



# PROGRAM SYLLABUS

*Seventh*  
**HEALTH  
DISPARITIES  
CONFERENCE**



#XUDisparitiesCollabs



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



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**MARCH 10-12, 2014**

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

**#XUDisparitiesCollabs**

# Xavier University of Louisiana

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

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

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

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

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

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

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

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

[www.xula.edu](http://www.xula.edu)

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



its



XAVIER UNIVERSITY OF LOUISIANA  
Office of the President

1 Drexel Drive  
New Orleans, Louisiana 70125-1098  
(504) 520-7541 • FAX (504) 520-7904



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

March 10, 2014

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

This year's theme, "*Implementing Interprofessional Collaborations that Achieve Equity and Eliminate Health Disparities*" is important as our nation continues to examine better ways to improve access to affordable care; develop culturally appropriate care; and establish evidence-based medical guidelines for millions of Americans – particularly among the poor, uninsured, and minority populations using an interprofessional and collaborative approach. This year's conference features the exchange of best practices in the health professions from leading experts in pharmacy, medicine, nursing, and public health. The conference aims to create an environment whereby clinicians, scholars, researchers, and students can explore solutions to the health challenges facing Louisiana, the region, and the nation. The conference represents the confluence of emerging issues in clinical practice, basic science research, and public health that is central to the effectiveness of today's health providers, and the patients they serve.

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

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

Sincerely,

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

Norman C. Francis  
President



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



**"We believe the Seventh Health Disparities Conference provides an opportunity for health professionals to network and share successful and **INNOVATIVE APPROACHES**...that support the use of **INTERPROFESSIONAL COLLABORATIONS**...to achieve **HEALTH EQUITY**."**

Dear Conference Attendee:

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

The College is pleased to continue to provide a meaningful educational discussion through this year's conference titled "*Implementing Interprofessional Collaborations that Achieve Health Equity and Eliminate Health Disparities.*" The educational experience this year will examine evidence-based, broad-reaching, successful collaborations. These interprofessional collaborations emphasize effective, strategic approaches to achieve health equity and eliminate health disparities.

The conference attendance continues to grow and more importantly, the attendees' profiles expand in disciplines and geographic representation. We believe the Seventh Health Disparities Conference provides an opportunity for health professionals to network and share successful and innovative approaches that support the use of interprofessional collaborations on local, regional, national, and global levels as we aim to achieve health equity. Attendees for this conference expand yearly and create new alliances, discuss recent advances, as well as participate in one-on-one discussions about the relevance of sustaining an educational brand focused on improving health outcomes.

XULA-COP thanks you for your attendance and participation. Please take the time to enjoy "America's Most Interesting City." We look forward to your feedback.

Sincerely,

A handwritten signature in cursive script that reads "Kathleen B. Kennedy".

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

# Xavier University of Louisiana

## College of Pharmacy



### College of Pharmacy History

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

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

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

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

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

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

XAVIER UNIVERSITY'S COLLEGE OF PHARMACY

## Center for Minority Health & Health Disparities

RESEARCH AND EDUCATION



The Center for Minority Health and Health Disparities Research and Education (CMHDRE) at Xavier

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



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

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



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



XAVIER UNIVERSITY OF LOUISIANA  
COLLEGE OF PHARMACY

1 Drexel Drive  
New Orleans, Louisiana 70125-1098  
(504) 520-7500 • FAX (504) 520-7930



Dear Health Disparities Conference Attendee:

The Center for Minority Health and Health Disparities Research and Education (CMHDRE) is excited about your participation in the Seventh Health Disparities Conference. We welcome you and your participation and trust that this educational experience "*Implementing Interprofessional Collaborations that Achieve Health Equity and Eliminate Health Disparities*," will be meaningful and enduring.

The mission of the Center is to improve health outcomes of diverse communities disproportionately impacted by health and healthcare disparities, through community engagement and partnerships in research, education, and practice. We believe this educational forum satisfies that aim and we thank you for your contribution in supporting this mission.

The program this year was developed to highlight various perspectives from which we view and assess progress of eliminating health disparities and achieving health equity. As our program focuses on interprofessional alliances, sessions were developed to include a varied array of disciplines in which mid-level providers interact with corporate, academic, government, association, and public health partnerships and collaborations to improve health outcomes. It is our hope that the program will provide challenge, stimulate you to ask questions, provide clarifications and perspectives, and establish opportunities for future collaboration to eliminate health disparities and achieve health equity.

As always, we encourage you to take advantage of the networking opportunities woven into the program and our magnificent city.

Sincerely,

A handwritten signature in blue ink that reads "Sarpong".

Daniel F.K. Sarpong, PhD  
Director, Center for Minority Health Disparities Research & Education (CMHDRE)  
Endowed Chair of Health Disparities  
Associate Professor of Biostatistics

## NEEDS ASSESSMENT

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

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

### Addressing the ISSUE

"...health officials are looking for ways to ease the strain on overloaded doctors, improve care and contain costs. With millions of people gaining coverage under the nation's health law, experts say pharmacists can fill gaps in primary care and help avoid unnecessary hospital admissions."

— Kaiser Health News

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

- Examine partnerships between patients and communities to eliminate health and healthcare disparities;
- Discuss interprofessional models that improve health equity and eliminate health disparities;
- Examine new partnership opportunities that result from the Patient Protection and Affordable Care Act; and
- Review the impact of patient and community partnerships designed to reduce racial and ethnic health and healthcare disparities.

## ACCREDITATION

Xavier University of Louisiana College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Participation in this conference earns up to 9.75 contact hours (0.975 CEUs). Participants must complete post-test and evaluation forms at the conclusion of each session to receive a Statement of Continuing Pharmacy Education Credit. Certificates/Statements of Continuing Pharmacy Education Credit will be placed in your NABP e-profile within 4 weeks following the program. This knowledge-based activity is of importance to all pharmacists.

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

## DISCLOSURES OF CONFLICTS OF INTEREST

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

## PROGRAM CHAIR

Kathleen B. Kennedy, PharmD  
Xavier University of Louisiana

## PROGRAM CO-CHAIR

Daniel F.K. Sarpong, PhD  
Xavier University of Louisiana

## ABSTRACT COMMITTEE CO-CHAIRS

Barbara E. Hayes, PhD  
Texas Southern University

Kristi Isaac Rapp, PharmD  
Xavier University of Louisiana

## PLANNING COMMITTEE

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University of Toledo

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Georgetown University

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Xavier University of Louisiana

George Hill, PhD  
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Dominican University

Sharon Youmans, PharmD, MPH  
University of California, San Francisco

The 1Joshua Group, LLC  
Kristen N. Campbell, BS  
Melanie T. Cockfield, BS  
Christopher T. Fitzpatrick, CC

## Addressing the ISSUE

“Providers, policy makers, and consumers are likely to consider a broad range of strategies to address gaps in infrastructure and workforce: engaging students at younger ages, improving wages and benefits of direct care workers, tapping new worker pools, strengthening the skills that new workers bring at job entry, and providing more useful continuing education and training.”

– HHS Secretary Kathleen Sebelius

## VENUE

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

## REGISTRATION SCHEDULE

### Grand Foyer • 5th Floor

Monday, March 10 ..... 12:00 PM – 7:00 PM  
Tuesday, March 11 ..... 7:00 AM – 3:00 PM  
Wednesday, March 12 .. 7:30 AM – 10:00 AM

## BADGES

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

## POSTER SCHEDULE \*

### Grand Ballroom A&B

Monday, March 10 ..... 5:00 PM – 7:30 PM  
Tuesday, March 11 ..... 7:00 AM – 8:30 AM  
5:00 PM – 7:00 PM  
Wednesday, March 12 .. 8:00 AM – 9:30 AM

\* Additional networking opportunities available during all session breaks.

## SPEAKER READY HOURS

### Rampart • 5th Floor

Monday, March 10 ..... 12:00 PM – 5:00 PM  
Tuesday, March 11 ..... 7:00 AM – 3:00 PM  
Wednesday, March 12 ... 7:30 AM – 9:30 AM

## SOCIAL MEDIA

Please post about your experiences at the Seventh Health Disparities Conference on social media sites using the hashtag **#XUDisparitiesCollabs**. Scan the QR Code in the front cover to access your registration record and for shortcuts to the conference social media feeds!

