

Tuesday, September 16, 2008

REGISTRATION OPEN

7:30 a.m.

Foyer & Peak 1-3

EXHIBITS & POSTERS OPEN

7:30 a.m. – 5:00 p.m.

Foyer & Peak 1-3

BREAKFAST BUFFET

7:30 a.m.

Colorado Ballroom

PLENARY SESSION

8:00 – 9:30 a.m.

Colorado Ballroom

Public Health Infrastructure and Accreditation

Lee Thielen, Ex Director, CALPHO and the Public Health Alliance of Co, Bill Riley, Associate Dean, School of Public Health, U of MN, Dennis Lenaway, Public Health Office of CDC, Jim Pearsol, ASTHO Chief of Public Health Infrastructure Programs at ASTHO, Ned Calonge, Chief Medical Officer, CDPHE, Mark Johnson, Ex Dir of Jefferson County Dept. of Health and Environment

Abstract: This panel will be third of annual panels presented through CALPHO and the Public Health Alliance on improving public health infrastructure. The previous sessions were standing room only, and we are requesting a plenary session. Also, the out of state speakers, Dr. Lenaway, Dr. Riley and Jim Pearsol have all offered to present an additional concurrent program following the panel to further delve into their areas of expertise. The panel will address:

How another state is preparing for national accreditation and is working on public health quality improvement projects at the local level with help from the U. of MN School of Health faculty and students. In addition, Dr. Riley will address national accreditation progress and how it might impact Colorado.

Dr. Lenaway will provide the big picture overview of how CDC is working nationally to improve the public health infrastructure through numerous efforts. He will bring the

message to CO, as a former public health leader in Boulder, of how national efforts will impact our work.

Jim Pearsol balances the local information by talking about how state public health agencies fit into national accreditation, and how ASTHO is preparing states for the future. He will highlight the results of the Understanding State Public Health research and findings.

Dr. Calonge will provide the Colorado specific content and plans.

Dr. Johnson will once again, pull it all together with humor, insight, and historic foundations.

Learning Objectives: (1) better prepare their agencies and programs for national movement pressures, such as accreditation and quality improvement. (2) see how Colorado can improve its structure and move toward a stronger public health system. (3) find additional information, documents, web sites, etc. to expand their knowledge of public health infrastructure improvement.

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

Essential Service(s):

Develop Policies and Plans; Inform, Educate, Empower; Mobilize Community Partnerships

Target Audience: All

BREAKOUT SESSION F

9:45 a.m. – 10:45 a.m.

Peak 6-8

9:45am-10:45am
(60 Minutes)

F1 - Produce and Health Fairs: A community-based partnership to promote increased access to fresh produce in the food bank recipient population

Carrie S. McConnell, Nutrition Coordinator, Tri-County Health Department

Abstract: A local health department partnered with a large metropolitan food bank, a local emergency food provider, a county food distribution center and Share our Strength/Operation Frontline with the goal of increasing access to fresh fruit and vegetables in the food bank recipient population. This population frequently has decreased access to fresh produce due to community and economic factors. This barrier to access can contribute to food insecurity and health disparities (Algert et al, 2006). A package of fresh produce was distributed to food bank recipients on a monthly basis in a health fair-type setting. The produce was provided by the large food bank from

Tuesday, September 16, 2008

local grocery store donations. Distributing this donated produce to needy individuals was a challenge for the food bank due to cost of fuel and time constraints related to potential spoilage of the produce. Therefore, the mass distribution was a cost and time-efficient measure to make the produce available to a large number of needy individuals. The produce was distributed in conjunction with education in the form of food demonstrations emphasizing use of the produce in easy, low-cost recipes. Additionally, community health resource agencies that provide services for the population were present at each distribution.

The initial pilot phase of the project was held between June and September, 2007 in a suburban community in Colorado impacted by poverty. The project distributed fresh produce representing eighteen different varieties to 2387 family members at four separate events throughout the summer. Twenty community agencies were represented at the events throughout the summer.

Due to the success of the pilot phase, the project will expand in 2008 to include more community partners, eight additional Produce and Health fair events plus more comprehensive evaluation strategies. The future evaluation strategies will gather data related to the population being served and their satisfaction with the Produce and Health fair process. This data will help with future event planning.

This presentation is relevant to public health professionals in Colorado and the conference theme "Sustainability of Public Health" because it demonstrates an inexpensive effort to help sustain the community food safety net and enhance access to healthy foods in the target population. It also demonstrates methods to work with community agencies and partners to collaboratively meet the needs of food insecure individuals in communities served by public health agencies. Utilizing and enhancing partnerships in communities is a key aspect to promoting and sustaining public health efforts.

Learning Objectives: (1) Summarize the fresh produce access barriers food bank recipients frequently experience and its potential impact (2) Describe the Produce and Health fair implementation process (3) Evaluate potential partnerships and resources in communities they serve with the goal of enhancing access to healthy foods in the food bank recipient population

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

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

Target Audience: This presentation would be appropriate for professionals from the public, profit and non-profit sector who provide services, participate in program or community planning or policy making related to the food insecure population.

Peak 9 & 10
9:45am-10:45am
(60 Minutes)

F2 - Providing Immunizations to School-Age Children Who Are Out of Compliance: A Brainstorming Session on Methods to Attract Students and Families

Julianne Puckett, Public Health Nurse, Tri-County Health Department, Marlene Evans, BSN, RN, Adams 12 Five Star School District

Abstract: BACKGROUND

According to the Centers for Disease Control and Prevention, in the 2006-2007 school year, Colorado did not reach the targeted immunization rate of 95% for all recommended vaccines for children in kindergarten. In Adams 12 Five Star School District (Adams 12), a district with over 39,000 students, there were 870 students out of compliance with state immunization laws. Interviews with school health personnel revealed that many students were not in compliance due to lack of insurance and inability to locate an accessible medical clinic. Tri-County Health Department (TCHD) and Adams 12 partnered to offer immunization services.

METHODS

On March 1st, 2008, TCHD and Adams 12 provided an immunization clinic at a centrally located high school. Recruitment included exclusion letters, English and Spanish flyers, direct dial phone calls, school announcements, and web postings. Twenty seven nurses assisted in the clinic including TCHD Nurses, Adams 12 Nurses, Children's Hospital Nurses, and UNC Nursing Students. TCHD staff trained and oriented all nurses. Bilingual staff members were present at every clinic station.

Students who were not immunized during this clinic were suspended from school pending documentation of immunizations. Parents received a list of additional clinics, including TCHD walk-in clinics, where low-cost immunizations are provided.

RESULTS

One-hundred and eighty-one children were immunized during this clinic. Of the 181, 83% (n=150) received state-mandated vaccines. Of the 150, 65% (n=117) required the tetanus, diphtheria, and pertussis (Tdap) vaccine to become compliant.

On average, clients were able to complete the immunization process within one hour and multiple families informed our check-out staff that they were glad to have an opportunity to immunize their children on a weekend.

DISCUSSION

This approach incorporated best practices recommended by the American Academy of Pediatrics (AAP) in 2003 which emphasized removing economic barriers, addressing racial and linguistic impediments, providing accurate vaccine education, and ensuring the safest administration techniques. One of the innovative approaches of this clinic was to expand the number of nurses participating by inviting non-public health nurses to

Tuesday, September 16, 2008

share in the mission of increased immunizations. TCHD nurses reported that pairing one Tri-County nurse with one volunteer nurse offered many opportunities for training. Through this exercise we were able to build community resources that can be sustained for the future if a pandemic or disaster demanded immunization skills. Although we saw fewer clients than expected, approximately 350 students submitted documentation of compliance prior to the March 1st clinic. However, we will continue to pursue better methods of advertisement to increase attendance at these clinics. TCHD and Adams 12 will share challenges, templates, and planning tools so that other teams can replicate our approach. This workshop will highlight one approach to immunizing students who were non-compliant with State Immunization laws and then integrate suggestions from participants through small group brainstorming sessions. The goal of this workshop is to assist health care professionals in selecting concrete strategies for improving immunization rates in the State of Colorado.

Learning Objectives: (1) Participants will be able to verbalize the rationale for strategies currently employed to immunize school-age children. (2) Participants will be able to identify why certain interventions have not yielded desired results. (3) Participants will be able to identify three new interventions that can be used to immunize school age-children who are currently out of compliance with State regulations.

Public Health Topic(s): Public Health Nursing; Immunizations; Emergency Preparedness and Response

Essential Service(s): Diagnose and Investigate; Mobilize Community Partnerships; Link People

Target Audience: Public Health Nurses, Program Coordinators and Administrators, Public Health Officers

Peak 11
9:45am-12:00pm
 (2 hour skill-building session)

F3G3 - Linking Public Health and Community Design - A Toolkit for Developing Relationships and Increasing Awareness

Leanne Jeffers, Public Health Training Manager, Regional Institute for Health & Environmental Leadership

Abstract: "The modern America of obesity, inactivity, depression, and loss of community has not "happened" to us. We legislated, subsidized, and planned it this way." (H. Frumkin, L. Frank and R. Jackson. *Urban Sprawl and Public Health*. 2004).

The impact of land use and community design on individual and community health is an emerging subject of great importance and interest to both the public health and planning professions. Recent research has begun to link community design patterns and the built environment to air

quality, physical activity and obesity (Frank et al, *Journal of the American Planning Association*, Vol. 72, No. 1, Winter 2006). However, while many public health advocates and planners may be aware of the connection between our disciplines, many lack a clear understanding of the specific implications for health. For example, a 2004 study of the members of the American Planning Association shows that although a majority of planners felt that the connection between public health and planning is an important issue, 60% indicated that planning staff is not qualified to address public health issues (Morris, M. *Integrating Planning and Public Health: Tools and Strategies to Create Healthy Places* (PAS 539/540). American Planning Association. 2006.). In addition, this same study showed that one of the top three barriers to collaboration between these two disciplines is the lack of qualified staff.

Building relationships between the public health and planning communities is essential for creating healthy and sustainable communities. As Frumkin et al (2004) put it, "We are only now realizing that the ways we have built cities and suburbs over the last half century has been extremely costly, not only in economic and environmental terms, but also to human health and well-being. Combining the expertise and vision of planners and designers with the expertise and vision of health professionals, we can assure that our children, and their children, will thrive in healthier, safer, and more wholesome and beautiful places than those we know so well."

This skill-building workshop is designed to provide participants with the knowledge, capacity and tools to: (1) create and develop relationships with other public/environmental health advocates, planners, elected officials, city and county staff, community organizations and others engaged in land use planning processes and decisions; and (2) increase awareness and understanding among these groups about the impact of the built environment on public health.

