

Wednesday, September 17, 2008

REGISTRATION OPEN

7:30 a.m.

Peak 1-3

CONTINENTAL BREAKFAST

7:30 a.m.

Foyer & Peak 1-3

BREAKOUT SESSION K

8:00 a.m. – 9:00 a.m.

Peak 6-8

8:00am-11:30pm

(3 hour skill-building session)

K1 - Building Sustainable Change: Insights from Organizational Readiness for Change Research and Practice

Melanie Chase, Public Health & Workforce Development Consultant, CO Dept. of Public Health & Env./Office of Local Liaison

Abstract: In Colorado public and environmental health we are all advocates for “change initiatives” to ensure a *sustainable* healthy state for Coloradoans. “Change initiatives” are new policies or procedures, educational or technical assistance programs aimed at changing health behaviors, workforce development initiatives aimed at developing and reinforcing specific public health competencies, or a reorganization with new management, for example; what they have in common is that individuals, groups and organizations can either actively or passively resist change initiatives or be ready to adopt the proposed changes based on proven practices. Effective principles and practices for increasing organizational readiness for change can be applied whether the change is system-wide, within our own organizations, within communities, programs, or with individual program participants. Some of the factors that increase readiness for change include:

- Communications to those impacted by the change, about the benefits and consequences of the change
- Processes and clear competencies needed for initiating change with clear roles, responsibilities, involving those to be impacted by the change, etc.
- Leadership support in communications and behavior
- Understanding the tolerance for change based on past experiences with change
- Alignment across policies/procedures/systems to anchor or sustain change over time

A three-step model for increasing readiness for change that encompasses research findings for real-world application and practice will be the basis for this session. Building readiness for change before attempting a change initiative can make the difference between success or failure. Change failures are more common than successes, and are financially and psychologically costly. Failures are commonly attributable to the implementation of change initiatives rather than the specific strategy or type of change itself.

CONTINENTAL BREAKFAST

7:30 a.m.

Lessons to be learned from this workshop include:

- Factors that increase readiness for change from the research and in practice
- How to assess resistance and readiness for the changes you are advocating for with different stakeholder groups before investing precious resources
- How to increase readiness for change in terms of:
 - the planning of change
 - the implementing of change
 - the anchoring of change initiatives within systems, policies, procedures, etc. to ensure sustainability over time
- How to increase the likelihood of change implementation success

Learning Objectives: (1) Assess resistance to and readiness for change in their own organizations and/or programs (2) Apply change readiness factors necessary for implementing and anchoring change in group activities (3) Identify areas for strengthening the sustainability of change initiatives in participants' own organizations and/or programs

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

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

Target Audience: All

Peak 9 & 10

8:00am-11:30pm

(3 hour skill-building session)

K2 - Best of the Best for Colorado Immunization strategies

Joni Reynolds, Director, Colorado Immunization Program, Marianne Koshak, Manager, Data Unit, Colorado Immunization Program, Christine Nyquist, MD,

Abstract: Immunizations are a leading Public Health priority at the State and local level. Several exciting and novel programs and approaches have been initiated in

Wednesday, September 17, 2008

Colorado. During this several areas will be highlighted including: During 2008, Joni has initiated a Vaccine Advisory Committee for Colorado (VACC) that is co-chaired by the Lt. Governor, Barbara O'Brien and Dr. Robert Brayden. This committee has 5 focused subcommittees in the areas of Best Practices, Immunization Information System, Public Awareness and Education, Innovative Health Programs and Universal Purchase. Each of the subcommittees work will be highlighted during this workshop. Medical providers are confronted daily with parents who have concerns regarding childhood vaccines. The providers are often challenged to respond to the parent's concerns in a manageable approach. During this session leading medical experts will review a succinct and effective strategy for communications with parents to address vaccine concerns. Several local public health agencies have completed oversamples in their communities to identify vaccination patterns. This data has been valuable for mapping and extracting potential areas for targeted outreach or program activities. Finally, several Immunization best practice areas will be reviewed and highlighted including AFIX (Assessment, Feedback, Information, Exchange) a quality improvement strategy to raise immunization coverage levels and improve standards of practices at the provider level; CIIS (Colorado Immunization Information System) recall strategies; the Cold Chain Research Study (CCRS) conducted by the Colorado Department of Public Health and Environment (CDPHE) Immunization Program and the Centers for Disease Control (CDC). This session is timely as limited public health resources require each local public health agency to design their community strategies based on data that can effectively target their limited resources. In addition, Immunizations are a proven effective public health strategy that supports healthy communities. Creative and novel approaches that utilize best-practices are necessary to sustain public health practices in the immunization arena.

