

Monday, September 15, 2008

REGISTRATION OPEN

7:30 a.m.

Foyer & Peak 1-3

CONTINENTAL BREAKFAST

7:30 a.m.

Foyer & Peak 1-3

OPENING REMARKS & KEYNOTE ADDRESS

8:30 – 10:00 a.m.

Colorado Ballroom

Keynote Session

Governor Bill Ritter (Invited)

EXHIBITS & POSTERS OPEN

10:00 a.m. – 6:30 p.m.

Foyer & Peak 1-3

BREAKOUT SESSION A

10:15 a.m. – 11:15 a.m.

Peak 6-8

10:15am - 11:15am

(60 Minutes)

A1 - Public Health and Colorado's Assuring a Better Child Care and Development (ABCD) Project

Connie Carroll-Hopkins, Director Early Childhood Health Initiatives, CDPHE, Eileen Auer Bennett, MBA, State Coordinator of the Assuring Better Child Health & Development (ABCD) project, Trish Blake, ABCD Technical Assistance Consultant - State of Colorado, Vickie Thomson, Ph.D., Director of Newborn Screening Programs, CDPHE

Abstract: In Colorado, as well as nationally, only 5% of pediatric practices report using a standardized developmental screening tool. Based on Colorado's current population, potentially 40,000 infants and toddlers have disabilities but only 6,000 children from birth to three

year olds were referred for early intervention services last year (Part C, Colorado Department of Human Services, 2006). This raises the concern that a significant number of children are not being identified and are missing the opportunity for early intervention services during these crucial first few years of life.

As a result of these findings, Colorado embarked on a three-year Assuring Better Child Health and Development (ABCD) project to improve the health outcomes for children birth to 3 years old. The focus of Colorado's project is to:

- Increase the use of standardized development screening tools in pediatric and family health care settings
- Assist practices in implementing an office process for the use of standardized developmental screening tools that is efficient and practical.

- Help practices learn about opportunities to obtain reimbursement for using standardized developmental screening tools.

- Promote early identification and referral.

- Facilitate a primary care provider's ability to connect to early intervention and other community services

To help ensure that Colorado's ABCD project is successful, it is imperative for public health professionals to be active participants. Contributing expertise and knowledge related to effective program implementation is an excellent approach to meet the diverse needs of Colorado's young children. In this presentation, we will to highlight public health contributions including expertise in early childhood health, collaboration within the health care arena, and a public health approach that promotes prevention and early intervention.

We recognize that each public health agency needs to evaluate their capacity and identify strategic venues for their participation. Fortunately, there are many opportunities for public health agencies to promote and support this important effort as part of their ongoing public health work including:

1. Provide family education and outreach as part of ongoing programs i.e. WIC, immunization clinics, home visitation programs
2. Participate in efforts to provide education and outreach to health care providers.
3. Provide follow-up for identified children through the Health Care Program for Children with Special Needs (HCP)
4. Incorporate the referral process into existing public health programs e.g. Nurse-Family Partnership, Child Find activities and childcare consultation
5. Invite additional partners to participate in the planning and implementation process

Exciting times!! Already in the short history of Colorado's ABCD project, the data demonstrates the effectiveness of this project as evidenced by the steady increase of pediatric health care providers who have begun to use standardized developmental screening and an increase in the number of children referred due to a positive developmental screening.

Learning Objectives: (1) Public health professionals will be able to articulate the importance of using standardized developmental screening tools (2) Public health

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professionals will be able to identify strategies to integrate the ABCD project into current work efforts.

Public Health Topic(s): Health Promotion, Disease Prevention, Education; Maternal and Child Health; Public Health Nursing

Essential Service(s): Inform, Educate, Empower; Mobilize Community Partnerships; Develop Policies and Plans

Target Audience: Public health professionals and partners interested in learning more about the ABCD project

Peak 9 & 10
10:15am - 11:15am
 (60 Minutes)

A2 - The Peak Wellness Program: An integrated cancer and cardiovascular disease screening model

Sara Russell Rodriguez, Associate Director of Nursing, Tri-County Health Department

Abstract: Background

According to the National Center for Health Statistics, cardiovascular disease (CVD) and cancer are the leading causes of death in the United States. There are multiple risk factors that contribute to an increased risk of both cardiovascular disease and cancer including elevated body mass index (BMI), cholesterol, blood sugar and blood pressure. These risks can be reduced with lifestyle interventions such as better nutrition and increased exercise as well as medical management. Those at increased risk for CVD and cancer need regular access to screening and primary care. In order to address this need, Tri-County Health Department (TCHD) created the Peak Wellness program based on the Centers for Disease Control and Prevention's WISEWOMAN model.

Methods

The Peak Wellness program serves low-income uninsured or underinsured men and women 40-64 years of age who lack adequate health insurance. Clients receive screening for elevated BMI, blood pressure, cholesterol and blood sugar. The program offers breast and cervical cancer screening for female participants. After screening, clients meet with a registered nurse who educates the client on his or her medical values and refers to additional services if indicated. The nurse will case manage those client with elevated alert values that require immediate medical referral. After meeting with the nurse, the client meets with a registered dietitian (RD) or health educator who addresses lifestyle interventions such as better nutrition or increased exercise. The RD or health educator calls clients with elevated values to monitor their progress toward their goals. All clients receive a newsletter and clients with elevated values receive personalized letters.

Results

From 9/1/06 - 3/26/08 the Peak Wellness program served 1046 clients; 97.8% women (n=1023), 2.2% (n=23) men. Of the clients that had a height and weight measured (n=1022), 67.9% (n=694) were overweight, obese or morbidly obese. Of the clients who were screened for HTN (n=1027), 24.1% (n=247) had two consecutive elevated blood pressures the day of the clinic; 40.5% (n=100) of these reported no previous history of HTN. Of the clients screened for total cholesterol (n=715), 51% (n=368) had elevated values; 59.2% (n=218) of these reported no previous history of elevated cholesterol. Of the clients screened for diabetes (n=899), 15.6% (n=140) had elevated levels; 62.9% (n=88) of these reported no previous diagnosis of diabetes. As of 3/26/07 the Peak Wellness program has seen 79 repeat clients. Additional outcome data will be presented at the conference.

Discussion

The Peak Wellness program serves a critical need in the community. Many of the clients screened for elevated blood pressure, glucose or cholesterol were unaware of their values. These clients were referred to primary care for additional follow-up. If the client accessed these services, it would create a sustainable relationship for chronic disease management in the future.

The lifestyle intervention that focuses on improved nutrition and increased exercise supports clients by teaching them tools to modify behavior to better manage their health. TCHD will evaluate returning patients to measure changes in attitude, behavior and/or clinical measures such as BMI or blood pressure.

Learning Objectives: (1) verbalize understanding of an integrated cancer and cardiovascular disease screening model program. (2) identify TCHD's lessons learned to apply to future programs (3) identify positive outcome measures from TCHD's program

Public Health Topic(s): Chronic Disease; Health Promotion, Disease Prevention, Education; Public Health Nursing

Essential Service(s): Inform, Educate, Empower; Link People; Evaluate

Target Audience: program managers and directors

Peak 11
10:15am - 11:15am
 (60 Minutes)

A3 - Colorado Chew Tobacco Collaborative Initiative; A Community-based Participatory Research Project

Erin Seedorf, Program Manager, University of Colorado Denver

Abstract: According to the Colorado Tobacco Prevention and Colorado Strategic Plan 2007, Colorado's comprehensive approach to tobacco control indicates the

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specific goal of identifying and eliminating tobacco related disparities. Spit tobacco users are one of ten disparity affected groups identified, and current state data reflect that need.

In Colorado rates of spit tobacco use vary by region with 18% of adult males in southeastern Colorado using spit tobacco on a daily basis, finding similar rates in southwestern and northwestern Colorado. That is more than twice that of statewide or national daily use rates for adult males, 7.4% and 6.5% respectively. Among high school males in Colorado, approximately 12.5% of 12th graders used spit tobacco in the past 30 days which is slightly lower than the national rate of 15.5%.

This presentation will describe the "Colorado Spit Tobacco Collaborative Initiative (CSTCI)," a project of The University of Colorado Cancer Center through grant funding from the American Legacy Foundation Small Initiatives Grant. The long-term program goal is to develop strategies that limit the presence and accessibility of chew tobacco products in communities across Colorado.

The CSTCI project is based in a community-based participatory research model, with the year one goal to eliminate disparities related to spit tobacco use by: creating a statewide, surveillance tools designed to capture spit tobacco use trends, social and cultural norms that support use, product marketing and sales practices, tobacco industry sponsorship of local events, prevention and cessation resources, and policies and practices.

This presentation will assist participants in exploring: 1) the use of community-based participatory research models in statewide data collection; 2) the development of a statewide steering committee to comprehensively address spit tobacco issues; 3) the development of web-based data collection tools, resources, and ongoing data collection; and 4) the process of developing a Statewide Spit Tobacco Prevention Strategic Plan. The CSTCI project will collect information on the presence and use of spit tobacco to direct prevention messages and/policy initiatives in Colorado, and also intends to create a model that other states can replicate.

Learning Objectives: (1) At the end of this session participants will be able to illustrate the use of community-based participatory research models in statewide data collection (2) At the end of this session participants will gain best practice strategies in the development of a statewide steering committee to comprehensively address spit tobacco issues (3) At the end of this session participants will be able to describe the process of developing a Statewide Spit Tobacco Prevention Strategic Plan

Public Health Topic(s): Tobacco, Alcohol, and Drug Use; Health Promotion, Disease Prevention, Education; Health Disparities and Underserved Populations

Essential Service(s): Research; Mobilize Community Partnerships; Inform, Educate, Empower

Target Audience: Health educators, public health professionals

Peak 12
10:15am - 11:15am
(60 Minutes)

A4 - Public Health Nursing Competencies...Assuring a sustainable and competent nursing workforce

*Dawn James, State Public Health Nursing Consultant,
CDPHE*

Abstract: As Public Health in Colorado evolves and reform takes place, public health nurses need to continue in their efforts to be an effective and integral part of this evolving and ever-changing system. Competency-based orientation and performance evaluation are key to the eventual "certification" of public health nurses. Certification of nurses in-turn will be a piece of public health agency accreditation that is currently being discussed, and will be implemented in the near future. The vast majority of nursing disciplines require competencies that help identify improvement needs, as well as educational needs for the specialty area. Public Health is no exception. While general public health nursing competencies have been developed, they do not address specific "specialty" areas that public health nurses now face every day. Colorado has developed two specialty sets, including Emergency Preparedness and Response as well as a set for Immunizations. This presentation will inform the participants regarding the move towards competency-based orientation and performance improvement, and will allow for dialogue regarding certification of public health nurses in Colorado.