The workshop will deliver an overview of and training in a toolkit designed to provide public health advocates with the data and resources needed to increase understanding and build relationships across disciplines. All participants will receive an electronic toolkit that includes PowerPoint slides, fact sheets, a resource bibliography and key Colorado planning and public health contacts. The PowerPoint slides and the fact sheets will specifically highlight state and national data on health issues impacted by the built environment, including: obesity, physical activity, injury, air quality, water quantity and quality, mental health and social capital.

Learning Objectives: (1) describe actions that can be taken to identify, create and develop relationships with planning partners. (2) identify and describe the links between public health and the built environment. (3) navigate and apply the toolkit in their communities.

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

Tuesday, September 16, 2008

Essential Service(s): Inform, Educate, Empower; Assure a Competent Workforce; N/A

Target Audience: General Public Health - specifically professionals and community advocates who are interested in building community relationships, awareness and capacity around the built environment, healthy community design and active community environments.

Peak 12
9:45am-10:45am
 (60 Minutes)

F4 - CO Leaders Influencing National Public Health Accreditation

Lee Thielen, Executive Director, CALPHO and the Public Health Alliance, Jeff Stoll, Director of the Office of Local Liaison at CDPHE, Jeff Zayach, Director of Environmental Health, Boulder Department of Public Health

Abstract: Colorado has the privilege of helping influence how national voluntary accreditation of public health agencies will be shaped and implemented. The three speakers all sit on key committees that are laying the groundwork for the implementation of accreditation by 2011. The speakers will share the findings of their work groups and the latest information regarding how accreditation will be performed. They will also be able to discuss incentives and pressures that may be placed on local health agencies to undergo accreditation. This presentation is about improving public health infrastructure and will also show the connection of national efforts with Colorado efforts, such as the Public Health Summit which will be scheduled for the fall of 2008.

Learning Objectives: (1) review draft standards for national accreditation (2) provide feedback on the national accreditation process (3) contact the correct groups and individuals about national standards and national accreditation.

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

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

Target Audience: all

Coppertop 2
9:45am-10:45am
 (30 Minutes)

F5A - Peer Mentors: sharing experience, knowledge and innovation to advance best and promising practices.

Jennifer Kovarik, MPH, Health Promotion Specialist, Boulder County Public Health

Abstract: Colorado's Peer Mentor program provides technical assistance for Local Health Agencies (LHA's) and other partners working in tobacco prevention and education. The program was developed with sustainability at the core; capacity building, workforce retention, best practices implementation and strategic thinking all improve the quality and efficiency of tobacco prevention and education activities.

Tobacco prevention and education programs in Colorado have a variety of concerns related to sustainability, including funding uncertainties, staffing changes, inconsistent communication and a need for training opportunities. Policy and advocacy are often promoted as means to improve sustainability; however, staff may not be aware of best and promising practices to achieve long-term policy goals and to ensure that advocacy efforts are within funding agency guidelines. Furthermore, because successes in policy are often attained at the local level, local staff frequently have insights and experiences that are directly transferable to other communities.

The Peer Mentor program is funded by the Colorado Tobacco Education, Prevention and Cessation Grant Program and is based on mentoring and coaching practices found commonly in business and education communities. Though mentoring is accepted as a valuable practice in other fields, very little relevant material exists regarding technical assistance and or mentoring as best or promising practices in the field of public health. In Colorado's tobacco prevention and education efforts the Peer Mentor program has provided unique and valuable services and continues to be recognized by state and local agencies as a necessary tool.

Other agencies and programs may find the Peer Mentor program model useful as they work to address issues such as sustainability and capacity building. In collaboration with other partners, the Peer Mentor program increases access to institutional knowledge and extensive experience that many counties would not otherwise have, with the long-term goal of strengthening the capacity of the local workforce to be able to implement the most effective program possible.

Learning Objectives: (1) Describe Colorado's Peer Mentor program, including history, vision, and common activities (2) Give examples of Peer Mentor roles in tobacco prevention and education in Colorado and be able to discuss a variety of communication methods utilized to share experience, knowledge and innovations. (3) Describe the portability of the Peer Mentor program to other areas of focus within public health.

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

Essential Service(s): Inform, Educate, Empower; Assure a Competent Workforce; Mobilize Community Partnerships

Target Audience: health educators, administrators

Tuesday, September 16, 2008

Coppertop 2
9:45am-10:45am
 (30 Minutes)

F5B - Integrating Tobacco Control Services into Inter-Departmental Public Health Programming to Address Chronic Disease Prevention

Amber Leytem, Health Education Specialist, Denver Public Health

Abstract: In the environment of decreasing grant funds, competing health priorities, and the increased community demand for support, the need to break down the programmatic "silos" that exist within Local Health Departments to address Chronic Disease Prevention has become increasingly clear. In many cases, Local Health Departments are structured around steadily funded programs including vital statistics; maternal, child, adolescent, or family health; programs focused on tobacco control, nutrition, physical activity, injury prevention, violence prevention, and substance abuse prevention; infectious disease control which commonly includes programs dedicated to tuberculosis, sexually transmitted diseases, HIV/AIDS, other communicable diseases; environmental health; and epidemiology. By keeping program resources and services within the outreach capacity of the funded program, public health workers are unable to capitalize on the relationships and program services that already exist to reach the local community with their message. Duplicative efforts take place to build community relationships and to staff outreach events in attempt to disseminate programs services and resources to the target community. Additionally, programs are often expected to plan for and assure their own sustainability if the program services are to continue after the funding period ends. Through program integration, duplicative efforts are avoided, sustainability of programmatic services is increased, and programs are less susceptible to disappear from the local community served by public health if grant funding is eliminated.

This presentation highlights Denver Public Health's work to internally integrate Tobacco Control Services, Programs and Resources into other program areas within the Health Promotion Program (Physical Activity and Nutrition, Worksite Wellness, Cardiovascular Disease Prevention Program, etc.) and the Denver Public Health Infectious Disease Control Programs, including the Immunizations Clinic and the Infectious Diseases Clinic, in order to more effectively reach the local community and ensure sustainable systems change to address the role tobacco use plays in Chronic Disease Prevention. The integration was led by the Denver Public Health Tobacco Education Program with funding from the State Tobacco Education and Prevention Partnership (STEPP) Program at the Colorado Department of Public Health and Environment.

Learning Objectives: (1) Describe the need for integrated approaches to chronic disease prevention (2)

Discuss the steps Denver Public Health's Health Promotion Program took to integrate programs and services within its content areas and beyond to other DPH programs. (3) Identify lessons learned from the process of program integration and next steps to achieve greater integration goals.

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

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

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

Coppertop 3
9:45am-10:45am
 (30 Minutes)

F6A - Using Geographic Information Systems (GIS) to Analyze Elevated Blood Lead Levels in Colorado

Jennifer Lansing, Environmental Protection Specialist, Colorado Department of Public Health and Environment - Air Pollution Control Division, Rick Fatur, Colorado Department of Public Health and Environment - Air Pollution Control Division

Abstract: Lead poisoning has been identified as the number one preventable environmental health threat to children in the United States. It can cause significant and permanent health issues. The poisonous effects of lead are well established, and thought to effect nearly every organ system in the body. Children are most at risk for its effects. Blood lead levels (BLLs) as low as 10 mg/dL (micrograms per deciliter), the established federal level of concern, are associated with adverse effects on a child's intelligence and behavior, as well as on growth and hearing. Higher levels of exposure may result in effects on the blood forming system and on peripheral nerve function, and at very high levels may lead to severe brain injury, coma and even death. Recent research suggests lead may affect a child's learning ability, even at blood lead levels below 10 mg/dL. In addition, some data suggest lead exposure may contribute to hyperactivity and increase a child's risk for antisocial and delinquent behavior. Thus, lead-exposed children may have trouble progressing in school and passing school advancement tests, and may be prevented from living at their full potential. Statewide, 2.4 percent of Colorado children tested from 1996 through 2003 had EBLLs.

The purpose of the Lead Program at the Colorado Department of Public Health and Environment is to: identify children who are at risk of lead poisoning, testing those children and initiating action; educating parents and

Tuesday, September 16, 2008

the public at large about the risks of lead poisoning and the role we each play in preventing it; identifying and controlling sources of lead in our environment. One of the objectives is to identify and map at-risk populations of children under six years of age. This is done using a Geographic Information Systems (GIS) environment and will identify where children with elevated blood lead levels (EBLLs) reside (zip codes, census blocks, other). Each month we receive a data set that contains EBLL data for children under six years of age as well as the latitude and longitude for their place of residence. As this data is supplied to us, we will continue to add these points to our map. Census data (from the 2000 U.S. Census), organized by census tract, was added to the map. The points of EBLLs are joined to the census tract data surrounding the point. Using the GIS we extract valuable census information related to the EBLL points, such as the age of homes and demographic data. We are also able to easily identify cluster areas of EBLLs and analyze the risk factors that may result in these "hot-spots" (such as a high percentage of homes built before 1978). This analysis will help us to concentrate efforts where they are most effective. In addition, as part of the program's outreach efforts, we send out yearly mailings to Colorado schools. By adding locations of Colorado schools to our map, we can advance our outreach in these "hot-spot" areas and notify the schools that lead poisoning is a prevalent problem in their area.

Learning Objectives: (1) At the end of the session, participants will be able to address some of the common causes of lead poisoning that may be occurring in their community. (2) At the end of the session, participants will be able to apply this method for analyzing lead poisoning in their community.

Public Health Topic(s): Maternal and Child Health; Environmental Health; Application of Geographic Information Systems in Public Health

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

Target Audience: public health employees, child health care professionals

Coppertop 3
9:45am-10:45am
 (30 Minutes)

F6B - Impact of Altitude on Respiratory Distress in Late Preterm and Term Infants

Susan Niermeyer, Professor of Pediatrics, University of Colorado at Denver and Health Sciences Center, Rose Blair, University of Colorado at Denver and Health Sciences Center, Mark Brittan, Sr Instructor, University of Colorado at Denver and Health Sciences Center

Abstract: Research Question: Is there a relationship between altitude of delivery and risk of neonatal

respiratory distress among late preterm and term infants, and is this relationship stronger for certain modes of delivery?

Specific Aims: To compare the risk of neonatal respiratory morbidity among neonates delivered at high vs. moderate or low altitude in Colorado by week of gestational age from 34 - 40 weeks and by mode of delivery (c-section without labor, c-section with labor, vaginal), while adjusting for additional variables.

Hypothesis: Delivery at high altitude increases the risk of respiratory morbidity for late preterm and term infants at each week of gestational age from 34-40 weeks and caesarean delivery without labor further increases this risk.

Significance: Late preterm infants (34 - 36 weeks) are vulnerable to a variety of complications, including respiratory distress (1-3). Even term infants delivered by caesarean section without labor have an increased risk for respiratory morbidity as compared to term infants born vaginally at sea level (4). Experienced clinicians practicing in Colorado's high country report that respiratory distress, especially that due to retained fetal lung fluid and surfactant deficiency, occurs in more infants of relatively advanced gestational age at high altitude compared to sea level and that these infants often require positive-pressure ventilation. One published study found no effect of altitude on the incidence of severe respiratory distress in term infants born electively; however, the study was underpowered to detect a difference (5).