Learning Objectives: (1) At the end of this session, participants will be able to articulate the VACC purpose, utility and local implications. (2) At the end of this session, participants will be able to demonstrate effective patient communication strategies regarding childhood vaccines and parental concerns. (3) At the end of this session, participants will be able describe the Best Practice projects in Colorado including Immunization oversampling, AFIX, CIIS recall and CCRS

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

Essential Service(s): Inform, Educate, Empower; Develop Policies and Plans; N/A

Target Audience: Public Health Nurses, Medical providers, Health educators, local public health staff.

8:00am-9:00am
(60 Minutes)

K3 - Integrating Alcohol and Substance Use Screening, Brief Intervention, and Referral to Treatment Protocols into Primary Care Settings

Cassidy Smith, MPH, Project Manager, Colorado Clinical Guidelines Collaborative, Brie Reimann, BA, SBIRT Colorado, Leigh Fischer, MPH, SBIRT Colorado, Jose Esquibel, Colorado Department of Public Health and Environment, Mel Strasser, MPA, OMNI Institute

Abstract: Substance abuse leads to significant medical, social, legal, and financial consequences. It has a major impact on public health contributing to unintentional injuries and violence and exacerbating and inducing medical conditions (e.g., diabetes, hypertension, sleep disorders, depression, stroke, dementia, cancers, and infectious diseases). According to the 2006 National Survey on Drug Use and Health, 21 million people need, but do not receive treatment for a diagnosis of alcohol, illicit drug abuse/dependence and many others engage in risky, problematic use, but have not reached diagnostic criteria for abuse or dependence. In 2004, Colorado ranked in the top 20th percentile nationally for 30-day use of alcohol, 30-day binge use of alcohol, and dependence on, or abuse of alcohol for persons 12 years and older, as well as illicit drug use for persons age 18-25. Interrupting progression to dependence can reduce the need for treatment as well as medical, social, and legal costs. A growing body of evidence has demonstrated that screening, brief intervention, and referral to treatment (SBIRT) in healthcare settings is effective in creating behavior change and preventing adverse health outcomes attributable to drug and alcohol misuse. However, despite this evidence, screening and brief intervention protocols have not been widely adopted in primary healthcare settings.

In 2006 the Colorado Office of the Governor was awarded a five-year grant from the Substance Abuse and Mental Health Services Administration to expand the continuum of healthcare to include screening, brief intervention, and referral to treatment in healthcare settings across the state. Several Colorado organizations have partnered to implement SBIRT as a standard of care statewide. Peer Assistance Services is managing the implementation of SBIRT in hospitals and community health centers throughout the state. Colorado Clinical Guidelines Collaborative is developing SBIRT guidelines for distribution to Colorado healthcare providers. The Colorado Department of Public Health and Environment, the Colorado Department of Human Services, the Colorado Association of Alcohol and Drug Service Providers, OMNI Institute, Access to Recovery and several other healthcare, mental health, and substance abuse treatment organizations are collaborating to develop a comprehensive strategic plan to encourage systemic change and long-term sustainability of the practice. Additionally, these groups are advocating for policies that support SBIRT implementation including reimbursement by public and private health insurers.

Peak 11

Wednesday, September 17, 2008

OMNI Institute is evaluating the impact of SBIRT on patients, and will be conducting a cost-benefit analysis. In an effort to increase the use of SBIRT and encourage the development of integrated care systems in primary care settings across Colorado, SBIRT Colorado is piloting various implementation models. This panelist discussion will highlight valuable lessons learned from each model and present data to underscore the value of implementing SBIRT in primary care settings. Preliminary findings suggest that each model has potential success depending on the level of staff buy-in and resources available. Panelists will discuss obstacles that often hinder the efficacy of SBIRT services in primary healthcare settings and examine the administrative and policy considerations that are necessary for effective implementation.

Learning Objectives: (1) Identify available tools and resources for implementing an integrated healthcare model that includes screening and brief intervention protocols for substance use in primary care settings. (2) Connect public health policies to the sustainability of screening and brief intervention in primary care settings. (3) Examine the public health impact of high-risk, non-dependent alcohol and substance use.

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

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

Target Audience: Community service providers, health educators, physicians, nurses, public health professionals.

