2010

2010 Joint Conference of the Society for Public Health Education & the Prevention Research Centers Program

ADVOCATE, COMMUNICATE & TRANSLATE

TO ENHANCE RESEARCH & PRACTICE

FINAL PROGRAM

APRIL 7-9, 2010

SHERATON HOTEL

ATLANTA, GA

PRC PREVENTION RESEARCH CENTERS

CDC'S PREVENTION RESEARCH CENTERS PROGRAM

SOPHE 1950-2010 60 ANNIVERSARY

SOCIETY FOR PUBLIC HEALTH EDUCATION

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Dear Conference Attendees:

We are pleased to welcome you to this first joint meeting of the Society for Public Health Education (SOPHE) and the CDC Prevention Research Centers (PRCs). The theme of this year's meeting, ***Advocate, Communicate & Translate to Enhance Research and Practice,*** highlights a central focus of both the PRC program and SOPHE – a commitment to ACT in the dissemination and use of research findings to improve community health and reduce health disparities.

Science has well-documented the pervasive and disturbing differences in morbidity and mortality among various sectors of our population. We must now heed the call to action and align with partners inside and outside of public health to discover solutions that address the social, political, economic, and cultural conditions underlying health inequities.

A vital approach to achieving this vision is community-based participatory research (CBPR). CBPR has been a central tenet of the PRC Program since its inception and is closely aligned with health education theory and practice. As such, we extend a special welcome to the community members attending this conference. You provide the essential local knowledge in the understanding of health problems and the design of interventions. We value your trusted partnership in both the processes and products of research, and we hope that this meeting will enrich your future contributions to our collective goals.

This meeting is also designed to spark new connections and exchanges among researchers, practitioners, students and community members throughout the nation involved with PRCs, National SOPHE, and SOPHE local chapters. Please avail yourself of the many outstanding intellectual sessions, as well as breaks, socials, and lunch-time roundtables to meet new colleagues who can help fortify your research and practice at the state and community levels.

Finally, we wish to thank the many SOPHE and PRC members, including community representatives, who served on the planning committee in creating this wonderful conference. Strong support from the CDC PRC Program office, our many exhibitors, and the Georgia SOPHE chapter also has enriched this meeting.

Again, thank you for your participation in this joint SOPHE-PRC meeting and for your ongoing commitment to advocate, communicate and translate your work to enhance the science and practice of chronic disease prevention.

Kelli McCormack Brown, PhD
University of Florida
SOPHE Trustee and Meeting Co-Chair

John P. Elder, PhD, MPH
San Diego State University
PRC Meeting Co-Chair

2010 SOPHE-PRC JOINT CONFERENCE PLANNING COMMITTEE

Co-chairs: Kelli McCormack Brown, PhD, CHES & John Elder, PhD

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2010

2010 SOPHE-PRC JOINT CONFERENCE

ADVOCATE, COMMUNICATE & TRANSLATE
TO ENHANCE RESEARCH & PRACTICE

APRIL 7-9, 2010 / SHERATON HOTEL / 165 COURTLAND STREET NE / ATLANTA, GEORGIA 30303

The Society for Public Health Education (SOPHE) and the Centers for Disease Control and Prevention's Prevention Research Centers (PRCs) welcome you to their first joint conference to present scientific discovery and encourage dialogue among researchers, staff, community members, students, and practitioners of health education and health promotion. While SOPHE and PRC audiences share common goals of enhancing community wellness, this meeting provides the first formal opportunity to bridge gaps between their efforts in prevention advocacy as well as in the communication and translation of prevention research and practice. The conference will focus on chronic disease prevention in social and physical environments, Healthy People 2020 objectives, community-based participatory research, partnerships, and policy advocacy.

CONFERENCE OBJECTIVES

- Advance the translation and dissemination of evidence-based research and practice to reduce chronic disease risks and promote health equity.
- Address the role of community-based participatory research, community engagement, and capacity building in strengthening the effectiveness, sustainability, and transferability of community interventions to reduce chronic disease.
- Stimulate dialogue, information-sharing, and networking about the physical, social, political, economic, and environmental conditions that contribute to healthy neighborhoods and successful community collaboration.
- Explore the impact of health policy and advocacy on community and individual health and health equity.
- Enhance understanding and discovery of new research models and methods to reduce individual and population-based health risks for chronic disease.

WELCOME COMMUNITY MEMBERS!

In the true spirit of collaboration and engagement, we extend a special welcome to all community members attending this conference. Your participation, ideas, and insights make our research and practice more meaningful and effective. We hope you leave feeling re-energized, refreshed and re-dedicated to improving the health of all individuals, populations and communities throughout this nation.

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CONFERENCE SUPPORTERS

AMERICAN INSTITUTE FOR CANCER RESEARCH

AMERICAN PUBLIC HEALTH ASSOCIATION

ASCD

CANCER CONTROL P.L.A.N.E.T.

CDC BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

CDC NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

CDC NATIONAL CENTER FOR INJURY PREVENTION & CONTROL

CDC PREVENTING CHRONIC DISEASE JOURNAL

CDC OFFICE OF SMOKING AND HEALTH

CDC PREVENTION RESEARCH CENTER

CHILDREN'S HOSPITAL OF PHILADELPHIA

DEPAUL UNIVERSITY

EPILEPSY FOUNDATION

FOOD AND DRUG ADMINISTRATION CENTER FOR DRUG EVALUATION AND RESEARCH

HEALTHSTYLE PRESS (FORMERLY SECURITIC)

MICHIGAN PUBLIC HEALTH TRAINING CENTER, OFFICE OF PUBLIC HEALTH PRACTICE, UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

NATIONAL COMMISSION FOR HEALTH EDUCATION CREDENTIALING INC.

SOPHE AAHE BACCALAUREATE PROGRAM APPROVAL COMMITTEE

SAGE PUBLICATIONS

SAN JOSE STATE UNIVERSITY

TOGETHER RX ACCESS

THE UNIVERSITY OF TEXAS HOUSTON SCHOOL OF PUBLIC HEALTH

PLENARY SPEAKER SNAPSHOTS

GUADALUPE X. AYALA, PHD

Dr. Guadalupe Ayala is an associate professor in the Division of Health Promotion at San Diego State University's Graduate School of Public Health. She is the principal investigator of four studies that seek to develop evidence-based approaches to promoting Latino health. She also is co-director of the San Diego Prevention Research Center and co-investigator on the Hispanic Community Health Study (Proyecto SOL). Her primary area of research involves healthy eating, physical activity, and diabetes control.

HECTOR BALCAZAR, PHD

Dr. Hector Balcazar is the regional dean of public health at the University of Texas Health Science Center at Houston, School of Public Health, El Paso Regional Campus. He is also a professor of health promotion and behavioral sciences and co-director of the Hispanic Health Disparities Research Center. He is a bilingual, bicultural family and public health scientist who has conducted numerous studies of Latino birth outcomes, acculturation and health-related behaviors, cardiovascular disease prevention programs in Latinos, and border health issues.

DEBORAH BOWEN, PHD

Dr. Deborah Bowen is a professor and chair of the Department of Social and Behavioral Sciences at the Boston University School of Public Health. As an investigator in the regional Cancer Prevention Network, she focuses on community-based research of melanoma and other cancer-prevention targets. She is a co-investigator on the regional Native American Community Health Network, and is currently engaged with Native American tribal settings to improve the health behaviors of tribal members.

JONATHAN FIELDING, MD, MPH, MA, MBA

Dr. Jonathan Fielding is a professor of health services and pediatrics and is co-director of the UCLA Center for Healthier Children, Families and Communities. He also serves as director of public health and health officer for Los Angeles County, where he is responsible for the public health activities for ten million county residents. He chairs the DHHS Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 and is vice-chairperson of the Community Preventive Services Task Force. He is a member of the National Academy of Sciences' Institute of Medicine.

KAREN GLANZ, PHD, MPH

Dr. Karen Glanz is a Penn Integrates Knowledge (PIK) University Professor, a professor of epidemiology and nursing, and the director of the Center for Health Behavior Research at the University of Pennsylvania. She was a distinguished professor and scholar at Emory University's Rollins School of Public Health, the University of Hawaii, and Temple University. Her research, supported by more than $25 million of funding over the past 15 years, focuses on cancer prevention and control, theories of health behavior, obesity and the built environment, social and health policy, and new health communication technologies.

CAMARA PHYLLIS JONES, MD, MPH, PHD

Dr. Camara Jones is the Research Director on Social Determinants of Health and Equity within CDC's Division of Adult and Community Health. Trained as a family physician and epidemiologist, she focuses her research on the impacts of racism on the health and well-being of the nation. From 1994-2000, she was an assistant professor at the Harvard School of Public Health. She currently serves on the National Board of Public Health Examiners and served on the executive board of the American Public Health Association and the board of directors of the American College of Epidemiology.

BARBARA LUGO

Ms. Barbara Lugo has worked for the Chula Vista Community Collaborative in California for ten years. She started as an ESL student and volunteer at New Directions Family Resource Center. After establishing a successful grassroots organizing group of community residents called the Neighborhood Council Initiative (NCI), she was hired as the NCI Coordinator. In addition, she served as a Community Referral Specialist in two different Family Resource Centers. Ms. Lugo is currently the promotora coordinator and oversees 35 promotoras on a variety of grant-funded projects. She won the Hispanic Leadership Award in 2003 in San Diego.

MARIA ELENA MARTINEZ PHD, MPH

Dr. M. Elena Martínez is a professor of epidemiology at The University of Arizona's Mel and Enid Zuckerman College of Public Health and holds the Richard H. Hollen Professor of Cancer Prevention from the American Cancer Society at the Arizona Cancer Center. She co-directs the Cancer Prevention and Control Program and is director of the Cancer Health Disparities Institute at the Arizona Cancer Center. Her research interests are in improving the understanding of the occurrence of cancer and its etiologic factors, including lifestyle and its interaction with genetics.

AMELIE G. RAMIREZ, DRPH

Dr. Amelie Ramirez is a professor of epidemiology and biostatistics at The University of Texas Health Science Center at San Antonio, where she also is founding director of the Institute for Health Promotion Research. She also is co-director of the Cancer Prevention and Population Science program at the CTRC, a National Cancer Institute-designated Cancer Center. Over the past 25 years, Dr. Ramirez has directed many state-federal- and privately-funded research programs focused on human and organizational communication to reduce chronic disease and cancer health disparities affecting Hispanics/Latinos and other populations.

PHILIP ZAZOVE, MD

Dr. Philip Zazove is a renowned deaf physician, researcher, lecturer, and author of the widely-sold autobiography, When the Phone Rings, My Bed Shakes: Memoirs of a Deaf Doctor. He has conducted extensive research on the health of deaf and hard-of-hearing people and has special research interest in primary-care genetics. Dr. Zazove is a board-certified professor of family medicine at the University of Michigan. He also is the vice president of the Association of Medical Professionals with Hearing Losses (AMPHL) and is the medical director at M Care, the University of Michigan's health insurance company.

GALA OPENING SOCIAL

A fun evening for all is planned at the SOPHE-PRC Opening Gala Social on Thursday, April 8, 6:30 pm–8:00 pm. Network with colleagues, chat with poster presenters, and discover the latest resources from exhibitors. Relax and enjoy food, fun, prizes, and music!

CHES CONTINUING EDUCATION

An application has been submitted to award up to 16 Continuing Education Contact Hours (CECHs) for certified health education specialists (CHES). All National and chapter SOPHE members will receive CHES credits free as a bonus of membership; all non-SOPHE members will be required to pay an additional $7/hr onsite. SOPHE, including its chapters, is a designated multiple-provider of CECHs by the National Commission for Health Education Credentialing, Inc.

POSTER GALLERY

View dozens of posters on display during the conference and interact with authors at the Gala Opening Social on Thursday evening, April 8.

NEW! IDEA GENERATOR ROUNDTABLES

Ever wonder how they did that? On Thursday and Friday, April 8 and 9, you will have the option of selecting from among 40+ topics each day and engaging in dialogue with others interested in the same topic. Bring your box lunch and come away with new ideas and fresh perspectives for your disease prevention and health promotion tool box. See page 51 for a complete list of discussion topics.

SOPHE COMMUNITIES OF PRACTICE ROUNDTABLES

Participate in SOPHE Communities of Practice (CoP) Roundtables. Enjoy the opportunity to connect with individuals with similar interests. On Thursday, April 8, from 11:30 am - 12:30 pm, bring your box lunch and chat with university faculty or students and new professionals. On Friday, April 9, from 7:15 am to 8:15 am, join one of 10 other CoP breakfast roundtables on the following topics: children and adolescent health, medical care and patient education, health communications and social marketing, health disparities, healthy aging, emergency preparedness, environmental health, worksite health, anthropology, and international health. All welcome!

EXHIBIT AND PUBLICATIONS MART

Don't miss this year's stunning line up of over 25 exhibitors featuring the latest textbooks, tools, and the technological innovations from an array of organizations and companies. Use your break time to get one-on-one tips and advice, as well as, during the Gala Exhibit Opening and Social on Thursday, April 8, 6:30 – 8:00 pm. Exhibits will be featured in the Georgia Room from Thursday morning thru Friday, 1:00 pm.
Don't miss the give-aways and fun!

MEETING MENTOR PROGRAM

Starting on Thursday, April 8, 7:15 am - 8:15 am, the Meeting Mentor Program is a great way for students.community members, new professionals, and seasoned members of SOPHE and the PRC program to learn from each other and expand their professional networks. This program brings together mentors and protégés during the conference for dialogue, career advice, questions about the profession, and connections. Mentors and protégés will be wearing special red lanyards.

NEW! CHES/MCHES LOUNGE

Would you like to know more about the CHES credential and if you are eligible? Do you have questions about your current CHES credential? Are you thinking about becoming MCHES? Are you an employer that seeks to hire a CHES/MCHES? NCHEC staff and board members will be available on Thursday, April 8, from 8:30 am to 5:00 pm in Atlanta 3 to answer your questions. Everyone is welcome.

SOPHE TOWN HALL MEETING

Bring your box lunch to the annual SOPHE Town Hall Meeting on Friday, April 9, from noon until 1pm in Atlanta 4+5. Take this opportunity to offer your input about SOPHE's future strategic plan and more.

CAREER RESOURCE CENTER

Are you a job seeker? Are you looking to fill a position? Check out the SOPHE Career Resource Center! You'll find valuable connections for tools, resources, internships, and employment opportunities in health education, health promotion, and prevention. The center will be on display near the Exhibit Hall during the Conference.

SOPHE SILENT AUCTION

Come ready to bid on a variety of crafts, edibles and treasures from across the country. The SOPHE Silent Auction benefits the Society's *Campaign for the 21st Century: Building SOPHE's Future* – the primary funder of SOPHE's Student Scholarships. Bidding for Silent Auction items will kick-off on Thursday, April 8 at 7:30 a.m. and continue through Friday morning. Winners will be announced Friday, April 9 at 1:00 p.m. and posted on the message board. All items MUST be picked up by 3:00 pm on Friday, April 9th. NO ITEMS WILL BE SHIPPED.

WELLNESS CHALLENGE

Stay fit! The conference sponsors encourage you to take part in healthy-activities and to follow healthy eating habits during this event. Join other conferees for workouts on Thursday and Friday and receive prizes. Activities will be posted on the Conference Message Board. Take advantage of the hotel's complimentary fitness center and indoor pool, too. Turn in your Wellness Cards to the Conference Registration Desk by Friday, April 9, 10:30 am and receive a special door prize.

TWITTER BUGS UNITE

Twitter throughout the conference to enhance your professional exchange with other attendees. Use your laptop or cell phone and participate in this exciting and generative social medium! Visit www.twitter.com/SOPHEtweets to learn more. (Note: Participants are responsible for any individual fees that may apply.)

THREADS OF HOPE CONFERENCE BAGS

Each conference bag was sewn by a multicultural group working together to achieve improved health, economic and social status. The purchase and use of these bags for the conference provided support to the creativity, entrepreneurship, and empowerment of women in rural North Carolina. Please read about their story on the flyer enclosed in your bag.

GEORGIA SOPHE – YOUR LOCAL CONNECTION!

The GA SOPHE Chapter invites you on Thursday, April 8 to attend the chapter business meeting at 11:45 am in the Augusta Room. Participate in a panel discussion,"Public Health Advocacy in Georgia" at 2:45 pm. (GA-SOPHE is collaborating with the Healthcare Georgia Foundation to look at the current state and future of public health advocacy in Georgia.) Stop by their Hospitality Desk to learn more about the chapter and how you can get connected to professional development and advocacy opportunities to improve health promotion in the Peachtree State.

GASOPHE
GEORGIA SOCIETY FOR PUBLIC HEALTH EDUCATION

A special Thank You to GA SOPHE for assisting with this conference!

WEDNESDAY, APRIL 7

7:30 am – 6:00 pm
Registration and CHES Desk Open
Room: *Rotunda Lobby, Level One, North Tower*

8:00 am – 11:30 am
SOPHE House of Delegates
Room: *Georgia 5*

8:30 am – 11:00 am
PRC National Community Committee Working Meeting
Room: *Atlanta 1, 2 & 3*

8:30 am – 5:00 pm
SOPHE State Policy Health Institute – I and II *(by invitation only)*
Room: *Atlanta 4 & 5*

11:30 am - 5:30 pm
SOPHE Board of Trustees Meeting
Room: *Georgia 6*

12:00 pm – 6:00 pm
Hospitality Desk Open
Room: *Rotunda Lobby, Level One, North Tower*

1:00 pm - 5:00 pm
PRC Business Meeting
Room: *Capitol Ballroom North*

2:00 pm – 5:00 pm
PRE-CONFERENCE SKILL-BUILDING WORKSHOP II
Moderator: *Cam Escoffery, PhD, MPH, CHES, Rollin School of Public Health*
Room: *Georgia 5*

Putting Evidence into Practice: Tools for Communities to Implement and Adapt Evidence-Based Programs
Presenters: *Cam Escoffrey, PhD, MPH,CHES, Rollins School of Public Health; Michelle Carvalho, MPH, Rollins School of Public Health; Monair J. Hamilton,PhD, MPH, CHES, UNC Lineberger Comprehensive Cancer Center; Elizabeth Gonzalez Suarez, MA, Dana-Farber Cancer Institute; Cynthia Vinson, MPA, Division of Cancer Control and Population Sciences, National Cancer Institute.*

4:00 pm – 8:00 pm
Exhibitor, Poster, Silent Auction Set-Up
Room: *Georgia Rooms*

5:30 pm – 6:30 pm
PRC Ancillary Meeting
Policy and Communications Committee
Room: *Capitol Ballroom North*

5:30 pm – 6:30 pm
SOPHE Nominations Committee
Room: *Georgia 6*

6:00 pm – 9:00 pm
PRE-CONFERENCE SKILL-BUILDING WORKSHOP III
Moderator: *Derrick R. Gable, MEd, CHES, GASOPHE, Georgia Public Health, Northeast Health District*
Room: *Georgia 5*

Making Data Talk
Presenter: *David Nelson, MD, National Cancer Institute; Bradford Hesse, PhD, National Cancer Institute*

6:00 pm – 9:00 pm
PRE-CONFERENCE SKILL-BUILDING WORKSHOP IV
Moderator: *Sandy Good, University of Kentucky Rural Cancer Prevention Center*
Room: *Atlanta 1 & 2*

Community-Based Participatory Research (CBPR): A Grounding for Action and Social Change
Presenter: *Bonnie Duran, DrPH, Associate Professor, University of Washington School of Public Health and Director, Center for Indigenous Health Research, Indigenous Wellness Research Institute*

THURSDAY, APRIL 8

7:00 am – 6:00 pm
Registration, Hospitality, and CHES Desk Open
Room: *Rotunda Lobby, Level One, North Tower*

7:00 am – 7:45 am
Wellness Challenge
Room: *Georgia 13*

7:00 am – 8:15 am
Room: *Atlanta 1 & 2*
Chapter Development Workshop – *All Welcome*
Moderator: *Karen Spiller, SOPHE Speaker of the House of Delegates*

Social Media: How to Utilize Social Networks to Promote and Strengthen Organizations
Presenter: *Jennifer Wayman, MHS, Ogilvy Public Relations Worldwide*

7:15 am – 8:15 am
SOPHE Committee Meetings
Community of Practice Chairs Meeting
Room: *127*

External Communications Committee Meeting
Room: *125*

Research Agenda Committee Meeting
Room: *123*

7:15 am – 8:15 am
SOPHE Snapshot & Meeting Mentoring Kick-Off
Room: *Atlanta 4 & 5*

7:30 am – 8:00 pm
Exhibits, Posters, and SOPHE Silent Auction Open
Room: *Georgia Rooms*

8:30 am – 5:00 pm
CHES/MCHES Lounge
Room: *Atlanta 3 (All welcome)*

8:30 am – 8:45 am
OPENING REMARKS AND WELCOME
Room: *Capitol Ballroom*

Presenters: *John Elder, PhD, San Diego State University and Kelli McCormack Brown, PhD, University of Florida, Program Co-chairs; Ursula Bauer, PhD, Director, CDC National Center for Chronic Disease Prevention and Health Promotion*

8:45 am – 9:45 am

PLENARY SESSION I

Moderator: Gary Nelson, PhD, President, Healthcare Georgia Foundation
Room: Capitol Ballroom

Successes to Modifying Social and Physical Environments: Lessons and Keys for Transforming Policy, Research, and Practice

Presenter: Karen Glanz, PhD, MPH, Penn Integrates Knowledge (PIK) University Professor, and Director, Center for Health Behavior Research, Schools of Medicine and Nursing, University of Pennsylvania

9:45 am – 10:15 am
Refreshment Break in Exhibit Hall
Room: Georgia Rooms

10:15 am – 11:30 am

CONCURRENT SESSIONS – A

A1 – POLICY IS LOCAL: IMPACTING CHILDREN'S HEALTH THROUGH POLICY ADVOCACY

Moderator: Karen Spiller, SOPHE Speaker of the House of Delegates
Room: Athens

Why States Differ in Childhood Obesity Policy Proposals
Presenter: Ross Brownson, PhD, Washington University

Healthy Kids Healthy Communities DC, The Power of Advocacy
Presenter: Jenne Johns, MPH, Summit Health Institute for Research and Education, Inc

Decline in Consumption of Sugar-Sweetened Beverages Accompanies School District Policy Change
Presenter: Angie Cradock, ScD, Harvard Prevention Research Center

A2 – INNOVATIVE APPROACHES TO PROMOTING HEALTHY AGING

Moderator: Mohammad Shahbazi , PhD, MPH, CHES, Jackson State University
Room: Atlanta 1 & 2

Applying Social Marketing Strategies to Increase Participation in Falls Prevention Programs
Presenter: Kristen Hammerback, MA, University of Washington

The Development and Validation of a Fidelity Tool for the Late-Life Depression Program PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)
Presenter: Mark Snowden, MD, MPH, University of Washington

Fit and Strong!: Translation and Dissemination of an Evidence-Based Intervention for Older Adults with Osteoarthritis
Presenter: Susan Hughes, DSW, Center for Research on Health and Aging, UIC

A3 - EVIDENCE-BASED PREVENTION PROGRAMS

Moderator: Lisa Cooper, MA, MPA, CDC -PRC Office
Room: Capitol Ballroom

The Balancing Act: Blending Research Results with Field Experiences to Create Evidence-based Intervention Packages
Presenter: Patricia L. Jones, MPH, DrPH, CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Research to Reality: Working with Rural Partners to Implement Evidence-Based Programs with Fidelity
Presenter: Michelle Carvalho, MPH, Emory Prevention Research Center

Dissemination of Effective Physical Activity Interventions: Are We Applying the Evidence?
Presenter: Paula Ballew, MEd, Prevention Research Center in St. Louis

A4 – CULTURAL DIVERSITY AND HEALTHCARE... BRIDGING THE GAP

Moderator: Melanie Stopponi, MPA, CHES, Kaiser Permanente
Room: Atlanta 4 & 5

University-Community Collaboration to Address Gaps in LGBT Healthcare
Presenter: J. Michael Wilkerson, PhD, University of Minnesota-EpiCH

The Safe Zone of Health: A Pilot to Expanding National Inclusion Programming for LGBT Health
Presenter: Cristian Chandler, BA, University of South Florida

Assessing Culture as a Social Determinant of Health
Presenter: David Driscoll, PhD, MPH, MA, Institute for Circumpolar Health Studies, University of Alaska

A5 – ENVIRONMENTAL AND POLICY APPROACHES TO BUILDING HEALTHIER COMMUNITIES

Moderator: Crystal D. Motlasz, MS, CHES, New Jersey Department of Health and Senior Services
Room: Georgia 5 & 6

Voices for a Healthy SouthCoast
Presenter: Nancy LaRue Bonell, MEd, YMCA SouthCoast

Achieving Wellness through Policy Changes
Presenter: Tori Luyster, BS, CHES, Lake County General Health District

Community Engagement, Assessment/Evaluation and Sustainability
Presenter: Theresa Hauman, MPA, Davenport Parks & Recreation; Christy Filby, Scott County Family Y and Two Rivers YMCA

A6 – BUILDING COMMUNITY-RESEARCHER PARTNERSHIPS: ACHIEVING SCOPE AND SCALE WITH COMMUNITY-BASED PARTICIPATORY RESEARCH TO ADDRESS UNDERAGE DRINKING AND IMPAIRED DRIVING

Moderator: Sharon Thompson, PhD, University of Texas, El Paso
Room: Macon
Presenters: Jane Callahan, MEd, National Coalition Institute, CADCA; Evelyn Yang, PhD, National Coalition Institute, CADCA; Erica Leary, MPH, North Coastal Prevention Coalition; Robert D. Brewer, MD, MSPH, Centers for Disease Control and Prevention

11:30 am – 12:30 pm
Networking Box Lunch - "Idea Generator" Roundtables I
Room: Garden Courtyard

11:30 am – 12:30 pm
SOPHE Community of Practice Meetings
Students/New Professionals
Room: Atlanta 1 & 2

Faculty Caucus
Room: Atlanta 4 & 5

11:30 am – 12:30 pm
SOPHE Committee Meetings
Membership Committee
Room: 121

11:45 pm – 12:15 pm
Wellness Challenge – Kickboxing Class
Room: Georgia 13

11:45 pm – 12:45 pm
Georgia SOPHE Chapter Business Meeting *(All welcome)*
Room: Augusta

12:45 pm – 2:00 pm

CONCURRENT SESSIONS – B

B1 – POLICY ADVOCACY & HEALTH COMMUNICATION: MAXIMIZING IMPACT

Moderator: Ellen Jones, PhD, CHES
Room: Athens

Serving Smoke-Free Air: Reframing the Public Debate for Passage of a Smoke-Free Dining Law in N.C.
Presenter: *Ann Houston Staples, BA, CHES, North Carolina DHHS Division of Public Health*

Effective Communication of Health Information to Policymakers: What Works?
Presenter: *Elizabeth Dodson, PhD, MPH, Prevention Research Center in St. Louis*

Exploring the Prevalence of Responsible Drinking Beliefs and Behaviors Among College Students: A Mix
Presenter: *Adam Barry, PhD, Purdue University*

B2 – INFLUENCING PRACTICE AND POLICY THROUGH A COLLABORATIVE RESEARCH NETWORK: FOCUS ON HEALTHY AGING

Moderator: Danielle S. Ross, PhD, MSc, MA, CDC Prevention Research Centers
Room: Atlanta 1 & 2

Influencing Practice and Policy through a Collaborative Research Network: An Effective Strategy for Addressing Healthy Aging Issues
Presenters: *On Behalf of the CDC-Healthy Aging Research Network: Basia Belza, PhD, RN, University of Washington; Daniela Friedman, PhD, University of South Carolina; Rebecca Hunter, MEd, University of North Carolina at Chapel Hill; Marcia Ory, PhD, MPH, Texas A&M Health Science Center; Mark Snowden, MD, MPH, University of Washington*

B3 – EMPOWERMENT FOR TODAY'S YOUTH USING CBPR

Moderator: Marc Zimmerman, PhD, University of Michigan
Room: Macon

Lessons Learned from Dissemination of a Youth Empowerment Program Using a CBPR Approach
Presenter: *Ellen Barnidge, PhD, MPH, Saint Louis University*

Community-Based Participatory Research in Youth Violence Prevention: Enhancing Capacity and Outcomes
Presenter: *Alana Vivolo MPH, CHES, CDC, Division of Violence Prevention*

Take Charge of the Facts: Changing Teen Perception Related to Chronic Conditions
Presenter: *Jody Kakacek MA, PhD (ABD), Epilepsy Foundation; Jan Buelow, PhD, Indiana University*

B4 – COMMUNITY HEALTH WORKER AND LAY HEALTH WORKERS: PARTNERING FOR SUCCESS

Moderator: Kathleen Duggan, PhD, Prevention Research Center in St. Louis
Room: Atlanta 4 & 5

Partnering to Promote Sustainable, Integrated CHW Workforce
Presenter: *J. Nell Brownstein, PhD, MA, CDC: Division of Heart Disease and Stroke Prevention*

Shop Talk: Engaging Barbers for an Inner-City Health Promotion Campaign
Presenter: *Lisa Hoffman, MPH, CHES, Prevention Research Center, Tulane University*

La Diabetes y La Unión Familiar / Diabetes and the Family: Selected Results from a Diabetes Prevention and Control Program Targeting Families at the Arizona U.S.-Mexico Border
Presenter: *Kerstin M. Reinschmidt, PhD, MPH, Arizona Prevention Research Center, University of Arizona*

B5 – HOW DO SOCIO-ECONOMIC FACTORS PLAY A BIG PART IN THE WAY AMERICANS MAKE THEIR FOOD CHOICES?