The hypoxia of high altitude may impair normal reabsorption of alveolar fluid through inhibition of epithelial sodium channels (6). Delivery by caesarean section without labor does not trigger the catecholamine surge which may mediate antenatal decrease in lung liquid secretion, increase in lung liquid reabsorption, and release of surfactant (4).

Late preterm infants can experience significant respiratory morbidity (mechanical ventilation, need for transport to higher level of care) and even mortality from complications of pulmonary hypertension and air leaks (1, 7). If a positive association between altitude and respiratory distress in late preterm infants is substantiated, there exists an opportunity to prevent excess morbidity and mortality through increasing awareness of this relationship and taking preventive steps, such as avoiding late preterm delivery and delivery by Cesarean section without labor.

Learning Objectives: (1) Investigate if there is a relationship between altitude of delivery and risk of neonatal respiratory distress among late preterm and term infants. (2) Explore if this relationship stronger for certain modes of delivery. (3) Discuss use of GIS Technologies in research.

Public Health Topic(s): Epidemiology and Statistics; Maternal and Child Health; Application of Geographic Information Systems in Public Health

Essential Service(s): Research; Diagnose and Investigate; Inform, Educate, Empower

Tuesday, September 16, 2008

Target Audience: epidemiologists, physicians, public health nurses

BREAKOUT SESSION G 11:00 a.m. – 12:00 p.m.

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

G1A - On-Site Medicaid Approval: A Collaboration Between Social Services and Public Health

Pamela Kurth, RN, BSN, Tri-County Health Department, Rita Beam, RN, MSN, Tri-County Health Department

Abstract: Background: Approximately 750,000 of Colorado's residents have no health insurance. Lack of insurance is a significant barrier to health care access which in turn is a barrier to optimal health. According to the Colorado Health Report Card, only 21.2% of women receive initial prenatal care later than the first trimester, 9% of babies are born with a low birth weight, and 14.1% of children are not covered by private or public health insurance.

Women who receive prenatal care in the first trimester tend to have healthier babies, suffer fewer complications associated with childbirth and make healthy lifestyle choices during pregnancy. The importance of early prenatal care has been well established. Sick and well child visits, including preventive measures such as immunizations are beneficial to improving health for children. Healthy children are better learners; they are the building blocks of our society.

Those people who need public health insurance benefits run into obstacles. One is obtaining the benefits in a timely manner. This makes it difficult to obtain care. Some providers are reluctant to care for clients until they have full benefits in a public health insurance plan. As a Medicaid / Children's Health Plan Plus (CHP+) presumptive eligibility site, Tri-County Health Department (TCHD) partnered with the Adams County Department of Human Services (ACDSS) to remove one of these barriers.

Methods: An ACDSS income maintenance specialist was housed in one of TCHD's offices on a half-time basis. All completed Medicaid / CHP+ applications for this county were forwarded to this specialist for processing. TCHD paid the salary for this specialist; however she is employed and trained by ACDSS. Information tracked included the number of applications received, if the application was complete, and the number of days for approval.

Results: From August 6, 2007 through January, 31 2008, the ACDSS specialist received 290 applications. Of these, 14.5% (n=42) were incomplete and routed to the county

for processing. Of the remaining 248, 75.4% (n=187) were approved. Of the approved applications, 60.9% (n=114) were approved within 2 days and 98.9% (n=185) within 14 days.

Discussion: TCHD & ACDSS found this to be a valuable partnership. After two months, both partners identified areas to expand the number of applications to be processed by the ACDSS specialist. Although TCHD had not previously tracked the length of application approval, staff reported issues with presumptive eligibility expiring at 60 days post application prior to final approval. This created gaps in care and an inability to participate in case management programs such as Nurse Family Partnership and Prenatal Plus. TCHD clients are approved for public health insurance in a timely manner, thus allowing clients to obtain care earlier and the opportunity to participate in case management programs. Since beginning this process, ACDSS reports fewer applications that are more than 45 days in an open status. This was an innovative way to partner with another agency to help solve a problem affecting access to care. TCHD is expanding this type of partnership to Arapahoe County.

Learning Objectives: (1) At the end of the session, participants will be able to describe two public health problems related to lack of health insurance. (2) At the end of the session, participants will be able to identify three public health benefits of partnering with county departments of social services to process Medicaid/CHP+ applications.

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

Essential Service(s): Mobilize Community Partnerships; Link People; Research

Target Audience: Public Health nurses, physicians, administrators and other professionals interested in partnerships between public health and social services

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

G1B - Colorado Trust: Funding to Address Access to Care

Connie Carroll-Hopkins, Director, Early Childhood Health Initiatives, Colorado Department of Public Health and Environment, Deidre D. Johnson, MPPM, Program Officer with the Colorado Trust, Burns Lucinda, Executive Director, Early Childhood Options, Rural Resort Early Childhood Council, Sarah Scully, MPH, Child Health Promotion Coordinator

Abstract: The Colorado Trust is committed to supporting and partnering with diverse organizations in communities across the state to achieve its vision of providing access to

Tuesday, September 16, 2008

health for all Coloradoans. The Colorado Trust recognizes the strength of combining the expertise and knowledge of local Public Health agencies and Early Childhood Councils to develop comprehensive systems to address access to health care for Colorado's young children and their families.

Local Public Health - Early Childhood Councils Public Health has a long history of collaboration within the health care arena and with community stakeholders. Public Health also has access to a vast array of information and expertise that can positively impact young children, e.g. environmental factors, cultural competency, maternal child health best practices, and injury prevention activities. Public Health professionals, working with their Early Childhood Councils, are in a position to intentionally promote key public health concepts - prevention and early intervention.

The structure of the Early Childhood Councils has the child and family at the core - supported by four pillars (domains): 1) health care and medical home, 2) early care and education, 3) mental health and 4) family support and parent education. The ultimate goal of the Early Childhood Councils is to build and support a comprehensive early childhood system that connects children and families with resources in health, mental health, early care and education, as well as family support.

During this presentation, we will discuss the grant opportunity made possible through the generosity of the Colorado Trust and their five-year initiative. The Colorado Trust and Public Health recognize the importance of developing sustainable systems that will remain beyond the funding cycle.

Learning Objectives: (1) Public Health Professionals will be able to discuss Colorado Trust's access to health Care initiative for Colorado's young children. (2) Public Health Professionals will be able to identify opportunities to partner with Early Childhood Councils to plan and implement programs that will improve access to health care.

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: All public health professionals who are involved with the early childhood population

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

G2A - Implementing Immunization Recall using CIIS: Lessons Learned from the West Slope Recall Project

Carolyn Swenson, Project Manager, Colorado Clinical Guidelines Collaborative, Thea Carruth, MPH Colorado Immunization Information System (CIIS), Kathleen Haas, RN, MPH

Abstract: Recall is an evidence based method, endorsed by CDC and professional societies, to increase immunization rates. It allows providers to identify children whose immunizations are not current and promotes bringing them into their medical home for recommended immunizations and other needed care. For clinics the implementation and maintenance of recall can lead to better tracking of the current patient population, improved medical records accuracy, easier reporting on immunization services (such as for the Vaccines for Children program), cost savings, and more accurate projections of vaccine supply needs.

In 2006 the Colorado Immunization Information System (CIIS), Colorado Clinical Guidelines Collaborative (CCGC), and Colorado Health Outcomes (COHO) collaborated on a project in 11 diverse clinics and County Public Health offices in five counties in Western Colorado to implement immunization recall. Regional CIIS Coordinators identified and recruited sites and consulted throughout the project. CCGC worked in person with each participating site to review the current immunization delivery process, complete a data quality review, plan recall (including developing and translating a recall notice), implement recall, develop a maintenance plan, train staff on recall, and then turn over recall to the site. COHO planned and carried out an evaluation of the process of recall implementation and sustainability in each site using detailed qualitative data collected by CCGC. In addition, CCGC helped to draft a CIIS recall training manual, a recall readiness checklist, and completed qualitative interviews with a sample of parents and physicians in Western CO about perceptions of CIIS and the use of immunization recall.

Lessons learned in this project included the following: 1) immunization recall can be carried out in diverse settings by different types of staff; 2) medical records and CIIS data cleaning are the most time consuming, costly and challenging steps of recall implementation but also lead to improvements beyond just immunizations; 3) multiple approaches and methods to training staff on recall can be effective though in-person training facilitates implementation; 4) implementing recall using CIIS may lead to multiple improvements beyond immunizations including more accurate medical records, better estimates of currently active patients, improved clinic efficiency, and cost savings; 5) County Public Health offices are more comfortable with a population-based approach to immunizations than primary care clinics; 6) most sites determined that intensive follow-up on recall mailings beyond address corrections was not sustainable; 7) access to computers and software programs may limit capacity to fully use the CIIS recall function; 8) support from management was important for allocation of staff resources to implement and sustain recall; 9) the closer that a geographic area is to 100% adoption of CIIS the greater the capacity to fully realize the benefits of recall; and 10) feedback from parents and physicians indicated

Tuesday, September 16, 2008

strong endorsement of the CIIS statewide immunization registry and immunization recall.

This session will provide practical information on how to implement and sustain immunization recall using CIIS, the challenges of doing regular recall, and the expected benefits of recall beyond improvement of immunization rates.

Learning Objectives: (1) Participants will learn what factors are essential for implementation and sustainability of immunization recall in diverse practice settings. (2) Participants will learn how immunization recall using CIIS can improve immunization rates, clinic efficiency, and healthcare quality; and decrease costs associated with immunization delivery. (3) Participants will be ready to take concrete steps to implement immunization recall using CIIS in a primary care clinic or County Public Health or Nursing Service setting.

Public Health Topic(s): Immunizations; Enhancing Public Health Systems; Maternal and Child Health

Essential Service(s): Develop Policies and Plans; Link People; Research

Target Audience: Public Health Nurses, Program Managers, Public Health Professionals working on immunizations or maternal-child health; Primary Care Health Care Providers

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

G2B - Tool Kit for a Successful Employee Health Care Worker Vaccination Program

Sarah Ruybalid, Director of Community Health Services, Pueblo City-County Health Department, Sylvia Proud, Deputy Director, Pueblo City-County Health Department, Lynn Procell, Associate Director of Community Health Services, Pueblo City-County Health Department

Abstract: Any medical facility or health department that provides direct patient care is encouraged by the Centers for Disease Control and Prevention (CDC) to formulate a comprehensive immunization policy for all health care workers (HCWs). This is necessary because HCWs are at risk for exposure to and possible transmission of vaccine-preventable diseases because of their contact with patients or infectious materials. This topic is relevant to public health because many health departments and health care agencies in Colorado have not developed a comprehensive policy based on the informal survey taken by Pueblo City-County Health Department (PCCHD) prior to development of an agency policy. The HCW vaccination tool kit pertains to sustainability of public health in the area of workforce development. It is important to protect the health of HCWs in order have them ready to perform in any situation. In addition, as an

opportunity to expand partnerships, public health can provide leadership to other health care facilities in their geographic area about the value of an immunized workforce. The local public health agency can demonstrate implementation of a health care worker immunization program to other community partners as a method of protecting the community from exposure to disease from HCWs. According to a letter sent to healthcare professionals by Dr. Julie Louise Gerberding of the Department of Health & Human Services in November 2007, only 40% of HCWs are vaccinated against influenza.