Learning Objectives: (1) The learner will become familiar with what competencies are and how they can be used in their practice as a public health nurse. (2) The learner will be presented with competency sets that have been developed for use in Colorado, and will be given the opportunity to discuss these as well as other sets that need to be developed. (3) The learner will be able to integrate knowledge regarding competencies with the move towards certification and accreditation.

Public Health Topic(s): Public Health Nursing; Enhancing Public Health Systems; Other

Essential Service(s): Assure a Competent Workforce; Inform, Educate, Empower; Evaluate

Target Audience: Public Health Nurses, Public Health Nurse Managers

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Coppertop 2
10:15am - 11:15am
 (30 Minutes)

A5A - Insight Gained from Interventionists Regarding Dissemination of a Diabetes Lifestyle Program Focused on Latinas

*Alyssa Tinley-Doty, M.A., Kaiser Permanente, Sara
 Hoerlein, Kaiser Permanente*

Abstract: It has been well documented that among Latinas, diabetes ranks as the third leading cause of death. Diabetes is an independent risk factor for coronary heart disease (CHD), the #1 cause of death across the United States. Although CHD and diabetes are major causes of death and functional limitations in Latina women, a gender and ethnicity gap exists in diabetes and CHD research. While Latinas bear a great burden of diabetes, their participation in clinical trials is low and culturally appropriate interventions designed for Latinas are rare. In a recent review of diabetes self-management intervention trials, it was noted that only 5 of 25 studies addressing cultural competence were conducted with Hispanic groups. These findings underscore the need for culturally appropriate CHD prevention programs for Latinas.

The ¡Viva Bien! study aims to help Latinas with type 2 diabetes develop healthier lifestyle habits concerning diet, exercise, stress management, and development or enhancement of social support networks. It is a randomized controlled trial based on a similar study, the "Mediterranean Lifestyle Program" (MLP), which was effective in improving behavioral, psychosocial, quality of life, and biological outcomes in postmenopausal Anglo women with type 2 diabetes. Similar results to MLP were found in the pilot of the ¡Viva Bien! study, and preliminary reports from the main study look promising as well. If the final study results are significant, the next step is dissemination to the larger population. Managing chronic disease through lifestyle and behavior change, either in addition to medication or by itself, is more economically viable for the overall health care system and the individual patient. Thus, a program like ¡Viva Bien! could benefit the health of individuals and the community as a whole by reducing the amount and cost of medical care required by Latinas with type 2 diabetes.

Although biomedical results are important for demonstrating the effectiveness of a study, it does not necessarily mean that the program can be translated into practice within the public health setting. One way to better understand how a research study might be successfully translated into an accessible program would be to talk with two key stakeholders 1) the participants of the study and 2) the interventionist who deliver the program. In this presentation we will focus on the insights gained through in-depth, qualitative interviews with the interventionists who have been delivering the program throughout the past two years. We hope to better understand what changes would be helpful or necessary to successfully disseminate the program into the community. These results will be useful not only for the dissemination of the ¡Viva Bien! program, but can also be used to inform other programs

that wish to target both English and Spanish speaking Latinas.

Learning Objectives: (1) To gain a better appreciation for the complexity involved in disseminating a program that incorporates multiple languages and a minority culture. (2) To benefit from insight gained from hands-on work in an intense and diverse lifestyle change program.

Public Health Topic(s): Chronic Disease; Health Disparities and Underserved Populations; Health Promotion, Disease Prevention, Education

Essential Service(s): Evaluate; Inform, Educate, Empower; N/A

Target Audience: Diabetes health educators, community public health workers, anyone interested in working with Latina populations

Coppertop 2
10:15am - 11:15am
 (30 Minutes)

A5B - Big Market, Small Budget: Supporting Traditional Media with Faith-Based Outreach to reach Spanish Speaking Latinos in Metro Denver

*Keith Cooper, Health Disparities Specialist, Tri-County
 Health Department*

Abstract: Tri-County Health Department (TCHD) serves Adams, Arapahoe and Douglas counties, home to 1.2 million people including 250,000 Latinos. In the spring of 2008, TCHD's Tobacco Prevention Program convened partners to develop and implement a Latino media campaign. The campaign goals were based on key informant interviews, a survey of 1,000 Latino smokers and community input. The goal of this campaign was to increase awareness of the Colorado Quitline and encourage Spanish-speaking Latinos contemplating tobacco cessation to utilize the free telephone counseling service. On a \$50,000 budget, we utilized television, radio and promotor outreach over an eight-week period. Placement of State Tobacco Education and Prevention Partnership (STEPP) developed media on Denver's most watched and listened to Spanish media channels saturated the seven county metro-area with cessation messaging. Through partnership with a private media consultant, TCHD secured a 100% match to its purchase of 165 television and 140 radio spots. In addition, Promotora outreach was utilized at three of the largest Spanish speaking churches in three selected counties (Denver, Adams, and Arapahoe). To evaluate the effectiveness of outreach events hosted by the churches, we will compare the percentage increase in calls from Spanish-speaking Latinos to the Colorado Quitline between counties where faith-based outreach was present and those counties where only radio and television were utilized. This project informed and educated members of the Latino community on the hazards of smoking and

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secondhand smoke and the benefits of cessation. Through direct interaction with promotoras, community members were empowered to take control of their addiction through the provision of cessation resources and the opportunity to sign up for Colorado Quitline services on the spot via fax referrals. TCHD mobilized community partnerships by working with churches and a Latino community based organization (CREA Results) to conduct promotora outreach. Sharing this project is relevant and vital to the Public Health community in Colorado because it provides a concrete example of how communities can come together to support and enhance local and statewide media campaigns. It supports the theme of the CPHA conference because it provides information and a service to the community in addition to jobs for promotoras and a sense of empowerment for them as the work to improve the health of their community.

Learning Objectives: (1) At the end of the session, participants will be able to maximize media dollars to creatively reach their target audience. (2) At the end of the session, participants will be able to identify potential venues for grass roots outreach in their communities to support traditional media campaigns. (3) At the end of the session, participants will be able to recognize the capacity of community members to assess and disseminate health messaging within their own communities.

Public Health Topic(s): Health Disparities and Underserved Populations; Tobacco, Alcohol, and Drug Use; Health Promotion, Disease Prevention, Education

Essential Service(s): Inform, Educate, Empower; Mobilize Community Partnerships; Link People

Target Audience: Health Educators

informational challenges they are addressing, and technical specifications about what ESRI technologies are actually being deployed in these applications.

Learning Objectives: (1) Recognize the role that GIS plays in shaping public health. (2) Examine several public health case studies utilizing spatial technologies and the successful role that GIS played in the decision-making process. (3) Learn about scalable GIS software options.

Public Health Topic(s): Application of Geographic Information Systems in Public Health; Enhancing Public Health Systems; Health Promotion, Disease Prevention, Education

Essential Service(s): Inform, Educate, Empower; Link People; Develop Policies and Plans

Target Audience: general

BREAKOUT SESSION B

11:30 a.m. – 12:00 p.m.

Peak 6-8
11:30am - 12:00pm
 (30 Minutes)

B1 - Colorado's Restaurant Initiative to Address Obesity: Changing the Environment

Shana Patterson, Nutrition Coordinator for the Colorado Physical Activity and Nutrition program, Colorado Department of Public Health and Environment McDonald's Corporation ? Qdoba Inc. ?

Abstract: Nationally, 127 million Americans are considered overweight. The 2005 Behavioral Risk Surveillance System reports 54.5% of Coloradans are overweight (9.2% higher than in 1995). The US Dietary Guidelines recommend that individuals (adults and children) eat a minimum of 5 servings of fruits and vegetables each day. In 2005, 75.5% of Coloradans failed to meet these minimum recommendations. Numerous reports indicate that eating more fruits and vegetables decrease the incidence of many chronic diseases, including obesity and diabetes. However, consumers who eat away from home consistently eat fewer servings of fruits and vegetables each day. The Colorado Physical Activity and Nutrition Program developed a unique restaurant intervention, Small Steps for Healthy Leaps, to address the issues surrounding high-fat foods and lack of healthy-eating choices. The process of this intervention uses the social ecological theory as the guiding framework, supporting the model that social environments impact individual behavior. While the Small Steps initiative has four program options for restaurants to participate in, the Smart Meal Seal program will be highlighted. The Smart Meal Seal McDonald's pilot in particular has received considerable attention and was included as an accomplishment in Colorado's governor,

Coppertop 3
10:15am - 11:15am
 (60 Minutes)

A6 - Practical Applications of GIS in Public Health

Bill Davenhall, Global Manager, Health & Human Services Solutions, Environmental Research Systems Inc (ESRI), Scott Christman, Senior Health Account Executive, ESRI

Abstract: The field of public health has increasingly become an information intense activity. Today's modern public health organization requires the use of information technologies that accurately collect, manage, and analyze data as well as communicate information, results, and interventions in a timely manner. The workshop presentation will review some of the more popular information applications in which GIS plays a significant role, such as those of the United States Centers for Disease Control and Prevention (US CDC), the World Health Organization (WHO), and several "local" public health agencies around the world. Attendees will learn how ESRI's GIS technologies are used, the public health

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Bill Ritter's "Administration's First 100 Days" report. The Smart Meal Seal program has also been identified as one of the Colorado Dietetic Association's priority project areas for 2007-2008, and has been implemented throughout Arizona as their restaurant initiative.

The nutrition requirements of the Smart Meal program follow the specific recommendations of the Center for Science and Public Interest (CSPI), which argues for a 'greener diet' and advocates for diets centered around fruits, vegetables, whole grains, nuts and beans, with lower consumption of animal products. The Smart Meal does not exclude animal-based options, but does focus on plant-based and sustainable meals.

