institutional Review Board for approval. A report was generated to provide patient profile demographic information, admission/discharge dates, patient location in the hospital, culture/sensitivity results, antibiotics administered, and length of antibiotic therapy with associated costs for the period of January 1, 2012 through March 31, 2012. **Results -** The rate of reported contaminated blood samples for the period studied was 7.95%. Unnecessary antibiotic therapy was initiated in 4.55% of the total reported blood samples and the average duration of treatment with antibiotics for false positive blood samples was 3 days. However, the length of stay was disproportionately high for patients with contaminated blood samples as compared to those with non-contaminant positive blood samples. **Discussion -** Further data is being collected and analyzed. Cost related data has not been obtained. There are several limitations to this study. Data was analyzed for a limited period, and microbial reports analyzed only included blood cultures. Results obtained did not take into account the complete patient profile with coexisting alternate infection sites and subsequent cultures taken. Further efforts can be made to reduce contamination rates of samples collected, thereby reducing unnecessary antibiotic utilization. **Conclusion -** The rate of reported contaminated blood samples exceeds the published standard of 2-3% but closely reflects that of teaching hospitals in the USA. The rate of unnecessarily initiated antibiotic therapy mirrors the elevated contamination rate of blood samples analyzed. Furthermore, the treatment duration of unnecessary antimicrobial therapy for contaminated blood samples is particularly high for *S. coagulase* negative organisms (6 days).

COE Scholar Program

3.2.07 - Poster Session 1

THE ABC'S OF HEPATITIS C: EXPLORATORY STUDY OF PERCEPTIONS FROM PUBLIC HEALTH, COMMUNITY, AND MEDICAL PROFESSIONALS

Barnes PA; Ohmit A; Dai S; Harris D; Townsend D Indiana University School of Public Health, Department of Applied Health Science (PAB); Indiana Minority Health Coalition (AO, SD, DH, DT)

PURPOSE – To explore perceptions among professionals in Indiana about demographic, access, utilization, and community factors related to hepatitis C. **METHODS** – The research team assembled a list of potential participants representing four organizational entities in the public health system: public health departments, hospitals, community-based organizations, and an advocacy/support group. Professionals participated in a 30–60 minute telephone or face-to-face individual or group interview or sent a written response to the interview questions via email. Interviews were recorded and transcribed; written responses were typewritten and saved into a word processing document. Transcripts and emails were coded directly related to perception, values, and beliefs about hepatitis C, strengths and gaps related to access and utilization, and factors contributing to its prevalence. Themes emerged from existing categories that were then organized based on assets, barriers/challenges, and solutions. **RESULTS** – Seven individual and two group interviews were conducted with state and local health department employees, a hepatitis C coordinator and health educators for hospital systems, and a facilitator for a hepatitis C support group. Three email responses were received from local health department employees and a medical provider. Participants worked in the areas of hepatitis surveillance, follow up/referral, testing, or education/outreach. Four themes were identified: (1) passionate and committed providers and screening/education programs are “hidden” assets; (2) lack of human and financial resources is a structural/material barrier to improving intra-organizational capacity; (3) socioeconomic status presents a major challenge for persons in need of treatment services; and 4.) public health awareness and public health/medical collaboration are solutions in reducing anticipated and public stigma and building community capacity. **CONCLUSIONS** – This study identifies institutional and community related assets, barriers/challenges, and solutions necessary to create a coordinated response to address issues related to undiagnosed cases as well as gaps in treatment and services.

3.2.08 - Poster Session 1

USING BUSINESS INTELLIGENCE TO AID HOSPITALS AND HEALTHCARE PROVIDERS TO PLAN AND ADDRESS POPULATIONS EXPERIENCING HEALTH DISPARITIES

M De Lucca; TM Phillips

PROBLEM/ISSUE TO BE CONSIDERED: Planning for the healthcare needs of populations experiencing disparities is important as changes proposed in the Affordable Care Act are instituted. This provides a discussion of how Broward Regional Planning Council with hospitals from Broward County have used a Business Intelligence model included with a robust Data Warehouse to assist hospitals and human services providers in improving program efficiency and overall functionality, by utilizing data (Agency for Health Care Administration (AHCA), hospitalization utilization reported directly from hospitals, Prevention Quality Indicators (PQIs), Diagnosis Related-Groups (DRGs), International Classification of Diseases (ICD-9) with demographic information and locations of health disparate populations) for strategic planning and decision making. **UNDERLYING ISSUE KEY FACTORS:** The delivery of high quality healthcare is information intensive and the importance of evaluating that information quickly and efficiently using various predictive analytics, forecasting, and trend analysis for operational and clinical staff is imperative. Being able to use the information from the hospital/healthcare setting with the demographic data available from the census, and local and regional planning agencies, will assist in planning for improved access to healthcare by vulnerable, health disparate communities. **RECOMMENDATIONS:** The widespread use of BI models utilizing existing data warehouse structures to help improve planning for and access to healthcare by those with disparities.

3.2.10 - Poster Session 1

INTERDISCIPLINARY EDUCATION IN A PHARMACIST-ENABLED RURAL HEALTH CLINIC

PZ Murphy; FI Ford; CC Sands; DJ Hornbuckle Samford University McWhorter School of Pharmacy (PZM, CCS); Sowing Seeds of Hope (FIF, DJH)

PURPOSE: To describe and evaluate the success of interdisciplinary education among pharmacy and pre-medical students working in a pharmacist-enabled rural health clinic in Perry County, Alabama. **PROJECT DESCRIPTION:** Within a successful medical home model, healthcare workers must collaboratively devise preventive service plans, coordinate care among providers, and use non-physician staff to manage patient care. The Cardiovascular Risk Reduction clinic (CRRC) in Perry County, Alabama combines different disciplines to coordinate care for its underserved and underinsured patients. Interdisciplinary pairs of students work collaboratively to manage patients with chronic disease states. Student pairs jointly interview patients to obtain a medical history and provide education. Pharmacy students conduct a thorough medication review and educate patients on medication mechanisms, adverse effects, and compliance. Pre-med students provide counseling on lifestyle changes including diet and exercise. Experienced nurses and pharmacy instructor assist students with obtaining vital signs and chronic disease management. Students present patients to the DO if further evaluation or prescriptions are needed. **IMPLICATIONS:** While most healthcare education takes place in silos, the CRRC in Perry County is establishing a team approach that fosters collaborative decision making among students prior to actual clinical practice. As students discover the strengths of other disciplines, there is less professional rivalry, develops mutual respect, and fosters collaboration between disciplines that benefits not only the patient, but also the healthcare workers. Pharmacy students report that they felt more comfortable in their knowledge and liked the idea of pre-medical students viewing them as the medication experts which would continue once they were practicing physicians. Pre-medical students reported that they enjoyed working on a team as it gave them more confidence and reassurance that they would not make mistakes. As the pharmacy students were further along in their training, pre-medical students reported that they imitated the patient interaction between pharmacist and patient.

The Cardiovascular Risk Reduction Clinic is supported in part by funds from the Alabama Department of Public Health Diabetes Today grant.

ABSTRACTS

3.2.11 - Poster Session 2

GENDER, RACE & AGE AS DETERMINANTS OF PSYCHOSIS IN TRAUMA

SM El-Rachidi, JK Pratt, OA Arije, SA Al-Dahir Pharmacy Student, Xavier University of Louisiana College of Pharmacy (SME, JKP) Pharmacy Resident, LSU Health Sciences Center– Xavier University of Louisiana (OAA) Clinical Assistant Professor, Xavier Univ

PURPOSE: Psychosis in the intensive care unit (ICU) is multifactorial, with both the event and treatment of trauma being causative agents. Drug therapy has been introduced to treat the symptoms of psychosis in order to improve outcomes and shorten length of hospitalization. Several agents such as Quetiapine, Ziprasidone, Olanzapine, Risperidone, and Haloperidol are used to abate the symptoms of psychosis, which are often associated with significant morbidity. The objective of the study is to determine whether gender, race, and age are determinants of ICU psychosis. A secondary objective is to determine if these determinants guide therapeutic interventions. **METHODS:** This is a retrospective, medication evaluation of all patients admitted to the TICU (Trauma ICU) in 2011 and who received one of five antipsychotics medications. Data was retrieved from the hospital Pyxis© system and Cliq© patient database. Information collected was age, gender, race, antipsychotic of choice, duration of therapy, length of hospitalization, and ICU length of stay. Data was analyzed using Chi Square, ANOVA and linear regression in SPSS version 19©. **RESULTS:** A total of 57 patient charts were reviewed. Gender, race, or age was not significantly associated with duration of antipsychotic therapy in the TICU. The mean duration of therapy for males was 5.3 days and females 5.5 days. Caucasian patients were more likely to receive Ziprasidone (40%) or Quetiapine (48%) whereas African-Americans were more likely to receive Risperidone (36%) ($p = .026$). Females were more likely to receive Quetiapine (74%) and males most often received Ziprasidone (52%) ($p = .002$). **CONCLUSIONS:** The results of the analyzed data indicate no direct correlation between duration of therapy and determinants of age, gender, or race. However, the admission of anti-psychotic medications to trauma care patients should not be dismissed as a primary factor in allowing for a shorter duration in the ICU.

3.3.01 - Poster Session 1

CONSISTENCY WITH ADA/EASD ALGORITHM IN UNINSURED DIABETES PATIENTS

YM HARDY Chicago State University College of Pharmacy

PURPOSE: The American Diabetes Association/European Association for the Study of Diabetes (ADA/EASD) consensus statement listed a recommended treatment algorithm for the management of patients with Type 2 diabetes. Because the management of diabetes can be expensive, optimal drug therapy options may be inaccessible to some uninsured patients. The purpose of this project is to evaluate if drug therapy regimens for uninsured patients that receive care at a community free clinic are consistent with the ADA/EASD algorithm. **DESIGN METHODS:** A chart review was performed. Charts that had at least one recorded patient visit for Type 2 Diabetes at the clinic between January 1, 2012 and October 1, 2012 were included in the review. The diabetes drug therapy regimen was recorded for each visit date. The frequency distribution of treatment regimens consistent with the ADA/EASD algorithm was determined. **RESULTS:** Sixty charts met the criteria for the chart review, and 54 charts were evaluated (90%). A total of 152 visits were evaluated. A treatment regimen consistent with the ADA/EASD algorithm was found in 87% of the charts reviewed. Upon reviewing each visit, regimens consistent with the algorithm were recorded 74% of the time. Metformin in combination with basal insulin was the most frequently recorded regimen. **DISCUSSION:** Most patients at a community free clinic have access to and are being prescribed drug therapy regimens consistent with the ADA/EASD algorithm. This information contributes to the ongoing effort to reduce health disparities, as it suggests that uninsured patients can still have access to quality medications and be treated according to national and international standards of care.

3.3.02 - Poster Session 1

DISEASE CONTROL IN UNINSURED PATIENTS WITH TYPE 2 DIABETES

YM HARDY Chicago State University College of Pharmacy

PURPOSE: Disparities in diabetes health outcomes exist between insured and uninsured patients as well as among racial and ethnic groups. Uninsured patients being treated at a community free clinic that serves a racial and ethnic disparate community, have access to diabetes drug therapy regimens consistent with the American Diabetes Association/European Association for the Study of Diabetes (ADA/EASD) treatment algorithm at no charge. The purpose of this study is to assess diabetes control when appropriate drug therapy regimens are provided at no cost. **DESIGN METHODS:** A chart review was performed. Charts that had at least one recorded patient visit for Type 2 Diabetes at the clinic between January 1, 2012 and October 1, 2012 were included in the review. Drug therapy regimens were assessed for consistency with the ADA/EASD algorithm. A1C results were recorded for patients when the drug therapy regimen was consistent with the algorithm. A1C results reported either one month before or after each visit were included in the review. **RESULTS:** Forty-four charts met the criteria for the chart review and were evaluated. A total of 82 A1C results were recorded. Seventy-two percent of the A1Cs reported were $\geq 7\%$, with 28% of the values being $\geq 10\%$. **DISCUSSION:** Though patients at a community free clinic have access to and are being prescribed drug therapy regimens consistent with the ADA/EASD, they are still not controlled based on the A1C. Medication adherence assessment as well as an exploration into other determinants of diabetes control will be performed.

3.3.03 - Poster Session 1

OHIO'S LOCAL CONVERSATIONS ON ENDING HEALTH DISPARITIES

ANGELIA C DAWSON; BR Yung; PJ Leahy; F Perkins; R Fisher; M Sharma; and JW Mawasha Ohio Commission on Minority Health (ACD); Wright State University (BRY,JWM); University of Akron (PJJ); Cleveland State (FP); Case Western Reserve University (RF); Univers

PROBLEM/ISSUE TO BE CONSIDERED: In response to the National Partnership for Action to End Health Disparities (NPA), the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels. **UNDERLYING ISSE/KEY FACTORS:** To address the issue of health equity, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically-based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state. **RECOMMENDATIONS:** Based on evaluation results, OCMH's willingness to engage residents in the process of identifying their perceived health issues through dialogue is a model that can be replicated because it as has proven to be a positive and productive approach to engage communities in culturally specific conversations and actions through Community Based Participatory Research, policy development, and making systemic changes by involving the key stakeholders in meaningful ways in all stages of the process.

GRANT SUPPORT: Funded by the Ohio Commission on Minority Health through Supplemental Grant funding initiative MGS 2008 and MGS 2009 in support of the National Partnership for Action to End Health Disparities.

3.3.04 - Poster Session 1

A VISION OF INTERPROFESSIONAL COLLABORATION TO IMPROVE THE HEALTH LITERACY ENVIRONMENT

Joan "Ecoee" Rooney, MSN, RN

Billions of dollars are lost annually on the national level because patients are caught in a chasm of health illiteracy. Whether it is how to follow up, when to follow up, or perhaps the information on an informed consent for an invasive procedure, clear understanding of health information is a human rights issue. "A Vision of Interprofessional Collaboration to Improve the Health Literacy Environment" is a call to the interdisciplinary team to look at their health communication practices, recognize the importance of health literacy, recognize the factors that keep patients from understanding and finally, the ABCs of Service Excellence that address ways of recognizing how working to improve the health literacy environment can be reflected in HCAHPS scores.

3.3.05 - Poster Session 1

MEDICATION ACCESS FOR UNINSURED PATIENTS WITH MULTIPLE CHRONIC DISEASE STATES

YM Hardy; E Becker; AM Bryant

PURPOSE: Lack of access to quality health care, including lack of access to affordable drug therapy, places many patient populations at risk for poor health outcomes. Chronic disease management can be costly to the uninsured. Lack of access to affordable drug therapy can lead to disparities in health outcomes related to disease management. The purpose of this project is to evaluate chronic disease state treatment options for affordability and accessibility to patients served by a community free clinic in the Chicago area. **DESIGN METHODS:** The cost of medications in each drug therapy class will be obtained and the total cost for the drug therapy regimen will be calculated. Each medication will then be reviewed to determine its availability in the Patient Assistance Program (PAP) and medication discount program lists. Control of disease states will be assessed by evaluating meeting of target treatment goals. **EXPECTED RESULTS:** Affordability of therapy regimens and accessibility of the regimens will be reported. **DISCUSSION:** The implications of this study can impact prescribing practices and potentially improve patient outcomes at the community free clinic.

3.3.06 - Poster Session 1

DETERMINANTS OF HEALTH CARE OUTCOMES FOR PATIENTS ADMITTED WITH ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN NON-FEDERAL HOSPITALS

Priscilla O. Okunji, Ph.D., RN-BC Johnnie Daniel, Ph.D., JD Kathy Sanders-Phillips, Ph.D

PURPOSE: To assess the patient and hospital factors that affect the health care outcomes of persons hospitalized with human immunodeficiency syndromes in non-federal hospitals. **METHODS:** A retrospective data analyses of discharges was conducted for the 2010 Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS). Sample selection was based on the International Classification of Diseases, Ninth Revision (ICD-9) codes. Descriptive and regression statistical analyses were carried out using SPSS version 20. **RESULTS:** White males with HIV/AIDS were admitted four times more than their female counterparts (4:1), when compared to Black gender (1:1) and Hispanic gender (2:1). Males within age group (40 to 59 years) were admitted more when compared to high admission rate in age group (21 to 49 years) for females irrespective of race. Especially for White male under 21 years who stayed longer (16 days) and had higher hospital charges (\$100,000 and more); there was no death, in both genders for White and Hispanics under 21 years, when compared to Blacks. The regression results of length of stay on the model composed of patient characteristics showed that there is a significant difference $p < 0.05$ for male (.027), white (-.015), Medicaid patient (.034), drug abuse (-.027), hepatitis c (-.035), opportunistic illness (.039), depression (-.020), respiratory intubation and mechanical ventilation (-.037) and blood transfusion (.018). **CONCLUSIONS:** The results of this study indicate that age, gender, insurance status and qualification for Medicaid, treatment procedures, and multiple co-morbidities affect the outcomes of HIV/AIDS persons admitted to non-federal hospitals. The regression model showed that the results presented in this study are large enough to affect clinical policy. These findings highlight the need for interventions to increase awareness on factors and disparities that affect inpatients with HIV/AIDS especially for females (21 years and above) and blacks (under 21 years of age).

MIDARP (Minority Institutions Drug Abuse Research Development Program) pilot study funded through the National Institutes of Health/National Institute for Drug Abuse.

3.3.07 - Breakout Session C

EFFECTIVENESS OF A RURAL CARDIOVASCULAR RISK REDUCTION CLINIC

PZ Murphy; CC Sands; FI Ford Samford University McWhorter School of Pharmacy (PZM; CCS), Sowing Seeds of Hope (FIF)

PURPOSE - To describe the implementation of the hypertension and diabetes clinics in Perry County. To understand the role of the clinics in reducing modifiable risk factors. To investigate the effectiveness of the pharmacist-enabled clinics in Perry County, Alabama. **METHODS -** A retrospective chart review was completed using patient records from the Sowing Seeds of Hope (SSOH) and McWhorter School of Pharmacy (MSOP) Cardiovascular Risk Reduction Clinic. Patient charts (n=110) were evaluated for changes in cardiovascular risk factors, blood pressure, body mass index, and weight, from January 2005 through June 2010. Baseline and resultant measurements were analyzed to determine if there were decreases in cardiovascular risk factors after patients began attending free clinic sessions. **RESULTS -** There was a statistically significant decrease in systolic and diastolic blood pressure among patients utilizing the pharmacist-enabled clinic. Systolic blood pressure showed an average decrease of 4mmHg, and diastolic blood pressure showed a similar decrease of 3mmHg. Six participants (5%) moved from obese to the overweight category based on body mass index changes. Centers for Disease Control data also show a significant decrease in stroke death rate among Perry County residents during the last 10 years despite inadequate access to healthcare and the number of residents who are uninsured or underinsured. **CONCLUSIONS -** Results of the retrospective chart review indicate that Perry County residents utilizing the clinic are working to close the gap in cardiovascular health disparities due to increased awareness about disease states, risk factors, and cardiovascular goals. Patients are more aware of proper medication use and compliance, and are communicating with health care professionals on a regular basis to help manage their chronic disease states. The results indicate that pharmacist enabled clinics can be successful in rural areas. The research indicates a need for patient follow-up and greater clinic utilization.

ABSTRACTS

3.3.08 - Poster Session 1

MEDICAL CONDITIONS, HEALTH MAINTENANCE AND FAITH AMONG FORMERLY INCARCERATED PERSONS

FS Pezzella; S Vlahos; V Dyanand Department of Criminal Justice (FSP, SV, VD) John Jay College of Criminal Justice

PURPOSE: Mass incarceration contributes to one of the most significant health disparities in the United States but remains a relatively obscure health disparity policy issue. Formerly incarcerated persons reportedly experience disproportionate rates of infectious and chronic diseases and high mortality rates from drug overdoses, cardiovascular disease, and chronic medical conditions. It has also been noted that this high risk group participates in risky sexual practices that potentiate the transmission of sexually transmitted diseases that exposes poor communities to communicable diseases. Potential exposure to disease, a growing consequence of discharge, is further exacerbated by poor transitions in health care and health management which has an indirect, but increasing effect, on health disparity. **METHODS:** We incorporate a two wave panel design to attain data from formerly incarcerated persons, at baseline, 136 (100%), and subsequently at follow up, 71 (52%). Baseline data collection began with a face-to-face survey 4.5 weeks after discharge; the follow-up interview was conducted 24 weeks after discharge. T-test comparison of means for single, independent and paired samples will be conducted to assess these groups against normative health standard of obesity, quality of food intake, conservative opinions on sexual behaviors and perceived condition of health. In addition, paired sample analysis will illuminate changes for subjects between baseline and follow-up. **EXPECTED RESULTS:** We hypothesize that formerly incarcerated persons who participate in religious/spiritual activities will consume diets rich in protein and poor in fat, carbohydrate, and cholesterol and engage in less risky behaviors. **DISCUSSION:** The role of religion/spirituality has received scant attention as a strategy to address health disparity and poor health in formerly incarcerated persons. Formerly incarcerated persons who immerse themselves in religion/spirituality address BOTH their inner and outer conditions. As a result, significant variations in health maintenance, management practices, and current medical conditions are plausible.

Institutional Development Program For Correctional Health and Healthcare Research Funding for this paper was made possible by 5P20MD006118-02 from the National Institute on Minority Health and Health Disparities. The views expressed in written conference

3.3.09 - Breakout Session A

HEALTHY LINKAGES: ADDRESSING HEALTH DISPARITIES THROUGH ACADEMIC/COMMUNITY PARTNERSHIPS AND COLLABORATION

ML Jones CD Brunson FV Estes JD Taylor G Funches L Croff-Poole

PURPOSE – The purpose of this project is to ensure medical homes and access to specialty care to the uninsured and underserved in the state of Mississippi. The Healthy Linkages Initiative is a collaboration between the University of Mississippi Medical Center, the Mississippi State Department of Health and the 21 Federally Qualified Health Centers (FQHCs) in the state. Collectively, these three entities are the largest providers of care to the underserved and uninsured in the state. **PROJECT DESCRIPTION** – Prior to Hurricane Katrina, there was no formal communication between the University of Mississippi Medical Center, the sole academic medical center in Mississippi, the Mississippi State Department of Health Clinics, and the 21 FQHCs in the state (i.e. lack of trust). The medical center cared for approximately 17,000 patients in its emergency room each year for primary care visits; many of which were uninsured or underserved. Providers in the state's FQHCs and county health department clinics were having difficulties getting appointments at the medical center for tertiary/specialty care. The devastation of Hurricane Katrina revealed the need for better collaboration, thus Healthy Linkages was formed. Healthy Linkages is comprised of many programs by which the three organizations collaborate to ensure adequate patient access to quality health care. One example is an emergency room diversion project that has directed many individuals to medical homes and has saved the medical center millions of dollars in costs. This is made possible through linkages via electronic medical records, where the emergency room staff of the medical center has access to the electronic medical record of the largest FQHC in the state. Patients are scheduled directly into the system for appointments. This presentation will discuss, in detail, how the only academic medical center in the state of Mississippi has addressed health disparities through partnerships with key safety net organizations.

3.3.11 - Breakout Session A

LOUISIANA CARDIOMETABOLIC RISK FACTOR DISPARITIES PROVIDE OPPORTUNITIES FOR IMPROVEMENT

JaNae Joyner, Ph.D., Debra R. Simmons MS, RN, Michael A. Moore MD, Carlos M. Ferrario MD, Brian Forrest MD, and David Carmouche MD.