CDC Personnel Health Guidelines and Epidemiology and Prevention of Vaccine-Preventable Diseases, 10th edition, January 2007 was utilized as a resource to assure up-to-date information. CDC references were the source for the definition of a health care worker and the requirements for tuberculosis testing. Recommendations from Mountain States Employers Council, Inc., a regional resource for employers and legal advice were incorporated to develop personnel policies including a declination statement. Mayo Clinic declination statement information was reviewed prior to development of PCCHD's policy.

A tool kit for implementation of a successful employee health care worker vaccination program will be provided based on the experience of development and implementation of such a program at the Pueblo City-County Health Department. Examples of personnel policies developed by PCCHD Human Resources Department will be shared including the methodology utilized for determining if an employee is a health care worker. Nearly 100 PCCHD employees were screened for the need for Td/TDaP, MMR, Varicella, Hepatitis B, Hepatitis A, Pneumococcal, and influenza vaccines utilizing ACIP guidelines. In addition, tuberculosis skin testing was conducted. Those employees determined to need vaccination were vaccinated at the workplace.

Experiences and results of the screening and vaccination program will be shared including handling of employees who refused vaccination and those who reported a reaction. The cost of the program to the agency will also be explored. Lessons learned about the type of education that is needed for such a program will be discussed. Resources for up-to-date recommendations for vaccination of health care workers will be provided.

Adapted From:

CDC "Immunization of Health Care Workers - Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) MMWR 1996;47 (No. RR-18):1.

Learning Objectives: (1) Participants will be able to identify the components of a successful employee health care worker vaccination program including recognition of other community partners who would benefit from such a program. (2) Participants will learn to access the latest health care worker immunization recommendations. (3) Participants will be able to conduct an agency self-evaluation on readiness to implement a successful employee health care worker vaccination program.

Tuesday, September 16, 2008

Public Health Topic(s): Immunizations; Health Promotion, Disease Prevention, Education; Infectious Disease Control

Essential Service(s): Assure a Competent Workforce; Monitor; Mobilize Community Partnerships

Target Audience: Health Care Workers, Human Resources Personnel and Public Health Personnel

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

G4 - Perinatal Mental Health in Colorado: What We Know and What We Can Do

Virginia Holland, PRAMS Coordinator, Colorado Department of Public Health and Environment, Mandy McCulloch, Prenatal Plus Program Director, Colorado Department of Public Health and Environment

Abstract: As many as 80% of new mothers experience the "Baby Blues" , a brief period characterized by mild symptoms of depression that lasts no longer than two weeks postpartum. A small but significant proportion of new mothers suffer from symptoms of a more serious depression or other mood disorder that can linger unnecessarily for years if not treated. Research has shown that postpartum depression, in addition to causing despair and pain in the mother, can have a negative impact on the well-being and development of the child. The Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based risk factor surveillance system designed to identify and monitor behaviors and experiences of women before, during, and after pregnancy. PRAMS is conducted by the Health Statistics Section of the Colorado Department of Public Health and Environment (CDPHE) in collaboration with the Centers for Disease Control (CDC). Information is collected by surveying a sample of women who have recently given birth. An analysis conducted in 2007 of two questions from the 2004 and 2005 PRAMS surveys yielded an estimate of 14.1% of new Colorado mothers suffering from symptoms of depression between two and four months postpartum. These mothers were more likely to be under 25 years of age, to have incomes less than 185% of the federal poverty level, to have completed fewer years of education, and to be Black/African-American. This presentation will expound on the characteristics and experiences of these mothers, as compared with the Colorado mothers who did not report having symptoms of postpartum depression, as a starting point in understanding the issue and its prevalence in Colorado.

Prenatal Plus is a well-established program providing case management, nutrition and psychosocial services to Medicaid-eligible pregnant women in Colorado who are assessed to be at high risk for delivering low birth weight infants. Each Prenatal Plus site is required to have a

mental health professional as part of the multidisciplinary team, making this an ideal setting in which to develop and pilot an enhanced perinatal mental health intervention that would benefit the higher-risk women identified in the PRAMS analysis. In addition, by integrating the intervention into the already existing Prenatal Plus program, sustainability of this component of care is ensured. The Women's Health staff at CDPHE, in collaboration with local Prenatal Plus staff from several agencies, spearheaded the development of an intervention including education and screening for depression, and referral to mental health treatment and support resources. After six months of implementation at three Tri-County Health Department sites from October 2007 through April 2008, the screening protocol, educational materials, and data collection were reviewed. Revisions were made based on feedback from pilot staff and data, and the protocol is now being implemented in all 21 Prenatal Plus agencies across the state. After an overview of the development and implementation of the intervention, key staff from local implementing agencies and CDPHE discuss the challenges, benefits and opportunities of perinatal depression screening in this population.

Learning Objectives: (1) Participants will be able to identify the main characteristics of Colorado women reporting symptoms of depression during the postpartum period. (2) Participants will be able to describe a successful state-local collaborative process for developing and refining a public health intervention. (3) Participants will learn how to access useful resources for implementing a perinatal depression screening and education protocol.

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

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

Target Audience: Public Health professionals interested in perinatal mental health and related interventions, program development, and partnerships between state and local public health and other partners such as mental health providers.

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

G5 - The Policy Continuum: A tool to engage youth in local policy work

Kristin Kidd, Manager of Coalition Development & Evaluation, University of Colorado Cancer Center/Get R!EAL

Abstract: As a public health strategy, policies offer a population-based intervention that impacts a large group

Tuesday, September 16, 2008

of people rather than targeting individual behavior. Established policies give authority, providing legitimacy, and consistency. Most important, community-based policy initiatives offer institutional, sustainable, norm-changing prevention. Two policies that have had an immense impact on the public health of Colorado are the Tobacco Tax Initiative in 2004 and the Colorado Clean Indoor Air Act in 2006.

Get R!EAL, Colorado's youth movement against the tobacco industry, has shifted its original focus from youth empowerment and building youth leaders. Recognizing the importance and impact of policies, Get R!EAL is now focused on engaging youth coalitions and their community partners in the creation of community-specific tobacco policies. Get R!EAL's goal is to engage youth coalitions in tobacco control advocacy and the development of local tobacco-control policies. Youth are key stakeholders of a community and represent an often untapped pool for ideas, innovation, and vision.

It must be noted that policy work is challenging and communities often feel overwhelmed by the process. Further, communities across the state represent a wide array of demographic diversity, socially, culturally, and economically. When it comes to policy at the local level, there is rarely a "one size fits all" strategy. Get R!EAL staff realized a tool was needed to address the challenge of doing policy work while allowing for custom approaches and tactics. A Policy Continuum Workbook was developed to guide youth coalitions and their partners in the process of policy change and provide hands-on activities to guide their local efforts. The Policy Continuum offers both guidance to local coalitions and a way for Get R!EAL headquarters to evaluate and to monitor local efforts so as to provide specific technical assistance and feedback.

Get R!EAL's Policy Continuum provides a framework for local policy work and lends itself to a wide array of public health issues from obesity, inactivity, drug abuse, aging and more. Initially developed for youth consumption, the Continuum provides clear, easy to follow steps that elucidate the policy world, making it accessible to all. In this session, attendees will learn about the stages of policy work and explore the continuum in hands-on exercises where teams will devise a mock policy plan on a unique public health topic.

Learning Objectives: (1) At the end of the session, participants will be able to explain the basics of local policy work to someone unfamiliar with policy (2) At the end of the session, participants will be able to create a plan for a unique advocacy activity (3) At the end of the session, participants will be able to consider actively engaging youth in the community change/policy process

Public Health Topic(s): Tobacco, Alcohol, and Drug Use; Enhancing Public Health Systems; Other

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

Target Audience: Anyone working in the public health arena and interested in creating sustainable change through policy.

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

G6A - Examining Cardiovascular Health Data in a Geographic Information Systems (GIS) Environment

Carsten Baumann, Evaluator, Colorado Dept of Public Health and Env

Abstract: Background:

In Colorado, more than 9,000 people die from heart disease and stroke every year and cardiovascular disease (CVD) remains the number one killer of Colorado residents, accounting for 32 percent of all deaths in adults during 2002. Reducing risk factors associated with CVD remain a priority. Identifying areas of high cardiovascular disease mortality is an important step in reducing risk factors associated with CVD.

Colorado was competitively selected for participation in the GIS CDC capacity building project. Selection of State Health Departments was based on several components including: knowledge of current GIS capacity, awareness of available data, vision, potential for collaboration, and project commitment. Special consideration was given to the potential for significant impact associated with the project. Colorado will receive a GIS needs assessment, extensive training in GIS and project development, equipment and software, and telephone-based and on-site consultation as three GIS project applications are designed, developed, and implemented. In turn, Colorado will commit personnel to the project, establish hardware, software and data infrastructure, define project scope, and develop and implement GIS applications.

Methods: Heart disease, heart failure, and stroke are three causes of death that are associated with cardiovascular morbidity and mortality. Deaths from these causes are recorded on Colorado's death certificates. Colorado death records now are currently assigned a latitude/longitude coordinate using sophisticated geocoding software to accurately depict the address of the person at death. This coordinate information, along with cause of death, provides a great resource to analyze components of cardiovascular risk. For this study, the death record coordinate information was aggregated to the census tract and county level in order to analyze specific rates of heart disease, heart failure, and stroke. The death data was compiled for three five-year periods: 1992 to 1996, 1997 to 2001, and 2002 to 2006. Total deaths and population counts, or estimates, were used as denominators in order to calculate rates. This allowed us to examine premature death rates (death before the age of 65) and age-adjusted mortality rates by sex, at the county or census tract level. All of this data was compiled in a GIS environment, which allows us to visualize differences

Tuesday, September 16, 2008

for these causes of death across the state, as well as changes in these specific rates over time. Next we created aggregated polygon layers (census tract and county) containing counts and rates for the study of geographic and temporal relationships. The GIS software environment also allowed us to view other US Census demographic information at the census tract and county level, health facility and grant program information so we could explore access to care issues, as well as an attempt to incorporate hospitalization data (CHA) and BRFSS data.