The nutrition requirements of Smart Meals include: two servings or more of beans, whole grains, fruits or vegetables. May substitute one serving for a serving of fat-free or low-fat milk or equivalent milk product; 700 or less calories; 30% or less from total fat; 10% or less from saturated fat; no added/artificial trans fat; and less than 1500 mg of sodium.

Many restaurants in Colorado are participating in this program. McDonald's Corporation has been one of our leading restaurants and will be provide information regarding their experiences from an owner/business perspective. The McDonald's Smart Meal pilot was launched on July 1, 2007 in 110 Denver Metro stores. Additionally, the newest casual dining restaurant, Qdoba, has joined the ranks of the program, with all 58 stores in Colorado launching in May. Qdoba will provide perspective from the "newcomers' standpoint. Periodic quantitative/qualitative evaluations measures are being conducted with restaurants to determine program effectiveness. The expected outcome is to change the environment by increasing restaurant participation, increasing qualifying menu items, and thereby increasing "healthy item' consumption in Colorado.

Learning Objectives: (1) Participants will be able to identify the Smart Meal Seal, and nutrition requirements for meals. (2) Participants will be able to identify participating Smart Meal restaurants in Colorado, while recognizing program successes and potential barriers to success. (3) Participants will be able to utilize tools and program protocols as marketing incentives for increasing restaurant participation in their own communities.

Public Health Topic(s): Physical Activity, Food, and Nutrition; Other; Other

Essential Service(s): Inform, Educate, Empower; Mobilize Community Partnerships; Link People

Target Audience: Community service providers, health educators, program coordinators and administrators, related health specialists

Peak 9 & 10
11:30am - 12:00pm
 (30 Minutes)

B2 - Partnership in Evaluation of Evidence Based Programs for Older Adults: Path to Sustainability

Sharry Erzinger, Research Faculty, University of Colorado Denver, Health and Behavioral Sciences, Penny Studebaker, CDPHE, Chris Katzenmeyer, Consortium for Older Adult Wellness (COAW)

Abstract: The Chronic Disease Self Management Program (CDSMP) is an evidence based program that demonstrates improved patient self-efficacy, confidence, and problem solving skills related to daily living with chronic conditions. It is six week community-based program where lay leaders facilitate group activities to provide social support, discussion and development of individual action plans to enable participants in building confidence and developing skills for daily management of chronic disease.

Program sustainability in public health relies upon a well developed network, not only for program implementation, but also, for evaluation of service delivery. The feedback of evaluation results to guide change in program delivery require active understanding and participation of community partners, including lay leaders and coordinators.

Throughout Colorado this program has been systematically implemented in agencies that serve older adults through the Healthy Aging Service System. The Healthy Aging Service System provides training, develops implementation strategies, and monitors program fidelity. Each of the 3 regions of the system has a coordinator who manages a training hub to coordinate training, finds local partners to implement the program and develops funding to support optimal program sustainability.

Program implementation considers and addresses various challenges in working with special populations such as older adults. For example, the requirements and format of evaluation tools for evidence-based programs may conflict with the nature of community based participatory programming for older adults, who have distinct opinions and preferences.

Evaluation of this evidence-based program, delivered through community based service providers and partners, operationalizes the value of participation at the most local level. Facilitation of participation requires receptivity and respect for community level opinions and input while simultaneously adhering to requirements for program fidelity.

Active participation of regional representatives in pre-testing materials, designing user friendly formats and providing adequate tutoring regarding use of the evaluation tools enhance understanding and support related to evaluation at the most local levels. Frequent open, two-way communication remains the most effective means by which local program implementers provide meaningful, evaluative comments on adjustments that benefit the design of the evaluation system.

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This presentation describes the touch points for development of an effective statewide evaluation system of an evidence based program for older adults, one that may be expanded with additional such programs to serve the needs of those living daily with the effects of chronic disease. The presentation includes brief examples of how regional data are used by lay leaders and the coordinators to improve local reach of the program.

Learning Objectives: (1) Describe the statewide evaluation system for an evidence based program that addresses chronic disease, and its potential expansion to include additional programs. (2) Discuss the value of evaluation systems in enhancing opportunities for sustainability of programs throughout the state.

Public Health Topic(s): Chronic Disease; Enhancing Public Health Systems; Health Promotion, Disease Prevention, Education

Essential Service(s): Evaluate; Mobilize Community Partnerships; Monitor

Target Audience: local public health practitioners, physicians who see older adults with chronic disease, researchers

Peak 11
11:30am - 12:00pm
 (30 Minutes)

B3 - Decline in AMI incidence following Greeley Smoking Ordinance

Gerrit Bruintjes, Senior Researcher, Data Driven Enterprises, Mori Krantz, Director of Prevention, Colorado Prevention Center

Abstract: Smoking ordinances are increasingly popular across the United States, yet the direct health implications are not well understood. Several studies have been published demonstrating a decrease in acute myocardial infarction (AMI) incidence after a smoking ordinance went into effect. These decreases were seen within months of the enactment of the smoking ban. This presentation highlights results from evaluation of a smoking ordinance in the city of Greeley Colorado. We hypothesized that a public smoking ordinance might lead to a greater decrease in AMI incidence among smokers relative to non-smokers. The city of Greeley enacted a smoking ordinance in December 2003 that banned smoking in all places of assembly. This not only included restaurants, bars, bowling alleys and bingo halls, but also banned smoking in outdoor public gathering places where seating was provided. Smoking was not allowed within 50 feet of such areas when a no smoking sign was posted. During the period of this study from July 2002 to July 2006, Greeley had one hospital serving the city and surrounding areas (a new hospital opened in 2006). All AMI cases in this area would be brought to the Northern Colorado Medical Center for treatment. This allowed for a closed community

analysis of the association between the smoking ordinance and AMI incidence. Against this background, we obtained de-identified patient-level data for all AMI cases including data on prior smoking history, history of coronary artery disease (CAD), and type of AMI. In addition to assessing whether the ordinance was associated with a reduced overall AMI incidence, we also sought to understand whether sub-populations experience variable decreases in AMI rates. Specifically, we examined the difference in AMI incidence by MI type, smoking status, or previously existing CAD. There were a total of 706 individuals with AMI during the study period after excluding transfers from other facilities and those having residential zip codes outside the defined area. We found a significant decrease in AMI (29% within city limits) after enactment of the ordinance ($F=6.54$, $p=.0105$). This decrease was evident in both the city of Greeley and in the surrounding areas. Among pre-defined sub-groups (smokers, ST-elevation AMI vs non ST-elevation AMI, prior history of CAD), only smokers showed a significant decline in AMI during the post-ordinance period. This study demonstrates a significant decrease in AMI incidence following enactment of a smoking ordinance and adds to the growing body of observational evidence that smoke-free legislation may reduce the incidence of AMI. Interestingly, smokers enjoyed the greatest reduction in AMI rates. We believe the reduction in events with smokers is intuitive since they have the greatest exposure to both direct and side-stream smoke as well as the greatest incentive to quit or cut down on tobacco use. This data contradicts results of a smaller study and suggests that further research is needed to better delineate variable susceptibility to the cardiac effects of second hand smoke.

Learning Objectives: (1) Explain some of the short term benefits of public smoking ordinances. (2) Describe the need for a further research to sustain similar ordinances. (3) Describe the need for further research on the sub-groups that benefit from such an ordinance.

Public Health Topic(s): Tobacco, Alcohol, and Drug Use; Chronic Disease; Health Promotion, Disease Prevention, Education

Essential Service(s): Research; Develop Policies and Plans; Inform, Educate, Empower

Target Audience: Health promotion personnel, Physicians, public health officials, and policy makers

Peak 12
11:30am - 12:00pm
 (30 Minutes)

B4 - Sustaining Colorado's Health Professional Workforce: Strategies from The Colorado Trust's Health Profession Initiative

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Kathy Zavala Tyson, Director of Research Development, Center for Research Strategies (CRS), Karrie Witkind, MS, is Director of Community Health for the Center for Research Strategies, Tanya Beer, MPA, MA, Evaluation Officer for The Colorado Trust

Abstract: As the field of public health faces a rapidly aging workforce with high retirement rates, increased emphasis must be placed on promoting public health professions, training students and recruiting and retaining public health professionals. Building a public health professional pipeline or health career development continuum to sustain our public health workforce includes lessons learned in The Colorado Trust's Health Professions Initiative (HPI). To address health professional workforce shortages, The Colorado Trust funded 22 grantees across the state during 2005-2008 to support new and existing programs to increase the number of health professionals in Colorado. Over 95% of these programs will be sustained. Initial program data show the preliminary impacts of the HPI to be promising. The 22 HPI grantees have collectively assisted over 2,300 health professional students to advance their training. HPI grantees employed six major effective strategies within a health professions career development continuum that promote the sustainability of the healthcare workforce. These strategies can also be used to promote and sustain the public health professional workforce in Colorado. The strategies focusing on students, educational training programs and community partners will be highlighted in this presentation and copies of the HPI Mid-Initiative Report will be available for audience participants. These strategies include:

Student-level Strategies:

-Strategy 1: Creating career awareness and readiness for health professions training

(e.g. summer training camps for middle and high school students; mini-health camps to familiarize science teachers and guidance counselors to the field; Friday Health Academy; high school health prep classes for college)

-Strategy 2: Providing academic, financial and social support for students in training programs (e.g. tutoring, ESL classes, scholarships, life coaches and mentoring) Educational Training Program Strategies:

-Strategy 3: Supporting faculty development and training opportunities (e.g. faculty scholarships, flexible leave and/or release of duties for pursuing advanced degrees or training)

-Strategy 4: Expanding the reach and content of training programs (e.g. distance learning, certificate programs, accelerated programs, or new program schedules for nontraditional students)

Community Partner Strategies:

-Strategy 5: Promoting employer efforts to recruit, train and retain health professionals (e.g. "grow your own" career lattice employee training programs, training scholarships or educational loan repayment, flexible work schedules)

-Strategy 6: Strengthening community partnerships to recruit/retain health professionals (e.g. partnerships among business community, educational institutions, and

health care providers for scholarships, training programs and training sites)

As the field of public health faces a rapidly aging workforce with high retirement rates, increased emphasis must be placed on promoting public health professions, training students and recruiting and retaining public health professionals. The application of strategies and lessons learned from The Colorado Trust's Health Professions Initiative can further develop and sustain a viable public health workforce.