Moderator: Marinda Logan, MPH, Centers for Disease Control and Prevention
Room: Georgia 5 & 6

Healthful Eating, Physical Activity, and Weight Management Among Women in Mississippi
Presenter: *Tainayah Thomas, MPH Student, UCLA*

Swipe. Save. Win. Incentivizing Health Food Choices among Teens
Presenter: *Marilyn Gardner, PhD, Western Kentucky University*

B6 – BETTER DOCTOR VISITS FOR ALL: INCREASING CULTURAL AND LINGUISTIC COMPETENCY

Moderator: Gary Harper, PhD, MPH, DePaul University
Room: Augusta

OMH's Physician's Practical Guide to Culturally Competent Care: A Tool to Reduce Health Disparities
Presenter: *C. Godfrey Jacobs, DHHS Office of Minority Health*

Healthy People 2020
Presenter: *Mahamud Ahmed, MS, University of Texas at El Paso*

2:00 pm – 2:15 pm
Break/Exhibit Connection
Room: *Georgia Rooms*

KEYNOTE ADDRESS

2:15 pm – 2:45 pm
Moderator: Kelli McCormack Brown, PhD, University of Florida, Program Co-chair
Room: *Capitol Ballroom*

Healthy People 2020 – A Framework for Action
Presenter: *Jonathan Fielding, MD, MPH, MA, MBA, Chair, DHHS Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 and Professor, UCLA Health Services and Pediatrics (Via Satellite)*

2:45 pm – 4:15

PLENARY SESSION II

Moderator: Hector Balcazar, PhD, University of North Texas
Room: *Capitol Ballroom*

Community-Based Participatory Research in the Latino Community: New Insights and Opportunities
Presenters: *Guadalupe X. Ayala, PhD, San Diego State University School of Public Health; Hector Balcazar, PhD, University of North Texas Health Science Center at Fort Worth; M. Elena Martinez, PhD, MPH, The University of Arizona's Mel and Enid Zuckerman College of Public Health; Amelie Ramirez, DrPH, University of Texas School of Public Health; Barbara Lugo, Chula Vista Community Collaborative*

2:45 pm – 4:15 pm
Georgia SOPHE Chapter Meeting: Public Health Advocacy in Georgia
Room: *Augusta*

4:30 pm–5:45 pm

CONCURRENT SESSIONS – C

C1 – WOMEN'S HEALTH: A FOCUS ON PRIORITY POPULATIONS

Moderator: Leah C. Neubauer, MA, DePaul University
Room: Athens

Empowerment and Health: The Moral of the Story
Presenter: LaShonda Coulbertson, MPH, CHES, Moffitt Cancer Center, University of South Florida

Breastfeeding a Baby... Who Wants to do That?
Presenter: Barbara H. Cottrell, ARNP, MSN, CNE, Florida State University

Promoting Positive Reproductive Health Choices and Behaviors among Adolescent Female Clients with the CONTAC-U (CONnecting with Teens About Contraceptive Use) Project
Presenters: Kathleen Cardona, DrPH, MPH, Johns Hopkins University; Tanya Stephens, RN, BSN, MPH, Baltimore City Health Department

C2: ADOLESCENTS AND MENTAL HEALTH

Moderator: *Daniel Perales, DrPH, MPH, San Jose State University*
Room: Macon

Relationship of Youth Assets, Race/Ethnicity, and Perceived Health Status and Sadness/Hopelessness Among Youth in Milwaukee and Wisconsin
Presenter: Kaija Zusevics MPH, CHES, Medical College of Wisconsin

Psychological Distress, Substance Use, and HIV/STI Risk Behaviors among Youth
Presenter: Marc Zimmerman, PhD, University of Michigan

Further Validation of the Body-Mind-Spirit Wellness Behavior and Characteristic Inventory (BMS-WBCI)
Presenter: Nicole Mareno, PhD, RN, Kennesaw State University

C3: JAZZING UP GERIATRIC HEALTH

Moderator: Jeffrey R. Harris, MD, MPH, MBA, CDC Prevention Research Center
Room: Atlanta 1 & 2

The Development and Evaluation of Spanish-language Radio Novelas to Promote Stroke Awareness among Latinos
Presenters: Annette Fitzpatrick, PhD, University of Washington; Lesley Steinman, MPH, MSW, University of Washington; Mayra Carrillo, BS, Sea Mar Community Health Centers; Angulo Antoinette, MPH, CHES, Sea Mar Community Health Centers

Promoting Sustainable Community Change in Support of Older Adult Physical Activity: Evaluation Findings
Presenter: Sheryl Schwartz, MPA, University of Washington

Adoption of an Evidence-based Physical Activity Program
Presenters: Michele Guerra, MS, Healthy-Ever-Afters Consulting

C4: COMMUNITY ENGAGEMENT IN PROMOTING PHYSICAL ACTIVITY

Moderator: Matthew Starr, MPH, Rochester Prevention Research Center
Room: Georgia 5 & 6

Obesity, Hope, and Health: Findings from the HOPE Works Community Survey
Presenter: Salli Benedict, MPH, UNC Center for Health Promotion and Disease Prevention

Keeping up the PACE (Partnership for an Active Community Environment)–the Core Project of Tulane PRC
Presenter: Jeanette Gustat, PhD, MPH, Tulane University

Using CBPR Principles to Adapt Evidence-Based Interventions
Presenter: Freda Motton, BS, Saint Louis University

C5: NEW MEDIA STRATEGIES TO ADDRESS CHRONIC DISEASE

Moderator: Sarah Leonard BS, CHES, Society for Public Health Education
Room: Capitol Ballroom

Presenters: Jennifer Wayman, MHS, Ogilvy Public Relations Worldwide; Marie Cocco, MS, Campaign for Tobacco-Free Kids; Jessica Kutch, Service Employees International Union (SEIU)

C6: CHALLENGES AND SUCCESSES IN SMOKING CESSATION PROGRAMS

Moderator: Elizabeth Hill, MPH, Prevention Research Centers Office
Room: Atlanta 4 & 5

Persistent Smokers and their Cessation Motivators
Presenter: Aukje Lamonica, PhD, MPH, University of Scranton

The Art of Dissemination: Getting Evidence-based Interventions into Practice
Presenter: Kimberly Horn, EdD, MSW, Mary Babb Randolph Cancer Center; Geri Dino, PhD, West Virginia Prevention Research Center

An Evaluation of Existing Smoking Bans in Lebanon: Building Evidence for Policy Advocacy
Presenter: Rima Nakkash, DrPH, American University of Beirut

6:30 pm – 8:00 pm
Gala Exhibitor Opening and Conference Reception
Poster Session with Authors
SOPHE Silent Auction
Room: Georgia Rooms

FRIDAY, APRIL 9

7:00 am–2:00 pm
Registration and Hospitality Desks Open
Room: Rotunda Lobby, Level One, North Tower

7:00 am–7:45 am
Wellness Challenge
Room: Georgia 13

7:15 am–8:15 am
SOPHE Communities of Practice Breakfast Roundtables *(All Welcome)*
Rooms: Macon, Valdosta, and Savannah 1,2,3

7:15 am–8:15 am
PRC Ancillary Committee Meetings
PRC and NACDD Meeting
Room: 125

7:15 am–3:00 pm
SOPHE Committee Meetings
Publications Committee
Room: 123

7:15 am–8:30 am
Continental Breakfast
Room: Georgia Rooms

7:30 am–3:00 pm
CHES Desk Open
Room: *Rotunda Lobby, Level One, North Tower*

7:30 am–1:00 pm
Exhibits, Posters, and Silent Auction Open
Room: *Georgia Rooms*

8:30 am–9:45 am

CONCURRENT SESSIONS – D

D1 – GETTING CONNECTED: THE NEW FRONTIER OF WEB-BASED INTERVENTIONS

Moderator: *Nancy C. Lee, MD, CDC Prevention Research Center*
Room: *Capitol Ballroom*

With the Click of a Mouse: Offering Lifestyle Assessments to Reduce Risk Factors for Chronic Disease
Presenter: *Nancy Aycock, MSW, UNC Center for Health Promotion and Disease Prevention*

The Role of Social Media in a User-Centered Web-Assisted Tobacco Intervention (WATI) for Women
Presenter: *Shani Taylor, BS, Johns Hopkins University*

Reaching out to Deaf Americans During Public Emergencies via the Internet
Presenter: *Matthew Starr, MPH, Rochester Prevention Research Center*

D2: POLITICS AND POLICY: REFORM AT THE STATE AND LOCAL LEVELS

Moderator: *Leah Phillips, MPH, University of South Florida PRC*
Room: *Georgia 5 & 6*

An Inventory of State Legislation in Relation to the CDC's Recommended Community Strategies to Prevention
Presenter: *Amy Eyler, PhD, CHES, Prevention Research Center in St. Louis*

Analysis of Public Messages of Gubernatorial Support for Obesity Prevention
Presenter: *Leah Nguyen, MSW, Prevention Research Center St. Louis, Washington University*

Key Factors in Successful Community-Based Policy Making: A Case Study Analysis
Presenter: *Alberto Cardelle, PhD, MPH, East Stroudsburg University*

D3: CHANGING THE SCHOOL ENVIRONMENT: INCREASING YOUTH PHYSICAL ACTIVITY

Moderator: *Bill Potts-Datema, MA, CDC Division of Adolescent and School Health*
Room: *Macon*

A Community-Based Participatory Research Approach to Increasing the Quality and Quantity of Physical Activity
Presenter: *Nick Cutforth, PhD, University of Denver/University of Colorado*

An Evaluation of a Counter-marketing Student-led Campaign to Decrease Sedentary Behavior and Fast Food Intake Among 4th and 5th Grade Students
Presenter: *Mary Martinasek, MPH, CHES, University of South Florida*

Increasing Opportunities for Healthy Eating and Physical Activity Through School-Level Environment and Policy Changes: The Power of a Community-University Partnership
Presenter: *Elaine S. Belansky PhD, Rocky Mountain Prevention Research Center/University of Colorado Denver*

D4: THE NEXT GENERATION OF COMMUNITY-BASED RESEARCHERS: CDC-ASPH MINORITY FELLOWSHIP PROGRAM AT THE PREVENTION RESEARCH CENTERS

Moderator: *Jo Anne Grunbaum, EdD, CDC/Prevention Research Centers*
Room: *Athens*

Social, Cultural and Ecological Influences on Obesity-Related Health Indicators Among Mexican-Immigrants
Presenter: *Barbara Baquero, MPH, Graduate Student/ASPH/CDC/PRC Fellow, San Diego State University*

Radiological Population Monitoring: Views of Public Health Professionals in the Southeastern US
Presenter: *Gwendolyn N. Hudson, MPH, CPH, University of Alabama at Birmingham*

Essays on Discrimination and Cardiometabolic Risk
Presenter: *Timothy Cunningham, BS, Harvard University*

D5: REACHING LOW-WAGE WORKERS VIA THE WORKPLACE

Moderator: *Peggy Hannon, PhD, MPH, University of Washington*
Room: *Atlanta 1 & 2*
Presenters: *Peggy Hannon, PhD, MPH, University of Washington; Jeffrey Harris, MD, MPH, MBA, University of Washington; Carrie Sopher, MPH, University of Washington; Sharon Laing, PhD, MS, University of Washington*

D6: STATE OF THE STATE: FEDERAL TOBACCO CONTROL INITIATIVES

Moderator: *Brick Lancaster, MA, CHES, Office on Smoking & Health, CDC*
Room: *Atlanta 4 &5*
Presenters: *Brick Lancaster, MA, CHES, Office on Smoking and Health, CDC National Center for Chronic Disease Prevention and Health Promotion; John Francis, MPH, MBA, Office on Smoking and Health, CDC National Center for Chronic Disease Prevention and Health Promotion, Simon McNabb, Office on Smoking and Health, CDC National Center for Chronic Disease Prevention and Health Promotion; Shanta R. Dube, PhD, MPH, Office on Smoking and Health, CDC National Center for Chronic Disease Prevention and Health Promotion*

9:45 am–10:30 am
Break in Exhibit Hall
(Hotel Check-out)
Room: *Georgia Rooms*

10:30 am–11:45 am

CONCURRENT SESSIONS – E

E1 – ENGAGING COMMUNITIES IN CANCER PREVENTION

Moderator: *Diana D. McDonnell, PhD, Berkeley PRC, University of California*
Room: *Atlanta 4 & 5*

Advocating, Communicating and Translating to Reduce Cancer Health Disparities
Presenter: Rossybelle Perales, MPH, Tampa Bay Community Cancer Network, H. Lee Moffitt Cancer Center

Engaging Community Members in Research: From Qualitative and Quantitative Descriptive Research to Intervention Testing
Presenter: *Iris Alcantara, MPH, Emory Prevention Research Center*

Increasing Rural Women's HPV Vaccine Acceptance Rate
Presenter: *Baretta Casey, MD, MPH, University of Kentucky, Center for Excellence in Rural Health-Hazard*

E2: ADDRESSING DIABETES THROUGH COMMUNITY-BASED PARTICIPATORY RESEARCH

Moderator: *Audrey Whitright, PhD, MBA, CHES, Ohio University*
Room: *Atlanta 1 & 2*

Documenting Diabetes Disparities among Bangladeshi Americans in NYC
Presenter: *Nadia Islam, PhD, NYU Center for the Study of Asian American Health*

Designing a CHW Diabetes Prevention Program for the South Asian and Korean Communities in New York City
Presenter: *Smiti Kapadia, MPH, NYU Health Promotion & Prevention Research Center*

Telemedicine to Detect Diabetic Retinopathy in American Indian/ Alaska Natives and Other Ethnicities
Presenter: *Steven Mansberger, MD, MPH, Devers Eye Institute*

E3: SCHOOL HEALTH: REACHING BEYOND THE A, B, C'S

Moderator: *Kelly Bishop Alley, MA, CHES, FASHA, CDC Division of Adolescent and School Health*
Room: *Capitol Ballroom*

Translating Research to Practice: Community Based Partnerships to Achieve Health and Education Success
Presenter: *Rebecca Reeve, PhD, CHES, North Carolina DHHS/Division of Public Health*

Community Partnerships and System Change to Reduce Health Disparities in Children
Presenter: *Julie Marshall, PhD, Colorado School of Public Health; Julie Geise, RN, Alamosa County Health Department*

Study of Participatory Policy Development in a Northern New Mexico Community
Presenter: *Victoria Sanchez, DrPH, MPH, University of New Mexico*

E4: ADVANCING THE SCIENCE OF COMMUNITY INTERVENTION, CHICAGO 2009: REPORT AND DISCUSSION

Moderator: *Michael Fagen, PhD, MPH, University of Illinois*
Room: *Macon*
Panelists: *Chuck Conner, West Virginia University PRC; Charles Deutsch, ScD, Harvard University PRC; Alicia N. Heim, MPH, CDC PRC Program; Ken McLeroy, PhD, MS, Texas A&M Health Science Center PRC*

E5: EVIDENCE-BASED OBESITY PREVENTION: A MODEL FOR REVIEWING, PACKAGING, AND DISSEMINATING EVIDENCE

Moderator: *Patricia Jones, DrPH, MPH, CDC National Center for HIV, Viral Hepatitis, TB, and STD Prevention*
Room: *Athens*
Presenters: *Jennifer Leeman, MDiv, MPH, DrPH, UNC School of Nursing; Janice Sommers, MPH, UNC Center for Health Promotion and Disease Prevention*

E6: HEALTH EDUCATION TRAINING AND STANDARDS: MEETING THE CHALLENGES OF 2010 AND BEYOND

Moderator: *Derrick R. Gable, MEd, CHES, GA SOPHE, Georgia Public Health*
Room: *Georgia 5 & 6*

"Am I Qualified? How Do I Know?" A Qualitative Study of Minnesota's Sexuality Educators' Training
Presenter: *Marla Eisenberg, ScD, MPH, University of Minnesota*

Raising the Bar: Advanced Standards of Practice for Health Educators
Presenter: *Lori Elmore MPH, CHES, CDC Division of Adult and Community Health*

A Competency Based Training Approach to Support Workforce Development
Presenter: *Avia Mainor, MPH, UNC Center for Health Promotion and Disease Prevention*

Current Status and Future Plans of Community/Public Health Education Programs Regarding Accreditation
Presenter: *David Birch, PhD, CHES, East Carolina University*

12:00 pm – 1:00 pm
SOPHE Town Hall Meeting and Box Lunch *(All Welcome)*
Room: *Atlanta 4 + 5*

12:00 pm – 1:00 pm
Networking Box Lunch –"Idea Generator Roundtables–2"
Room: *Garden Courtyard*

12:00 pm – 1:00 pm
PRC Ancillary Meeting
CDC Health-Related Quality of Life Program
Room: *Augusta*

12:00 pm – 1:00 pm
2010 SOPHE Annual Meeting Planning Committee Meeting
Room: *125*

1:00 pm
Exhibits, Posters, and Silent Auction Close
Room: *Georgia Rooms*

1:00 pm – 2:15 pm

PLENARY SESSION III

Moderator: *Bonnie Duran, DrPH, University of Washington School of Public Health Wellness Research Institute*
Room: *Capitol Ballroom*

ACTing (Advocating, Communicating and Translating) to Achieve Health Equity: Getting Beyond the Rhetoric
Presenters: *Deborah Bowen, PhD, Brown University; Camara Phyllis Jones, MD, MPH, PhD, Centers for Disease Control and Prevention; Philip Zazove, MD, University of Michigan*

1:00 pm – 4:00 pm
Exhibitor, Poster Tear Down
Room: *Georgia*

2:15 pm – 2:30 pm
Closing – Conference Wrap-Up
Presenters: *Joel Moskowitz, PhD, Chair, Prevention Research Centers Steering Committee and Center Director, University of California, Berkeley; Diane Allensworth, PhD, SOPHE President and Centers for Disease Control and Prevention*
Room: *Capitol Ballroom*

3:00 pm
CHES Desk Closes

WEDNESDAY, APRIL 7

PRE-CONFERENCE SKILL-BUILDING WORKSHOP II
2:00 pm – 5:00 pm / *Room: Georgia 5*

Putting Evidence into Practice: Tools for Communities to Implement and Adapt Evidence-Based Programs

Presenters: Cam Escoffrey, PhD, MPH,CHES, Rollins School of Public Health; Michelle Carvalho, MPH, Rollins School of Public Health; Monair J. Hamilton,PhD, MPH, CHES, UNC Lineberger Comprehensive Cancer Center; Elizabeth Gonzalez Suarez, MA, Dana-Farber Cancer Institute; Cynthia Vinson, MPA, National Cancer Institute

This highly interactive workshop will teach participants how to locate, select and adopt or adapt evidence-based programs for chronic disease prevention and control. The workshop begins by defining evidence-based and the benefits of evidence-based strategies and programs. It then covers criteria to consider when searching for evidence-based interventions (program fit); how and where to locate evidence-based strategies (e.g., Community Guide to Preventive Services) and programs such as Research-Tested Intervention Programs (RTIPs); and steps in selecting, adopting or adapting a program with fidelity, and evaluating the program. The workshop also presents tips on how to engage partners (e.g., community-based groups, health agencies, and academic institutions) at each step of program planning. It will include case studies and exercises that provide hands-on applications for selecting and planning an evidence-based chronic disease program.

PRE-CONFERENCE SKILL-BUILDING WORKSHOP III
6:00 pm – 9:00 pm / *Room: Georgia 5*

Making Data Talk

Presenter: David Nelson, MD, National Cancer Institute; Bradford Hesse, PhD, National Cancer Institute

This workshop will focus on the science and art of communicating data to lay audiences. Basic communication principles will be taught and participants will discuss methods for overcoming general audience tendencies and biases. Case studies will provide examples of data presentations for public health impact and participants will have a hands-on experience of preparing data presentations for such audiences as policy makers and public health officials. This workshop will demonstrate the practical value of a transdisciplinary approach to increasing knowledge about communication for public health practice.

PRE-CONFERENCE SKILL-BUILDING WORKSHOP IV
6:00 pm – 9:00 pm / *Room: Atlanta 1 & 2*

Community-Based Participatory Research (CBPR): A Grounding for Action and Social Change

Presenter: Bonnie Duran, DrPH, Associate Professor, University of Washington School of Public Health and Director, Center for Indigenous Health Research, Indigenous Wellness Research Institute,

CBPR has received growing attention in public health and other fields,and is defined by the Kellogg Foundation, as a "collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities." It is not a set of methods but an overall orientation to research that fundamentally changes the relationship between researchers and researched. This workshop will introduce the theories, principles and strategies of CBPR and review the promoters and barriers to effective CBPR projects.

THURSDAY | APRIL 8

PLENARY SESSION I
8:45 am – 9:45 am / *Capitol Ballroom*

Successes to Modifying Social and Physical Environments: Lessons and Keys for Transforming Policy, Research, and Practice

Presenters: Karen Glanz, PhD, MPH, Penn Integrates Knowledge (PIK) University Professor, Director, Center for Health Behavior Research Schools of Medicine and Nursing, University of Pennsylvania

In the past 10-15 years, there has been an increasing recognition that effective and meaningful health promotion requires an ecological approach. That is, changes must occur at not only the level of individuals, but in broader social environments – families, social institutions, and through communities and government policies and structures. While changes can originate with individuals or small groups, it is generally agreed that significant improvements to public health must involve improvements in environments. But, how much do we really know about environmental change? Are there proven strategies to achieve environmental and policy changes? Do health-promoting environments affect individuals and groups equally, or are their impacts primarily among already-motivated and relatively "advantaged" populations? These issues will be presented along with examples mainly in the arena of chronic disease prevention including tobacco control, obesity, physical activity, and dietary change.

CONCURRENT SESSIONS A
10:15 am –11:30 am

A1 - ALL POLICY IS LOCAL: IMPACTING CHILDREN'S HEALTH THROUGH POLICY ADVOCACY
Room: Athens

Why States Differ in Childhood Obesity Policy Proposals

Ross Brownson PhD, Washington University

Childhood obesity in the United States has reached epidemic proportions. In response, there has been a focus on identifying effective policy interventions and prevention strategies to reverse this epidemic. Recently, states have adopted legislation that focuses on obesity prevention. Several lessons learned have implications for PRC researchers, health educators, and advocates. This presentation will share how policy makers access, interpret and use obesity policy information. Participants will engage in a dialogue about the role of PRC leaders and health educators in state health policy. Methods: Qualitative research related to state policy makers perceptions will be presented along with implications for research and dissemination. Information about legislators use of data and anecdotal stories will be presented. Interviews were conducted in states where childhood obesity legislation has been enacted and in others where few policies have been proposed. Success stories linking research, practice and policy decisions will be included. Results: Policy makers at the state level vary in use of information and evidence based research.

Practical implications will be shared to improve the likelihood that research will be used in the formulation of state obesity policy. Conclusion: Communicating with state legislators is important to enacting health policies. This presentation adds to the body of knowledge around state health policy. This research adds a qualitative component to current analysis of state obesity policy through interviews with legislators. Understanding the wide range of states' experience in obesity policy will clarify facilitators and barriers to health policy at the state level.

Healthy Kids Healthy Communities DC, The Power of Advocacy

Jenne Johns, MPH, Summit Health Institute for Research and Education, Inc.

Healthy Kids Healthy Communities is a national program of the Robert Wood Johnson Foundation that is working with low income communities to help reshape environments to support healthy living and prevent childhood obesity. DC was selected as one of nine leading sites to work over four years to address the city's alarming rate of childhood obesity. Partners include the Department of Health, Office of Planning, Parks and Recreation, DC Hunger Solutions and the National Black Child Development Institute. The partnership works with residents and policymakers in Wards 7 and 8 to prioritize and implement two of four healthy eating and active living policies. Objectives: Through community consultations with Wards 7 and 8 residents, SHIRE engaged the community directly in their own policy initiatives. Community residents will be trained as advocates for the adoption of prioritized policies. Methods: A series of surveys, focus groups, interviews with key stakeholders, and town hall meetings that reached over 400 residents were conducted. Results: Survey and focus group data shows: -50.6% support serving free nutritious suppers to children at community-based programs. -49.3% support increasing healthy food outlets or limiting unhealthy food outlets in the community. -55% support creating a "Park Keepers" workforce to help make parks clean and safe. -45% support having the cost of community-based fitness programs covered by Medicaid/health insurance. Conclusions: There are no final conclusions, as the project is not yet completed. The overwhelming response from residents demonstrate the necessity for these policy changes.

Decline in Consumption of Sugar-Sweetened Beverages Accompanies School District Policy Change

Angie Cradock, ScD, Harvard Prevention Research Center; Anne McHugh, MS, Boston Public Health; Helen Mont-Ferguson, MBA, RD, Boston Public School; Linda Grant MD, MPH, Boston Public Schools; Y. Clarie Wang, MD, ScD, Columbia Mailman School of Public Health; Steven Gortmaker, PhD, Harvard Prevention Research Center

Consumption of sugar-sweetened beverages has increased among youth in recent decades. Theoretical Basis: Policies are one component influencing health-related outcomes in the social ecological framework. Intervention: In 2004, the Director of Food and Nutrition Services and Boston Steps partners supported passage of a district-wide policy restricting sale of sugar-sweetened beverages in vending and à la carte settings. Partnership: Boston Steps includes collaboration with the Boston Public Schools and a broad-based Consortium. Methods: This quasi-experimental evaluation examined changes in sugar-sweetened beverage consumption using data from the Boston Youth Survey of 2033 public high school students collected in Spring 2004 (pre-policy) and 2006 (post-policy). Regression methods adjusted for student demographics in cross-sectional samples. For comparison, we estimated national trends in sugar-sweetened beverage consumption among adolescents aged 15 to 19 years using 2003-2004 and 2005-2006 National Health and Nutrition Examination Survey Data. Evaluation Results: On average, students reported daily consumption of 1.71 servings of sugar-sweetened beverages in 2004 and 1.38 servings in 2006, with significant declines in consumption of soda (-0.16 servings; 95% CI -0.23,-0.08; P<.001), other sugar-sweetened beverages (-0.14 servings; 95% CI -0.23,-0.06; P<0.001), and total sugar-sweetened beverages (-0.30 servings; 95% CI -0.43,-0.17; P<.001) from 2004 to 2006. National data indicate no statistically significant decline in sugar-sweetened beverage consumption between 2003-2004 and 2005-2006. Implications: Nationally, there is limited evidence for decreased sugar-sweetened beverage consumption among high-school youth. However, local Boston data indicate a reduction in sugar-sweetened beverage consumption, coinciding with a policy change restricting sale of sugar-sweetened beverages in schools.

A2 - INNOVATIVE APPROACHES TO PROMOTING HEALTHY AGING

Room: Atlanta 1 & 2

Applying Social Marketing Strategies to Increase Participation in Falls Prevention Programs

Kristen Hammerback, MA, University of Washington; Alex Bohi, BS, University of Washington; Elizabeth Phelan, MD, MS, University of Washington; Hendrika Meischke, PhD, University of Washington; Pamela Poe, PhD, Manhattan College

Falls among community-dwelling older adults are an important public health concern. While evidence-based programs to reduce falls are available, older adult participation in these programs is low. Theoretical Framework: Social marketing Hypothesis: Traditional strategies have proven less effective than expected in engaging older persons in fall prevention programs. A clearer understanding of older adults' perspectives on falls and fall prevention suggest the use of social marketing strategies to encourage program participation and reduce falls. Methods: We conducted 78 semi-structured interviews among two groups of older adults who recently fell: 1) those who agreed to participate in a program to prevent falling again, and 2) those declining participation. A content analysis of the interviews identified themes related to attitudes and behavior surrounding falls prevention and the experience of falling. Results: Our analysis produced five themes potentially tied to low program uptake: 1) strong feelings of self-blame; 2) viewing a fall as a random event; 3) sense of fatalism related to falling; 4) perception of falling as threatening to identity; and 5) importance of staying independent. Each of these findings suggests a social marketing approach to generating interest and participation in programs focused on preventing future falls. Conclusion: Attitudes toward fall prevention result in poor uptake of fall prevention programs. Using social marketing techniques may help increase uptake in falls prevention programs. Implications for Practice: Falls prevention programs should consider employing social marketing strategies that explicitly take into account how older adults think and feel about falling and preventing future falls.

The Development and Validation of a Fidelity Tool for the Late-Life Depression Program PEARLS (Program to Encourage Active, Rewarding Lives for Seniors)

Mark Snowden, MD, MPH, University of Washington; Steinman Lesley, MPH, MSW, University of Washington; Cynthia Sessoms, BA, MSWc, University of Washington

Our prevention research center partnered with a local area agency on aging to improve implementation of the evidence-based depression program PEARLS. To monitor program adaptations, we recognized the need for developing a PEARLS fidelity instrument. Theoretical Framework: The RE-AIM framework identifies measuring implementation fidelity as important in translation of research to real world settings. Aims: To develop and validate a brief PEARLS fidelity tool to assess how closely an agency is implementing PEARLS compared to the original research program. Methods: Conducted twelve key informant interviews with a diverse group of PEARLS interventionists, community-based organization staff, researchers, and treated participants to identify key elements of PEARLS. Through a q-sort process, 42 elements were ranked and the list was narrowed to twenty multiple choice items (score range 20-100). The instrument was tested with practitioners delivering depression programs in six states. Data analysis using known-groups method was used to compare PEARLS programs, other depression care management modeled programs, and other depression programs. Results: 51 participants from eleven agencies completed the online instrument which took an average of 15 minutes to complete. As hypothesized, PEARLS agencies reported the highest fidelity score (mean 70.5) and PEARLS programs with more years of experience reported higher scores (range 74-87) than newer programs (range 40-67). Conclusion and Implications for Practice: The PEARLS fidelity instrument is a brief, easy-to-use tool that agencies can use to assess PEARLS fidelity. This tool can be used for self–assessment by new PEARLS interventionists in support of their ongoing training and supervision.

Fit and Strong!: Translation and Dissemination of an Evidence-Based Intervention for Older Adults with Osteoarthritis

Susan Hughes, DSW, Center for Research on Health and Aging, UIC; Rachel Seymour, PhD, Center for Research on Health and Aging; Pankaja Desai, MPH, MSW, Center for Research on Health and Aging; Gail Huber, PhD, PT, MHPE, Department of Physical Therapy and Human Movement; Cheryl Der Ananian, PhD, Department of Exercise and Wellness

The translation of evidence-based programs for older adults is a major public health priority. Osteoarthritis (OA) is the most common condition affecting older people today. Lower extremity joint impairment caused by osteoarthritis (OA) has been shown to be a risk factor for future disability. Fit and Strong!, was developed to address this risk factor.. It is an award winning, evidence-based, multiple-component exercise/behavior change program for older adults with OA. The program is currently being diffused in Illinois and North Carolina through partnerships with local Area Agencies on Aging with funding from the Centers for Disease Control and Prevention (R18DP001140). We are using the RE-AIM framework to guide our efforts. To date, we have partnered with 24 providers, trained 79 instructors, and enrolled over 300 participants at our dissemination sites. Analyses of participant outcomes indicate significant improvements on exercise participation (p=0.025), energy/fatigue (p=0.035) and self-efficacy for exercise (p=0.020). Factors which facilitate and impede program adoption, fidelity and adaptation and sustainability will be discussed. Practical issues involved in providing Fit and Strong! in the community will be discussed, including space, equipment, recruiting, training and monitoring exercise instructors, and methods for monitoring fidelity of Fit and Strong!. We will also describe our interactive website (www.fitandstrong.org) and the cadre of Master trainers that make it possible for us to more broadly disseminate Fit and Strong! to other communities that seek to adopt it.

A3 - EVIDENCE-BASED PREVENTION PROGRAMS

Room: Capitol Ballroom

The Balancing Act: Blending Research Results with Field Experiences to Create Evidence-based Intervention Packages

Patricia L. Jones, MPH, DrPH, CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Cynthia Lyles, PhD, CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Aisha Wilkes, MPH, CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Alyce Howell, MEd, CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Marlene Glassman, PhD, CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Ted Castellanos, MPH, CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Contractor with Northrop Grumman

Background: Evidence-based interventions (EBI) have been shown to reduce HIV risk behaviors across a wide range of risk groups. In order to have an impact on the HIV epidemic, national, State, and local HIV prevention providers must include evidence-based interventions as part of their prevention portfolio. Local HIV/AIDS prevention providers need state-of-the-science user-friendly tools to effectively implement these interventions with their local communities. The purpose of this presentation is to describe the CDC's programmatic efforts to translate and package interventions for national dissemination to combat the HIV epidemic. Theoretical Basis: A variety of theoretical models and theories predicting behavior change are represented among the 19 intervention packages finalized to date. Some of the models and theories include, but are not limited to the Transtheoretical Model, various Social Cognitive Theories, Diffusion of Innovations, and Preparation for Bias. Methods: The Replicating Effective Programs (REP) project develops packages for efficacious HIV behavioral interventions to reduce risky behaviors such as unprotected sex, or increase protective behaviors such as using condoms. Interventions are translated into user-friendly packages of materials for use during implementation in the field. As of 2009, REP has completed 19 packages for use with predominantly at-risk minority populations. To increase applicability and relevance, a range of service settings are included in field testing with a variety of ethnic groups. The packages target heterosexual couples, Men who have sex with Men, heterosexual men, women, youth, injection drug users, and prisoners. Results: Since 1996, REP has led the nation in translating research into practice through the development of over 19 evidence-based HIV behavioral intervention packages. Intervention packages are currently disseminated to thousands of HIV prevention agencies and health departments across the nation. Partnerships: Partnerships among the original researcher, package developer, and community-based organizations (CBOs) field testing the packaged interventions are important throughout the packaging process. These partnerships are critical in properly field testing the training and implementation materials in a variety of settings for usability. Lessons learned from several years of the REP process will highlight recommendations for successful partnerships. Evaluation Measures: The REP project has been collecting process measures and training assessments to document intervention delivery and feasibility of materials as CBOs field test the interventions. General lessons learned from these field tests may enhance the translation process for future funded grantees and will be discussed.

Research to Reality: Working with Rural Partners to Implement Evidence-Based Programs with Fidelity

Michelle Carvalho, MPH, Emory Prevention Research Center; Sally Honeycutt, MPH, CHES, Emory Prevention Research Center; Darrell Sabbs, BA, Phoebe Memorial Hospital; Sandra Daniel, PhD, RN, Georgia Southwestern State University, Karen Glanz, PhD, MPH, University of Pennsylvania; Michelle Kegler, PhD, MPH, Emory Prevention Research Center

In an effort to translate evidence-based interventions into practice in rural communities, the Emory Prevention Research Center (EPRC) worked with community partners to conduct a mini-grants program in southwest Georgia. Members of the EPRC Community Advisory Board helped to prioritize behavioral risk factors; develop a mini-grants and technical assistance (TA) program; and select mini-grant recipients from community-based organizations (CBOs). From 2006-2009, 12 sites in rural southwest Georgia received up to $4,000 and TA to conduct one of five research-tested nutrition or physical activity interventions during a 12-18 month timeframe. A process evaluation, focusing on context, implementation, adaptation, and maintenance, was conducted to assess how completely the sites implemented the interventions with fidelity and to generate lessons learned for future translation activities. Data collection tools included an observation guide, project report forms, TA tracking logs, interview guides and a focus group guide. Findings suggest that partnering with local organizations and providing mini-grants and TA may be promising methods to translate evidence-based interventions into community practice. About 95% of program core elements were completed across the 12 sites, with nine sites (75%) completing all core elements. The following adaptations were made to the original programs: varying how the program was delivered, adding educational materials, tailoring activities to specific groups, and adding concurrent health promotion activities. Reasons for making adaptations included expanding program reach, enhancing engagement in the program, and reinforcing program messages. These findings are guiding further development of TA and training for CBOs to implement research-tested programs with fidelity.

Dissemination of Effective Physical Activity Interventions: Are We Applying the Evidence?

Paula Ballew, MEd, Prevention Research Center in St. Louis; Ross Brownson, PhD, Prevention Research Center in St. Louis; Debra Haire-Joshu, PhD, Obesity Prevention & Policy Research Center; Greg Heath, DHSc, MPH, University of Tennessee College of Medicine; Matt Kreuter, PhD, Washington University

Background/Framework Practice-relevant dissemination of evidence-based interventions is highly innovative, yet is an area that remains largely uncharted. Sparse knowledge exists regarding effective approaches for dissemination of research interventions among 'real world' practice audiences. Hypothesis: This study sought to explore key benefits, barriers and contextual factors that are perceived to be important to the adoption and implementation of the Community Guide's evidence-based physical activity recommendations. Methods: We conducted case studies in two states where extensive adoption and implementation of the Guide's recommendations have occurred and in two states where widespread dissemination has lagged. Interviews (n=76) were semi-structured and included both quantitative and qualitative methods. Participant perceptions from the following areas were examined: 1) priority of physical activity 2) awareness of and ability to define the term "evidence-based approaches" and 3) awareness, adoption, facilitators, benefits, challenges and barriers to Guide adoption. Results Key enabling factors among high capacity states included: funds and direction from the Centers for Disease Control and Prevention; leadership support; capable staff; and successful partnerships and collaborations. Restraining forces among low capacity states included: the Guide recommendations being too new; participants being too new to current job; lack of time and training on how to use the Guide recommendations; limited funds and other resources and lack of leadership. Conclusion: To be effective, we must gain an understanding of contextual factors when designing for dissemination. Implications for Practice: Our exploratory study provides a method to inform evidence-based dissemination strategies that can be adapted to other settings and risk factors.

A4 – CULTURAL DIVERSITY AND HEALTHCARE...BRIDGING THE GAP

Room: Atlanta 4 & 5

University-Community Collaboration to Address Gaps in LGBT Healthcare

J. Michael Wilkerson, PhD, University of Minnesota-EpiCH, Sarah Rybicki, MS, MPH, Midwest AIDS Training and Education Center Cheryl Barber, MS, MPH, Minnesota Community Measurement

The lesbian, gay, bisexual and transgender (LGBT) community faces barriers to quality healthcare, contributing to negative mental and physical health outcomes. Many delay seeking care or fail to disclose pertinent information to their healthcare provider (HCP). Theoretical Framework: Human Agency Research Questions: 1) How do HCPs and LGBT patients differ in their perceptions of a culturally competent healthcare environment? 2) How can LGBT patient care be improved? Methods: We conducted seven focus groups with HCPs and LGBT patients. The constant-comparative method guided data collection and analysis. We transcribed and then thematically coded the data in NVivo8. We calculated an inter-rater reliability statistic (92%) and validated findings by seeking alternative explanations and conducting member checks and peer debriefings. Results: Forty-eight individuals participated in the focus groups. HCPs and LGBT patients' self-efficacy to enact agentic transactions was dependent on their perception of the structural, systemic, and interpersonal clinical environment. The intersection between sociocultural constructs and interpersonal interaction common to the healthcare setting is described. When the sociocultural norms of the clinical environment increase self-efficacy, agentic transactions were more likely to occur. Conclusions & Implications: Recommendations from this study include patient education on personal health advocacy, a list of LGBT-specific health education topics and patient education tools, changes to the clinical environment, specific revisions to intake forms and electronic medical record templates, and content for staff diversity trainings. Included in this presentation are efforts being undertaken by the two partnering community agencies to work with local HCPs to improve LGBT patient healthcare.