## SPONSOR

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

## FUNDING

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

## ORGANIZER

The 1Joshua Group, LLC  
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## Addressing the ISSUE

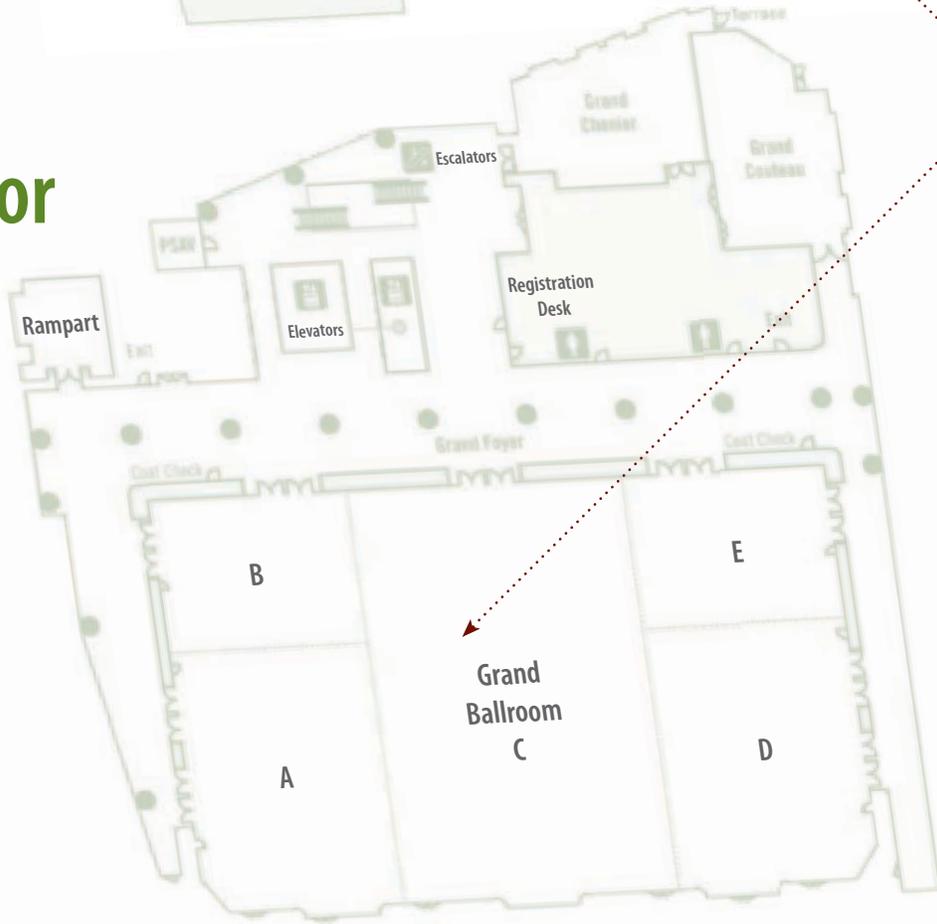
“Pharmacists are the healthcare professionals most accessible to patients. There are 59,000-67,000 community pharmacies in the United States. It has been estimated by the US Department of Health and Human Services that by the year 2020, there will be roughly 76 pharmacists for 100,000 of the population; and, on average, all Americans will live within 2 miles of a pharmacy. Furthermore, pharmacists are the only healthcare providers who a patient can see virtually 24 hours a day, 7 days a week without an appointment and without a consultation charge.”

– Medscape

# 8<sup>th</sup> Floor



# 5<sup>th</sup> Floor



**SESSIONS**

# 12 VENUE LAYOUT



XAVIER UNIVERSITY OF LOUISIANA COLLEGE OF PHARMACY  
SEVENTH HEALTH DISPARITIES CONFERENCE

March 10-12, 2014 in New Orleans, Louisiana

Implementing Interprofessional Collaborations that Achieve Health Equity and Eliminate Health Disparities



## PROGRAM-AT-A-GLANCE

### MONDAY, MARCH 10, 2014

1:00 PM – 2:45 PM	<p><b>Pre-Conference Workshop I</b> <b>Successful Models of Research Partnerships between Community Organizations and Academic Research Institutions</b> (UAN 0024-0000-14-001-L04-P – 1.75 Contact Hours) – <b>Grand Ballroom D, p. 16</b> Facilitators: Claudia R. Baquet, MD, MPH – Professor, University of Maryland School of Medicine; Jeanne L. Bromwell – Executive Director, Eastern Shore Cancer Research Network <i>At the completion of this activity, participants will be able to describe the components of an effective bidirectional community-academic partnership; describe the benefits and risks of having an effective partnership between community and academic research institutions; describe and classify structure(s) of an effective partnership between community and academic research institution; and explain the partnership roles and responsibilities of both entities and identify potential barriers, challenges, and methods to overcome challenges.</i></p>
3:00 PM – 4:45 PM	<p><b>Pre-Conference Workshop II</b> <b>Can Addressing Health Literacy Help Eliminate Health Disparities?</b> (UAN 0024-0000-14-002-L04-P – 1.75 Contact Hours) – <b>Grand Ballroom D, p. 17</b> Facilitators: Terry C. Davis, PhD – Professor of Medicine and Pediatrics, Louisiana State University Health Science Center-Shreveport Health Education; Connie Arnold, PhD – Associate Professor of Medicine, Louisiana State University Health Science Center-Shreveport Health Education <i>At the completion of this activity, participants will be able to discuss the prevalence of low literacy and low health literacy in Louisiana and the US; discuss the impact of low health literacy on health disparities; outline strategies to integrate health literacy assessments into disparities research; identify practical strategies to improve health communication; list literacy and culturally appropriate patient education methods and resources; and discuss ways health literacy research can promote efforts to eliminate health disparities and promote healthcare equality.</i></p>
5:00 PM – 7:30 PM	<p><b>Welcome Reception &amp; Networking Poster Session – Grand Ballroom A&amp;B</b></p>

### TUESDAY, MARCH 11, 2014

7:00 AM – 8:30 AM	<p><b>Morning Networking Breakfast and Poster Session – Grand Ballroom A&amp;B</b></p>
8:30 AM – 10:00 AM	<p><b>General Session I</b> <b>A View from the Top: Health Disparities and Health Equity – Public and Private Partnerships</b> (UAN 0024-0000-14-003-L04-P – 1.25 Contact Hours) – <b>Grand Ballroom C, p. 18</b> Panelists: Wayne Camp, RPh – Pharmacy Liaison, AmeriHealth Caritas Louisiana; Takeisha C. Davis, MD, MPH – Director, Center for Community Health, Louisiana Department of Health and Hospitals; Thomas W. Dortch, Jr. – Chairman of the Board, Fulton/DeKalb Hospital Authority; Ida J. Spruill, PhD, RN, FAAN – Associate Professor, Medical University of South Carolina, NIH Recipient of the Presidential Early Career Award for Scientists and Engineers <i>At the completion of this activity, participants should be able to discuss the corporate community impact on reducing health disparities and improving health equity; and examine the contributions made through public and private partnerships that address health disparities and health equity.</i></p>
10:00 AM – 10:30 AM	<p><b>Networking Break – Grand Ballroom A&amp;B</b></p>
10:35 AM – 11:55 AM	<p><b>General Session II</b> <b>Sustaining Communities Utilizing Proven Health Equity Models: A Special Panel Discussion</b> (UAN 0024-0000-14-004-L04-P – 1.25 Contact Hours) – <b>Grand Ballroom C, p. 19</b> Panelists: Torrie T. Harris, DrPH, MPH – Division Director, Community Health and the Louisiana Campaign for Tobacco-Free Living; Folakemi Odedina, PhD – Professor, Pharmaceutical Outcomes and Policy, University of Florida Phyllis W. Sharps, PhD, RN, FAAN – Associate Dean for Community and Global Programs, Director of Center for Global Nursing, Johns Hopkins University School of Nursing <i>At the completion of this activity, participants should be able to examine effective strategies and tools to build the capacity of partners and communities; and discuss sustainable, community-based improvements that address the root causes of chronic diseases and related risk factors to eliminate health disparities and increase health equity.</i></p>
12:00 PM – 1:30 PM	<p><b>Lunch and General Session III</b> <b>Leveraging Interprofessional Collaborations to Achieve Effective Community-Based Participatory Research</b> (UAN 0024-0000-14-005-L04-P – 1.0 Contact Hour) – <b>Armstrong Ballroom (8th Floor) p. 20</b> Keynote: John Ruffin, PhD – Director, National Institute on Minority Health and Health Disparities <i>At the completion of this activity, participants should be able to identify funding strategies to create a successful interprofessional collaboration and describe effective NIMHD interprofessional collaborations.</i></p>
1:35 PM – 3:00 PM	<p><b>Workshop 1</b> <b>Interprofessional Healthcare Models in the Prevention and Treatment of Chronic Disease: Integrated Models of Health and Social Care</b> (UAN 0024-0000-14-006-L04-P – 1.25 Contact Hours) – <b>Grand Ballroom D, p. 21</b> Paul D. Juarez, PhD – Professor, Department of Preventive Medicine, University of Tennessee Health Science Center College of Medicine; Patricia Matthews-Juarez, PhD – Professor, Department of Preventive Medicine, University of Tennessee Health Science Center College of Medicine; Angela Odoms-Young, PhD – Assistant Professor, Kinesiology and Nutrition, Institute for Health and Research Policy, University of Illinois at Chicago; LaKeisha G. Williams, PharmD, MSPH – Drug Information Specialist, Xavier University of Louisiana College of Pharmacy <i>At the completion of this activity, participants should be able to: discuss substantial models of interprofessional research models that link health behaviors and chronic diseases; and explain how health behavior changes are feasible and improves health outcomes.</i></p>
1:35 PM – 3:00 PM	<p><b>Workshop 2</b> <b>Community-Based Models that Include Health Literacy, Access, and Utilization</b> (UAN 0024-0000-14-007-L04-P – 1.25 Contact Hours) – <b>Grand Ballroom C, p. 22</b> Mark C. Edberg, PhD – Associate Professor, Department of Prevention and Community Health, George Washington University School of Public Health and Health Services; C. Alicia Georges, RN, EdD, FAAN – Chair, Department of Nursing, Lehman College, City University of New York; Veronica Young, PharmD, MPH – Clinical Associate Professor, College of Pharmacy, University of Texas at Austin <i>At the completion of this activity, participants should be able to examine the implications of community-based models on health literacy, access to and utilization of health services to achieve health equity and eliminate health disparities; and discuss effective community-based models of educational outreach that focuses on equipping people to overcome structural barriers to health.</i></p>