Learning Objectives: (1) Identify at least 3 innovative strategies used by The Colorado Trust - Health Professions Initiative that could promote and sustain the public health professional workforce. (2) Describe how community partners can support and sustain public health educational training programs. (3) Describe at least one example from The Colorado Trust Health Professions Initiative that promotes sustainability of health workforce development programs.

Public Health Topic(s): Enhancing Public Health Systems; Other; Other

Essential Service(s): Research; Assure a Competent Workforce; N/A

Target Audience: Public health department personnel and other agencies that employ public health workers; institutions of higher learning; foundations; state public health agencies and programs

Coppertop 2
11:30am - 12:00pm
(30 Minutes)

B5 - Partnerships for Sustainability-- The Healthy Baby Program of Weld County

Kristin Dodge, Prenatal Education Coordinator, Weld County Department of Public Health & Environment, Michelle Hansen, MS, RD, CDE, Women's Health Unit, Colorado Department of Public Health & Environment

Abstract: Abstract: Partnerships for Sustainability--The Healthy Baby Program of Weld County

Presenters: Kristin Dodge, MPH, Prenatal Education Coordinator, Weld County Department of Public Health and Environment and Michelle Hansen, MS, RD, CDE, Healthy Baby Program Coordinator, Colorado Department of Public Health and Environment

Research conducted by the Colorado Department of Public Health and Environment (CDPHE) revealed in the 2000 report, "Tipping the Scales: Weighing in on Solutions to the Low Birth Weight Problem in Colorado", that the top two modifiable population attributable risk factors affecting Colorado's low birth weight rate are inadequate weight gain and smoking. The purpose of the Healthy Baby Campaign of Weld County, supported by the Women's Health Unit at the CDPHE and Maternal, Child, Health (MCH) funding, is to improve perinatal outcomes by

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facilitating change in consumer attitudes, beliefs, and behavior regarding prenatal weight gain and smoking cessation. Colorado has one of the highest low birth weight rates in the nation. The state's low birth weight rate is 9.1%, and for Weld County it is, 8.0% (2003-2005, MCH Dataset). A LBW baby weighs 5 pounds 8 ounces (2,500 grams) or less. Low birth weight babies are not just small babies. They are more likely to have serious health problems and long-term disabilities, like cerebral palsy, sight and hearing problems, and learning problems in school. Weld County is using the Healthy Baby Campaign educational materials and tools to educate providers, medical staff, and community partners in a unique way. Initial results indicate that face-to-face presentations of "The Healthy Baby Starter Kit" (which concisely organizes program tools and resources in an expandable file pocket folder), are an effective way to reach providers. The kit contains the following items: Healthy Baby brochures, a combination Body Mass Index (BMI)/Estimated Date of Delivery (EDD) wheels, weight gain charts, weight gain grids and an educational DVD. To assist women in smoking cessation, a patient brochure, fax referral form to the Colorado QuitLine, and Tobacco Cessation and Secondhand Smoke Exposure Guidelines are included. Additionally, the tool kit includes local resources such as flyers promoting prenatal nutrition education classes and You Can Quit classes. All the Healthy Baby campaign items contained in the toolkit are provided in Spanish, free, and can be ordered from the www.healthy-baby.org website and shipped directly to the provider's office. The tool kits are handy because they can be placed in exam rooms and/or nursing stations for providers and their medical staff to have easy access to the toolkit items. In summary, through collaboration with the Women's Health Unit at the Colorado Department of Public Health Weld County has fostered a partnership that will continue to sustain the Healthy Baby Campaign and improve future birth outcomes.

Learning Objectives: (1) Participants will learn how to leverage the strengths and assets of community partners to implement a Healthy Baby campaign. (2) Participants will learn how to educate health care providers on low birth weight risk factors using Healthy Baby Campaign materials and resources. (3) Participants will learn how to implement consumer based outreach in their communities using existing resources and provide culturally sensitive messages.

Public Health Topic(s): Enhancing Public Health Systems; Maternal and Child Health; Health Promotion, Disease Prevention, Education

Essential Service(s): Monitor; Mobilize Community Partnerships; Inform, Educate, Empower

Target Audience: Public Health Nurses, Medical Assistants, and Health Educators; Health-Care Providers, School Nurses, Counselors and Health Teachers; and public/community health professionals

Coppertop 3
11:30am - 12:00pm
 (30 Minutes)

B6 - Colorado GIS Health Users Group (CHUG) Update

Mark Egbert, GIS Coordinator, Colorado Dept of Public Health and Env, Deborah Thomas, University of Colorado at Denver and Health Sciences Center

Abstract: The purpose of this presentation is to update conference participants on the past and future activities of the Colorado Health Users Group (CHUG). Established in 2004, CHUG is a metropolitan Denver-based group open to any interested public health professional (or student) that is interested in sharing or discussing their application of GIS in the public health arena. The group usually meets quarterly in the Denver area to gain advice on GIS analyses techniques, discuss upcoming events, and share maps & views on cartography. This 30-minute presentation also includes time for discussion and opinions on the future direction of the user's group.

Learning Objectives: (1) Review Colorado (GIS) Health Users group objectives and recent accomplishments (2) Participate in discussions on upcoming objectives for CHUG

Public Health Topic(s): Application of Geographic Information Systems in Public Health; Enhancing Public Health Systems; Health Promotion, Disease Prevention, Education

Essential Service(s): Link People; Inform, Educate, Empower; N/A

Target Audience: public health professionals, epidemiologists, general audience

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LUNCH
12:00 p.m. – 2:00 p.m.

Colorado Ballroom 4
12:00pm

Lunch

For those not attending the CPHA Business Meeting.

**CPHA BUSINESS MEETING
with LUNCH**
12:00 p.m. – 2:00 p.m.

Colorado Ballroom 5
12:00pm

**Colorado Public Health Association
Business Meeting and Lunch**

Stephen Holloway, CPHA President

BREAKOUT SESSION C
2:15 p.m. – 3:15 p.m.

Peak 6-8
2:15pm - 3:15pm
(30 Minutes)

C1A - What's Working: Environmental and Policy Features That Relate to Nutrition and Physical Activity in Low Income Colorado Elementary Schools

Erin Delong, PRA, Rocky Mountain Prevention Research Center

Abstract: The number of overweight children in Colorado is a growing concern. School environment and policies can play a protective role in supporting physical activity and nutrition opportunities for elementary school students. In addition environment and policy features may be easier to sustain than health interventions and programs. Therefore it is important to assess the current state of Colorado schools with respect to these features. The What's Working project, funded by the Robert Wood Johnson Foundation, is designed to identify and evaluate environmental and policy features related to healthy eating and physical activity among elementary schools. There

are 4 main goals of the project; 1. Characterize urban/rural differences and track trends in environmental and policy features in low income schools. 2. Identify environmental and policy features related to healthy eating and physical activity. 3. Describe implementation, adoption and sustainability of local wellness policies. 4. Communicate findings to local stakeholders and the national research community. This presentation will focus on goal 1 by describing environmental features of schools that promote or inhibit opportunities for physical activity and nutrition. We will use data from the School Environment and Policy Survey (SEPS) to describe the environment and policy landscape in low-income Colorado elementary schools. The SEPS is self-report survey designed to measure environmental and policy features of schools that are known to be related to physical activity and nutrition. In fall 2006 surveys were sent to the study sample. Our study sample consists of 45 schools in 1 urban district, and 45 schools in 40 rural districts. The response rates were high, 91% rural and 76% urban. Principals, Physical Education (PE) teachers, and foodservice managers completed the surveys. Urban schools had a significantly higher free and reduced lunch rate than rural schools (71.93(13.71) vs. 58.56(12.36), $p < 0.0001$). Urban schools also had a significantly higher percent Hispanic population (68.14(24.63) vs. 29.54(21.81) in rural schools, $p < 0.0001$).

There are several interesting similarities and differences between rural and urban schools. There were no urban vs. rural difference with respect to recess and PE. On average schools offer 35.43 (13.47) minutes of PE per day; this exceeds the national recommendation of 150 minutes per week for schools that are in session 5 days a week. However, they only offer an average of 108.52(61.41) minutes of PE, which falls short of the recommendation. Urban schools offer significantly more servings of fruits and vegetables than rural schools (5.33 (1.5) urban and 2.26 (1.04) rural ($p < 0.0001$) of fruits; 3.46 (0.84) urban and 2.51 (1.05) rural ($p < 0.0001$) or vegetables). There were no urban versus rural differences in policies regarding healthy foods in vending machines, school stores or classroom parties. While 75% had policies regarding vending machines only 47% had policies for schools stores, and 48% for classroom parties. The environmental structure of a school can have important impacts on physical activity and nutrition. Low-income schools in Colorado should work to increase PE minutes, and adopt policies regarding healthy foods served in their schools. Rural low-income Colorado schools should also work to increase the amounts of fruits and vegetables offered.

Learning Objectives: (1) Participants will learn about the environmental and policy landscape in low-income rural and urban Colorado elementary schools.

Public Health Topic(s): Built Environment; Built Environment; Built Environment

Essential Service(s): Research; Evaluate; Monitor

Target Audience: public health professionals, schools personnel, policy makers

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Peak 6-8
2:15pm - 3:15pm
 (30 Minutes)

C1B - Assessing Your Physical Activity and Food Environment at Home and at Work

Mercedes Martinez, Study Coordinator, America On The Move-UCD, Martha Tenney, MPH

Abstract: "Assessing Your Physical Activity and Food Environment at Home and at Work"

This session will address the following CPHA conference topics: Chronic Disease (Asthma, Cancer, and Obesity); Health Promotion, Disease Prevention and Education; and Physical Activity, Food and Nutrition.

Need and/or purpose: Obesity in children and adults has been a public health concern for several years. Both the US rates and Colorado rates are increasing at an alarming speed. Given this public health concern addressing obesity in the family is essential.