The Safe Zone of Health: A Pilot to Expanding National Inclusion Programming for LGBT Health

Cristian Chandler, BA, University of South Florida

Research indicates that few medical schools make future professionals aware of lesbian, gay, bisexual and transgender (LGBT) health disparities. Safe Zone is a tool that has been used to develop more inclusive social environments within universities nationwide, and has the potential to be developed specifically for health professionals. THEORETICAL BASIS: The University of South Florida (USF) College of Medicine (COM) Safe Zone program has been created on frameworks crafted from disciplines such as public health and social sciences. Health delivery is discussed through the social ecological model, social justice and sociopolitical context theories. METHODS, INTERVENTION AND PARTNERSHIP: The Office of Multicultural Affairs and the COM Office of Diversity and Enrichment for the partnered to create the College of Medicine Safe Zone program. The program is composed of two sessions: identity, culture and language and a toolbox of specific methods for patient intake, accurate sexual history and healthcare maintenance. Program, educational and behavioral objectives focused on agency, advocacy and awareness of LGBT disparities. EVALUATION: The program used two-fold evaluation to determine effectiveness as well as sustainability. A pre and post-test was

administered during initial training sessions for immediate response and an online follow-up survey was administered three months after training. Both quantitative and qualitative evaluation methods were used in order to triangulate research responses. IMPLICATIONS: Trainings providing specific awareness to the importance of LGBT terms needed for inclusive language and health disparities is integral for healthcare equity. Social environments affect physical environments and power structures that work as gatekeepers to health.

Assessing Culture as a Social Determinant of Health

David Driscoll, PhD, MPH, MA, Institute for Circumpolar Health Studies, University of Alaska

Researchers seeking to reduce health disparities using the ecological model are more likely to be successful when they develop interventions that address determinants at multiple levels. Promoting health-related behaviors, for example, will be unsuccessful without promoting similar changes in social and physical determinants of population health. Culture represents an important social determinant of health. Culture change has long been known to have population health effects, both positive and negative, in development settings. As a social determinant, however, the influence of culture on population health has been less studied than that of socioeconomic conditions, crime, or neighborhood resources. Theoretical Framework: This paper applies the concept of cultural models, or culturally standardized and shared cognitive structures for explaining or determining appropriate behavior. Cultural models differ such anthropological concepts as kinship or subsistence patterns to focus on emic, or community-derived, structures of meaning. This makes the concept of cultural models appropriate for community-based and participatory health promotion programs. They also represent process-related metric for population health promotion programs with extended duration to expected health outcomes. Methods: The author provides examples of cultural models in discrete study communities, and offers descriptions of how these models were incorporated into evaluations of community-level health promotion programs. Implications for Practice: The concept of cultural models provides researchers with an analytic tool for assessing and incorporating the role of culture as a social determinant of population health. They provide researchers with another focii and evaluative metric for truly multi-level health promotion programs.

A5 – ENVIRONMENTAL AND POLICY APPROACHES TO BUILDING HEALTHIER COMMUNITIES

Room: Georgia 5 & 6

Voices for a Healthy SouthCoast

Nancy LaRue Bonell, MEd, YMCA Southcoast

YMCA Southcoast has been engaged with the YMCA of the USA as an "Activate America" YMCA for the past four years. As a piece of their efforts, the YMCA stepped outside their doors to work in a needed community endeavor and partnered with the local United Way's Hunger Commission. Thus "Sharing the Harvest" was born, a community-based farm to provide fresh vegetables and fruits to the area's food banks and pantries. Since its inception the farm has provided over 45,000 pounds of produce, with the majority of the work being done by community volunteers. Over the past year ACHIEVE CHART has been working on building a successful coalition and establishing relationships with several area coalitions. Hear more about how their coalition name - "Voices for a Healthy SouthCoast" logo and website were designed and developed with help of students at Boston University for a mere $200.

Achieving Wellness through Policy Changes

Tori Luyster, BS, CHES, Lake County General Health District

This presentation will focus on approaches the CHART (Community Health Action Response Team) has utilized to create and implement a Community Action Plan (CAP), including examples of environmental and policy changes.

Community Engagement, Assessment/Evaluation and Sustainability

Theresa Hauman, MPA, Davenport Parks and Recreation; Christy Filby, Scott County Family Y and Two Rivers YMCA

This presentation will focus on how the ACHIEVE and Activate Quad Cities engage the community into our goals and objectives, how we assess success (and the problems that surround evaluation) and how to sustain coalitions.

A6 – BUILDING COMMUNITY-RESEARCHER PARTNERSHIPS: ACHIEVING SCOPE AND SCALE WITH COMMUNITY-BASED PARTICIPATORY RESEARCH TO ADDRESS UNDERAGE DRINKING AND IMPAIRED DRIVING

Room: Macon

Jane Callahan, MEd, National Coalition Institute, CADCA; Evelyn Yang, PhD, National Coalition Institute, CADCA; Erica Leary, MPH, North Coastal Prevention Coalition; Robert D. Brewer, MD, MSPH, U.S. Public Health Service, National Center for Chronic Disease Prevention and Health Promotion CDC

Excessive alcohol consumption contributes to approximately 4,600 deaths among underage youths in the United States each year and results in an average of 60 years of life lost per death. Effective community-based strategies are available to prevent underage drinking and impaired driving, but there are significant gaps in our current knowledge about how and at what intensity these interventions need to be implemented to achieve maximum public health impact. CBPR can be a powerful tool for answering these questions, but building effective partnerships between communities and researchers can be difficult to achieve.. The Community Anti-Drug Coalition of America (CADCA), a national non-profit organization serving substance abuse coalitions, has developed one solution to bridge the research/community divide. CADCA's Coalition-Researcher Project, funded by NHTSA and supported by NIAAA, NIDA and CDC, is a ground-breaking project to facilitate partnerships between researchers and community coalitions, helping to surface shared research questions to study underage drinking and impaired driving using a CBPR approach. This session will provide an overview of CADCA's efforts to build local coalition capacity to be "everyday scientists" using a community problem-solving model. An overview of their Coalition-Researcher Project will be provided, including research questions that have emerged from this effort and short-term outcomes that have been achieved. A coalition representative will also talk about her experiences engaging with researchers in joint learning to better understand the effectiveness of environmental strategies to address underage drinking. Finally, a federal perspective will be provided on effective community-based strategies to prevent underage drinking and key questions on intervention effectiveness.

CONCURRENT SESSIONS B

12:45 pm – 2:00 pm

B1 - POLICY ADVOCACY & HEALTH COMMUNICATION MAXIMIZING IMPACT

Room: Athens

Serving Smoke-Free Air: Reframing the Public Debate for Passage of a Smoke-Free Dining Law in N.C.

Ann Houston Staples, BA, CHES, North Carolina DHHS/Division of Public Health

In its 2007 session, the N.C. General Assembly narrowly failed to pass a state law to ban smoking in restaurants, bars and lodging facilities. The bill had been introduced by the House Majority Leader, who is also a lung cancer survivor. For the first time in its history, the N.C. House debated tobacco and health issues on the floor, and the bill only failed by a few votes. Failure was due to the success of a "property rights" message. In the 2009 legislative session, a similar bill was introduced, but public health advocates tried to counter the "property rights" message by reframing it in a number of ways. Some of the new frames included: sound science, worker health and fairness, personal stories, the success of other public health regulations. In May, 2009, a very strong smoke-free restaurants, bars and lodging bill passed in N.C. and was signed into law by the Governor. The bill will go into effect on January 2, 2010. Method: News articles, letters-to-the-editor, columns, opinion pieces and editorials were clipped from daily newspapers in NC for the period of time covering both legislative debates. Articles were analyzed for point-of-view and content, including the use of certain search terms. Conclusions: Certain framing techniques employed by advocates in 2009 were more successful in getting media attention and building public and lawmaker support than were the techniques used for the same legislative battle in 2007. Speaker will share the most and least successful techniques for use in other tobacco states.

Effective Communication of Health Information to Policymakers: What Works?

Elizabeth Dodson, PhD, MPH, Prevention Research Center in St. Louis; Christopher Wintrode, BA, Prevention Research Center in St. Louis; Ross Brownson, PhD, Prevention Research Center in St. Louis

Public health practitioners and researchers recognize the need for improved methods of communicating scientific information to policymakers. Three important policymaker audiences are legislators, legislative staffers, and executive branch administrators. Research suggests that narrative methods of communicating evidence may be more persuasive than traditional data-based methods. Relying in part on Diffusion of Innovation theory, this study compares these approaches among state-level policymakers: narrative versus data-based communication, and local versus state-level data. We hypothesized that executives will favor data-based communication while legislators and staffers will prefer narrative materials; further, the role of local data will be important. Methods: In a randomized trial, we created four different versions of a policy brief (on breast cancer early detection) that, along with a short questionnaire, was sent to legislators, staffers, and public health executives in six states. States were chosen to represent diversity in dominant political party and state size. The questionnaire was designed to measure policymakers' judgments of credibility, relevance, and usefulness of the policy briefs. Descriptive and t-test analyses were used to examine the data. Results: These data are preliminary (275 responses to-date), as data collection is ongoing; however, some patterns are emerging. All three groups indicate a preference for local versus state data. While public health executives seem to prefer briefs with data versus stories, legislators and staffers indicate a preference for stories rather than data. Conclusion/Implications for Practice: These initial results indicate the importance of using different methodology when communicating with various groups of policymakers, as well as the usefulness of using local data, where available

Exploring the Prevalence of Responsible Drinking Beliefs and Behaviors Among College Students: A Mix

Adam Barry, PhD, Purdue University; Patricia Goodson, PhD, Texas A&M University

Currently, the notion of responsible drinking appears in alcohol industry-sponsored advertisements as well as public health research. However, there currently no published, evidence-based characteristics identifying how individuals conceptualize or interpret this message. Thus, how do individuals believe responsible drinking is practiced? Purpose: 1) explore beliefs and behaviors associated with responsible drinking, and 2) assess the prevalence of these beliefs within two distinct samples of college students. Theoretical framework: The Theory of Reasoned Action, Theory of Planned Behavior, and Social Cognitive Theory contributed to the interpretation and identification of emerging themes. Methods: This study employed a mixed-methods design and unfolded in two-phases; more specifically, a partially mixed sequential dominant status design (qual ¨ QUAN). Analysis: The constant comparison model was employed to separate and categorize records by recurrent or significant themes. Quantitatively, gender and ethnic differences were calculated using one-way ANOVA. Results: Participants associated seven prominent themes with responsible drinking. Quantitative findings supported the qualitative themes, also highlighting gender and ethnic differences. Males believed the majority of responsible drinking behaviors should occur with significantly less frequency than females. Whites also attached less relative necessity to certain responsible drinking behaviors. Conclusion & Implications for practice: While males have been documented as consistently exceeding females in their drinking frequency, rates of heavy drinking episodes and adverse drinking consequences, this study revealed they also believe the vast majority of responsible drinking behaviors examined should occur with significantly less frequency. Additionally, Whites were found to attach less relative necessity to certain responsible drinking behaviors.

B2 – INFLUENCING PRACTICE AND POLICY THROUGH A COLLABORATIVE RESEARCH NETWORK: FOCUS ON HEALTHY AGING

Room: Atlanta 1 & 2

On Behalf of the CDC-Healthy Aging Research Network: *Basia Belza, PhD, RN, University of Washington; Daniela Friedman, PhD, University of South Carolina; Rebecca Hunter, MEd, University of North Carolina at Chapel Hill; Marcia Ory, PhD, MPH, Texas A&M Health Science Center; Mark Snowden, MD, MPH, University of Washington*

More research is being directed towards understanding the determinants of healthy aging and developing evidence-based disease prevention programs. The challenge remains as to how to use the findings and lessons learned to influence practice and policy. Theoretical Basis: Applications of the social-ecologic model to aging issues demonstrates that positive outcomes are most easily achieved when environments and policies support the adoption and maintenance of attitudes and behaviors known to promote health aging. Objectives: The aims of this symposium are to: 1) describe an interdisciplinary, academic network that has been effective in influencing practice and policy, and 2) highlight strategic initiatives from the network that have enhanced practice and policy. Intervention: The Centers for Disease Control and Prevention (CDC) Healthy Aging Research Network (HAN) is a thematic research network created by the

CDC's Prevention Research Center Program in 2001. Funded by the CDC Healthy Aging Program, HAN's purpose is to: 1) understand the determinants of healthy aging; 2) identify interventions that promote healthy aging; and 3) assist in translating healthy aging research into sustainable community-based programs. The seven HAN member centers (Texas A&M; University of California, Berkeley; University of Colorado Denver; University of North Carolina; University of South Carolina; University of Washington; West Virginia University), two affiliate centers (University of Illinois, Chicago; University of Pittsburgh) and partner organizations created a national research and dissemination agenda that addresses the public health aspects of healthy aging. Evaluation Measures: The Network activities and programs have been assessed through numerous methods such as case studies, objective reviews, peer-reviewed publications, and post-conference evaluations. Results: This symposium describes selected HAN initiatives highlighting individual, organizational, and policy level affects addressing the needs of communities that bear a disproportionate burden of disease. Four initiatives will be described as part of this interactive symposium. The first initiative includes ground-breaking research to understand perceptions of the general public and care providers about brain health. This formative work resulted in a special issue of The Gerontologist (June 2009). The second initiative focuses on a series of systematic reviews of interventions addressing emotional health and well-being among older adults. This work has resulted in recommendations from the Task Force on Community Preventive Services specific to older adults (Community Guide to Preventive Services, 2009). The third Network initiative involves federal and national level partners in the planning of the elements of an evaluation to assess the implementation and effect of evidence-based disease prevention programs for older adults. The final Network initiative featured encompasses efforts to develop, refine, and disseminate a series of environmental audit tools. This research extends traditional approaches to address the needs of vulnerable population groups and expands this work to rural settings.

B3 – EMPOWERMENT FOR TODAY'S YOUTH USING CBPR

Room: Macon

Lessons Learned from Dissemination of a Youth Empowerment Program Using a CBPR Approach

Ellen Barnidge, PhD, MPH, Saint Louis University; Beth Baker, PhD, MPH, Saint Louis University; Amy Estlund, MPH, Saint Louis University

Adapting evidence-based interventions is critical to addressing the current health issues of children and adolescents. Little is known about how urban-based programs for this population can be adapted for rural areas or how a community-based participatory research approach can aid in adaption of these programs. Theoretical basis: Brownson and colleagues work identifying the critical elements of translation and dissemination Objectives: Participants will be able to discuss: 1) challenges of engaging new partners that are unfamiliar to CBPR principles into an existing CBPR project, and 2) strengths and challenges disseminating an urban-based youth empowerment program to a rural community. Intervention: Family Prep, an urban youth empowerment program focusing on life skills and stress reduction activities, was adapted for at-risk children living in rural Missouri. Children ages 8 to 11 years participated in the program 4 days a week for 10 weeks in the summer of 2008. Evaluation measures: An interview protocol was developed based on the theory of translation and dissemination. Telephone interviews were conducted with staff from Discovering Options, the lead agency, and community staff who implemented the program in rural Missouri. Results: Respondents agreed that the program content was appropriate and met a community need. However, implementation of the program could be improved. Challenges included fidelity to the program, differences in social, historical and leadership context, work style expectations, resource limitations in rural settings, and working within a community-based participatory research approach.

Community-Based Participatory Research in Youth Violence Prevention: Enhancing Capacity and Outcomes

Alana Vivolo MPH, CHES, CDC, Division of Violence Prevention; Greta Massetti, PhD, CDC, Division of Violence Prevention

Violence is a leading cause of death and disability for youth in the US; it affects the health of entire communities by increasing health care costs, decreasing property values, and disrupting social services. Theoretical framework Efforts to reduce youth violence (YV) in communities are often limited in their intended audience or approach. Utilizing the socio-ecological and public health models, CDC's Division of Violence Prevention (DVP) is committed to developing communities' capacity to prevent YV. To achieve this vision, DVP is actively engaged in Community-Based Participatory Research (CBPR) in YV prevention. Methods/Results The proposed presentation will describe CDC's approach to using CBPR in YV prevention. The presentation will highlight the work and results from the Academic Centers of Excellence in Youth Violence Prevention (ACEs), which engage communities as partners in YV prevention through rigorous evaluation of community-based interventions to reduce violence. Conclusion and Implications The needs for CBPR approaches in YV are unique; YV is frequently a localized community problem, as the nature and phenomenology of violence are distinct to each community. Additionally, communities vary widely in infrastructure and systems to support coordinated, evidence-based YV prevention strategies. These conditions highlight the need for research-community partnerships to engage communities, employ local resources in the planning and development of YV prevention strategies, and invest community members in the research process. Through scientific rigor, collaborative partnerships, practical application, and community participation, CDC's YV prevention work strives to find new ways to engage communities in preventing violence.

Take Charge of the Facts: Changing Teen Perception Related to Chronic Conditions

Jody Kakacek MA, PhD (ABD), Epilepsy Foundation; Jan Buelow, PhD, Indiana University; Pat Dean, ARNP, MSN

Seizures and You: Take Charge of the Facts is a middle school and high school level health education program. The goals of the program are to raise awareness of epilepsy as a medical condition; highlight different types of seizures; and provide students with information on the appropriate first aid in the event of a seizure. In addition, the program seeks to reduce the stigma often encountered by young people with epilepsy. The 45 minute program consists of classroom instruction on epilepsy and its prevalence, PowerPoint slides, a short DVD on different types of seizures and a worksheet assignment. The program was implemented nationwide in 156 schools (middle and high school-level) in 26 states during the 2006-2007 school year. Pre- and post-tests were conducted to track the change in knowledge and attitudes among the students. Pre-test forms were collected from a total of 4,705 respondents with post-test forms submitted by 4,915 students. A total of 2,934 teens and preteens (ages 10-19) completed both a pre-test and post-test. Based on data analysis, the program was successful in teaching students that epilepsy can affect anyone at any age (96% of students understand this post-test) and that epilepsy is not contagious (78%). It also teaches youth that epilepsy is not a form of mental illness (83% post-test, an increase from 27% from the pre-test assessment) and that people with epilepsy are not dangerous to others (62%, up from 38%). These results, as well as others, remain fairly constant by gender, age, race and region.

B4 – COMMUNITY HEALTH WORKER AND LAY HEALTH WORKERS: PARTNERING FOR SUCCESS

Room: Atlanta 4 & 5

Partnering to Promote Sustainable, Integrated CHW Workforce

J. Nell Brownstein, PhD, MA, CDC:DHDSP; E. Lee Rosenthal, PhD, MPH, University of Texas; Gail Hirsh, DPH, MA Dept. of Health; Lisa Renee Holderby , BA MACHW; Carl Rush, MRP, Community Resources, LLC

Partnering to Promote a Sustainable, Integrated Community Health Worker Workforce Background The Institutes of Medicine recognizes the value of community health workers (CHWs) in providing culturally appropriate education and services, and recommends CHW integration into comprehensive teams to eliminate heath disparities. The state-wide, multi-sector collaborative efforts of two states are particularly notable in bringing about systems and policy changes that implement the IOM's recommendations. . Theoretical Basis Community empowerment; diffusion of innovation: CHWs empower themselves and other members of their communities to improve health conditions, and they engender trust in healthcare systems. Two exemplar states can be important change agents and models for other states. Methods Following an environmental scan we conducted a case study analysis and analyzed partnership activities that translated to key state policies. Intervention Extensive collaboration was the driver for the successful systems and comprehensive policy changes achieved within the two states. Sector partners, including CHWs, oversaw the development of statewide CHW curricula, CHW scope of practice, standards, competencies, and protocols related to reimbursement. Partnership Strong support, commitment, and advocacy efforts were hallmarks of the partnership. Partners included academic institutions, state associations and agencies, government, nonprofit organizations, CHW employers, the health care industry, policy advocates, and – most notably – CHWs and the leadership of a statewide CHW association (in one state). Evaluation Measures Criteria to compare policy results and other state-wide supportive efforts are discussed. Results: The multifaceted nature of state partnerships and their resulting systems and policy efforts are important ingredient for their success in promoting CHW training, scope of practice, integration and sustainable employment, and ultimately contributing to healthier and more equitable communities.

Shop Talk: Engaging Barbers for an Inner-City Health Promotion Campaign

Lisa Hoffman, MPH, CHES, Tulane University; Catherine Haywood, BSW, Tulane University; Carolyn C. Johnson, Ph.D., FAAHB, Tulane University; Adriana Dornelles, Tulane University; Kathryn Parker, MPH, Tulane University; Donald (Diego) Rose, PhD, MPH, Tulane University

Shop Talk is a pilot health promotion campaign that focuses on engagement of non-traditional community partners to communicate health information to their peers. The Tulane Prevention Research Center (PRC) has been working in New Orleans for nearly a decade conducting community-based participatory research and asset-mapping exercises. In the African-American community, barber shops have long been considered comfortable settings for conversations about personal matters. Shop Talk aims to increase awareness and modify attitudes about diet, physical activity, and other health behaviors with a culturally competent information campaign. The intervention includes basic lay-health advisor training to barbers and stylists and distribution of the Feel Good Guide, developed with barbers' input, and containing information on key health issues, recipe cards, a Body Mass Index wheel, and a guide to community resources. The evaluation component uses a pre-post test, randomized group design with six intervention and six delayed-intervention locations, which will serve as controls and receive the intervention after follow-up data collection. Baseline surveys were given to patrons (N=374) before the intervention. About 80% of respondents visit their barbershop at least twice a month. Approximately 57% feel consuming fruits and vegetables regularly is very important; 66% feel the same way about doing physical activity. Post-test surveys will be conducted in November 2009 and enable us to report impacts on these and other attitudes and behaviors. Process evaluation indicates the approach is very popular, and requests to implement the project have come from a wide range of places, including those in neighboring cities and states.

La Diabetes y La Unión Familiar / Diabetes and the Family: Selected Results from a Diabetes Prevention and Control Program Targeting Families at the Arizona U.S.-Mexico Border

Kerstin M. Reinschmidt, PhD, MPH, University of Arizona; Chris Davidson, BSc, University of Arizona; Nicolette Teufel-Shone, PhD, University of Arizona; Lourdes Fernandez, University of Arizona; Rosa Alvidrez, University of Arizona; Lisa Staten PhD, University of Arizona

The Diabetes and the Family intervention was developed collaboratively between two community health worker (CHW) focused community agencies and University of Arizona (UA) staff. It was implemented by the UA's Prevention Research Center (PRC). While many curricula target diabetic individuals and a support person, this curriculum is unique because it focuses on secondary prevention and social support for diabetics and primary prevention for family members. From 2005-2009, the UA PRC implemented intervention research to test this intervention's effectiveness. Theoretical Basis: The intervention is based on social support theory with a specific focus on relational processes within the family. Objectives: The research intervention had several objectives. This presentation will focus on the objective referring to physical health: Improve selected health measures among patient and their family member participants. Intervention: The intervention consists of two home visits, two celebratory events and five didactic and interactive sessions over 12 weeks. Two CHWs implement all sessions. Evaluation Measures: Questionnaires, anthropometric and laboratory measurements were collected at baseline, post and 3 months. We focus here on demographics, anthropometrics, laboratory values, and qualitative analyses for patients and family members. Results: A total of 68 patients and 106 family members were analyzed. Most patients and family members were Hispanic, Spanish-speaking women, ages ranging from 19-84. A proportion of the family members had diabetes (25%). Statistically significant changes (lowering) in patients from baseline to post were observed for mean BMI ($p=0.0055$) and triglycerides ($p=0.0436$) using paired t-tests at the $á=0.05$ level of significance.

B5 – HOW DO SOCIO-ECONOMIC FACTORS PLAY A BIG PART IN THE WAY AMERICANS MAKE THEIR FOOD CHOICES?

Room: Georgia 5 & 6

Healthful Eating, Physical Activity, and Weight Management Among Women in Mississippi

Tainayah Thomas, MPH Student, UCLA

Obesity is preventable and can be mitigated by increased physical activity and healthy eating habits, but there are many knowledge, attitude, and behavior issues related to the continuing obesity trend. Mississippi leads the nation with the highest rate of obesity in adults at 31.7%. The purpose of this research was to gather information for program development and assess motivators/ facilitators and barriers to healthful eating, physical activity, and weight management. Four focus groups were conducted across the state of Mississippi, lasting one hour. Questions were informed by the Health Belief Model. Participants were recruited by community organizations and were compensated with a gift basket

and refreshments. Eligibility criteria included women aged 20 years and older who lived in Mississippi. Focus groups were recorded and audiotapes were transcribed. The transcripts of interviews were reviewed to highlight domains and themes. Identified domains included: Motivators/ perceived benefits, facilitators of healthy eating, barriers to healthy eating, knowledge/ skills, social factors, and program recommendations. Program recommendations were divided into three themes: Ideas for programs, interest for content, and facilitators of program attendance. A program must include education on the health benefits of healthful eating, tips cooking quick and inexpensive meals, meal planning, cooking demonstrations with tasting, access to low cost fruits and vegetables, and assistance with eating out. Programs should be held at churches, work, or at community functions that this population already frequent. An essential component of any program will be social support and providing women with the opportunity to fellowship and socialize.

Swipe. Save.Win. Incentivizing Health Food Choices Among Teens

Marilyn Gardner, PhD, Western Kentucky University

Kentucky teens are among the nation's heaviest. Contributing to this public health threat are calories consumed away from home, which have risen steadily over past 20 years. Growing independence, the need for peer acceptance, and busy schedules all influence teens' autonomous food choices away from home. The Smart Bites program was developed to promote healthier "eating out" behaviors among teens, using social cognitive theory (SCT) as its organizing framework. Teens voluntarily enrolling into the program received a magnetized "swipe" card that yielded an immediate discount and a chance to win a monthly prize when used to make a healthy food choice at a participating restaurant.. A guidebook and website identified "swipeable" options, as did restaurant point-of-purchase displays (which also noted the discount). The program was evaluated using process measures, including the number of students who voluntarily enrolled into program (N=4242), number of booklets distributed (app. 7700), number of students who used their card (967) and number of cards swipes (3576). Impact was measured through pre-post surveys which indicated several significant differences between students who used the program as compared to those who did not on various measures of eating out behaviors, attitudes/beliefs regarding healthy eating, and self-efficacy for making healthy autonomous food choices. (Note: Menu items were analyzed and categorized using the Coordinated Approach to Child Health (CATCH) and We Can guidelines. Items falling into their "go" and "slow" categories were designated as healthy options).

B6 – BETTER DOCTOR VISITS FOR ALL: INCREASING CULTURAL AND LINGUISTIC COMPETENCY

Room: Augusta

OMH's Physician's Practical Guide to Culturally Competent Care: A Tool to Reduce Health Disparities

Guadalupe Pacheco, MSW, DHHS Office of Minority Health; C. Godfrey Jacobs, DHHS Office of Minority Health

With our nation's growing diversity and increasing health disparities among racial and ethnic populations, culturally competent care has evolved as one strategy to reduce health disparities, a goal that Healthy People 2020 will likely incorporate. The U.S. DHHS' Office of Minority Health (OMH) has developed several cultural competency continuing education programs, including A Physician's Practical Guide to Culturally Competent Care: The Cultural Competency Curriculum Modules (CCCMs), an online, interactive program designed to equip physicians with the competencies required to improve care for diverse communities. Objectives To determine the program's impact on physicians' knowledge, attitudes, and skills in the provision of culturally competent care, a two year evaluation was conducted. Theoretical Basis and Evaluation Measures The study population consisted of 2,213 physicians who participated in the curriculum. A mixed-methods approach examined changes in participants' cultural competency knowledge before and after curriculum participation (using pre- and posttest questionnaires), as well as qualitative data collected in focus groups, registration questionnaires, and open-ended self-reflection surveys. Results Pre- and posttest scores indicate that curriculum participation is consistent with increases in cultural competency knowledge. Additionally, CCCM participation renders a positive impact on practice behavior: physicians in the study population indicated that after completing the CCCMs, they attempted to be more sensitive to cultural differences and asked more patient-centered questions. Based on the evaluation results, enhancements are being made to the program, including additional prevention-focused interactive video vignettes. These revisions will further align the program with the key goals of Healthy People 2010 and the upcoming Healthy People 2020.

Healthy People 2020

Mahamud Ahmed, MS, University of Texas at El Paso

Healthcare Interpreter Certification Initiatives and Standards in the United States ABSTRACT Background: Language barriers are an important factor impacting accessibility to healthcare. Trained interpreters help persons with limited English proficiency (LEP) fully participate in making decisions about their health and care. The research was on behalf of the Executive Committee of the Minnesota Governor's Healthcare Disparity's Task Force (2007) to address the quality of healthcare interpreters in the state. Objectives were: (1) to assess efforts in Minnesota pertaining to healthcare interpreters, (2) to explore interpreter initiatives in other U.S. states, and (3) to make recommendations to improve the quality healthcare interpreters in Minnesota. Theoretical Framework: Culturally competent communication will lead to improved health care and ultimately to improved health outcomes for LEP patients. Methods: Data gathered for this study include responses from 40 of 50 states answering on-line survey and through a phone interview. Results: The study revealed that healthcare interpreter standards in the U.S. are underdeveloped. Only three states were identified with standards including:(1) certification in Washington state which grew out of local lawsuits, (2) "the Iowa Qualified Spanish Interpreters Program" initiated in response to legislation enacted in 2004, and (3)" the Oklahoma Certified Health Service Interpreters" run by the Office of Minority Health. Conclusions: Although some states have initiatives to address the quality of healthcare interpreters, the majority of the states have little or no initiatives addressing the quality of healthcare interpreters. Such standards adopted at the state or national level could lead to improved care and health outcomes contributing to greater health equity for LEP patients.

KEYNOTE ADDRESS

2:15 pm – 2:45 pm
Healthy People 2020 – A Framework for Action
Room: Capitol Ballroom

Jonathan Fielding, MD, MPH, MA, MBA, Chair, DHHS Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 and Professor, UCLA Health Services and Pediatrics

Since 1979, Healthy People has provided science-based, 10-year national objectives for promoting health and preventing disease in the U.S. The DHHS Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 has held 16 meetings since January 2008 to develop the next set of national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of prevention activity. With a wide variety of opportunities for public comment, the committee has deliberated on Healthy People 2020 (HP 2020) topic areas and target setting, implementation strategies, and recommendations regarding data, implementation, and social determinants of health. This presentation will provide an inside look on the final HP 2020 framework and objectives; highlight similarities and differences between the HP 2010 and 2020 reports and objectives; anticipated timeline for formal release; and prospects and challenges for implementation.

PLENARY SESSION II

2:45 pm – 4:15 pm
Room: Capitol Ballroom

Community-Based Participatory Research in the Latino Community: New Insights and Opportunities

Guadalupe X. Ayala, PhD, San Diego State University School of Public Health; Hector Balcazar, PhD, University of North Texas Health Science Center at Fort Worth; M. Elena Martinez, PhD, MPH, The University of Arizona's Mel and Enid Zuckerman College of Public Health; Amelie Ramirez, DrPH, University of Texas; Barbara Lugo, Chala Vista Community Collaborative

The panel will discuss the application of community-based participatory research (CBPR) principles to Latino/Hispanic communities in the U.S to address the pressing health disparities observed for this largest minority population. The panel will begin with a short presentation on basic tenants of CBPR principles informed by innovative and state-of-the art conceptual frameworks and one community's efforts to apply these principles using the promotor(a) model. The panel will then respond to a set of pre-determined questions and audience questions, providing specific examples of how CBPR approaches have been applied by the panelists in working with their own Latino/Hispanic communities. Lessons learned will be identified when applying CBPR methodologies to clinical trials, organizational change efforts, research translation, advocacy and policy to address Latino/Hispanic health disparities.

CONCURRENT SESSIONS C

4:30 pm –5:45 pm
C1 - WOMEN'S HEALTH: A FOCUS ON PRIORITY POPULATIONS
Room: Athens

Empowerment and Health: The Moral of the Story

LaShonda Coulbertson, MPH, CHES, Moffitt Cancer Center, University of South Florida; Venessa Rivera-Colon, MEd, University of South Florida

Breast cancer is currently the most common cause of cancer diagnosis in women in the US, with more than 192,000 estimated cases for 2009 alone (ACS, 2009). Black and Latina women, while numerically representing a smaller portion of the US population than non-Hispanic White women, their mortality to this disease continues to be higher than that of non-Hispanic White women (ACS, 2009; ACS 2009-2010; ACS 2009-2011). The statistics for cervical cancer are no less alarming, where Black women represent more than twice as many deaths and Hispanic/Latina women are 50% more likely to die from cervical cancer as non-Hispanic White women. In 2008, in partnership with the Florida Breast and Cervical Cancer Early Detection Program, a community lay health advisor program was implemented to address these disparities. Participants were contacted via email, word-of-mouth, flyers, and press releases. Over a 12 month period, 250 individuals from more than 120 partnering agencies were trained utilizing a curriculum based on a blending of the Socio-Ecological Model, the Transtheoretical Model, Adult Learning Theory, and Empowerment Theory. The six hour training included information on statistics for breast and cervical cancer, the impact of the disparity nationwide, elements of cultural competency, tips on how to teach and create opportunities for teaching, as well as a breakout session to reinforce the lessons of the teachings. Initial reporting from trainees through both pre- and posttests, and trainer rating assessments indicate a successful implementation (more than 90% indicate "excellent") and an -improvement of knowledge scores from baseline (mean= 13.9%, range=0-70%). Yet with the vested interest and the statewide coverage, to date, scant reporting of outcomes by trainees provides an unclear picture of the effectiveness of the intervention and the appropriateness of its delivery. Where did things go wrong? Why is there a discrepancy in the quantitative and qualitative findings? What lessons are available for those looking to create similar interventions to address cancer health disparities? Through this presentation is it anticipated that the answers to these tough questions will begin to be teased out and provide understanding for integration into future research on community lay health advisor training programs.

Breastfeeding a Baby... Who Wants to do That?