#XUDisparitiesCollabs



## PROGRAM-AT-A-GLANCE

### TUESDAY, MARCH 11, 2014

1:35 PM – 3:00 PM	<p><b>Workshop 3</b> <b>Medication Access and Adherence: New Partnership Opportunities for Pharmacists</b> (UAN 0024-0000-14-008-LO4-P – 1.25 Contact Hours) – <b>Grand Ballroom E, p. 23</b> Sarah McBane, PharmD, CDE, BCPS, FCCP – Health Sciences Associate Clinical Professor, University of California-San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences <i>At the completion of this activity, participants should be able to describe partnership opportunities for pharmacists as a result of the implementation of the Affordable Care Act; discuss innovative strategies used to broaden the scope of pharmacy practice; discuss strategies that pharmacists have used to create interprofessional partnerships (including the patient) and create new models of care; examine the current external and internal factors impacting pharmacists receiving provider status for reimbursement; and discuss methods used to evaluate and document patient outcomes.</i></p>
3:15 PM – 5:00 PM	<p><b>Breakout Session A</b> <b>Disease Management and Disparities through Interprofessional Relations (Abstract Podium Presentations)</b> – <b>Grand Ballroom C, p. 24</b> Abstract #2.02.03 – Lifestyle Change Clinic: An Interprofessional Team Approach Abstract #1.02.08 – Engaging People, Processes, and Policies to Combat Inequities in Access to Diabetes Self-Management Education in Rural Mississippi Abstract #5.02.01 – An Interdisciplinary Approach to Improving Patient Adherence <i>This session will include abstract presentations discussing disease process and disparities across the interprofessional spectrum.</i></p>
3:15 PM – 5:00 PM	<p><b>Breakout Session B</b> <b>Health Services, Policy, and Social Determinants of Health (Abstract Podium Presentations)</b> – <b>Grand Ballroom E, p. 25</b> Abstract #3.03.09 – The Racialization of Disease: A Qualitative and Quantitative Analysis of Race and Ethnicity in Biomedical Research Abstract #3.03.16 – The Impact of Racism and Social Determinants of Health on Healthcare Outcomes of Rural at-Risk Populations Abstract #3.03.15 – Advancing Cultural Competence: Increasing the Evidence Base for the Enhanced National CLAS Standards <i>This session will include abstract presentations discussing health services, health policy, and social determinants to eliminate health disparities.</i></p>
3:15 PM – 5:00 PM	<p><b>Breakout Session C</b> <b>Health Maintenance and Prevention in Special Populations (Abstract Podium Presentations)</b> – <b>Grand Ballroom D, p. 26</b> Abstract #3.03.28 – Eliminating Health Disparities: Integrated Care Algorithms Abstract #5.01.03 – Wellness Behavioral Change in Overweight African-American Men Abstract #3.02.05 – Training Retail Clinicians: Brief Cessation in Interventions <i>This session will include abstract presentations discussing health maintenance and prevention strategies in special populations.</i></p>
5:00 PM – 7:00 PM	<p><b>Networking and Poster Session</b> – <b>Grand Ballroom A&amp;B</b></p>

### WEDNESDAY, MARCH 12, 2014

8:00 AM – 9:30 AM	<p><b>Morning Networking Breakfast and Poster Session</b> – <b>Grand Ballroom A&amp;B</b></p>
9:30 AM – 11:00 AM	<p><b>General Session IV</b> <b>Achieving Health Equity and Eliminating Health Disparities: A Look Back and the Way Forward</b> (UAN 0024-0000-14-009-LO4-P – 1.50 Contact Hours) – <b>Grand Ballroom C, p. 27</b> Keynote Presentation: LaMar Hasbrouck, MD, MPH – Director, Illinois Department of Public Health <i>At the completion of this activity, participants should be able to describe partnerships between patients and communities to eliminate health and healthcare disparities; discuss interprofessional models that improve health equity and eliminate health disparities; describe new partnership opportunities that result from the Patient Protection and Affordable Care Act; and describe the impact of patient and community partnerships designed to reduce racial and ethnic health and healthcare disparities.</i></p>

#### Addressing the ISSUE

“Partnerships are formed for many reasons, including to help members of the partnership learn and adopt new skills, gain access to necessary resources, share financial risks and benefit, exchange viewpoints with a broad range of individuals and organizations from the community, and to respond to the changing needs of a community.”

– Alter C, Hage J. *Organizations Working Together*. Newbury Park, CA: Sage Publications, Inc.; 1992

## #XUDisparitiesCollabs



# MONDAY, MARCH 10

1:00 PM – 2:45 PM

## PRE-CONFERENCE WORKSHOP I

### Successful Models of Research Partnerships between Community Organizations and Academic Research Institutions

Location: Grand Ballroom D

At the end of this activity (UAN 0024-0000-14-001-L04-P – 1.75 Contact Hours), participants should be able to:

- Describe the components of an effective bidirectional community-academic partnership;
- Describe the benefits and risks of having an effective partnership between community and academic research institutions;
- Describe and classify structure(s) of an effective partnership between community and academic research institution; and
- Explain the partnership roles and responsibilities of both entities and identify potential barriers, challenges, and methods to overcome challenges.

Introductions & Overview ..... Claudia R. Baquet, MD, MPH

Interactive Session ..... Claudia R. Baquet, MD, MPH  
Jeanne L. Bromwell

#### Questions & Answers

Closing Remarks ..... Claudia R. Baquet, MD, MPH



Claudia R. Baquet, MD, MPH  
Professor, School of Medicine  
University of Maryland



Jeanne L. Bromwell  
Executive Director, Eastern Shore  
Cancer Research Network

#### Addressing the ISSUE

“In today’s world of complexity and rapid pace, it is almost impossible to do anything alone. This is especially true in health where constantly rising prices, changing disease patterns, and increasing use of sophisticated technology for diagnosis and treatment have made it virtually impossible to imagine any single organization providing health services without some type of institutional partnership.”

– “An Overview of Public Private Partnerships in Health” Marc Mitchell, MD MS; Harvard School of Public Health

## #XUDisparitiesCollabs

# MONDAY, MARCH 10

3:00 PM – 4:45 PM

## PRE-CONFERENCE WORKSHOP II

### Can Addressing Health Literacy Help Eliminate Health Disparities?

Location: Grand Ballroom D

At the end of this activity (UAN 0024-0000-14-002-L04-P – 1.75 Contact Hours), participants should be able to:

- Discuss prevalence of low literacy and low health literacy in Louisiana and the US;
- Discuss the impact of low health literacy on health disparities;
- Outline strategies to integrate health literacy assessment into disparities research;
- Identify practical strategies to improve health communication;
- List literacy and culturally appropriate patient education methods and resources; and
- Discuss ways health literacy research can promote efforts to eliminate health disparities and promote healthcare equality.



Terry C. Davis, PhD  
Professor of Medicine and Pediatrics  
Louisiana State University HSC  
Shreveport Health Education



Connie Arnold, PhD  
Associate Professor of Medicine  
Louisiana State University HSC  
Shreveport Health Education

Introductions & Overview ..... Terry C. Davis, PhD

Interactive Session ..... Terry C. Davis, PhD  
Connie Arnold, PhD

#### Questions & Answers

Closing Remarks ..... Terry C. Davis, PhD

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# TUESDAY, MARCH 11

8:30 AM – 10:00 AM

## GENERAL SESSION I

### A View from the Top: Health Disparities and Health Equity – Public and Private Partnerships

Location: Grand Ballroom C

At the end of this activity (UAN 0024-0000-14-003-L04-P – 1.25 Contact Hours), participants should be able to:

- Discuss the corporate community impact on reducing health disparities and improving health equity; and
- Examine the contributions made through public and private partnerships that address health disparities and health equity.