Best practices for public health: As a result, a recent study conducted at the University of Colorado Denver, Center for Human Nutrition provided the first evidence to support the positive impact of simple dietary changes and small increases in physical activity on overweight children. The "AOM for Families Study" , is based on the translation research group, America On the Move® which designed a program geared to address obesity in families, thereby targeting multiple ages in a natural setting. The results of this family-based approach to preventing excessive weight gain showed that families were able to significantly increase physical activity levels and adjust food intake. Compared to control families, both overweight children and parents in the family studies successfully prevented weight gain

<http://www.pediatrics.org/cgi/content/full/120/4/e869>.

America On the Move is a national initiative helping individuals, families and communities make positive small changes to improve health and quality of life. America On the Move created and piloted easy-to-use tools called audits, which help individuals, families and groups assess their physical and food environments both at home and where they work.

There are two audits the "Physical Activity Environment Audit" and the "Food Environment Audit." The "audits" are unique in the field of prevention as they focus primarily on environmental features of a home/work setting versus the more traditional behavioral features of a person's daily life. In addition to helping them to assess their surroundings and learn about the reality of the current environment, the self-administered audits give helpful tips to make improvements in and around the home and workplace. These tips make it easier for one to make small changes that lead to healthier eating and more activity.

Relevance to PH professionals in CO: These tools are free to the end user and easy to implement. In addition, they can be helpful to health care professionals and

Community Based Organizations' staff working with individuals in the obesity prevention field.

Results/ lessons learned: These tools have been newly developed and are currently being implemented in worksites, schools, and communities. Currently data is being collected and analyzed regarding on the use of these tools .

Support to the theme of the conference: This presentation is well aligned to CPHA conference theme of sustainability, as the individual assesses his /her food and physical activity environment, he/she can make small changes that lead to healthy eating and active living thus improving quality of life over time.

Learning Objectives: (1) State common environmental barriers to healthy eating and active living that can be found in the home and worksite. (2) Identify at least four applications of these tools with public health populations of interest. (3) Try the tool with their own home/worksites setting in mind

Public Health Topic(s): Physical Activity, Food, and Nutrition; Health Promotion, Disease Prevention, Education; Chronic Disease

Essential Service(s): Inform, Educate, Empower; Evaluate; Monitor

Target Audience: Health Care Professionals (nurse, dietitian, health educator, physician, PA, outreach worker)

Peak 9 & 10
2:15pm - 4:30pm
 (2 hour skill-building session)

C2D2 - The definitive answer to the dreaded question: "How do you plan to sustain this program at the end of the grant cycle?"

Shelli Bischoff-Turner, President, Nonprofit Impact

Abstract: At one time or another, all public health administrators have had to answer the grant application question: How do you plan to sustain this program at the end of the grant cycle? The typical language usually includes something about integrating the program throughout the community and creating buy-in from stakeholders. Sustainability usually implies that the host agency or organization will integrate the program at the end of the grant, or that there will be another grant program to support the project. That is not the right answer!

This workshop will help public health providers definitively answer that dreaded question, and more importantly, be able to create a truly sustainable program. This workshop is based on proven successes over twenty-plus years of working with public agencies and nonprofits, and more recently in the Colorado public health and chronic disease prevention community.

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Participants will learn how to create programs that can survive beyond one-time grant sources or shifting programmatic priorities to achieve lasting results. Sustainability is much more than the next grant. In fact, it has little to do with fundraising! Sustainability is defined as having the human, financial, technological, and organizational resources to provide services to meet needs and attain results on an ongoing basis. Sustainability requires the organizational / programmatic infrastructure to carry out core functions independent of individuals or one-time opportunities. At a community / social change level, sustainability implies behaviors that are integrated, ingrained, and indispensable at the individual, community, and policy level. Creating sustainable organizations and programs involves these three key components:

1. Organizations and programs must be clear about their identity,
 2. They must have meaningful relationships with their constituents, and
 3. They must have the capacity to do their job.
- Identity is more than mission, vision, and values. It also includes how the organization or program is strategically positioned for influence within the larger community. Further, programs must be constituent-centered - focused on engaging in meaningful relationships with a well-defined core constituency. Finally, organizations can optimize capacity by aligning operations to fully support the organization's identity and meet its constituents' needs. When these three components are aligned, the organization or program is poised for success and sustainability.

The Integrated Strategy, (© Nonprofit Impact), is a simple and powerful framework for organizational and program design and development. It works by taking programs to their next level of success or in making a grant-funded program more sustainable. At the end of this session, participants can answer the question and create a sustainable organization or program.

Learning Objectives: (1) Define how a program will be sustainable after the grant cycle has ended (2) Systematically create a more-solid infrastructure and an indispensable public health position for the organization or program (3) Articulate and implement an evidence-based approach to creating a sustainable program that goes beyond fundraising

Public Health Topic(s): Enhancing Public Health Systems; Other; Other

Essential Service(s): Develop Policies and Plans; N/A; N/A

Target Audience: Managers, administrators, program coordinators, and public health educators. Anyone who develops, delivers, or is responsible for a single-source funded program or a program that is at risk due to shifting priorities or grant terminations.

Peak 11
2:15pm - 3:15pm
(60 Minutes)

C3 - Clearing the Air: Using Tenant Surveys to Initiate Smoke-Free Housing

Nick Robles, Secondhand Smoke & Latino/a Community Health Specialist, Boulder County Public Health, Eric Aakko, MS CHES, Boulder County Public Health N/A

Abstract: The Colorado Clean Indoor Air Act (CCIAA) mandates all workplaces and public places (with a few exemptions) in Colorado are smoke-free environments. Although common areas in multi-unit residences are included in the CCIAA, many people living in multi-unit housing (MUH) are exposed to secondhand smoke in their own apartments from smoke intrusion. This results in substandard conditions for many tenants and greater turnover costs for property managers. According to James Repace of Tufts University School of Medicine, up to 60% of the air residents breathe is shared by all apartments. Children exposed to secondhand smoke are at increased risk for developing lung problems, ear infections, and more severe asthma symptoms while adults' medical conditions may worsen.

Property managers are interested in prohibiting smoking in their housing units due to financial benefits, but are concerned that tenants will not accept it. While tenant survey results are available from other states, local data was necessary to convince property managers of the acceptability of this approach.

To address this issue, Boulder County Tobacco Education and Prevention Partnership (BC TEPP) partnered with Boulder County Housing Authority (BCHA) to conduct a survey about tobacco smoke. The survey aimed to identify the extent to which tenants felt that smoke intrusion was a problem and to determine if there was support for making the buildings smoke-free. The survey was sent all tenant homes in both English and Spanish. An incentive (gift card drawing) was offered to those who returned the survey by the deadline.

The survey garnered a 61.0% return. Results indicated that drifting smoke troubled many tenants and a majority (64.6%) favored living in a smoke-free environment. Presenting the results to BCHA's managers, Board of Directors, and the County Commissioners provided sufficient evidence for these local policy makers to take action. This led to a phase-in of smoke-free policies for their buildings, creating sustainable change for community members of low socioeconomic status and diverse racial and ethnic backgrounds. Media interest in this issue was high and diligent preparation led to a positive reception by local media. Boulder County TEPP's approach to this project utilized many of the CDC Best Practices for Comprehensive Tobacco Control Programs, including involving and influencing people in their homes and utilizing community partnerships to change policy. Other agencies may find it useful to partner with local housing authorities and/or property managers to start the dialogue on smoke-free residences. Using a survey as an impetus for policy change within multi-unit housing residences is an effective way to improve the health of

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community members by reducing their exposure to SHS, a substance for which the Surgeon General stated there is no safe level. The resulting policy approach protects a large number of both current and future tenants. With lessons learned from Boulder County TEPP's experience, local health agencies will have increased capacity in their smoke-free housing policy work and more resources to draw upon in the future.

Learning Objectives: (1) Initiate dialogue with their local housing authority/property managers regarding smoke-free housing (2) Provide technical assistance in carrying out a Tobacco Smoke Survey to assess tenant attitudes towards smoke-free living environments utilizing lessons learned from other agencies (3) Discuss the benefits of smoke-free housing with property managers/media.

Public Health Topic(s): Tobacco, Alcohol, and Drug Use; Health Disparities and Underserved Populations; Built Environment

Essential Service(s): Mobilize Community Partnerships; Inform, Educate, Empower; Develop Policies and Plans

Target Audience: Health Educators

Peak 12
2:15pm - 3:15pm
(60 Minutes)

C4 - Expansion of the Child Health Liaison Course throughout Colorado. You could be next!!

Sarah Scully, Child Health Promotion Coordinator, Boulder County Public Health, Sarah Ruybalid, RN BS, Pueblo City-County Health Department, Wendy Zieker, RN, MS, PHN, El Paso County Department of Health and Environment, Connie Carroll-Hopkins, RN, MS, PNP, Colorado Department of Public Health and Environment, Michelle Wilson, RN, MS, Summit County Public Health Nursing Service

Abstract: In the United States, 58% of mothers with children younger than 6 years of age are in the labor force (United States Department of Labor 2006) and 85% of these children are cared for in non-parental care arrangements (Alkon, Bernzweig, To, Mackie, Wolff and Elman 2008). A cost, quality, and child outcomes study (1995) examined 4 states and 398 child care centers and found that 13% of the centers were of such low quality they were unable to meet children's basic health and safety needs (Alkon, et al. 2008).

Colorado's Child Health Liaison Program (CHL) is an on-line training for early care and education providers interested in improving health and safety in their programs. The goal of the CHL program is to promote health for children and adults, by providing education and resources to child care staff. The purpose of the program is to inform, educate and empower people to make positive, long-lasting changes in health and safety.

Boulder County Public Health was Colorado's first public health agency to offer the Child Health Liaison Course, which was modeled after nationally recognized efforts to improve health and safety in child care. Their program utilizes an integrated approach using the on-line course into their monthly face-to-face Child Health Liaison classes. Their evaluation results were able to link class participation with improvements in health and safety in child care! They are currently in their seventh year of doing the program and continue to refine and revise the course. **EXPANSION** - El Paso, Pueblo and Summit counties Recognizing the importance of work force development within the child care community and the success of Boulder's program, El Paso, Pueblo and Summit counties have launched their own programs. These communities, following Boulder's lead, developed their own programs utilizing a blended model with on-line course work and face-to-face classroom time. Sarah Scully from Boulder has been great partner for the three counties - mentoring, sharing resources and inviting an open invitation for expansion counties to attend her class.