Peak 12
8:00am-9:00am
 (60 Minutes)

K4 - Integration: Working Together on Chronic Disease Prevention and Control

Andrea Poniers, Deputy Director, Chronic Disease Prevention Branch, Colorado Department of Public Health and Environment, Karen DeLeeuw, Director, Center for Healthy Living and Chronic Disease Prevention, Colorado Department of Public Health and Environment

Abstract: Chronic disease prevention and control has emerged as a primary concern in public health and health care. Heart disease, cancer, lung disease and other chronic conditions affect nearly half of all Americans and far outnumber other causes of death combined. In addition to having a negative impact on individuals, chronic disease burdens the health care system with the need for ongoing medical monitoring, intervention and hospitalization. Employers and workers struggle to support the cost of chronic disease care and productivity suffers as

these conditions cause activity limitations in the state's workforce.

Many factors contribute to the cause and increase in chronic disease among Coloradans. Individuals face choices about health behaviors and these choices are influenced "for better or worse" by the environments in which they live, work and play. Given the complexity of the problem, effectively reversing trends in chronic disease requires the participation of multiple partners, employing a variety of tested intervention, all adapted for specific audiences or environments. Chronic disease prevention and control calls for an integrated approach, in which partners jointly develop and agree on a set of common goals and directions, share responsibility for obtaining those goals, and work together to achieve those goals using the expertise and resources of each collaborator.

Expected outcomes from integration include more efficient use of limited financial and human resources, improved effectiveness in reaching key population groups and achieving health outcomes, strategic alignment of partnerships with public health objectives, and enhanced use of data in program planning and implementation. All of these factors contribute to the potential for sustainability of public health programs and their impact. Integration can foster innovation in programs, systems and business practices, and result in meaningful progress on significant public health goals such as reducing health disparities and promoting chronic disease prevention and control at the community level.

The Center for Healthy Living and Chronic Disease Prevention at the Colorado Department of Public Health and Environment, which includes multiple chronic disease and risk reduction programs, has embarked on a strategic process to identify integration opportunities that will further the achievement of specific public health outcomes. This process will focus on internal systems and strategies, as well as enhanced alliances with partners and stakeholders. The integration initiative coincides with current efforts to define and coordinate chronic disease work at the local level in Colorado. In addition, Colorado has been chosen as one of four states to participate in a unique integration demonstration project through the Centers for Disease Control and Prevention, which funds most state-level chronic disease programs in Colorado. The presentation will: explore levels of collaborative work, from communication through integration; discuss the benefits and risks of integration, as well as common barriers; describe current efforts at CDPHE to integrate at the state, local, and national level; and challenge participants to identify opportunities for integration within their own organizations, as well as across partnerships and sectors.

Learning Objectives: (1) At the end of the session, participants will be able to describe the continuum from communication to integration. (2) At the end of the session, participants will be able to state the benefits, risks and barriers to integration work. (3) At the end of the session, participants will be able to identify at least one actual or potential example of internal and external integration for their organization.

Wednesday, September 17, 2008

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

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

Target Audience: Public health professionals across the spectrum

BREAKOUT SESSION L 9:15 a.m. – 11:30 a.m.

Peak 11

9:15am-11:30am

(2 hour skill-building session)

Peak 4

8:00am-11:30am

(3 hour skill-building session)

K5 - Introduction to GIS Training

Devon Williford, GIS Analyst/Developer, Colorado Dept of Public Health and Env, Mark Egbert, GIS Coordinator, Colorado Department of Public Health and Environment

Abstract: Geographic Information Systems (GIS) is the application of computer software, hardware and data, and personnel to help manipulate, analyze and present information that is tied to a spatial location. Simply put, it is one attempt at representing the real world in a controlled environment such as your computer monitor, or on a paper map. GIS can assist the public health professional by providing tools built in to an easy-to-learn technology. These tools are used in interpreting public health data, predicting public health and environmental outcomes, displaying current patterns of disease with historical trends, and devising effective intervention strategies by examining resources, indicators, and capabilities of outreach efforts.

In this three hour hands-on technical workshop, we will introduce class attendees to GIS software. They will be able to understand GIS data types, work with GIS data tables, understand the basic functionality of the software, and learn how to make a map. We will experiment with how to manipulate health data, work with census demographic data, use internet mapping technology, as well as explore a few other applications of GIS in public health. The student should come away from the skill-building session with a great introduction to GIS technology as it applies to public health data.

Learning Objectives: (1) Comprehend general concepts in Geographic Information Systems (GIS) as they relate to application in public health (2) Create a map in GIS software (3) Feel more knowledgeable and comfortable about working with public health data sets in a GIS environment.

Public Health Topic(s): Application of Geographic Information Systems in Public Health; Other; Other

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

Target Audience: public health professionals, epidemiologists,

L1 - Infusing Media Literacy and Advocacy Education into Health Education Programs.