Barbara Cottrell, ARNP, MSN, CNE, Florida State University; Marie Denis-Luque, MSPH, MPH, University of South Florida; Linda Detman, PhD, University of South Florida

Health professionals agree that breastfeeding is best for women and their children, but fewer African Americans than women of other ethnic groups initiate and continue breastfeeding the first year of their child's life. Data from the Healthy Futures (HF) study showed many African American (AA) women initiated breastfeeding but discontinued soon thereafter. In this presentation we discuss the latest evidence on breastfeeding and its role in women's and infants' health, report findings on reasons women adopted formula substitutes before the recommended time, and discuss future research and policy approaches. Methods include comparing Vital Statistics data on breastfeeding initiation and qualitative data on breastfeeding experience from in-depth interviews held with the women 4-6 weeks postpartum. Results show most of the

participants received information on breastfeeding benefits for the baby, but not benefits for themselves. Additionally, participants reported on factors that enabled and interfered with their intentions to breastfeed such as prenatal advice, hospital-based education, personal beliefs, and social support. Findings suggest more guidance on preparing to breastfeed, postpartum follow-up and support, and assistance and resources to transition back to employment might allow women to achieve breastfeeding duration recommendations. Healthcare practitioners have a role to play in conveying accurate and timely information on the benefits and techniques of breastfeeding as well as advocating for workplace policies that support breastfeeding.

Promoting Positive Reproductive Health Choices and Behaviors among Adolescent Female Clients with the CONTAC-U (CONnecting with Teens About Contraceptive Use) Project

Kathleen Cardona, DrPH/MPH, Johns Hopkins University; Cynthia Mobley, MD, MPH, Baltimore City Health Department; Tanya Stephens, RN, BSN, MPH, Baltimore City Health Department

CONTAC-U is a collaboration between the Johns Hopkins Bloomberg School of Public Health and the Baltimore City Health Department (BCHD). BCHD clinic staff had noted that some clients at risk for unintended pregnancy were not ready to choose a contraceptive method at their initial visit; these clients do not return to the clinic as recommended, only later to return for a (positive) pregnancy test. BCHD approached JHSPH to collaborate on devising and implementing new ways to encourage appropriate, consistent contraceptive use in an ambivalent clinic population. Theoretical Basis: The "Stages of Change Theory" adapted as Stage of Readiness counseling tool, provides structure to determine a client's readiness to select and use a contraceptive method, and tailors counseling to reach clients located across the developmental continuum. Objectives: Promote positive reproductive health using innovative methods to (1) build the client-clinic relationship and (2) enhance the clinic's role in contraceptive method choice, use, and continuation. Intervention Eligible female clients age <20 visiting the BCHD teen clinic between 8/2009-6/2010 can choose between texting, email, internet, and phone for contact with the clinic. Individualized counseling is provided; each client is contacted at regular intervals beginning 2 weeks post-enrollment and then monthly to discuss any issues (e.g. method choice/use, side effects, appointment reminders). Clients using hormonal contraceptives can also opt to receive scheduled use-reminder messages. Evaluation/Results: Measures include pregnancy, contraceptive initiation/use, and clinic return/communication. Improvement will be judged against comparison group outcomes. We hope to produce a technology-based, adolescent-friendly means of continuing contact to enhance contraceptive protection among adolescents.

C2 – ASOLESCENTS AND MENTAL HEALTH

Room: Macon

Relationship of Youth Assets, Race/Ethnicity, and Perceived Health Status and Sadness/Hopelessness Among Youth in Milwaukee and Wisconsin

Kaija Zusevics MPH, CHES, Medical College of Wisconsin; Emmanuel Ngui, PhD, Wisconsin Injury Prevention Center

Understanding healthy youth development includes the examination of internal and external assets and their relationship to health. Developmental assets support resilience and protect against risky behaviors, but the quantity, quality, and level of protection from these assets vary among youth. There is limited understanding of racial/ethnic disparities in youth assets and their relationship to youth health and wellbeing. Methods: We used logistic regression models to examine the relationship of youth assets, race/ethnicity, and self-reported health status and feelings of sadness or hopelessness among 2,188 Wisconsin and 1,572 Milwaukee youths participating in the 2005 Youth Risk Behavior Surveillance System (YRBSS). Results: The study findings show significant racial/ethnic disparities in perceived health status, sadness/hopelessness, and youth assets. Lack of youth assets was significantly associated with perceived fair/poor health status and feelings of sadness/ or hopelessness among Wisconsin and Milwaukee youths. (I think you may need to add some numbers here, perhaps the adjusted odd ratio for cumulative lack of resources for both outcomes, since we have the data. It helps reviewers see that we have actual data to support our findings. – how long is the abstract supposed to be?) Conclusions: Findings suggest that programs and policies that support youth health should focus on enhancing school connectedness, family support and school connectedness, while also seeking to increase the overall number and quality of assets among all racial/ethnic youth groups. Future research should examine differential protection from assets for various youth groups, the role of socioeconomic status and other socio-environmental factors on youth health and assets, and the quality of assets of diverse youth.

Psychological Distress, Substance Use, and HIV/STI Risk Behaviors among Youth

Marc Zimmerman, PhD, University of Michigan; Jose Bauermeister , MPH, PhD, University of Michigan; Katherine Elkington, PhD, Columbia University

The mediating or moderating effect of substance use on the relationship between symptoms of psychological distress and sexual risk behaviors was prospectively examined over four years in an urban sample of n=850 ninth-grade youth who were at-risk for high school dropout. We used growth curve modeling to estimate changes in sexual risk across adolescence and tested its association to psychological distress symptoms and frequency of substance use. Substance use was associated with psychological distress ($b=.20$; $p\leq.001$). Greater psychological distress was associated with increased sexual intercourse frequency ($b=.09$; $p<.05$), decreased condom use ($b=-.06$, $SE=.03$; $p<.05$), and increase in the number of partners ($b=.18$; $p<.05$). We found substance use fully mediated the relationship between psychological distress and intercourse frequency (Sobel=4.80; $p<.0001$), and condom use (Sobel=-4.55; $p<.0001$). We found no differences in mediation by gender or race/ethnicity and no evidence to support moderation of psychological distress and substance use on sexual risk. These findings suggest psychological distress is associated with sexual risk because youth with greater psychological distress are also more likely to use substances. We discuss the practical implications of the findings for adolescent HIV/STI prevention programming.

Further Validation of the Body-Mind-Spirit Wellness Behavior and Characteristic Inventory (BMS-WBCI)

Nicole Mareno, PhD, RN, Kennesaw State University

Health promotion is a vital component of college health programs. College health professionals are challenged to find cost-effective, comprehensive measures to assess wellness and risk behaviors. Theoretical Framework: Hettler's 1979 Six Dimension of Wellness Model guided this inquiry. Physical, emotional, intellectual, occupational, social, and spiritual wellness dimensions were measured by the Body-Mind-Spirit Wellness Behavior and Characteristic Inventory (BMS-WBCI). Aims/ Hypothesis: This study aimed to further validate the BMS-WBCI by reporting reliability as internal consistency of the scale when used to measure wellness in a sample of college students. Gender differences in wellness scores were also examined. The corresponding hypothesis stated: There will be no significant difference in the wellness scores between men and women. Methods: A descriptive cross-sectional design

was utilized. A convenience sample of 106 college students from a small, private southwestern university participated. Cronbach's alphas were calculated for the entire scale and each subscale. An item analysis was performed. Gender-based differences in wellness scores were examined by means of a t-test of independent samples. Results: Cronbach's alpha for the entire scale was .91 indicating an acceptable degree of internal consistency. The alpha scores for the subscales were: body (.69), mind (.87), and spirit (.88). Women had a higher level of wellness than men and this was statistically significant. Conclusions/Implications for Practice: The further psychometric evaluation of the BMS-WBCI adds to the data supporting the use of this instrument in the college population. This study also supports past data on gender differences in wellness.

C3 – JAZZING UP: GERIATRIC HEALTH

Room: Atlanta 1 & 2

The Development and Evaluation of Spanish-language Radio Novelas to Promote Stroke Awareness among Latinos

Annette Fitzpatrick, PhD, University of Washington; Lesley Steinman, MPH, MSW, University of Washington; Mayra Carrillo, BS, Sea Mar Community Health Centers; Angulo Antoinette, MPH, CHES, Sea Mar Community Health Centers

Awareness of risk factors and warning signs of stroke is limited in many US immigrant communities. Culturally appropriate stroke health promotion is needed given the importance of early stroke treatment. Theoretical Framework: Culturally relevant communication media, such as radio novelas (or soap operas), provide an opportunity to reach underserved communities with health education messages. (Lalonde, 1997) Aims: We partnered with a local community-based health services organization to develop radio novelas for promotion of stroke awareness in Latino communities. Methods: Five focus groups were conducted in Seattle and Chicago to identify stroke health messages and cultural values for inclusion in brief radio novelas. The final novelas were played at a community meeting and local radio stations. Stroke health knowledge and practices were evaluated using pre-post surveys. Reactions to the novelas were assessed from group discussions, survey questions, and call-in to radio shows. Results: Focus groups participants, 54 adults mean age 52.5 (SD 10), 80% women, majority first generation Mexican immigrants, provided details on stroke risk factors and symptoms to target for messaging. Content and cultural themes for developing the storyline were also identified. Two, six minute Spanish-language radio novelas resulted, "Lo Irreparable" and "El Baile de la Vida." Evaluations showed significant improvement in stroke awareness and much enthusiasm for this means of communicating health messages. Conclusion and Implications for Practice: Pilot study findings suggest stroke radio novelas developed with community input are appropriate tools for reaching the Latino community. Additional evaluation is needed to assess community penetration and behavior change over time.

Promoting Sustainable Community Change in Support of Older Adult Physical Activity: Evaluation Findings

Sheryl Schwartz, MPA, University of Washington; Allen Cheadle, PhD, University of Washington; Jeffrey Harris, MD, MPH, MBA, University of Washington; Ruth Egger, MS, Southeast Seattle Senior Center; James LoGerfo, MD, MPH, University of Washington

Researchers have identified as effective and worthy of broader dissemination a variety of intervention strategies to promote physical activity among older adults. The challenge now is to implement these proven interventions on a scale sufficient to promote population-level improvements in older adult physical activity levels. Theoretical Basis: The intervention is a community-organizing approach to disseminating evidence-based interventions in a sustainable way. The goal of the organizing is to combine individual-level programs with larger scale environmental and policy change following the social ecologic model. Interventions: The Southeast Seattle Senior Physical Activity Network (SESPAN) was implemented in Southeast Seattle, a group of multicultural neighborhoods extending eight miles southeast of downtown Seattle. The SESPAN strategy involved organizing and networking to: (1) make connections between two or more community organizations to create new senior physical activity programs; and (2) build coalitions of community groups and organizations to assist in making larger-scale environmental and policy changes to increase senior physical activity. Evaluation Measures: The SESPAN evaluation used an uncontrolled prospective design focusing on sustainable community changes, including new or modified programs, policies, and practices. Results: SESPAN led to the creation of 16 ongoing exercise classes and walking groups serving 200 older adults in previously underserved Southeast Seattle communities. In addition, the project's health coalition is sustaining current activities and generating new programs and environmental changes. The success of the SESPAN community-organizing approach depended on identifying and involving champions who worked in partner organizations and provided support and resources for implementing programs.

Adoption of an Evidence-based Physical Activity Program

Michele Guerra, MS, Healthy-Ever-Afters Consulting; Erwin Bettinghaus, PhD, Klein Buendel

Implementing evidence-based health behavior programs is widely advocated, but little is known about the experience of organizations adopting these programs and the process organizations go through in determining whether or not to adopt these programs. We recently completed a case-control study of the adoption of Active Living Every Day (ALED), an evidence-based lifestyle physical activity program. A total of 801 organizations (n=154 cases/adopters; n=319 controls with contact/ non-adopters with personal contact regarding ALED; and n=328 controls without contact/ non-adopters without personal contact about ALED), from a variety of sectors including government, fitness, medical, worksite and education were invited to complete an online survey (response rate = 57.6%). Survey respondents consisted of 97 adopters of ALED, compared with 264 non-adopters. The ALED training program focused on preparing facilitators to lead ALED sessions. A parallel training program was designed for Directors (administrators) of the program, but was not required. Only 43.8 % of the respondents from the adopting programs reported completing the Director training program. In comparison, 74.7% respondents reported completing the facilitator training program. Survey respondents who had adopted ALED were asked to identify problems they encountered trying to implement the program. Among the most common problems cited were recruitment of participants (35.3% since July 2007; 82.9% between 2001 – July 2007), and staff time required to implement the program (41.2% since July 2007; 31.4% between 2001 – July 2007). Both these problems are more related to program administration than to facilitation. We conclude that increasing training for administrative issues such as recruitment and staff management may result in more successful adoption of evidence-based health behavior programs.

C4 – COMMUNITY ENGAGEMENT IN PROMOTING PHYSICAL ACTIVITY

Room: Georgia 5 & 6

Obesity, Hope, and Health: Findings from the HOPE Works Community Survey

Salli Benedict, MPH, UNC Center for Health Promotion and Disease Prevention; Kristine Kelsey, PhD, UNC School of Public Health; Brenda DeVellis,

PhD, UNC School of Public Health; Marci Campbell, PhD, UNC School of Public Health; Katie Barnes, UNC Center for Health Promotion and Disease Prevention; Patricia Peterson, Tri County Community Health Center

Data were collected as part of Hope Works, a community-based participatory research project designed to improve weight, health and hope among low-income rural women in NC. The random community survey was developed with community partners to obtain baseline data on health, health behaviors and hope to provide a benchmark to evaluate progress. Theoretical framework: Within the field of positive psychology, hope theory states that having higher levels of goal-directed thinking and motivation to pursue goals leads to positive outcomes, including positive health practices. Hypothesis: We tested the hypothesis that hope would be positively related to health and negatively related to obesity. Methods: The community survey was conducted in the 2 Hope Works intervention counties and 2 comparison counties before and after the Hope Works intervention. 555 women responded to the first survey. Of these, 342 responded to the second survey. Data collected included height, weight, self-rated health, hope, and demographic information. Regression analyses examined associations between BMI, hope, and self-rated health while controlling for demographic characteristics. Results In both surveys Hope was significantly and negatively related to BMI and positively related to self-reported health. Results were used to inform HOPE Works. Conclusion and implications for practice: This study examines cross-sectional data of relationships among hope, health and BMI. While these findings are exploratory they suggest that hope may play a role in helping women to adopt healthy behaviors which could lead to improved health: hope has been found to be a characteristic that is malleable and open to development.

Keeping up the PACE (Partnership for an Active Community Environment)–the Core Project of Tulane PRC

Jeanette Gustat, PhD, MPH, Tulane University; Kathryn Parker-Karst, MPH, Tulane Prevention Research Center; Adam Becker, PhD, MPH, CLOCC Children's Memorial Hospital; Janet Rice, PhD, Tulane University; Thomas Farley, MD, MPH, New York City Health Department

The Tulane University Prevention Research Center developed the Partnership for an Active Community Environment (PACE) to impact obesity and physical activity (PA) levels by facilitating environmental change in a low-income, inner-city neighborhood in New Orleans, Louisiana. Theoretical Framework: Environmental approaches to physical activity are efficient ways to address the obesity crisis. Community-driven projects have a better chance at sustainability and meeting the needs of the community. Hypothesis: Changing the environment to promote physical activity will lead to more active people within the community. Methods: Baseline and follow-up household surveys and physical activity observations were taken in 2 comparison and 1 intervention neighborhoods. The intervention had 3 components: path, playground, lay health advisor activities. We adapted the System for Observing Play and Leisure Activity in Youth (SOPLAY) methodology to assess outdoor neighborhood PA observations. Logistic regression was used to test neighborhood by time interactions. Results: No difference was seen between baseline and follow-up in the numbers of residents who reported walking for transportation or exercise or where residents went to get exercise ($p>0.05$). The PA observations showed differences between the neighborhoods. Intervention neighborhood slightly increased the proportion vigorous while the comparisons showed a decline ($p<0.001$). However, no differences were seen when vigorous and moderate PA were combined. Conclusion: There is some evidence of impact however lack of consistency in findings make it difficult to be confident that the intervention was effective. Implications for Practice: Helpful to devise strategy to identify subgroups most affected by the intervention and focus measurement on them.

Using CBPR Principles to Adapt Evidence-Based Interventions

Freda Motton, BS, Saint Louis University; Elizabeth Baker, PhD, MPH, Saint Louis University

Our community-academic partnership was formed to learn how to adapt evidence-based physical activity interventions with and within racial/ethnic minority communities. Theoretical basis: Our work was based on CBPR principles including establishing trust, engaging all members of the partnership in each stage of the research, and capacity building. Objectives: 1) To increase capacity for engaging in CBPR 2) To identify recommendations for adapting evidence-based physical activity interventions Intervention: The focus of this presentation will be on the way we implemented and operationalized CBPR within a nested project – a national CBPR partnership (Prevention Research Center academic site and the PRC National Community Committee) that structured and funded a set of local CBPR projects (local academic and community partners) to improve physical activity. Evaluation measures: We obtained feedback on our processes of developing and reviewing the grant proposals through informal and formal interviews with the grant developers and reviewers, and the grant recipients. We obtained information on the local partnership processes through telephone interviews and a final evaluation report. Results: Community-academic reviews of grant proposals are enhanced by opportunities for community members to develop and discuss the expectations of the RFP and providing information and experience in the actual grant review process. A national CBPR project with nested local projects requires: time, trust, local support for engaging in national projects. There are a number of issues that warrant future study including the impact of funding community rather than academic sites and the impact of competition among national centers.

C5 – NEW MEDIA STRATEGIES TO ADDRESS CHRONIC DISEASE

Room: Capitol Ballroom

Jennifer Wayman, MHS, Ogilvy Public Relations Worldwide; Marie Cocco, MS, Campaign for Tobacco-Free Kids; Jessica Kutch, Service Employees International Union (SEIU)

The U.S. news media environment is undergoing rapid economic, technological and social changes, but continues to play a vital role in providing important health information and alerts. Media also play a vital role in activating populations for social change. Today, consumers are moving towards a more proactive method of receiving information, rather than the traditionally passive acceptance of it. With the increasing popularity of social media marketing and Web 2.0 tools as communication channels to promptly reach various populations and draw the attention of key audiences, health education specialists need to know how to effectively use these tools to increase awareness and media attention around chronic disease issues. Session presenters will discuss best practices and strategies to raise awareness and engage partners to create grassroots movements that promote effective policies for chronic disease prevention and health promotion utilizing web 2.0 methods and tools. Participants will gain a better understanding of how to incorporate new media strategies in their practice and research, as well as how to form and catalyze partnerships to educate others around chronic disease health policies. Ultimately, reaching these media outlets provides another way for the public health experts to share their research findings and to increase their capacity for social media marketing of their best practice discoveries.

C6 – CHALLENGES & SUCCESSES IN SMOKING CESSATION PROGRAMS

Room: Atlanta 4 & 5

Persistent Smokers and their Cessation Motivators

Aukje Lamonica, PhD, MPH, University of Scranton

Few quit smoking attempts are successful and most smokers return to using nicotine within weeks of their quitting date. To this day, researchers and smokers alike agree that permanently breaking away from the cigarette habit is a daunting task. This presentation focuses on triggers that lead to smoking cessation attempts. These triggers fall into two categories. Situational motivators, such as personal relationships and social ramifications, and internal triggers, such as negative health consequences and feelings of shame. The qualitative data used for this presentation were manipulated to establish three quitting groups: those who have quit for less than two weeks, those who do not want to quit or cannot quit (never quitters), those who have quit for less than a year and have no plans to quit in the immediate future (no-plan quitters) and those who have quit for a year or more and would currently like to quit (seasoned quitters). These three groups were established to investigate whether the length of cessation results in a particular quitting narrative with similar themes and subthemes. The analysis of 34 qualitative interviews (1R01DA015707, PI: Claire Sterk, PhD) shows that depending on lengths of past quitting experiences, internal and situational motivators vary. Understanding how past cessation experiences motivate smokers to quit is an important step in constructing research studies, as well as in designing and implementing successful cessation programs. The knowledge gained from this qualitative study may be used to further efforts of researchers and practitioners to increase smoking cessation success rates.

The Art of Dissemination: Getting Evidence-based Interventions into Practice

Kimberly Horn, EdD, MSW, Mary Babb Randolph Cancer Center;
Geri Dino, PhD, West Virginia Prevention Research Center

Achieving national health goals requires the availability of effective, adoptable interventions that enhance health and reduce disease risks. Currently, there is a major "translation gap" between intervention research and practice. This gap reduces the speed at which effective interventions become wide-spread public health practice, especially among populations with the greatest disparities. The proposed presentation will examine the process of intervention development, investigation, and dissemination using the principles of RE AIM (Glasgow, Lichenstein, & Marcus, 2003) as applied to the American Lung Association's Not On Tobacco (N-O-T) teen smoking cessation program. Applying evidence-based examples from over a decade of N-O-T research, we will describe the process "designing for dissemination." We will provide step by step guidance to assess the utility of each REAIM principle (Reach, Effectiveness, Implementation, Adoption, and Maintenance) as used with N-O-T development and dissemination. We also will present lessons learned through multi-level, academic-community partnerships about the art and science of dissemination, with the goal to inform and advance other programs under development or implementation.

An Evaluation of Existing Smoking Bans in Lebanon: Building Evidence for Policy Advocacy

Rima Nakkash, DrPH, American University of Beirut (AUB);
Joanna Khalil, MPH, American University of Beirut

Although Lebanon has ratified the WHO Framework Convention on Tobacco control in December 2005, it has shown no commitment to its obligations. To date Lebanon has no law that prohibits smoking in public places and exposure to second hand smoke is high. Some educational, workplace, and hospitality institutions in Lebanon have of their own accord initiated bans. This study aims to understand barriers and enablers to implementation, enforcement, and compliance to these bans.
A convenience sampling method was followed to identify those institutions. Fifty two semi-structured interviews and twenty seven focus group discussions were conducted with those responsible for initiating the ban and with those who have to abide by it. Data collected was transcribed and thematic analysis was conducted along a formulated coding scheme. Findings revealed that the degree of enforcement was variable across studied establishments. Some barriers were lack of properly communicated guidelines for implementation, lack of punitive action in cases of noncompliance, and lack of evaluation plans. Some enablers included positive experiences in institutions championing the policy, commitment at higher levels of leadership, and a slight increase in awareness of non-smokers right to breathe clean air. Difference among types of establishments, such as educational, workplace and hospitality will be presented. Findings were disseminated through workshops, policy briefs, and the media to encourage other institutions to consider smoke free bans, and to advocate the government to strengthen its commitment to passage of a comprehensive smoke-free law. Implications for further policy advocacy at national level will be discussed.

FRIDAY | APR 9

CONCURRENT SESSIONS D
8:30 am –9:45 am

D1 –GETTING CONNECTED: THE NEW FRONTIER OF WEB-BASED INTERVENTIONS
Room: Capitol Ballroom

With the Click of a Mouse: Offering Lifestyle Assessments to Reduce Risk Factors for Chronic Disease
Nancy Aycock, MSW, UNC Center for Health Promotion and Disease Prevention; Beverly Garcia, MPH, UNC Center for Health Promotion and Disease Prevention; Alice Ammerman, DrPH, RD, UNC Center for Health Promotion and Disease Prevention

To benefit patients and health care providers alike, the Center of Excellence for Training and Research Translation (Center TRT) offers online evidence-based lifestyle behavior assessments that can help reduce risk factors for chronic disease, specifically heart disease, stroke and obesity. The Center TRT took structured health assessments and counseling tools from A New Leaf…Choices for Healthy Living, an evidence-based lifestyle behavior intervention, and transitioned their use from pen and paper to the internet (www.center-trt.org). The web-based assessments and tip sheets are for dietary risk, physical activity, weight management, tobacco cessation, and bone health. The lifestyle assessments are designed to make it easy for health care practitioners to use the corresponding tip sheets to provide advice tailored to a patient's specific concerns and to collaborate on goal-setting and action planning. Center TRT's online adaptation of the New Leaf lifestyle behavior assessments allows patients with web access, at home or in a clinic setting, to complete the assessments, receive their lifestyle scores, print the results both for themselves and their health care practitioner, and link to health improvement tip sheets related to the topics assessed. Online assessments benefit patients and practitioners in the following ways: • Assessment of behavioral risk completed outside of an office visit will save valuable time for overburdened practitioners. • Practitioners, and the patients they serve, will have more accurate information to set goals for behavior-change. • Assistance provided to patients can be tailored to their specific concerns, potentially increasing the effectiveness of the practitioners' lifestyle counseling.

The Role of Social Media in a User-Centered Web-Assisted Tobacco Intervention (WATI) for Women
Shani Taylor, B.S. Johns Hopkins Univeristy; Ami Hurd, MPH, SAIC-Frederick/Tobacco Control Research Branch/NCI; Yvonne Hunt, PhD, MPH, Tobacco Control Research Branch/NCI; Alison Pilsner, MPH, CHES, CPH, DB Consulting Group/Tobacco Control Research Branch/NCI; Erik Augustson, PhD, MPH, Tobacco Control Research Branch/NCI

Smoking has continually been ranked as the primary cause of preventable disease. The Public Health Service Clinical Guidelines for Tobacco Dependence Treatment identify the use of the internet as an effective means of delivering cessation interventions. National data and survey trends reveal that the internet is the most frequently used source of health information and specifically for seeking smoking cessation information. Women in particular are primary consumers of health information on the internet and face unique challenges in the cessation process. Web-assisted tobacco interventions (WATI) provide an easily accessible interface for smokers needing help in their quit attempt. However, the effectiveness of WATIs depends on both the user's appraisal of the site and their ability to correctly interact with it. Intervention & Objective: Women.smokefree.gov was developed by the National Cancer Institute to address women's needs, concerns and issues as they pertain to smoking and smoking cessation. This presentation discusses the developmental process which was iterative and incorporated user feedback from formal usability testing. To further optimize reach and effectiveness, we have integrated social media into the site, specifically Facebook and Twitter for which the user base has continually grown. Evaluation & Results: Feedback from usability testing has revealed favorable appraisal of the site and features. Despite being in early stages, an online community of users frequenting the site has organically emerged. Data for trends in usage indicate substantial potential as a means to reach and engage smokers representing a variety of demographic profiles in the cessation process.

Reaching out to Deaf Americans During Public Emergencies via the Internet
Matthew Starr, MPH, Rochester Prevention Research Center

A web-based H1N1 PSA in American Sign Language (ASL) produced by a Prevention Research Center (PRC) reached a segment of population that has historically been excluded by public agencies. An estimated 500,000 to 2 million Deaf Americans communicate in ASL. ASL is a natural visual-gestural language in which Deaf people acquire signing mastery through vision, unlike spoken/written language (e.g., English) which is learned by auditory-vocal means. Deaf Americans' language preference is evidenced by a growing number of bloggers utilizing a webcam, leading to bourgeoning cultural trait known as "vlogging" (video blogging). During the height of the recent worldwide H1N1 epidemic warnings and dissemination of instructions occurred via the Internet, but no sites were found to include video-based ASL. Captioning should not be thought as an ultimate solution for many ASL users to follow auditory-based PSAs because their English fluency, as a second language, is often limited. The Rochester Prevention Research Center: National Center for Deaf Health Research (NCDHR), addressed to the scarcity of video-based ASL H1N1 information by posting a series of translated videoed instructions. Within the span of a week, nearly 50 websites administered by public and private agencies had the NCDHR's H1N1 ASL videos linked. Numerous other organizations also linked H1N1 ASL videos produced by another deaf-focused health education and information company. Additionally, web statistics revealed that the NCDHR website was viewed by individuals from all 50 U.S. states and 81 countries. The CDC website on H1N1 subsequently added a page designated for ASL viewers.

D2 – POLITICS AND POLICY: REFORM AT THE STATE AND LOCAL LEVELS
Room: Georgia 5 & 6

An Inventory of State Legislation in Relation to the CDC's Recommended Community Strategies to Prevention
Amy Eyler, PhD, CHES, Prevention Research Center in St. Louis; Leah Nguyen, MSW, Prevention Research Center in St. Louis; Ross Brownson, PhD, Prevention Research Center in St. Louis

The Centers for Disease Control and Prevention (CDC) developed a list of 24 strategies that communities can use to plan and monitor environmental and policy-level changes for obesity prevention. The goals of this study are to inventory enacted state obesity prevention legislation and identify how the legislation fits within the recommended community strategies. Using categories of obesity prevention legislation from previous studies, enacted state laws were collected using web-based legislative information. Bills were coded based on which of the recommended community strategies the legislation addressed. The number of bills per strategy was calculated and rank-ordered. Enacted bills (N=322) from 2006-2009 were collected. Legislation most often addressed the strategy

to increase availability of healthier food and beverage choices (N= 77). Legislation supporting strategies involving purchasing or procurement food from farms ranked second (N=64) and fifth (N= 52), respectively. There was no enacted legislation for community strategies addressing improving geographic availability of supermarkets or instituting smaller portion size options. Education as an intervention component is not a recommended strategy but was in 53 bills. State legislation can support local obesity prevention efforts. More bills had components that supported generalized strategies (e.g. increase availability of healthier food, increase infrastructure for walking) than those strategies that were more specific (e.g. reducing screen time, limiting advertisements for less healthy food and beverages). Support for education was included in over 50 bills, yet was not a recommended action. Knowing which strategies are most supported by state legislation is important for understanding local policy approaches.

Analysis of Public Messages of Gubernatorial Support for Obesity Prevention

Leah Nguyen, MSW, Prevention Research Center in St. Louis; Amy Eyler, PhD, MS, Prevention Research Center in St. Louis; Ross Brownson, PhD, Prevention Research Center in St. Louis

Governors play an important role in state legislation. They sign or veto all state legislation and influence priorities for state public health agencies. This study explores the patterns of gubernatorial support for child obesity prevention and correlations between Governors' messages of support for obesity prevention, legislative action, and child obesity rates. Methods: Using websites of the 50 current Governors, the research team collected and coded State of the State Addresses and press releases for references to obesity. An inventory of adopted legislation for 2006-2009 was made using web-based legislative information. Child obesity rates were taken from the 2007 National Survey of Child Health. Data was totaled and rank ordered. Cross tabulations with Chi Square tests were performed for each combination of the variables. Results: Seventeen Governors mentioned obesity in their State of the State Address 1-3 times with 24 total mentions on topics ranging from school-based programs to community-wide initiatives. Governors' offices in 30 states prepared 77 obesity-related press releases ranging from award announcements to descriptions of recently passed legislation. States adopted between 0-30 bills. Of the correlations between Governor support, legislation, and obesity, only the comparison between press releases and legislation approached statistical significance (chi squared=.06). Conclusion: Even though results were not statistically significant, it appears that states with low legislation also had low obesity and Governors in states with low legislation made fewer mentions of obesity in Addresses and press releases. Future research should include non-legislated state obesity prevention programs and further analysis of governor support.

Key Factors in Successful Community-Based Policy Making: A Case Study Analysis

Alberto Cardelle, PhD, MPH, East Stroudsburg University

While there is increasing recognition of the importance of policy on successful prevention measures and of the role community health educators should play in advocacy, the common perception that policy change only occurs at the national level is a barrier that holds back health educators. Intervention/Partnership The paper presents the lessons learned by the CDC funded Steps to a HealthierPA project, a chronic disease prevention program that worked with over 150 community based organizations in affecting community-level policy and system change within 21 school districts, 161 municipalities and 120 worksites in 3 counties throughout Pennsylvania. Theoretical Basis/Methods: This paper uses the socio-ecological model as its theoretical basis. The paper presents the results of a four-year evaluation of the Steps to a HealthierPA. The paper analyzes 20 case studies from the Steps project using a case-study comparison approach, in which case studies are compared using cross-case and within-case analysis. The methodology identifies underlying similarities and commonalities among cases with different outcomes and begins to form general explanations. The analysis identifies the key factors in each case that facilitated or hindered the development and the enactment of policy and/or system change. Implications The results show that the presence of existing coalitions, large institutions, and rural areas served as a barriers to policy change. While the presence of a state level policy dialogue, evidence based programs; and the intervention's visibility served as facilitators. The lessons from this paper are key for the success of future community level policy change efforts.

D3 – CHANGING THE SCHOOL ENVIRONMENT: INCREASING YOUTH PHYSICAL ACTIVITY

Room: Macon

A Community-Based Participatory Research Approach to Increasing the Quality and Quantity of Physical Activity

Nick Cutforth, PhD, University of Denver/University of Colorado; Elaine Belansky, PhD, Rocky Mountain Prevention Research Center/University of Colorado Denver

This presentation describes a community-based participatory research process undertaken by the San Luis Valley Physical Education Collaborative (SLVPEC) that created an action plan to increase the quality and quantity of PE in the San Luis Valley, a high poverty, rural community in Southern Colorado. The SLVPEC was formed in February 2009 and is comprised of 2 Denver-based professors with backgrounds in education and public health and 12 SLV community partners including 1 community liaison, 2 PE faculty and 2 PE students from a local college, 4 PE teachers, 1 superintendent, 1 principal, and 1 community organizer. The SLVPEC drew on evidence-based practices, national recommendations for PE, local considerations for overcoming barriers related to PE, and focus groups with school and community stakeholders (i.e., school board members, superintendents, principals, PE teachers, community leaders, parents, students) to develop a roadmap showing the multiple levels of intervention needed to improve PE and build lifelong physical activity habits among San Luis Valley residents. Investing time and resources in university-community partnerships like the SLVPEC has brought together the evidence-based expertise of universities with the nuanced local knowledge of communities. The resulting community planning process produced a deeper level of buy-in than more traditional, top-down approaches to change and is likely to enhance the relevance and impact of interventions designed to improve the quality and quantity of PE in rural schools.

An Evaluation of a Counter-marketing Student-led Campaign to Decrease Sedentary Behavior and Fast Fast Food Intake Among 4th and 5th Grade Students

Mary Martinasek, MPH, CHES, University of South Florida; Karen Perrin, PhD, MPH, RN, University of South Florida; Marisa Mowat, MPH, CHES, St. Joseph's Hospital; Dewey Caruthers, BS, Dewey and Associates

This study evaluated the effectiveness of a student-led counter-marketing campaign conducted during the school year with the primary aim of decreasing sedentary behaviors and fast food intake among 4th and 5th grade students. The campaign is a peer-to-peer grassroots campaign aimed at educating children on the effects of over-consumption of fast food, soft drinks, and junk food and the deleterious effects of sedentary behaviors. Methods: A pre and post-test evaluation was conducted among principals (n=16), teachers (n=58), parents/guardians (n=1141),

and students (2487) in sixteen schools. The 33-item survey measured opinion changes and behavioral changes before and after the student led campaign and adult perceptions of the effectiveness of the campaign on students' achievement, self-esteem, and social interaction. Results: Students' perceptions of fast food companies, soft drink companies, television networks, and video companies changed significantly after the campaign. Video game playing and fast food consumption decreased and healthy snack consumption increased in the children. Negative correlations were noted in children's weight as related to parental physical fitness levels. Conclusions: The program was viewed by all intervention groups as being "cool" and as having a positive impact on the children.