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



Norman C. Francis  
President  
Xavier University of Louisiana



Warren A. Jones, MD, FAAFP  
Endowed Chair of Health Disparities  
Research, Professor of Chemistry  
Dillard University



Daniel F.K. Sarpong, PhD  
Program Co-Chair  
Director, CMHDRE  
Xavier University of Louisiana



Regina Benjamin, MD, MBA  
NOLA.com/Times Picayune Endowed  
Chair Public Health Sciences  
Xavier University of Louisiana



Wayne Camp, RPh  
Pharmacy Liaison  
AmeriHealth Caritas Louisiana

Welcome & Introductions ..... Kathleen B. Kennedy, PharmD

Greetings ..... Norman C. Francis

Greetings ..... Warren A. Jones, MD, FAAFP

Acknowledgements & Program Overview ..... Daniel F.K. Sarpong, PhD

#### Panel Discussion

Moderator ..... Regina Benjamin, MD, MBA

Panelists ..... Wayne Camp, RPh  
Takeisha C. Davis, MD, MPH  
Thomas W. Dortch, Jr.  
Ida J. Spruill, PhD, RN, FAAN

#### Questions & Answers

Closing Remarks ..... Kathleen B. Kennedy, PharmD



Takeisha C. Davis, MD, MPH  
Director, Center for Community Health  
Louisiana Department of Health and  
Hospitals Office of Public Health



Thomas W. Dortch, Jr.  
Chairman of the Board  
Fulton/DeKalb Hospital Authority



Ida J. Spruill, PhD, RN, FAAN  
Associate Professor  
Medical University of South Carolina

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# TUESDAY, MARCH 11

10:35 AM – 11:55 AM

## GENERAL SESSION II

### Sustaining Communities Utilizing Proven Health Equity Models

#### – A Special Panel Discussion

Location: Grand Ballroom C

At the end of this activity (UAN 0024-0000-14-004-L04-P – 1.25 Contact Hours), participants should be able to:

- Examine effective strategies and tools to build the capacity of partners and communities; and
- Discuss sustainable, community-based improvements that address the root causes of chronic diseases and related risk factors to eliminate health disparities and increase health equity.



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



Torrie T. Harris, DrPH, MPH  
Division Director, Community Health  
Louisiana Campaign for  
Tobacco-Free Living



Folakemi Odedina, PhD  
Professor, Pharmaceutical Outcomes  
and Policy  
University of Florida



Phyllis W. Sharps, PhD, RN, FAAN  
Associate Dean  
Community & Global Programs  
Johns Hopkins University

Introductions & Overview ..... Johnnie L. Early, II, PhD, RPh

Panelists ..... Torrie T. Harris, DrPH, MPH  
Folakemi Odedina, PhD  
Phyllis W. Sharps, PhD, RN, FAAN

#### Questions & Answers

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

#### Addressing the ISSUE

“Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; rates of disease, disability, and death; severity of disease; and access to treatment.”

– Centers for Disease Control and Prevention

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# TUESDAY, MARCH 11

12:00 PM – 1:30 PM

## LUNCHEON & GENERAL SESSION III

### Leveraging Interprofessional Collaborations to Achieve Effective Community-Based Participatory Research

Location: Armstrong Ballroom (8th Floor)

At the end of this activity (UAN 0024-0000-14-005-L04-P – 1.00 Contact Hour), participants should be able to:

- Identify funding strategies to create a successful interprofessional collaboration; and
- Describe effective National Institute on Minority Health and Health Disparities (NIMHD) interprofessional collaborations.

Opening Remarks .....Daniel F.K. Sarpong, PhD

Keynote Presentation ..... John Ruffin, hD

Questions & Answers

Closing Remarks .....Daniel F.K. Sarpong, PhD



Daniel F.K. Sarpong, PhD  
Program Co-Chair  
Director, CMHDRE  
Xavier University of Louisiana



John Ruffin, P  
Director, NIMHD  
National Institutes of Health

#XUDisparitiesCollabs

# TUESDAY, MARCH 11

1:35 PM – 3:00 PM

## WORKSHOP 1

### Interprofessional Healthcare Models in the Prevention and Treatment of Chronic Disease: Integrated Models of Health and Social Care

Location: Grand Ballroom D

At the end of this activity (UAN 0024-0000-14-006-L04-P – 1.25 Contact Hours), participants should be able to:

- Discuss substantial models of interprofessional research models that link health behaviors and chronic diseases; and
- Explain how health behavior changes are feasible and improves health outcomes.



José A. Torres-Ruiz, PhD  
Associate Dean for Research & Graduate Studies  
Ponce School of Medicine & Health Sciences

Opening Remarks ..... José A. Torres-Ruiz, PhD

Presentation 1 ..... Paul D. Juarez, PhD  
Patricia Matthews-Juarez, PhD

Presentation 2 ..... Angela Odoms-Young, PhD

Presentation 3 ..... LaKeisha G. Williams, PharmD, MSPH

#### Moderated Q&A / Panel Discussion

Closing Remarks ..... José A. Torres-Ruiz, PhD



Paul D. Juarez, PhD  
Professor, Department of Preventive  
Medicine, College of Medicine  
University of Tenn. Health Science Ctr.



Patricia Matthews-Juarez, PhD  
Professor, Department of Preventive  
Medicine, College of Medicine  
University of Tenn. Health Science Ctr.



Angela Odoms-Young, PhD  
Assistant Professor  
Kinesiology & Nutrition  
University of Illinois at Chicago



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

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# TUESDAY, MARCH 11

1:35 PM – 3:00 PM

## WORKSHOP 2

### Community-Based Models that Include Health Literacy, Access, and Utilization

Location: Grand Ballroom C

At the end of this activity (UAN 0024-0000-14-007-L04-P – 1.25 Contact Hours), participants should be able to:

- Examine the implications of community-based models on health literacy, access to and utilization of health services to achieve health equity and eliminate health disparities; and
- Discuss effective community-based models of educational outreach that focuses on equipping people to overcome structural barriers to health.

Opening Remarks ..... Kermit G. Payne

Presenter..... C. Alicia Georges, RN, EdD, FAAN

Presenter.....Veronica Young, PharmD, MPH

Presenter..... Mark C. Edberg, PhD, MA

#### Moderated Q&A / Panel Discussion

Closing Remarks ..... Kermit G. Payne



Kermit G. Payne  
President & CEO  
The Joshua Group, LLC



C. Alicia Georges, RN, EdD, FAAN  
Chair, Department of Nursing, Lehman  
College School of Natural & Social Sciences  
City University of New York



Veronica Young, PharmD, MPH  
Clinical Associate Professor  
College of Pharmacy  
University of Texas at Austin



Mark C. Edberg, PhD, MA  
Associate Professor, School of Public  
Health and Health Services  
George Washington University

#XUDisparitiesCollabs

1:35 PM – 3:00 PM

## WORKSHOP 3

### Medication Access and Adherence: New Partnership Opportunities for Pharmacists

Location: Grand Ballroom E

At the end of this activity (UAN 0024-0000-14-008-L04-P – 1.25 Contact Hours), participants should be able to:

- Describe partnership opportunities for pharmacists as a result of the implementation of the Affordable Care Act;
- Discuss innovative strategies used to broaden the scope of pharmacy practice;
- Discuss strategies that pharmacists have used to create interprofessional partnerships (including the patient) and create new models of care;
- Examine the current external and internal factors impacting pharmacists receiving provider status for reimbursement; and
- Discuss methods used to evaluate and document patient outcomes.



Sharon Youmans, PharmD, MPH  
Professor of Clinical Pharmacy  
Vice Dean, Skaggs School of Pharmacy & Pharmaceutical Sciences  
University of California, San Diego



Sarah McBane, PharmD, CDE, BCPS, FCCP  
Health Sciences Associate Clinical Professor  
Skaggs School of Pharmacy and Pharmaceutical Sciences  
University of California, San Diego

Opening Remarks .....Sharon Youmans, PharmD, MPH

Presenter..... Sarah McBane, PharmD, CDE, BCPS, FCCP

#### Questions & Answers

Closing Remarks .....Sharon Youmans, PharmD, MPH

#### Addressing the ISSUE

“Research has shown that pairing pharmacists and physicians can save money and improve health outcomes. Other studies are underway.”