PURPOSE – To examine cardiometabolic risk factor differences prior to and after implementation of a process improvement continuing medical education (PI-CME) that specifically addressed disparities in care. **METHODS** – Baseline (pre-PI-CME) and follow-up (post-PI-CME) values for blood pressure (BP), lipids (LDL, HDL, non-HDL), and hemoglobin A1c (HgA1c) were abstracted from 3,032 diabetic and non-diabetic patients in 10 participating PI-CME Louisiana primary care practices (PCPs). The PI-CME included evidence-based treatment algorithms, system changes addressing practice gaps, physician-patient engagement tools, quarterly outcome reassessments, and the plan-do-study-act (PDSA) cycle. **RESULTS** – There were no baseline statistical differences in cardiometabolic control rates except that African American men (AA-M) and women (AA-W) had lower diastolic BP control rates as compared to Caucasian men (CA-M) and women (CA-F) (57% AA-M, 64% AA-F, 71% CA-M, 80% CA-F). At baseline, AA-M had statistically higher mean systolic BP (AA-M=134 + 18; CA-M=129 + 16 mmHg), diastolic BP (AA-M=82 + 11; CA-M=78 + 10 mm Hg), HDL-C (AA-M=45 + 13; CA-M=43 + 12 mg/dL), and HgA1c (AA-M=8.0 + 1.8; CA-M=7.4 + 1.5%) values as compared to CA-M. AA-F had significantly higher systolic BP (AA-F=132 + 17; CA-F=128 + 16 mm Hg), diastolic BP (AA-F=80 + 10; CA-F=76 + 10 mm Hg), and HgA1c (AA-F=7.7 + 2.0; CA-F=, 7.1 + 1.3%) and lower non-HDL-C (AA-F=129 + 36; CA-F=139 + 43 mg/dL) as compared to CA-F. Diabetic AAs average BP and LDL-C values exceeded goal levels while CA values were at goal. After the PI-CME intervention, cardiometabolic risk factor values changed similarly among ethnic and gender groups. **CONCLUSIONS** – Professional gaps exist for the optimal control of cardiometabolic risk factors among AA patients in Louisiana PCPs. Ongoing COSEHC PI-CME intervention in these practices will be utilized to address these gaps.

Blue Cross and Blue Shield of Louisiana

3.3.12 - Poster Session 1

REPRODUCTIVE AND MENTAL HEALTH INITIATIVES IN THE HISPANIC ADOLESCENT POPULATION

J Flores; AM Benitez; AN Jones Woodhull Medical Center (WMC) – CAPP PREP (JF, ANJ); The National Campaign to Prevent Teen and Unplanned Pregnancy (NC) – Latino Initiative (AMB)

PURPOSE – The Latino Parent/Teen Communication (LPTCP), Birth Control Method Chooser (BCMC), and Transitioning Teens into Healthy and Successful Adulthoods (ABLE) projects are three concurrent initiatives that create opportunities for healthcare providers to reach at-risk teens and develop a population of informed consumers. This is essential to addressing the reproductive health disparities, access barriers, healthcare field underrepresentation and healthcare misuse predominant in Hispanic communities. **PROJECT DESCRIPTION** – LPTCP brings together grassroots, research, and national efforts to create a parent/teen communication resource. The NC pilot uses Families Talking Together (FTT), an Evidence Based Program (EBP) for Latino families, in California, implemented by promotoras (Community Health Workers). Research indicates that promotoras are effective Latino family health intervention agents. Women, 18–29, report that their first choice for healthcare services usually is a family practice but it is too infrequent that the topic of birth control is discussed. Through the creation of a contraceptive decision support tool that is tablet, web and mobile based, the NC's BCMC brings together physicians, patients and technology in a birth control support network. ABLE is a Comprehensive Adolescent Pregnancy Prevention–Personal Responsibility Education Program (CAPP-PREP) program at WMC that provides pregnancy and STD/HIV prevention education using two EBPs, ¡Be Proud, Be Responsible! and Cúdate with Hispanic and minority teens, and recent immigrants. The ABLE program advances HIV testing and teen friendliness of reproductive healthcare delivery (ex. Confidential and accessible text messaging). ABLE also trains providers and staff to create a teen friendly healthcare haven with successful appointment interactions.

WMC's CAPP-PREP Adolescent Initiative ABLE is a NYSDOH funded grant.

3.3.13 - Poster Session 1

PERCEPTIONS OF HEALTH INEQUITY ACROSS TEXAS

KM Cardarelli; AJ Ottenbacher; K Linneer; O Akinboro; H Champeau; M Martin; E Martin; R Harrison; T James; A Parikh; M Paul; M Nava University of North Texas Health Science Center (KMC; AJO; KL; OA; MP; MN); 2M Research Services, LLC (MM; EM; HC; RH; TJ);

PURPOSE – To identify barriers and perceptions of major contributing factors to health inequities in counties participating in Transforming Texas, a CDC-funded Community Transformation Grant. **METHODS** – Four focus groups were conducted with representatives of organizations who are collaborating to prevent chronic disease in Transforming Texas counties. Participating organizations included a university, two nonprofit health and human service agencies, and one public health department. These groups are targeting the following Texas urban, rural, and border counties: Webb (urban border), Jim Wells (rural non-border), Willacy (rural border), Lubbock (urban non-border), Hale (rural non-border), and McLennan (urban non-border). **RESULTS** – Three main themes were identified as major contributing factors to health inequities experienced in the targeted counties: systems level barriers, sub-optimal interaction with healthcare providers, and immigration status. At the systems level, participants reported limited availability of resources for underserved populations, long wait times to see a physician coupled with short face-to-face interactions, lack of consistency in seeing the same provider at each visit, and limited access to providers who accept Medicaid. Regarding physician interaction, participants reported language barriers, lack of communication about follow-up treatments or self-management techniques, and a general lack of effort or concern. Patient fear surrounding immigration status was a major concern for participants in counties on the Texas – Mexico border. They reported that undocumented immigrants are unlikely to seek traditional services because they are afraid of deportation and unaware of resources that are available to them. **CONCLUSIONS** – While some factors contributing to health inequities were reported in all four focus groups, others were unique to the geographic location or community context of their counties. Approaches to reducing these inequities must address the social determinants of health at multiple levels.

Funding supported by CDC-RFA-DP11-1103PPHF11 from the Centers for Disease Control and Prevention. The Texas Department of State Health Services was awarded this Public Prevention Health Fund: Community Transformation Grant to implement Transforming Texas

3.3.14 - Poster Session 1

MARTINIQUE AT A GLANCE

Agathe Merle

A study of socio-economic and health indicators with mapping representations for the island of Martinique, FWI. This project was conducted in Martinique with the Agence Régionale de Santé (ARS – Regional health agency) and also with the help of the Observatoire de la Santé de la Martinique (OSM- Health observatory of Martinique). The overall objective of this project was to get data for several social, economical, health resources, and health outcomes indicators and use them to produce maps that would display those results per city. The data and maps helped to rank the cities and compare them based on specific indicators and categories. We decided to allocate the indicators under three different categories: a) demographic and socio- economical description of each city; b) population's health; c) health care system and resources. Data was collected for each indicator at the city level at the latest date available. All collected data was treated with Excel. The maps were created using software ArcGis. We had over sixty indicators for each of the thirty-three cities, for the years 2007 to 2011, except for the population of 1990. We used Excel to rank the cities from lowest to highest for each of the indicators. We then compared the scores of cities across the board by sub-parts. We were able to find trends and disparities for specific cities or types of indicators. Our study is intended to be a snapshot of Martinique's health at a certain point in time showing disparities and similitudes between the different cities of the island. As a result of this study we were able to give preliminary advice to the public health officials of Martinique: to focus on prevention and collaboration at the community level and to follow-up in time with the maps and data.

ABSTRACTS

3.3.15 - Poster Session 1

TEACHING HEALTHCARE DISPARITIES IN AN ONLINE LEARNING ENVIRONMENT

JD Taylor; L Croff-Poole; JH Bailey; ML Jones; GE Funches; JM Ibrahim School of Health Related Professions (JDT; LCP; JHB; JMI), Division of Multicultural Affairs (GEF), Office of the Vice Chancellor for Health Affairs The University of Mississippi Medica

PURPOSE – The purpose of this study was to assess levels of knowledge and understanding of healthcare disparities in an online learning environment. **METHODS** – Data were analyzed from responses to graduate exit surveys of the bachelor (BS) and master programs (MS) of Health Sciences; interprofessional, online academic programs in the School of Health Related Professions at a southeastern academic health center. The masters program began in 2010, with the first graduates in Spring 2012. Seventy-three (n=73) graduates were invited to answer questions on their overall educational experience, degree program expectations and outcomes, career plans and goals, and work-life balance. Responses from three questions related to health disparities, health policy, and cultural implications were evaluated to determine if online course content was efficient in these areas. **RESULTS** – Researchers hypothesized lower responses to survey items asking if the academic programs prepared them to better understand healthcare disparities, understand health policy issues and implications for practice, and apply principles of sociocultural diversity and cultural competency. **CONCLUSIONS** – Data analysis was used as a curricula-mapping strategy for the BS and the MS offered in Health Sciences. Examples of major outcomes include a bachelor's level course solely dedicated to improving cultural competency for the health professional. This course was restructured and promoted to a core course instead of an elective in the bachelor's program course sequence. In the master's program, a new course dedicated to health policy was added to the curriculum. This course emphasizes health policies impacting minorities and vulnerable populations, including the impact of the Affordable Care Act. It is predicted that exit surveys from Spring 2013 graduates and beyond will reflect higher responses on the selected survey items related to improved preparation and understanding of healthcare disparities, health policy, and cultural competency.

3.3.16 - Poster Session 1

A COMMUNITY HEALTH ASSESSMENT OF LGBT RESIDENTS IN LEXINGTON-FAYETTE COUNTY, KENTUCKY

JA JONES; V LASLEY-BIBBS; M JOHNSON University of Kentucky College of Public Health (JAJ), Kentucky Office of Minority Health (VLB), Fayette County Health Department (MJ)

PURPOSE – To assess the health concerns of LGBT (lesbian, gay, bisexual, and transgendered) residents of Fayette County, Kentucky. **METHODS** – Researchers conducted eight focus groups with LGBT residents as exploratory research. From this initial research we developed an online survey asking about health care access, health screenings, and health status. Researchers sought participants via various social media and local community email lists. **RESULTS** – In addition to the eight focus groups, 270 individuals responded to the survey. Respondents represent a convenience sample and are thus unlikely to be representative of the local LGBT population as a whole. Respondents in fact report a higher median age, income, and education than the Fayette County population as a whole. Ten percent, however, are uninsured. The most common reported health conditions are depression (49%), high blood pressure (34%), high cholesterol (33%), anxiety disorders (28%), and arthritis (22%). Nearly a fifth of respondents reports experiencing discrimination in employment. Eight percent reports discrimination from a medical professional. One in six respondents has been physically hurt by someone targeting the respondent's sexual orientation. **CONCLUSIONS** – Respondents' data reveal a diverse LGBT population encompassing the range of educational backgrounds, incomes, and household structures found in heterosexuals. The most commonly reported health issues include ones often reported similar, aging populations. A minority of respondents, however, report experiencing discrimination and violence. Mental health issues also affect almost half of respondents. These findings point to the need for mental health and senior services sensitive to LGBT individuals and families.

3.3.17 - Poster Session 1

BREAST CANCER SCREENING HEALTHCARE DISPARITY CLINICAL INITIATIVE

KA Smallwood, Cigna HealthCare; AM Alfieri, Cigna HealthCare; M Vogt, Cigna HealthCare

PURPOSE: The purpose of the Breast Cancer Screening HealthCare Disparity Clinical Initiative is to identify and remove barriers to Breast Cancer Screening in the African American population. Research indicates that although Caucasian women have an increased incidence rate of breast cancer, African American women have an increased mortality rate and more likely to be diagnosed with aggressive tumors associated with poor prognosis. Premenopausal African American women are at risk for basal-like breast cancer (triple negative cancer), an aggressive subtype of breast cancer associated with shorter survival. Overall, steady decline in female breast cancer mortality since 1990's due to improvements in early detection and treatment, death rates declined more slowly in African American women compared to white women that resulted in a growing disparity. The goal is to increase screening rates among African American women in targeted markets, by sending an educational brochure to the customer focused on the importance of screening. To assist in eliminating an identified barrier for screening, we will include a list of three screening mammography facilities near the customers' home. **DESIGN METHODS** The population of 1947 customers randomized into an intervention and control group. The intervention group received a customized brochure with detailed information regarding accessing our online Provider Directory and a list of three mammography facilities with contact information included. The control group received the same brochure but without the detailed information regarding the mammography facilities. The brochures were mailed September 2012. **RESULTS/EXPECTED RESULTS** The analysis of this initiative will be completed March 2013. **DISCUSSION/CONCLUSION** It is anticipated that by addressing and removing an identified barrier to Breast Cancer Screening in this population, we will experience an increase in the screening rates. **MENTION OF GRANT SUPPORT** N/A

3.3.18 - Breakout Session B

SOCIAL DETERMINANTS OF HEALTH--PAST AND PRESENT

Marquette L. Cannon-Babb, Pharm.D, CGP

As members of a globalized society, we are challenged to better serve diverse populations in clinical practice. The presentation focuses on the shifting paradigm of race, racism, and classism in relation to health, health care, and clinical practices. A comparison of past and present conceptualizations of the selected "isms" is discussed based on: life chances—in utero through adulthood within the realm of historical and generational contextualization; levels of societal and ecosystem living—individual, household, neighborhood, regional, national, global; and domains—homes, schools, other public institutions (Krieger N. Theories of social epidemiology in the 21st century: an ecosocial perspective. *International Journal of Epidemiology* 2001;30:668-677).. The principle conceptual and foundational frameworks include: the complexity of personal identity; the model Twilight Program wherein transformational group process is used to develop a curriculum that can change the emotional and intellectual condition of the learners it serves; and how any American can develop a group to implement projects/causes that support institutional change through democratic process (Keith N Getting beyond anaemic love: from the pedagogy of cordial relations to a pedagogy for difference. *J Curriculum Studies* 2010;42:539-572). Aspects of social power as it relates to privilege, oppression, and social justice is also discussed. The presentation provides an overview of how U.S. Determinants of Health contribute to premature death (Schroeder SA. We can do better—improving the health of the American people. *N Engl J Med* 2007;357(12):1221-1228) as well as new measures of well-being for U.S. racial and ethnic groups (Lewis K, Burd-Sharps S. A century apart. *American Human Development Project of the Social Science Research Council*. April 24, 2010. <http://www.measureofamerica.org>). Finally, the presentation culminates in how health policy and health care reform support progressive or regressive change in our nation's health.

3.3.20 - Poster Session 2

SMOKING CESSATION RELATED HEALTH DISPARITIES IN LOUISIANA PUBLIC HOSPITAL PRIMARY CARE OUTPATIENT CLINICS

TS Tseng, M Celestine, AC Bryant, Y Xu, KD Jones, DN Guillory, S Moody-Thomas. Tobacco Control Initiative (TCI), School of Public Health, LSU Health Sciences Center New Orleans

PURPOSE - Smoking prevalence remains high in Louisiana public hospitals. To reduce smoking prevalence among lower income patients, efforts should focus on delivering evidence-based cessation interventions to high risk or vulnerable populations. The objective of this study is to identify smoking cessation related health disparities in Louisiana public hospitals' primary care outpatient clinics. **METHODS** - This study analyzed data from 1119 primary patients collected from January to February 2012 (response rate= 98.1%) from The LSU Tobacco Control Initiative (TCI) patient survey, which was self-administered to individuals visiting primary care outpatient clinics in seven public hospitals in Louisiana. This survey was developed to monitor cessation behaviors and perceptions of provider's treatment of tobacco, quit attempts, and utilization of cessation services among patients in Louisiana's safety-net health care system. **RESULTS** - Whites males (36.65%) and African American males (39.47%) have similar smoking prevalence. However, African American males had fewer smoking years (25.14, SD=13.56) than white males (31, SD=13.17). On average, African American males smoke fewer cigarettes per day than white males. Concerning smoking cessation behaviors, white males were more likely to have been asked about smoking status by health care providers in the past 12 months than African American males (90.05% vs. 82.20%, $p=0.026$). Among those who smoked cigarettes regularly and who health care providers advised to quit smoking in the past 12 months, white males were more likely to have follow up arranged (called and asked about quit attempt within one week) by health care providers to quit (86.67% vs. 60.47%, $p=0.005$). **CONCLUSIONS** - Although smoking prevalence among African American males was not significantly higher than white males, smoking cessation behavior between African American males and white males were varied. Culturally-specific smoking cessation services with an appropriate health provider training should be integrated into primary health care clinic settings to enhance African American male smoking cessation participation.

This research was supported by the Tobacco Control Initiative (TCI) and LSU's Improving Clinical Outcomes Network (LSU ICON)

3.3.22 - Poster Session 2

ENHANCING PARTICIPATION IN BIOMARKER RESEARCH IN AFRICAN AMERICANS

WG, Gunn; DF Edwards; T Schroepfer; & J Dykema

PURPOSE – African Americans have very low rates of participation in medical research. Despite the growing attention to address barriers to participation, African Americans continue to participate less frequently than Caucasians. Although African Americans show much hesitation and fear with participating in medical research, research studies that are perceived as invasive continue to evoke significantly more medical and cultural mistrust. The aim of this study was to identify community specific knowledge, attitudes and beliefs about biomedical research and specific types of biomarker studies. **METHODS** – Key informant interviews were conducted to investigate the barriers and facilitators to African Americans participating in medical research. Participants ($n = 26$) answered questions inquiring about their willingness to participate in research projects that require different biomarkers to be collected. The participants included were male and female over the age of 29 and were selected using a purposive, convenient sample population. All interviews were audiotaped and transcribed. The transcripts were coded and analyzed using a conventional content analysis qualitative approach to derive thematic categories. **RESULTS** – Findings indicate that barriers include continued fear of mistreatment, unknowingly being subjected to health risks, and persistent feelings of mistrust. Biomarker studies requiring any sort of intrusion into the body or fluids taken out of the body were perceived to be more invasive and risky than other Biomarkers. Facilitators to participation include trust in the researcher, research being beneficial to self, family or community, and being perceived as harmless. **CONCLUSION** - Findings suggest the need for more efforts directed towards community outreach, education, and recruitment resources for researchers. Results imply that culturally adapted methods and cultural competence serve to help the researcher understand the participant's cultural background and concerns with participation. This research adds to the body of literature on recruitment and participation to help better understand how to elicit trust from a population that have been historically mistreated and taken advantage of in medical research. These barriers further create racial health disparities with participation in medical research and hinder the development of a more expansive understanding of the health needs of underserved communities.

ABSTRACTS

3.3.23 - Poster Session 2

THE HEALTH PROFESSIONS SCHOLARS PROGRAM

ND CROPPER, PHARM.D., CDE Department of Pharmacy and Health Professions Elizabeth City State University

PURPOSE: The Health Professions Scholars Program (HPSP) is an academic and motivational initiative of implementable strategies leading to the attainment of competitive academic standards by African American students of Elizabeth City State University seeking admissions into various disciplines in the health sciences. The program is developed as a method of addressing the acute underrepresentation of African American students in academic health science programs which is also believed to be a factor associated with the widening racial and ethnic disparities of the health professions work force.

PROJECT DESCRIPTION: HPSP is a cohort based program destined to combine high quality academic instruction with entrance test preparation opportunities, and incorporates mentoring, tutoring and advising. The program will implement elements of the Keller Instructional Method which is modeled on the fact that many health professional schools accept applicants who have demonstrated strong, consistent academic performance, have competitive entrance exam scores, have acquired health setting experience in their area of interest, can demonstrate developing critical thinking and problem solving skills. Other important factors include having excellent personal characteristics such as self-discipline, and leadership skills. **RESULTS:** From 2001 to present, fifty students (14 males and 36 females) from diverse disciplines were selected from a pool of applicants who responded to various recruitment methods. Students were aged >18 with GPA > 2.0 and committed to a rigorous curriculum that includes training, website modules, and in-services taught by faculty. Pre and post education evaluations were conducted to measure learning. Two participants have been accepted into health professions programs. There are two years of funding remaining for the program.

Funding for the Health Professions Scholars Program was provided by the U.S. Department of Education.

3.3.24 - Poster Session 2

USING DATA TO IMPROVE ACCESS TO SOCIAL AND BEHAVIORAL HEALTH SERVICES FOR VULNERABLE POPULATIONS

Lisa Gentry, Shelina Foderingham, Chatrian Kanger, Jonathan Perry

Problem/Issue to be considered: Many areas and communities lack access to adequate social and behavioral healthcare. Additionally, increasing access to these services proves to be a challenge for many organizations. This presentation will discuss evaluating the process of integrating behavioral healthcare into primary care settings through the Collaborative to Improve Behavioral Healthcare Access in 2008-2011 and building a network of behavioral health providers in areas that historically lack such services through the Spirit of Hope Collaborative in 2011-2012. The results of this evaluation will be discussed in the context of creating a new program to expand access to behavioral health and social services, the New Orleans Charitable Health Fund. Underlying issues key factors: Central to evaluating the role of collaborations is an understanding of the complex relationships between the social, economic and physical contexts in which vulnerable populations live. On the Gulf Coast, communities are vulnerable to negative effects of disasters due to the relationships between widespread poverty, historic health disparities, and a history of natural disasters. These areas have a history of lacking access to primary and behavioral health care, which was exacerbated by Hurricane Katrina in 2005 and the BP oil spill in 2010. Program implementers and evaluators are responsible for being culturally sensitive when working with vulnerable populations to understand their values and priorities. Convening groups of diverse individuals and organizations is always a challenge, yet is increasingly important when working to improve social, physical, and mental health outcomes. Giving grassroots organizations a voice, providing transparent and relevant data collection tools, analysis, and interpretation, and being responsive to communities' needs builds legitimacy and respect. **Recommendations:** This session will address the importance of relationship-building and demonstrate examples of how program evaluation provided meaningful data that was used to improve access to social, physical, and behavioral health services among vulnerable populations in Louisiana through the New Orleans Charitable Health Fund.

Robert Wood Johnson Foundation for CIBHA, Catholic Charities for Spirit of Hope

3.3.25 - Poster Session 2

ACHIEVING DIVERSITY: A COMPREHENSIVE APPROACH TO NURSING WORKFORCE ENHANCEMENT

Jean E. Swinney and Candida Brooks Harrison

Purpose: This initiative addresses the link between health disparities and health workforce diversity. In nursing, the lack of diversity in the nursing workforce is well documented nationwide. However, when prospective diverse nursing students are recruited from external geographical areas, there is a greater possibility that upon graduation they will return to their respective communities to work. The Achieving Diversity Initiative (ADI) believes that by creating opportunities and providing support for area students, they will be more inclined to choose a career in nursing. The ADI has implemented a model that supports participants socially, academically, and financially. We support, and monitor the progress as well as take personal interest in students and their families in our target area schools of nursing, middle and high schools. The work of the Initiative has resulted in an increased awareness in nursing. Students who have participated in a variety of activities and nursing clubs at their own schools have maintained an interest in nursing. For instance, the degree of awareness experienced by students who participated in nursing clubs was assessed. They were asked how many of them would start thinking about a career in nursing. This presentation will describe the Model utilized by this initiative, and selected support activities implemented in our Project. We will share the results of the assessment and discuss opportunities to encourage students to enroll in nursing based on our experience with the Achieving Diversity Initiative.

This project is supported by funds from the Health Resources and Services Administration (HRSA) Achieving Diversity: A Comprehensive Approach to Workforce Diversity in Nursing Award D19I-1P24310-01-00 D19HP24310

3.3.27 - Poster Session 1

RESEARCH CENTERS IN MINORITY INSTITUTIONS, XAVIER UNIVERSITY

Gene D'Amour, PhD, Guangdi Wang, PhD, Erica Severan

Nationally, and particularly in Louisiana, there are significant disparities between Caucasians and African Americans with regard to Cancer incidence and mortality. African Americans have the highest mortality rate of any racial and ethnic group for most major cancers, making it a major health and human concern. Xavier's NIMHD funded Research Centers in Minority Institutions (RCMI) is committed to continuing to hire not only Cancer oriented faculty, but also faculty who can inform and extend this base through epidemiological studies in health disparities as well as assist in translating discoveries into clinical use. We are using RCMI funds to build on Xavier's momentum in the area of cancer research.