Increasing Opportunities for Healthy Eating and Physical Activity Through School-Level Environment and Policy Changes: The Power of a Community-University Partnership

Elaine S. Belansky PhD, Rocky Mountain Prevention Research Center/ University of Colorado Denver; Robert Chavez BS, Rocky Mountain Prevention Research Center/University of Colorado Denver; Emily Waters MPH, University of North Carolina-Chapel Hill; Kandiss Bartlett-Horch MA, Interactive Success; Nick Cutforth PhD, University of Denver; Lori Crane PhD, Rocky Mountain Prevention Research Center/University of Colorado Denver; Julie A. Marshall, PhD, Rocky Mountain Prevention Research Center/University of Colorado Denver

The Institutes of Medicine is calling for schools to increase opportunities for healthy eating and physical activity. These recommendations are important to implement but require time and resources most school administrators do not have due to pressures such as high stakes testing and academic achievement. This project sought to determine if an adapted version of Intervention Mapping (AIM) could be used as a tool for university and elementary school partners to plan and implement evidence-based interventions aimed at increasing opportunities for healthy eating and physical activity. A pair randomized design was used in ten low-income, rural elementary schools. Half were randomized to AIM and half to CDC's School Health Index (SHI). The planning interventions took place in 2005-2006. A random sample of 45 low-income rural Colorado elementary schools was identified and recruited before the intervention to serve as a control group. AIM schools reported the following evidence-based changes: healthy snacks program, recess before lunch, nutrition guidelines for foods on campus, increasing the amount of and having smaller PE classes, providing additional equipment/facilities during PE and recess, providing organized recess activities, and creating policies that prohibit removing recess as a form of punishment. None of the SHI schools reported making evidence-based changes as a direct result of completing the tool. With continued national attention on the childhood obesity epidemic, schools remain a key setting for health promotion and disease prevention interventions. AIM offers both outside facilitation and an array of resources to support schools in their efforts to reduce childhood obesity.

D4 – THE NEXT GENERATION OF COMMUNITY-BASED RESEARCHERS: CDC/ASPH MINORITY FELLOWSHIP PROGRAM AT THE PREVENTION RESEARCH CENTERS

Room: Athens

Social, Cultural and Ecological Influences on Obesity-related Health Indicators Among Mexican-Immigrants

Barbara Baquero, MPH, Graduate Student/ASPH/CDC/PRC Fellow/SDSU; Enrico Marcelli, PhD, BACH/SDSU; Guadalupe Ayala, MPH, PhD, San Diego State University; Lisa Hoffman, MA, SDPRC; Elva Arredondo, PhD, San Diego State University; John Elder, MPH, PhD, San Diego State University

Over 50% of the population is overweight or obese and the U.S Hispanic population is no exception. Examining this issue from a social ecological perspective, the 2009 SDPRC Community Well Being Survey investigated the intersection of social, cultural and ecological characteristics on Hispanic's BMI among Mexican immigrants and Mexican-Americans living along the U.S.-Mexico border. Neighborhoods, households and individuals were randomly selected to complete a face-to-face interview and have their height and weight measured. Data were collected from more than 200 neighborhoods in the US-Mexico border region of San Diego County. Preliminary data analyses indicated that the mean age of respondents was 34.4 (13.5), 67% were males, over half were married or living as married and 74% were born in Mexico. Respondents scored high in the Hispanic domain of acculturation, which indicated a less acculturated sample. They reported crossing the border about three times per month mostly to visit family in Mexico. Respondents had been living in their neighborhoods for an average of 8.2 (8.4) years, and as a group, they indicated that their collective efficacy to better their neighborhood was average 3.4 (on a scale from 1 to 5). Respondents, on average, reported having 3 (0-5) people that they could count on, and church and religious groups were the most commonly reported groups to which they belonged. Mean BMI was 30.6 (6.2). This study will provide evidence of the social, cultural and ecological correlates of obesity among Mexican immigrants and Mexican Americans living at the San Diego border.

Radiological Population Monitoring: Views of Public Health Professionals in the Southeastern US

Gwendolyn N. Hudson, MPH, CPH, University of Alabama at Birmingham; Steven M. Becker, PhD, University of Alabama at Birmingham

Promoting community resilience following a disaster emergency requires all community partners to be aware and comfortable with their individual roles of response. Rapidly screening the community identifies those who are contaminated, require medical attention, or long-term follow-up immediately following a radiological event. These tasks, known as "population monitoring," are vital to reducing morbidity and mortality, which encourages the community recovery process. Primary responsibility for population monitoring resides with state and local health departments. However little is known about how public health professionals view this new population monitoring role. This study seeks to identify the views of public health coordinators regarding their new role in radiological population monitoring and possibly how these roles will affect the recovery of the community. These public health professionals' views, concerns, and opinions may vary depending on the community environment, such as presence of nuclear facilities. This study aims to 1) identify the views, concerns and uncertainties of public health managers regarding population monitoring, and 2) obtain feedback on new population monitoring guidance and materials. This qualitative study will utilize one-on-one interviews with key informants who are state and local public health managers and coordinators within the southeastern US. Data will be analyzed using thematic analysis to identify the most important areas of concern. This pilot project will contribute to the disaster literature and the practice of emergency management by yielding an improved understanding of the perceptions, concerns, and uncertainties of community public health professionals regarding population monitoring.

Essays on Discrimination and Cardiometabolic Risk

Timothy Cunningham, Harvard University

Diabetes, heart disease, and stroke are population health problems, particularly for Blacks in the United States. Not only is the prevalence and incidence of these conditions higher, but the nature of the problem appears to more detrimental. Blacks tend to be younger than Whites at onset of diabetes, at their first heart attack, and first stroke. These disparities in disease risk can partially be explained by a higher prevalence of health damaging behaviors and socioeconomic inequalities, but these explanations fail to account for all of these disparities. Studies among racial/ethnic minorities in this country and abroad suggest that experiences of discrimination are implicated in the etiology of physical illness and psychological distress. Fewer studies, however, have examined the association between discrimination and potential biological mechanisms that may explain these disparities. This study examines the association between self-reported experiences of racial/ethnic discrimination and biological mechanisms, such as inflammation and obesity.

D5 – REACHING LOW-WAGE WORKERS VIA THE WORKPLACE

Room: Atlanta 1 & 2

Peggy Hannon, PhD, MPH, University of Washington; Jeffrey Harris, MD, MPH, MBA, University of Washington; Carrie Sopher, MPH, University of Washington; Sharon Laing, PhD, MS, University of Washington

Employers and public health agencies are increasingly implementing workplace health promotion (WHP) programs to reduce chronic diseases, which are associated with low socioeconomic status (SES). In this session, we describe three projects. Project 1: We analyzed publicly available data to identify gaps in low-SES workers' health risk behaviors and access to WHP. Project 2: We describe recruitment and baseline results for a randomized controlled trial of American Cancer Society's (ACS) Workplace Solutions (WPS) among mid-sized, low-wage employers. Project 3: We conducted a pilot test of HealthLinks, an ACS WHP program for small, low-wage employers. Theoretical Basis Social marketing, Rogers' Diffusion Theory, and Bandura's Social Cognitive Theory Methods Project 1: We used recent data from the Behavioral Risk Factor Surveillance System, the Medical Expenditure Panel Survey, and three surveys from the Bureau of Labor Statistics to describe low-SES workers, their behavioral risk factors, and their workplaces. Project 2: We recruited 48 employers (100-999 workers) in King County, WA. We measured employers' workplace and worker characteristics and baseline health promotion practices (practice implementation was rated on a scale from 0 to 100%). Project 3: ACS delivered HealthLinks to small employers (<115 workers) in Mason County, WA. We assessed employers' health promotion practices and attitudes about health promotion at baseline and 6 months later. Intervention Project 2, WPS: ACS staff provide employers in-person consulting, implementation materials, and telephone and email-based assistance to implement health promotion practices in the areas of cancer screening, influenza vaccination, nutrition, physical activity, and tobacco cessation. Project 3, HealthLinks: ACS staff provide employers with recommendations, and on-site program and communication support to implement health promotion practices in the areas of nutrition, physical activity, and tobacco cessation. Partnership ACS partners with the Health Promotion Research Center to develop, implement, test and market WPS and HealthLinks. Implications of Results Across our three projects, we found that low-SES workers have high health behavior risks (e.g., >50% report inadequate physical activity and missed colon cancer screening) and are more likely to be employed in small workplaces in low-wage industries. Partnering with ACS, we were able to successfully engage both small and mid-sized employers in WHP research. We found that both groups of employers report low levels of WHP implementation at baseline (e.g., implementation scores for most topics ranged from 20-30%) and few had any staff or financial resources dedicated to WHP. Our experience testing WPS and HealthLinks suggest that practitioners seeking to implement WHP programs in small to mid-sized low-wage workplaces need to offer programs that provide free or low-cost implementation support in order to successfully increase WHP programs in these settings.

D6 – STATE OF THE STATE: FEDERAL TOBACCO CONTROL INITIATIVES

Room: Atlanta 4 &5

Brick Lancaster, MA, CHES, Office on Smoking and Health, CDC National Center for Chronic Disease Prevention and Health Promotion; John Francis, MPH, MBA, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion; Simon McNabb, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion; Shanta R. Dube, PhD, MPH, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion

The CDC Office on Smoking and Health (OSH) will provide an update on priority and new activities for the National Tobacco Control and Prevention. The panel will provide information on issues such as: policy, price, smoke free environments, counter marketing, ARRA stimulus actions, new Food and Drug Administration (FDA) tobacco regulation, and the Department of Health and Human Services (HHS) leadership tobacco control focus.

CONCURRENT SESSIONS E

10:30 am –11:45 am

E1 – ENGAGING COMMUNITIES IN CANCER PREVENTION

Room: Atlanta 4 & 5

Advocating, Communicating and Translating to Reduce Cancer Health Disparities

Rossybelle Perales, MPH, Tampa Bay Community Cancer Network, H. Lee Moffitt Cancer Center; Marisol Arellano, Farmworkers Self Help, Inc.; Kristine Nodarse-Hernandez, MPH, CHES, Tampa Bay Community Cancer Network; Isabelle Gutierrez, Farmworkers Self Help Inc.; Shalewa Noel-Thomas, MPH, Tampa Bay Community Cancer Network; Cathy Meade PhD., RN, FAAN, Moffitt Cancer Center

The Tampa Bay Community Cancer Network (TBCCN) is one of 25 Community Network Programs funded by the NCI to create a collaborative infrastructure of academic and community based organizations to develop effective and sustainable interventions to impact cancer health disparities. TBCCN addresses critical access, prevention and control issues that impact medically underserved, low-literacy and low-income populations in the Tampa Bay area. Methods: Through strong community partnerships, TBCCN and Farmworkers Self-Help (FSH), Inc. has fostered the application of a community based participatory research (CBPR) framework, for the development of sustainable and implementation of beneficial research, education programs and interventions among underserved populations. Using the basic tenets of CBPR, TBCCN has collaborated with community partners to leverage resources to address cancer disparities projects which specifically target the migrant farm worker community. Partnership: 1. To discuss the importance of developing solid, robust and sustainable community partnerships within the context of CBPR 2. To explore the process of collaborating with community partners to develop and implement educational interventions that benefit community members 3. To provide a community partner perspective on the importance of community-academic partnerships

Results: Based on the tenets of community-based participatory research, TBCCN and FSH have successfully implemented behavioral and educational interventions that have benefitted the migrant farm worker community. Implications: We expect the insights gained from our experiences will yield innovative models for education, service delivery and research that can readily be exported and transferred for broad application to other settings and populations for reducing cancer health disparities through community partnerships.

Engaging Community Members in Research: From Qualitative and Quantitative Descriptive Research to Intervention Testing

Iris Alcantara, MPH, Emory Prevention Research Center; JK Barnette, BA, Emory Prevention Research Center; Kathryn Bishop, EdD, Darton College; Pamela Cartwright, MA, South Georgia Medical Center; Diane Fletcher, BSN, MA, Southwest Georgia Cancer Coalition; Karen Glanz, PhD, MPH, University of Pennsylvania

Researchers and communities working together in partnership –this is the Emory Prevention Research Center's (EPRC) approach to cancer prevention research in southwest Georgia. Community-based participatory research (CBPR) enables researchers to engage individuals from the community in the research process, while concurrently addressing community needs as defined by its members. This presentation describes three related and sequential projects–Healthy Rural Communities (HRC) 1, HRC2, and Healthy Homes/Healthy Families (HH/HF)–and the characteristics of community involvement in each. HRC1 (qualitative) and HRC2 (quantitative) examined the relationship between three behaviors (dietary, physical activity, and tobacco use) and the home, church, and work environments. HH/HF is a home-based intervention study testing the impact of environmental change strategies on improving nutrition and physical activity behaviors. Each project was developed and implemented in collaboration with a Community Advisory Board (CAB) consisting of southwest Georgian residents. Together, CAB members and Emory researchers determined the research agenda and populations of interest, identified recruitment and data collection strategies, developed protocols and instruments, and interpreted data. Individuals from the community were trained to collect data and deliver intervention strategies. Findings from HRC1 and 2, along with CAB input, indicated a need to address overweight/obesity in the region, leading to the development of HH/HF. The CAB provides guidance into what is relevant and culturally appropriate, while researchers address community needs and build research capacity. Community members also provide insight into findings, shaping future research. Our demonstrated success with CBPR may encourage similar partnerships between academic institutions and rural communities.

Increasing Rural Women's HPV Vaccine Acceptance Rate

Baretta Casey MD, MPH, University of Kentucky, Center for Excellence in Rural Health-Hazard; Richard Crosby, PhD, University of Kentucky Department of Health Behavior; Wallace Bates, BA, University of Kentucky

Rural women, particularly those residing in Appalachia, have some of the nation's highest cervical cancer mortality rates. The purpose of this study was to compare uptake of Gardasil – a vaccine against the virus that causes most cervical cancer cases – between young women attending a community college and young women recruited from clinic settings. This Hazard, Ky.-based study is the first to assess Gardasil uptake among rural women. Gardasil was provided at no cost. To avoid self-selection bias in the sample, the project was called the Women's Health Study and reference to Gardasil was avoided entirely. After providing consent, women completed a self-administered questionnaire that assessed numerous psychosocial factors potentially related to Gardasil acceptance. They also were surveyed about their risk factors for developing cervical cancer. Subsequently, women were compensated $25 for their time. Our conclusions included: 1) Even when we offered Gardasil for free the uptake was poor. Social marketing programs are needed to promote increased uptake among young rural women (and someday soon, young rural men). 2) Findings also suggest that daughters' perceptions of their fathers' endorsement of human papillomavirus (HPV) vaccination may be critical to acceptance more so than mothers' or friends' endorsement. 3) The experience of having an abnormal Pap test result may be a "window of opportunity" for providers to offer Gardasil. 4) Vaccine safety and ease of return for boosters are critical perceptions each can potentially be altered by social marketing programs. Speakers will discuss reasons for low Gardasil uptake among the nearly 400 study participants; the statistical differences in uptake rates among the community college students and clinic patients; and alternative options for vaccinating rural women against HPV.

E2 – ADDRESSING DIABETES THROUGH COMMUNITY-BASED PARTICIPATORY RESEARCH

Room: Atlanta 1 & 2

Documenting Diabetes Disparities among Bangladeshi Americans in NYC

Nadia Islam, PhD, NYU Center for the Study of Asian American Health

South Asians face a higher burden of diabetes than other minority groups in the U.S. However, little is known about diabetes in particular South Asian subgroups, such as the Bangladeshi community. Few studies have examined prevalence, beliefs, and practices regarding diabetes prevention and management among Bangladeshis. Methods: Interviewer-administered surveys were completed by a community sample of South Asians recruited from community based events (n=157). Patient data was drawn from the Diabetes Clinic of Bellevue, NYC's largest municipal hospital that sees a large number of Bangladeshi patients (n=2198). Additionally, sixty Bangladeshi community members recruited through ethnic media and community-based events participated in a series of six gender-segregated focus groups. Results: Results from the community survey reveal that 67% of Bangladeshi respondents had ever been screened for diabetes, and 28% of those screened had been told by a health professional that they had diabetes. Analysis of patient hospital data reveals approximately 20% (n=440) of the diabetes clinic population is Bangladeshi. 59% of Bangladeshi patients have Hemoglobin A1c levels above 7, indicating uncontrolled diabetes. Focus group data reveals that most participants believe diabetes can be controlled and prevented, and is closely linked to diet and exercise. Participants discussed the concept of "niyom" (following a routine) to promote diabetes prevention and control, but enumerated various difficulties in following dietary and physical activity guidelines. Conclusions: Results will guide the development of a tailored community health worker intervention to improve diabetes management in this population, including the development of culturally relevant curricula and management strategies.

Designing a CHW Diabetes Prevention Program for the South Asian and Korean Communities in New York City

Smiti Kapadia, MPH, NYU Health Promotion & Prevention Research Center

The NYU Prevention Research Center (PRC) aims to build community capacity and leadership for health promotion and disease prevention using community-based participatory research (CBPR) and community-health worker (CHW) model approaches. The PRC's core research project will develop, implement, and test an evidence-based CHW program for diabetes prevention among the South Asian and Korean communities in NYC. Theoretical Framework: The PRECEDE-PROCEED model will guide the program's planning and evaluation, and the RE-AIM framework will assess the impact and translatability of the intervention. Hypothesis: Cardiovascular disease is a concern in these communities, and the prevalence of diabetes is disproportionately high. Methods: A needs assessment was conducted to define the health problems of these communities. Interviewer-administered surveys were completed by a sample of 401 South Asians and 100 Koreans. Results: Cardiovascular disease is among the top health concerns of the South Asian and Korean communities. Sixty-six percent of South Asian respondents have ever been screened for diabetes, with those who have lived in the U.S. fewer than 10 years significantly less likely to have been screened. Twenty-eight percent have diabetes, and those who have lived in the U.S. for more than 10 years are significantly more likely to have diabetes. About 22% of Korean respondents are uninsured, and half have not been seen by a doctor in over one year. Thirty percent of Koreans report either fair or poor health. Conclusion: There is a strong need for interventions to address diabetes prevention in these communities. Implications: Results will guide the development of the diabetes prevention interventions for these communities.

Telemedicine to Detect Diabetic Retinopathy in American Indian/Alaska Natives and Other Ethnicities

Steven Mansberger, MD, MPH, Devers Eye Institute; Tina McClure, BS, Devers Eye Institute; Kathleen Wooten, OD, Hunter Health Clinic; Thomas Becker, MD, PhD, Oregon Health Sciences University

To determine the level of diabetic retinopathy (DR), the need for ophthalmology referral, and proportion of progressive diabetic retinopathy in underserved rural and urban populations of American Indian/Alaska Natives (AI/AN) using a telemedicine protocol. Theoretical Framework: Health Belief Model Hypothesis: Telemedicine will increase the proportion of diabetic eye exams. Methods: We randomly selected diabetic patients to participate in a store-and-forward telemedicine program using non-mydriatic cameras (Camera group). We performed retinal photography at least once per year and used the International Diabetic Retinopathy scale to stage DR from Stage 1 (mild NPDR) to Stage 5 (proliferative DR). Diabetic educators and providers encouraged participants to have an annual eye exam with an eye care provider. Results: We randomized 547 participants: 285 (52%) to the Camera group and 262 (48%) to the Control group. The Camera group had images evaluated in 224 (79%), with 14 (6.3%) having unreviewable images. Only 105 (40%) of the Provider group participants had an eye exam. The initial evaluation in the Camera group (more severe eye) showed 32 (14.2%) had mild NPDR; 7 (3.1%) were moderate; and 2 (0.9%) had severe NPDR. Of those with images in the Camera group, DR worsened (> 1 stage) in 7 participants (3.0%); DR improved (< 1 stage) in 3 participants (1.3%); and stayed the same in 36 participants (16.1%). Conclusions: Retinal imaging using a non-mydriatic camera increases the proportion of diabetics who obtain screening eye exams. Most diabetic participants did not have levels of diabetic retinopathy that required ophthalmic intervention

E3 – SCHOOL HEALTH: REACHING BEYOND THE A, B, C'S

Room: Capitol Ballroom

Translating Research to Practice: Community Based Partnerships to Achieve Health and Education Success

Kelly Bishop Alley, BS, MA, CHES, CDC/Division of Adolescent and School Health; Sally Goss, MS, CHES, CDC/Division of Adolescent and School Health; Rebecca Reeve, PhD, CHES, North Carolina DHHS/ Division of Public Health; David Garner, DA, North Carolina Department of Public Instruction

CDC has long recognized the value of public health and education agency partnerships to improve the health, education, and academic success of youth. Through a current cooperative agreement, CDC funds state, local, territorial, and tribal education and health agencies to collaborate with public and private stakeholders to implement a coordinated approach to school health. The focus is increased effectiveness of policies and practices to promote physical activity, improve nutrition, reduce tobacco use, and prevent HIV/STD/teen pregnancy. This session will summarize DASH requirements in funding announcement DP08-801 and highlight the success of two public health and education demonstration projects. Participants will be invited to share their successes in public health and education partnerships to achieve public health outcomes. The Childhood Obesity Prevention Demonstration Project combined state funds and existing federal and state partnerships to fund five North Carolina counties in which health departments, preschools, schools, physicians' offices, faith communities and local clubs work together to make healthy eating and active living part of each resident's daily life. The focus was policy and environmental change to make it easier for people to eat healthy and be active. Systems changes included the implementation of sustainable, evidence-based physical education, including FitnessGram testing, in six school systems K-9. After just four months, the communities have 6 miles of new sidewalks and greenways, and people reported improvements in eating behavior or physical activity, such as choosing low fat or low calorie foods or drinks, eating more fruits and vegetables, eating smaller portions or getting more exercise (Pre=38.9%, Post=43.6%). The North Carolina Chronic Disease & Injury Section (CDI) Integration Demonstration Project is designed to increase synergy, reach, and desired health outcomes in selected categorical programs currently funded by CDC's National Center for Chronic Disease Prevention and Health Promotion. The goal is to improve chronic disease efforts to meet the needs of state and local stakeholders. North Carolina was selected among those states that are currently funded by CDC for all of the following chronic disease prevention and health promotion programs and activities: Behavioral Risk Factor Surveillance System; tobacco; diabetes; comprehensive cancer; heart disease and stroke; and nutrition, physical activity, and obesity. While not required, the North Carolina Division of Public Health has included the NC Healthy Schools Partnership as a full partner in the Integration project. This brings the school perspective, communication channels, and resources to the four Communities of Practice, Health Care Systems, Healthy Communities, Health Data and Policy which drive the work of integration.

Community Partnerships and System Change to Reduce Health Disparities in Children

Julie Marshall, PhD, Colorado School of Public Health; Julie Geise, RN, Alamosa County Health Department

The long term goal of this project is to improve the health status of children, with a specific emphasis on reduced prevalence of obesity and emotional health issues, improved asthma control and reduced dental caries among minority and non-minority, rural, low income, underserved children. Data will be presented from a 'proof of concept' project where 1129 (80%) of 1416 children enrolled in K-8th grade were assessed as a mandatory component of school registration for hearing, vision, blood pressure, height, weight, health history, lung health/asthma, oral health and social/emotional wellness. Immunizations were provided on site and parents of children without health insurance or a primary care provider were counseled on how to obtain these resources. Each assessment station was organized and run by community partners including Alamosa Public Schools, Alamosa County Health Department, San Luis Valley (SLV) Regional Medical Center, SLV Comprehensive Mental Health Center, National Jewish Health, Rocky Mountain Prevention Research Center, and Valley Wide Health Systems (a federally qualified health center). SLV Board of Cooperative Educational Services and SLV Area Health Education Center supported the project with volunteers. Families received a health passport with results that could be shared with their doctor. The community partnership, use of data by the school, by local public health (as a sentinel population-based indicator of chronic disease in the community) and by providers making up the larger local public health system will be described.

Study of Participatory Policy Development in a Northern New Mexico Community

Victoria Sanchez, DrPH, MPH, University of New Mexico; Yolanda Cruz, San Miguel County Family & Community Health Council

Local, community-based health planning partnerships are key participants and leaders in addressing social and health problems in their communities. Less well understood however is how these partnerships influence systems changes, and specifically local social or health policy. Partnership: We are a university-community-agency collaboration currently engaged in a participatory research policy study to examine local school wellness policies related to physical activity and nutrition. Methods: The study aim is to examine formal and informal school-based nutrition and physical education policies, through a participatory research process. Partners conducted a policy scan of school wellness policy and interviews with key school personnel to learn about formal and informal nutrition and physical activity policies. Partners also conducted two focus groups with middle school and high school students to examine how school policies influence students' eating and physical activity during the school day. Members of the research partnership have participated in various tasks and phases of the study, determined by interest, skill, and comfort level. Community, DOH, and UNM partners will disseminate results through a series of public meetings in addition to written reports submitted to key community stakeholders. Implications of results for enhanced practice: The systematic exploration of how partnerships influence systems change is particularly relevant in an era of a growing commitment to developing upstream approaches, including health and social policy, to public health problems. Integrating participatory approaches into practice-based research can enhance the skills of, and help link research and practice for, community, agency, and university partners.

E4 – ADVANCING THE SCIENCE OF COMMUNITY INTERVENTION, CHICAGO 2009: REPORT AND DISCUSSION

Room: Macon

Panelists: Chuck Conner, West Virginia University PRC; Charles Deutsch, ScD, Harvard University PRC; Alicia N. Heim, MPH, CDC PRC Program; Ken McLeroy, PhD, MS, Texas A&M Health Science Center PRC

In October 2009, CDC and selected partners convened 150 key contributors for a conference entitled "Advancing the Science of Community Intervention." The conference had three goals: 1) to create a forum for discussing the frameworks, processes, and methodologies underlying ecological and systems perspectives on community interventions, 2) to provide an opportunity for networking among varied stakeholders interested in the conduct, funding, and reporting of community interventions, and 3) to develop plans for sustained creative thinking on implementing and evaluating complex interventions in communities. In this session, speakers will present and lead audience discussion on conference themes such as conceptualizing communities and interventions as dynamic systems with multiple levels; questions about the nature of evidence and what types of evidence are valued and not valued; how these issues occur in both domestic and global health and development; alternative rigorous research and evaluation methods; and systems, policy, and practice implications for stakeholders, practitioners, and researchers in the field of community-based intervention research.

E5 – EVIDENCE-BASED OBESITY PREVENTION: A MODEL FOR REVIEWING, PACKAGING, AND DISSEMINATING EVIDENCE

Room: Athens

Evidence-based Obesity Prevention: A Model for Reviewing, Packaging, and Disseminating Evidence

Jennifer Leeman, MDiv, MPH, DrPH, UNC School of Nursing; Susanne Schmal, MPH, UNC Center for Health Promotion and Disease Prevention; Janice Sommers, MPH, UNC Center for Health Promotion and Disease Prevention; Alice Ammerman, DrPH, RD, UNC Center for Health Promotion and Disease Prevention

A limited number of effective obesity prevention interventions are available for use in public health. One approach to expanding the base of available evidence is to draw on interventions developed in practice (i.e., practice-based interventions). We will present the methods that the CDC-funded Center of Excellence for Training and Research Translation (Center-TRT) uses to select, package, and disseminate practice-based interventions. The NAP SACC intervention will be used as an example. In part one of this presentation, we will present the methods used to select the practice-based interventions. The approach incorporates elements of the obesity prevention (Swinburn et al., 2005) and RE-AIM frameworks (Glasgow et al., 2003). A premise of both is that an intervention's promise is a function its "population impact," which extends beyond effectiveness to also assess potential to reach broadly and be adopted, implemented, and maintained in practice. The Center reviews interventions that target change in behavior, environments, and policy. The review criteria fall into three categories: (1) potential public health impact (RE-AIM framework), (2) readiness for dissemination, and (3) effectiveness at improving outcomes. The Center assesses potential effects on outcomes based on inclusion of a strategy identified as effective in a systematic review (e.g., Community Guide), formative work, underlying theory and logic, and findings from evaluations in practice. In part two of this presentation, we describe the Center's approach to communicating practice-relevant information by packaging interventions into templates.

The Center developed its intervention template with input from its Advisory Board and its target audience state nutrition, physical activity and obesity prevention staff. The template communicates practice-relevant information about the intervention including core elements, resources required, evidence of effect, and potential for public health impact. This presentation will detail the template development process including: 1) methods for obtaining practitioner input into the basic template format, 2) sections and order of template content, and (3) process for partnering with intervention developers to package an intervention into a template. Efforts to disseminate evidence are most effective when tailored to the needs, constraints, and preferences of the target audience. Busy practitioners cannot afford to spend extensive amounts of time looking in multiple places to find the information they need. In part three of this presentation, we describe the website (www.center-trt.org), which centralizes the evidence and other guidance practitioners need. We detail the (1) process for soliciting input from its target audience, (2) range of evidence and guidance disseminated, and (3) format for its web-platforms. The Center website has been well-used by practitioners from all 50 states and many countries. We will present 2009 usage data for all posted interventions and web-based trainings. Practice-based interventions offer a valuable source of "best available evidence" to guide practice. The Center-TRT model for selecting, packaging and disseminating interventions has potential to speed the uptake of promising interventions into practice by reaching a broad audience of practitioners with information they want and need in a format that is easy to access and use.

E6 – HEALTH EDUCATION TRAINING AND STANDARDS: MEETING THE CHALLENGES OF 2010 AND BEYOND

Room: Georgia 5 & 6

"Am I Qualified? How Do I Know?" A Qualitative Study of Minnesota's Sexuality Educators' Training

Marla Eisenberg, ScD, MPH, University of Minnesota; Nikki Madsen, BA, Pro-Choice Resources; Jennifer Oliphant, MPH, EdDc, University of Minnesota; Renee Sieving, PhD, RN, University of Minnesota

While sexuality education has long been a contentious issue in the United States, public discourse has largely ignored the perspectives of sexuality education teachers. Preparation, ongoing training and support for this role has received almost no attention in the research literature, yet understanding this background is a crucial step in educating a new generation of teachers and supporting those already in the field. Methods: We conducted seven focus groups with urban, suburban and rural sexuality education teachers in Minnesota, in January and February of 2009. The goal of these focus groups was to identify experiences, supports and challenges educators face in teaching sexuality education. Participants included a diverse sample of 42 educators; discussion questions focused on training experiences and gaps in this training. Teachers' comments were coded into themes and sub-themes in an iterative process, and a schema was developed to capture participants' responses to discussion questions. Results: Educators shared their views on preparation and support for teaching sexuality education. Three main themes emerged regarding training. First, teachers came to sexuality education with a wide variety of preparatory experiences; many had no formal training in this area. Second, teachers viewed neither content knowledge nor general teaching skills alone as sufficient for teaching high quality sex education. Third, teachers described ongoing training, support and resources needed to continually improve sexuality education programs. Conclusions: Study findings suggest numerous ways in which initial preparation and ongoing training for sexuality education teachers can be strengthened to support them in this important work.

Raising the Bar: Advanced Standards of Practice for Health Educators

Lori Elmore MPH, CHES, Centers for Disease Control and Prevention/ Division of Adult and Community Health

Over the past six decades, the health education profession has placed increased emphasis on quality assurance and the development of standards for professional preparation and practice of health educators. The National Commission for Health Education Credentialing (NCHEC) was established to administer a credentialing system, including certification of health education specialists as a mechanism for individual quality assurance. Standards for certifications have been published by the National Commission for Certification Agencies, including the requirement that the bases of a certification examination must be derived from a job analysis. In August 2008, NCHEC contracted the Professional Examination Service to oversee a 16 month job analysis project. The purpose of the project was to update competencies and sub-competencies previously identified in the National Health Educator Competency Update Project (CUP) and to help validate the contemporary practice of entry-level and experienced health educators to shape the blueprint for entry-level- and advanced-level credentialing. It is imperative that the competencies that are central to professional preparation, professional development and credentialing are contemporary and reflective of what is needed in health education practice. This session will describe the process used for the job analysis, present the results of the job analysis, and describe the development of the advanced-level credential (Master Certified Health Education Specialist), which is scheduled for implementation in 2010. This session will also demonstrate how research from the job analysis will guide continued quality assurance in entry level and advanced- level health education practice.

A Competency Based Training Approach to Support Workforce Development

Avia Mainor, MPH, UNC Center for Health Promotion and Disease Prevention; Janice Sommers, MPH, UNC Center for Health Promotion and Disease Prevention; Alice Ammerman, DrPH, RD, UNC Center for Health Promotion and Disease Prevention; Claire Heiser, MS, RD, CDC Division of Nutrition, Physical Activity and Obesity

The Center of Excellence for Training and Research Translation (Center TRT) provides training to advance the skills of state-level public health practitioners working in nutrition and physical activity programs to prevent obesity and other chronic diseases. With the nation facing a widening gap between challenges to improve the health of Americans and the capacity of the public health workforce to meet those challenges, competency-based education and training is a vital step in ensuring the quality of the public health workforce to deliver essential public health services. To guide the development of its training activities, Center TRT developed a set of 48 training competencies in eight categories including: analytic assessment, policy development and program planning, public health science, communication, community dimensions of practice skills, diversity and cultural proficiency, financial planning and management skills, and leadership and systems thinking. These competencies formed the basis of a web-based assessment of the specific training needs of the state-level staff and guided the development of a comprehensive training plan. Nearly two hundred practitioners have attended a week-long Obesity Prevention in Public Health Course and more than three hundred have completed one of four Nutrition, Physical Activity and Chronic Disease online training modules focused on implementing current scientific nutrition and physical activity recommendations. We

will describe the implementation and evaluation of both in-person and complementary online training activities over a five year period. For selected competencies and trainings, we will report practitioner perceptions of knowledge, skills and abilities following training.