Results: GIS analysis tools were used to explore the relationships between occurrences, risk factors, and demographics, environmental factors, and community assets. Metadata and process documentation were developed in order to review our techniques and models. Map products were created and distributed including mapping the differences in the causes of death due to heart disease, stroke, and premature deaths over time. An additional result of this type of analysis is that we developed methods of aggregating point level address data containing information about individuals to the polygon level. This methodology would be developed in order to ensure that any map or data we would release abided by the health department's data release policy. Mapping aggregated health data in GIS is a relatively new application of the technology and not much research or investigation into this subject has been documented. The lessons learned from the design and implementation of GIS projects in the Colorado will form the basis for the development of a set of guidelines for integrating GIS into program and policy decisions regarding the treatment and prevention of heart disease and stroke, providing guidance to other states interested in developing similar capacity. **Discussion:** Findings will be disseminated to directors, program managers, and staff within PSD, with the intent of promoting the use of GIS in program and grant strategic-planning, as well as providing accurate and timely maps for public use through the CDPHE website. This technology can then be used for other programs in CDPHE and to link to projects within the division.

Learning Objectives: (1) Explore techniques for mapping cardiovascular health data and mortality rates (2) Visualize pros/cons of overlaying different health data sets in a GIS environment (3) Discuss building GIS capacity within a group from ground up

Public Health Topic(s): Application of Geographic Information Systems in Public Health; Chronic Disease; Epidemiology and Statistics

Essential Service(s): Diagnose and Investigate; Develop Policies and Plans; Evaluate

Target Audience: Program Managers, Epi's, Statisticians, Data Resources, Public Health Nurses

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

G6B - Salmonella in Alamosa: Using GIS to look at Water System Resources and Human Cases
Devon Williford, GIS Analyst/Developer, Colorado Dept of Public Health and Env

Abstract: Geographic Information Systems (GIS) was used to retroactively map several aspects of the March 2008 outbreak of Salmonella in the city of Alamosa, Colorado. The epidemiological interview and investigation process was aided by use of GIS as results from these procedures were mapped, showing the distribution of the outbreak across the city. Most of the diagnosed, suspected, or probable cases were interviewed on the telephone, and by giving this information a geographic component we were able to look at patterns in age, sex, and other variables by geography. Water resources information was also mapped before and during this event, which allowed health professionals to coordinate with water resource professionals and engineers. This information included the Alamosa groundwater well & water pipe distribution system, timely water sample locations and results, and water system chlorine flushing stage boundaries. This information provided the water quality control commission an idea of where they should focus their efforts in sampling the water for salmonella and/or elevated chlorine levels. Because GIS is able to bring together these two different geographies, we were able to model the distribution of salmonella in Alamosa, overlay water system (structural) information and sampling information; thus providing water engineers, incident personnel, and epidemiologists a great resource.

Learning Objectives: (1) Discuss what role GIS played in the Salmonella outbreak in March of 2008 in Alamosa, Colorado (2) View map products used from the response (3) Learn how epidemiologists and water officials use GIS as a tool in situations such as the Alamosa outbreak

Public Health Topic(s): Application of Geographic Information Systems in Public Health; Emergency Preparedness and Response; Epidemiology and Statistics

Essential Service(s): Monitor; Diagnose and Investigate; Mobilize Community Partnerships

Target Audience: Epidemiologists, Emergency Response, Govt officials, general

Tuesday, September 16, 2008

LUNCH 12:00 p.m. – 1:15 p.m.

Colorado Ballroom 4
12:15pm

Box Lunch

For those not attending the COSOPHE Business Meeting.

COSOPHE BUSINESS MEETING with LUNCH 12:15 p.m. – 1:15 p.m.

Colorado Ballroom 5
12:15pm

Colorado Society for Public Health Education Business Meeting and Lunch

BREAKOUT SESSION H 1:30 p.m. – 2:30 p.m.

Peak 6-8
1:30pm-2:30pm
(60 Minutes)

H1 - Raising the Bar: What Works in Preventing Teen Pregnancy, HIV and STDs

Shannon Sainer, Program Manager, Colorado Organization on Adolescent Pregnancy, Parenting and Prevention, Cameron Edson, MPH, CHES

Abstract: A baby is born to a Colorado teen every hour and a half, or 18 babies born each day. Since 2000, more than 42,000 babies have been born to teens in Colorado, leaving teen parents to face the This presentation will provide in-depth information, interactive discussions and materials on the national research on adolescent sexual health and on science-based, effective programs which reduce adolescent sexual risk-taking behaviors. Highlighted will be research conducted on effective school-based and clinic-based programs, examples of science-based programs, and how they can be implemented in schools, community organizations and clinics. Participants will learn how to identify teen pregnancy prevention programs effective in Clinic and School-Based settings. Participants will leave with an understanding of the importance of choosing science-

based programs and the knowledge of available resources to help professionals, educators and clinicians select, implement, and evaluate science-based teen pregnancy prevention programs.

Learning Objectives: (1) At the end of this session, participants will be able to define science-based programs and approaches to prevent teen pregnancy, HIV and STIs. (2) At the end of this session, participants will be able to name two science-based programs currently being implemented in Colorado (3) At the end of this session, participants will be able to identify national and state resources to help select, implement, evaluate, and sustain science-based programs to prevent teen pregnancy, HIV and STIs

Public Health Topic(s): Reproductive Health; Health Promotion, Disease Prevention, Education; Other

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

Target Audience: Health educators, clinicians, public health professionals, etc

Peak 9 &10
1:30pm-2:30pm
(60 Minutes)

H2 - It Takes A Region: the West Central Public Health & Environment Collaborative, an innovative approach to public health practice.

Peg Mewes, Director, Montrose Health & Human Services, Carol Dawson

Abstract: In the winter of 2005, in response to The Colorado Trust's Partnerships in Health Initiative RFP, Colorado's west central counties of Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel proposed a regional public health partnership in order to collaborate on public health projects and programs regionally, when it made sense to do so. The purpose was to make the best use of the limited human and fiscal resources in public health in our rural region. We chose building public health infrastructure as the Healthy People 2010 goal with a focus on improving assessment, food safety and environmental resources in our region. Environmental health officials in the region were invited to join with the nursing service directors and our one health department, Delta County Public Health. Environmental Health, as a resource to public health nursing services, was considered a gap in our public health resources even as environmental factors were becoming more important in day to day public health nursing. We wanted to hire a regional environmental health official to "enhance our public health system" by filling the gap in counties who did not have environmental health, and working with the counties that had environmental health services. We formulated an intergovernmental agreement among the

Tuesday, September 16, 2008

participating counties to ensure support from our Boards of Health and county commissioners. In the first year we extended our partnership to include CSU Extension for regional food safety classes.

Building public health infrastructure included a regional community health needs assessment. It provides a baseline measure on key indicators describing health trends in the region, a tool for public officials to develop informed decisions regarding policies, and the public information about health care resources.

We intend to share the challenges & success of our regional partnership in our presentation. We developed a mission, vision and value statements. We will have copies of the completed regional assessment for review.

We found that we are on our way to becoming stronger and better advocates for Public Health and Environmental Health as a region and that sharing resources and ideas will be the first step towards future sustainability of Public Health in our region.

Our program is relative to all public health professionals in Colorado as an example of one region's collaborative strategies to make the best use of limited resources on a number of public health levels.

Learning Objectives: (1) The participant will learn of the history, process and progress of the West Central Public Health and Environment Regional Partnership. (2) The participant will be able to describe specific examples of regional projects and activities that move Public Health and Environment forward while making the best use of human and fiscal resources. (3) The Participant will be able to identify strategies that help to form and sustain regional partnerships and lessons learned.

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

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

Target Audience: Public health nurses and officers, Environmental health professionals, administrative, community service providers and related health providers.

Peak 11
1:30pm-2:30pm
 (30 Minutes)

H3A - FFaR: Away from the Screen

Denise Retzlaff RN, MPH, Project Coordinator, Steps to a Healthier Weld County, Weld County Department of Public Health and Environment

Abstract: Fun, Fitness and Recreation (FFaR) is an after-school physical activity program in Greeley Colorado. The tagline, "Away from the Screen" is a health promotion message to encourage kids to reduce the time they spend after school on technology

such as television, computers and video games. The long term goal is to reduce childhood obesity in this community. FFaR is a partnership developed between (the federal grant) Steps to a Healthier Weld County (at Weld County Health Department) and the City of Greeley, specifically their recreation center, the Family FunPlex. It is unique because of the opportunities that students have to participate in 60 minutes of physical activity every day after school until 6pm for only \$1/day. It originated in 2 charter schools geographically close in proximity to the FunPlex, and has since been marketed to all of the students in Greeley.

The goal of FFaR is to promote "Fun, Fitness and Recreation" at the Family FunPlex Recreation Center through opportunities to engage in 60 minutes of physical activity every day for kids in this community.

The objectives that were originally developed were:

- To reduce the barriers of transportation and economics so kids can be more active.
- To reduce the hours of after school "screen time" including television, computers and video games.
- To promote structured after-school physical activity in a safe, convenient facility where positive health messages are conveyed and role-modeled.

With childhood obesity and physical inactivity being national epidemics, and over 60% of Weld County Colorado residents overweight according to BRFSS data, nutrition and physical activity awareness & education are high priorities in this community. The five-year chronic disease prevention federal grant, Steps to a Healthier Weld County administered through WCDPHE and focuses largely on obesity and diabetes. The grant targets 4 environments: worksites, schools, healthcare providers, and the community with evidenced-based public health programming.

Results of the program, which began in February, are encouraging. As more parents and students learn about the program, more participation results; 6-month data will be presented as part of this presentation. FFaR was recently featured on Channel 7 "Move it Mondays". FFaR is relevant to public health in Colorado because it demonstrates how partnerships can leverage scarce resources to promote programs that are mutually beneficial to community organizations. The CDC recommends a minimum of 60 minutes of physical activity every day for children, and their evidence supports this recommendation, which is the standard set for FFaR. The program is also sustainable as one of the programs that will be offered through the City of Greeley Leisure Services. Lessons learned include: 1) the importance of relationship development to build and enhance capacity in communities to encourage consistent health messaging that has greater reach; 2) to include non-traditional partners; 3) to set BHAGs ("bold, humongous, audacious goals") so as to not self-impose limits or constraints on intellect, partners, or programming. An idea will blossom if presented in a kind, partnering kinship that meets a community need.

Learning Objectives: (1) At the end of the session, participants will be able to list 2 methods of evaluating a physical activity program for children. (2) At the end of the session, participants will be able to understand 3 basics of

Tuesday, September 16, 2008

the Steps to a Healthier Weld County federal grant. (3) At the end of the session, participants will be able to demonstrate 2 lessons learned from community partnerships.