Heather Kennedy, Youth Program Specialist, University of Colorado Cancer Center/ Get R!EAL

Abstract: It is estimated that nearly half of all people in the world are under the age of 25. Public health advocates must find ways to successfully engage youth in health issues and health solutions. Hundreds of education programs exist that successfully educate youth on health topics, yet few include components of media literacy, and even fewer include youth advocacy or empowerment components.

Media literacy and youth advocacy should be considered as integral components of health education programs. Studies suggest that adolescents spend 24 hours per week watching television—twice as much time as they spend in school over the course of one year. Youth culture and youth identity are immersed in media, youth are easily engaged in learning to interpret the media messages they see, read and hear. Teaching media literacy is an excellent way to attract youth's attention and to build their interest in health. Infusing youth advocacy components into health education will further engage youth in civic participation, increase psychological empowerment, and increase feelings of self efficacy. Media literacy and advocacy education skills are valuable tools that can be infused into education for any health concern or topic. Media Literacy and youth advocacy education can have a lasting impact on individuals, on the way they think and the way they act.

In this interactive, multi-media, skill-building workshop, participants will be introduced to the topics of media literacy and youth advocacy education. First, participants will be exposed to one media literacy and advocacy education program: Bust Big Tobacco as a means to see the applicability of media literacy and advocacy concepts within health education programs. In order to learn about media literacy, participants will analyze print, audio, and video messages and discuss branding and taglines. Then, participants will learn about ways to teach advocacy and ways to help youth create their own advocacy project. Throughout this workshop, participants will engage in activities they can, in turn, infuse into their current programming with the youth and adults they serve.

Learning Objectives: (1) Describe one application of infusing media literacy and advocacy education into a health education program. (2) Analyze and interpret media messages and apply learning to practical

Wednesday, September 17, 2008

integrations into current youth programming (3) Explain concrete ways to incorporate advocacy education and advocacy activities into work with youth.

Public Health Topic(s): Health Promotion, Disease Prevention, Education; Tobacco, Alcohol, and Drug Use; Physical Activity, Food, and Nutrition

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

Target Audience: health educators

Peak 12
9:15am-11:30am
(2 hour skill-building session)

L2 - Building Sustainability through the Practicum Experience

Jan Gascoigne, MPH Practicum Coordinator, Colorado School of Public Health, Kathleen Matthews, Assistant Director, Colorado School of Public Health, MPH

Abstract: Reports suggest that there is an emerging shortage of public health workers with estimates of 10,000 to 30,000 more trained professionals needed nationally just to meet current demand. Colorado is not immune with a recent report detailing Colorado's public health workforce in which over half did not have the needed educational background and half will retire in the next five years. Thus, the Colorado School of Public Health was launched in July 2008.

A part of this MPH program requires students to complete practical experience by working in the field to compliment their academic experience. The practicum requires 120 field hours and maybe located at health departments, governmental agencies, medical centers, community-based organizations, related private industry, community based research projects or research centers. A key to making this an experience that enriches the students experience will be the sponsoring site of the practicum and in particular a qualified staff to serve as the student's preceptor.

The preceptor will guide the student's experience on site combining critical thinking opportunities tied to meaningful activities where student interact with staff and community members to support the student' overall education.

This workshop will provide current public health professionals with skills that will help to build the competency of future public health workforce. The workshop will provide background information on becoming a practicum sponsoring site, how being a sponsored site is a benefit for the organization receiving the students, what qualities make a great receptor and building skills that support the preceptor - practicum student relationship.

This program is relevant to the public health community of Colorado because it provide information to become involved and lead the development of the future public

health workers. Additionally, the workshop will provide concrete opportunities to develop skills in mentoring and coaching that will enhance current work relationships and provide a solid grounding for providing practicum students with exceptional experiences in the field.

This program supports the conference theme "Sustainability of Public Health" the core. It is predicted that Colorado will face shortages in trained public health workers now and in the future. The impact is immense, without a vibrant, well-trained public health workforce the citizens of Colorado will lack strong leadership to create and support healthy communities throughout our State. By partnering with health agencies throughout the State to develop our future public health workforce through this practicum program, Colorado has the opportunity to enhance, grow and lead in building a thriving public health workers to address the health needs for years to come.

Learning Objectives: (1) Describe the MPH practicum program and what skills are needed to be a preceptor site (2) Support the development of public health opportunities for practicum students (3) Demonstrate Mentoring and Coaching skills that lead to powerful relationships that build capacity for the public health workforce

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

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

Target Audience: Public Health Professionals

* * * * *

CONFERENCE ADJOURNS
11:30 a.m.

* * * * *