Current Status and Future Plans of Community/Public Health Education Programs Regarding Accreditation

David Birch, PhD, CHES, East Carolina University; Randall Cottrell, DEd, CHES, University of Cincinnati, on behalf of the Natural Task Force on Accreditation in Health Education

Quality assurance in professional preparation in health education has long been a goal of the profession. A comprehensive coordinated accreditation process for graduate and undergraduate health education in has been recommended by the National Task Force on Accreditation in Health Education. The purpose of this study was to determine the current status of, and possible future plans for, accreditation/approval of professional preparation programs in community health education. A web-based survey was sent to 93 programs chairs or coordinators listed in AAHE Program Directory of Institutes offering Undergraduate and Graduate Degree Programs in Health Education. Fifty-eight programs responded yielding a 62% response rate. Sixty-two percent (n=33) of programs noted they would seek accreditation if CEPH accreditation of free-standing undergraduate programs becomes available. Seventy-nine percent (n=45) reported their administration was highly supportive or somewhat supportive of accreditation. Results indicate that universities surveyed were supportive of accreditation and provide evidence that profession preparation is moving in the direction of quality assurance through accreditation at the undergraduate level in community/public health education.

PLENARY SESSION III

1:00 pm – 2:15 pm
Room: Capitol Ballroom

ACTing (Advocating, Communicating and Translating) to Achieve Health Equity: Getting Beyond the Rhetoric

Deborah Bowen, PhD, Boston University School of Public Health; Camara Phyllis Jones, MD, MPH, PhD, CDC Division of Adult and Community Health; Philip Zazove, MD, University of Michigan

Researchers have long documented health inequities impacting racial and ethnic groups; lesbian, gay, bisexual and transgender populations; persons with disabilities; and other subsets of the U.S. population. However, getting beyond the data and statistics to deliver a comprehensive framework for action continues to defy the nation in rectifying these inequities. This session will engage panelist and audience dialogue around health equity and moving forward to action, with a focus on the following areas: major policy, systems, social, and environmental barriers remaining in 2010 that must be altered to achieve health equity; the role of racism or other "isms" in overcoming the challenges of health disparities; examples of successful interventions in achieving health equity; anticipated impact of anticipated changes in the workforce, demographics, technology, and global environment on health disparities; and other areas.

2:15 pm- 2:30 pm
Room: Capitol Ballroom
Closing Remarks

1. PREVENTION SPECTRUM AS A THEORETICAL FRAMEWORK FOR REDUCING HEALTH DISPARITIES
Jiunn-Jye Sheu PhD, MSPH, CHES, University of Florida; Bernadette Guzman, BS candidate, University of Florida

2. ADVOCATING FOR SCHOOL HEALTH EDUCATION USING WEB 2.0 TECHNOLOGIES
Monica Webb, MPH, CHES, Ph.D. University of Florida; Don Chaney, PhD, CHES, University of Florida; Elizabeth Chaney, PhD. CHES, University of Florida

3. SOCIAL MARKETING CONCEPTS TO INFLUENCE POLICY ON COCKFIGHTING IN TENNESSEE
Chandra Story, MHS, Doctoral Student, University of Tennessee; June Gorski, DrPH, CHES

4. SURVEILLANCE ACTIVITIES INFLUENCE PRIORITIES OF SCHOOL FEEDING PROGRAMS IN THE COMMONWEALTH OF DOMINICA
Elizabeth Wall-Bassett, PhD, RD, East Carolina University; Pamela Guiste, MS, Ministry of Education, HRD, Sports, and Youth Affairs

5. DRIVE ALIVE: TEEN SEAT BELT SURVEY PROGRAM AS PART OF THE RURAL ROADS INITIATIVE OF THE GOVERNOR'S OFFICE OF HIGHWAY SAFETY
Katie Burkett, MPH, Georgia Southern University, Georgia Department of Community Health/ Division of Emergency Preparedness and Response/Injury Prevention Program, Rural Roads Initiative Grant, GA Governor's Office of Highway Safety; Steve Davidson, Rural Roads Initiative; James Stephens, PhD, Health Policy and Management and MHA Program, Jiann-Ping Hsu College of Public Health; Martin Dunbar, MS, Jiann-Ping Hsu College of Public Health; Ryan Butterfield, MPH, Jiann-Ping Hsu College of Public Health

6. USING COMMUNITY PARTICIPATORY-BASED METHODOLOGY TO DEVELOP PSYCHOMETRICALLY SOUND ASSESSMENT TOOLS FOR THE AMERICAN INDIAN YOUTH
Lora Church, BS, University of New Mexico PRC; Lisa Marr-Lyon PhD, University of New Mexico PRC; Tess Gilbert, BA, University of New Mexico PRC; Sally Davis, PhD, University of New Mexico PRC

7. DEAF MOTHERS AND BREASTFEEDING: ASSESSING THEIR KNOWLEDGE AND PRACTICES THROUGH FOCUS GROUP DISCUSSIONS
Jessica Cuculick, MSW, MSSEd, National Technical Institute of the Deaf, Rochester Institute of Technology; Nancy P. Chin, PhD, MPH, National Center for Deaf Health Research, University of Rochester; Ann Dozier RN, PhD, University of Rochester

8. SAFE BABIE UNIVERSITY
Kristin Rosenthal, MEd, CHES, Trauma Related Injury Prevention Program, Children's Hospital of Michigan; Sue Smith, RN, MSN, Trauma/Burn/Injury Prevention, Children's Hospital of Michigan

9. TELEHEALTH AS A COST-EFFECTIVE HEALTH PROMOTION TOOL FOR RURAL PUBLIC HEALTH DISTRICTS
Alison Scott, PhD, MS, MHS, Georgia Southern University; Krista Mincey, MPH, Doctoral Candidate, Georgia Southern University; Carolyn Woodhouse, EdD, MPH, Georgia Southern University; Diane Watson, RNC, MSN, MPH, Georgia's Southeast Health District; Talar Markossian, PhD, Georgia Southern University; Ishita Kotak, BS, MPH Candidate, Georgia Southern University

10. HEALTHY CHILDCARE PILOT PROGRAM - LESSONS LEARNED
Robin Tucker-Falconer, MS, RD, Cochise County Health Department

11. A REVIEW OF NON-COMPLIANCE AMONG PATIENTS DIAGNOSED WITH HYPERTENSION
Marylen Rimando, MPH, Doctoral Candidate, University of Georgia in Athens, Georgia; Stephanie Mathew, MPH, CHES, Doctoral Student, University of Georgia in Athens

12. FACULTY AND STUDENT HEALTH DISPARITIES RESEARCH CAPACITY BUILDING
Marla Hall, MA, Texas A&M University

13. EXPLORING RACIAL DISPARITIES IN BREAST CANCER TREATMENT PATTERNS IN THREE NORTH CAROLINA COUNTIES
Anissa Vines, PhD, MS, UNC School of Public Health; Yonghong Nie, MS, University of North Carolina at Chapel Hill; Keith Amo, MD, University of North Carolina at Chapel Hill

14. AN ECOLOGICAL APPROACH TO DIABETES PREVENTION IN THE TOHONO O'ODHAM
Marylen Rimando, MPH, Doctoral Candidate, University of Georgia in Athens, Georgia; Jeff Cook, MS, Doctoral Student, University of Georgia in Athens

15. TRANS-THEORETICAL MODEL APPLIED TO INCREASING INDIVIDUALS' ENGAGEMENT IN PUBLIC HEALTH EDUCATION PROGRAMS
David Brown, EdD, MA, CHES, Jackson State University; Stephen Brown, PhD, Alliant International University

16. DO THE ELDERLY LIVING ALONE IN A HOUSTON COMMUNITY GET EMOTIONAL SUPPORT?
Leann Liu, MS, Houston Dept of Health & Human Services; Deborah Banerjee, PhD, Houston Department of Health and Human Services; Mark Perry, MPH, Houston Department of Health and Human Services; Dinh Tran, MD,MS, Houston Department of Health and Human Services

17. ASSESSING URBAN AND RURAL FOOD ENVIRONMENTS
Jennie Yuda, BS, Saint Louis University; Ellen Barnidge, PhD, MPH, Saint Louis University; Beth Baker PhD, MPH, Saint Louis University School of Public Health

18. "PICTURE ME HEALTHY": PHOTO-BASED INQUIRY INFORMS POLICY AND ENVIRONMENTAL CHANGE FOR CHILDHOOD OBESITY
Danielle Braxton, MPH, RD, LDN, Center for Health Promotion and Disease Prevention-Chapel Hill.; Lara Khalil, MPH, RD, Academy for Educational Development (AED); Alice Ammerman, DrPH, RD, UNC Center for Health Promotion and Disease Prevention

19. DEVELOPER AND REALTOR PERSPECTIVES ON FACTORS THAT INFLUENCE DEVELOPMENT, SALE, AND PERCEIVED DEMAND FOR ACTIVITY-FRIENDLY COMMUNITIES
Cheryl Carnoske, MPH, RD, Washington University in St. Louis; Christine Hoehner, MSPH, PhD, Washington University in St. Louis; Nicholas Ruthmann, MPH; Ross Brownson, PhD, Washington University in St. Louis; Lawrence Frank, PhD, University of British Columbia; Susan Handy, PhD, University of California; James Hill, PhD, University of Colorado Health Science Center; Sherry Ryan, PhD, San Diego State University; James Sallis, PhD, San Diego State University; Karen Glanz, PhD, University of Pennsylvania

20. COLORECTAL CANCER AND SCREENING: FINDING EFFECTIVE HEALTH EDUCATION METHODS AMONG HISPANICS
Norma Fernandez, MA, MPH, CHES, University of Texas at El Paso; Veronica M. Johnson, University of Texas at El Paso; Matthew D. Duran, University of Texas at El Paso; Laura Guillen-Gomez, BA, University of Texas at El Paso; Osvaldo Morera PhD, University of Texas at El Paso

THURSDAY – FRIDAY | APRIL 8-9

21. DEVELOPING AND SUSTAINING LONG-TERM PARTNERSHIPS IN THE NATIONAL DIABETES EDUCATION PROGRAM

Judith McDivitt, PhD, National Diabetes Education Program, Division of Diabetes Translation, CDC

22. PROMOTORA WORKSHOP IN SOCIAL DETERMINANTS OF HEALTH AND TRAINING IN MOTIVATIONAL INTERVIEWING

Lisbeth Iglesias Rios, MS, LADAC, University of New Mexico

23. THE IMPACT OF SATISFACTION WITH HEALTHCARE PROVIDERS ON AFRICAN AMERICAN WOMEN LIVING WITH HIV

Jillian Lucas Baker, DrPH, EdM, University of Pennsylvania; Lisa Bowleg, PhD, Drexel University; Edward Graceley, PhD, Drexel University; Jennifer Faerber, PhD, University of Pennsylvania

24. PUBLISHING ON POLICY: TRENDS IN PUBLIC HEALTH

Amy Eyler, PhD, CHES, MPH, Washington University in St. Louis; Mariah Dreisinger, MPH, Washington University in St. Louis

25. ADDRESSING CHRONIC DISEASE THROUGH COMMUNITY HEALTH WORKERS: A POLICY AND SYSTEMS-LEVEL APPROACH

Talley Andrews, BA, MPH, ORISE Research Participant; Hilary Wall, MPH, Health Scientist; Nell Brownstein, PhD, CDC; Qaiser Mukhtar, PhD, Division for Heart Disease and Stroke Prevention/ National Center for Chronic Disease and Health Promotion/ Centers for Disease Control and Prevention

26. EVALUATION OF A PEER-LED INTERVENTION FOR SOUTH AFRICA'S MOST VULNERABLE CHILDREN

Charles Deutsch, ScD, Harvard School of Public Health

27. TEAM MEMBER PERSPECTIVES ON COMMUNITY-BASED PARTICIPATORY RESEARCH IN THE DOMINICAN REPUBLIC

Fidela Chiang, BA, Emory University; Jennifer Foster CNM, MPH, PhD, Emory University

28. LEAD PEACE: OUTCOMES OF A COLLABORATIVE SERVICE LEARNING PROGRAM FOR URBAN MIDDLE SCHOOL YOUTH

Renee Sieving, PhD, RN, University of Minnesota Prevention Research Center; Barbara McMorris, PhD, University of Minnesota Prevention Research Center; Annie Ericson, MA, Evaluation Coordinator; University of Minnesota Prevention Research Center; Ed Irwin, BA, Nia Imani Youth and Family Development Center; Ben Knaus, BS, Cityview Performing Arts Magnet School; Pam Russ, MSH, LICSW, Hennepin County-Village Social Services

29. HEARING HEALTH IN NORTHWEST AMERICAN INDIAN COMMUNITIES

William Martin, PhD, Oregon Health & Science University; William Lambert, PhD, OHSU Prevention Research Center; Linda Howarth, BA, Oregon Hearing Research Center, Oregon Health & Science University; Yongbing Shi, MD, PhD, Oregon Health & Science University; Susan Griest, MPH, National Center for Rehabilitative Auditory Research, Veterans Administration Medical Center; Thomas Becker MD,PhD, Oregon Health & Science University

30. COMMUNITY-ACADEMIC PARTNERSHIP USING CBPR FOR GUIDED SERVICE-LEARNING OPPORTUNITIES

Su-I Hou, DrPH, CPH, CHES, RN, University of Georgia

31. ASSESSING THE TRAIN-THE-TRAINER MODEL FOR THE CDC SUSTAINABLE MANAGEMENT DEVELOPMENT PROGRAM

Jamila Fonseka, MPH,CHES, Division of Cancer Prevention & Control, CDC; Elizabeth Howze, ScD, Division of Global Public Health Capacity Development, CDC; John Marsh, Mphil, Ceng, Division of Global Publc Health Capacity Development, CDC

32. COMMUNITY HEALTH NEEDS OF GREATER FIFTH WARD OF HOUSTON

Vishnu Nepal, MPH, Houston Department of Health and Human Services; Mark Perry, MPH, Houston Department of Health and Human Services; Deborah Banerjee, PhD, Houston Department of Health and Human Services

33. EVALUATING CORRELATES OF ADOLESCENT PHYSICAL ACTIVITY DURATION TOWARDS NATIONAL HEALTH OBJECTIVES: ANALYSIS OF COLORADO YOUTH RISK BEHAVIORAL SURVEY, 2005

Stephen Nkansah-Amankra, PhD, MPH, MA, Colorado School of Public Health/University of Northern Colorado (UNC); Abdoulaye Diedhiou, MD, PhD, Public Health Consortium/University of South Carolina

34. COMMUNITY/ACADEMIC COLLABORATION: HEALTHY PARTNERSHIPS FOR HEALTHY COMMUNITIES

Holly Mata, MS, LSC, University of Texas at El Paso; Sharon Thompson, MPH, PhD, CHES, University of Texas at El Paso

35. THE SNOT (SERIAL NASAL OBSERVATION TRIAL) STUDY: ENGAGING ELEMENTARY SCHOOL TEACHERS IN A PARTNERSHIP FOR HEALTH EDUCATION AND RESEARCH

Marjorie Carter, MSPH, CHES, University of Utah; Brittany Mallin, MPH, MA, CHES, University of Utah; Mandy Allison, MD, MA, MSPH, University of Utah; Kimberlee Taylor, BA, University of Utah

36. METHODS FOR CONDUCTING POPULATION-BASED SURVEILLANCE OF PUBLIC HOUSING RESIDENTS

Daniel Brooks, DSc, MPH, Boston University School of Public Health; Eleni Digenis-Bury, MPH, Boston Public Health Commission; Daniel Dooley, BA, Boston Public Health Commission; John Kane, MPP, Boston Housing Authority; C. Robert Horsburgh, MD, MS, Boston University School of Public Health

37. PROCESS EVALUATION OF "QADEROON": A COMMUNITY BASED MENTAL HEALTH PROMOTION INTERVENTION FOR REFUGEES

Rima Nakkash, DrPH, American University of Beirut; Rima Afifi, PhD, American University of Beirut; Pascale Haddad, MPH, American University of Beirut; Hala Alaouie, MPH, American University of Beirut

38. DEVELOPMENT AND TESTING OF THE CHARACTERISTICS OF RESPONSIBLE DRINKING SURVEY (CHORDS)

Adam Barry, PhD, Purdue University; Patricia Goodson, PhD, Texas A&M University

39. CONDUCTING A DELPHI SURVEY WITH AGING AND PHYSICAL ACTIVITY RESEARCH EXPERTS

Katherine Leith, PhD, LMSW, University of South Carolina; Dina L. Jones, PT, PhD, West Virginia University; David X. Marquez, PhD, FACSM, University of Illinois at Chicago; Susan L. Hughes, DSW, University of Illinois at Chicago

40. CELEBRATING SOPHE CHAPTERS

Karen Spiller, Speaker, SOPHE House of Delegates; SOPHE's 20 chapter presidents and delegates

41. CELEBRATING 60 YEARS OF SOPHE EXCELLENCE

M. Elaine Auld, MPH, CHES, CEO of SOPHE; Jean Breny Bontempi, PhD, MPH, Chair, SOPHE 60th Anniversary Task Force, Southern Connecticut State University; and John P. Allegrante, PhD, SOPHE Past President and Historian, Teachers College, Columbia University.

1. PREVENTION SPECTRUM AS A THEORETICAL FRAMEWORK FOR REDUCING HEALTH DISPARITIES

Jiunn-Jye Sheu, PhD, MSPH, CHES, University of Florida; Bernadette Guzman, University of Florida

Reducing health disparities has become one of the nation's top priorities in health. The gap in the mortality, morbidity, and quality of life in the priority populations are expanding and require immediate attention. The implemented preventive efforts so far are based on single theory, hypotheses, or unorganized theories/models without a clear visual blueprint. Thus, the Prevention Spectrum is created as an integrated diagram based on the Natural History of Disease model, the modified Epidemiological Triangle, the Institute of Medicine's prevention stage model, the model for the prevention strategies. The top portion of the Prevention Spectrum is composed of the Natural History of Disease model and the modified Epidemiological Triangle to conceptually draw their inter-position. The periods from susceptibility, pre-clinical, clinical, disability, and death are defined by disease development. Along with the primary, secondary, tertiary prevention stages, the universal, selective, indicated, and treatment preventive strategies are incorporated into the second half of the Prevention Spectrum to match with the periods of disease development. Illustrations are provided for each of the prevention stages. Logic deduction and a systemic review of the literature are synthesized into the Spectrum. The Prevention Spectrum can be used as guidance for visual understanding of the natural history of disease and the prevention efforts in reducing health disparities. Further field testing is needed to verify its predictability.

2. ADVOCATING FOR SCHOOL HEALTH EDUCATION USING WEB 2.0 TECHNOLOGIES

Monica Webb, MPH, CHES, PhD, University of Florida; Don Chaney, PhD, CHES, University of Florida; Elizabeth Chaney, PhD, CHES, University of Florida

In an era focused on amplified internet use and the expansion of social media, public health educators are increasingly turning to Web 2.0 technologies to enhance advocacy efforts. Purpose: This presentation demonstrates an applied educational activity in which undergraduate students at a large southeastern university developed skills, using Web 2.0 technologies, to advocate for school health education. Students were presented with an interactive lesson on the importance of advocacy, a description of multiple advocacy techniques, resources providing information on quality school health education, and links to various national, state, and local level Web 2.0 technologies. The activity focused on the use of video-sharing (YouTube), RSS feeds (Really Simple Syndication), and social networking platforms, including Facebook and Twitter. Students were guided in his/her application of these technologies on a selected school health advocacy topic. Methods: Using the Theory of Planned Behavior as a framework to assess student intentions to use Web 2.0 technologies as an advocacy tool, a pre/post test was conducted with 55 undergraduate students enrolled in an elementary education methods course. A previously constructed and validated instrument was modified to be delivered online, and was used to assess intentions. A multiple linear regression was conducted to determine the prediction power of attitudes, subjective norms and perceived behavior control in predicting intentions to use these technologies for advocacy. In addition, a Dependent t-test was conducted to assess differences in behavioral intentions before and after the activity. Findings from the analysis will be discussed during the proposed presentation.

3. SOCIAL MARKETING CONCEPTS TO INFLUENCE POLICY ON COCKFIGHTING IN TENNESSEE

Chandra Story, MHS, Doctoral Student, University of Tennessee; June Gorski, DrPH, CHES

Using Social Marketing to Influence Cockfighting Policy in Tennessee Cockfighting is a public health issue. Along with the possible spread of disease from contaminated birds, the atmosphere can breed other health concerns. Cockfighting often includes illicit drug use, exposure of young children to violence, and even homicide. In one of the largest busts in 2005, (Del Rio) many people were arrested for illegal gambling as well as illicit drug use. This sport is particularly popular in parts of the South. Although a federal law against cockfighting was signed in 2007, all states do not have the same penalties for this crime. Tennessee is one of only 13 states that has misdemeanor penalties. Proposed legislation in Tennessee would increase the penalty for cock fighting from a misdemeanor to a felony. Students from the University of Tennessee, Knoxville utilized media advocacy strategies, based on social marketing principles, to promote this legislation. Social marketing is defined as a "process used to influence the voluntary behavior of an audience to achieve a social objective." (McKenzie & Smeltzer, 2001). Strategies included media placement, partnerships with local organizations and contact with the Tennessee legislature. Local organizations chosen for partnerships were the Tennessee Poultry Association and Child Welfare groups. Media ads were strategically placed during the holiday season. Evaluation measures include amount of awareness raised through the media. Participants in this session will learn how to 1) identify a salient topic for influencing public policy and 2) incorporate social marketing strategies to influence public policy.

4. SURVEILLANCE ACTIVITIES INFLUENCE PRIORITIES OF SCHOOL FEEDING PROGRAMS IN THE COMMONWEALTH OF DOMINICA

Elizabeth Wall-Bassett, PhD, RD, East Carolina University; Pamela Guiste, MS, Ministry of Education, HRD, Sports, and Youth Affairs

Dietary patterns in children can directly reflect the nutritional well-being of a community and can aid in pinpointing areas of need. Comparison to recommendations and standards for intake and anthropometric measurements is a valid parameter by which to measure status. The Commonwealth of Dominica, like many Caribbean countries, has limited availability of nationally representative nutritional data. Worldwide, schools have proven to be effective environments to influence nutrition. Today, the Ministry of Education operates the School Feeding Program in only seven primary schools. The current surveillance activities relied on anthropometric measurements (height, weight, and tricep skinfold) and 24-hour recalls to determine the nutrient intake in primary schoolchildren in three regions of Dominica over two years. Children in the southeast region were taller and heavier, and had higher intakes of fiber, fat, vitamin A, vitamin C, folate, calcium and zinc than children in the Carib region. Children in the Carib region consumed significantly more fiber, calcium, phosphorus, and zinc per 1000 kcal than the North region. This empirical information can assist in policies and targeting decisions for expansion of School Feeding Programs. Additionally, a baseline against which to calibrate success in maintaining nutritional quality through repeated studies is set. Conducted country-wide, surveillance activities such as this one are powerful tools for targeting where to allocate resources and programs. At the same time, these activities and policies can stimulate parallel programs in other CARICOM countries while giving nations of the region information with which to evaluate their progress within their region.

5. DRIVE ALIVE: TEEN SEAT BELT SURVEY PROGRAM AS PART OF THE RURAL ROADS INITIATIVE OF THE GOVERNOR'S OFFICE OF HIGHWAY SAFETY

Katie Burkett, MPH, Georgia Southern University, Georgia Department of Community Health/ Division of Emergency Preparedness and Response/Injury Prevention Program, Rural Roads Initiative Grant, GA Governor's Office of Highway Safety; Steve Davidson, Rural Roads Initiative; James Stephens, PhD, Jiann-Ping Hsu College of Public Health; Martin Dunbar, MS, Jiann-Ping Hsu College of Public Health; Ryan Butterfield, MPH, Jiann-Ping Hsu College of Public Health

As part of Georgia's Rural Roads Initiative, Drive Alive, a high visibility program that focuses on highway safety best practices, has been implemented to increase seat belt use amongst the high-risk teenager population in rural counties of Georgia. For the purpose of Drive Alive's program evaluation, Wayne County High School within the City of Jesup, GA, is the primary location for the program's pilot project. The goal of Drive Alive at Wayne County High School is to increase seat belt use amongst teenagers resulting in decreases in deaths and injuries. Theory driven program: 1. Theory of Reasoned Action; 2. Social Cognitive Theory; 3. Fuzzy-trace Theory. 4 Methods: 1. High Visibility Surveys (Key Component): - At first, the survey results help define the seat belt use problem and help mobilize support for the program in the community - As seat belt use percentages grow with the interventions, teens begin to see that most other teens do buckle up, as this has it's effect - The high visibility surveys are the heart of the program 2. Incentives - Teens who are buckled up should be randomly picked and provided gas cards or gift certificates 3. Disincentives - Enforcement of some type during programmatic interventions 4. Programmatic Interventions - Education/ media interventions implanted to increase seat belt usage -Designed to fit the community Impact Evaluated: Overall seat belt use increased 23.25 points after the first intervention and 19.33 points after the second intervention at Wayne County High School.

6. USING COMMUNITY PARTICIPATORY-BASED METHODOLOGY TO DEVELOP PSYCHOMETRICALLY SOUND ASSESSMENT TOOLS FOR THE AMERICAN INDIAN YOUTH

Lora Church, BS, University of New Mexico PRC; Lisa Marr-Lyon PhD, University of New Mexico PRC; Tess Gilbert, BA, University of New Mexico PRC; Sally Davis, PhD, University of New Mexico PRC

When implementing and evaluating health-education programs that have been culturally adapted for diverse populations of youth, a primary concern is developing psychometrically sound instruments that fit within cultural and program domains. The Dare to Be You middle-school program was developed by Colorado State University Cooperative Extension service. The University of New Mexico Prevention Research Center (UNMPRC) received permission to culturally adapt the curriculum for use in our 12-17 year old school-based health education program. Culturally adapting the program for use among the population of American Indian youth served by the PRC brought about the need to develop new evaluation instruments for the American Indian youth receiving the health-education intervention. Using a participatory approach, UNMPRC health educators had conversations with youth about how they relate to family and friends as they encounter the challenges of adolescence. Based upon participant comments and curriculum content, four constructs emerged as important assessment indicators: peer communication, self-concept, developmental efficacy, and self-esteem. Thirty American Indian youth participated in the study. Internal consistency reliabilities of the constructs were satisfactory with alphas ranging from .68 to .77. The internal consistency measures of this evaluation tool serve as starting points in determining the psychometric properties of the psychosocial constructs being assessed among this diverse population of youth. Using a participatory approach when developing quality improvement measures is of paramount importance as we strive for culturally sound evaluations of school-based health education programs in diverse communities.

7. DEAF MOTHERS AND BREASTFEEDING: ASSESSING THEIR KNOWLEDGE AND PRACTICES THROUGH FOCUS GROUP DISCUSSIONS

Jessica Cuculick, MSW, MSSEd, National Technical Institute of the Deaf, Rochester Institute of Technology; Nancy P Chin, PhD, MPH, National Center for Deaf Health Research, University of Rochester; Ann Dozier RN, PhD, University of Rochester

In 2008 the PRC-supported National Center for Deaf Health Research conducted a unique health behavior survey in a Deaf population using sign-language and delivered through a computer interface. A key finding was that although the sample of Deaf people who took the survey were better educated than the comparison group of hearing people, they were significantly more likely to report being obese. The reasons for this disparity are unknown. Among the factors that may contribute to obesity are breastfeeding rates, as breastfed infants are less likely to become obese adults. Virtually nothing is known about breastfeeding rates in a Deaf population. Using a social ecological model to understand individual behaviors within a broad context, we conducted 4 focus groups in sign language to identify how Deaf women get information about infant feeding, what unique barriers to breastfeeding they might face, and how they feel about the choices between breastfeeding and formula feeding. Our hypothesis was that Deaf women would have a lower fund of information than hearing women given the auditory and "over-heard" aspects of much health information. Focus groups are to be held in October. We anticipate that many of the identified barriers will fall within the community and institutional levels of the social ecological model. We also anticipate identifying community-level assets unique to the Rochester Deaf community which can be capitalized on in designing intervention programs to increase breastfeeding. This project is in direct response to a request from the Deaf Health Community Committee as per CBPR principles.

8. SAFE BABIE UNIVERSITY

Kristin Rosenthal, MEd, CHES, Trauma Related Injury Prevention Program, Children's Hospital of Michigan; Sue Smith, RN, MSN, Trauma/Burn/Injury Prevention, Children's Hospital of Michigan

Detroit has the highest infant mortality rate in Michigan. In Detroit and Wayne County expectant parents and caregivers are high risk for infant death due to unsafe sleep. Unsafe sleep is the number one killer of children from one month to one year of age. Methods: Safe BABIE workshops address the lack of knowledge that parents/caregivers have regarding unsafe sleep and four other top causes of morbidity and mortality for infants, including safe sleep, child passenger safety, nutrition, fire/burn safety and preventing shaken baby. Participants learn safe sleep practices including placing an infant on their back in an empty crib and risk factors for unsafe sleep, the correct installation and proper use of child restraints, how to mix formula correctly, what to do when your baby won't stop crying and how to assess their home for fire and burn hazards. Skill stations are used. Additionally, if their home needs smoke alarms, families sign-up to have them installed free of charge (CDC SAIFE grant). Results: The pre test is composed of eighteen questions; seven personal information questions, eleven questions based on the

designated injury prevention topics, with five specifically related to safe sleep. The post test is comprised of nineteen questions. When asked if the participants felt like the class will help them to provide a safer environment for their baby, 100% scored the highest possible (5). The pre test average score was 77%. The post test average score was 90.9%. Showing an overall increase of 18%.

9. TELEHEALTH AS A COST-EFFECTIVE HEALTH PROMOTION TOOL FOR RURAL PUBLIC HEALTH DISTRICTS

Alison Scott, PhD, MS, MHS, Georgia Southern University; Krista Mincey, MPH, Georgia Southern University; Carolyn Woodhouse, EdD, MPH, Georgia Southern University; Diane Watson, RNC, MSN, MPH, Georgia's Southeast Health District; Talar Markossian, PhD, Georgia Southern University; Ishita Kotak, BS, MPH Candidate, Georgia Southern University

Lack of access to health care and health promotion services constitute major challenges for rural America and the nation as a whole. Access to health care is a Leading Health Indicator for Healthy People 2010, and a continued concern for HP2020. This study evaluates the cost-effectiveness of an innovative telehealth network developed by the Southeast Public Health District (SEHD) in rural Georgia. The District uses telehealth videoconferencing systems to enhance access to nutritional education, breastfeeding consultation, and mobile teledentistry services. Theoretical basis: This study is informed by the Diffusion of Innovations Theory, which addresses the spread of new technologies, such as telehealth, across contexts. Objective: A partnership between SEHD and the Jiann-Ping Hsu College of Public Health at Georgia Southern University was formed to assess the cost-effectiveness of the SEHD telehealth system. Methods: Data from telehealth encounters in all sixteen SEHD counties was analyzed using both process and outcome indicators. Emphasis was placed on 1) staff time saved and 2) mileage reimbursement dollars saved due to reduced driving amongst SEHD sites to deliver services. Results: The SEHD demonstrated significant savings in both person-time and travel dollars as a result of the telehealth system, offsetting the costs of the technology. Conclusion and Implications for Practice: Telehealth offers a new and cost-effective opportunity for increasing delivery of health promotion and health education services in rural areas.

10. HEALTHY CHILDCARE PILOT PROGRAM - LESSONS LEARNED

Robin Tucker-Falconer, MS, RD, Cochise County Health Department

Healthy Childcare Pilot Program – Lessons Learned Description: The Healthy Childcare Pilot Program is a collaboration between the Cochise County Health Department (CCHD) in Bisbee, Arizona, and 12 childcare providers throughout Cochise County. Objectives: The collaboration seeks to increase the knowledge, skills, and abilities of childcare providers in the areas of nutrition and physical activity with the goal of reducing the prevalence of childhood obesity among 2-6 year-olds. This collaboration is the first large-scale partnership between childcare providers and CCHD and represents CCHD's first attempt at anthropometric data collection in the community. Methods: The Healthy Childcare Pilot Program provided a half-day training to childcare providers using two nationally-recognized curricula – the NAP-SACC Program and the SPARK PE Program. Childcare providers used NAP-SACC to conduct a self-assessment of meals and snacks provided to children. Providers then made at least two healthy changes to foods and beverages offered to children. Providers also agreed to supervise at least 60 minutes of active play each day. Children were weighed and measured, and BMI was calculated at baseline. Follow-up measurements will be conducted mid- and post-program to determine relevant trends. Findings and Implications: This poster presentation will discuss findings from baseline and midpoint measurements, examine barriers to implementation and data collection, and review lessons learned to assist other local health departments in replicating similar programs.

11. A REVIEW OF NON-COMPLIANCE AMONG PATIENTS DIAGNOSED WITH HYPERTENSION

Marylen Rimando, MPH, Doctoral Candidate, University of Georgia in Athens, Georgia; Stephanie Mathew, MPH, CHES, University of Georgia in Athens

Compliance may be defined as the extent to which taking medications, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider. Non-compliance is an important issue contributing to the public health problem of hypertension in the United States. African Americans report higher rates of hypertension awareness but lower rates of hypertension control compared to whites. Patients with undiagnosed, untreated, and uncontrolled hypertension place a substantial strain on the health care delivery system. Theoretical framework: Health belief model and Theory of Reasoned Action. Methods: A review of the medical, public health, and nursing literature was conducted and critiqued according to methodological strengths and limitations. Recommendations were stated for improving future public health practice with hypertensive patients. Results: Promising strategies include the use of patient and family health education, motivational interviewing, and disease management programs. Methodological strengths were the inclusion of physician and patient perspectives and attitudes, use of quality improvement surveys, and qualitative interviewing for data collection. White coat hypertension effect, lack of ambulatory blood pressure monitoring, and lack of health behavior theory in design were the common methodological limitations. Conclusion: A reliable, valid measurement such as ambulatory blood pressure monitoring is neccessary for improving the quality of future studies. Practitioners should recognize the development of hypertension as ecological, with factors at the individual, interpersonal, community, and societal levels. Barriers to compliance include cultural norms, insufficient attention to health education by practitioners, and the higher cost of lower calorie and lower sodium foods.