NIHMD 8G12MD007595

3.4.01 - Poster Session 2

TOBACCO PREVENTION AND CESSATION IN LGBT COMMUNITIES

KABI POKHREL AMERICAN LEGACY FOUNDATION (LEGACY)

PROBLEM/ISSUE TO BE CONSIDERED In lesbian, gay, bisexual, and transgender (LGBT) communities, tobacco use is high. LGBT adults may be 1.5 to 2.5 times more likely to smoke cigarettes than their heterosexual counterparts. The data from 2009-2010 National Adult Tobacco Survey showed that 32.8% of LGBT people smoke whereas 19.3% of adults in the general population smoked cigarettes in 2010. Surveys conducted by seven states found prevalence rates in LGB populations ranging from 35.3% to 118.1% higher than those in the general population. Higher smoking rates have serious health consequences for the LGBT community. Men in same-sex relationships are almost three times as likely as heterosexual men to have experienced an asthma attack in the past year, and women in same-sex relationships are more than two times as likely as heterosexual women to currently suffer from asthma. There is a direct correlation between tobacco use and an increased prevalence of lung cancer and heart disease. LGBT people should be treated as a priority population for tobacco prevention and cessation, similar to other racial, ethnic and socioeconomic groups disproportionately affected by smoking. **KEY FACTORS UNDERLYING THE ISSUE** •Social discrimination and stigma •Bar and club culture •Health care disparities •Tobacco industry's marketing strategy of targeting LGBT populations •Normalization of smoking •Tobacco industry's practice of co-opting LGBT communities **RECOMMENDATIONS** •Engage with the LGBT community to offer culturally competent cessation and prevention services •Enforcing tobacco-free environments, particularly in restaurants and bars and at LGBT-oriented community events •Include questions on sexual orientation and gender identity in population-based studies and surveys of health status •Develop culturally-tailored media campaigns targeting LGBT communities. •Build the capacity of LGBT communities to implement effective tobacco control efforts. •Provide education, training, and technical assistance to mainstream tobacco control programs to address the needs of LGBT populations.

3.4.02 - Poster Session 2

COLLABORATIVE POLICY WORK TO REDUCE EXPOSURE TO SECONDHAND SMOKE

JD Keith; S McLain; KO Minot; J Ochs; A Clark; S Ingerman; T Burroughs; JB Meyer Public Health Management Corporation (JDK, KO, AC, SI); Pennsylvania Department of Health (SM, JO); Branch Associates, Inc (TB); Pennsylvania Alliance to Control Tobacco (JBM)

PROBLEM: The US Surgeon General and countless researchers have left no doubt that there is no safe level of secondhand smoke. Smoke free policies are more and more common across the nation, but people are still exposed to secondhand smoke every day. Secondhand smoke exposure varies depending on where you live, work, and play. Exposure-related health disparities still exist, as some are more exposed and/or more impacted by exposure than others. **KEY FACTORS:** In Pennsylvania, the Department of Health's Division of Tobacco Prevention and Control is working with a variety of partners on policies, at multiple levels, to effectively and sustainably reduce exposure to smoke. This presentation will describe the successes and challenges of four projects related to achieving cleaner air. 1) Young Lungs at Play – an outdoor air policy program that focuses on partnerships with municipalities and organizations to support/inform the creation of tobacco free areas where children play through the passage of tobacco free ordinances/resolutions/policies. 2) School Tobacco Policy Initiative – involves assessing school district tobacco policies, educating key education stakeholders, and providing technical assistance to make school tobacco policies more comprehensive. 3) Worksite Tobacco Policy Initiative – engages worksites in tobacco policy development and improvement activities. 4) Pennsylvania Alliance to Control Tobacco – a statewide coalition with diverse membership dedicated to strengthening tobacco control laws across the Commonwealth, including efforts to inform a comprehensive statewide clean indoor air law. **RECOMMENDATIONS:** Policy change is a key tool in efforts to improve population health and ultimately health equity. Complex issues like policy change, however, often require multiple collaborative approaches and partnership. Each of these four projects is being evaluated to help inform next steps. Lessons learned from each approach can improve future clean air effort and other policy efforts taking place at the organization, local, and state levels.

Supported by Master Settlement Agreement and CDC funds.

ABSTRACTS

3.4.03 - Poster Session 2

SOUTHERN UNIVERSITY SYSTEM 100% TOBACCO-FREE POLICY

Frankie L. Poland

PROBLEM/ISSUE TO BE CONSIDERED In Louisiana many health disparities exist inside communities of color as it relates to tobacco use. The examination of these disparities, along with cultural and socioeconomic dynamics, indicate a need for innovative planning and action to offset the outcomes of tobacco-related health disparities in these communities. The SU System and the Communities of Color Network (CoC) are committed to providing a healthy environment for students, faculty, staff and visitors. **UNDERLYING ISSUE KEY FACTORS** Tobacco is the # 1 killer of African Americans. Each year about 47,000 people of color die from tobacco related illnesses, mainly from cancer and heart related issues. In Louisiana some 294,000 individuals are exposed to secondhand smoke yearly. Children in households of color are at greater risk for secondhand smoke exposure. **RECOMMENDATIONS** As an institution of higher learning, the Communities of Color Network (CoC) recommended the establishment of a Southern University System 100% Tobacco-free policy for all five of its University campuses. CoC seeks to eliminate these disparities by building capacity, coordinating organizing, and implementing tobacco prevention/control programs and activities throughout the state. The accomplished through increasing educational awareness about tobacco use; promoting cessation services; and aiding in the decrease of tobacco use.

Louisiana Public Health Institute and the Louisiana Campaign for Tobacco-Free Living.

3.4.04 - Poster Session 2

100% TOBACCO-FREE CHURCH POLICY INITIATIVE

Shawntell Harrell, Frankie Poland, Urina Holt

PROBLEM/ISSUE TO BE CONSIDERED Tobacco remains the number one killer of African-Americans resulting in over 47,000 annual deaths and more than 400,000 Americans, representing more deaths than AIDS, alcohol, car accidents, murders, suicides, drugs and fires combined. For decades, minority populations have been disproportionately impacted as it relates to tobacco usage; thus producing health disparities within communities of color and other ethnic groups. Although tobacco is the most preventable cause of death, more than one in five African-American adults smoke and smokeless tobacco products are synonymous with oral cancers such as lip, mouth, tongue, pharynx and esophagus. **UNDERLYING ISSUE KEY FACTORS** Equally as deadly is secondhand smoke (SHS), also known as environmental tobacco smoke, which is a mixture of poisonous gases and fine particles including nearly 70 carcinogens. Over 294,000 exposures occur annually and an estimated 46,000 heart disease deaths among adult non-smokers in the United States are imminent. In children, who are extremely vulnerable, SHS causes ear infections, more frequent and severe asthma attacks, respiratory symptoms and infections, a greater risk for sudden infant death syndrome (SIDS). **RECOMMENDATIONS** Due to soaring tobacco-related mortality rates throughout communities of color, the need for an innovative, culturally-relevant initiative is necessary - Communities of Color Network 100% Tobacco-Free Church Policy. This policy protects non-smokers, especially young children, from SHS exposure and allows for healthier, tobacco-free environments. Since churches are the foundation of the African-American experience, this influential entity provides an ideal venue to actively engage congregates in tobacco educational awareness eradicating related illnesses and diseases.

Louisiana Public Health Institute and the Louisiana Campaign for Tobacco-Free Living

3.4.05 - Poster Session 2

ORAL HEALTH STATUS, COMMUNITY BENEFIT, PATIENT PROTECTION AND AFFORDABLE CARE ACT: BIOETHICS IN THEORY, PRACTICE AND POLICY

DA Anderson; GB Anderson Tuskegee University National Center for Bioethics in Research and Health Care (DAA); La Sierra University

ISSUE TO BE CONSIDERED: Oral health status is an indicator of management efficacy at the nexus of genetic predispositions, environmental vulnerabilities and infectious diseases. Community Benefit is an iteration of the ethical principle Common Good and underpins the tax-exempt status of institutional health care facilities. The Patient Protection and Affordable Care Act calibrates clinical manifestations of the ethical principle of Distributive Justice. **UNDERLYING ISSUE KEY FACTORS:** 1) Characterization of oral health care needs as preventable and treatable debilitating open wounds. 2) Relate the public health and national security risk of reservoirs of infectious disease with Common Good strategies **RECOMMENDATIONS:** Consideration of Patient Protection and Affordable Care Act projected impact on clinically mediated justice

Spenbrad Research Associates Grant #2012-006

4.0 – SOCIAL DETERMINANTS OF HEALTH

4.1.01 - Poster Session 2

NEURAL NETWORK MODELING OF SALMONELLA INFECTIONS IN MISSISSIPPI

Luma Akil and H Anwar Ahmad

PURPOSE: In the US, Salmonella causes an estimated 1.4 million human cases, 15,000 hospitalizations and more than 400 deaths annually. However, only a fraction of cases (1-5%) are reported to the Centers for Disease Control and Prevention. Differences in Salmonella outbreak rates between geographically and socio-economically similar US states have been documented, with rates differing by as much as 200%. In this study, Salmonella outbreaks for MS and the MS districts, MI, MT, LA and TN were examined. Association of higher rates of Salmonella outbreaks with various socioeconomic factors were studied. **DESIGN METHODS:** Data, of reported Salmonella outbreaks were collected from the Center for Disease Control and Prevention, the Mississippi State Department of Health and the United States Department of Agriculture for the years 2002-2011. Data were analyzed using SAS 9.2 and neural network models were developed using NeuroShell2 software. **RESULTS:** Results of this study showed higher rates of Salmonella cases in Mississippi when compared with other states. Neural Network models showed a positive association between higher Salmonella outbreaks and the increase in average temperature and various socioeconomic factors. **CONCLUSION:** Southern states including Mississippi are more vulnerable to increased outbreaks of foodborne illness mainly due to their low socioeconomic status. Neural network may provide a reliable tool that may help forecast Salmonella outbreaks.

ACKNOWLEDGEMENT: The project described was supported by Grant Number G12RR013459 from the National Center of Research Resources, and PGA-P210944 from the US Department of State.

4.1.02 - Poster Session 2

COAL FIRED POWER PLANTS: HEALTH IMPACTS ON COMMUNITIES OF COLOR

Patterson, Jacqueline; Wilson, Adrian; Wasserman, Kimberly; Goldtooth, Tom;

Coal Blooded: Putting Profits Before People is a systematic study of 378 coal-fired power plants in the United States, in which each plant is evaluated in terms of its environmental justice performance (EJP), i.e., how it affects low-income communities and communities of color. A score was assigned to each plant based on five factors: sulfur dioxide and nitrogen oxide emissions; the total population living within three miles of the plant(s); and the median income and percentage of people of color among the total population living within three miles of the plant(s). The study found that coal fired power plants were disproportionately located in communities of color. The study also found that toxins emitted from those plants, such as mercury, arsenic, lead, sulfur dioxide, nitrogen oxide, are tied to health conditions that are elevated in communities of color such as asthma hospitalizations and death, lung disease, heart disease, attention deficit disorder and other conditions. The report provided a path for policy change which includes supporting energy efficiency standards and renewable portfolio standards, as well as passing local ordinances on clean air, increasing rulemaking under the Clean Air Act, and improving monitoring and evaluation and implementation of existing measures such as the National Ambient Air Quality Standards.

Energy Foundation, Hewlett Foundation

4.2.02 - Poster Session 2

HEALTH DISPARITIES IN WASHINGTON ADDITION DISTRICT WITH NEW SYSTEMS APPROACH USING MEDITATION VIA M.E.A.D. ANALYSIS INTERGENERATION COMPUTATIONAL SKILL BUILDING AND HANDS ON EDUCATIONAL FACE TO FACE AFTER CARE SYSTEM OF EDUCATION

Lenora Honer, Michael Bass, Sam Owens, Hari Cohly

The survey done in 2010 of residents living in the Washington Addition District gave us the following observations. One hundred percent of the people surveyed in the Washington Addition area would agree that there are not enough role models. 88 percent also agree that the church is heavily involved in the community. 88 percent of the population would also state that their highest level of education does not exceed 12th grade. 80 percent state that because of these factors, among others, they do not feel good about their community. This also indicates that this neighborhood is stricken by poverty, do not take pride in their neighborhood, and lack a serious education that would help them to alleviate their poverty status. There is a critical need to address these problems, as they are an unacceptable representation of JSU. JSU takes pride in its ability to expand the minority educational and economic status. We must therefore begin at the grass roots level surrounding our campus. There is some evidence that prayers increase consciousness, emotional well-being and security. Obviously, given the stats, the church is overwhelmed by the problems the neighborhood is forced to encounter; therefore we believe we need to supplement church involvement with school involvement by infusing a consciousness training program for local residents with an emphasis on meditation and health screening using the Chinese meridian energy analysis device (M.E.A.D.), computer training and after school hands on activities via an education based teaching system approach.

4.2.03 - Breakout Session B

COMMUNITY-BASED PATIENT NAVIGATION WITH NETWORK SUPPORT

JD Keith; T Banks; C Miller; M Vega; M Barrera; K Pulliam Public Health Management Corporation (JDK, KP); Health Promotion Council of Southeastern Pennsylvania (TB, CM, MV, MB)

PURPOSE: The Naveguemos con Salud (NCS) project is a culturally tailored breast health education and patient navigation program for Latinas, their families, and neighbors in Philadelphia, Pennsylvania. NCS aims to improve breast cancer survivorship rates by increasing access to breast screenings with intensive case management services along the cancer control continuum. NCS's community-based navigator is supported by: 1) Pennsylvania's first and only Latina-specific Breast Health Navigation Network (BHNN), which represents over 15 organizations and residents who provide resources and expert guidance; and 2) A group of promotoras (lay health workers) who provide education and referral to patient navigation services. These unique collaborations support the continuum of patient education, screening, and care, and have influenced awareness, education, and patient care activities. **METHODS:** NCS program data are gathered in several ways: event records, pre/post surveys, intake and follow-up surveys. Program evaluation includes examination of program reach, changes in knowledge, client demographics and needs, and screening and satisfaction outcomes. In addition, BHNN partners provide feedback annually regarding meetings, participation benefits/drawbacks, and suggestions for improving the network and navigation program. **RESULTS:** NCS has raised breast health awareness with over 6,000 Philadelphians, provided breast health education to over 1,700 individuals, and provided intense patient navigation services to over 300 women. Program satisfaction is high and breast health knowledge change is significant ($p=.000$). Early positive results from the program helped to leverage additional funding for a second patient navigator, enhancing reach. Finally, BHNN support has created a space for discussion about Latina health in Philadelphia. **DISCUSSION:** NCS patient navigation has helped to reduce access barriers and increase utilization of medical treatment by providing culturally and linguistically appropriate support and referral. Using the lens of Latina health and wellness to develop a BHNN to connect clinical and community service providers shows promise for ongoing and future work.

Funded by a grant from the US Department of Health and Human Services (HHS) Office of Minority Health (CPIMP101062), with additional support from Susan G. Komen for the Cure.

ABSTRACTS

4.2.04 - Poster Session 2

THE EFFECT OF FLUORIDE IONS ON AURELIA AURITA MORPHOLOGY AND DEVELOPMENT

B.L Swait; A Muckle; J Williams (PI)

Purpose-To determine the effects of halides (specifically fluoride ions) on thyroxine-driven processes within the Aurelia aurita system. Fluorine has been linked to thyroid dysfunction in humans, and the historical use of fluoridated water as a supplement for dental care may be responsible for the development of thyroid dysfunction. Moon jellies (Aurelia aurita) are known to produce thyroxine during the strobilation process, and this process can be stimulated by human thyroxine as well. Therefore, we hypothesized that fluoride ions may also disrupt the strobilation process of Moon jelly polyps, and this would be evident in the structural development of the ephyrae produced. **Methods**- Three test groups of fifteen polyps were placed in culture dishes of artificial sea water (ASW) and treated with 0 M (control), 1 mM, or 10 mM NaF salt. Each group was induced to strobilate by the addition of 10⁻⁴ Nal, and the ephyrae produced were examined for differences in body plan development, appendage development, and swimming activity. **Results**- The polyps with NaF produced fewer ephyrae, suggesting that the fluoride ions negatively affected production of offspring during the strobilation process. Additionally, ephyrae produced in the presence of 10 mM NaF tend to have fewer arms than the control, abnormal radial and bilateral symmetry, and have a lower average swimming activity (18% decrease and 10% decrease for 1 mM and 10 mM NaF respectively). **Conclusion**- The presence of fluoride ions causes a pronounced effect on the morphological and neurological development of Aurelia ephyrae by disrupting the thyroxine-driven strobilation process. Therefore, it may be possible that fluoride ions negatively affect the functional production or physiological function of thyroid hormone in other systems, such as humans, with similar pathways.

Center for Undergraduate Research; Title III Office of Research and Sponsored Programs

4.2.05 - Poster Session 2

LINKAGE TO HIV CARE: LESSONS LEARNED FROM THE LOUISIANA POSITIVE CHARGE INITIATIVE

ML Robinson, RA Brewer, SK Chrestman, and S Mukherjee Louisiana Public Health Institute (MLR, RAB, SKC, SM)

Purpose – HIV/AIDS continues to disproportionately affect African Americans in Louisiana. In 2009, 76% of newly diagnosed HIV cases and 76% of newly diagnosed AIDS cases were among African Americans. Louisiana is one of five Positive Charge (PC) grantees across the United States that was funded by AIDS United and Bristol Myers Squibb as part of a larger Access to Care Initiative in response to the National HIV/AIDS Strategy. The goal of PC is to link newly diagnosed individuals living with HIV infection and those that are out of care into appropriate medical care within 3 months. Research has also shown that decreased HIV viral loads reduces the likelihood of HIV transmission; thus, access to care and life saving treatment plays a critical role in preventing the spread of HIV. This presentation highlights the findings and lessons learned from the PC initiative in Louisiana with recommendations for other public health practitioners. **Methods** – Since 2010, PC participants have enrolled in one of four patient-centered interventions (patient health navigation, linkage case management, pre/post release case management, and HIV specific Disease Intervention Specialists) in New Orleans, Baton Rouge, Lake Charles, and Shreveport. **Results** – From August 2010 to June 2012, 682 individuals have enrolled in PC with a linkage rate of 72%. In addition, 90% of enrolled participants are African Americans. Among enrolled participants at baseline (January 31, 2011), 11% had an undetectable viral load (and about 22% of participants had an undetectable viral load follow-up (July 31, 2011). **Conclusions** - Findings indicate that there has been success in linking PC participants, predominately African Americans living with HIV infection into medical care. In addition, we have also seen improvements in health outcome measures such as viral loads.

AIDS United and Bristol Myers Squibb

4.2.06 - Poster Session 2

IMPACT OF TARGETED COLLABORATIVE HEALTH SCREENING AND EDUCATION

DM ISAACS; RM CASTNER; CL Johnson ; SB Srivastava; CA Arocena; AC Riley

PURPOSE – To assess both the educational impact collaborative health screenings have on at-risk populations and perceived benefit. Primary objectives were to assess (1) the cardiovascular risk factors of participants and (2) the impact of health screenings and education on the knowledge of participants. **METHODS** - Two outreach events were conducted on the Chicago State University campus during a public jazz concert series. Participants were provided with various health screenings and education on wellness and health promotion, targeting cardiovascular and cerebrovascular health. Participants completed a short questionnaire related to study objectives and demographic data. **RESULTS** – A total of 108 participants were screened. The majority of participants were female (n=68, [63.0%]), and most self-identified as African American (n=91 [84.3%]). The average age was 57 years. Of those who disclosed highest level of education (n=102), most participants (90.2%) had completed at least some college education (some college, n= 43 [42.2%]; college graduate, n=49 [48.0%]). Most participants reported diagnosis of, or examination at the event suggested, at least 1 cardiovascular risk factor (n=85[78.7%]), with highest prevalence being hypertension (n=74 [68.5%]) and dyslipidemia (n= 42[38.9%]). A total of 85 participants (78.7%) reported increased knowledge about at least one cardiovascular risk factor as a result of this event. Seventy-four participants (68.5%) planned to make recommended changes to reduce cardiovascular risk, with most of these participants planning to implement changes within the next week (n=56 [75.7%]). **CONCLUSION** –Despite completing a high level of education, most participants within our study were not aware of all their cardiovascular risk factors, and the majority plan to change aspects of their lifestyle to reduce risk as a result of the health screenings and education. Our activity provided access and health information, in a novel setting, to those that may not have sought such information on their own.

National Association of Chain Drug Stores (NACDS) Foundation

4.2.07 - Poster Session 2

USE OF MOBILE MAMMOGRAPHY TO ELIMINATE ACCESS BARRIERS TO MAMMOGRAPHY SCREENINGS THROUGH COMMUNITY COLLABORATIONS IN UNDERSERVED COUNTIES IN ARKANSAS

KS Enoch; SN Jackson; MA Preston; RS Henry-Tillman Division of Breast Surgical Oncology (RSHT) Department of Cancer Control and Population Sciences (KSE; SNJ; MAP) University of Arkansas for Medical Sciences / Winthrop P. Rockefeller Cancer Institute

PURPOSE - To examine effectiveness of community partnerships in eliminating access barriers to breast cancer screening for women in Arkansas's 26 counties without FDA-approved mammography facilities. Women suffering from disparities in screening may benefit from a Mobile Mammography Program (MMP). Community-based partnerships and education may have a remarkable effect on reducing cancer health disparities in rural communities. **PROJECT DESCRIPTION** - An education and screening program was developed and implemented to facilitate awareness of age-appropriate breast cancer screenings and promote adherence to recommended breast screening guidelines. Collaboration with primary care providers, local health units, community health centers, Arkansas Federal Blue Cross Blue Shield employee agencies, senior citizens centers, rehabilitation facilities, local community organizations and health awareness events were established to provide onsite mammography and breast health education. Eligibility criteria included women 40 years of age and older and women who had access barriers to mammography facilities. Since February 2010, almost 6,000 women were screened as a direct linkage of community partnerships and collaboration in Arkansas counties that lack FDA-approved certified mammography facilities. Results revealed 13% were baseline (never had a mammogram), 9% were non-complaint greater than 10 years and included 87% normal mammograms and diagnosis of 28 cancers. **IMPLICATIONS** - Key community stakeholders are essential with recruiting and educating women from medically underserved areas and eliminating access barriers to screening. Mobile mammography can provide access to women in areas that are geographically remote from facility-based mammography units. The MMP suggests a positive benefit from community partnerships and collaboration in increasing breast cancer screenings in Arkansas where 26 of 75 counties lack a permanent FDA-approved mammography facility.

We acknowledge the National Cancer Institute, Arkansas Cancer Community Network Grant # (U01 CA114607) and UAMS Winthrop P Rockefeller Cancer Institute; Arkansas Cancer Coalition, Arkansas Department of Health, Arkansas Affiliate of the Susan G. Komen Br

4.2.08 - Poster Session 2

EDUCATING A COMMUNITY: REDUCING UNINTENTIONAL INJURIES IN DRIVERS AND CHILD PASSENGERS

TL Foxx, Dr.P.H. AD Samuels, Ph.D. S Revell, M.S.

PURPOSE Reducing the disparity of unintentional injury for minority and low-income children by illustrating parental/driver perceptions of car utilizing restraints in middle Tennessee communities. **METHODS** Survey evaluations and observations assessed the association of risky behaviors among drivers and child passengers relative to car restraint use. There were a total of 152 participants in the C.A.R.E.S. initiative project in middle Tennessee during the Spring/Summer 2012. Each of the participants received a survey instrument, which consisted of 34-question items divided into three sub-groups: (1) demographic information, (2) driver/child seat use, and (3) safety laws knowledge. Also, pre- and post- driver and child passenger restraint use was observed at the event. **RESULTS** In 2009, only 24% of the drivers were restrained compared to 74% in 2012. Additionally, 64% of the children were restrained in 2009 compared to 89% in 2012 respectively. As in previous years, majority of the individuals observed and surveyed were African-American (36%) and had a median household income of <\$10,000 (57%). **CONCLUSIONS** Significant improvement in restraint use is evident by the increase in driver and child passenger restraint use for Middle Tennessee study participants in the last 3 years. This reduction in risk taking behaviors for drivers and their child passengers is align with the literature as outlined by Chang, Bowman and Ehiri et al, that restraint use knowledge and education increases the use of driver and child passenger restraints.

Tennessee Governor's Highway Safety Office

4.2.09 - Poster Session 2

REDUCING THE PREVALENCE AND IMPROVING THE MANAGEMENT OF TYPE II DIABETES BY ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

JL Lewis, TT Harris, EG Fitzgerald Louisiana Public Health Institute

Problem/ Issued to be Resolved In the U.S. Type II diabetes affects more African-Americans (18.2%) than Caucasians and Hispanics (10.2% and 11.8% respectively). In New Orleans, approximately 12.8% of the population is diabetic. Louisiana Public Health Institute (LPHI) and its community partners investigated the root causes of these inequities in two underserved New Orleans communities and are assisting them in developing a plan of action that will address the social determinants of health related to this disparity. **Underlying Issue Key Factors:** Economic factors (including unemployment and employment for less than living wages); Perceived safety (likelihood of being a victim of violent crime); Availability and affordability of healthy food options (including prepared and fresh food options); Zoning (absence of mixed use zoning) **Recommendations:** LPHI and its community partners have compiled a summary of the data collected through the MAPP (Mobilizing for Action through Planning and Partnership) process, the key issues identified as barriers to Type II Diabetes management and/or drivers of Type II Diabetes, and strategies for improvement into a Community Action Plan (CAP) for each community. The communities have prioritized the issues in the CAP and are currently working with LPHI to identify resources and partners to assist in implementation of sustainable solutions to the health issues of each neighborhood.