– Kaiser Health News

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# TUESDAY, MARCH 11

3:15 PM – 5:00 PM

## BREAKOUT SESSION A

### Disease Management and Disparities through Interprofessional Relations (Abstract Podium Presentations)

Location: Grand Ballroom C

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

Opening Remarks ..... Jessica L. Johnson, PharmD

#### Abstract #2.02.03

Lifestyle Change Clinic:  
An Interprofessional Team Approach ..... Scott J. Nyman, PhD

#### Abstract #1.02.08

Engaging People, Processes, and Policies to Combat  
Inequities in Access to Diabetes Self-Management  
Education in Rural Mississippi ..... Deitrich Taylor, RN, ADN

#### Abstract #5.02.01

An Interdisciplinary Approach to  
Improving Patient Adherence ..... Akiko Komura, MS

#### Moderated Q&A / Panel Discussion

Closing Remarks ..... Jessica L. Johnson, PharmD



Jessica L. Johnson, PharmD  
Clinical Assistant Professor  
College of Pharmacy  
Xavier University of Louisiana



Scott J. Nyman, PhD  
Associate Director of Behavioral Science  
Genesys Regional Medical Center



Deitrich Taylor, RN, ADN  
Diabetes Program Director  
Chronic Disease Bureau  
Mississippi State Dept. of Health



Akiko Komura, MS  
College of Pharmacy and Pharmaceutical  
Sciences  
University of Toledo College of Medicine

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# TUESDAY, MARCH 11

3:15 PM – 5:00 PM

## BREAKOUT SESSION B

### Health Services, Policy, and Social Determinants of Health

*(Abstract Podium Presentations)*

Location: Grand Ballroom E

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



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



Francine A. Small, MA  
Research Consultant  
Frank Consulting



Nancy J. Greer-Williams, PhD  
Assistant Professor, Center for Rural  
Health  
Univ. of Arkansas for Medical Sciences



Rashida Dorsey, PhD, MPH  
Director, Division of Policy and Data  
HHS Office of Minority Health  
US Dept. of Health & Humans Services

Opening Remarks .....Cheryl P. Franklin, DNS, RN

#### Abstract #3.03.09

The Racialization of Disease:

A Qualitative and Quantitative Analysis of

Race and Ethnicity in Biomedical Research.....Francine A. Small, MA

#### Abstract #3.03.16

The Impact of Racism and Social Determinants of

Health on Healthcare Outcomes of

Rural at-Risk Populations ..... Nancy J. Greer-Williams, PhD, MPH

#### Abstract #3.03.15

Advancing Cultural Competence:

Increasing the Evidence Base for the

Enhanced National CLAS Standards. .... Rashida Dorsey, PhD, MPH

#### Moderated Q&A / Panel Disucssion

Closing Remarks .....Cheryl P. Franklin, DNS, RN

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# TUESDAY, MARCH 11

3:15 PM – 5:00 PM

## BREAKOUT SESSION C

### Health Maintenance and Prevention in Special Populations

*(Abstract Podium Presentations)*

Location: Grand Ballroom D

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

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

**Abstract #03.03.28**

Eliminating Health Disparities:  
Integrated Care Algorithms..... Rosemary Kinuthia, BSN, MPH

**Abstract #5.01.03**

Wellness Behavioral Change in  
Overweight African-American Men ..... Mitchell H. Parks, MD

**Abstract #3.02.05**

Training Retail Clinicians:  
Brief Cessation in Interventions..... Jennifer D. Keith, MPH, CPH

**Moderated Q&A / Panel Discussion**

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



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



Rosemary Kinuthia, BSN, MPH  
Program Manager, Behavioral Health  
Satcher Health Leadership Institute  
Morehouse School of Medicine



Mitchell H. Parks, MD  
Assistant Professor, Psychiatry &  
Behavioral Sciences  
Meharry Medical College



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

## #XUDisparitiesCollabs

# WEDNESDAY, MARCH 12

9:30 AM – 11:30 AM

## GENERAL SESSION IV

### Achieving Health Equity and Eliminating Health Disparities: A Look Back and the Way Forward

Location: Grand Ballroom C

At the end of this activity (UAN 0024-0000-14-009-L04-P – 1.50 Contact Hours), participants should be able to:

- Describe partnerships between patients and communities to eliminate health and healthcare disparities;
- Discuss interprofessional models that improve health equity and eliminate health disparities;
- Describe new partnership opportunities that result from the Patient Protection and Affordable Care Act; and
- Describe the impact of patient and community partnerships designed to reduce racial and ethnic health and healthcare disparities.



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



LaMar Hasbrouck, MD, MPH  
Director  
Illinois Department of Public Health

Opening Remarks ..... Kathleen B. Kennedy, PharmD

Keynote Presentation ..... LaMar Hasbrouck, MD, MPH

#### Questions & Answers

Closing Remarks ..... Kathleen B. Kennedy, PharmD

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# ABSTRACTS

## ABSTRACT LEGEND

All posters are presented in the Grand Ballroom A&B

### 1.0 Disease Process and Disparities - p. 29

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

### 2.0 Health Maintenance / Prevention - p. 39

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

### 3.0 Health Services / Policy - p. 43

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

### 4.0 Social Determinants of Health - p. 63

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

### 5.0 Other - p. 68

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

## POSTER SCHEDULE \*

### Grand Ballroom A&B

Mon., March 10.....*PS1* 5:00 PM – 7:30 PM

Tue., March 11 .....*PS1* 7:00 AM – 8:30 AM

*PS2* 5:00 PM – 7:00 PM

Wed. March 12 .....*PS2* 8:00 AM – 9:30 AM

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

## Addressing the ISSUE

“Over the last 100 years, much of the landscape has changed with regards to the health professions and the settings in which these professionals work. There are many more types of health specialists addressing treatment and prevention of disease; the demographics of societies and the burden of disease have shifted; and technology is transforming health and educational systems. These demographic shifts and technological advances are causing many educators and health professionals around the world to call for new models for educating health professionals that better reflect the diseases and societies these students will be serving.”

– Institute of Medicine—Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models across the Continuum of Education to Practice.

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## 1.0 – DISEASE PROCESS AND DISPARITIES

### 1.01.01 – Poster Session 1

#### AN EVALUATION OF THE EFFECTIVENESS OF INTERVENTIONS ON THE RETURN OF FECAL IMMUNOCHEMICAL TEST (FIT) KITS TO REDUCE THE RISK OF DEVELOPING COLORECTAL CANCER IN DISPARATE POPULATIONS

Heather Price; Renea Duffin

**PURPOSE** – According to the American Cancer Society, people with a history of colorectal cancer in one or more first degree relatives (parents, siblings, or children) are at increased risk. The risk is even higher for persons diagnosed under age 45. African Americans have the highest colorectal cancer incidence and mortality rates of all racial groups in the United States. It is the second most common cause of death for all major race/sex groups combined in Louisiana. Polyps, abnormal growths on the inside of the colon, can develop into colorectal cancer. However, most polyps can be found and removed before they become cancerous. The purpose of this study is to evaluate the effectiveness of interventions on the return of Fecal Immunochemical Test (FIT) kits to reduce the risk of colorectal cancer in disparate populations. **METHODS** – Mary Bird Perkins Cancer Center hosts free colon cancer education, screening and navigation services targeting disparate populations in 18 parishes. The service provides no cost colonoscopies to uninsured persons with a positive FIT. In 2013, we concentrated scheduled telephone reminders on participants with risk factors such as family history, age and symptomatic. **RESULTS** – A total of 429 kits (n=831) were returned, of which 7% were abnormal. Roughly 23% (32% minority; 61% uninsured) of the returned kits were from individuals who indicated a family history and 19% of those were under the age of 50. Approximately 45% of the persons with an abnormal kit were provided a no cost colonoscopy. Polyps were found in 9 of the 14 persons. None of the 9 had a physician or insurance; 88.8% were minority; 44.4% had a family history. **CONCLUSION** – The study concludes that the focused use of evidence based interventions such as reminder telephone calls aids in the prevention of colorectal cancer, especially among disparate populations is essential.

### 1.01.02 – Poster Session 1

#### FAMILY HISTORY OF CANCER ASSOCIATED WITH BREAST TUMOR CLINICOPATHOLOGICAL FEATURES

Luisel Julianne Ricks-Santi, Ph.D. Altovise Ewing, PhD Nicole Thompson, MS Barbara Harrison, MS Bradford Wilson, PhD Finie Richardson, MPH Pamela Carter-Nolan, PhD Cherie Spencer, MPH Adeyinka Laiyemo, MD Carla D Williams, PhD

Hereditary breast cancers have unique clinicopathological characteristics. Therefore, the objective of this study was to establish the relationship between self-reported family history of cancer and clinicopathological features in breast cancer patients from Washington, DC. Data on incident breast cancer cases from 2000-2010 were obtained from the Washington, DC Cancer registry. Variables such as estrogen (ER), progesterone (PR), and Human Epidermal Growth Factor 2 (HER2) receptor status, as well as stage and grade, were analyzed in those that self-reported with (n=1734) and without a family history of cancer (n=1712). The breast cancer molecular subtypes were compared when ER, PR, and HER2 statuses were available. Furthermore, tumor characteristics were compared by race/ethnicity. Regression and chi-square analyses were performed. A report of family history was associated with age (OR=1.27 95% CI: 1.09-1.48; p<0.0001), high grade tumors (OR=1.29 95% CI: 1.05-1.58; p= 0.02), and having ER and PR negative breast cancer (OR=1.26 95% CI: 1.02-1.57; p=0.029). When tumor characteristics were compared by race/ ethnicity, those that self-reported as African American with a family history had a higher frequency of ER negative tumors (OR=1.51 95% CI: 1.09-2.08; p=0.008), PR negative tumors (OR= 1.46 95% CI: 1.09-1.94; p=0.028), grade 3 tumors (OR= 1.42 95% CI: 1.05-1.93; p<0.0001), and ER/PR negative tumors (OR= 1.5 95% CI: 1.088-2.064; p=0.01). These results suggest that a positive family history of cancer in African Americans should increase suspicions of hereditary cancer. Therefore, behavioral risk reduction activities, such as collecting a family history, may reduce late stage diagnosis and cancer mortality.