During this presentation participants will hear details about the four programs. The presenters will discuss their strategic plan that they used to develop their program - developing their program, identifying partners, securing financial support, recruiting. They will also discuss lessons learned as they launched their programs **PLUS** how the child care community and the general community received these programs.

Hopefully there are more public health agencies that are contemplating launching their own program. Connie Carroll-Hopkins (CDPHE) is available to provide technical assistance including information about the CHL on-line course, completed work plans to help guide the process, organizing conference calls with existing programs and other resources.

Learning Objectives: (1) By the end of the panel discussion participants will be able to describe various strategies to implement the child health liaison course in their community. (2) Participants will be able to identify key partnerships within their communities to enhance success and longevity of the program. (3) Participants will be able to access available resources needed to explore the possibilities of launching their own programs.

Public Health Topic(s): Health Promotion, Disease Prevention, Education; Maternal and Child Health; Public Health Nursing

Essential Service(s): Inform, Educate, Empower; N/A; N/A

Target Audience: Public health nurses, physicians, health educators and others interested in improving the quality of health and safety in their local child care programs through health promotion, disease prevention and education.

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Coppertop 2
2:15pm - 3:15pm
 (60 Minutes)

C5 - Partners Offer Free Prenatal Nutrition Education Classes in Weld County, Colorado

Kristin Dodge, Prenatal Education Coordinator, Weld County Department of Public Health & Environment, Kathryn A. Rogers, MS, RD, Research Associate – EFNEP, Colorado State University Extension

Abstract: Abstract: Partners Offer Free Prenatal Nutrition Education Classes in Weld County, Colorado
 Abstract Text

The purpose of the Healthy Baby Campaign of Weld County (supported by the Women's Health Unit at the Colorado Department of Public Health and Environment (CDPHE) and Maternal, Child, Health (MCH) funding), is to improve perinatal outcomes by facilitating change in consumer attitudes, beliefs, and behavior regarding prenatal weight gain and smoking cessation. Colorado's low birth weight rate was 9.1% (2003-2005, MCH Dataset). For Weld County the low birth rate was 8.1% (2003-2005 MCH Dataset). A LBW baby weighs 5 pounds 8 ounces (2,500 grams) or less. Low birth weight babies are not just small babies. They are more likely to have serious health problems and long-term disabilities, like cerebral palsy, sight and hearing problems, and learning problems in school. Research conducted by the CDPHE revealed in the 2000 report, "Tipping the Scales: Weighing in on Solutions to the Low Birth Weight Problem in Colorado", that the key factors affecting low birth weight rates are inadequate weight gain and smoking. Therefore, health educators and medical staff from the Weld County Health Department (WCDPHE), Weld County's Expanded Food and Nutrition Education Program (EFNEP) administered through Colorado State University (CSU), and Sunrise/Monfort Family Health Center have collaborated to offer free prenatal nutrition education classes for pregnant moms. Classes are offered in both English and Spanish to account for the 27% Latinos in Weld County (2000, U.S. Census Bureau). Classes are held at community locations including the WCDPHE and the Sunrise/Monfort Family Health Center, every six weeks. A bilingual EFNEP nutrition educator teaches the prenatal nutrition curriculum entitled, "Healthy Baby, Healthy Me" (developed by CSU) for pregnant adults, or "Teen Parents" (administered through CSU) for pregnant teenagers. Both integrate the following Healthy Baby Campaign educational materials, tools, and resources (developed by the Women's Health Unit at the CDPHE and supported by MCH funding): Healthy Baby brochures, a combination Body Mass Index (BMI)/Estimated Date of Delivery (EDD) wheels and weight gain charts to determine weight gain recommendations, weight gain grids to track weight gain during pregnancy, and literature to promote these recommendations. Each class also includes the preparation of a healthy food item that moms can taste-test at the class and then prepare for their families at home. Most importantly, moms are encouraged to discuss the weight gain grid with their prenatal doctor at each visit and to stay on track with their

recommended weight gain goal. Moms are then rewarded with an infant car seat when they complete all eight lesson plans that are offered in six classes. The partnerships that have developed between the CDPHE, MCH, WCDPHE, CSU EFNEP, and Sunrise, are building integrated health care systems that support the Public Health in the Rockies Conference theme of "Sustainability of Public Health". These partners are working together to combine their resources to educate the community that low birth weight is a critical problem in Colorado and can be decreased through intervention and risk reduction.

Learning Objectives: (1) Participants will learn how to leverage the strengths and assets of community partners to implement a Healthy Baby campaign. (2) Participants will learn how to educate pregnant moms with prenatal nutrition information and the importance of low birth weight risk factors using Healthy Baby Campaign materials and resources. (3) Participants will learn how to implement consumer based outreach in their communities using existing resources and provide culturally sensitive messages.

Public Health Topic(s): Enhancing Public Health Systems; Maternal and Child Health; Health Promotion, Disease Prevention, Education

Essential Service(s): Monitor; Mobilize Community Partnerships; Inform, Educate, Empower

Target Audience: Public Health Nurses, Medical Assistants, and Health Educators; Health-Care Providers, School Nurses, Counselors and Health Teachers; and public/community health professionals

Coppertop 3
2:15pm - 3:15pm
 (60 Minutes)

C6 - Statewide GIS Coordination in Emergency Planning/Public Health and Status of the Colorado Spatial Data Portal

Mark Egbert, GIS Coordinator, Colorado Dept of Public Health and Environment, Jon Gottsegen, Colorado State GIS Coordinator

Abstract: Recent statewide GIS coordination pursuits have been occurring in Colorado for approximately three years now. Efforts by the state's GIS coordinator and geospatial coordinating council have attempted to enhance existing GIS activities and support the development of new activities. Much of this effort has concentrated on the specific areas of emergency preparedness and public health response. This presentation will describe statewide GIS coordination activities, specifically with an eye to how they can support response to public health incidents, public health policy and emergency response and planning. It will briefly touch on some of the strategic efforts occurring in Colorado and then relate the specific implications of these efforts for the

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public health and emergency preparedness domains. It will also relate some lessons learned from recent incidents in Colorado and from experiences and activities in other states.

The larger GIS community in Colorado has expressed overwhelming support for a common, statewide spatial data portal. As of yet, however, this statewide spatial data portal has not materialized.

The recently established Colorado GIS Coordinating Council (GCC) has been working to find a solution to this problem. This presentation will describe the current environment in Colorado, as it relates to the implementation of a spatial data portal. Examples of working portals will also be demonstrated.

The GCC is currently finalizing a proposal for a Colorado spatial data portal. This model will be described in detail, along with the probable impact this portal will have on the GIS/public health community.

The hope is that the presentation will inspire discussion and feedback from attendees, who are potential consumers of statewide geospatial information and therefore stakeholders in and beneficiaries of well-coordinated statewide GIS, about goals and priorities for GIS coordination.

Learning Objectives: (1) Inspire discussion and feedback from attendees who are potential consumers of statewide geospatial information. (2) Provide a forum for information and discussion about goals and priorities for GIS coordination. (3) The attendee will be able to describe the spatial data portal concept.

Public Health Topic(s): Application of Geographic Information Systems in Public Health; Built Environment; Enhancing Public Health Systems

Essential Service(s): Mobilize Community Partnerships; Monitor; Inform, Educate, Empower

Target Audience: This presentation is of interest to people who use Colorado spatial data. This talk is of interest to GIS users of all levels.

BREAKOUT SESSION D 3:30 p.m. – 4:30 p.m.

Peak 6-8
3:30pm-4:30pm
(60 Minutes)

D1 - An Interdisciplinary Collaborative Approach for Increasing Youth Health Outcomes

Deborah Givray, Associate Professor, MPH Graduate Coordinator, University of Northern Colorado

Abstract: This presentation will describe and explain the interdisciplinary, collaborative approach being used to develop and implement a health model program for

ethnically and economically diverse youth in an after school program in Weld County. This program will use an interdisciplinary approach in teaching youth the coordinated school health curriculum as well as "hands on" nutrition lab activities. The interdisciplinary collaboration includes the University of Northern Colorado's Master of Public Health Program, the Elementary Education (PTEP) Program, the Didactic and Dietetics Program as well as Colorado State University's Colorado Families, Education, Resources and Training office(CFERT) for technical assistance. The team will develop and implement a health intervention pilot program. The intervention program will also incorporate a parenting curriculum and classes to ensure parent involvement in their children's health outcomes called "Plug In".

This presentation will provide an overview of the interdisciplinary, collaborative approach used to develop and implement interactive health lessons for youth to create more positive health youth outcomes. This model approach takes an innovative, integrative approach to provide youth and their parents with modeling of healthy behaviors through workshops, labs, and hands-on fun techniques that promote healthy lifestyles. Using incentives, cultural competence, and a variety of creative teaching methods, plus a comprehensive evaluation component hopefully a statewide program can be conceived that will provide a comprehensive way to promote health within the family structure.

Learning Objectives: (1) Participants will gain an understanding of the interdisciplinary, collaborative health project. (2) Participants will increase their knowledge by participating in one lesson plan presented from the "coordinated school health curriculum" and parenting curriculum. (3) Participants will increase their awareness of health disparities in ethnically and economically diverse populations in rural Colorado.

Public Health Topic(s): Physical Activity, Food, and Nutrition; Health Promotion, Disease Prevention, Education; Health Disparities and Underserved Populations

Essential Service(s): Inform, Educate, Empower; Mobilize Community Partnerships; Research

Target Audience: Health educators, students, parents

Peak 11
3:30pm-4:30pm
(30 Minutes)

D3A - Public Health Policy Change to Build the Infrastructure to Sustain Healthy Environments of Hospitals and Communities: The Colorado Tobacco Free Hospital Forum Experience.

Tracey Richers Maruyama, MA, Health Program Administrator, Denver Public Health

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Abstract: A member of the Colorado Tobacco Free Hospital Forum recently remarked, "You can't smoke at restaurants, you can't smoke at bars, you can't smoke at casinos, but you can smoke at hospitals." Hospital executives/administrators have and are seriously questioning why tobacco use is still allowed at their hospital and on hospital grounds when they promote and offer a caring, healing environment. Tobacco use is the number one cause of preventable, premature death in the United States. Secondhand smoke is a mixture of the smoke given off by the burning end of a tobacco product and the smoke exhaled by the smoker. Secondhand smoke contains more than 4,000 chemicals, 60 have been identified to cause cancer. The 2006 Surgeon General's Report states there is no safe level of exposure to secondhand smoke.