REACH CORE Cooperative Agreement with the Centers for Disease Control and Prevention

ABSTRACTS

4.2.10 - Poster Session 1

OBESITY RELATED POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES IN THREE NEW ORLEANS NEIGHBORHOODS

EG Fitzgerald; TT Harris; JL Lewis The Louisiana Public Health Institute

PROBLEM/ISSUE TO BE RESOLVED: To address barriers to both physical activity and access to healthy food through policy, systems and environmental changes in order to improve community health. **UNDERLYING ISSUE KEY FACTORS:** Access to healthy foods and safe physical activity is an issue in many of the under-served neighborhoods in New Orleans. Adults in Orleans parish self-reported that 31.4% were obese, 12.3% had diabetes and less than 24% consumed the recommended amount of fruits and vegetables. Crime was reported to be a top challenge to being active, along with poor park conditions and the lack of family oriented physical activity options. Many areas in New Orleans have become food swamps, which indicate an overabundance of high-energy foods that inundate any healthy food options. **RECOMMENDATIONS:** The Fit NOLA project aims to use a multi-level approach to addressing barriers to both physical activity and access to healthy food in three New Orleans neighborhoods. The project's physical activity focus will work to enhance park security, improve park infrastructure, expand physical activity programming, engage the surrounding community and leverage policy opportunities in order to increase the underused neighborhood parks and therefore increase the availability of family oriented physical activity. Fruit and vegetable prescription vouchers will be given to pregnant mothers and diabetic patients at local community clinics to be redeemed at area farmers markets. This multi-level approach to addressing access will act as a pilot project to be replicated upon success in additional New Orleans Recreation Development-Commission parks and community clinics.

GRANT SUPPORT: Blue Cross and Blue Shield of Louisiana Foundation

4.2.11 - Poster Session 1

INCREASING INFLUENZA IMMUNIZATION RATES THROUGH COLLABORATIONS

Sonya Frausto; Jennifer West; Rachel Lowe

To increase access to the influenza vaccine for underserved communities in the Sacramento and Placer counties through collaborations with local county immunization health branches, the local pharmacy school and the local pharmacist association. In California, the Department of Health and Human Services has experienced drastic cuts in their budget which affects the ability to provide preventative services to underserved communities. Free influenza vaccination clinics have been decreased which leads to increase health care costs associated with complication from patients acquiring the "flu". Pharmacy schools train students to become certified immunizers and local certified immunization pharmacists from different pharmacist organizations volunteer to precept pharmacy students on the delivery of vaccination services. California Northstate University College of Pharmacy (CNUCOP) has established protocols with the medical directors for Sacramento and Placer Counties to allow the pharmacist and students to provide influenza vaccination to underserved patients. Since 2010, through these established protocols, CNUCOP has vaccinated over 1800 persons at community health fairs, polling places, schools, and the Mexican Consult. In 2012, CNUCOP delivered over 800 influenza vaccine to persons greater than 3 years of age in the Sacramento community. Partnering with these agencies has allowed pharmacists and pharmacy students to provide much needed services to underserved minority communities as well as expand the practice of pharmacy beyond traditional pharmacy settings. Collaborating with other providers to offer necessary preventative care to underserved minority populations is essential in advancing healthcare. These relationships that have been established by CNUCOP has proven to benefit the Sacramento community, expand health services and expose others to the skill sets of pharmacists.

4.2.12 - Poster Session 1

USING CDC COMMUNITY TRANSFORMATION GRANT STRATEGIES FOR COMMUNITY INVOLVEMENT OF HEALTH DISPARATE POPULATION

M De Lucca; TM Phillips

PROBLEM – Feelings of not being included in discussion regarding their healthcare has implications for those receiving and providing public health services. The Transforming Our Community's Health (TOUCH) initiative focuses on prevention and supports public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and control health care spending to improve the health and well-being of the residents of Broward County. **UNDERLYING ISSUE KEY FACTORS** - During a time of financial insecurity and political uncertainty, many of individuals and organizations in the public health community adopt self-preservation tactics and individualistic approaches to the delivery and support of "their" programs. At the same time, within the same financial and political contexts, others in the public health community adopt cooperative and collective approaches to ensure the advancement and use of programs and policies that best meet the needs of the populations served. **RECOMMENDATIONS** – Providing comprehensive opportunities for involvement of communities experiencing health disparities is imperative to making real change in our communities.

Cooperative Agreement Award Number U58DP003661-01 from the Centers of Disease Control and Prevention.

4.2.13 - Poster Session 2

SHELTER CAREGIVER PROJECT: CARING FOR THE COMMUNITY

Sherhonda Harper Mardrah Starks-Robinson

PURPOSE: Louisiana has seen its share of hurricanes, flooding, oil spills, and other disasters coupled with the financial crisis the state. The number of elderly population and individuals with disabilities within the state are growing in number with an increased demand to meet medical and personal care needs during a time of disaster. Individuals who require personal care assistive needs and do not require medical assistance can shelter at an American Red Cross Shelter without having to be admitted into a Medical Special Needs Shelter. **PROJECT DESCRIPTION:** In response to previous hurricanes Louisiana has experienced, the Shelter Caregiver Project was developed. The project intends to add capacity to the state's sheltering ability by improving services at the American Red Cross shelters. Individuals who have accessibility for resources to evacuate will do so and those who do have the capability will require state assistance for transportation and evacuation. The various agencies and stakeholders in the Emergency Management Disability and Aging Coalition developed the model to provide caregiver assistance with activities of daily living and medication management for the elderly and individuals with disabilities. In addition, a training geared for volunteers, Shelter Volunteer Caregiver Training, was established to provide necessary skills and communication training to care for individuals during a disaster/emergency. This initiative demonstrates a long lasting partnership for many years to come. This partnership validates a strong commitment to caring for our vulnerable citizens that seek assistance during disasters and emergencies to improve health outcomes during a stressful emergency event. The project intends to address some of the gaps identified in vulnerable populations and underserved communities related to personal care services needed during emergencies/disasters. The need for more volunteers to serve as caregivers is essential to making this project survive and remain effective.

4.2.14 - Poster Session 1

COMMUNITY-LEVEL INTERVENTIONS: TAKING COMMUNITY HEALTHY PLANNING AND POLICY TO THE NEXT LEVEL

EN Benjamin; KM Bardell Louisiana Public Health Institute (ENB, KMB); Department of Health and Hospitals (KMB)

PROBLEM/ISSUE TO BE CONSIDERED: Historically, Tobacco Subcommittees (TSCs) and Regional Comprehensive Cancer Coalitions (RCCCs) in Louisiana have operated separately, working on similar health related issues. Thus, a lack of leveraging resources through collaborative partnerships is counterproductive to maximizing health outcomes within a community. **UNDERLYING ISSUE KEY FACTORS:** Many federal, state, and foundations, specific to public health, are placing more emphasis on chronic diseases and their associated risk factors to yield healthier communities. These efforts are being guided by approaches that engage partners from multiple sectors, such as government, businesses, faith-based organizations, and non-profit agencies to improve the health of their communities. There is a TSC and a RCCC in each of the State's 9 health districts. Despite the TSCs and the RCCCs having different approaches and objectives, they share similar partners, stakeholders, and they both have an overarching mission of creating healthier communities through policy change. As the TSC is not connected to its respective RCCC, identifying opportunities to leverage resources, community members and advocates to support a coordinated approach is key to improving health outcomes of disparate populations and develop healthier communities. **RECOMMENDATION:** Formalize a strategy to support the development of a singular comprehensive regional coalition in each of the State's 9 health districts (combining the regional TSC and the RCCC). This would serve to link coalitions' efforts into one regional planning body. Thus, allowing for better networking and planning among regional staff, partners, and organizations to work together to 1.) prevent chronic diseases and 2.) maximize health outcomes - resulting in a multitude of policy, systems, and behavioral change.

4.2.15 - Poster Session 1

UNIVERSITY OF MISSISSIPPI STUDENT PHARMACISTS AS HEALTH PROMOTERS IN ADVANCED PHARMACY PRACTICE EXPERIENCES

TK Harrell University of Mississippi

PURPOSE - To examine the impact of student pharmacist public health activities during advanced pharmacy practice experiences (APPEs). **METHODS** - Fourth-year University of Mississippi student pharmacists were required to identify a common preventable health problem that is seen frequently at their respective advanced community rotation sites. They were then asked to determine and research some commonly asked patient questions about that health issue and prepare a plan to promote healthy behaviors based on the answers to those questions. Data were analyzed to determine the types of conditions student pharmacists identified, the chosen media for which information was distributed, and how well the information was received by the patients in the community pharmacies. The student pharmacists were also asked if they had to repeat the activity if they would do something differently based on their results. **RESULTS** - A total of 59 student pharmacists completed the activity. The most common conditions (>10%) identified were: influenza prevention (22%); hypertension (14%); shingles prevention (14%); diabetes (12%); and obesity prevention (10%). The majority of the student pharmacists chose to create flyers or brochures and place in the pharmacy (54%). Other media utilized by the student pharmacists included health fairs, display boards, and binders. Notably, 86% of students said that the information was at least somewhat well received by the patients. Most of the students indicated that they learned valuable lessons from the activity, with 53% saying they would not change their efforts. Most of those students who would change their methods wanted to do so to increase patient response. **CONCLUSIONS** - The results of this project indicate that student pharmacists can positively impact public health and health disparities in community pharmacies. Since pharmacies are the most accessible practice sites these results highlight the potential of student pharmacists as health promoters.

4.3.01 - Poster Session 2

EVALUATING THE SOCIAL DETERMINANTS OF IQ

AL Brown; WW Thompson; M Yeargin-Allsopp Spelman College (ALB); Centers for Disease Control and Prevention (WWT, MYA)

PURPOSE - While studies have considered macro level influences of the environment on IQ for Black-White samples, few have adequately assessed the effects of individual socio-demographic factors and more broadly defined social determinants of health in predicting intellectual ability by race discretely. The purpose of this project was to explore the predictive nature of individual socio-demographic factors and social determinants of health for IQ in Blacks and Whites. **METHOD** - Data from the Collaborative Perinatal Project (CPP) were used and focused on information collected from the children ages 6 to 8 who lived with their mother (N = 37,630). Scores from the verbal intelligence subtest were entered as the primary health outcome in a series of multiple linear regression models with age, sex, race, parental education, occupational status, household income, and SES indices successively entered as predictors. **RESULTS** - For the total sample, findings revealed that socioeconomic and socio-demographic factors weakened the relative strength of race in predicting verbal IQ ($R^2 = 0.23$, $F(5,34668) = 2070.20$, $p < .0001$). Higher parental education and working professional occupational status were positive predictors of verbal intelligence in children, while mothers on Welfare had the strongest negative impact on verbal IQ score. Although adding socio-demographic variables to the model explained more of the variance and decreased the predictive power of race for the total sample, adding these variables produced different results when analyzed by race discretely. **CONCLUSIONS** - Socio-demographic factors explained more of the variance in verbal IQ score for Whites than for Blacks, suggesting that socio-demographic factors and socioeconomic status function differently in racial groups. Implications are discussed.

ABSTRACTS

4.3.02 - Poster Session 2

CULTURAL ACCEPTABILITY AND HEALTH DISPARITIES IN LOUISIANA

BM, Lyons; C Valliere; TF Ferguson; IM Rickett; NJ Jack LSUHSC (BML; TFF;NJJ); IMR) Department of Health and Hospitals (CV)

PURPOSE Louisiana experiences a high prevalence of obesity compared to the national average (33.4% vs. 27.8%). Socio-cultural forces unique to Louisiana continue to perpetuate unhealthy behaviors. The purpose of this research is to examine the relationship between culture and chronic disease in Louisiana. **METHODS** Regional focus groups were performed across Louisiana in all nine of the Department of Health and Hospitals (DHH) Administrative regions. A total of 178 individuals from an array of professions and service areas participated in the focus groups looking at strengths, assets, barriers, and forces affecting improved health and quality of life in Louisiana. Data analysis was performed for each of the activities separately. All unique answers were listed and tallied (by repeat or related responses) to determine regional and statewide themes. **RESULTS** Socio-cultural norms and food accessibility across Louisiana were named as the major source driving disparities in chronic disease. Louisiana's "Joie de Vivre" (Joy of Life) culture is filled with traditions commonly associated with food and drink. This culture fosters overindulgence in high-fat, high sodium, high sugar foods. Moreover, change is viewed as unnecessary and nontraditional due to the generational practices. This behavior continues despite knowledge of healthy alternatives. This culture breeds a lifestyle that leads to unhealthy eating habits, obesity and chronic diseases. Beyond socio-cultural forces, the majority of Louisiana is rural (40 out of 64 parishes), which subsequently affects food options and food security. These rural areas are food deserts due to their high number of fast food chains and few accessible supermarkets. **CONCLUSIONS** Culture and traditions are an integral component of lifestyle in Louisiana, however, they also contribute to unhealthy behaviors that lead to chronic disease. Prevention should focus on increasing access to healthy food options and promoting behavior modification that incorporates important cultural practices.

4.3.03 - Workshop 3

IMPROVING PEDIATRIC ASTHMA OUTCOMES AMONG HISPANIC COMMUNITIES

SD DENHAM; KI Rapp; L Jack Jr.; CM Wilson; MA Sanders; D Sunda-Meya; AP Porter; P Dixon; N Morris; FJ Malveaux

PURPOSE – To discuss methods used and describe the role of the bilingual asthma educator to improve asthma health outcomes and literacy among the pediatric asthmatic Hispanic immigrant population in New Orleans. **PROJECT DESCRIPTION** - Hispanics have the highest rate of pediatric emergency department visits and hospital admission rates for asthma in the United States. Since 2005, an influx of over 50,000 Hispanic immigrants moved to the New Orleans community from various origins such as: Mexico, Honduras, Guatemala, Nicaragua, Cuba, Costa Rica and Puerto Rico. Navigating through a broken health care system in a foreign language and culture remains a challenge, and further broadens the disparity gap between care and the immigrant asthmatic population. The Head-off Environmental Asthma in Louisiana (HEAL, Phase II) Project, a partnership between Xavier University College of Pharmacy, the Children's Health Fund, and the Merck Childhood Asthma Network, through Daughters of Charity Services of New Orleans (DCSNO) clinics, provides pediatric care to a large portion of the New Orleans Hispanic community, and serves as a bridge to asthma care. Through these clinics, asthma educators incorporate culturally sensitive bilingual health literacy tools and communication methods into asthma education in an effort to improve asthma outcomes and increase asthma literacy. This presentation will discuss communication methods used, demonstrate culturally sensitive tools for education, and discuss the importance of having a bilingual asthma educator for Hispanic immigrant populations to improve patient understanding.

This project is made possible through a generous grant by Merck Childhood Asthma Network, Inc.

5.0 – OTHER

5.1.03 - Poster Session 2

EVALUATING DEVELOPMENT AND USE OF A STRATEGIC PLAN FOR TOBACCO CONTROL

JD Keith; JB Meyer; DP Brown; KO Minot; NG Ramirez Public Health Management Corporation (JDK, KOM, NGR); Pennsylvania Alliance to Control Tobacco (JBM); American Lung Association of the Mid-Atlantic (DPB)

PURPOSE: In 2012, under the leadership of the American Lung Association of the Mid-Atlantic and the Pennsylvania Department of Health, a strategic plan for a comprehensive tobacco control program in Pennsylvania was developed and implementation began. The plan is intended to serve as a framework to inform action across the Pennsylvania tobacco control community. Evaluation of the strategic planning process will examine if and how the plan impacts dynamic and coordinated planning and action to facilitate sustained, positive change. **METHODS:** Several surveys are being used to collect feedback from strategic planning partners and potential partners. During the development process, feedback was collected after core partners met for a full day meeting. During early implementation, two surveys were used to identify partners and their potential roles. **RESULTS:** After the strategic planning meeting participants, all respondents agreed that everyone had the opportunity to participate (100%) and that the participants were representative of a diverse coalition (100%). The majority of participants reported that meeting time was used well, that the meeting was action-oriented, and that the meeting had strong leadership (86.6% in each case). All respondents were willing to give additional feedback about the draft strategic plan. Several respondents expressed interest in an implementation plan and/or action plan tied to the final strategic plan to describe partner roles, timing expectations, and overall leadership. Respondents reported being likely to share the plan in a variety of ways, in particular with their colleagues and coalition/stakeholder groups. Two additional tools are in the field to assess strategic partnership and early plan implementation. **DISCUSSION:** Evaluation of the strategic planning process will help inform efforts to leverage resources to raise awareness, provide services, improve health equity, and strengthen tobacco control policies in Pennsylvania. Evaluation of plan implementation can help to track impact, successes, and challenges.

Grants provided by the Pennsylvania Department of Health and the American Lung Association.

5.1.04 - Poster Session 1

NOVEL STRATEGIES FOR REDUCING HEALTH DISPARITIES: COMMUNITY HEALTH ADVOCATES AND ACADEMIC/FAITH-BASED PARTNERSHIPS

ML Jones D Minor RD deShazo

PURPOSE – The purpose of this project is to reduce health disparities in the state of Mississippi through community empowerment and partnerships between academic medical centers and the faith-based community. **PROJECT DESCRIPTION** – The state of Mississippi leads the nation in many chronic diseases such as Obesity, Diabetes, and Hypertension. This is further exacerbated by the limited number of primary care providers, especially in rural areas, and low health literacy in many areas of the state. As the only academic medical center in the state of Mississippi, the University of Mississippi Medical Center (UMMC) has taken a major interest in partnering with various faith and community-based organizations who share the medical center's concern about improving Mississippi's poor health rankings. Two programs have been developed to address this issue, the Community Health Advocate (CHA) Program and the Healthy Living Program (HLP). The CHA program is designed to empower lay persons in communities to adopt healthy lifestyles and also assist others in his or her community in doing the same. This program includes several models which address the major chronic diseases of the state. These models provide basic information about the disease as well as basic skills assessments. In addition to faith and community-based organizations, the CHA program has also been adopted by the UMMC's School of Medicine. In this instance, first year medical students are trained as community health advocates and are required to conduct health screenings/education in communities. The HLP, a companion to the CHA program, provides basic practical healthy eating and weight management information for lay persons. UMMC has partnered with several faith-based and educational facilities to train a host of Community Health Advocates to work in communities throughout the state. This presentation will discuss, in detail, how Mississippi's sole academic medical center is partnering with communities to address health disparities.

5.1.05 - Poster Session 2

HEALTH CAREERS RECRUITMENT AND ENRICHMENT PIPELINE PROGRAMS AT THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

G Funches; JD Taylor; ML Jones; L Croff-Poole Division of Multicultural Affairs (GF), School of Health Related Professions (JDT; LCP), Office of the Vice Chancellor for Health Affairs (MLJ) University of Mississippi Medical Center

PURPOSE: Established over 30 years ago, in an effort to increase the number of underserved, underrepresented students in pursuing health careers, pipeline programs were established to expose area middle school, high school and college students to health careers through multi-dimensional outreach efforts such as health career exploration, health science readiness and simulated rigor using a science-based college preparatory curriculum. **METHODS:** Annually, approximately 170 students are exposed to appropriate age and grade level academics in science, mathematics, critical thinking, and computer application and technology. Students are nurtured through practical experiences on practice examinations such as ACT, MCAT, and DAT exams. **RESULTS:** The successes of our programs are demonstrated by our admission processes, retention and graduation rates. The Division of Multicultural Affairs works closely with campus administrators, faculty and staff to ensure that our academic programs are inclusive, promote diversity and maintain quality academic standards. Having tripled the number of admits and graduates from nearly 30 years ago reveal our long-term impact in building a diverse health care workforce. **DISCUSSION/CONCLUSION:** Our strengths are most noted through support from the medical center community, including our long-term partnerships with Jackson Public Schools, Mississippi Band of Choctaw Indians, Humphreys County Schools, Tougaloo College and Alcorn University. Over 50% of our students participate in our programs in subsequent years. Also, the exposure a student receives as a participant is unique, as there is no access to health care facilities without being a part of the program. Leveraging resources among academic enrichment programs for students is an excellent option for increasing access to health related careers. School districts should consider using our programs as models for increasing interest in the physical sciences, as well as, implementing health education and health career exploration within the curriculum.

5.1.06 - Poster Session 2

THE ROLE OF COMMUNITY ENGAGEMENT IN THE GULF REGION HEALTH OUTREACH PROGRAM

S Bradberry, LH Mitchell, J Langhinrichsen-Rohling, S Francois, AV Buckner

PURPOSE: The purpose of this panel discussion is to discuss implementation of bestpractice community engagement processes through the Gulf Region Health Outreach Program (GRHOP). **PROJECT DESCRIPTION:** The GRHOP consists of four integrated community-based projects designed to be embedded in and to complement the existing efforts undertaken by the public health community along the Gulf Coast. Funded from the Deepwater Horizon Medical Settlement, the GRHOP target beneficiaries are residents of 17 coastal counties and parishes in Louisiana, Mississippi, Alabama, and the Florida Panhandle. The initial community engagement activities of GRHOP will be examined, primarily from the perspective of the CBO partners located within each of the four states. These partners have facilitated community-based health priority processes, which will be used to inform state-specific decisions about health clinic capacity building. Federally qualified health care centers (FQHCs) have been targeted for GRHOP resources because of their link to populations experiencing health disparities. This session will describe the GRHOP community-based participatory approach that was utilized and its application across each of the four states. GRHOP team members and representatives from partnering community-based organizations (CBOs) will discuss the opportunities, challenges, and solutions associated with community engagement activities in communities that often have experienced previous community engagement processes and programs. GRHOP community prioritization process data will then be presented to demonstrate how community-generated data can inform health priorities. Presenting these data in tandem with the felt experiences of CBO partners will model the relevance of utilizing embedded community stakeholders to facilitate the generation of prioritization data. The session will also highlight the importance of communication, collaboration, and outreach when establishing linkages within and between communities, and across projects and state borders. Attendees will learn practical strategies to engage communities in innovative community-based programming to order to facilitate the elimination of health disparities among vulnerable populations. **FUNDING ACKNOWLEDGEMENT** - Funded from the proposed Deepwater Horizon Medical Benefits Class Action Settlement which is pending approval from the Federal District Court for the Eastern District of Louisiana

ABSTRACTS

5.1.07 - Poster Session 2

NCCCP COMMUNITY OUTREACH TEMPLATE EFFECTIVE IN BRINGING CANCER SCREENINGS TO THE MINORITY COMMUNITY

Renea A Duffin; Johnnay Benjamin

PURPOSE - African and Asian Americans, Hispanics and other underserved groups are more likely than the general population to have higher incidence and mortality statistics for certain types of cancer. As a result, Mary Bird Perkins – Our Lady of the Lake Cancer Center incorporates the partnership model and outreach dissemination strategies to reach these key audiences with early detection messages. **METHODS** - As a NCI Community Cancer Centers Program (NCCCP) participant, we expanded our partnerships and outreach methods by incorporating the NCCCP Template for Community Outreach to address healthcare disparities and to ensure the success of cancer screening events. In 2008, using the template as a guide, the Cancer Center launched Fest for Life, a Minority Cancer Awareness Event. Held annually during National Minority Cancer Awareness Week, this unique event targets African Americans, Hispanics, Asian Americans and other minorities without the resources to obtain healthcare services to provide them with no cost health education and cancer screenings. In addition, five different types of cancer screenings, food, multicultural entertainment and kids' activities are provided—free of charge. **RESULTS** - Our best practices for community partnerships and outreach is proven effective by increased participation of disparate populations in cancer and clinical trials education and early detection activities. Since Fest for Life began in 2008, participation of target populations has grown 25%, and now over 90% of the participants represent the minority community, and 70% are uninsured. After rebranding the event in 2012, we experienced a 23% increase in participation over 2011 with nearly 600 people screened for breast, colorectal, skin, prostate and oral cancers.