12. FACULTY AND STUDENT HEALTH DISPARITIES RESEARCH CAPACITY BUILDING

Marla Hall, MA, Texas A&M University

The premise of our research project is to increase the effectiveness of educational and training interventions, which enhance the representation of minority students, in research and Academia. Program objectives include: supporting scholar's health disparities research, utilization of a pipeline approach for participatory recruitment, and strengthening the Texas A&M University System's collaboration efforts. We developed a networking tool that links scholars with faculty members and students, building their research capacity. In addition, we advocate the usage of innovative techniques, which subsequently introduce students to rural and minority health disparities. As Health Professionals and Educators, we have a duty to increase the capacity of this population to conduct rigorous research activities, conducive to eliminating health disparities. Needs assessments have been conducted to evaluate the availability of health disparity related programs and courses, to undergraduate and graduate students. Project coordinators also assessed the technological

resources within the Texas A&M University System that aids in our ability to implement Race, Ethnicity and Health courses. We are supplying the Health Disparities Faculty Network and Health Disparities Student Network with technical support for system personnel involved in health disparities research projects. Another aspect in the design and evaluation core, is providing "mini-grants" for participants. It is our overwhelming goal to create and maintain a sustainable partnership that addresses the before mentioned implications. As evident, this is an effort that is in its infancy, but with our diligence and advocacy, expansion can be employed in various settings and target audiences.

13. EXPLORING RACIAL DISPARITIES IN BREAST CANCER TREATMENT PATTERNS IN THREE NORTH CAROLINA COUNTIES

Anissa Vines, PhD, MS, UNC School of Public Health; Yonghong Nie, MS, University of North Carolina at Chapel Hill; Keith Amo, MD, University of North Carolina in Chapel Hill

The purpose of this study was to explore racial disparities in treatment type and delay among breast cancer patients in three North Carolina counties represented in the Carolina Community Network to Reduce Cancer Health Disparities. Methods: North Carolina Central Cancer Registry data on African-American and Caucasian women diagnosed with breast cancer in Orange, Edgecombe, and Nash counties between 2000 and 2005 (n=1205) were used to obtained information on treatment and tumor status. Delay in first course of treatment, treatment type, and tumor receptor status were assessed. A community-academic research team was organized to guide analysis and interpretation of the data. Results: Treatment delay was longer for African-American breast cancer patients, regardless of stage at diagnosis. Treatment delay was highest for African-American patients in Edgecombe County. Majority of stage I and II breast cancer patients received surgery and tended to choose breast conservation surgery over mastectomy. Estrogen and progesterone negative tumors were more common in African-Americans across the three counties, especially in Edgecombe County. Conclusions: Our findings suggest treatment standards are not equivalently met among African-American and Caucasian women. Findings warrant further research into the identified treatment delays and tumor type differences to improve survival for African-American women. The community-academic team recommends continued promotion of breast cancer screening, development of more adequate breast cancer treatment resources in Edgecombe County, increasing medical information and resource networks for community and faith based organizations, targeted clinical trial recruitment, and implementation of a patient navigator system.

14.AN ECOLOGICAL APPROACH TO DIABETES PREVENTION IN THE TOHONO O'ODHAM

Marylen Rimando, MPH, Doctoral Candidate, University of Georgia in Athens, Georgia; Jeff Cook, MS, University of Georgia in Athens

Diabetes is an important public health issue in the Tohono O'odham. A major hypothesis in the development of diabetes in the Tohono O'odham was a shift away from traditional food to less healthy food and the peripheral influences on level of physical inactivity brought about because of a community shift away from agriculture. Causes of these changes are multifaceted and correlate with other major changes in Native American culture and traditions in the nineteenth and century. The introduction of and easy access to processed foods through federal food programs and commercial outlets led many people to alter their diets and decrease consumption of traditional foods. It is a change to being entirely food dependent that our analysis suggests created the systemic vulnerability in the Tohono O'odham that affected both the community and the individuals within the community. Qualitative and quantitative literature were reviewed and a social-ecological model was developed to identify mechanisms of vulnerability. At the community level, possible mechanisms of vulnerability are a government sponsored food program, changes in the community cultural practices, and a traditional perspective of illness. At the individual level, the possible mechanisms of the vulnerability were a lack of knowledge and awareness of the health impact of high fat and processed food diets, a lower level of physical activity by personal occupation, and fewer cultural events with a physical component. Strong efforts should be made to develop culturally strategies to promote nutrition and physical activity among the Tohono O'odham youth, adults, and elderly.

15. TRANS-THEORETICAL MODEL APPLIED TO INCREASING INDIVIDUALS' ENGAGEMENT IN PUBLIC HEALTH EDUCATION PROGRAMS

David Brown, EdD, MA, CHES, Jackson State University; Stephen Brown, PhD, Alliant International University

The Trans-Theoretical Model (TTM) is a comprehensive model of behavior change used to describe how people modify their health behavior (e.g., Prochaska, DiClemente, & Norcross, 1992). The TTM model looks at the health behavior change process in terms of four primary dimensions: the Stage of Change (moving from pre-contemplation of a change, to contemplating the change, to preparing to make the change, to actually making the change, to maintaining the change); a Decisional Balance (weighing the advantages and disadvantages of a change), Self-Efficacy (self-appraisal of one's ability to make a change and resist relapse), and the Process of Change (activities one uses to progress through the change process). The TTM is typically used to conceptualize the ways in which people directly increase their positive health behaviors or decrease their negative health behaviors. This proposed application of the TTM, on the other hand, describes how the model may be used to conceptualize a way in which people indirectly improve their health. That is, becoming engaged in a health education program is a catalyst that indirectly facilitates direct changes in an individual's health behavior. Engagement in public health education may occur at any time in the stage of change process. In this application, "Engagement in Public Health Education" is conceptualized as having behavioral, cognitive and affective components. An example in which adults voluntarily participate in a community sponsored stress reduction class is used to demonstrate this application of the TTM model.

16. DO THE ELDERLY LIVING ALONE IN A HOUSTON COMMUNITY GET EMOTIONAL SUPPORT?

Leann Liu, MS, Houston Dept of Health & Human Services; Deborah Banerjee, PhD, Houston Department of Health and Human Services; Mark Perry, MPH, Houston Department of Health and Human Services; Dinh Tran, MD,MS, Houston Department of Health and Human Services

Houston Department of Health and Human Services (HDHHS) partnered with a community to conduct a survey to assess health-related issues among elderly. This analysis based on the survey specifically aims to: 1) find prevalence of mental health problems among elderly living alone; 2) identify factors associated with having emotional support in this group; 3) make recommendations for health promotion programs to improve this issue. We found that 18.1% (95% Confidence Interval (CI)

11.5%-24.8%) of the elderly who lived alone had been told by a health professional that they had depression or other mental health issues; 33.8% (95%CI 26.7%-40.9%) reported that they had been bothered by emotional problems during the past month; 4.4% (95%CI 0.3%-8.5%) had been bothered quite a lot or extremely by their emotional problems. After adjusting for sex, age, marital status, education, employment, poverty, health status, chronic diseases, limited physical activities, and use of special equipment, those who did not have insurance were observed 76% less likely (Odds Ratio 0.24, 95%CI 0.06-0.89) to have someone to count on for emotional support than those who had insurance; and those who had limited social activities were 85% less likely (Odds Ratio 0.14, 95%CI 0.03-0.73) to have the emotional support compared to those without limited social activities. To improve the mental health and alleviate the paucity of emotional support among elderly living alone, the HDHHS may partner with community-based organizations and utilize the city's clinics in this community to outreach this population and provide mental health services.

17. ASSESSING URBAN AND RURAL FOOD ENVIRONMENTS

Jennie Yuda, BS, Saint Louis University; Ellen Barnidge, PhD, MPH, Saint Louis University; Beth Baker PhD, MPH, Saint Louis University

Fruit and vegetable consumption reduces chronic disease and is influenced by individual, social, and environmental factors. Theoretical Framework: Social Cognitive Theory guides this research. Hypothesis: Produce access in rural and urban communities is similar. Methods: Environmental audits were used to assess the availability of: a) fresh, frozen and packaged produce b) lean meat cuts c) low fat, fat free dairy and d) health promotion signage. Local, regional and national grocery stores were assessed in rural and urban environments. Results: Rural grocery stores were found to have less fresh, frozen and packaged produce (xr=85.2;xu=99.7), less availability of lean meats (xr=.909;xu=1.64), low fat cheeses (xr=7.67;xu=8.69) and fewer health promotion messages (xr=.182;xu=.583) than urban grocery stores. Conclusion: Results suggest that rural communities have decreased access to healthy options and use of promotional message advertisements. Implications for Practice: Increasing healthy options in rural environments requires increasing access and selection through a variety of outlets.

18. "PICTURE ME HEALTHY": PHOTO-BASED INQUIRY INFORMS POLICY AND ENVIRONMENTAL CHANGE FOR CHILDHOOD OBESITY

Danielle Braxton, MPH, RD, LDN, Center for Health Promotion and Disease Prevention-Chapel Hill.; Lara Khalil, MPH, RD Academy for Educational Development (AED); Alice Ammerma, DrPH, RD, UNC Center for Health Promotion and Disease Prevention

The purpose of this study was to uncover youth perspectives on facilitators and barriers to healthy lifestyles in their environment through an investigative participatory photography technique known as Photo Based Inquiry (PBI). The theoretical framework for PBI is the socio-ecologic model, which acknowledges the impact of a person's environment on their individual behavior It was hypothesized that PBI data would yield significant insight into youth perceptions of healthy lifestyle barriers and facilitators. To study this hypothesis, PBI was conducted with 83 North Carolina elementary and middle school students. Participants took photographs in home and school environments to illustrate perceived barriers and facilitators to healthy behaviors. Semi-structured interviews, writing assignments, group sessions, and photographs revealed youth perceptions. Using grounded theory, 332 writing assignments and 36 interviews were coded and analyzed with Atlas.ti 5.2. Unhealthy food in the cafeteria, limited recess at school, sugary beverages, and screen time were common perceived barriers to good health. Facilitators described were the availability of fruits and vegetables at home and school and involvement in after-school fitness activities. PBI proved an effective technique to help students identify the presence of important health barriers and facilitators in their personal environments. Data have been used to educate stakeholders, including state legislators, about student-perceived facilitators and barriers to eating healthy and being active at school. The PBI technique has the potential to inform policy and environmental change by helping youth identify possible strategies for change and by giving them a voice on matters affecting their health.

19. DEVELOPER AND REALTOR PERSPECTIVES ON FACTORS THAT INFLUENCE DEVELOPMENT, SALE, AND PERCEIVED DEMAND FOR ACTIVITY-FRIENDLY COMMUNITIES

Cheryl Carnoske, MPH, RD, Washington University in St. Louis; Christine Hoehner, MSPH, PhD, Washington University in St. Louis; Nicholas Ruthmann, MPH; Ross Brownson, PhD, Washington University in St. Louis; Lawrence Frank, PhD, University of British Columbia; Susan Handy, PhD, University of California; James Hill, PhD, University of Colorado Health Science Center; Sherry Ryan, PhD, San Diego State University; James Sallis, PhD, San Diego State University; Karen Glanz, PhD, University of Pennsylvania

Although public support for physical activity-friendly Traditional Neighborhood Developments (TNDs) appears to be growing, information is lacking on private sector perspectives and how economic factors (e.g., fuel prices) might influence the development and sale of TNDs. Hypothesis: This study focused on these central questions: (1) what are the key factors in building and living in TNDs, and (2) what is the outlook for TNDs, given the housing crisis? Methods A sample of realtors from the National Association of Realtors (n=4950) and developers from the National Association of Home Builders (n=162) were surveyed in early 2009 to assess factors influencing homebuyers' decisions; incentives and barriers to developing TNDs; effects of depressed housing market conditions and financing on sales; trends in buying; and energy considerations (e.g., green building). Results Realtors believed that homebuyers continue to rank affordability, safety and school quality higher than TND amenities. Developers reported numerous barriers to TNDs, including the inability to overcome governmental/political hurdles, lack of cooperation between government agencies, and lack of market demand. Yet, realtors believed clients are increasingly influenced by gas and oil prices, and developers reported that clients are looking for energy efficient homes, reduced commute time, and walkable neighborhoods. Respondents reported consumers are more interested in living in a TND than five years ago. Conclusions Activity-friendly TNDs appear to be increasing in demand, but developers and realtors reported significant barriers to creating these communities. Implications for Practice: Benefits of TNDs could be promoted to developers and realtors to increase demand for TNDs.

20. COLORECTAL CANCER AND SCREENING: FINDING EFFECTIVE HEALTH EDUCATION METHODS AMONG HISPANICS

Norma Fernandez, MA, MPH, CHES, University of Texas at El Paso; Veronica M. Johnson, University of Texas at El Paso; Matthew D. Duran, University of Texas at El Paso; Laura Guillen-Gomez, BA, University of Texas at El Paso; Osvaldo Morera PhD, University of Texas at El Paso

Colorectal cancer (CRC) is the second leading cause of cancer-related death and is the third most commonly diagnosed type of cancer in the United States. All expert organizations strongly advocate CRC screening to detect CRC and reduce mortality rates. In response to some of these efforts, there has been a significant reduction in the incidence of CRC among White Americans. However, reduction in CRC among Hispanics is smaller than their Anglo counterparts. Individuals 50 years of age or older are at a high risk for developing CRC. Focus groups were conducted at the University of Texas at El Paso to explore Mexican-American men and women's opinions of what would be the content and structure of informative and effective decision aids for CRC that would optimize decision making of preventative measures and screening procedures. All focus group participants were 50 years or older, El Paso county residents, Hispanic, and fluent in English. Most participants reported having heard the term CRC but not understanding who is at risk, screening methods, and preventative measures against CRC. Participants suggested utilizing several methods combined to convey information to the community in English and Spanish, instead of a single method. Family and friend networks seem important support mechanisms in encouraging screening. However, the faith-factor seemed to discourage individuals from screening for CRC if procedure was not recommended by their doctor. These findings provide a slightly different framework for developing future informational material on CRC that encourages screening and preventative measures.

21. DEVELOPING AND SUSTAINING LONG-TERM PARTNERSHIPS IN THE NATIONAL DIABETES EDUCATION PROGRAM

Judith McDivitt, PhD, National Diabetes Education Program, Division of Diabetes Translation, CDC

Founded in 1997, the National Diabetes Education Program (NDEP) is a joint program of the Centers for Disease Control and Prevention and the National Institutes of Health to prevent diabetes and its complications. From the start, the NDEP has worked with a wide range of partner organizations (e.g., community-based organizations addressing ethnic minority populations, healthcare providers, businesses, professional associations) from the national to the local level. These partners have been organized into 10 work groups focusing on specific audiences, such as Hispanic/Latinos, healthcare providers, children and adolescents. These partners have benefitted the program by helping NDEP better understand the populations they serve, connect with other partners, and develop a wide range of evidence-based, audience-tested educational materials and tools. NDEP also has learned valuable lessons about building, engaging, and sustaining these partnerships over the 12 years of the program. After briefly describing the structure of the partnership and major roles of the partners, this poster will detail the lessons NDEP has learned about developing and maintaining long-term partnerships with a wide range of partners. These lessons will address topics such as the differences in expectations and working styles of partners from different professional and cultural backgrounds, challenges in maintaining partner engagement over the long term, the level and type of effort that can be expected from volunteer partners, the benefits of having a wide diversity of partners, and unexpected benefits and lessons from partner involvement.

22. PROMOTORA WORKSHOP IN SOCIAL DETERMINANTS OF HEALTH AND TRAINING IN MOTIVATIONAL INTERVIEWING

Lisbeth Iglesias Rios, MS, LADAC, University of New Mexico

The workshop for promotoras was conducted as part of the diabetes research project of Tu Salud, "Si Cuenta": A Community-Based Media Intervention for disadvantaged Mexican Americans living along the U.S.-Mexico border. Objectives and Methods: The overall goals of the workshop were: (1) To approach the problem of diabetes through the general Freirian framework for problem-posing education that enables a participatory education process, (2) to develop awareness and dialogue between promotoras regarding the social and structural determinants of health in connection with diabetes, and (3) to train promotoras in motivational interviewing principles, techniques and methods at the introductory level and according to the research objectives of the research project Tu Salud, ¡Si Cuenta!. Results: The results from the motivational interviewing training showed that promotoras were highly interested in the topic, that the concepts and skills gained in the training were considered highly useful for them, and that the promotoras felt more capable to implement what they learned into their work. Conclusions: The effectiveness of training promotoras in motivational interviewing approach requires further research that contributes to translating research into community practice. This is particularly relevant because the role of promotoras is critical to community health education and promotion and as a means of improving outcomes for underserved populations.

23. THE IMPACT OF SATISFACTION WITH HEALTHCARE PROVIDERS ON AFRICAN AMERICAN WOMEN LIVING WITH HIV

Jillian Lucas Baker, DrPH, EdM, University of Pennsylvania; Lisa Bowleg, PhD, Drexel University; Edward Graceley, PhD, Drexel University; Jennifer Faerber, PhD, University of Pennsylvania

Satisfaction with healthcare providers (HCPs) has proven to be a predictor of behavior and health outcomes among HIV positive patients. Virtually no studies have examined the influence of HIV positive patients' satisfaction with HCPs on sexual risk behaviors. The purpose of this presentation is to discuss the results of a secondary data analysis that examined whether satisfaction with HCPs had an impact on sexual behaviors of HIV positive African American women. Methods: This study analyzed quantitative data from a predominantly low-income sample of 157 HIV positive African American women who ranged in age from 20 to 70 (M = 39.85; SD = 8.72) who participated in Protect and Respect, a sexual risk reduction program for women with HIV/AIDS. Results: This study found that HIV positive African American women reported satisfaction and communication with their HCPs. However, satisfaction did not have any significant associations to condom use behaviors. Although this study found no significant associations between satisfaction with HCPs and condom use, findings indicated that contrary to existing literature, African American women living with HIV/AIDS can be satisfied with their HCPs and communicate about stigmatized topics. Conclusions: In conclusion, this study provided insight into satisfaction with HCPs and health outcomes among HIV positive African American women. This was one of the first studies to find satisfaction with HCPs among HIV positive African American women. Given the disparities of HIV/AIDS infection among African American women, further research on their experiences with HCPs may prove to be vital to their health outcomes.

24. PUBLISHING ON POLICY: TRENDS IN PUBLIC HEALTH

Amy Eyler, PhD, CHES, MPH, Washington University in St. Louis; Mariah Dreisinger, MPH, Washington University in St. Louis

Policy approaches to improving health provide opportunities, support, and cues to help people develop healthier behaviors. There is increased focus on the broader policy approaches to health promotion in both research and practice. The purpose of this study was to identify the extent to which policy research is represented in top public health journals over the last decade. Sixteen top health journals were chosen for study. A policy-related article was defined as having a main focus on a policy, law, regulation, or rule. A systematic audit of articles published from 1998 to 2008 was conducted using online archives. For the time period of 1998-2008, our audit resulted in a total of 725 articles or commentaries on policy-related topics. There appeared to be no trend in number of articles published per year. Out of over 19,000 articles published during the study period, only 3.8% were related to policy. The percentage of policy-related articles to overall published articles ranged from 4.7% in 2001 to 2.7% in 2006. In spite of enhanced interest in policy interventions for health improvement, there has been little increase in policy related articles published over the last decade. Two topics that were most prevalent in the audit (tobacco and healthcare) are those with very direct policy implications and a long history of policy development and implementation. As research on topics such as obesity or other population health issues become more policy-focused, findings may be reported more frequently in main stream public health journals in the upcoming years.

25. ADDRESSING CHRONIC DISEASE THROUGH COMMUNITY HEALTH WORKERS: A POLICY AND SYSTEMS-LEVEL APPROACH

Talley Andrews, BA, MPH, ORISE Research Participant; Hilary Wall, MPH, Health Scientist; Nell Brownstein, PhD, CDC; Qaiser Mukhtar, PhD, Division for Heart Disease and Stroke Prevention/National Center for Chronic Disease and Health Promotion/Centers for Disease Control and Prevention

Chronic disease affects approximately one half of the U.S. population, and often disproportionately burdens underserved communities. Community Health Workers (CHWs) serve an integral role in health promotion and disease prevention within these communities. CHWs not only act as patient navigators, they also provide support for lifestyle modifications, and strengthen self-care management strategies. Through partner collaboration, public health practitioners are in a unique position to promote systems-level change for CHW integration into the healthcare system to eliminate disparities in chronic disease. Theoretical Basis Community Empowerment: As part of a multidisciplinary healthcare team, CHWs become part of the community empowerment process. By providing culturally competent health education and building community trust, they act as a "bridge" between underserved populations and the healthcare system. Methods We conducted an environmental scan of key resources on CHWs—including peer-reviewed articles, training materials, and accounts of state policy development—and developed a tool translating the research to practical applications. Intervention CHW integration into the healthcare system requires a comprehensive policy-level intervention. Examples of successful strategies and policy recommendations are shared to support public health practitioners in this endeavor. Partnerships Opportunities for collaboration with partners are highlighted, providing practitioners with a menu of partnership activities. Implications of Research Results for Enhanced Practice We provide an overview of the roles CHWs play in chronic disease management, outline approaches that public health practitioners may take to cultivate a supportive environment for CHW integration, recommend legislative components for CHW sustainability, and provide information on education, training and evaluation resources.

26. EVALUATION OF A PEER-LED INTERVENTION FOR SOUTH AFRICA'S MOST VULNERABLE CHILDREN

Charles Deutsch, ScD, Harvard School of Public Health

South Africa has millions of children and youth whose poverty, high-risk environment, and orphan status makes them especially vulnerable to HIV infection. Both organized and informal community adult support networks are diminished and overtaxed. Even in the best circumstances, few adults are able to help these young people understand and cope with the mysteries and challenges they face: Grief and loss, sexuality and responsibility, traditional beliefs and modern pressures. Vhutshilo 1 and 2 are peer-led, time-limited, structured prevention education and psychosocial mutual support group interventions for 10-13 and 14-16 year old orphans and vulnerable children (OVC). A field-generated initiative to develop a replicable and sustainable community resource, it was designed to be delivered in OVC centers, schools, and faith communities across the country. Staff already in place with limited education and little prior experience with interactive learning, group emotional support, and participatory research methods were trained to recruit and supervise peer educators who facilitated the 13-session groups. Both the delivery of the intervention and the collection of data to evaluate it depended on non-professional youth and adults. This session will report on three years of Vhutshilo evaluations, including the intervention's methods and design, capacity-building outcomes, and issues in CBPR and data collection. Results will be presented on the intervention's impact on group participants, peer educators, and implementing programs.

27. TEAM MEMBER PERSPECTIVES ON COMMUNITY-BASED PARTICIPATORY RESEARCH IN THE DOMINICAN REPUBLIC

Fidela Chiang, BA, Emory University; Jennifer Foster CNM, MPH, PhD, Emory University

Community based participatory research (CBPR) is one approach to address global health disparities. One such team, made up of nurses and community members in the Dominican Republic (DR), participated together in all aspects of the research process to understand the quality of maternity care in one hospital. Our study examined the efficacy of CBPR by documenting the experience of the research team members on the project. Aims: 1) to describe how the community members and nurses involved in CBPR evaluate their research experience, 2) to compare and contrast the responses of the team members, 3) to determine how the community members and nurses could apply their newly-acquired CBPR skills to improve healthcare in their own communities. Methods: Each team member on the Dominican maternal-newborn quality of care study participated in two in-depth interviews regarding their experiences in all steps of the research process during their CBPR involvement. The interviews were recorded and transcribed, allowing for comprehensive qualitative analysis. Results: Text is currently being analyzed; we will present the findings in April. Preliminary analysis reveals general positivity towards CBPR and the empowering effects of knowledge, teamwork, and community involvement. Relevance: A research approach that transcends sociocultural hierarchies empowers those involved to collaborate towards a common goal of improving healthcare. Impact: Study findings may encourage implementation of similar projects in other parts of the DR to improve maternal-newborn survival. This project may also serve as a model for national and international collaborations aimed to promote maternal and newborn health.

28. LEAD PEACE: OUTCOMES OF A COLLABORATIVE SERVICE LEARNING PROGRAM FOR URBAN MIDDLE SCHOOL YOUTH

Renee Sieving, PhD, RN, University of Minnesota Prevention Research Center; Barbara McMorris, PhD, University of Minnesota Prevention Research Center; Annie Ericson, MA, University of Minnesota Prevention Research Center; Ed Irwin, BA, Nia Imani Youth and Family Development Center; Ben Knaus, BS, Cityview Performing Arts Magnet School; Pam Russ, MSH, LICSW, Hennepin County-Village Social Services

The goal of the Lead Peace demonstration study (2006-09) was to develop, implement and evaluate a middle school service learning program that reduces risks for youth violence and school failure. Study collaborators included Minneapolis Public Schools, Hennepin County Social Services, and University of Minnesota PRC. Methods: This study involved four urban schools with ethnically diverse, economically and academically at-risk student bodies assigned to a control condition (n=2) and intervention conditions offering Lead Peace programming in 7th-8th grades (n=1) and in 6th-8th grades (n=1). Guided by a youth development framework, the Lead Peace service learning program addresses core risk and protective factors for youth violence and school failure, emphasizing opportunities to practice group decision making, problem solving, and conflict resolution skills; develop emotional self-regulation skills; build caring relationships with peers and adults; and gain experience with pro-social school and community involvement. The 8th grade class of 2009 formed the study cohort, completing surveys in 6th, 7th, and 8th grades that assessed violence, school involvement, targeted risk and protective factors. Results: Preliminary outcomes findings are promising. Initial serial cross-sectional analyses examined school-level changes in risk and protective factors between 7th and 8th grades. By the end of 8th grade, intervention students reported greater interpersonal skills ($p=0.08$), more cooperative peer behaviors ($p<0.05$), and stronger attachments to school ($p=0.12$) and peers ($p=0.07$) than did control students. Conclusions: Findings suggest that the Lead Peace service learning program is effective in building skills and supports that protect young people from violence involvement and school failure.

29. HEARING HEALTH IN NORTHWEST AMERICAN INDIAN COMMUNITIES

William Martin, PhD, Oregon Health & Science University; William Lambert, PhD, OHSU Prevention Research Center; Linda Howarth, BA, Oregon Hearing Research Center, Oregon Health & Science University; Yongbing Shi, MD, PhD, Oregon Health & Science University; Susan Griest, MPH, National Center for Rehabilitative Auditory Research, Veterans Administration Medical Center; Thomas Becker MD, PhD, Oregon Health & Science University

Hearing loss is highly prevalent in AI/AN communities. Losses can isolate members from the spoken aspects of culture. This study documented hearing health risk exposures and the results of rehabilitation intervention in NW tribal groups. Theoretical basis: • Transtheoretical Theory • Theory of Planned Behavior & Theory of Reasoned Action • Health Belief Model • Social Cognitive Theory Interventions: We performed hearing screening in rural and urban tribal collectives. We identified hearing losses, provided diagnoses, and when needed, provided hearing amplification devices (hearing aids and other devices). Evaluation measures: We tracked quality of life changes resulting from amplification over a 6-month period. We used questionnaires to identify potential risks from types of noise exposures. Results: We screened 289 participants, of which, 134 (46.4%) required medical intervention and/or amplification. In the group fitted with hearing aids (n=24), significant life improvement was noted when amplification was used. An additional 24 participants have completed evaluation and the results are being analyzed. Rural participants reported significantly higher noise exposures than did those from urban settings. Both settings had a high prevalence of potentially dangerous noise exposures. In conclusion, noise exposure presents a significant hearing health risk that requires aggressive prevention programs to reduce the likelihood of hearing impairment. Amplification, if applied and used properly, benefits AI/AN individuals with hearing loss and retains or restores their important community connections.

30. COMMUNITY - ACADEMIC PARTNERSHIP USING CBPR FOR GUIDED SERVICE-LEARNING OPPORTUNITIES

Su-I Hou, DrPH, CPH, CHES, RN, University of Georgia

The purpose of this project is to explore new ways of establishing and sustaining partnerships for community-based participatory research (CBPR) projects to address community health needs. Specifically, this project describes and illustrates how infusion of CBPR sessions into carefully designed service-learning opportunities can be used as a promising strategy to engage graduate students in establishing collaborative community-academic partnerships. Setting: Master of Public Health (MPH) students in a culminating course on "Community Health" worked on semester-long projects to apply key CBPR principles and group facilitation skills for establishing partnerships. Methods: As an integral part of these course-based CBPR projects, students learned to critically examine and discuss principles, methods, resources and applications of CBPR. Each group learned to build a collaborative and equitable relationship and conduct a community needs and assets assessment. Results: Four CBPR projects, including a senior high-rise apartment community, a family-oriented community residential neighborhood, a rural elementary school community, and a church-based Haitian American urban community, will be shared. Key CBPR principles will be highlighted. In addition to discuss strategies to maximize community participation, challenges of using CBPR approach involving community members and ways to address these challenges will also be discussed. Conclusion: The study provides an innovative way of engaging and empowering students and communities in establishing community-academic partnerships for addressing community-identified health needs. The infusion of CBPR sessions provided explicit guidelines and deliberate efforts to facilitate equitable partnerships building.

31. ASSESSING THE TRAIN-THE-TRAINER MODEL FOR THE CDC SUSTAINABLE MANAGEMENT DEVELOPMENT PROGRAM

Jamila Fonseka, MPH,CHES, Division of Cancer Prevention & Control, CDC; Elizabeth Howze, ScD, Division of Global Public Health Capacity Development, CDC; John Marsh, Mphil, Ceng, Division of Global Public Health Capacity Development, CDC

CDC's Sustainable Management Development Program (SMDP) works with countries in Africa, Asia, Latin America and Europe and their public health leaders and managers to build stronger, more sustainable public health programs and systems. Our country capacity building programs, carried out in collaboration with ministries of health, assess and improve organizational operations, address quality standards, and promote policy systems change. Theoretical Basis CDC SMDP wanted to explore a Train-the-Trainer (TTT) approach to expand its reach and impact. Objective To review programs that used the TTT approach, assess their effectiveness, strengths and shortcomings, and identify critical success factors to assure fidelity and impact. Intervention From an initial re-

view of approximately 175 abstracts from PubMed, ERIC and ProQuest databases, we examined 26 articles and reports about programs that used TTT approaches. We defined criteria for inclusion in advance as: knowledge gains; ability to impart skills; ability to implement trainings; training fidelity and quality; and impact and cost-effectiveness. Evaluation Measures and Results Based on effectiveness criteria, our findings regarding the TTT approach are mixed. Advantages of this method include: increased trainee knowledge and skills; cost effectiveness; and greater reach. Shortcomings include: "wastage" as only a percentage of trainees conducted more trainings; and "diluted" quality of trainee-delivered programs. We will also be discussing several key TTT success factors. Our study findings have significant implications for TTT being a viable strategy for SMDP and other programs considering TTT approaches.

32.COMMUNITY HEALTH NEEDS OF GREATER FIFTH WARD OF HOUSTON

Vishnu Nepal, MPH, Houston Department of Health and Human Services; Mark Perry, MPH, Houston Department of Health and Human Services; Deborah Banerjee, PhD, Houston Department of Health and Human Services

Limited health indicators available for Greater Fifth Ward, an inner city neighborhood of Houston, suggest that the residents have a poor health status. The observational approach "Windshield Survey" can provide indicators of obvious community needs and the context for invisible needs. There exist a number of social and environmental issues (contexts) that have impact on human health, which, if not resolved, may result in further deterioration of the health of the residents. Two teams of staff were trained and deployed to Greater Fifth Ward to assess the community needs and existing resources using the Windshield survey method. Staff used a standardized, structured assessment template for data collection. Once all the issues were documented, both teams participated in the analysis of the data. The categories were prioritized and the resulting categories were then shared with the community in a round table meeting to seek validation of the findings and to further discuss, narrow down and prioritize needs as they relate to the community. The final list of priority issues are: housing (abandoned houses, blue tarp roof), lack of economic stability, lack of grocery chain stores, serious drainage and trash build, and social (prostitution / drug / safety / crime) issues. The windshield survey can serve as the basis and starting point from which to conduct further exploration of social, environmental, economic, political, public health, and many other issues in a community. It can provide a greater insight into the origins and inter-relatedness of such issues for planning result-driven interventions.

34. EVALUATING CORRELATES OF ADOLESCENT PHYSICAL ACTIVITY DURATION TOWARDS NATIONAL HEALTH OBJECTIVES: ANALYSIS OF THE COLORADO YOUTH RISK BEHAVIORAL SURVEY, 2005

Stephen Nkansah-Amankra, PhD, MPH, MA, University of Northern Colorado (UNC); Abdoulaye Diedhiou, MD, PhD, Public Health Consortium/University of South Carolina

Context: Benefits of physical activity and harmful effects of cigarette smoking on health have been reported consistently across different population groups in a variety of contexts. Physical activity among adolescents is associated with self body image, improved interpersonal relationships, high academic achievement and improved mental health outcomes, and is a key objective of Healthy People 2010. However, the extent of interrelationships among adolescent health risks, physical activity and smoking patterns across cohorts of students at different stages has not been adequately evaluated. Furthermore, differences in physical activity duration may also differ among regular smokers, quitters and adolescents who have never smoked, and it is not known how these effects are related to other adolescent risks and protective health factors. To meet the national goals of physical activity and recommendations for improved health among adolescents, there is the need to explore determinants of physical activity duration during adolescent stages. The main purpose of this project was to evaluate the associations among adolescent physical activity duration, smoking behaviors and other adolescent health risks in order to determine factors accounting for low physical activity duration. Research questions guiding the study are: 1. What are the relationships among physical activity duration, smoking behaviors, and other adolescent health risks? 2. Are the patterns of smoking behaviors and physical activity duration different for boys and girls? 3. Is the association between adolescent smoking behaviors and physical activity duration modified by gender or mental health functioning? Methods: Combined datasets of Healthy Colorado Kids and Colorado Youth Behavioral Risk Survey will be used to evaluate these relationships. Statistical analysis using the ÷2 test to compare discrete variables will be used and duration of response (physical activity) will be evaluated using Cox proportional regression hazards models. Outcome: Duration of physical activity in relation to other risk behaviors will benefit the school district and coalition groups supporting improved adolescent health programs across the state and in country. Conclusion: Examining the extent of physical activity duration and its effect on interrelationships among health risk may provide further evidence needed to implement policy changes supporting a minimum weekly time allowance set for physical activity in Colorado schools.