This project has been funded in whole or in part with Federal funds from the National Center for Research Resources (NCR- UL1RR031975), National Institutes of Health, through the Clinical and Translational Science Awards Program (CTSA), a trademark of DHHS, part of the Roadmap Initiative, “Re-Engineering the Clinical Research Enterprise”; from the RCMI Program at Howard University, Division of Research Infrastructure, National Center for Research Resources, NIH (NCR- G12 RR003048) and the Howard University Cancer Center/ Johns Hopkins Cancer Center Partnership, National Cancer Institute, (NCI-U54 CA091431).

### 1.01.03 – Poster Session 1

#### MOLECULARLY-GUIDED NANOSCALE DRUG DELIVERY SYSTEMS FOR COMBINED TREATMENT AND IMAGING OF PROSTATE CANCER

Jessie Jaynes\*, Clayton Yates\*, Timothy Turner\*, Mohamed O. Abdalla\* \*Department of Biology, \*Department of Chemistry; Tuskegee University, Tuskegee, Alabama 36088

Prostate cancer (CaP) is one of leading causes of cancer deaths among men. Within the United States population, African-American men are 65 percent more likely to be diagnosed with CaP than Hispanic Americans or Caucasian Americans. Current chemotherapeutic agents for CaP are disadvantageous to a patient's system such as: toxicity to fast dividing normal tissues, drugs with low therapeutic index, drug resistance in tumor cells, and inability to control dosage based on prognosis. Thus, there is an urgent need to develop novel drug delivery systems to improve the chemotherapy option for CaP patients. The goal of this research was to develop novel molecularly guided nanoscale drug delivery systems with dual functionality for treatment and imaging of CaP. We developed and optimized a molecularly guided nanoscale drug delivery system which is also MRI (Fe<sub>3</sub>O<sub>4</sub> core) and optically imageable (NIR-dye Cy5.5). This targeted system takes advantage of over-expression of the urokinase plasminogen activator receptor (uPAR), the receptor in CaP cells, compared to normal epithelia. Specifically, we employed the human-type 135 amino-acid amino-terminal fragment (hATF) of the urokinase plasminogen activator (uPA), which is a high-affinity natural ligand for uPAR. Prussian blue staining elucidated that these uPAR-targeted NPs can bind to the receptors and are internalized by PC-3 cells. **CONCLUSION:** The efficient internalization of these uPAR-targeted NPs in PC-3 cells was translated to 6-fold stronger inhibitory effect compared to the free drug.

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# ABSTRACTS

## 1.01.05 – Poster Session 2

### AN EXAMINATION OF THE ASSOCIATION OF DEMOGRAPHIC AND COMMUNITY FACTORS IMPACTING AFRICAN AMERICAN MEN RECEIVING A PROSTATE CANCER SCREENING

Dr. Sabrina L. Dickey

**PURPOSE** - To examine demographic (age, income, and education) and community factors (church attendance, church member support and access to health care) associated with African American (AA) men receiving prostate cancer screening (PCS), digital rectal exam (DRE) and the prostate specific antigen test (PSA). **METHODS** – Secondary data analysis from the Center of Disease Control and Prevention's 2007-2008 National Health and Nutrition Examination Survey, was conducted, n= 377. Logistic regression models containing each demographic and community factors was regressed separately on the DRE and PSA test. **RESULTS**- An analysis of age and receiving a DRE indicated a significant association, (b= .862, p < .05). Results suggested that compared with AA men under 50 years old, AA men over 50 years old were 2.367 times more likely to receive a DRE. The income categories of under \$20,000, \$20,000 to \$44,999, and \$45,000 to \$74,999, showed a significant association with AA men receiving a DRE. Additionally, there was an association among church attendance and AA men receiving a PSA test. Regressing the DRE on access to health care reported as (b = -1.019, p < .05). Results suggested an association among access to health care and AA men receiving a DRE. Compared to AA men with access to health care, AA men without access to health care were .36 times less likely to receive a DRE. **CONCLUSIONS** – Results indicated age, income, church attendance, and access to health care were associated with AA men receiving a PCS. The findings suggested the relevance of demographic and community factors for assisting with designing interventions to promote PCS among AA men. Therefore, interventions for increasing PCS in communities could impact the health disparity of mortality from prostate cancer among AA men.

## 1.01.06 – Poster Session 2

### FACTORS ASSOCIATED WITH OVERALL PROSTATE CANCER SURVIVAL IN FLORIDA: A MULTILEVEL ANALYSIS

Hong Xiao<sup>1</sup>; Fei Tan<sup>2</sup>; Georges Adunlin<sup>1</sup>; Askal Ali<sup>1</sup>; Pierre Goovaerts<sup>3</sup>; Youjie Huang<sup>4</sup>; Clement K. Gwede<sup>5</sup>

**Background:** Few studies have looked at the independent contribution that individual-level and contextual factors make to prostate cancer (PCa) survival. **Purpose:** To identify individual and contextual factors contributing to overall PCa survival in Florida. **Methods:** A random sample of 6453 cases diagnosed with prostate cancer between 10/1/2001 and 12/31/2007 in the Florida Cancer Data System provided data on: individual demographics and clinical information. Census 2000 was linked to patient data. Comorbidity was computed following Elixhauser Index. Estimated survival probability curve was generated using the Kaplan-Meier estimator. Wei, Lin and Weissfeld (WLW) survival model was adopted for the multivariate analysis. The observation times were censored at June 30, 2012 for patients who were still alive at end of study. **Results:** Range of observation period was 5 to 3925 days, where 1100 patients (17.05%) died. Older diagnosis age was associated with shorter time-to-death. Overall death rate for African American patients was 14.3% higher than that of Caucasian patients, although this relationship was not significant (p = 0.2305). Uninsured patients had a 66.7% higher mortality rate than that of patients holding private insurance (p = 0.0351). Current smokers had a 62.4% higher mortality rate than that of non-current smokers (p < 0.0001). Higher hazard of overall mortality was associated with being diagnosed with advanced stage compared to localized stage (HR = 1.89, p < 0.0001) and having undifferentiated or unknown tumor compared to well-moderately differentiated tumor (p = 0.0172). Having poorly differentiated tumor was related to higher death rate immediately after diagnosis, but this disadvantageous effect gradually vanished over time. Fourteen comorbidity conditions were significantly associated with shorter time-to-death. **Conclusions:** Effective control of comorbidity in PCa patients should help improve life expectancy and lead to prolonged survival. Further research is needed to understand mechanisms in which individual and contextual factors impact PCa survival.

Research supported by American Cancer Society Grant 118265-RSGT-10-082-01-CPHPS

## 1.01.07 – Poster Session 2

### BREAST CANCER PREVENTION PATTERNS IN RURAL AT-RISK COMMUNITIES

R Gray; J Scales

**PURPOSE:** The Mobile Mammography Program (MMP) of Arkansas was initiated to address the lack of mammography facilities in the State. At the inception of the program there were 27 communities in Arkansas without FDA approved mammography facilities. The Mobile Mammography Program (MMP) works with primary care providers and local health units in the state to establish sites for screening. The Winthrop P. Rockefeller Cancer Institute tracks the MMP navigational patient data from the intake and referral forms. This poster outlines the data collection efforts of four INBRE Scholar students, which will eventually be constructed into a website to meet the needs of the Arkansas Department of Health and the UAMS Cancer Control Program. **METHODS:** Students used online database C3PR and SUGAR to input patients files and since February 2013. **RESULTS:** The racial/ethnic breakdown of (N=8,217) patients were: 30.54% African-American; 65.72% Caucasian; 1.78% Latina; and 0.85% Native-American and Greek. Breakdown of results: Mammography Screening • Patients Referred – 8,217 Normal – 85.88% • No-show – 1,847 Abnormal – 12.98% • Walk-ins – 886 44 cancers • Screened – 7,302 16 high risk lesions • Awaiting Dictation **CONCLUSION:** This research is an ongoing process, preliminary results are that the addition of undergraduate students on this process has been effective.

This project was supported by the Arkansas INBRE program, with grants from the National Center for Research Resources - NCR (P20RR016460) and the National Institute of General Medical Sciences - NIGMS (P20 GM103429) from the National Institutes of Health.