Funded by NCI Contract No. HHSN261200800001E.

5.1.08 - Poster Session 2

THE IMPACT OF EVIDENCE BASED INTERVENTIONS ON THE RETURN RATE OF FECAL IMMUNOCHEMICAL TEST KITS IN DISPARATE POPULATIONS SEEN AT COMMUNITY SCREENINGS

Heather M Price; Renea A Duffin

PURPOSE – In Louisiana, colorectal cancer is the second most common cause of death for all major race/sex groups combined. Moreover, African and Asian Americans, Hispanics and other underserved groups are more likely than the general population to have higher incidence and death statistics for certain types of cancer. This study assesses the impact patient navigation and an evidence based intervention in the form of follow-up telephone calls, have on increased return rates of take-home fecal immunochemical test (FIT) kits for preventive colorectal cancer screening. **METHODS** – The Mary Bird Perkins – Our Lady of the Lake Cancer Center hosts free colon cancer screening and education events targeting minorities without the resources to obtain healthcare services. Screenings are recommended for men and women 50 and older and under 50 for those with a family history or if symptoms exist. In 2012, we incorporated scheduled telephone reminders to participants to ensure the success of these screening events. A colon and rectal cancer risk assessment, created by the Cancer Center Colorectal Multidisciplinary Care Team, determines if a screening participant is eligible for a FIT kit. An analysis of the completed risk assessments data was developed and compared 2010 (n=1,001) to 2012 (n=803) and included: demographics, primary risk factors, family history, and medical history pertaining to colorectal symptoms. **RESULTS** - Results indicate success in reaching our target population and return rates are increasing. Total FIT kits distributed declined 19.7% from 2010 to 2012; however, we experienced a 7.4% increase in returns for all participants and a 12% increase for minorities. **CONCLUSION** – The study concludes that the use of an evidence based intervention of reminder telephone calls is essential to the successful return rate of FIT kits in colorectal cancer screenings, in particular for minority participants.

5.1.10 - Poster Session 1

COMBATING HEALTH DISPARITIES THROUGH DATA DEMOCRITIZATION: HEALTHYNOLA.ORG LESSONS LEARNED

JL Lewis; TT Harris; EG Fitzgerald; ET Baumgartner

Problem/ Issue to Be Resolved: The presence of vital resources, such as quality schools, recreational opportunities, safe outdoor areas, and access to healthy food, varies greatly among the neighborhoods of New Orleans. In most cases, decisions regarding resource allocation are made based on parish level data. Up until now, there had not been a source of data that would depict the assets and needs of each neighborhood in New Orleans visually or by any other means. **Underlying Issue Key Factors:** Lack of vital resources in a community can cause and perpetuate health disparities. The lack of data illustrating the abundance of resources in some neighborhoods and the absence of resources in others has led to a clear division of the haves and have-nots in New Orleans. The current inequities have created an environment where crime, unemployment, sub-standard housing and a host of factors leading to poor health outcomes are provided the opportunity to flourish in underserved neighborhoods. **Recommendations:** HealthyNOLA.org was developed with funding from the Kresge Foundation, through a partnership between the Louisiana Public Health Institute (LPHI), Concordia, and the Neighborhood Partnership Network, to fill this information gap. HealthyNOLA provides residents with a plethora of neighborhood level statistics ranging from mortality rates to sites and services in their neighborhoods, through a web-based platform free of charge. This data can serve as a powerful tool for residents, government entities, and professionals. LPHI and its partners intend to provide technical assistance to neighborhoods wishing to use this data to create healthy communities. Additionally, LPHI would like to utilize this information to assist care providers and resource distributors in making critical decisions regarding their dealings in the communities of all New Orleans.

Kresge Foundation

5.1.11 - Poster Session 1

STRATEGIES TO TRIM AND REDUCE - A FAITH BASED INITIATIVE

F.L. Hawkins, M.H. Cassimere, R.L. Mack, V.B. County, L. Collins

PURPOSE: The project's focus is to provide congregants, in a spiritually rich environment, with information, support and strategies to make and maintain lifestyle changes that will decrease their risks for obesity and high blood pressure. The project, in its third year, is a community based program implemented in churches in the greater New Orleans area. The main thrust is the incorporation of spirituality along with information provided on body-functioning, the importance and role of nutrition and regular physical activity. The project has had a total of 217 participants complete the program. One hundred participants have been positively impacted: 20 % had a positive decrease in blood pressures and 63% had a decrease in weight, with an average of 5 pounds per individual. **GOAL –** The goal of this project is better blood pressure control and reduced weight. **OBJECTIVES –** Church Nurses and Lay Health Advocates will educate their congregants and engage them in health promotion activities that result in having enhanced knowledge and skills in blood pressure and weight reduction to apply for the rest of their lives. **PROJECT DESCRIPTION –** Twelve weekly sessions led by Church Nurses and Lay Health Advocates beginning with scripture reading, meditation and reflection, using educationally appropriate health and wellness materials from the public domain, presented via adult teaching methods and physical activity are the project components. Measurement of blood pressure, pulse, waist circumference, weight to be recorded in weeks 1, 4, 8 and 12. **BEST PRACTICE GUIDELINES** implemented are basing the delivery of information via strategies and techniques from Adult Teaching and Learning research, inclusion of the element of spirituality as an additional support mechanism. **IMPLICATION and RECOMMENDATIONS –** encourage groups to continue meeting beyond the twelve week period for support, use Church Nurse or Lay Health Leader as resources for information updates.

Baptist Community Ministries provided funds for churches who participated in the project.

5.1.12 - Poster Session 1

THE IMPACT OF CAPACITY BUILDING AND EDUCATION TO DECREASE CANCER HEALTH DISPARITIES

M Preston, SA Smith, K Blann, S Jackson, and R Henry-Tillman

PURPOSE – To evaluate and enhance capacity building to support community based participatory research education and training to decreased cancer health disparities. **METHODS –** Apply the components of the diffusion theory to monitor the how, why and at what rate the new ideas introduced by health promotion and health education materials are adopted by the targeted communities through participation in national and local training, development of long term education and outreach plans and initiation of a patient assisting in resources program. **RESULTS –** The first component of diffusion theory is seeks to understand the how through program evaluation. Evaluation is intended to be useful for stakeholders to make decisions. A useful evaluation is credible, timely, and of adequate scope. The second, third and fourth components of diffusion theory seeks to understand why through evaluation of and decisions to enhance specific aspects of outreach programs. A transparent understanding of the ways outreach achieves intended goals, its activities and linkages, and the context in which it operates precedes any attempt to measure it. Participatory approaches to evaluating outreach include having end users, such as health practitioners in other community-based organizations, identify what components of the outreach program are most important to their work. A fifth component of diffusion theory is concerned with the process by which value is placed on outreach through evaluation of the adoption rates. Participatory approaches to valuing include assuring end-user representation in the formulation of evaluation questions and in the interpretation of evaluation results, and adoption rate of new ideas. **Conclusions:** The evaluation of community-based outreach is a complex process that is not made easier by a participatory approach. Nevertheless, a participatory approach is more likely to make the evaluation findings useful, ensure that program knowledge is shared, make outreach valuing transparent and increase.

National Cancer Institute

5.1.13 - Poster Session 1

MINORITIES IN ADAPTIVE PHYSICAL ACTIVITY: A COMMUNITY EXERCISE INTERVENTION PROGRAM FOR STROKE PATIENTS

Abigail Boateng, Mary Stuart, Ph.D

Stroke is the fourth leading cause of death in the United States and is more common in minority populations. African Americans are twice as likely to have a stroke than Caucasians, and are less likely to recover. As insight is increasing on the physiological mechanisms activated through exercise in chronic stroke patients, exercise rehabilitation and prevention have proven successful in combatting this illness as well as certain cardiovascular diseases. Known benefits of rehabilitation programs include increased bone health and ambulatory function, as well as decreased incidents of depression and social isolation. As the efficacy of exercise models for improving physical fitness and cardiovascular health is explored, the potential for reductions in healthcare use and costs for treating stroke has been highlighted. Adaptive Physical Activity (APA), a community exercise program developed in Italy, has demonstrated success in improving physical function and quality of life after stroke. An ongoing clinical trial to translate this program into a US context has been funded by the Veterans Health Administration. Differences were observed in average days of attendance of the program in African Americans compared to average days of attendance for all other races. This poster explores factors that influenced attendance and continuation for this high risk population. Suggestions for incorporating APA into chronic care models for secondary and tertiary prevention for minority health are provided.

ABSTRACTS

5.1.14 - Poster Session 1

MITIGATING OBESITY AND CARDIOVASCULAR HEALTH DISPARITIES IN ADOLESCENTS IN NEW ORLEANS: THE HEAL PROJECT

R Ferdinand; D Sarpong, PhD; A Sonnier; D Ferdinand, Rn, PhD; M Roberts

PURPOSE - To describe and disseminate the effective use of a community gardening project as an intervention for obesity and cardiovascular health disparities among inner-city low socioeconomic youth. **METHODS** - The Sankofa Learning Gardens and Farms Curriculum utilizes a combination of indoor and outdoor classroom work. The curriculum covers: leadership, foundations of nutrition and agriculture, knowledge of cardiovascular disease and related risk factors, and learn hands-on gardening techniques, entrepreneurial skills through pricing and marketing of the harvest at the weekly Sankofa Farmers Market, and significance of vitamin-rich diets and adequate physical activity and its impact on their social, physical, and cognitive development. Summary statistics and content analysis are used to present quantitative and qualitative data, respectively. Visuals of activities and impact of the gardens are presented through photos. **RESULTS** - Under the leadership component of the program, the students have elected officers (president, vice president, secretary, treasurer, and reporter). In addition to growing and nurturing plants in a garden, the youth, with assistance of a registered dietician, increase their awareness of the health benefits of eating fresh produce, whole grains, and protein and the relationship between cardiovascular risk factors and one's diet. The youth perform outreach in the community and at the Sankofa Farmers Market to disseminate information about healthy lifestyle choices and nutritious eating habits; improving the communication skills and reinforce knowledge acquisition. The students earn money as paid interns and are exposed to the economic impact of gardening through their activities at the weekly Farmers Market. **CONCLUSIONS** - The gardening addressing obesity and cardiovascular health disparities of the youth; empowering them as leaders and agents of change in their communities; and contributing to urban renewal by turning blighted vacant lots to foods source and revitalizing neighborhoods and communities. -

AstraZeneca HealthCare Foundation; WK Kellogg Foundation; Wisner Foundation, Entergy Corporation.

5.1.15 - Breakout Session B

TACKLING HEALTH DISPARITIES THROUGH INSTITUTION AND COMMUNITY PARTNERSHIPS: PREPARING TOMORROW'S FUTURE HEALTH CARE LEADERS

C. Dinitra White, Sonia Allen-Tay, Goldie S. Byrd, Erin E. Easley, Tracey Hanner, Margaret Kanipes, Checo Rorie, Tiara Rorie, and Margaret B. Wilson

The need for medical and dental health care providers in North Carolina is overwhelming. Of the 100 counties in North Carolina, several lack the critical number of physicians and dentist to serve the growing population. The Pre-Professional Scholars Program (PPSP) at North Carolina Agricultural and Technical State University (NCAT) was initiated in 2010 to address the severe need to produce minority scholars with a desire to assist underserved communities and population. Therefore, the PPSP was structured to recruit and retain highly motivated into various majors at NCAT, and to assist these students to become competent and competitive candidates for health professions programs. Since its inception, the PPSP has establish meaningful partnerships with highly respected institutions including the East Carolina University School of Dental Medicine, the East Carolina University Brody School of Medicine, and the University of South Carolina School of Medicine Greenville Campus to establish formal 'Pipeline Programs' to better prepare students for success in the rigorous medical and dental degree programs. Furthermore, development of important relationships with professional community partners, such as the Greensboro Medical Society and the Old North State Dental Society, has greatly strengthened our ability to provided meaning professional development experiences to NCAT students. By preparing students the skills and exposure to be successful in these critical areas of health care, aiding them academically and professionally as they matriculate through their undergraduate programs at NCAT, and structuring formal pipeline programs to increase their exposure to health careers, the PPSP is working to address health care needs and health disparities in underserved populations in North Carolina.

Title III Funding

5.1.16 - Poster Session 1

VULNERABILITY OF THE UNDERINSURED HIV POSITIVE SUBSTANCE ABUSERS WITHIN THE PIECEMEAL UNITED STATES HEALTH CARE SYSTEM

Maricus Gibbs

Purpose: The vulnerability under porous and questionable quality health care services of underinsured HIV positive substance abuser population is the basis for the current paper. **Methods:** The author discusses barriers to health care access and utilization. The discussion emphasizes how the health disparities of the population affect the social determinants of health and the theoretical underpinnings of current health care services. **Results:** The knowledge significantly influences public policy with promotion of higher quality health care and research for the specific population and surrounding communities. **Conclusion:** In conclusion, suggested strategies create political acknowledgement of health disparities and social determinants of health for members living as a subunit of the HIV population. **Outcomes** research and applied regression theoretically expose causal or anticipated relationships. Honest examination of the existing health care environment, statistics, and health disparities brings the marginalized population to the center of public policy agenda.

5.1.17 - Poster Session 1

INTERPROFESSIONAL EDUCATION IN A NEW SCHOOL BASED HEALTH CENTER

Dr. Mayola Rowser PhD DNP FNP-BC PMHNP Ruth E. Metzger, MBA, BA, BSN

The University of Southern Indiana (USI) College of Nursing & Health Professions received grant funding to open and operate a school based health center in 2011. The USI–Glenwood Community Health Center (GCHC) opened officially on January 9, 2012. The health center is located in an elementary school in a medically underserved area. The health center provides nursing and health professions students an opportunity to participate in an interprofessional collaborative practice (IPCP) while providing healthcare to an underserved & diverse population. Many of the clients served at USI-GCHC have multiple health problems and psychosocial stressors. The USI IPCP program is based on evidence demonstrating that quality of care, patient outcomes, and patient safety are increased when health care professionals collaborate in teams to provide care. The Institute of Medicine (IOM) Committee on Future Directions for the National Healthcare Quality and Disparities Report notes that national healthcare could be improved by coordination of care, thus the USI-GCHC is the perfect environment for interprofessional collaborations. IPCP program components are based on core competencies developed by the Interprofessional Education Collaborative Expert Panel. Essential teamwork skills are learned through student and faculty participation in TeamSTEPS™. The TeamSTEPS™ methodology is an evidenced-based program developed by the Agency on Healthcare Research and Quality (AHRQ) and the U.S. Department of Defense that provides educational modules for promoting effective communication and interprofessional team skills. During the first year of the grant, 58 nursing & health professions students provided direct care and health education programs to 400 patients at the USI-GCHC. As the USI nursing & health professions students learn to work collaboratively in teams implementing IPCP principles, the national goal of providing safe, effective, efficient and equitable care and improved patient outcomes will be realized.

This project is funded by a grant from the Department of Health & Human Services, Health Resource Services Administration, Bureau of Health Professions, Division of Nursing

5.1.18 - Poster Session 2

-THE ROLE OF COMMUNITY HEALTH WORKERS IN CONDUCTING ENVIRONMENTAL ASSESSMENTS TO IMPROVE PATIENT ASTHMA MANAGEMENT

P Dixon; AP Porter; KI Rapp; L Jack Jr.; D Sunda-Meya; MA Sanders; SD Denham; CM Wilson; FJ Malveaux

PURPOSE: Community health workers (CHWs) strive to improve family quality of life by empowering families with knowledge and skills to problem-solve, increase patient self-confidence and enable management of childhood asthma. **PROJECT DESCRIPTION:** The Head-off Environmental Asthma in Louisiana (HEAL), Phase II Project is a multi-component pediatric asthma management program that focuses on improving asthma among children receiving care at two federal qualified health center (FQHC) in New Orleans. One important component of the project is a home environmental assessment. CHWs perform home visits to provide home assessments of environmental triggers for pediatric asthma patients who are screen and determined “not well controlled” and “very poorly controlled”. This presentation will provide information on the role CHWs play in executing home assessment that include: completing visual inspections; teaching families how to maintain a safe sleeping zone; explaining how to avoid exposure to triggers and debriefing after the session with certified asthma educators (AE-C).

This project is made possible through a generous grant by Merck Childhood Asthma Network, Inc.

5.1.19 - Workshop 3

ENGAGING PARTNERS IN AN EVIDENCE-BASED HEALTH MANAGEMENT PROJECT

D Sunda-Meya; KI Rapp; L Jack, Jr.; CM Wilson; SD Denham; MA Sanders; AP Porter; P Dixon; N Morris; R Arnaud; FJ Malveaux Xavier University (DSM, KIR, LJJ, CMW, SDD, MAS, APP, PD); Daughters of Charity Services of New Orleans (NM, RA); Merck Childhood As

PURPOSE – This presentation will describe collaborative efforts and factors that contribute to or hinder the implementation of an evidence-based practice in a real-world setting. Presenters will share how partnership synergy, stakeholder buy-in, evaluation infrastructure and project management resulted in a collaborative project to address pediatric asthma in New Orleans. **PROJECT DESCRIPTION –** Understanding an organization’s culture, history, goals and objectives are key in strengthening and engaging partnerships within a project. The Head-off Environmental Asthma in Louisiana (HEAL), Phase II Project, a partnership between Xavier University’s Center for Minority Health & Health Disparities Research and Education (CMHDRE), Daughters of Charity Services of New Orleans (DCSNO), Children’s Health Fund, and the Merck Childhood Asthma Network, Inc. (MCAN), offers important insight into the use of organizational strategies to identify and utilize the collective strengths and resources among diverse partners. This presentation will address the important role partners play in implementing an evidence-based program in a real-world setting; the complex and challenging factors that impede the project processes and outcomes; and the effective management structure to ensure that the project’s goals and objectives are met.

This project is made possible through a generous grant by Merck Childhood Asthma Network, Inc.

ABSTRACTS

5.1.20 - Poster Session 1

PATIENTS' PERCEPTIONS OF A COMMUNITY-BASED HEALTH FAIRS

J Okogbaa, SA Amering XAVIER UNIVERSITY OF LOUISIANA COLLEGE OF PHARMACY

PURPOSE: To survey health fair participants regarding the usefulness of the screenings performed and information distributed and to determine what actions they will take after receiving the information. **METHODS:** A survey instrument was used to collect information from a convenience sample of persons participating in a large community health fair at a local shopping center. 45 participants completed the survey representing a 45% response rate. The investigators assessed participants' beliefs about their own health and whether they found the services offered helpful. Data was analyzed using SPSS. **RESULTS:** There were 29 females and 16 males who completed the survey instrument, about 85% of those sampled rated their health as good health. Approximately 88% of men believed they are in good health compared to 83% of women. However, 40% of participants identified themselves as having one or more of the following disease states: diabetes, hypertension, hyperlipidemia, or cancer. Overall 91% of the participants believed the services offered at the health fair were helpful, 4.4% responded they were not helpful and another 4.4% were undecided. About 71% of participants came because they wanted reassurance of good health, 11% came to obtain health information, and only 4.4% of participants came because they were worried about their health. Of the 64% of participants who felt the services provided were helpful, indicated they would be willing to pay a small fee for screenings. **DISCUSSION:** This is a preliminary study which warrants further investigation. The sample size is relatively small, therefore will not draw any practice changing conclusions. However, the data collected will help us to evaluate how patients view their health status. Interestingly, the patients' perception of good health does not correspond to the actual diagnosis that they may have.

5.2.01 - Poster Session 1

YOUNG VICTIM'S EXPERIENCES OF SEXUAL ABUSE

M Hassan; C Killion; R Hotz; V Totten; F Gary School of Nursing (MH; CK; FG) Case Western Reserve University, School of Medicine (VT) Case Western Reserve University, University Hospital (RH) Case Western Reserve University.

PURPOSE - To describe the experiences of child-victims of sexual abuse as reported during the interview at the Emergency Department (ED). **METHODS -** Narrative histories of victims of CSA between the ages of 6 and 14 taken in the immediate wake of the assault were analyzed using a qualitative approach. The children's clinical records were extracted from the Sexual Assault Nurse Examiner (SANE) records at a teaching ED in a large, urban, Midwestern city in the United States. Clinical records of child-victims seen in the ED between 2006 and 2010 were comprised the subjects for this research. Demographics of child, perpetrator and the sexual abuse histories were extracted from the clinical records. **RESULTS -** Child-victims were primarily abused by young male acquaintances. The abused young children reported their experience in three main themes: the context of the incidents, the violation of their bodies, and their physical and emotional reactions to the violations. **CONCLUSION -** the results of this study indicate the children knew the perpetrators especially to their mothers. Not all Parents/caregivers believed the children's allegedly sexual abuse. These findings highlight the needs of interventions to increase the awareness of the potential sexual abuse and physical harm among men known to the family who were perpetrators in this study.

5.2.02 - Poster Session 1

PATTERNS OF SEXUAL ABUSE AMONG CHILDREN WHO RECEIVED CARE IN AN EMERGENCY DEPARTMENT IN A MIDWESTERN

M Hassan; C Killion; L Lewin; V Totten; F Gary School of Nursing (MH; CK; FG) Case Western Reserve University, University Hospitals Case Medical Center (VT), School of Nursing (LL) Wayne State University.

PURPOSE - To examine children's signs and symptoms as immediately reported after alleged sexual assault. **METHODS -** A convenience sample of health records of 95 children aged 6 to 14 years, who were treated in the Emergency Department at a teaching hospital between the years 2006 and 2010, and who were examined by a single sexual assault nurse examiner. **RESULTS -** The mean age of the child-victims was 11.3 years; 86% were female and 86.5% were African American. These children were abused more often on weekends (73.4%), and more than half (56.8%) of the sample received medical help within 12 hours after the incident. The mean age of the perpetrators was 23.3 years. Perpetrators were overwhelmingly male (96.8%) and known to the child-victims (80%). Depending on the child's age and gender, there were statistically significant differences in the sexual activities reported. For an example, among females, body kisses and condoms were used more frequently. However, male victims experienced more anal penetration than females. In no cases did the children resist the perpetrators with whom they were acquainted through the men's relationships with the children's mothers. **CONCLUSION -** The results of this study suggests that the children were known by the perpetrators—many of whom were "friends" to their mothers. Parents/caregivers responded rapidly to the children's allegedly sexual abuse. These findings highlight the need for more public awareness about the potential for child sexual abuse and physical harm that can occur within the family setting.

5.2.04 - Poster Session 1

CHARACTERIZING THE VARIATION IN THE ZINC FINGER BINDING DOMAIN OF PRDM9 IN MOTHERS OF CHILDREN WITH DOWN SYNDROME

Ariel Harden Christin Walker Stephanie Sherman, PhD Tiffany Oliver, PhD

Proline Rich Domain Containing 9 (PRDM9) is a major determinant of recombination placement. Genetic variation in the zinc finger binding domain (ZFB) of PRDM9 in the normal population results in altered hotspot usage. As altered patterns of recombination on 21q are observed among maternal and paternal chromosomes 21 that nondisjoin, we hypothesize that variation in PRDM9 among parents of Trisomy 21 cases differs from that of the normal population. In order to explore this hypothesis we have genotyped the zinc finger repeat among mothers and fathers of children with Trisomy 21 and are currently observing the sequences of these mothers and fathers. If our hypothesis is correct, then we will be able to drastically refine the risk of having a child with trisomy 21.