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

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

Target Audience: any one who has interest in designing a healthier future for children in their community

Peak 11
1:30pm-2:30pm
(30 Minutes)

H3B - Obesity Surveillance in Colorado Children

Julie Marshall, Professor, University of Colorado Denver, Andrea Poniers, Jodi Drisko, Cathy White, Martha Tenney

Abstract: Purpose: The first of the 10 essential public health services is to monitor health status and understand health issues facing the community. Population-based estimates of overweight and obesity in children are needed to inform program planning, resource allocation and evaluation of prevention and treatment programs for childhood obesity.

Methods: During the 2006-2007 school year, measured height and weight, birth date and gender were collected during a CDC sponsored oral health survey in a random sample of Colorado schools. Forty three schools participated resulting in measurements on 5,648 kindergarten (K) and 3rd grade children. Weight was measured with an electronic scale with a digital read allowing weights to remain private. A portable stadiometer was used to measure height. SAS code available from the CDC website was used to obtain age and gender specific body mass index (BMI) percentiles based on the 2000 growth curves. Overweight is defined as a BMI from the 85th percentile up to and including the 95th percentile; obesity is above the 95th percentile; and underweight is below the 5th percentile. Findings will be compared to parent-reported height and weight of children in the Colorado Child Health Survey.

Results: The school level prevalence of overweight and obesity ranged from 5.9% to 44.8% with an unweighted mean of 25% . The prevalence of underweight ranged from 0% to 6.9% with an unweighted mean of 3.1%. Prevalence of overweight and obesity increased by age (K 22.6%; 3rd grade 27.4%), was higher in boys (27.3%) than in girls (22.6%), increased as the percent of Hispanic children in the school increased and as the percent of children qualifying for free and reduced cost lunch increased (18.5% in schools with less than 40% of children qualifying for free and reduced cost lunch and 33.8% in schools with greater than 60% of children qualifying for free and reduced cost lunch).

Conclusions: The estimated percent of children who are overweight or obese in Colorado varies by community and demographic characteristics of schools. This small area variation is consistent with data from Arkansas where data has been collected in 99% of public schools.

Lessons Learned: Partnering with the Oral Health Program provides a successful model for obtaining a periodic statewide sample of heights and weights in early elementary age children. However, important small area variation and the need for on-going estimates to track trends over time suggest that community level data is needed for planning and evaluation of prevention and treatment programs.

Learning Objectives: (1) describe the importance of population-based monitoring of height and weight in addressing the obesity epidemic (2) describe the limitations of state-wide prevalence estimates for local level program planning and evaluation (3) describe Colorado estimates of obesity prevalence in children based on two methodologies 1) measured heights and weights and 2) parent reports of heights and weights

Public Health Topic(s): Chronic Disease; Enhancing Public Health Systems; Epidemiology and Statistics

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

Target Audience: All public health professionals, especially those interested in chronic disease and child health

Peak 12
1:30pm-2:30pm
(60 Minutes)

H4 - Clean-Up, Green-Up: A Local Health Department's Pollution Prevention and Recycling Efforts

Susan Finzel-Aldred, Environmental Coordinator II, Pueblo City-County Health Department

Abstract: The topic of the presentation titled, "Clean-Up, Green-Up: A Local Health Department's Pollution Prevention and Recycling Efforts", directly coincides with the sustainability theme of this year's conference. This presentation will highlight the activities of the Environmental Coordinator (EC) program, housed at the Pueblo City-County Health Department since 1999, whose mission is to promote environmental pollution prevention and be a resource for solid waste and recycling education for residents and organizations in Pueblo County. The Health Department has become a leader in the community in this important area, working to make change in government, private business, and with individual citizens. In addition to lecture, the presenter will set up a tabletop display board highlighting the yearly community projects

Tuesday, September 16, 2008

and activities to fulfill this mission. The presenter will distribute hand-outs of past and current projects, and show photos of project components in a PowerPoint presentation. "Clean-Up, Green Up" will meet a conference goal to demonstrate best practices and communicate lessons learned in regards to public education, recycling opportunities and events, and household hazardous waste mitigation.

Environmental issues affect Pueblo's opportunity for sustained growth and development. Some areas of Pueblo County are currently experiencing an increase in population and economic diversification. As new businesses relocate to the area and the population grows, sustainability issues that have gone unnoticed in the past, are now more visible, and expectations and outright demand for community-wide recycling and disposal services are increasing. With a trial grant from the governor's Office of Energy Conservation in 1998, the EC position was created. This position provides an educational clearinghouse for solid waste issues and plans and produces public events to reduce environmental impacts, encourage source reduction, recommend reuse, promote and provide limited recycling and composting, and offer convenient and proper disposal of hazardous wastes. Public education, along with numerous waste disposal events, is an important strategy for encouraging behavior change and increasing diversion. The EC's public education efforts have helped citizens make more informed decisions about waste management practices. These efforts have been accomplished by developing and making presentations to churches, public and private schools, civic organizations, business groups, and environmental groups, and by hosting public recycling events that are convenient and well planned. Specific details on the success of the anti-litter campaign and mascot, "The LitterBee" will be outlined for the audience. Actual handouts of planning calendars used, marketing and publicity methods implemented, education materials distributed, and event data will be distributed at this session. Pueblo's Neighborhood Clean-Ups were established to encourage civic pride, mobilize volunteers and community leaders, and offer economic, one-time waste disposal opportunities for low-income areas. This presentation will outline the cooperative relationship that exists with 6 city neighborhoods, and 3 outlying communities in Pueblo County, to provide these yearly clean-ups days, that have scrap metal and tire recycling components. Audience members will benefit from a description of how Pueblo was able to join a regional recycling co-operative in 2003 and now provides four (4) public drop-off recycling bin site locations in neighborhoods for newspaper, glass, aluminum and tin cans. Participants to this session will be shown how the successful "Pueblo Area Recycling Guide" is designed and produced, and how the popular "Pueblo Recycle Hotline" began and is now maintained. Participants will be asked to share thumbnail descriptions of projects and activities that are similar in their communities, and how they could adapt one of the presented concepts for use in their town. The results and lessons learned from these on-going projects are many, and this presentation will specifically identify successes and challenges to providing

services in a community that lacks a municipal solid waste department, division or district.

Learning Objectives: (1) Demonstrate best practices and communicate lessons learned in regards to public education, recycling opportunities and events, and household hazardous waste mitigation.

Public Health Topic(s): Built Environment; Environmental Health; Health Promotion, Disease Prevention, Education

Essential Service(s): Inform, Educate, Empower; Mobilize Community Partnerships; Enforce Laws and Regulations

Target Audience: The target audience will be environmental health specialists and program managers that deal with solid waste issues including source reduction, reuse and recycling, special events coordinators, and those directly involved in planning for and presenting pu

Coppertop 2
1:30pm-2:30pm
 (60 Minutes)

H5 - Legislative Advocacy 101

Jennifer Miles, Governmental Relations Consultant, Miles Consulting, Inc.

Abstract: For those new to legislative advocacy or those in need of a refresher, this interactive session will help attendees learn how to develop relationships with their legislators, participate in making a bill into law, and develop skills to assure their public health voices are heard.

Learning Objectives: (1) Identify how to develop relationships with their legislators. (2) Describe how to participate in making a bill into law. (3) Develop skills to assure their public health voices are heard.

Public Health Topic(s): Enhancing Public Health Systems

Essential Service(s): Inform, Educate, Empower; Develop Policies and Plans; Enforce Laws and Regulations

Target Audience: all conference participants

Tuesday, September 16, 2008

Coppertop 3
1:30pm-2:30pm
 (30 Minutes)

H6A - Spatial Patterns of Vaccine Refusals and Incident Cases of Pertussis

Alanna Kulchak Rahm, Principal Investigator, Kaiser Permanente, Dave McClure, Jason Glanz

Abstract: Vaccine efficacy is dependent upon the principal of herd immunity. The majority of a population must be immunized in order to gain protection from the virus. When herd immunity decreases, either by inability to access care or by conscious refusal to vaccinate, diseases such as measles and pertussis can once again become prevalent. Colorado allows for refusal of vaccination for any reason, and many areas of the Denver-Metro area have seen a decrease in vaccination utilization due to conscious refusal. A study was conducted at Kaiser Permanente Colorado (KPCO) to elicit reasons parents are choosing to not vaccinate their children. 172 vaccine refusers were identified and confirmed among this population. As part of this study, Geographic Information Systems (GIS) will be used to analyze spatial patterns of confirmed vaccine refusers and incident cases of pertussis infection among the KPCO population. GIS analysis will be used to show clustered areas of decreased herd immunity due to vaccine refusals, and the subsequent areas of pertussis infection. This representation will help demonstrate the public health implications of decreased vaccination rates in areas where refusal for any reason is acceptable.

Learning Objectives: (1) Comprehensive overview of spatial analysis techniques used to look at vaccine efficacy and herd immunity. (2) Discussion of the public health implications of decreased vaccination rates in areas where refusal for any reason is acceptable.

Public Health Topic(s): Immunizations; Public Health Nursing; Health Disparities and Underserved Populations

Essential Service(s): Research; Diagnose and Investigate; Monitor

Target Audience: immunization personnel, public health nurses, epidemiologists

Coppertop 3
1:30pm-2:30pm
 (30 Minutes)

H6B - Geocoding Colorado's Health Statistics Data: Current Infrastructure and Emerging Issues

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

Abstract: The Health Statistics Section at the Colorado Department of Public Health and Environment has a process in place by which its vital statistics data (including births, deaths, and fetal deaths) are routinely geocoded. This geocoding process involves assigning such Census-based geographic boundaries as county, Census tract, block group, and block, as well as point-level latitude and longitude based on the rooftop locations of valid residence addresses. In order to achieve a high yield of geocoded records while assuring accurate and consistent geocode assignment, a combination of automated geocoding using a commercially-available address geocoding software package, standardized address databases, and a manual examination review-and sometimes rejection-of results are utilized.

The uses of these geocoded data are manifold, and include precise county assignment of vital events through the correction of self-reported county of residence. Additionally, these data are used for linking of records to Census-based socio-demographic data by such sub-county geographies as Census tract and block group. Also, estimates of future school enrollment are assisted by aggregating geocoded birth records to school district geographies using available GIS tools. Similarly, geocoded birth data have been aggregated to the Denver neighborhood level to examine the distribution of teen mothers and city-wide availability of appropriate health and educational services. Legislative applications have included aggregating geocoded birth and death records to the legislative district level in order to identify disparities in mortality and adequacy of prenatal care utilization for use by elected officials. A current project using geocoded mortality data is the presentation of cardiovascular disease burden, risk, and access to care among various populations across the state.

The geocoding process used by the Health Statistics Section is applied to other health and disease surveillance datasets at the State Health Department. These include the cancer surveillance data from the Colorado Central Cancer Registry, birth defects data from Colorado Responds to Children with Special Needs, and health and risk behavior data from the Pregnancy Risk Assessment Monitoring System (PRAMS). Key to the generation and utilization of geocoded data is the adoption of a systematic and consistent method of assigning geocodes, and educating users of these geocoded data not only how complete the geocoding is, but also what parameters were used during the geocoding process. This will facilitate the proper alignment of geocoded event data with other point and geographic datasets when combined using available GIS tools.