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### 1.01.08 – Poster Session 2

#### UAMS WINTHROP P. ROCKEFELLER CANCER INSTITUTE BREAST CANCER PREVENTION: IMPROVING MOBILE MAMMOGRAPHY ACCESS TO RURAL AT-RISK COMMUNITIES

NS McGehee; JD Eldridge

**PURPOSE:** to improve access to and utilization of beneficial cancer interventions in 27 Arkansas communities that lack mammography services. This research outlines how INBRE Scholars worked as patient navigators in the UAMS Winthrop P. Rockefeller Cancer Institute to reduce cancer health disparities in the state of Arkansas. **METHODS:** Undergraduate students worked as patient navigators since February 2013 to the present using these strategies to increase breast cancer awareness in early detection focusing on the UAMS Mammo-van: • Strategy 1: Community Engagement • Strategy 2: Pre-Registration (Community or Outreach Call-in) • Strategy 3: On-site Services • Strategy 4: Database entry • Strategy 5: Billing • Strategy 6: Patient Navigation • Strategy 7: Reporting results to stakeholders **RESULTS:** 27 counties were accessed during this phase with 8,217 patients referred. The racial/ethnic breakdown of patients was: 30.54% African-American; 65.72% Caucasian; 1.78% Latina; and 0.85% Native-American and Greek. **CONCLUSIONS:** The community engagement process is on-going and this strategy has been effective for reaching rural at-risk rural populations to improve mammography services.

This project was supported by the Arkansas INBRE program, with grants from the National Center for Research Resources - NCR (P20RR016460) and the National Institute of General Medical Sciences - NIGMS (P20 GM103429) from the National Institutes of Health.

### 1.01.09 – Poster Session 1

#### SYNTHESIS OF AZIDE LOGANDS FOR PAMAM DENDRIMERS

Michael County, Jr., Lauren Luce, Stacey Dimaggio, Janet Manono, Dr. Hester

Cancer is one of the leading causes of death. Current treatments include invasive and destructive techniques such as radiation and surgery, with hidden and toxic side effects. One way of combating the side effects of surgery and chemotherapy is by using targeted drug delivery made from Poly(amido amine) (PAMAM) dendrimers. Our task was to synthesis azide Ligands for the conjugation of PAMAM dendrimers. Dendrimers are starbranch polymers that can be synthesized by generation, increasing in size and number of terminal amines. Small functional molecules, such as cell targeting agents, drugs, and dyes, can attach to the terminal amines creating a multifunctional macromolecule. Unfortunately, these conjugation reactions result in a distribution of products varying in numbers of conjugates which are difficult to separate from each other. The azide ligand is very polar and allows prep-HPLC separation of the populations. It will also give a unique point of attachment for the small functional molecules to control the number of conjugates per polymer. In order for the experiment to transpire the azide ligand had to be made which was a three step process. The ligand was made then purification and conjugation of the G5 PAMAM dendrimer commenced. We believe by controlling the stoichiometry of conjugates that this will aid nano-delivery systems transition by eliminating polydispersity.

RCMI/NIH 5G12RR02620

### 1.01.10 – Poster Session 2

#### EFFECTS OF CURCUMIN ANALOGS ON TRIPLE NEGATIVE BREAST CANCER

Jacobi Owens, S. Pingali, Melyssa Bratton, KiTani Parker-Johnson, David Nwakanma, Christopher Williams, Syreeta L. Tilghman and Florastina Payton-Stewart

**PURPOSE:** Triple-negative breast cancers (TNBC) are negative for estrogen (ER), progesterone (PR) and Her2/neu receptors and represent 10-15% of all breast cancer diagnoses. TNBC severely affects African-American (AA) women. Compared with ER-positive breast cancer, TNBC is aggressive and exhibits rapid progression leading to a shorter life span. Current therapeutic agents are ineffective because TNBC lacks classic targets for treatment, leaving surgery and chemotherapy as the conventional methods of treatment. Thus a critical need remains to identify targets develop therapeutic agents for TNBC. Studies have shown that the phytochemical, curcumin, has been able to alter several signaling pathways and induce genetic modulations leading to tumor cell death in several cancer cell lines. Recent studies demonstrate that curcumin killed TNBC cells within 72 hours and reduced their migratory ability without interfering with healthy cells. However curcumin is limited by its poor bioavailability; therefore, we hypothesize that structural modifications of curcumin may lead to more effective anticancer agents. These agents will be used to address the serious health disparity in breast cancer and identify novel targets of TNBC. **METHODS:** The curcumin analogs were synthesized using traditional organic chemistry methods. These analogs were evaluated using biological assays such as colony, alamar blue, reporter gene and western blot. **CONCLUSION:** Preliminary data showed that curcumin analogs can be synthesized and are effective at inhibiting the growth MDA-MB-231 and MDA-MB-468 TNBC cells.

This work is funded in part by the Louisiana Cancer Research Consortium (LCRC) and the National Center for Research 125 Resources RCMI Program Grant 8 G12MD007595 (F-P-S).

# ABSTRACTS

## 1.01.11 – Poster Session 1

### IS CANCER STAGE ASSOCIATED WITH INSURANCE AND POVERTY?

Xiang-Rong Li, MSPH, Louisiana Tumor Registry Xiao-Cheng Wu, MD, MPH, Louisiana Tumor Registry Patty Andrew, MPH, Louisiana Tumor Registry Vivien W. Chen, PhD, Louisiana Tumor Registry

Background: Stage of cancer at diagnosis is a critical predictor of prognosis. Early stage cancers are more likely to receive optimal treatment and have a better prognosis. This study examines the disparities in stage at diagnosis by poverty and health insurance for screening-amenable cancers in Louisiana. Methods: Data on female breast, prostate, colorectal and cervix cancers diagnosed in 2007-2011 were from Louisiana Tumor Registry. The association of insurance (patient level) and poverty (census tract level) with stage at diagnosis (in situ, localized, regional and distant) were analyzed. Results: Patients with Medicaid insurance or no insurance were more likely to have late-stage disease at diagnosis than those with Medicare or private insurance. Percentages of late-stage disease (regional and distant) for Medicaid, no insurance, Medicare, and Private insurance were 43.4%, 40.7, 29.7%, and 29.8%, respectively, for female breast cancer; 60.1%, 57.6%, 51.9%, and 52.4% for colorectal cancer; 57.2%, 53.1%, 62.3%, and 39.1% for cervical cancer; 12.1%, 12.1%, 4.1% and 2.6% for prostate cancer (distant). Compared with whites, blacks were more likely to have Medicaid insurance (30.4% vs. 9.7% for female breast cancer; 9.9% vs. 2.5% for prostate cancer; 24.4% vs. 9.4% for colorectal cancer and 48.1% vs 30.9% for cervix cancer) and to be diagnosed with advanced disease. Percentage of late-stage disease increased with poverty level. As poverty level increased from <5% to 20%/+, the percentages of late-stage increased markedly for female breast, prostate and colorectal cancer. However, the percentages of late-stage disease were about the same across different poverty levels for cervix cancer. Conclusions: African Americans, people living in poverty, and patients with Medicaid or no insurance are significantly more likely than the comparison groups to have late-stage disease at diagnosis. This suggests that patients with Medicaid or no insurance may have barriers to access cancer screening.

## 1.01.12 – Poster Session 2

### DISPARITIES IN THE RELATIONSHIP OF INCOME AND ANXIETY IN CANCER PATIENTS IN LOUISIANA

LS Maniscalco; S Sharma; XC Wu Louisiana State University Health Sciences Center School of Public Health, Louisiana Tumor Registry

PURPOSE – Anxiety is a common problem in cancer patients and is important to be considered when looking at one's quality of life. The purpose is to examine the relationship between income and anxiety in cancer patients. METHODS – Patients were eligible for the NIH-funded MY-Health Study if they were between the ages of 21 and 84, diagnosed with their first invasive cancer, non-Hispanic white or non-Hispanic black, and Louisiana residents. Participants (n=735) completed a survey 6 to 9 months after their cancer diagnosis. The survey examined patient-reported quality of life in multiple areas of health such as physical function, social function, and symptoms such as pain, fatigue, anxiety, and depression. SAS 9.3 was used for the analysis. RESULTS – 52% of participants were male and 57% were white (43% non-white). The average age at cancer diagnosis was 62 years old. When looking at the relationship between income and anxiety, participants with a low income (a total household income < \$40,000) were 37% more likely (p<0.05) to feel anxious than those with a high income (≥ \$40,000). After adjusting for race, gender, and age, the association remains significant. When looking at the relationship between income and needing help for anxiety, the low income participants were 2 times more likely to state that they needed help for their anxiety (p < 0.0001) regardless of adjusting for race, gender, and age or not. CONCLUSIONS – Low-income cancer patients are more likely than their high-income counterparts to be anxious and need help for their anxiety. The root causes and target interventions are needed to help reduce these disparities.