35. COMMUNITY/ACADEMIC COLLABORATION: HEALTHY PARTNERSHIPS FOR HEALTHY COMMUNITIES

Holly Mata, MS, LSC, University of Texas at El Paso; Sharon Thompson, MPH, PhD, CHES, University of Texas at El Paso

The CDC has highlighted falls among older adults as a major threat to independence, well-being, and health status. Research has shown that effective interventions include specific components and are community-based and culturally relevant. The Department of Health Promotion at the University of Texas at El Paso collaborates with diverse community partners in a variety of endeavors and strives to provide undergraduate and graduate students opportunities to engage with, learn from, and facilitate the health promotion missions of community organizations. Recently, graduate students partnered with a local Regional Advisory Council and an Area Agency on Aging to develop a community-based fall prevention program for older adults. The program was developed according to CDC guidelines and incorporated the five suggested components: exercise program (already in place in our community), education, medication review, vision exams, and home safety assessment. Students developed educational programs grounded in theory addressing the last four components, thus enhancing existing resources and providing the foundation for a community-based fall prevention program. Community agency input was incorporated, and community partners suggested specific ideas for PSA's, brochures, posters, and pamphlets that aligned with their mission and goals. Students had the opportunity to implement theory in a meaningful way while contributing to community health promotion efforts, helped identify future collaborative possibilities for other classes, and proposed evaluation plans for their educational programs. Implications for educators, students, and community partners are highlighted.

36.THE SNOT (SERIAL NASAL OBSERVATION TRIAL) STUDY: ENGAGING ELEMENTARY SCHOOL TEACHERS IN A PARTNERSHIP FOR HEALTH EDUCATION AND RESEARCH

Marjorie Carter, MSPH, CHES, University of Utah; Brittany Mallin, MPH, MA, CHES, University of Utah; Mandy Allison, MD, MA, MSPH, University of Utah; Kimberlee Taylor, BA, University of Utah

The SNOT study's goal is to investigate the epidemiology of respiratory viruses among children in an elementary school while educating teachers and students about prevention of respiratory viruses. Difficulty engaging teachers can be a barrier to working with schools. Theoretical Framework: The Health Belief Model guided efforts to increase teacher engagement. Hypothesis: We will increase teacher engagement by sharing data, conducting classroom presentations, and demonstrating how teachers can integrate lessons on infectious disease spread into curricula. Methods: To increase teachers' perception of susceptibility to respiratory viruses we shared data about the proportion of symptomatic children attending school, school absenteeism, and circulating viruses. To increase perception of benefit of participation, we offered classroom presentations on infectious disease spread and prevention. To decrease barriers and increase self-efficacy, we conducted a "SNOT science in the classroom" workshop where teachers learned about the study and practiced hands-on activities for use in their classrooms. Outcome measures were teacher participation and retention in the SNOT study from Year 1 to Year 2 and teachers' workshop evaluations. Results: In Year 2, all but one teacher from Year 1 enrolled and 5 additional teachers were recruited so participation increased to 57% of the school's teachers (16/28). All teachers attended the workshop; 10 completed the evaluation with all grades represented. 90% rated it as useful and 100% had plans to apply the information in their classrooms. Conclusions and Implications: We created a partnership between a university and a public school for research and health education by making special efforts to engage teachers.

37. METHODS FOR CONDUCTING POPULATION-BASED SURVEILLANCE OF PUBLIC HOUSING RESIDENTS

Daniel Brooks, DSc, MPH, Boston University; Eleni Digenis-Bury, MPH, Boston Public Health Commission; Daniel Dooley, BA, Boston Public Health Commission; John Kane, MPP, Boston Housing Authority; C. Robert Horsburgh, MD, MS, Boston University

Public housing residents (PHRs) represent a sizeable segment of the population and disproportionately have demographic characteristics associated with poor health. However, there has been little information—and virtually none that is population-based—regarding health status, health care utilization, or health-related behaviors among PHRs. The Partners in Health and Housing Prevention Research Center (a partnership of Boston University, Boston Public Health Commission [BPHC], Boston Housing Authority [BHA], and Community Committee for Health Promotion) has conducted two projects aimed at using existing public health surveillance systems to obtain ongoing health data on PHRs. The first project entailed adding a question regarding housing status to a biennial telephone survey conducted by BPHC. The resulting ability to determine PHR status enabled access to data on a wide range of health-related behaviors and conditions. In the second project, de-identified public housing addresses were linked with addresses in Boston death and birth files, making possible calculation of cause-specific mortality rates and various measures of birth rates, outcomes, and other information captured on the birth certificate. In summary, these methodologies can provide population-based data on an important health disparity population which has not previously been captured in standard surveillance practice. Furthermore, because both methods use data collected through ongoing surveillance, they can be accomplished at a low marginal cost and thus feasibly integrated into public health practice. The presentation will describe the methods used, provide illustrative results, discuss strengths and limitations, and highlight possible future uses of the data.

38. PROCESS EVALUATION OF "QADEROON": A COMMUNITY BASED MENTAL HEALTH PROMOTION INTERVENTION FOR REFUGEEs

Rima Nakkash, DrPH, American University of Beirut; Rima Afifi, PhD, American University of Beirut; Pascale Haddad, MPH, American University of Beirut; Hala Alaouie, MPH, American University of Beirut

Whether or not an intervention achieves expected outcomes is attributed to a variety of factors, including extent of program implementation. Process evaluation allows researchers to understand reasons for success or failure in achieving required intervention outcomes. This presentation describes the process evaluation of "Qaderoon" (We Are Capable), a year-long social skill building intervention with a refugee youth population (11 to 14 years), their parents, and teachers. The objective of the intervention was to improve mental health and attachment to school by changing intermediate outcomes such as improved communication skills, problem solving skills, relationship with peers, parents & teachers, school attitude , a decrease in inter-personal violence, an increase in productive use of non-school time, among others. The overall frameworks guiding the intervention are the ecological framework and community based participatory research to enhance relevance, effectiveness, and continuity. The presentation will describe (1) the intervention (2) the process evaluation plan including data collection tools, and (3) process evaluation results including fidelity, reach, dose received, and dose delivered. Although findings reveal adequate results in terms of fidelity, dose received and dose delivered, the main difficulty was in maintaining compliance. Practical and contextual barriers to achieving compliance and related response strategies will be discussed.

39. DEVELOPMENT AND TESTING OF THE CHARACTERISTICS OF RESPONSIBLE DRINKING SURVEY (CHORDS)

Adam Barry, PhD, Purdue University; Patricia Goodson, PhD, Texas A&M University

Americans are inundated with recommendations to 'drink responsibly' by both alcohol industry-sponsored campaigns and alcohol-abuse education/prevention efforts, yet factors associated with responsible drinking are not grounded in empirical research. Purpose: Describe the development and testing of a theory- and evidence-grounded measure/scale designed to assess individual's responsible drinking beliefs, motivations, intentions, and behaviors. Theoretical framework: The Theory of Reasoned Action (TRA), Theory of Planned Behavior (TPB), and Social Cognitive Theory (SCT) informed the survey's underlying theoretical model. Specific constructs include: behavioral beliefs, motivation, perceived behavioral control, barriers, self-efficacy, and behavioral intention. Methods: Four pre-testing phases and a final post-test implementation were conducted. The final sample consisted of 729 students attending a large public university in Texas. Analysis: Cronbach's alpha, split-half reliability, principal components analysis and Spearman's rho were conducted. Results: CHORDS' measures exhibited high internal consistency reliability and strong correlations of split-half reliability. Factor analyses indicated five distinct scales, as proposed in the theo-

retical model. Composite score for each CHORDS sub-scale exhibited statistically significant correlations to alcohol consumption behaviors, indicating concurrent validity. Conclusion / Implications: CHORDS represents the first instrument designed to examine the responsible drinking construct. It was found to elicit valid and reliable data among a college student sample. Whether one desires to determine prevalence among groups or assess the impact of an alcohol education/prevention intervention, the CHORDS provides a method to investigate evidenced-based characteristics of responsible drinking. This instrument provides a clearer understanding of what it means to drink responsibly and how to measure.

39. CONDUCTING A DELPHI SURVEY WITH AGING AND PHYSICAL ACTIVITY EXPERTS

Katherine Leith, PhD, LMSW, University of South Carolina; Dina L. Jones, PT, PhD, West Virginia University; David X. Marquez, PhD, FACSM, University of Illinois at Chicago; Susan L. Hughes, DSW; University of Illinois at Chicago

Background: The purpose of Phase 1 of this 2-phase study was to query aging and physical activity experts about knowledge gaps regarding the impact of physical activity among older adults on health and functional outcomes and to determine the "state-of-the-art" in the field. This presentation describes the process of developing the Phase 1 survey; challenges encountered during data collection, and characteristics of respondents. Theoretical Framework & Methods: The study used a Delphi Survey approach, a multi-stage process directed in "rounds" of group interaction to achieve consensus. An on-line survey was created in SurveyMonkey and pilot-tested in Spring 2009. Actual data were collected in two waves in Fall 2009. Of 402 invitations made, 381 were received. Respondents had three weeks for completion; reminders were sent at Week 2 and 3. Results: Of 348 "appropriate" contacts, 181 responded (52%) and 131 completed the survey partially or fully (38%). Challenges encountered were selection of contacts and timeframe for data collection (i.e., inappropriate contacts; summer break), method of data collection (i.e., wrong e-mail addresses, spam filters). Conclusion & Implications for Practice: About 40% respondents reported < 10yrs. of experience; about 25% reported > 20yrs. About 20% listed >5 research foci; most commonly "intervention" (79%) and "behavior change/motivation" (54%). Most (88%) reported specializing in up to three research methods; most commonly "experimental/quasi-experimental" (73%), "observational" (57%), and "measurement" (30%). Most (85%) reported studying up to four older adult populations, including "healthy" (73%), "w/specific health problems" (42%), "White" (29%), and "w/disabilities-functional limitations" (28%). In Phase 2, findings used to develop a research agenda based on scientific importance.

40. CELEBRATING SOPHE CHAPTERS

Karen Spiller, Speaker, SOPHE House of Delegates; SOPHE's 20 chapter presidents and delegates

SOPHE's 20 chapters represent some 2,000 health educators residing in more than 35 states and regions of the United States, western Canada, and northern Mexico. Since the first chapter (San Franciso Bay Area - now Northern California) was recognized in 1962, chapters have expanded to provide vital services through networking, continuing education, advocacy, leadership development, community service, awards, and partnerships with state/local public and private agencies. SOPHE chapters must meet certain requirements for National SOPHE recognition, but maintain their own independent governing boards, member dues, programs and benefits structure. Many attract and serve a vibrant student population and offer scholarships and mentoring programs. This poster highlights Chapters and their activities. Find out how you can become involved and grow personally and professionally by being involved in your local SOPHE chapter.

41. CELEBRATING 60 YEARS OF SOPHE EXCELLENCE

M. Elaine Auld, MPH, CHES, CEO of SOPHE; Jean Breny Bontempi, PhD, MPH, Chair, SOPHE 60th Anniversary Task Force, Southern Connecticut State University; and John P. Allegrante, PhD, SOPHE Past President and Historian, Teachers College, Columbia University.

The Society of Public Health Educators (SOPHE) was established in 1950 when Clair E. Turner and an interim commission of 17 health educators convened in a St. Louis hotel meeting room. Membership required that the individual hold a graduate degree from a school of public health accredited by SOPHE and 2 years of experience; dues were set at $5. Over the next decade, SOPHE broadened its membership criteria and grew to be home to some 375 members; chapters proliferated; the first SOPHE journal (*Health Education Monographs*) was published; a code of ethics was adopted; and standards were promulgated for professional preparation in the field. SOPHE moved its offices from New York to Berkeley, California and changed its name to the Society for Public Health Education to confirm its mission of serving the public. The 1980s and 1990s saw the first SOPHE Midyear Conference in Puerto Rico; exploration of unification with other health education professional groups; relocation of the National office to Washington, DC and the appointment of a full-time Executive Director; and the establishment of SOPHE's 21st Century endowment campaign. Today, SOPHE thrives with 2,000 members, 20 chapters, 8 full-time staff, 4 CDC cooperative agreements, 2 bimonthly peer-reviewed journals, 2 national conferences, 11 special interest groups, a dynamic website, and a continued commitment to seeking Dorothy Nyswander's vision of "an Open and Just Society."

WEDNESDAY | APRIL 7

TIME	EVENT	ROOM
7:30 am–6:00 pm	Registration and CHES Desk Open	Rotunda Lobby, Level One, North Tower
8:00 am–11:30 am	SOPHE House of Delegates Meeting	Georgia 5
8:30 am–11:00 am	PRC National Community Committee Working Meeting	Atlanta 1-3
8:30 am–5:00 pm	SOPHE State Policy Health Institute – I and II (by invitation only)	Atlanta 4 & 5
11:30 am–5:30 pm	SOPHE Board of Trustees Meeting	Georgia 6
12:00 pm–6:00 pm	Hospitality Desk Open	Rotunda Lobby, Level One, North Tower
1:00 pm–5:00 pm	PRC Business Meeting	Capitol Ballroom North
4:00 pm–8:00 pm	Exhibitor, Poster, Silent Auction Set up	Georgia Rooms
2:00 pm–5:00 pm	Pre-conference Skill-building Workshop II	Georgia 5
5:30 pm–6:30 pm	PRC Ancillary Meeting / Policy Communications Meeting	Capitol Ballroom North
6:00 pm–9:00 pm	Pre-conference Skill-building Workshop III	Georgia 5
6:00 pm–9:00 pm	Pre-conference Skill-building Workshop IV	Atlanta 1 & 2

THURSDAY | APRIL 8

TIME	EVENT	ROOM
7:00 am–6:00 pm	Registration, Hospitality and CHES Desk Open	Rotunda Lobby, Level One, North Tower
7:00 am–7:45 am	Wellness Challenge	Georgia 13
7:00 am–8:15 am	SOPHE Chapter Development Workshop - *All Welcome*	Atlanta 1 & 2
7:15 am–8:15 am	SOPHE Snapshot & Meeting Mentoring Kick-off	Atlanta 4 & 5
7:15 am–8:15 am	SOPHE Committee Meetings Community of Practice Chairs Meeting	127
	SOPHE External Communications Commitee Meeting	125
	SOPHE Research Agenda Commitee Meeting	123
7:30 am–8:00 pm	Exhibits, Posters and SOPHE Silent Auction Open	Georgia Rooms
8:30 am–5:00 pm	CHES/MCHES Lounge - *All Welcome*	Atlanta 3
8:30 am–8:45 am	Opening Remarks and Welcome	Capitol Ballroom
8:45 am–9:45am	PLENARY SESSION I- Modifying Social and Physical Environments: Lessons and Keys for Transforming Policy, Research, and Practice	Capitol Ballroom
9:45 am – 10:15 am	Break in Exhibit Hall	Georgia Rooms
10:15 am–11:30 am	**CONCURRENT SESSIONS – A**	
	A1: All Policy is Local: Impacting Children's Health through Policy Advocacy	Athens
	A2: Innovative Approached to Promoting Healthy Aging	Atlanta 1 & 2
	A3: Evidence-based Prevention Programs	Capitol Ballroom
	A4: Cultural Diversity and Healthcare: Bridging the Gap	Atlanta 4 & 5

THURSDAY | APRIL 8

	A5: Environmental and Policy Approaches to Building Healthier Communities	Georgia 5 & 6
	A6: Building Community-Researcher Partnerships: Achieving Scope and Scale with Community-Based Participatory Research to Address Underage Drinking and Impaired Driving	Macon
11:30 am–12:30 pm	Networking Box Lunch "Idea Generator" Roundtables I	Garden Courtyard
11:30 am –12:30 pm	SOPHE Community of Practice Meetings: Students/New Professionals	Atlanta 1 & 2
	Faculty Caucus	Atlanta 4 & 5
11:30 am–12:30 pm	SOPHE Membership Committee Meeting	121
11:45 am -12:15 pm	Wellness Challenge	Georgia 13
11:45 am-12:15 pm	Georgia SOPHE Chapter Business Meeting *(All Welcome)*	Augusta
12:45 am-2:00 pm	**CONCURRENT SESSIONS - B**	
	B1: Policy Advocacy & Health Communication: Maximizing Impact	Athens
	B2: Influencing Practice and Policy through a Collaborative Research Network: Focus on Healthy Aging	Atlanta 1 & 2
	B3: Empowerment for Today's Youth Using CBPR	Macon
	B4: Community Health Workers and Lay Health Workers: Partnering for Success	Atlanta 4 & 5
	B5: How Do Socio-economic Factors Play a Big Part in the Way Americans Make Their Food Choices?	Georgia 5 & 6
	B6: Better Doctor Visits for All: Increasing Cultural and Linguistic Competency	Augusta
2:00 pm–2:15 pm	Break/Exhibit Connection	Georgia Rooms
2:15 pm–2:45 pm	**Keynote Address Healthy People 2020 – A Framework for Action**	Capitol Ballroom
2:45 pm – 4:15 pm	**Plenary Session II – Community-Based Participatory Research in the Latino Community: New Insights and Opportunities**	Capitol Ballroom
2:45 pm – 4:15 pm	Georgia SOPHE Chapter Panel Discussion on Public Health Advocacy in Georgia	Augusta
4:30 pm–5:45 pm	**CONCURRENT SESSIONS - C**	
	C1: Women's Health: A Focus on Priority Populations	Athens
	C2: Adolescents and Mental Health	Macon
	C3: Jazzing up Geriatric Health	Atlanta 1 & 2
	C4: Community Engagement in Promoting Physical Activity	Georgia 5 & 6
	C5: New Media Strategies to Address Chronic Disease	Capitol Ballroom
	C6: Challenges and Successes in Smoking Cessation Programs	Atlanta 4 & 5
6:30 pm – 8:00 pm	Gala Exhibitor Opening and Conference Reception Poster Session with Authors; SOPHE Silent Auction	Georgia Rooms

FRIDAY | APRIL 9

TIME	EVENT	ROOM
7:00 am–3:00 pm	Registration, Hospitality and CHES Desk Open	Rotunda Lobby, Level One, North Tower
7:00 am–7:45 am	Wellness Challenge	Georgia 13
7:15 am–8:30 am	Continental Breakfast	Georgia Rooms
7:15 am–8:15 am	SOPHE Communities of Practice Breakfast Roundtables	Macon, Valdosta, Savanah 1-3
7:15 am–8:15 am	PRC and NACDD Meeting	125
7:15 am–8:15 am	SOPHE Publication Meeting	123
7:30 am–1:00 pm	Exhibits, Posters, and Silent Auction Open	Georgia Rooms
8:30 am–9:45 am	**CONCURRENT SESSIONS - D**	
	D1: Getting Connected: The New Frontier of Web-Based Interventions	Capitol Ballroom
	D2: Politics and Policy: Reform at the State and Local Levels	Georgia 5 & 6
	D3: Changing the School Environment: Increasing Youth Physical Activity	Macon
	D4: The Next Generation of Community-Based Researchers: CDC-ASPH Minority Fellowship Program at the Prevention Research Centers	Athens
	D5: Reaching Low-wage Workers via the Workplace	Atlanta 1 & 2
	D6: State of the State: Federal Tobacco Control Initiatives	Atlanta 4 & 5
9:45 am–10:30 am	Break in Exhibit Hall	Georgia Rooms
10:30 am–11:45 am	**CONCURRENT SESSIONS – E**	
	E1: Engaging Communities in Cancer Prevention	Atlanta 4 & 5
	E2: Addressing Diabetes through Community-Based Participatory Research	Atlanta 1 & 2
	E3: School Health: Reaching Beyond the A, B, C's	Capitol Ballroom
	E4: Advancing the Science of Community Intervention, Chicago 2009: Report and Discussion	Macon
	E5: Evidence-Based Obesity Prevention: A Model for Reviewing, Packaging, and Disseminating Evidence	Athens
	E6: Health Education Training and Standards: Meeting the Challenges of 2010 and Beyond	Georgia 5 & 6
12:00 pm – 1:00 pm	SOPHE Town Hall Meeting and Box Lunch *(All Welcome)*	Atlanta 4 & 5
12:00 pm – 1:00 pm	Networking Box Lunch "Idea Generator Roundtables–2"	Garden Courtyard
12:00 pm – 1:00 pm	2010 SOPHE Annual Meeting Planning Committee Meeting	125
12:00 pm – 1:00 pm	PRC Ancillary Meeting: CDC Health-Related Quality of Life Program	Augusta
1:00 pm	Exhibits, Posters, and Silent Auction Close	Georgia Rooms
1:00 pm – 2:15 pm	**Plenary Session III - ACTing (Advocating, Communicating and Translating) to Achieve Health Equity: Getting Beyond the Rhetoric**	Capitol Ballroom
2:15 pm – 2:30 pm	**Closing – Conference Wrap-Up**	Capitol Ballroom
3:00 pm	CHES Desk Closes	Rotunda Lobby, Level One, North Tower

NETWORKING BOX LUNCH

Room: Garden Courtyard

Thursday: 11:30 am – 12:30 pm, Friday: 12:00 pm – 1:00 pm

Grab your box lunch and head to the lovely Garden Courtyard to eat and network with colleagues. Choose from more than 40 topics listed below to exchange ideas with other conferees.

It doesn't matter whether you're, looking for a way to enhance your practice, have expertise and experiences to share, need problem-solving advice, or can offer tips and tools of the trade. It'll be a fun and lively exchange!

IDEA GENERATORS

THURSDAY, APRIL 8		FRIDAY, APRIL 9	
1)	Adolescent Health	1)	Alternative Medicine
2)	Chronic Disease Management	2)	Alcohol/Drug Usage Among Teens
3)	Climate Change & Health	3)	Applying Learning Theory Principles
4)	Coalition Building	4)	Assessing Verbal & Nonverbal Communication
5)	Community Assessment	5)	Assimilation and Acculturation
6)	Community-Based Participatory Research (CBPR)	6)	Avoiding Professional Burnout
7)	Control of Infectious Disease	7)	Best Practices
8)	Developing Protocols	8)	Childhood Obesity Programs
9)	Eliminating Racial and Ethnic Health Disparities	9)	Cross-Cultural Concepts of Health and Illness
10)	Ethics & Health Education	10)	Current Job Market/Job Searching on the Internet
11)	Evaluation: Formative & Summative	11)	Current Perspectives of Practice and Professional Preparation
12)	Exploration of Doctoral Programs	12)	Development and Usage of Printed Materials Effectively
13)	Global Health	13)	Early Intervention Strategies
14)	Grant Writing Tips	14)	Empowering Communities
15)	Health Communication & Technology	15)	Environmental Health – Going Green
16)	Health Determinants	16)	Epidemiological Diagnosis
17)	Health Economics	17)	Family Planning
18)	Health Literacy	18)	Fundraising
19)	Health Promotion in the Workplace	19)	Grant Resources
20)	Healthcare Reform	20)	Health Indicators
21)	HIV/AIDS	21)	Health Promotion & Cultural Diversity
22)	Identifying Evidence-Based Programs	22)	Health Promotion for Health Educators
23)	Improving Food Choices in School Cafeterias	23)	Health Promotion for LGBT Community
24)	Improving Health Care	24)	How to Evaluate Your Research Program
25)	Improving Resumes	25)	Injury Prevention
26)	Leadership Development	26)	Logic Model
27)	Patient Education Strategies	27)	Maternal, Infant & Child Health
28)	Physical Activity for Children	28)	Medical Product Safety
29)	Politics of Prevention	29)	Mental Health Resources
30)	Public Health Advocacy	30)	Networking Building
31)	Public Health Law	31)	Occupational Safety & Health
32)	Publishing Tips	32)	Peer Support Models
33)	Quality assurance in public health and health care	33)	Physical Activity for Seniors
34)	Research into Practice Strategies	34)	PRC Administration & Organization
35)	School Health Programs	35)	Primary Prevention Programs
36)	Smoking Cessation Programs	36)	Public Health Infrastructure
37)	Smoking Prevention Programs for Teens	37)	Public Relations/Marketing
38)	Social marketing	38)	Sexually Transmitted Diseases
39)	Social media	39)	Social Action Strategies
40)	Students Entering the Health Education Field	40)	Strategic Planning
41)	Teenage Pregnancy Prevention	41)	Stress Management
42)	Use of Social Networks	42)	Tips for Working with Specific Cultural Groups
43)	Webinars	43)	Trials and Tribulations Working in Voluntary Health Agencies
44)	Working with the Media	44)	Working with Boards
45)	Working with Volunteers	45)	Working with High Risk Populations
46)	Engaging SOPHE's Communities of Practices & Exploring Opportunities	46)	Writing SMART Objectives

PROCLAMATION IN HONOR OF SOPHE'S 60TH YEAR

WHEREAS,1949 marks the year during which health education professionals first gathered to explore the organization of an independent society representing the discipline of public health educators; and

WHEREAS, An organization known as the Society of Public Health Educators, or SOPHE, was officially founded in 1950 and elected Clair E. Turner as its first president; and

WHEREAS, The founding fathers and mothers of SOPHE pioneered the first standards for professional preparation in health education, which later hastened the first accreditation of Master's of Public Health Program in Community Health Education; and

WHEREAS, SOPHE, later renamed as the Society for Public Health Education, has remained dedicated to its non-profit mission over 60 years to improving the health of all people through education; and

WHEREAS, SOPHE provided seminal leadership in advancing the profession, including but not limited to, organizing the first Bethesda conference, developing entry- and graduate-level health education competencies, promulgating global health promotion competencies, articulating the first health education research agenda, developing a code of ethics, and obtaining recognition of "health educator" as a unique Standard Occupational Classification by the Department of Labor; and

WHEREAS, Recognizing the importance of policy advocacy, SOPHE relocated to Washington, D.C., in 1995, and continues to pursue Dorothy Nyswander's vision today in which "justice is the same for every [person]; where dissent is taken seriously as an index of something wrong or something needed; where diversity is expected; . . . where the best of health care is available to all; where poverty is a community disgrace not an individual's weakness; [and] where desires for power over [people] become satisfaction with the use of power for people"; and

WHEREAS, SOPHE's many decades of conferences, peer-reviewed journals, and other forums have substantially contributed to health education research and its dissemination and translation into excellence in practice; and

WHEREAS, SOPHE's diverse membership has enriched the research and practice base of the field as behavioral scientists, practitioners, and students working in schools, universities, health/medical settings, community based organizations, worksites, international agencies, and federal, state and local government; and

WHEREAS, Chapters, which have been a part of SOPHE's fabric for more than forty years, provide a rich source of continuing education, advocacy, networking, and partnerships that are vital to SOPHE's continued success; and

WHEREAS, SOPHE co-sponsored research has revealed employers' thoughts and attitudes toward the unique contributions of professionally trained health educators and championed efforts such as National Health Education Week to bring national attention to the unique contributions of professionally trained health educators; and

WHEREAS, Partnerships with other public and private organizations are a valued part of SOPHE's history and have contributed to progress in health education and health promotion; therefore be it:

RESOLVED: That SOPHE substantially commit to working with other health education related organizations, both nationally and internationally, to unify, promote and strengthen the profession;

RESOLVED: That SOPHE develop and implement a marketing and advocacy initiative promoting the value of health education specialists, as the frontline advocate for promoting health among individuals, families and communities;

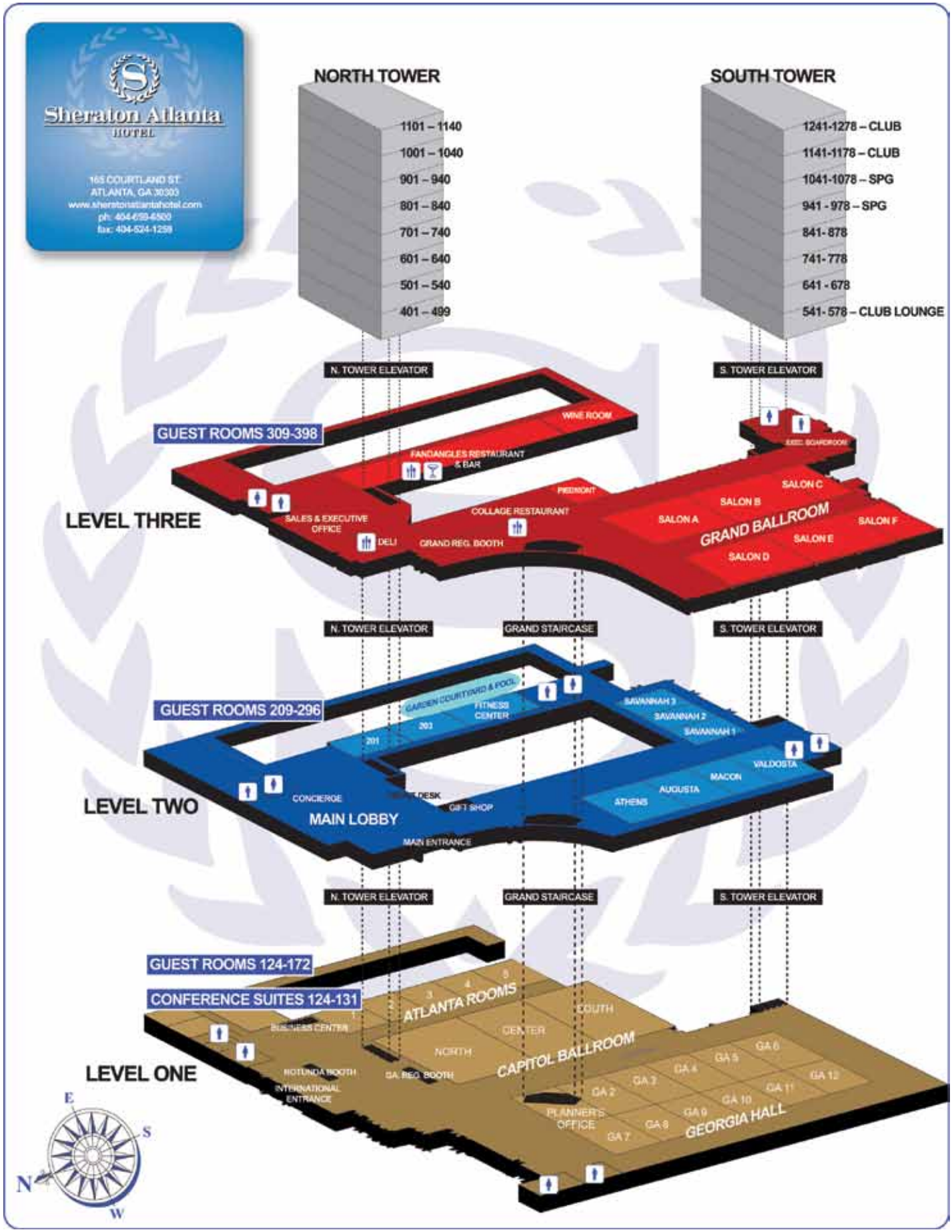
RESOLVED: That during this 60th anniversary year, all SOPHE members find opportunities to give of their time, talent or treasure at the national, chapter or local levels to help pursue SOPHE's mission and continue to enrich the field of health education and health promotion; and

RESOLVED: That all SOPHE members share the achievements and accomplishment of the Society by providing a copy of this proclamation to their employers, colleagues, students, and others.

SOPHE 1950-2010 60 ANNIVERSARY

Adopted by SOPHE Board of Trustees, November 5, 2009, Philadelphia, PA.

HOTEL MAP


Sheraton Atlanta
HOTEL
165 COURTLAND ST.
ATLANTA, GA 30303
www.sheratonatlantahotel.com
ph: 404-659-6500
fax: 404-524-1259
NORTH TOWER
1101 – 1140
1001 – 1040
901 – 940
801 – 840
701 – 740
601 – 640
501 – 540
401 – 499
SOUTH TOWER
1241-1278 – CLUB
1141-1178 – CLUB
1041-1078 – SPG
941 - 978 – SPG
841- 878
741- 778
641 - 678
541- 578 – CLUB LOUNGE
N. TOWER ELEVATOR
S. TOWER ELEVATOR
GUEST ROOMS 309-398
LEVEL THREE
WINE ROOM
FANDANGLES RESTAURANT & BAR
SALES & EXECUTIVE OFFICE
DELI
COLLAGE RESTAURANT
GRAND REG. BOOTH
PIEDMONT
SALON A
SALON B
SALON C
SALON D
SALON E
SALON F
GRAND BALLROOM
N. TOWER ELEVATOR
GRAND STAIRCASE
S. TOWER ELEVATOR
GUEST ROOMS 209-296
LEVEL TWO
GARDEN COURTYARD & POOL
FITNESS CENTER
201
203
SAVANNAH 3
SAVANNAH 2
SAVANNAH 1
VALDOSTA
MACON
AUGUSTA
ATHENS
CONCIERGE
DESK
GIFT SHOP
MAIN LOBBY
MAIN ENTRANCE
N. TOWER ELEVATOR
GRAND STAIRCASE
S. TOWER ELEVATOR
GUEST ROOMS 124-172
CONFERENCE SUITES 124-131
LEVEL ONE
ATLANTA ROOMS
BUSINESS CENTER
ROTUNDA BOOTH
INTERNATIONAL ENTRANCE
GA REG. BOOTH
NORTH
CENTER
SOUTH
CAPITOL BALLROOM
GA 2
GA 3
GA 4
GA 5
GA 6
GA 7
GA 8
GA 9
GA 10
GA 11
GA 12
PLANNER'S OFFICE
GEORGIA HALL
E
S
N
W

SAVE THESE IMPORTANT DATES

NOVEMBER 4-6, 2010
SOPHE 61st ANNUAL MEETING
Healthy People 2020: Scaling New Heights
Marriott Hotel
Denver, Colorado

SPRING 2011
14th ANNUAL HEALTH EDUCATION
ADVOCACY SUMMIT
Washington, DC
In collaboration with the Coalition of
National Health Education Organizations
www.healtheducationadvocate.org

OCTOBER 27-29, 2011
SOPHE 62nd ANNUAL MEETING
Washington, DC

OCTOBER 25-27, 2012
SOPHE 63rd ANNUAL MEETING
San Francisco, California

Society for Public Health Education
10 G St. NE
Ste. 605
Washington DC 20002
www.SOPHE.org

Prevention Research Centers Program
Centers for Disease Control and Prevention
4770 Buford Highway, NE, Mailstop K-45
Atlanta, GA 30341-3717
www.cdc.gov/prc/