The geocoding of vital events data has greatly expanded the utility and informational capacity of Colorado's birth and death data. Continued promotion of the creation of geocoded datasets and the use of an appropriate geocoding processes at the state and local level by active GIS teams at various public health agencies and a multi-agency GIS health data users group will certainly yield a strong foundation for improved spatially-enabled data-driven decision making in public health.

Learning Objectives: (1) Identify both the geocoding processes employed by CDPHE and the spatially-enabled

Tuesday, September 16, 2008

datasets housed there. (2) Recognize technical issues related to the geocoding process and the use of geocoded datasets with current GIS tools. (3) Promote the use of sound geocoding processes and health-related geocoded datasets.

Public Health Topic(s): Application of Geographic Information Systems in Public Health; Enhancing Public Health Systems; Epidemiology and Statistics

Essential Service(s): Monitor; Diagnose and Investigate; Inform, Educate, Empower

Target Audience: GIS specialists, epidemiologists, data analysts/statisticians

BREAK and POSTER SESSION 2:30 p.m. – 3:30 p.m.

Foyer & Peaks 1-3
2:30pm

See separate document, "Poster Sessions", for preliminary list of poster sessions with full descriptions.

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

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

11A - Tobacco Prevalence and Reduction Program for a Special Population: People Living with HIV/AIDS

Johnn Young, Health Education Specialist, Denver Public Health

Abstract: People living with HIV/AIDS are disproportionately burdened by the epidemic of tobacco. It is estimated that 50 to 70 percent of HIV-positive people smoke. Additionally, Self-Identified Gay Men (SIGM) have reported to have smoking prevalence rates nearly double that of their non-Gay counterparts. HIV-positive smokers have higher incidences of HIV-associated conditions that affect the mouth and throat (gum disease, oral lesions, oral hairy leukoplakia and thrush or oral candidiasis) and are three times more likely to develop pneumocystis carinii pneumonia (PCP) than non-smokers. Medical treatment, HIV-disease education, and healthier choices have allowed persons with HIV/AIDS to live longer. Smokers

with HIV are not necessarily dying of HIV-related causes but suffering and dying of tobacco-related causes.

We examined smoking prevalence among People Living with HIV/AIDS (PLWH/A) in Denver at a clinic that provides treatment and care to those with HIV/AIDS. A brief, seven question survey was given and the findings will be presented. Data collected showed that the majority of PLWH/A used tobacco and were SIGM. Of the 350 surveys completed, only 87 people are currently not using tobacco which gives a tobacco use rate of 75%. In Colorado, the percentage of smokers overall is about 17-18%. Furthermore, only 27 or about 7% give a history of never having used tobacco! It was also reported by the clinic staff that the PLWH/A population inhibits a large percent of the disparately affected populations who shoulder the tobacco burden (as defined by the Colorado Department of Health and Environment).

At Denver Public Health, the Health Promotion Program/Tobacco Education staff and the Infectious Disease Clinic staff are collaborating to research, pilot test, develop, and evaluate culturally appropriate activities to reduce tobacco use among disparately affected/special populations with an emphasis on positive gay men who are clients. Policy change for sustainability with the clinic is also being explored regarding integrating tobacco use prevention and cessation efforts among HIV tobacco users. The clinic HIV program also works with nutritionists and there has been collaboration among the nutritionists, clinic staff, and the Tobacco Edu staff to further integrate services, thus ensuring sustainable programs and services.

Due to tobacco use by PLWH/A and its role in the harmful progression of HIV disease, it is necessary for tobacco intervention to be systemic and cross-cutting among public health programs. Once tobacco intervention is integrated in the treatment of HIV/AIDS through health care and policy reform, health care providers, public health experts, community groups and AIDS service organizations can then provide tobacco intervention messaging systematically, thereby ensuring sustainability. This work was funded by the Tobacco Education, Cessation, and Prevention Grant Program.

Learning Objectives: (1) Describe how to promote tobacco cessation to tobacco users in special populations, in particular the HIV community. (2) Recognize the challenges to the HIV community in addressing tobacco use issues and apply culturally driven messaging. (3) Identify lessons learned from the process of integrating services, changing policy, and advancing towards sustainability.

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

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

Target Audience: Public health professionals, agencies, and community organizations that are committed to exploring and providing care regarding tobacco education

Tuesday, September 16, 2008

and cessation services/promotion of cessation services to the HIV community.

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

11B - Promoting Community Education Around HIV in the Latino Community

Lydia Prado, Director of Child and Family Services and Cultural Competence, Mental Health Center of Denver, Kaia Gallagher, President, Center for Research Strategies, Mariana Enr quez-Olmos, Director of Education Research, Center for Research Strategies

Abstract: Need and/or purpose for your program. Despite the fact that increasing numbers of Latinos and Latinas are becoming infected with HIV, awareness of this problem within the Latino community remains limited in part because many of the topics surrounding HIV are not discussed. Over the past two years, a coalition of community-based organizations has worked to create an outreach video to promote community dialogue around HIV and how it can be prevented. This presentation will provide a viewing of the 16 minute video and include a discussion as to how videos such as this can be used to promote more community-responsive and culturally competent community education programs.

How your program reflects best practices for the public health topic area.

Community outreach workers working in the Latino community have found that HIV affects many in the community and that highlighting the impact of HIV on all members of the community is a way to create broader discussions about the problem. The video describes the personal experiences of diverse members of the Latino community and the ways in which HIV has impacted their families and themselves.

Statistics show that HIV infection within the Latino community are increasing at a higher rate than the rest of the population. At the same time, community outreach workers have found that Latinos are more receptive to community health messages that highlight their own values and describe personal experiences of people from their own background. Within this context, the video describes the personal experience of a Latina infected with HIV, how this diagnosis has impacted her and her family's life, and her personal crusade to educate others on this critical public health area.

Results or lessons learned from your program.

This presentation will show a 16 minute video, created by a community-based coalition in Denver that is designed to broaden awareness of HIV and the ways it can be prevented. Plans underway to disseminate the video will be discussed, including viewings on public television, use of the video in conjunction with outreach programs, and linkages between the video and public education programs.

Why your presentation is relevant to PH professionals in CO.

Created by community participants, this video incorporates cultural competence principles and focuses on community-based messaging designed to increase public understanding of HIV and its impact on the Latino community. Developed by Latinos for Latinos, the video highlights norms within the community that explain why rates of HIV are increasing among Latinos.

How your topic supports the theme of the conference.

To be responsive to all communities, public health education needs to include materials that are culturally competent and responsive to community concerns. This innovative public education tool provides an example as to how public health programs can outreach to communities that have been traditionally underserved and for whom public health problems such as HIV remain challenging. After the presentation, audience participants will be asked to consider ways in which similar types of education tools might be applied to other public health problems.

Learning Objectives: (1) Describe barriers to HIV understanding in the Latino community. (2) Identify options for community-based education related to HIV in the Latino community. (3) Determine options for using video-based education in community settings.

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

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

Target Audience: Health educators, health promoters, public health nurses

Peak 9 &10
3:30pm-4:30pm
(60 Minutes)

12 - Collaborating to Implement a Public Health Awareness Campaign: The Experience through the Colorectal Cancer Task Force

Krystal Morwood, MS, CHES, Colorectal Cancer Task Force, Andrea Dwyer, Centers for Disease Control-Colorectal Cancer Awareness Grant Coordinator, Holly Wolf, PhD, MSPH, Colorado Colorectal Screening Program

Abstract: Objective: To discuss the strategies utilized to increase the reach of disease specific public health messaging (colorectal cancer screening awareness in this instance), to reach statewide and encourage sustainable methods of outreach through collaboration, sharing resources, and communication strategies.

Methods: Colorectal cancer is the second cause of death from cancer in the US and Colorado. Each year about

Tuesday, September 16, 2008

620 Coloradans die from colorectal cancer. However, as much as 80% of colorectal cancer may be preventable by screening. Screening is recommended yet underutilized. In the public health arena, it is clear that collaboration is essential in the sustainability of any public health goal. The Colorado Cancer Coalition, which represents many organizations interested in cancer prevention and control, provides the structure for a statewide collaboration to promote colorectal cancer screening awareness. Colorado has built upon several years of colorectal cancer education and collaboration catalyzed by the Colorado Colorectal Cancer Task Force, which included statewide targeted public education mailings and public and professional education.

Results: The Colorectal Cancer Task Force, which is a subcommittee of the Colorado Cancer Coalition, is the driving force for the statewide colorectal cancer screening awareness effort. Numerous awareness projects from many groups were linked together in order to extend the quality and reach of the colorectal cancer screening awareness activities as well as eliminate duplication. The processes undertaken for colorectal cancer screening awareness can act as a model for other public health disease area outreach campaigns.

Learning Objectives: (1) Attendees will be able to identify an entity to act as the lead collaborator for a disease specific awareness campaign (2) Attendees will be able to describe 3 approaches of collaborating with partners to set up a disease specific awareness campaign. (3) Attendees will be able to name 3 methods of promoting a disease specific awareness campaign.

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

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

Target Audience: Health educators, program coordinators, administrators, public health officers, and other public health professionals.

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

13A - Innovative public-private partnership as an asset of public health emergency preparedness

Andy Kissel, PhD, Continuity of Operations/ Continuity of Government Coordinator, Colorado Department of Public Health and Environment, Chris Lindley, MPH, Director, Emergency Preparedness and Response Division, Colorado Department of Public Health and Environment

Abstract: The Department of Homeland Security has appealed to State and Local public health agencies to

establish partnerships with private sector entities on emergency preparedness, response, and recovery efforts. Public private partnerships help establish relationships before incidents, when familiarity with each other's capabilities and response procedures is paramount. The private sector is essential to the well-being of communities and plays an important role in emergency preparedness, response, and recovery efforts.

According to the 9/11 Commission Report, "private sector preparedness is not a luxury; it is a cost of doing business in the post 9/11 world. It is ignored at a tremendous potential cost in lives, money, and national security."

Surveys in both Colorado and nationwide, demonstrate that the vast majority of residents have not created an emergency preparedness kit for their homes, automobiles or offices. In fact, a recent survey of 929 Colorado residents over the age of 18 demonstrated that:

- 73% of respondents said they do not have an emergency preparedness kit

- Yet, 66% of respondents believe they are prepared for an emergency lasting three days - and 56% believe that they are prepared for an extended two week emergency

Having an emergency preparedness kit on hand is not only an important part of being prepared and ensuring you have the resources to stay healthy and safe, but will also allow first responders to prioritize their efforts and aid.