American Society of Cell Biology Visiting Scientist Program, MBRS-RISE of Spelman College

5.2.06 - Poster Session 1

GENDER AND DIABETES RISK AMONG 1ST GENERATION ARAB IMMIGRANTS IN LOUISIANA

SA Al-Dahir, FZ Brakta, AK Khalil College of Pharmacy, Xavier University of Louisiana (SAA; FZB); International Department, Ochsner Medical Center (AKK)

PURPOSE – To examine the relationship between gender and diabetes and cardiovascular risk among first generation Arab immigrants in Southeastern Louisiana. **METHODS** – This research is a secondary analysis of research published in February 2013. Participants (n=180) were recruited among self-identified Arab Americans at community centers in Southeastern Louisiana. A survey focusing on demographic information, education, diabetes and cardiovascular risk and acculturation variables (language use, food preferences, age of immigration to the United States, socialization patterns and employment status and venue) was distributed among respondents. For each participant, an acculturation score (1 to 5) was calculated for Arab and American acculturation variables and this information was correlated to diabetes and cardiovascular risk. Factor Analysis, linear regression and Spearman's correlation was performed on the variables. **RESULTS** – An analysis of results was performed on respondents that indicated a first generation status (N=164). The average age of immigration was 27 years old (SD=8) with years of residence in the United States being 15 years (SD=12). Diabetes prevalence for males was 6% and females at 20%, with 34% males at high risk for diabetes and 27% of females at high risk. A bivariate, nonparametric correlation was calculated between acculturation variable and diabetes risk. A negative correlation between diabetes risk and Arab acculturation for males was found with regard to eating Middle Eastern food ($\rho = -.286, p = .007$), working with Arabs ($\rho = -.273, p = .01$) and identifying as an Arab ($\rho = -.297, p = .005$). For females, a negative correlation between diabetes risk and American acculturation was found with regard to speaking English ($\rho = -.202, p = .033$) and eating American food ($\rho = -.181, p = .05$). A linear regression between gender and diabetes risk found no significant relationship. **CONCLUSIONS** – First generation Arab immigrants display different acculturation models based upon gender, with increased American assimilation being protective for female immigrants.

5.2.07 - Poster Session 1

INCREASING THE METHIONINE CONTENT OF PHASEOLUS VULGARIS, COMMON BEAN (VAR. NEGRO JAMAPA) BY SELECTIVE MUTAGENESIS OF PHYTOHEMAGGLUTININ-E LECTIN

Pravisha Singh and Dr. Maria Elena Zavala

Lectins are sugar-binding proteins that, in some cases, have anti-fungal and anti-insect capabilities. This assists in controlling pathogenic organisms in herbivores, improving lectin-containing organisms survival. Two lectins are highly accumulated in the seeds of the common bean: Phaseolus vulgaris, phytohemagglutinin-L (PHA-L) and phytohemagglutinin-E (PHA-E). In addition to these two lectins, a polypeptide with a similar amino acid sequence, arcelin, is also contained within the seed of Phaseolus vulgaris. However, most cultivars of the common bean cannot be readily regenerated from tissue culture. Negro Jamapa is one of the few common beans that can be readily used in genetic transformations. Methionine is an important amino acid that limits the nutritional quality of beans as a protein source. The objective of this research study is to increase methionine in bean seeds. The examination of the nucleotide sequence (NCBI) of PHA-E showed 14 isoleucines. We have located the isoleucine codons (ATT, ATC, ATA) and plan to convert isoleucine to methionine (ATG) using point mutagenesis. Isoleucine and methionine are two of the nine essential amino acids needed to form complementary proteins. DNA has been extracted from leaves of young plants using a kit. The sample DNA has undergone PCR and cloned into a TA vector. Subsequently, using point mutations, I will modify isoleucine sequence into methionine sequence. We will make several types of cassettes including one with a constitutive promoter (C35) or a bean seed specific promoter. These cassettes will be used to transform bean leaves and the transformed cells will be regenerated into plants and allowed to flower and produce seeds.

This project was funded by the MARC program using the NIH T34 GM 083955-22 grant.

5.2.08 - Poster Session 2

SOCIAL DETERMINANTS OF HEALTH

Latonya A. Owens Shirley B. Simon

PURPOSE- The objective of this study is to examine the role of social determinants (the circumstance in which people are born, grow up, live, work and age, systems put in place to deal with illness) on current tobacco use in African Americans communities. **METHODS**- African Americans with low socio-economic status were associated with higher rates of smoking. Monthly reports were used statewide to collect data for a period of one year by the Communities of Color Network's staff. The report was conducted in Louisiana parishes with 25% or more African-Americans. A multitude of programmatic efforts that targeted youth ages 11-17, young adults 18-24, and adults. The methods of measurement were General Tobacco Educational classes and Secondhand Smoke workshops; schools, parenting, Women Infant Children (WIC) classes and churches, booth displays; health fairs, health units, advocacy events networking and partnerships developed during tobacco subcommittee meetings. Materials were disseminated among parishes in an effort to promote healthier communities. The CoC staff compelled a list of physicians, clinics and healthcare providers to create the Minority Cessation Referral Network that provide assistant and counseling for those that are seeking to quit the use of tobacco products. **RESULTS** - Each member were responsible for submitting a summary of deliverables that included the number of advocacy events, booth displays, workshops, quit success stories, technical colleges/HBCU's and churches that are 100% tobacco-free. Sign-in sheets were used to gather data regarding demographics. **Conclusions**-Many health disparities exist inside the African American communities. The examination of tobacco-related health disparities and the cultural and socioeconomic dynamics that exist inside communities of color, indicate the need for innovative planning and action to offset the outcomes of tobacco-related health disparities in these communities.

Communities of Color Network, program for Louisiana Campaign for Tobacco-Free Living

ABSTRACTS

5.2.09 - Poster Session 2

IMPACT OF AN ASTHMA EDUCATION CLINIC ON ASTHMA-RELATED ED READMISSIONS

F Ahmed; SM Sirmans; RC Parish LSUHSC Earl K. Long Medical Center (FA, SMS)/ULM College of Pharmacy (SMS, RCP)

PURPOSE - Asthma management has evolved into a multidisciplinary effort with patient compliance of medications dependent upon education initiatives taught by clinical pharmacists and asthma education specialists in addition to physicians. The objective of this study is to determine the impact of a multidisciplinary team that consists of a family practice physician, asthma educator, and a clinical pharmacist involved in an asthma education clinic on emergency department (ED) readmission rates for a state funded, hospital system serving an underserved patient population. **METHODS** - Adult patients who presented to the ED and were diagnosed with an asthma-related event were contacted by the asthma clinic with information on scheduling an appointment with the clinic. Asthma-related ED admissions from September 2009 to December 2010 were identified from the hospital record system using ICD-9 code. Patients were then stratified into three groups: A) Patients who attended asthma education clinic B) Patients who followed up with a primary care physician only and C) Patients who were lost to follow-up. Readmission rates for asthma exacerbation in each group were determined for a 12 month follow-up period. **RESULTS** - The study population consisted of a total of 309 patients, with 75 patients in group A, 81 in group B, and 153 in group C. The number of ED readmissions in each group were 41 (group A), 54 (group B), and 154 (group C). The mean rate of ED readmissions per day for group A, B, and C were, 0.0015, 0.0018, and 0.0028, respectively. The asthma education group had an 18% and 46% reduction in ED readmissions compared to the primary care physician and lost to follow-up groups, respectively. However, these results did not reach statistical significance ($p > 0.05$). **CONCLUSION** - This study suggests that in this population, follow-up with the asthma clinic did not reduce ED readmissions. However, based on study limitations, further studies are warranted to evaluate the impact of a multidisciplinary team on ED readmission rates.

5.2.10 - Poster Session 2

STAPHYLOCOCCUS AUREUS MOLECULAR TYPING IN HAWAII

G ERDEM1; MM Melish1; RS Daum2 Department of Pediatrics, John A Burns School of Medicine, Honolulu, Hawaii (GE, MMM); Department of Pediatrics, University of Chicago, Chicago, Illinois (RSD)

PURPOSE. Molecular types of *Staphylococcus aureus* (SA) causing disease in Hawaii, where infection rates have been disparately high among minority groups are not well-studied. USA 300 has replaced other SA strains in continental US. It is unclear if disease causing SA strains in Hawaii are related to this clone. **DESIGN METHODS.** 53 clinical SA isolates were randomly collected during the last week of March 2012. Isolates were genotyped by multilocus sequence typing (MLST), and clonal complexes (CCs) were assigned to closely related sequence types at University of Chicago. Staphylococcal cassette chromosome mec (SCCmec) typing was performed; presence of Pantone-Valentine leukocidin (PVL) genetic determinants was assessed. **RESULTS.** Of 52 isolates confirmed as SA, 16 (31%) were methicillin resistant (MRSA) and 36 were methicillin susceptible (MSSA). 15 MRSA were SCCmec IV and one was II. ST08 (14 isolates), ST97 and ST105 were identified among MRSA isolates and they all belonged to the same clonal lineage (CCR 2). The ST and mec typing indicated USA 300 in all MRSA isolates. PVL toxin genes were detected in 14 MRSA and 6 MSSA isolates. MSSA isolates showed a diversity of ST types including ST01, ST05, ST08, ST15, ST72, ST88, ST96, ST188, ST395, ST508, 5SLV, 8SLV, 30SLV, 1420SLV. **DISCUSSION/CONCLUSION.** Very little work has been done with Hawaii strains of SA except to document rising rates of MRSA as a percentage of all SA and endemically high rates of MSSA and MRSA infections. SA infections appear to affect Polynesian and Native Hawaiian communities disproportionately. SA infections in Hawaii appear to be related to USA300 strains causing disease throughout the US.

This study is partially funded by Leahi Fund of Hawaii Community Foundation.

5.2.11 - Poster Session 2

EXAMINING HEALTH DISPARITIES ALONG THE GULF COAST

Samantha Francois, Ph.D., Louisiana Public Health Institute Jennifer Langhinrichsen-Rohling, Ph.D., University of South Alabama Tim Rehner, Ph.D., The University of Southern Mississippi Elliot Hill, The University of Southern Mississippi

PURPOSE: The purpose of this presentation is to examine and illustrate health disparities among sub-populations in 17 parishes and counties in four Gulf States impacted by the British Petroleum oil spill. **PROJECT DESCRIPTION:** The Gulf Health Outreach Program (GRHOP) consists of four integrated projects designed to embed in and complement the existing efforts undertaken by the public health community along the Gulf Coast. The GRHOP target beneficiaries are residents of 17 coastal counties and parishes in Louisiana, Mississippi, Alabama, and the Florida Panhandle. One of the four projects, the Primary Care Capacity Project (PCCP) aims to expand access to integrated high quality, sustainable, community-based primary care with linkages to mental and behavioral, environmental, and occupational health services along the Gulf Coast. PCCP activities include conducting a comprehensive regional assessment of community health needs and clinic capacity, building community health clinic capacity, and increasing community engagement and participation in community health planning efforts. As part of the PCCP's comprehensive community health needs assessment, demographic data and data on health determinants and health status were gathered from several secondary large-scale data sources including the U.S. 2010 Census, state Vital Statistics, the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, and state Departments of Health. Both state and county level data were gathered for the 17 counties in the four states. Differences in health determinants and health status were examined based on factors such as race/ethnicity, poverty status, and geographic location. Results reveal unique differences among sub-populations along the Gulf Coast (e.g. elevated homicide and teen birth rates among Non-Whites in contrast to elevated suicide rates among Whites in counties in all four states). Presenters from the four states will highlight important health disparities in both physical and mental health indicators. Policy implications of these disparities will be explored.

The Primary Care Capacity Project is funded from the proposed Deep Water Horizon Medical Benefits Class Action Settlement which is pending approval from the Federal District Court for the Eastern District of Louisiana.

5.2.12 - Poster Session 2

DISPARITIES IN TOBACCO NORMALIZATION AND SMOKING SUSCEPTIBILITY

IM Rickett; TW Carton; BM Lyons; TF Ferguson LSU Health Science Center (IMR; BL; TFF), Louisiana Public Health Institute (TWC)

Louisiana experiences high tobacco utilization among youth compared to national estimates (16.2% vs. 10.2%). Tobacco normalization could contribute to elevated smoking prevalence among youth in Louisiana. Moreover, differences in beliefs by race and gender may provide insight into unique consumption patterns; Students who are White or male smoke more cigarettes (20.2%, 27.1%) but White and African Americans (24.8%, 24.3%) along with male and female (27.1%, 25.2%) students smoke combustible tobacco products equally. This research investigates how beliefs surrounding tobacco normalization differ based upon race, gender and youth's susceptibility (defined by CDC index) to smoking. METHODS: Cross sectional data from the 2011 Louisiana Youth Tobacco Survey was used. The survey contains 2,412 students' grades 6-12 from public middle and high school. Youth were grouped into 3 categories based upon their susceptibility to smoking combustible tobacco products (non-smoking, non-susceptible (1); non-smoking, susceptible (2); ever smoker (3)). Six variables were identified as a series of beliefs describing tobacco normalization. Multinomial logistic regression was used to determine if tobacco normalization beliefs differed based on susceptibility to smoking. Gender interaction was identified and separate models were computed. RESULTS: As compared to their counterparts in group 1, males in groups 2 were more likely to be White and see tobacco use in TV/movies ($p=.037, .024$). Males and females in groups 2 and 3 were more likely to use/wear products from a tobacco company than their counterparts in group 1 ($p<0.0001, <0.0001, <0.0001, <0.0001$). Compared to females in group 1, female members of groups 2 and 3 were more likely to think smokers have more friends ($p=0.003, 0.023$) and see tobacco use in TV/movies (0.043, 0.029). CONCLUSION: Tobacco normalization beliefs differ across race, gender and susceptibility to smoking. Prevention campaigns should emphasize tobacco use as an abnormal behavior through unique messages tailored to specific demographic groups.

5.2.14 - Poster Session 2

THE FORGOTTEN EPIDEMIC CAMPAIGN: A CROSS-SECTOR APPROACH TO REDUCING THE RACIAL DISPARITY IN HIV/AIDS IN THE U.S.

WA Allen; AJ McGregor; FA Earls Harvard University Center for AIDS Research/Harvard Global Health Institute, Harvard University (WAA) Harvard University Center for AIDS Research, Harvard Medical School, Harvard School of Public Health, Harvard University

Background: Although Blacks represent only 14% of the population, the CDC reports that they account for 44% of the new HIV infections, and 57% of HIV-related deaths. In 2010, Harvard University Center's for AIDS Research and national partners along with the National Association for the Advancement of Colored People, created an alliance to address the alarming racial disparity in HIV/AIDS. The partnership's main initiative, "The Forgotten Epidemic: Our Collective Responsibility, Response, and Solutions to the AIDS Crisis in Black America," seeks to identify the drivers of this disparity and to facilitate multidisciplinary solutions. Methods: The collaboration's objectives will be reached through building social networks across sectors, and through initiating and synthesizing epidemiological, sociological, and health policy research. To date, two national symposia, 8 national webinars have been conducted. The partnership has begun development of a national survey to investigate the determinants of HIV as a generalized epidemic in Black communities in the U.S. Moreover, we continue to seek national feedback and input on the development of this protocol. Expected Results: This national survey protocol will be administered in person or via the internet. The focus of this preliminary protocol is heavily weighted towards collecting data on access and utilization of health care generally, and for HIV testing and treatment specifically. Findings from this project will provide meaningful application of translational research to address the HIV epidemic among U.S. Blacks. Conclusion: We believe by reframing our approach, we will re-energize our constituencies and develop a more cohesive and sustainable approach to support the current and future national strategic plans. The findings from our national survey will contribute directly to the national effort to reduce the racial disparity in HIV/AIDS.

5.3.02 - Poster Session 1

EXPLORING PROFESSIONALS CULTURAL SENSITIVITIES THROUGH IPE (INTERPROFESSIONAL EDUCATION)

Celestine Carter APRN, DNS, Assistant Professor of Clinical Nursing; Shannon W. Mangum, MPS, LOTR, Assistant Professor of Occupational Therapy; Josephine Thompson, MA, CTRS, Interim Department Head, Occupational Therapy.

PURPOSE: This presentation describes a Breast Cancer Related Lymphedema (BCRL) Interprofessional Education (IPE) intervention framework. It utilizes a case-based lymphedema scenario to foster cultural sensitivity examining multidisciplinary students' knowledge and perceptions related to teamwork, collaboration, professional identity, roles and responsibilities. DESIGN METHODS: The study used a case-based mixed methods approach, which included quantitative pre and post test data from 2 instruments as well as qualitative data targeting multidisciplinary students enrolled in an IPE course (N=30) and a control group of multidisciplinary students not enrolled in an IPE course (N=20). A lymphedema-specific assessment tool was piloted to explore professions' cultural sensitivity regarding knowledge and perceptions of roles and responsibilities related to lymphedema awareness, education, intervention, and issues of survivorship. The Readiness for Interprofessional Learning Scale was used to examine changes in professions' perceptions related to teamwork, collaboration, professional identity, roles and responsibilities. Qualitative data was collected to assess students' knowledge and awareness regarding lymphedema health management strategies. EXPECTED RESULTS: Subjects enrolled in IPE will score higher on a lymphedema-specific assessment tool and the Readiness for Interprofessional Learning Scale than subjects in the control group determined through pre to post-test measurements. Qualitative data from subjects enrolled in IPE will demonstrate increased knowledge and awareness regarding lymphedema health management strategies. CONCLUSIONS: Studies show that Interprofessional education can limit or reduce the prejudices which may exist between professions, and reduces the ambiguity of other disciplines' roles and responsibilities. Difficulty with lymphedema care calls for greater education for all disciplines of healthcare. Curriculum standards for lymphedema education vary creating gaps and inconsistencies in training. This project contributes to the body of knowledge that addresses lymphedema awareness regarding health management strategies. Informed practitioners offer competent and culturally sensitive care to clients they have pledged to serve.

Louisiana State University Health Sciences Center Academy Grant for \$5,000.00

ABSTRACTS

5.3.03 - Poster Session 2

ASSESSING THE KNOWLEDGE OF WOMEN ON THE IMPORTANCE OF MAMMOGRAMS

KaShawna L Parker

PURPOSE: To measure the knowledge known regarding mammograms by women participating in the Wellness Expo funded by the HBCU Wellness Project. **METHODS:** A wellness expo took place on the campus of Fisk University. At the expo, women, specifically minorities ages 25 and older were targeted and surveyed upon entrance to assess their knowledge of mammograms and conducting a preventative routine via a pre-test. After being taught about mammograms (why they are important, at what age one should begin getting them, what they are for) at the booth, the women were surveyed once more to evaluate what they learned via a post-test. **EXPECTED RESULTS:** This study's hypothesis is that women surveyed will increase their knowledge of the importance of mammograms after they visit the booth. **CONCLUSION:** Many other organizations and groups have addressed the disparity that exists between Caucasian and minority women as it relates to breast cancer morbidity and mortality. Most have organized support and/or advocacy groups that provide education for African-American women about breast cancer through outreach initiatives. The findings of this research can allow for the development of appropriate patient education, so that women are comfortable with presenting this issue to physicians.

Meharry Medical College Historically Black Colleges and Universities (HBCU) Wellness Project

5.3.04 - Poster Session 2

THE IDEAL YOU

A ANDERSON; S HUSSAIN Department of Natural Science, Mathematics, and Business (AA; SH) Fisk University

PURPOSE – To introduce college-aged African American women to healthy lifestyle techniques, namely stress management. **METHODS** – Participants will attend a preconception wellness intervention in a relaxing spa-like atmosphere. Attendees will complete a pre and post survey assessing demographic information, stressors and reproductive health. **RESULTS** – Surveys will be scored. Correlations between age and stressors will be measured. **CONCLUSIONS** – In progress

5.3.05 - Poster Session 2

YOUR OWN LITTLE MIRACLE

DA Anthony; S Hussain Department of Natural Science, Mathematics and Business (DAA; SH)

PURPOSE - To teach college-aged African American women the importance of developing and maintaining a healthy lifestyle. **METHODS** - Participants attend the Midnight Spa event where they will interact with general and reproductive health experts in a relaxing environment. The participants will complete a pre and post survey assessing demographic information, general and reproductive health. **RESULTS** - The surveys will be scored. Correlations between age, general and reproductive health will be assessed. **CONCLUSIONS** - In progress

5.3.06 - Poster Session 2

PROEJCT BIG BONE

AC James; P McCarroll Department of Humanities and Social Sciences (ACJ); Department of Natural Science, Mathematics and Business (PM) Fisk University

PURPOSE - To reduce the incidence of obesity in college-aged African American females. **METHODS** - Participants will attend a series of fitness classes and nutrition education sessions. The attendees will complete pre and post surveys to assess their demographic information, general health, and nutrition. **RESULTS** - Surveys will be scored. Correlations between general health and nutrition awareness will be assessed. **CONCLUSIONS** - In progress

5.3.07 - Poster Session 1

HEALTHY MINDS: HEALTHY LIVES

J Ojuka; S Hussain Department of Humanities and Social Sciences (JO); Department of Natural Sciences, Mathematics and Business (SH) Fisk University

PURPOSE - To educate college-aged African Americans on the effect of poor mental health on physical wellness. **METHODS** - Participants attend the Midnight Spa where they will discuss total wellness with various health educators. Participants will complete a pre and post survey assessment and depression measurement instrument. **RESULTS** - The surveys and instrument will be scored. Correlations between depression and general health will be assessed. **CONCLUSIONS** - In progress

5.3.08 - Poster Session 1

IMPROVING POST-DISASTER HEALTH SERVICES: WORKING ON THE FRONTLINE OF PUBLIC HEALTH

Laila Fox, MUP Patricia Davis, BS Maureen Lichtveld, MD, MPH

PURPOSE: Southeast Louisiana has experienced several natural and technological disasters in recent years. While still in recovery from the 2010 Deepwater Horizon Oil Spill, Hurricane Isaac posed a new threat to vulnerable populations and to already fragmented health systems. The Transdisciplinary Research Consortium for Gulf Resilience on Women's Health (GROWH) mobilized to assess how well the region was prepared to meet the post-disaster needs of pregnant and post-partum women. **METHODS:** The Reproductive Health Assessment After Disaster Toolkit includes an assessment designed to collect information on the health status of pregnant and post-partum women ages 18-45. Topics include demographic information, health and social service needs, accessibility and barriers to services, family planning, special medical needs and pregnancy and birth outcomes. This tool will enable health systems to anticipate the increased need for reproductive services prior to the disaster, assess health care needs immediately post-disaster and identify longer term needs in the recovery phase. Two psychometric scales are also included; the Edinburgh Depression Scale and the MOS Social Support Survey. The GROWH team has partnered with WIC and family planning clinics in the most critically impacted parishes of St. Bernard, St. John, St. Tammany, Plaquemines and Jefferson to recruit eligible women. **ANTICIPATED RESULTS:** Recruitment and data collection are currently underway and will continue through the end of February 2013. The GROWH team seeks to interview 296 women. To date, over 100 women have participated. **CONCLUSIONS:** Although data collection and analyses are not yet complete, the emergent information will serve to provide data-driven recommendations to effectively anticipate and mitigate the gaps in health care systems during future disaster events. Ultimately, the goal of the project is to strengthen community resilience of vulnerable pregnant and post-partum women by ensuring continuity of health services for mothers and their newborns.

This project is supported through a grant from the Centers for Disease Control.

5.3.09 - Poster Session 1

ALL FOR ONE

JS FAVOURS; S HUSSAIN Department of Natural Science, Mathematics and Business (JSF; SH) Fisk University

PURPOSE - To educate college-aged African Americans on the impact of preconception health on infant mortality rates. **METHODS -** Participants will attend an evening wellness event where they will receive information on the importance of developing and maintaining general and reproductive health. Wellness event attendees will complete a pre and post survey assessing demographic information, general and reproductive health. **RESULTS -** The surveys will be scored. Correlations between age and reproductive health will be measured.

5.3.10 - Poster Session 2

LINKING A DISENFRANCHISED POPULATION TO CARE

TB Henderson; C Hucks-Ortiz; SM Avina

PROBLEM: The purpose of this Special Projects of National Significance Programs- SPNS is to link and retain HIV-positive Women of Color (WOC) in medical care. Outreach and case management methods are coupled with creative teaming of Promotoras/Community Health Outreach Workers (P/Cs) and peer P/Cs. Using several theories of empowerment and self-maintenance, the intervention includes intensive case management, peer support and linkages to care. Participants' self-reported risk behavior and utilization of services will be monitored at 3, 6, 9, 12, 15, and 18 months after enrollment in SPNS WOC. **UNDERLYING ISSUES:** Recent HIV Prevention Trials Network (HPTN) reports that there is an underestimation of the number of Black women who are HIV-positive. Racial and ethnic disparities in the disease are most apparent among women in the US, with at least six out of every ten female HIV cases occurring among African American women, and it is increasing among Latinas. In Los Angeles County Skid Row (SR), homelessness confounds access to HIV care for women of color. Perhaps not so specific to SR, is the fact that most HIV-positive women in this area do not want to be identified or found. Stigma remains a significant factor to effective locating and linking women of color to care. Providing peer support is essential for linking these women to care. **RECOMMENDATIONS:** This information will be used to improve HIV prevention programming overall and a national understanding of how to best help and re-link homeless women to HIV services and medical programs. On a daily basis, peer P/Cs use their knowledge of the drug sub-culture to promote their acceptance and to establish rapport and trust with the population. Peer P/Cs can also coordinate with clinic-based providers to reduce barriers to service and improve access to care for project participants.