The Colorado Tobacco Free Hospital Forum is for hospital executives (CEOs, Vice Presidents, Directors of Security, Operations, Human Resources, Marketing/Public Relations, etc.) to exchange/share information regarding tobacco issues and policies at hospitals/medical centers. Colorado hospital executives are passing tobacco free campus policies to protect the health of patients, visitors, and employees by reducing/eliminating exposure to secondhand smoke. This type of policy creates a safer and healthier environment for all those on hospital grounds. Since November of 2004, nineteen Colorado hospitals have implemented a 100% tobacco free hospital campus policy and fifteen Colorado hospitals have recently publicly announced they will implement a 100% tobacco-free hospital campus policy by January 1st 2009. Forum members meet every other month at a hospital agreed upon. Discussions have included fears, concerns, challenges, and solutions to changing from an environment which allows smoking and tobacco use to one that completely eliminates it. Forum members have also given PowerPoint presentations showing how they implemented their policy. The Forum has been tracking hospitals as they move through the Stages of Change - from, "we have no plans to change our policy at this time", to "thinking about change", to "begin the change by convening a committee and drafting new policy", to "publicly announcing the policy change is coming", to "finally implementing the new policy and celebrating a healthy, tobacco free hospital campus." Policy change within healthcare systems and at hospitals is no easy task and requires many levels of staff and administration involvement. Policy change ensures sustainability because administrators commit to investing resources, time, and energy to make a policy change, implement the policy, and then enforce the policy. This presentation is relevant to public health professionals in Colorado because hospitals are located within almost all counties; public health professionals have working relationships with healthcare systems and staff; tobacco use and reducing exposure to secondhand smoke are major public health issues; and "a great deal of emphasis is placed on public health advocacy and policy as a means to build or revise the infrastructure that will sustain the profession and the health of communities" - per "The Theme of the Conference is Sustainability of Public Health" section.

This work was funded by the Tobacco Education, Prevention and Cessation Grant Program.

Learning Objectives: (1) Describe the need for tobacco free hospital campuses and how policy implementation will sustain healthy environments. (2) Describe how hospital executives, who usually view each other as competitors, work collaboratively and identify lessons learned from the many issues hospitals have faced in implementing a tobacco free campuswide policy. (3) Discuss the Stages of Change that Colorado Hospitals have gone through to implement a tobacco free campus policy

Public Health Topic(s): Tobacco, Alcohol, and Drug Use; Health Promotion, Disease Prevention, Education; Enhancing Public Health Systems

Essential Service(s): Inform, Educate, Empower; Develop Policies and Plans; Mobilize Community Partnerships

Target Audience: Public Health Professionals, Community Health Educators, Community Services Providers, Program Coordinators, Managers and Administrators

Peak 11
3:30pm-4:30pm
 (30 Minutes)

D3B - Healthy Neighborhoods Initiative

Johanna Matsuda, Smoke-Free Communities Manager, American Lung Association of Colorado, Fernando Pineda-Reyes, CEO CREA Results, Kim Riley, MPH, Director of Health Education, Center for Research Strategies, Mariana Enriquez-Olmos, PhD, Director of Education Research, Center for Research Strategies

Abstract: Project Summary

The Healthy Neighborhoods Initiative (HNI) is a partnership between the American Lung Association of Colorado and grassroots community groups to address tobacco disparities in monolingual Spanish-speaking populations. HNI takes a holistic community approach to using evidenced-based interventions to create a model of behavior change by building capacity and developing leadership within the community.

Statement of Need

The HNI targeted Commerce City neighborhoods in which approximately 53% of residents are Latinos and 51% of the households are monolingual Spanish-speaking. This segment of the population is rarely reached by traditional education efforts and shares an unequal tobacco burden:

- 1) Adult smoking rates. The national rate is 15% , Commerce City's is 23%.
- 2) Secondhand smoke exposure (SHS). In Colorado, 25% of homes allow smoking ; 44% in the targeted area.
- 3) Socioeconomic status, education level and medical care as health indicators. Latinos' 18.9% poverty rate is well above Colorado's average. 36% of Latinos have no

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health insurance. 54% of targeted residents have less than a high school education.

HNI utilizes evidenced-based practices including the 1) promotora model of peer education (culturally competent outreach practice for healthcare, effective with Latino populations), 2) Colorado QuitLine (cessation services), and 3) Colorado's "One Step" campaign and EPA's Smoke-Free Home Pledge (to encourage households to become smoke-free).

Goals

HNI goals to eliminate tobacco disparities were: 1) reduce children's exposure to SHS, 2) build community capacity to address tobacco issues, and 3) create a replicable model of attitude and behavior change for monolingual Spanish-speakers.

Project Strategies/Activities

The strategies used were: 1) educate parents about the dangers of SHS and encourage them to make their homes and cars smoke-free, and/or to quit smoking; 2) engage community groups in learning about tobacco and educating others through their networks; and 3) develop a replicable model to address tobacco use in disparately affected populations. The HNI activities were:

-Home visits by trained promoters to provide tobacco education.

-Breathe Better Bus visits to schools, churches, community events, and licensed and informal childcare providers to provide lung health education.

-Visits to local businesses promoting awareness of the Colorado Clean Indoor Air Act (CCIAA), the QuitLine, and youth access to tobacco.

-Radio and television interviews broadcasted in Spanish-speaking stations, and ads placed in community newspapers.

-Community leaders/agencies were trained on tobacco use and available resources.

Evaluation and Sustainability

First year evaluation of the HNI shows positive results in: quit rates and reduction of SHS exposure in visited households; increased knowledge and improved attitudes in students and school personnel; and continued interest in the CCIAA by business owners and workers.

Evaluation results of two years of intervention will be presented at the conference.

The HNI promotes long-term impact and results by increasing the community's interest in and direct capacity to address tobacco issues. By selecting and training promoters from the target neighborhoods they become lasting community resources. Outreach by project partners to other agencies serving the area helps to institutionalize SHS education through existing community networks.

References/Footnotes:

American Legacy Foundation: "Hispanics and Smoking", 2005

Healthy Neighborhoods Initiative baseline data collection, 2006

Colorado Tobacco Prevention and Control Strategic Plan 2004-2010

Healthy Neighborhoods Initiative baseline data collection, 2006

Neighborhood data is culled from U.S. Census, 2000, Commerce City Planning Department, and previous promoters surveys conducted in the area

Racial and Ethnic Health Disparities in Colorado 2005
Racial and Ethnic Health Disparities in Colorado 2005
Healthy Neighborhoods Initiative baseline data collection, 2006

Learning Objectives: (1) At the end of the session, participants will describe the purpose of the "Healthy Neighborhoods Initiative". (2) At the end of the session, participants will be able to list a minimum of three components of the "Healthy Neighborhoods Initiative". (3) At the end of the session, participants will be able to describe the usefulness of using a logic model to guide & facilitate a multi-component community-based initiative.

Public Health Topic(s): Tobacco, Alcohol, and Drug Use; Health Disparities and Underserved Populations; Built Environment

Essential Service(s): Mobilize Community Partnerships; Inform, Educate, Empower; Evaluate

Target Audience: Health educators, public health nurses

Peak 12
3:30pm-4:30pm
(60 Minutes)

D4 - Giving Public Health Nurses a Voice: The Colorado Nurse Family Partnership Nurse Practice Council

Michelle Neal, MS, RN, Invest in Kids, Kris Barnes, MSN, RN, Boulder County Health Department, Lisa Ingebritson, BSN, RN, Tri-County Health Department, Brenda Mensink, BS, RN, El Paso County Health Department, Geri Holton, BSN, RN, Weld County Department of Public Health and Environment

Abstract: Invest in Kids (IIK) is a non-profit agency whose mission is to partner with communities to improve the health and well-being of young children. The Nurse Family Partnership (NFP) is supported by IIK because it has been shown to foster healthier pregnancies, to improve the health and development of children and to encourage the self-sufficiency of parents. The Colorado NFP program is managed by the Colorado Coordination Team (CCT), a group made up of representatives from Colorado Department of Public Health and Environment, IIK, Nurse-Family Partnership National Service Office, and the University of Colorado at Denver Health Sciences Center.

Based on input from nurse home visitors, IIK developed the Colorado Nurse Family Partnership Nurse Practice Council (CO NFP NPC) to increase collaboration between nurse home visitors and the CCT. The development of a nurse practice council is relevant to public health professionals in Colorado because it addresses issues in public health nursing related to the essential service of

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assuring a competent public health care workforce with a primary aim to maintain the sustainability of public health by nurturing the public health nursing workforce. A nurse practice council (NPC) supports clinical and leadership development, and identifies and shares best practices to facilitate competent nursing practice. The nursing literature supports the existence of NPCs. NPCs contribute to nurse retention. A strong correlation exists between perceived work empowerment and work satisfaction, as well as perceived control over nursing practice. At the CPHA conference, members of the Colorado NFP NPC will share information about the development, evolution and outcomes of this unique public health nursing initiative.

Specifically, the CO NFP NPC addresses issues affecting NFP implementation to assure continued success of the program. The work of the council is focused on nurse retention, and sharing of best practices. The CO NFP NPC generates recommendations for action by NFP sites or state leadership. The CO NFP NPC gives NFP nurses an opportunity to be more fully informed, get involved, serve as leaders, and have a voice in addressing nursing issues that affect their day-to-day practice. In a panel presentation, CO NFP NPC members will discuss examples of the council's process and outcomes related to identifying, examining and sharing current and future practice issues, and strategies for addressing those practice issues. The members will share how their professional development is enhanced through participation on the CO NFP NPC. The panel will also discuss the impact of the CO NFP NPC on NFP nurses at large detailing how the council provides a communication system for CO NFP nurses. The existence of the NPC is seen as overwhelmingly positive by CO NFP nurses. It gives a coherent, compelling voice to the nurses, focusing more attention on practice issues and empowering the nurses. The CO NFP NPC has improved the quality of work life of nurses in NFP. This innovative model can be replicated in other public health arenas to help foster nursing visibility, leadership and improved nursing practice, all of which lead to the sustainability of public health.