With the support of Governor Bill Ritter, the Emergency Preparedness and Response Division of the Colorado Department of Public Health and Environment partnered with 79 Colorado Wal Mart and Sam's Club stores to encourage residents to prepare their own home, office and car emergency preparedness kits.

CDPHE approached Wal Mart, the world largest retailer, for a first ever statewide private public partnership pilot in public health emergency preparedness, which would help to continue our efforts to increase the number of Coloradans who have emergency preparedness kits in their homes, office and cars.

From March 1 through March 9, 2008 1.5 millions Coloradoans visited their local Wal Mart or Sam's Club to view sample emergency preparedness kit items on display and pick up an informational brochure, in both English and Spanish, which includes a checklist to help them shop for their own kit.

Many of the Wal Mart displays were staffed by close to 200 volunteers from the Colorado Public Health and Medical Volunteer System and other volunteer organizations to assist in distributing brochures and to answer questions from the public.

The main lesson learned from this public private partnership pilot is that it has a great potential and could be replicated on a regular basis with other national corporations and in other states of the nation. This program resulted in a significant increase in awareness about emergency preparedness among Colorado citizens.

This program is also an example of creative thinking and going beyond September as the only month for preparedness education, thus representing our contribution to the sustainability of state and local public health emergency preparedness efforts.

Tuesday, September 16, 2008

Learning Objectives: (1) At the end of the session, participants will be able to establish partnerships with private sector entities on emergency preparedness. (2) At the end of the session, participants will be able to build up state-wide public health emergency preparedness campaign in cooperation with private sector. (3) At the end of the session, participants will be able to recruit volunteers for public health emergency preparedness campaign in cooperation with private sector.

Public Health Topic(s): Emergency Preparedness and Response; Health Promotion, Disease Prevention, Education; Other

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

Target Audience: Public Health professional, Emergency Management professionals at State and Local levels, Private sector Emergency Management professionals, Volunteer coordinators.

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

I3B - Weight control strategies and the impact of health care provider advice on weight loss attempts among Colorado adults

Alyson Shupe, Chief, Health Statistics Section, Colorado Department of Public Health and Environment

Abstract: Need/purpose: Obesity, a growing problem among Colorado adults, is a risk factor for cardiovascular disease, certain cancers and diabetes. There is strong evidence that the combination of a reduced-calorie diet and increased physical activity produces greater weight loss than diet alone or physical activity alone. There is also evidence that those who are advised to lose weight by a health care provider are more likely to attempt weight loss than those who are not advised. This analysis describes weight control strategies of Colorado adults and explores the impact of health care provider advice on weight loss attempts.

Methods: Data were collected through the Behavioral Risk Factor Surveillance System (BRFSS), a state-based random digit dial telephone survey. In 2006, 6104 non-institutionalized adults completed interviews. A weight control module was added to the 2006 BRFSS to examine the prevalence of attempting to lose or maintain weight, to describe weight control strategies, and to examine the association between being advised to lose weight by a health care provider and weight loss attempts. Data were analyzed using SAS version 9.13. Prevalence estimates and odds ratios were calculated.

Results: Males were more likely to be overweight (44.4%) than females (28.6%). Black (27.1%) and Hispanic (27.0%) adults were significantly more likely to be obese than White, non-Hispanic (16.5%) adults. Overall, an estimated 45.4% of adults were trying to lose weight and

33.1% were trying to maintain weight. Nearly three-quarters of overweight females (72.5%) were trying to lose weight compared to less than half (45.1%) of overweight males. About 59% of adults reported that they were using both diet and physical activity to control their weight; 12.3% were using diet only; and 21.2% were using physical activity only. Overweight females (70.4%) were much more likely to be using a combination of diet and physical activity to lose or maintain weight than were overweight males (56.6%), who were more likely than females to rely on physical activity alone. Among the nearly 25% of overweight and obese adults who had a medical checkup in the past twelve months and were advised to lose weight, 90% reported that they were trying to lose weight. Overweight and obese adults receiving advice to lose weight were 6.5 times more likely to attempt weight loss compared to those who did not receive such advice (OR=6.5, 95% CI =3.5-12.0). Overweight and obese males who were advised to lose weight were nearly 11 times more likely to be attempting weight loss than those who had not been advised to lose weight (OR=10.8, 95% CI =4.4-26.6).

Conclusions: Males were more likely to be overweight than females, less likely to be trying to loss weight, and less likely to use the recommended combination of physical activity and diet to control weight. Health care provider advice to lose weight can have a powerful impact on weight loss attempts, particularly for overweight and obese males. Providers should be encouraged to advise overweight and obese patients to loss weight, using a combination of physical activity and diet.

Relevance to conference theme: This presentation demonstrates the need for strong partnerships between the public health community and medical care providers in which public health can provide epidemiologic evidence that medical advice to lose weight has a powerful impact on behavior.

Learning Objectives: (1) At the end of the session, participants will be able to describe the prevalence of overweight and obesity and weight control strategies among Colorado adults. (2) At the end of the session, participants will be able to articulate the importance of health care provider advice on weight loss attempts.

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

Essential Service(s): Inform, Educate, Empower; Diagnose and Investigate; Mobilize Community Partnerships

Target Audience: public health nurses, physicians, health educators

Tuesday, September 16, 2008

Coppertop 2 **3:30pm-4:30pm** (60 Minutes)

I4 - Legislative Update: What Happened in 2008 and What's Coming in 2009

Jennifer Miles, Governmental Relations Consultant, Miles Consulting, Inc.

Abstract: This session will summarize the 2008 state legislation session's impacts on public health, including a report on the status of implementing SB08-194: the public health revitalization bill. We will also look forward to the 2009 legislative session, discussing public health issues that are expected to be debated.

Learning Objectives: (1) describe how public health is impacted by legislative actions in 2008 (2) discuss critical public health policy issues for the future (3) become involved in the implementation of the most major public health legislation to pass in decades

Public Health Topic(s): Enhancing Public Health Systems

Essential Service(s): Inform, Educate, Empower; Develop Policies and Plans; Enforce Laws and Regulations

Target Audience: all conference participants

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

I5A – Integration of HIV Surveillance Data with a Geographic Information System

Russel Rickard, Statistical Researcher, Colorado Dept of Public Health and Env, Devon Williford, Colorado Dept of Public Health and Env

Abstract: Background: An aim of conducting public health disease surveillance is to minimize morbidity and mortality through the implementation of control, prevention, and care and treatment measures. One factor that affects the timely implementation of such measures is the early detection of disease outbreaks. Emerging geographic clusters can be of particular interest as they have the potential to indicate the existence of a geographically focused aggregation of known risk factors or help to identify previously unrecognized risk factors. Traditionally, temporal statistical methods have been used to detect disease outbreaks; however, the necessary population-at-risk information needed to conduct such analysis is often unavailable or becomes available well beyond the time period when intervention methods could have been most effective. Additionally these methods often require a pre-defined geographic area of concern,

which is generally undefined with respect to the detection of emerging disease outbreaks.

Methods: The current analysis used a prospective space-time permutation scan statistic that only requires case information (in this instance, an address assigned longitude and latitude address at the time of diagnosis and diagnosis date) as the basis of an early detection system for disease outbreaks. This methodology is potentially advantageous in relation to public health activities as it strives to detect only those cluster(s) with excess risk still present during the last time period for which data are available. The cumulative cases of HIV diagnosed from January through December 2007 were scanned in periodic monthly analyses.

Results: A statistically significant cluster of cases was detected in a circular region with a radius of 1.87 km that included six cases diagnosed in June of 2007. Further investigation revealed none of the six cases were U.S. natives and five of the six had tested within the context of an immigration examination.

Discussion: Given the much larger number of U.S. born Coloradans diagnosed with HIV/AIDS, it might mistakenly be assumed that foreign born people living with AIDS or HIV are randomly distributed across the Denver metro area or statewide. Although the cluster of cases identified in this analysis is small, it suggests the need for further investigation with respect to a potential specific subpopulation of interest that was previously unidentified. Several important questions have been raised from this analysis including: Do foreign-born people living with HIV/AIDS live in specific geographic areas? If so, have the programs, services, and interventions in these neighborhoods been tailored to meet the needs of immigrants at risk for or living with HIV disease? The cases inside and surrounding this statistically significant cluster will be mapped to examine levels of access to local healthcare services for the affected persons within this cluster, and future analyses will incorporate geographic disease data from 2005 onward to determine the potential need for enhanced public health and other related services.

Learning Objectives: (1) Introduce concepts in how a simple statistical method to monitor case-only data was applied. (2) Explore space-time analysis using GIS and HIV/AIDS data and advantages of geo-coding

Public Health Topic(s): Application of Geographic Information Systems in Public Health; Epidemiology and Statistics; Enhancing Public Health Systems

Essential Service(s): Monitor; Diagnose and Investigate; Evaluate

Target Audience: Disease Surveillance Analysts, Epi's

Tuesday, September 16, 2008

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

I6B - Temporal GIS: Applications for Public Health

Mark Egbert, GIS Coordinator, Colorado Department of Public Health and Environment

Abstract: Many public health topics have a temporal, or time element. Birth rates and birth outcomes for a geographic area may change over time due to changing demographics, or in some cases, even changing environmental conditions. Vector borne diseases are often related to seasonal variations, and/or to the introduction and spread of a new disease over time (as in the example of West Nile Virus). The time element of certain disease outbreaks (such as salmonella) can also provide important information about the source and the spread of that disease.

Geographic Information Systems (GIS) are very good at illustrating, and even quantifying the spatial aspects of most public health topics. However, the temporal and spatial/temporal aspects of public health are not often considered.

This presentation is an overview of the ways that GIS is being used to examine the temporal and spatial/temporal aspects of public health. Surveillance methods, temporal statistics, improved data models and simple visualization methods will be discussed.

Learning Objectives: (1) The attendee will be able to describe one way that GIS can be used to examine temporal and/or spatial/temporal patterns in public health data.

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

Essential Service(s): Research; Monitor; Monitor

Target Audience: This presentation is of interest to people who would like to learn more about the role of GIS in public health. No direct experience with GIS is required.

BREAKOUT SESSION J
4:45 p.m. – 5:45 p.m.

Peak 6-8
4:45pm–5:45pm
(60 Minutes)

J1 - Hot Topics & Late Breakers II

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

Target Audience: public health professionals; all attendees

COPHE AWARDS BANQUET

**CASH BAR ~ DINNER ~ AWARDS
ENTERTAINMENT (CHICKEN LIPS)**

6:00 p.m. – 9:30 P.M.

Colorado Ballroom
6:00pm

Come and join your co-workers in honoring those who achieved great heights. The theme for this years banquet is the COPHE Awards (said like KOFEE's and are kind of like the Grammy's or the Emmy's), and will be emceed by Chicken Lips. Dig out those formals and suits and come prepared to walk on the red carpet to the COPHE (Colorado Public Health Excellence) Awards Banquet.