Health Resources and Services Administration (HRSA)

ABSTRACTS

5.3.11 - Poster Session 1

DETERMINANTS OF NON-MEDICAL USE OF PRESCRIPTION MEDICATIONS AMONG LATINO WOMEN: A FIVE YEAR FOLLOW UP

De La Rosa, M., PhD.; Rojas, P., PhD, MSW, MPH; Sanchez, M., PhD; Cyrus, E., PhD Candidate; Dillon, F. R., PhD;

Introduction: Latinos experience disparate negative consequences from substance use disorders, including intimate partner violence, incarceration, homelessness, and medical ailments. Substance abuse health disparities are on the rise among Latina women, partly because the risk and protective processes determining these health risk behaviors among adults remain relatively unknown. The current study examines the changes in non-medical use of prescription sedatives that occur over a five year span among a community based sample of adult Latino mothers and daughters in Miami-Dade, Florida. **Method:** Data is gathered from participants enrolled in an ongoing longitudinal study examining intergenerational transmission of drug abuse and HIV/AIDS risk behaviors. Baseline data was collected on a sample of 316 adult Latina mothers and daughters. The first follow-up assessment was conducted 5 years later with 299 participants, yielding a retention rate of 95 percent. Participants were interviewed in the first follow-up using a structured questionnaire that included questions on age, alcohol use, drug use, health insurance, wellness, health status, time living in the United States, and Spanish language proficiency. **Results:** preliminary analysis shows older age and health status as correlates of non-medical use of prescription sedatives. Conversely, increase time in the United States is correlated with lower sedative use. General Linear Mixed Model will be used to examine change in sedative use among dyads. A correlation between mothers' and daughters' non-medical use of prescription sedatives in the five year follow-up is hypothesized. **Conclusions:** Results from the current study may have clinical implications for health practitioners who work with adult Latino women. Screening for non-medical use of prescription medication should be part of the health assessment protocol for women reporting poor health status as this study suggests that non-medical use of prescription sedatives may increase with self-reported poor health status.

Current research is funded by the National Institute of Nursing Research (5R01NR012150-04).

5.4.01 - Poster Session 2

THE MILA FELLOWS REENTRY FAMILY SUPPORT PROGRAM

CC Mahaffey; B McGregor; KL Williams

PURPOSE – The purpose of this program is to pilot test an evidence-based, culturally centered intervention. This program is designed to improve knowledge and skills needed to enhance the reentry experiences of fathers and their children, with the ultimate goal of reducing recidivism. This program aims to address the unique needs of formerly incarcerated Black fathers and their children through delivery of a reentry curriculum and by working closely with community organizations to address the specific service and resource needs of each family unit. **PROJECT DESCRIPTION** - Fifty-two (52%) percent of prison inmates are parents with minor children, including more than 1.1 million fathers. One in every 43 children has an incarcerated parent; one in every fifteen for black children, a significant racial disparity. Children whose fathers have been incarcerated are more likely than their peers to live in poverty, receive welfare, suffer serious mental health issues, have poorer academic performance, report more behavior problems and are more likely to become incarcerated themselves; nearly half (46%) of juvenile inmates in Mississippi are Black males. Thus, a key component of this program is strengthening the health care of these families by providing health care education and improving health care access. MILA program staff have surveyed four Mississippi counties where program sites are located. These four counties are diverse in location, health status, social, political and economic realities, and experiences with recidivism and reentry, which will be discussed. Professional experience and evidence suggests that establishing a successful network of stakeholders among housing providers, substance abuse treatment programs, fatherhood programs, health care facilities, policymakers, and law enforcement will be essential to the success of the MILA Program in Mississippi.

MENTION OF GRANT SUPPORT – This work is being supported by the W.K. Kellogg Foundation.

5.4.02 - Poster Session 2

EXPLORING MASCULINE CAPITAL AND SEXUAL BEHAVIORS AMONG MALES ATTENDING A HISTORICALLY BLACK COLLEGE: IMPLICATIONS FOR PREVENTION INTERVENTIONS

Sinead N. Younge

In the U.S., young Black men bear the largest burden of HIV/AIDS. Despite the majority of new HIV cases being transmitted by sexual contact, there remains a dearth of evidenced based interventions tailored specifically for Black men. Public health efforts have traditionally focused on women specific health issues, however, a small but growing body of literature is beginning to examine the complexity of masculinity on men's health. This study took a qualitative approach to examine young Black men's (N=19) sexual behavior within a college setting. A convenience sample of college students were recruited to complete semi-structured interviews to phenomenologically explore how context influences sexual behaviors. Several themes that impacted sexual behaviors emerged including 1) societal expectations, 2) future orientation, 3) partner expectations, 4) masculinity, and 5) substance use. These qualitative findings illuminate and provide a context for understanding young Black men's sexual risk and protective behaviors.

NIMH 5R25MH067127-07

5.4.03 - Breakout Session C

COPING WITH TYPE 2 DIABETES: THE EXPERIENCES OF BLACK MEN LIVING IN ATLANTA, GEORGIA

AM Namageyo-Funa; JL Muilenburg; MG Wilson College of Public Health (AMNF, JLM, MGW) University of Georgia

PURPOSE – Type 2 diabetes is common, costly and deadly: it disproportionately afflicts Black Americans almost twice as often as Whites with a heavier burden of complications. This study examined the coping methods of Black men with type 2 diabetes recruited from the Grady Health Systems Diabetes Center in Atlanta, Georgia. **METHODS** –In-depth interviews of 30 men with a low income explored their experiences of coping with the management of type 2 diabetes. **RESULTS:** The demographic data and coping methods identified in this study focus on 25 of the 30 men. Of the 25 men in this study, 76% had a history of type 2 diabetes, 52% have known type 2 diabetes duration of more than 5 years, 72% used insulin, 76% reported having another health illness or injury other than type 2 diabetes, 76% had some form of health insurance, and 24% were married at the time of the interview. The coping methods identified by the men were acceptance, taking action to change behavior, support from healthcare professionals, support from family, seeking health information, support from friends, religion, and not focusing on the disease. Having a family history of type 2 diabetes facilitated coping with type 2 diabetes among the men. None of the coping methods highlighted were negative coping methods. **CONCLUSION:** The findings from this study suggest that Black men with type 2 diabetes use problem solving coping strategies compared to emotion based coping strategies. Healthcare providers and researchers developing and implementing health interventions are encouraged to use problem solving coping strategies to help Black men with type 2 diabetes and their families manage the disease.

5.5.01 - Poster Session 2

IDENTIFYING FACTORS THAT CONTRIBUTE TO PRIMARY MEDICATION NONADHERENCE: EXPLORING THE INFLUENCE OF PATIENT LEVEL CHARACTERISTICS

CN HARRELL; JB Wheeler; TD Hart; KR Chrison; CJ Diaz, Jr. Xavier University of Louisiana (CNH, JBW, TDH, KRC, CJD); Rite Aid Pharmacy (CNH, JBW); Jefferson Community Healthcare Center (CNH, TDH)

PURPOSE: The objective of this study is to identify those factors that contribute to primary medication nonadherence. Specifically this study will explore those patient level factors that contribute to primary medication nonadherence. **DESIGN METHODS:** Primary medication nonadherence is defined as a failure to fill an initial prescription for a medication. It has been shown that this can contribute to poor health outcomes. Therefore, identifying factors that lead to this type of nonadherence may prove to be beneficial. The aim of this study is to identify those patient level factors that influence a patient's decision to fill an initial prescription. The study will be conducted at two sites: a community retail pharmacy and a federally qualified health center (FQHC). A screening questionnaire will be used to identify patients who are eligible to participate in the study. Eligibility criteria include patients who are 18 years of age and older who self report as ever having received a prescription for a medication and provide consent to complete a survey. The survey will be administered to determine patients' reasons for not filling an initial prescription, identify the medications not filled, and the source of the original prescription. Demographic information will also be evaluated and appropriate statistical analysis will be performed. **RESULTS:** NA (research in progress). **DISCUSSION/CONCLUSION:** NA (research in progress).

5.5.02 - Poster Session 2

ASSESSING THE USE OF PROTON PUMP INHIBITORS IN A 200-BED HOSPITAL

FZ Brakta; A Baird; T Lee

Purpose – the purpose of this study is to determine the rate of proton pump inhibitor (PPI) utilization at the hospital, the number of drug-drug interactions with PPIs, and number of pneumonia and C. difficile infections occurring in patients who are recipients of PPI therapies and the relationship between PPI duration and development of pneumonia or c. diff infections. **Methods** - Prior to conducting this study, the institutional Review Board application was submitted for approval. Subsequently a report was generated to provide patient profile information, admission/discharge dates, use of PPIs/ types, duration of PPI use, major drug-drug interactions, as well as the number of pneumonia and C. difficile infections for the period of January 1, 2012 to March 31, 2012. This study will be conducted in such a manner as to ensure complete patient confidentiality. **Results** – Complete results are pending. However, the total PPI orders in the three-month period exceeded 2,000 orders and the number of major drug interactions in this time period was 117. Final results will be reported on the poster for presentation at the conference.

COE Scholar Program

5.5.03 - Poster Session 2

THE PRE AND POST-IMMIGRATION ALCOHOL USE OF RECENT LATINO IMMIGRANTS

M Sanchez; M De La Rosa; F Sastre

PURPOSE: Compared to other U.S ethnic groups, Latinos experience disproportionately negative consequences of alcohol use. Increased time in the US has been associated with rises in alcohol use among Latino immigrants. Research indicates undocumented Latino immigrants are particularly vulnerable to problematic alcohol use patterns. The present study compared changes in pre- to post-immigration alcohol use trajectories among recent Latino immigrants. Undocumented immigrants were hypothesized to have higher rates of alcohol use before and after immigration. An overall increase in alcohol use trajectories was expected, with higher increases among undocumented immigrants. **METHODS:** The present analyses reports on results from a longitudinal study documenting the influence of pre-immigration factors on the health behavior trajectories of recent Latino immigrants. Retrospective pre-immigration data was collected at baseline from a sample of 527 Latinos ages 18-34 who had immigrated to the US less than one year prior. Two follow up assessments (12 months apart) reported on post immigration behaviors. Data on alcohol use in the past 90 days was collected. **RESULTS:** Growth curve analysis showed no significant differences in the alcohol use trajectories for the overall sample. Difference in alcohol use patterns were found between documented and undocumented immigrants with undocumented immigrants reporting lower alcohol use before and after immigration. Alcohol use was lower among females, relative to males. Significant gender differences in growth curve trajectories revealed males had higher decreases in pre- to post-immigration alcohol use. **CONCLUSIONS:** This study contributes to the limited knowledge on alcohol use patterns of Latino immigrants prior to and early in the immigration process. Further research is needed to uncover the underlying factors associated with the alcohol use trajectories of documented and undocumented Latino immigrants. Such research may inform prediction, prevention, and treatment of problem drinking behaviors among the largest and fastest growing ethnic minority group in the US.

This study was supported by award number P20MD002288 from the National Institute on Minority Health and Health Disparities

ABSTRACT PRESENTERS

Fahamina Ahmed

5.2.09 - p. 66
Touro Infirmary

Oladimeji Akinboro, MBBS, MPH

3.3.13 - p. 47
Center for Community Health
University of North Texas Health Science Center
- Texas Prevention Institute

Ann Marie Alfieri, MPH

3.3.17 - p. 48
Quality Measurement and Improvement
Cigna HealthCare

Wanda A. Allen, BS

5.2.14 - p. 67
Harvard Center for AIDS Research/Harvard
Global Health Institute
Harvard University

Alexis N Anderson

5.3.05 - p. 68
Natural Science, Mathematics and Business
Fisk University

Dominique A Anthony

5.3.04 - p. 68
Natural Science, Mathematics and Business
Fisk University

Melvin F Baron, Pharm.D., MPA

1.2.01 - p. 31
Titus Family Department of Clinical Pharmacy
and Pharmaceutical Sciences
University of Southern California School of
Pharmacy

Abigail Boateng

5.1.13 - p. 61
University of Maryland, Baltimore County

Fatima Brakta, Pharm.D

3.2.06 - p. 42
College of Pharmacy
Xavier University of Louisiana

April L Brown

4.3.01 - p. 57
Psychology
Spelman College

Meagan A Brown, PharmD

1.3.11 - p. 24, 35
Pharmacy Practice
University of Mississippi School of Pharmacy

Marquette L Cannon-Babb, PharmD

3.3.18 - p. 23, 49
Pharmacy Practice
Temple University

Celestine Carter, DNS

5.3.02 - p. 67
Adult Health Nursing
LSU Health Sciences Center

Eida M Castro, PsyD

2.4.01 - p. 39
Clinical Psychology
Ponce School of Medicine and Health Sciences

Siqi Dai

3.2.07 - p. 43
IMHC

Patricia A Davis, BS

5.3.08 - p. 69
Global Environmental Health Sciences
Tulane University School of Public Health &
Tropical Medicine

Michael De Lucca, MHM

3.2.08 - p. 43
Broward Regional Health Planning Council,
Inc.

Stacey Denham, MSW, MPH

4.3.03 - p. 21, 58
College of Pharmacy
Xavier University of Louisiana

Renea A Duffin, MPA

5.1.07 - p. 60
Cancer Support and Outreach
Mary Bird Perkins- Our Lady of the Lake
Cancer Center

Kimberly S Enoch, MPH, CHES

4.2.07 - p. 55
Cancer Control and Population Sciences
University of Arkansas for Medical Sciences
Winthrop P. Rockefeller Cancer Institute

Yayin Fang, PhD

1.1.09 - p. 28
Howard University College of Medicine

Rashida Ferdinand, BFA, MFA

5.1.14 - p. 62
Sankofa Community Development

Erin Fitzgerald, MPH

4.2.10 - p. 56
Community Health
Louisiana Public Health Institute

Samantha Francois, PhD

5.2.11 - p. 66
Evaluation
Louisiana Public Health Institute

Gaarmel Funches

5.1.05 - p. 59
Division of Multicultural Affairs
University of Mississippi Medical Center

Symielle A Gaston, MPH

2.2.06 - p. 39
Epidemiology-Public Health
LSU Health Science Center School of Public
Health

KaNesha M Gillyard, BSc (in Progress)

1.3.01 - p. 33
Chemistry
Spelman College

Wade G Gunn, M.A.

3.3.22 - p. 49
Department of Kinesiology-Occupational
Science
University of Wisconsin-Madison

Yolanda M. Hardy, PharmD

3.3.01 - p. 44
Pharmacy Practice
Chicago State University College of Pharmacy

Courtney Harrell, Pharm.D.

5.5.01 - p. 71
College of Pharmacy
Xavier University of Louisiana

Shawntell Harrell

3.4.04 - p. 52
Southern University Agricultural Research
and Extension Center
Southern University

Mona Hassan, PhD (c), 2013

5.2.01 - p. 64
School of Nursing
Case Western Reserve University

Tina B Henderson, PhD

5.3.10 - p. 69
HIV Division
JWCH Institute, Inc.

Lenora Honer, BS

4.2.02 - p. 53
Education
Jackson State University

Shakia Jackson, MEd

5.1.12 - p. 61
Cancer Control and College of Public Health
University of Arkansas for Medical Sciences

Jessica L Johnson, PharmD

1.3.12 - p. 36
College of Pharmacy
Xavier University of Louisiana

Candace AM Jones

1.1.08 - p. 28
Natural Science, Mathematics and Business
Fisk University

Michael L Jones, RN, MSN, MBA

5.1.04 - p. 59
Office of the Vice Chancellor for Health Affairs
The University of Mississippi Medical Center

Jennifer D Keith, MPH, CPH

3.2.04 - p. 42; 5.1.03 - p. 58; 4.2.03 - p. 23, 53
Research and Evaluation Group
Public Health Management Corporation

Deleshia Kinney, MD, MPH

1.1.02 - p. 27
Health Studies
Chicago State University

Myra A Kleinpeter, MD, MPH

1.4.02 - p. 37
Medicine
Tulane University

Fran Lawless, MHA

3.2.03 - p. 41
Office of Health Policy and AIDS Funding
City of New Orleans Health Department

Jaymee L Lewis, MSHCM

5.1.10 - p. 60
Community Health
Louisiana Public Health Institute

Latonya Lott, MS, MPH

1.3.10 - p. 35
Office of Health Data and Research
Mississippi State Department of Health

Carlos Mahaffey, PharmD, MPH

5.4.01 - p. 70
Satcher Health Leadership Institute
Community Voices: Healthcare for the
Underserved
Morehouse School of Medicine

Janene L Marshall, PharmD

1.3.03 - p. 34
Pharmacy Practice
Chicago State University College of Pharmacy

Agathe Merle, MIPA MPH

3.3.14 - p. 47
University of Wisconsin Madison

Amel Mohamed

1.2.06 - p. 33
Mississippi State Department of Health

Pilar Z Murphy, PharmD

3.3.07 - p. 24, 45
Samford University McWhorter School of
Pharmacy

Apophia Namageyo-Funa

5.4.03 - p. 24, 71
University of Georgia

Jackie O Ojuka, BS

5.3.07 - p. 68
Department of Humanities and Social
Sciences
Department of Natural Science, Mathematics
and Business
Fisk University

Anthony L Olivieri, MURP

1.2.04 - p. 32
FHEED, LLC

KaShawna L Parker, B.S.

5.3.03 - p. 68
Meharry Medical College

Jacqueline C Patterson, MSW, MPH

4.1.02 - p. 53
Environmental and Climate Justice Program
NAACP

Frank Pezzella, PhD

3.3.08 - p. 46
Criminal Justice
John Jay College

Kabi Pokhrel, MBA

3.4.01 - p. 51
Program Development
American Legacy Foundation (Legacy)

Heather M Price, MPA

5.1.08 - p. 60
Early Detection and Prevention
Mary Bird Perkins- Our Lady of the Lake
Cancer Center

Michael L Robinson, BA, MSW (MAY2013)

4.2.05 - p. 54
STD, HIV and Reproductive Health
Louisiana Public Health Institute

Mayola Rowser, PhD DNP FNP-BC
PMHNP

5.1.17 - p. 63
College of Nursing & Health Professions
University of Southern Indiana

Margaret Sanders, MSED
2.4.03 - p. 40
DCAS
Xavier University of LA, HEAL, Phase II Project

Candice M Wilson, BS, MPH
1.5.03 - p. 37
College of Pharmacy
Xavier University of Louisiana

Wallace Sharif, PhD
1.1.07 - p. 28
Biology
Morehouse College

Karen Winters, PhD, RN
1.4.01 - p. 36
School of Nursing
University of Mississippi Medical Center

Neal Simonsen, MS, PhD
1.1.15 - p. 30
Epidemiology
LSU Health Sciences Center

Sinead Young, PhD
5.4.02 - p. 70
Psychology
Morehouse College

Jenelle Singer, MPH
1.1.11 - p. 29
Hematology/Oncology
Rady Childrens Hospital San Diego

Sharla Smith
1.1.12 - p. 29
Fay W. Boozman, College of Public Health
University of Arkansas for Medical Sciences

Brittany L Swait
4.2.04 - p. 54
Natural Sciences
Albany State University

Juanyce D Taylor, PhD, MSED
3.3.15 - p. 48
Health Sciences
The University of Mississippi Medical Center

Tung-Sung Tseng, DrPH
3.3.20 - p. 49
Behavioral and Community Health Sciences
LSU School of Public Health

Christina Welch
1.1.05 - p. 28
Albany State University

Jill H White, EdD, RD, LDN
2.1.01 - p. 38
Nutrition Science
Dominican University

Addressing the ISSUE

Programs aimed at **enhancing care coordination during hospital-to-home transitions** have been shown the most consistent beneficial effects on cost and quality.

— *Following the Money: Factors Associated with the Cost of Treating High-Cost Medicare Beneficiaries,* Health Services Research, August 2011



XAVIER UNIVERSITY OF
LOUISIANA

College of
Pharmacy

(EST. 1927)



Proud Sponsor of the
6th Health Disparities Conference

www.XULA.edu/cop

SPEAKERS / MODERATORS

Narviar C. Barker, MSW, PhD - p. 22

Public Health Sciences Institute
Morehouse College
Atlanta, GA

Loren J. Blanchard, PhD - p. 16

Senior Vice President for Academic Affairs
Office of Academic Affairs
Xavier University of Louisiana
New Orleans, LA

Meagan Brown, PharmD - p. 24

Clinical Assistant Professor & Coordinator of Community Pharmacy
Development Pharmacy Practice
University of Mississippi
Jackson, MS

Marie L. Cameron, MS, FACHE - p. 20, 78

Lecturer and Executive-in-Residence
Institute of Health Administration
J. Mack Robinson College of Business
Georgia State University
Atlanta, GA

Marquette L. Cannon-Babb, PharmD, BS - p. 23

Assistant Dean and Professor of Pharmacy Practice
Temple University School of Pharmacy
Philadelphia, PA

David G. Carmouche, MD - p. 22

Chief Medical Officer/Senior Vice President
Blue Cross Blue Shield of Louisiana
Baton Rouge, LA

Stacey Denham, MSW, MPH - p. 21

Asthma Educator, HEAL Phase II Project
CMHDRE, College of Pharmacy
Xavier University of Louisiana
New Orleans, LA

Renea A. Duffin, MPA - p. 19, 78

Vice President, Cancer Support Outreach
Mary Bird Perkins - Our Lady of the Lake Cancer Center
Baton Rouge, LA

Johnnie L. Early, II, PhD, RPh - p. 17

Dean and Professor, College of Pharmacy
University of Toledo
Toledo, OH

Daphne P. Ferdinand, PhD, APRN - p. 15, 78

President, Executive Director
Healthy Heart Community Prevention Project
New Orleans, LA

Rashida Ferdinand, MFA - p. 15, 79

Executive Director
Sankofa Community Development
New Orleans, LA

Norman C. Francis, JD - p. 18

President
Xavier University of Louisiana
New Orleans, LA

Cheryl P. Franklin, DNS, RN - p. 23

Associate Professor and Dean, School of Nursing
Albert A. Sheen Campus
University of the Virgin Islands
St. Croix, VI

C. Alicia Georges, EdD, RN, FAAN - p. 25, 79

President, National Black Nurses Foundation
Bronx, NY

J. Nadine Gracia, MD, MSCE - p. 16, 79

Deputy Assistant Secretary for Minority Health
Office of Minority Health
U.S. Department of Health and Human Services
Rockville, MD

Yolanda M. Hardy, PharmD - p. 21

Assistant Professor of Pharmacy Practice
College of Pharmacy
Chicago State University
Chicago, IL

Arcelia Johnson-Fannin, PharmD, RPh - p. 17

Founding Dean, Feik School of Pharmacy
University of the Incarnate Word
San Antonio, TX

Michael L. Jones, RN, MSN, MBA - p. 22

Chief Community Health Officer
Office of the Vice Chancellor for Health Affairs
The University of Mississippi Medical Center
Jackson, MS

Jennifer D. Keith, MPH, CPH - p. 23

Research Associate
Public Health Management Corporation
Philadelphia, PA

Kathleen B. Kennedy, PharmD - p. 16, 25

Dean, College of Pharmacy
Malcolm Ellington Professor of Health Disparities Research
College of Pharmacy
Xavier University of Louisiana
New Orleans, LA

Arshad M. Khan, PhD - p. 19, 79

Assistant Professor of Biological Sciences
Department of Biological Sciences
University of Texas at El Paso
El Paso, TX

Derek Lewis, Jr., MD - p. 17, 79

Owner - Principal Investigator
Arkansas Primary Care Clinics
Little Rock, AR

Bertina McGhee, MPH, RD, LDN - p. 15, 80

Parish Chair & Area Nutrition Agent
LSU Agriculture Center - Orleans Parish
New Orleans, LA

Melba R. Moore, MS, CPHA - p. 20, 80

Commissioner of Health
City of St. Louis Department of Health
St. Louis, MO

Apophia Namageyo-Funa, PhD, MPH, CHES - p. 24

Health Scientist, Division of Diabetes Translation
Centers for Disease Control and Prevention
Atlanta, GA

Kermit G. Payne, BFA - p. 18

President/CEO
The 1Joshua Group, LLC
Atlanta, GA

Sybil M. Richard, JD, MHA, RPh - p. 20, 80

Principal
Segue Health Partners
Bentonville, AR

Debra L. Roter, MPH, DrPH - p. 19, 80

Professor, Department of Health, Behavior and Society
Johns Hopkins Bloomberg School of Public Health
Baltimore, MD

John Ruffin, PhD - p. 18, 81

Director, National Institute on Minority Health and Health Disparities
National Institutes of Health
Bethesda, MD

Doryne Sunda-Meya, BS - p. 21

Program Manager, HEAL Phase II Project
CMHDRE, College of Pharmacy
Xavier University of Louisiana
New Orleans, LA

Cheryl Taylor, PhD, MN, RN - p. 17, 81

Director, Office of Research
School of Nursing
Southern University A&M College
Baton Rouge, LA

José A. Torres-Ruiz, PhD - p. 19

Chair, Department of Biochemistry and Microbiology
Ponce School of Medicine and Health Sciences
Ponce, PR

Catherine D. White, PhD - p. 23

Associate Professor of Biology
Director, Pre-Professional Scholars Program
North Carolina A&T University
Greensboro, NC

Jill H. White, EdD, RD, LDN - p. 24

Department Chair, Nutrition Science
Director Coordinated Dietetic Programs
Dominican University
River Forest, IL

Christopher D. Williams, PhD - p. 22

Assistant Professor, Division of Basic Pharmaceutical Sciences
College of Pharmacy
Xavier University of Louisiana
New Orleans, LA

LaKeisha G. Williams, PharmD, MSPH - p. 21

College of Pharmacy
Xavier University of Louisiana
New Orleans, LA

SPEAKER BIOGRAPHIES



Marie L. Cameron, MS, FACHE - p. 20

Marie Cameron, FACHE, is a senior healthcare executive with over 25 years' experience in healthcare management in community and teaching hospitals. She is a Board Certified Fellow of the American College of Healthcare Executives with strong operational turnaround and program development experience.