Learning Objectives: (1) Describe how a nurse practice council contributes to public health nurse retention. (2) Identify 3 methods employed by a nurse practice council that contribute to public health nursing competency.

Public Health Topic(s): Public Health Nursing; Other; Other

Essential Service(s): Assure a Competent Workforce; N/A; N/A

Target Audience: public health nurses and administrators

Copper 2
3:30pm-4:30pm
 (30 Minutes)

D5A - The Future of Colorado's Health Profession Workforce: New Directions

Kaia Gallagher, PhD, President, Center for Research Strategies, Laurel Petralia, MS, Laurel Petralia, MS, Project Officer, The Colorado Trust, Kim Riley, MPH, Kim Riley, MPH, Director of Health Education, Center for Research Strategies

Abstract: Colorado, like other states, is experiencing severe shortages of public health and health care professionals, which can impact the access and the quality of public health services and health care in our State. To address some of these workforce shortages, The Colorado Trust's Health Profession Initiative, a three-year (2005-2008), \$10.2 million effort, sponsored a Health Professions Workforce Roundtable discussion on January 17, 2008, with 55 key opinion leaders - including physicians and representatives from nursing, hospitals, education, government, foundations, professional organizations and others to: 1) review Mid-Initiative evaluation findings from the Health Professions Initiative, 2) create a common ground around issues related to workforce development, and 3) determine next steps for identify future health professions workforce development goals for Colorado. Four key questions regarding the health professions workforce in Colorado were addressed:

1. What is currently working well and not working well?
2. What can be done to effectively address health professionals' workforce issues?
3. Is there a sufficient framework such that a shared vision and dialogue to effectively address the shortage of providers across the state can be developed?
4. What are the recommended next steps to establish a sustainable workforce that meets Colorado's current and emerging health care needs?

As part of this CPHA session, summary findings from the January 2008 Roundtable will be provided. In addition, participants at the conference will be able to share their insights and perspectives as to key issues related to Colorado's health professions workforce and pivotal strategies that will help to ensure that this workforce is adequate to meet the current and growing health care needs of all Coloradans. Using polling technology, participants at the CPHA conference will be able to voice their support for specific strategies related to students, health professions training and community partner strategies. Since the state level Roundtable will be reconvening over the next few months, insights from the public health community will be valuable in identifying current and future needs within the workforce development arena.

The ultimate goals for this Roundtable process is to promote synergy among policy leaders, health care providers, educational institutions, and workforce planning authorities to establish a strategic public policy framework that will advocate and advance health professions workforce priorities for Colorado. Attendees representing

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the Colorado Public Health Association can provide valuable contributions to this process both from the perspective of community-based public health programs as well as from the broader vantage point of state-level systems of health care.

Learning Objectives: (1) Identify current health professions workforce issues and priorities based on findings from the Health Professions Initiative sponsored by The Colorado Trust (2) Describe alternative strategies for ensuring that Colorado has an adequate health professions workforce to meet current and future needs of all citizens (3) Describe one example of current efforts to address health professions workforce needs and strategies

Public Health Topic(s): Enhancing Public Health Systems; Health Disparities and Underserved Populations; Other

Essential Service(s): Mobilize Community Partnerships; Develop Policies and Plans; Assure a Competent Workforce

Target Audience: all conference attendees

Coppertop 2
3:30pm-4:30pm
 (30 Minutes)

D5B - Colorado Population Estimates: A Primer for Current Sources and Emerging Topics

Kirk Bol, Analyst, Colorado Department of Public Health and Environment

Abstract: Population figures for the State of Colorado and its subpopulations are used widely by many programs at the Colorado Department of Public Health and Environment, local public health agencies, non-profit organizations, and university-based researchers and students. Within the public health arena, these uses include quantifying populations for such standard measures as mortality and fertility rates, life expectancy, and percentage of the population engaging in certain health and risk behaviors. Additionally, population figures are used to describe populations' socio-demographic characteristics for purposes of planning for and providing health promotion and disease prevention services. Conventional wisdom regarding population estimates is that there is a single set of population estimates released each year from a single source, and that these estimates are not subject to change or revision. This is not the case: Population estimates arise from multiple sources, and are essentially educated estimates using the best information on hand (including counts of births and deaths, migration patterns, school enrollment, housing, employment, and Medicare enrollment) at the time the estimates are computed.

The two primary sources of population figures used at CDPHE are the United States Census Bureau and the

Colorado State Demography Office at the Colorado Department of Local Affairs, Division of Local Government. The estimates from these sources are not identical, neither in the estimates themselves, nor in the level of detail geographic and demographic that are available for use. This presentation is intended to address three topics related to these different population estimates and their sources, namely:

-Differences in available population estimates and the effects of these differences on commonly used public health measures.

-Recommended and appropriate uses of different population estimates, projections, and surveys, while considering for what level of geographic and demographic detail population measures are available.

-Emerging topics in population estimates, specifically the collection of multiple-race data in the 2000 US Census and revised birth and death certificates, the availability of bridged-race population estimates that will facilitate the combination of single-race and multiple-race datasets, and how Colorado is planning for the use of both types of race/ethnicity data with regard to Vital Statistics. Population figures are produced by meticulous estimate and projection modeling methods, and while providing only an approximation of the population count, they are a useful and important tool in measuring and addressing public health concerns at the national, state, county, and community level. Understanding the intended purposes and appropriate applications of these various and increasingly accessible population figures available to the public health community is key to informed public health planning and implementation.

Learning Objectives: (1) Characterize differences in available population estimates and the effects of these differences on commonly used public health measures. (2) Correctly use different population estimates, projections, and surveys, while considering for what level of geographic and demographic detail population measures are available. (3) Identify emerging topics in population estimates, specifically race/ethnic population estimates, and how Colorado is planning for the use of these race/ethnicity data with regard to Vital Statistics

Public Health Topic(s): Epidemiology and Statistics; Health Disparities and Underserved Populations; Enhancing Public Health Systems

Essential Service(s): Monitor; Inform, Educate, Empower; Research

Target Audience: Public health planners, epidemiologists, statisticians, public health nurses, educators

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Coppertop 3 3:30pm-4:30pm (30 Minutes)

D6A - Utilizing GIS in Health Policy Decision Making

Todd Hockenberry, Research Analyst, Colorado Health Institute

Abstract: Better health policy decision making occurs as a result of objective and reliable information, an engaged public, and informed decision makers. The Colorado Health Institute (CHI) has a strong relationship with policy makers in Colorado and has found that mapping is one of the most potent tools we have to inform policy. One of our major research initiatives involves describing and monitoring the Colorado health care safety net. The IOM's 2000 study, "America's Health Care Safety Net: Intact but Endangered", described the nation's safety net as a highly localized and fragile patchwork of health care providers that face increasing financial stress and capacity constraints in providing health care to vulnerable populations. Researchers at CHI are integrating spatial analysis techniques to better understand the gaps in Colorado's safety net. Specifically, CHI is using ESRI products to assess geospatial barriers to vulnerable populations.

Learning Objectives: (1) Investigate the role of GIS in informing individuals and organizations for making decisions concerning health policy. (2) Explore techniques for using GIS to assess geospatial barriers to vulnerable populations.

Public Health Topic(s): Application of Geographic Information Systems in Public Health; Enhancing Public Health Systems; Health Promotion, Disease Prevention, Education

Essential Service(s): Monitor; Develop Policies and Plans; Inform, Educate, Empower

Target Audience: public health policy makers, professionals, epidemiologists, general audience

commonly use proprietary data formats that complicate information systems interoperability and integration across applications, organizations, and countries. For many small, underfunded local health agencies having access to geospatial software and applications is a challenge. Competing priorities threaten the sustainability of incipient geospatial applications and infrastructures. Integration to larger information systems, applications, and spatial data infrastructures is an essential element to help justify the expenses incurred in keeping a geospatial component in health information systems. In the international arena, globalization is contributing to the blurring of borders making irrelevant the distinctions between domestic and international health problems. Cross-border and global health spatial information systems (CBHSIS) are required to address the new global health challenges. There is a need to build and document alternatives for addressing the technological, economic, and sociocultural and political challenges encountered in the creation and deployment of local to global (and their integration) health information systems. This presentation discusses how geospatial OSS and Open Specifications can contribute to tackle some of the challenges that exist in the creation of local and global spatially enabled health information infrastructures. To illustrate the points made, two cases are presented: a local health agency and a cross-border Web-based multimedia GIS system used in a health context along the USA-Mexico border.

Learning Objectives: (1) Present geospatial Open Source Software alternatives for the creation of spatial health information systems and how they can contribute to the sustainability of these systems. (2) Present geospatial Open Specifications relevant to health information systems that support interoperability among heterogeneous applications, systems, and environments. (3) Discuss considerations in the creation and sustainability of spatially enabled health information systems and infrastructures.

Public Health Topic(s): Enhancing Public Health Systems; Application of Geographic Information Systems in Public Health; Built Environment

Essential Service(s): Monitor; Monitor; Monitor

Target Audience: professionals interested in GIS and spatially enabled health information systems

Coppertop 3 3:30pm-4:30pm (30 Minutes)

D6B - Potential contributions of geospatial Open Source Software (OSS) and geospatial Open Specifications to the creation and sustainability of local and global health information systems.

Rafael Moreno, Ph.D., Department of Geography and Environmental Sciences, University of Colorado Denver

Abstract: Geospatial software (Geographic Information Systems; web-GIS software; spatially enabled Database Management Systems) tend to be expensive, they also

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BREAKOUT SESSION E **4:45 p.m. – 5:45 p.m.**

Peak 6-8
4:45 - 5:45pm
(60 Minutes)

E1 - Hot Topics & Late Breakers I

*James E. Dale, D.V.M., MPH, MBA, Director,
Environmental Health, JCDHE.*

Target Audience: public health professionals; all attendees

EXHIBITOR RECEPTION **5:30 – 6:30 p.m.**

Foyer and Peak 1-3
5:30pm

Exhibitor Reception

A special opportunity for conference participants to visit with exhibitors and network with colleagues while enjoying some light refreshments.