Cameron has held senior positions at: Children's Hospital in Washington, D.C., as VP of Professional Services, and VP of Administrative Services; Howard University Hospital as COO, as interim executive director/CEO and as executive director/CEO; Southwest Hospital and Medical Center as president/CEO and as a managing partner of the RMP Group LLC.

Her professional involvement includes service as chair of the Care Transitions Advisory Group for the Georgia Hospital Association; chair of the Bylaws Committee of the National Association of Health Services Executive; program chair, Atlanta Chapter of NAHSE, and member of ACHE Voluntary Giving Committee. Her previous professional involvement includes serving on the Board of Governors of the American College of Healthcare Executives (ACHE); Regent-at-Large (District 2) for the American College of Healthcare Executives; member of the Advisory Board of the Georgia Association of Healthcare Executives; chair of the Georgia Department of Community Health Hospital Advisory Board; member of the Board of Directors of the Georgia Hospital Association; member of the 191 Board of Governors; and chair of the Data and Technology Committee of the Georgia Hospital Association. She also served as a board member of the American Red Cross and was chair of the Fulton County Advisory Board of the American Red Cross.

Cameron is a current member of the Healthcare Financial Management Association, Georgia Association of Healthcare Executives, National Association of Health Services Executives, American College of Healthcare Executives and the Society for Human Resources Management, and is involved in many other professional and civic organizations in the community.



Renea A. Duffin, MPA - p. 19

A native of Forest Hill, Louisiana, Renea Austin-Duffin is an accomplished and proven leader in government and the private sector.

Renea served the state of Louisiana for 13 years in both the legislative and executive branches. From 1996 through 2001, Renea served in Governor Mike Foster's administration as the undersecretary of the Department of Social Services, Deputy Commissioner of Administration for Policy, and ultimately Secretary of the Department of Social Services. During her service in the executive branch, Renea successfully implemented the tenets of the 1996 federal Welfare Reform Act; lead the state's Y2K efforts; and passed legislation granting welfare recipients their first increase in benefits in 13 years.

In 2001, Renea joined the state's largest private health insurer, Blue Cross Blue Shield of Louisiana, as Senior Vice President for Member and Community Relations. She also served as the Corporate Diversity Officer and President of the Blue Cross Blue Shield of Louisiana Foundation.

Today, she serves as the Vice President of Cancer Support and Outreach at Mary Bird Perkins Cancer Center. She is responsible for the oversight and strategic development for all programs and services within an 18 parish service area to lessen the burden of cancer in the community through the provision of social services, awareness and education, research and early detection services. She is also responsible for enhancing relationships with hospital partners to ensure that a comprehensive array of cancer programs and services are offered in local communities.

Her leadership role in a current National Cancer Institute program, which has an emphasis on community cancer care, is enhancing services and furthering best practices, across all five cancer centers.



Addressing the ISSUE

A culture of performance excellence and accountability for results was exhibited strongly by high performing health systems. This was defined through cultural markers such as: focusing on continuous improvement, driving toward dramatic improvement or perfection versus incremental change, emphasizing patient-centeredness, adopting a philosophy that embraces internal and external transparency with regard to performance, and having a clear set of defined values and expectations that form the basis for accountability of results.

—*“Health Policy Brief: Public Reporting on Quality and Costs,” Health Affairs, March 8, 2012*



Daphne P. Ferdinand, PhD, APRN - p. 15

Daphne P. Ferdinand, PhD, is the executive director of the Healthy Heart Community Prevention Project, Inc., whose mission is to promote heart health and to eliminate disparities associated with cardiovascular disease in vulnerable communities. She is also co-founder of Heartbeats Life, formerly a cardiovascular diagnostic testing center and clinical consultation practice located in the 9th ward prior to Hurricane Katrina, and served as practice administrator, clinical nurse specialist, and clinical trials coordinator.

Dr. Ferdinand has co-authored publications covering topics such as cardiovascular disparities, management of hypertension in diabetes and the metabolic syndrome, fast food consumption in the US, and community based cardiovascular strategies in faith-based institutions. She has over 30 years of community service providing cardiovascular health education and health promotion activities in the greater New Orleans area specifically with underserved populations. In 2002 she received the Reach 2010 @ The Heart of New Orleans, and National Black Women's Health Project (NBWWHP), Community Service Award. She served on the New Orleans REACH coalition, community advisory board, and as research coordinator for the duration of the project pre and post Katrina, and writes a bimonthly Healthy Heart Column, in "The Trumpet", community newspaper for New Orleans residents produced by NPN, Neighborhoods Partnership Network.

She has been actively involved with community program planning and development as a Program Coordinator for the Association of Black Cardiologist, Community Advocate Training Program, as consultant for the cardiovascular educational curriculum for Sankofa CDC HEAL Project, and her own Healthy Heart community health program engaging partnerships to decrease obesity, prevent diabetes, hypertension, heart attacks & strokes, and improve healthy living for children & families.



Rashida Ferdinand, MFA - p. 15

Rashida Ferdinand is the Executive Director of Sankofa Community Development Corporation, a 501c3 non-profit organization that serves as a catalyst to revitalize the Ninth Ward area of New Orleans, supports programs that advance community engagement, and solves social challenges in areas of urban revitalization, education, health, and economic development.

Ferdinand is a fifth generation Lower Ninth Ward homeowner and currently lives down the street from one of the Sankofa Learning Gardens and Farms, located across the street from the house in which she was raised. She grew up in a family that emphasized healthy living, with a father who is a cardiologist and mother who is a registered nurse. Positive lifestyles and the role that fresh food plays in health, especially heart health, were consistent parts of her reality. Much of the fresh vegetables prepared for her family dinner table were from the backyard garden in her family home.

Ferdinand currently serves on the Audubon Commission, Tulane Prevention Research Center Community Advisory Committee, LSU Ag Center Advisory Council, New Orleans Place Matters Team, Executive Steering Committee of Rebuilding Together New Orleans, and Ladies in Red Committee of the Preservation Resource Center. She is presently the Lower 9th Ward New Orleans Cultural Districts Liaison of the Louisiana Cultural Districts Program. Ferdinand is a graduate of the Goldman Sachs 10,000 small business program.



C. Alicia Georges, EdD, RN, FAAN - p. 25

Catherine Alicia Georges is an educator, practitioner and community activist. Alicia, as she is known to most people, is currently President of the National Black Nurses Foundation, Board Member of the AARP, and Chairperson of the Department of Nursing at Lehman College of the City University of New York. Dr. Georges has worked in various professional roles in New York City. A sought after speaker, Dr. Georges has spoken on nursing and health care issues throughout the United States, Africa, South America, Europe and the Caribbean. A formidable leader, she is committed to eliminating disparities and improving the health of minorities and the disadvantaged. To accomplish this goal, Dr. Georges has assumed numerous leadership roles in education, the community and the political/ policy making arena. Dr. Georges was the fifth president of the National Black Nurses Association and now serves as the president of the National Black Nurses Foundation. Dr. Georges served on the US Department of Health and Human Service Advisory Council on Nursing Education and Practice and has served on the New York State Governor's Health Care Advisory Board and is past president of the Commission on Graduates of Foreign Nursing Schools (CGFNS). Further, Dr. Georges formerly served as Vice Chair of the Depression and Bipolar Support Alliance, Inc.

Dr. Georges is widely published in journals such as Image, Nursing Leadership Forum, Nursing Administration Quarterly, Ethnicity & Disease, and the Journal of the National Black Nurses Association. Dr. Georges holds licenses to practice nursing in the states of New York, New Jersey and the US Virgin Islands.



J. Nadine Gracia, MD, MSCE - p. 16

Dr. J. Nadine Gracia is the Deputy Assistant Secretary for Minority Health and the Director of the Office of Minority Health at the U.S. Department of Health and Human Services (HHS). The Office of Minority Health is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

A pediatrician with epidemiology training, Dr. Gracia was previously a clinical instructor at Children's Hospital of Pittsburgh, and a clinical instructor and research fellow at the Children's Hospital of Philadelphia, where she conducted research on community risk factors for violence.

Dr. Gracia joined the Federal government as a White House Fellow, assigned to HHS and later to the Office of the First Lady. She most recently served as Chief Medical Officer in the HHS Office

of the Assistant Secretary for Health, where her portfolio included child and adolescent health, disaster preparedness, environmental health, global health, Haiti recovery, and the White House Council on Women and Girls. She also led the development of the 2012 HHS environmental justice strategy.



Arcelia Johnson-Fannin, PharmD, RPh - p. 17

Dr. Arcelia Johnson-Fannin is the founding dean of the Feik School of Pharmacy, University of the Incarnate Word, San Antonio Texas. With this appointment, Dr. Johnson-Fannin became the first woman and only black to be founding dean at two new pharmacy schools. She was also founding dean at Hampton University in Virginia. Johnson-Fannin began her academic career at Florida A&M University, where she helped create the Doctor of Pharmacy program. Dr. Johnson-Fannin spent a year in Saudi Arabia helping to develop medical school studies for women at King Faisal University.

Dr. Johnson has worked in a variety of pharmacy venues including the independent pharmacy setting, the chain store environment, in-patient hospital pharmacy, and psychiatric hospital pharmacy. She also helped to develop pharmacy services in a newly formed hospital in Saudi Arabia.



Arshad M. Khan, PhD - p. 19

Dr. Khan received his Ph.D. at the University of California at Riverside in 2002, where his thesis work in Dr. B. Glenn Stanley's laboratory focused on the neural controls of food intake. He was a postdoctoral research associate and NIH-funded postdoctoral fellow in the laboratory of Dr. Alan G. Watts in the Department of Biological Sciences at the University of Southern California (USC) from 2002-2007, where his work focused on hypothalamic circuits controlling the body's response to stressful stimuli, including stressors such as glycemic challenges. In 2007, he became Research Assistant Professor at USC, where he pursued independent research projects focusing on the neural circuits responsive to hypoglycemia with the support of a Career Development Award (K01) from the National Institutes of Health. In January 2011, he joined the tenure-track faculty in the Department of Biological Sciences and the Border Biomedical Research Center at the University of Texas at El Paso. In his new laboratory, Dr. Khan is continuing the original research he began at USC and is also pursuing a second research agenda identifying brain circuits that help initiate feeding stimulation. Currently his research is focused on a the lateral hypothalamic area, an important brain region controlling both behavior and autonomic function.



Derek Lewis, MD - p. 17

Dr. Derek Lewis, a board certified family practitioner through the American Board of Family Practice, opened Arkansas Primary Care Clinics, P.A. 6209 West 12th Street, in October, 1987 and later opened a secondary location, North Little Rock Primary Care Clinic, 400 West Pershing, North Little Rock, in October 1997.

Dr. Lewis is a member of several organizations including the Pulaski County Medical Society, Arkansas Medical Society, American Academy of Family Physicians, Arkansas Medical Dental and Pharmaceutical Association and Omega Psi Phi Fraternity.

Dr. Lewis founded the Derek Lewis Foundation in 1990. The Foundation's Motto is "Preparing Today for Tomorrow." He has a passion for giving back to the community.

SPEAKER BIOGRAPHIES



Bertina McGhee, MPH, RD, LDN - p. 15

Bertina McGhee is an Area Nutrition Agent and serves as Parish Chair for the LSU AgCenter in Orleans Parish. She is also the programming supervisor for the AgCenter's Expanded Food and Nutrition Education Program (EFNEP) in New Orleans. She received her Bachelor's degree in Home Economics and Nutrition from Fort Valley State University in Fort Valley, GA. She received a Master's in Public Health Nutrition from Tulane University School of Public Health and Tropical Medicine in 1996.

Ms. McGhee is a registered dietitian licensed for the state of Louisiana. She has worked with the LSU AgCenter since 1998. Her responsibilities include providing leadership for a staff of fifteen Extension Educators in the areas of Horticulture, 4-H Youth Development, and Nutrition & Health. Ms. McGhee has received numerous accolades and awards for her accomplishments during her tenure with the LSU AgCenter.



Melba R. Moore, MS, CPHA - p. 20

Currently, the Commissioner of Health for the City of St. Louis Department of Health. Melba R. Moore holds a Bachelor of Arts (BA) degree in Psychology from Webster University, a Master of Science (MS) degree in Health Management from Lindenwood University, a Certificate of completion in Management from Harvard University - John F. Kennedy School of Government for State and Local Executives; a certificate of completion from the Satcher Health Institute and Community Health

Leadership Program and has been approved by the Public Health Practitioner Certification Board as a Certified Public Health Administrator.

October 2011, Melba was selected by the Office on Minority Health to serve on Region VII's Health Equity Council. She has served as the Co Chair for the Council for the past two year, with a body of experts from Iowa, Kansas, Missouri and Nebraska driving a collaborative health equity agenda.



Sybil M. Richard, RPh, MHA, JD - p. 20

Principal of Segue Health Partners, Ms. Richard is former vice president of Professional Affairs having the responsibility for assuring the quality of clinical services that are provided to all our Health & Wellness patients, including Pharmacy and Optical, through regulatory compliance, quality improvement programming, professional development and training and education for Health & Wellness associates in Walmart U.S., Sam's Club. She assumed her role with the

company in October 2009.

Prior to joining Walmart, she was the deputy secretary for the Louisiana Department of Health & Hospitals. She also served as the deputy secretary for the Florida Agency for Health Care Administration and director of policy and programs for the National Association of Chain Drug Stores.



Debra L. Roter, MPH, DrPH - p. 19

Debra Roter is a Johns Hopkins University Distinguished Professor in the Department of Health, Behavior and Society at the Bloomberg School of Public Health and the Schools of Medicine and Nursing.

Dr. Roter has been recognized by the Web of Science since 1989 as among the most highly cited authors in the social sciences and is the recipient of a number of awards recognizing outstanding contribution to fields of Health Education and Health Care Communication and excellence in teaching.

For the past three decades, Dr. Roter's research has focused on the study of patient-clinician communication and her coding method for analysis of medical dialogue, the Roter Interaction Analysis System (RIAS), has been translated into 12 languages and is the most commonly used system worldwide. Her research includes investigation of patient and physician interventions to improve the quality of communication and its positive effects on health outcomes and educational applications in the training and evaluation of teaching strategies to enhance communication skills. She has authored over 200 articles and several books in the communication domain.

Addressing the ISSUE

New delivery models are going to be essential, including more primary-care based, easy-access, low-cost models for patients to receive certain services such as immunizations and school physicals. **Relying on the current primary care system (physician offices and hospital emergency departments) is not going to be adequate.**

—“U.S. Not-for-Profit Healthcare Outlook Remains Negative for 2012,” *Moody's Investors Service*, Jan. 25, 2012



Addressing the ISSUE

Coordinating care for patients with complex health conditions who see multiple providers also can be supported by better health information technology interoperability. The primary care team may be in the best position to coordinate a patient's care, but often it will need information from other providers.

– “Report to the Congress: Medicare Payment Policy,”
Medicare Advisory Commission, 2011.



John Ruffin, PhD - p. 18

Dr. John Ruffin is the Director of the National Institute on Minority Health and Health Disparities (NIMHD). He oversees the NIMHD budget of approximately \$211 million. In addition, he provides leadership for the minority health and health disparities research activities of the National Institutes of Health (NIH) which constitutes an annual budget of approximately \$2.8 billion.

He is a well-respected leader and visionary in the field of minority health and health disparities. As an academician and a scientist, he has devoted his professional career to improving the health status of racial and ethnic minorities and other medically underserved populations in the United States. He has an impressive track record of developing and supporting programs to increase the cadre of minority scientists, physicians, and other health professionals, as well as attract a diverse group of researchers to the health disparities field.

His success has been due in large part to his ability to motivate others and gain the support of key individuals and organizations, as well as to his expertise in strategic planning, administration, and the development of numerous collaborative partnerships. For the past 20 years, he has led the transformation of the NIH minority health and health disparities research agenda from a programmatic concept to an institutional reality. Under his leadership the NIH Office of Minority Programs was established to address the health of minorities around the country. That Office later transitioned to the Office of Research on Minority Health, which later became the National Center on Minority Health and Health Disparities in 2000, and in March 2010 the Patient Protection and Affordable Care Act re-designated it the National Institute on Minority Health and Health Disparities.

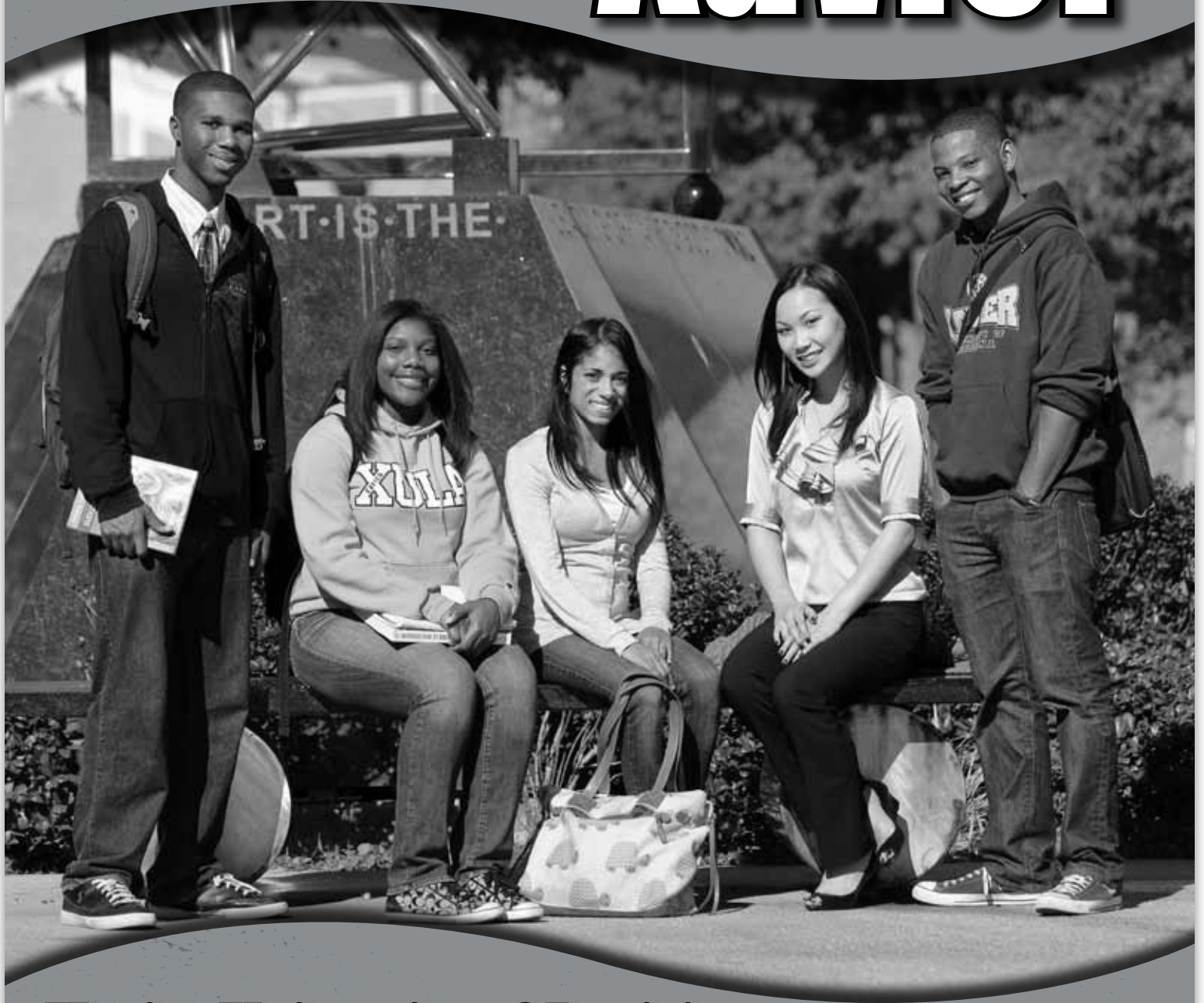


Cheryl Taylor, PhD, MN, RN - p. 17

Dr. Cheryl Taylor serves as Director of the Office of Research in the School of Nursing at Southern University A&M College in Baton Rouge, Louisiana. During 2011-2012 Dr. Taylor, Associate Professor of nursing science, led the academic and administrative work of Louisiana's 2012 School of nursing of the Year, with 5 programs BSN, MSN, Nurse Practitioner, Education, Administration, DNP, and PhD in nursing. Taylor, a Master teacher, was elected by the National Student Nurses Association to serve

as their NLN Consultant for two terms. The National Student Nurses Association represents 60,000 nursing students nationwide. Taylor also led the *REACH 2010: At the Heart of New Orleans Coalition* as its Principal Investigator for 7 years 2000-2007. At the Heart of New Orleans Coalition was an African-American CBPR CVD intervention research study funded by the Centers for Disease Control and Prevention. Dr. Taylor's previous research contributed to the first generation studies on homelessness and chronic illness. The significance of her research findings is cited in the U.S. Congressional Record – Senate Vol. 136 no. 39, 5738, June 5, 1990. In 1989, Dr. Taylor also developed and published taxonomy on homelessness and six senses of home. She served on NIH's National Library of Medicine (NLM) Long Range Planning Sub-Committee for public health and clinical systems (2006-2016). She served as commissioner on the Katrina National Justice Commission. Her perspective as an African-American public health leader, mentor, scholar, health policy advocate, and researcher is unique. She teaches PhD level Research and Health Policy courses and chairs nursing research dissertations committees, focused on metabolic syndrome, depression, obesity, and other chronic conditions in African-American women. Her background is in family and community behavioral health research. Southern University selected her as an outstanding mentor. As a respected community health champion and researcher and Member of DUPON, she consistently mentors nursing and health professions students from all levels to improve their capacity for leadership in eliminating health disparities.

It Happens @ **Xavier**



Xavier University of Louisiana

- ▶ Catholic Values & Tradition
- ▶ Emphasis on Leadership & Service
- ▶ #1 in Biology, Physical Sciences & Pre-Med
- ▶ Teaching and Research Excellence in the Arts & Sciences



www.XULA.edu

Funding for this conference was made possible [in part] by Grant Number 5 S21 MD 000100-12 from the National Institute on Minority Health and Health Disparities (NIMHD), National Institutes of Health (NIH), Department of Health and Human Services (DHHS). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.