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## 1.01.13 – Poster Session 1

### BUILDING A NETWORK OF NONTRADITIONAL PARTNERS TO DELIVER PUBLIC HEALTH SERVICES

MMRobinson, St. Thomas Community Health Center NMWardsworth, American Cancer Society Mid-South Division

PURPOSE As gaps in health care services widen it has become necessary for public health practitioners to look to nontraditional partners to aid in the delivery of health initiatives. The American Cancer Society (ACS) assembled community partners to focus on the development of a program which would educate women on the importance of breast cancer screening and early detection and navigate women to mammography services. The program would enlist the aid of nontraditional partners to implement the program in a community setting and address barriers women may have to accessing mammography services. This need manifested into the formation of COFFEE (Circle of Friends For Education and Early detection) DESIGN METHOD The COFFEE program is modeled after UAB's Community Health Advisors program. The COFFEE Program enlists volunteers, who complete a 16 training program to offer health education sessions to women in the Greater New Orleans community and navigate women to mammography services. The program has as its focus, women in the Latino and African American communities. The program seeks to reach women either through community partner organizations and churches. The program is being implemented in; Central City, Kenner and New Orleans East. COFFEE works to identify and remove barriers, which hinder women from accessing health care. It was agreed upon; the program would not be owned by any one agency but directed by the communities in which it would serve. As a result, the governing board of the program consist a representatives from community partner agencies and cancer survivors, working together to direct the program RESULTS The program has been successful in educating over 7,000 women and navigating 400 to mammography services. CONCLUSION The COFFEE program is a demonstration of Public Health at its finest; no traditional partners, such as faith-based community working together with both state and private organizations to deliver health services

funded by University of Alabama at Birmingham REACH US, American Cancer Society and NFL Crucial Catch Grant

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### 1.02.02 – Poster Session 1

#### USING INTERACTIVE VOICE RESPONSE TO REACH DIABETIC SMOKERS: A REVIEW

DN Guillory

**PURPOSE** – Interactive Voice Response (IVR), a technology that offers voice and touch-tone response during a normal phone call, has been successfully used to support patient adherence, but is often not applied in health disparate areas in which it may be most useful. This study reviews how IVR is used to improve smoking cessation as a component of Type II Diabetes management in diabetic smokers. **METHODS** - Pubmed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycINFO were searched using the following terms: interactive voice response, diabetes, smokers, tobacco, and nicotine. Other eligibility criteria included articles between 2005 and 2013, English Language, completed interventions, Type II Diabetes (Diabetes Mellitus), and studies of human subjects. The prevalence of IVR use and purposes of the individual studies were compiled and analyzed. **RESULTS** – Zero articles met the exact search criteria. However, fourteen articles were found that focused on the use of IVR to improve smoking cessation (n=5) and Type II Diabetes disease management (n=9) independently. Four of the articles studied the efficacy of using IVR to improve smoking cessation in healthy populations while one article concentrated on its use with Coronary Heart Disease patients. Of the nine studies on IVR utilization in diabetic populations, six used self-report data to establish the feasibility of IVR use in the outpatient setting including low income regions and under-developed countries, while three demonstrated improved diabetes management using quantitative data analyses. **CONCLUSIONS** – Current IVR research primarily targets either healthy smokers or feasibility testing in diabetic populations. No studies were found that use IVR to improve smoking cessation in diabetic smokers. These findings highlight the need for interventions that use IVR in populations of diabetic smokers to address smoking cessation as a component of disease management.

### 1.02.03 – Poster Session 1

#### INTEGRATING RELIGION AND SPIRITUALITY IN DISEASE MANAGEMENT: THE EXPERIENCES OF BLACK MEN WITH DIABETES

AM Namageyo-Funa; JL Muilenburg; MG Wilson

**PURPOSE** – Blacks compared to Whites use religion and spirituality to deal with health issues. Limited data is available on how Black men use religion or spirituality to cope with health issues such as diabetes. The purpose of this study was to examine and report on how Black men with diabetes use religion and spirituality to cope with the disease. **METHODS** – In-depth interviews approximately 30 to 60 minutes long were conducted with a purposive sample of low income Black men recruited from a diabetes clinic in Atlanta, Georgia. **RESULTS** – Almost half of the men interviewed (12 of 30) reported using religion and spirituality to cope with managing diabetes. The age range of the men was 48 to 65 years with a majority of the men (9 of 12) reporting a family history of diabetes. Six of the men were Baptist, 3 were religions other than Baptist, and 3 reported no religious affiliation. Three of the 12 men were married. Seven religious and spirituality strategies were reported by the men in the study and included prayer and belief in God, keeping me alive, turning things over to God, changing my unhealthy behaviors, supplying my needs, reading the Bible, and religious or spiritual individuals helping me. **CONCLUSION** – These findings suggest that Black men with diabetes use religion and spirituality to cope with the disease. Health care provider teams should integrate these findings when providing care to Black men managing diabetes who use religion and spirituality as part of disease management.

### 1.02.04 – Poster Session 2

#### ILLNESS COGNITION AND METABOLIC CONTROL AMONG AFRICAN AMERICANS WITH DIABETES MELLITUS

Anthony Otekeiwebia, MD., Jolene Lowery, MD. Morehouse School of medicine, Atlanta, Georgia

**Aim:** The purpose of this study was to examine the relationship between Illness Cognition and metabolic control in patients with Diabetes Mellitus. **Method:** The study was a hospital based Cross sectional study among 168 African Americans with diabetes mellitus at the Grady Memorial Hospital, Atlanta, Georgia. Ethical approval was obtained from the Morehouse School of Medicine Institutional review board and Grady Research Oversight committee prior to commencement of the study. The following data were collated after an informed consent was obtained from patients: sociodemographic characteristics, illness duration, Illness Perceptions and Hemoglobin A1c levels. Illness Belief was assessed using the Illness Perception Questionnaire on Diabetes mellitus (IPQ-R) and hemoglobin A1c was used as a surrogate of metabolic control among the cohort. These variables were analyzed using Chi square (Fischer's Exact) and Spearman's correlation. **Results:** The 168 study participants were all clinic attending patients with confirmed diagnosis of diabetes mellitus. Most of the participants were in their 6th decade of life with a relatively short duration of diabetes (average duration was 4.28 years). There was a significant negative correlation was observed between metabolic control and Illness coherence (rs = -0.431, P<0.01), Personal control (rs = -0.496, P<0.01), Treatment control (rs = -0.362, P<0.01), Timeline Acute/Chronic (rs = -0.457, P<0.01) and disease Consequence (rs = -0.402, P<0.01). A positive correlation was found with Emotional representation (rs = 0.449, P<0.01) and external attributions of disease causality such as psychological attribution (rs = 0.380, P<0.01) or chance attribution (rs = 0.375, P<0.01). However, no correlation was found between Hemoglobin A1c levels, illness Identity (rs = 0.009, P>0.05), educational status (rs = -0.061, P>0.05) or illness duration (rs = 0.095, P>0.05). There was also no significant relationship between illness Beliefs, educational status and illness duration **Conclusion:** Illness perceptions inconsistent with biomedical disease model of diabetes were associated with poor metabolic control. These beliefs are modifiable and a target for educational interventions to improve self-care behaviors and metabolic control:

### 1.02.05 – Poster Session 2

#### IMPROVEMENT OF PATIENT CARE AND LEARNING THROUGH CLINICAL INTERPROFESSIONAL SERVICES

LG Williams; MT Coleman; A McLean; KB Kennedy; K Hasan; Xavier University of Louisiana College of Pharmacy (LGW, KBK); Louisiana State University Health Sciences Center (MTC, AM, KH)

**PURPOSE:** 1) To improve patient care and learning through the implementation of an interprofessional patient centered medical home (PCMH). **PROJECT DESCRIPTION:** Diabetes continues to pose a significant challenge to the entire healthcare system and disproportionately affects racial and ethnic minority populations. With an estimated cost of billions of dollars in medical expenditure, new methodologies for identifying, monitoring, and treating diabetes, as well as educating healthcare professional teams in managing diabetic patients are extremely needed. The LSU Diabetes Internal Medicine (DIME) program is an innovative interprofessional approach to learning and care that introduces principles of a patient centered medical home (PCMH) into an ambulatory training site. The DIME program is a collaboration of healthcare professional learners and faculty in pharmacy, medicine, nursing, social work, public health and physician assistant programs from Louisiana State University Health Sciences Center, Xavier University of Louisiana College of Pharmacy and Southern University of New Orleans. The Exemplary Care and Learning site model (ECLS), which combines education and learning, serves as the framework for the experience. Key principles of the medical home, including team based care, population management, quality improvement, and patient self-engagement are taught and practiced in the context of the ECLS with healthcare professionals engaging in and teaching about care and improvement, transforming data into useful information, and involving patients in the process change. Interprofessional learners provide care management to a high risk population of patients with uncontrolled diabetes. Medication therapy management, point of care testing and blood pressure and lipid assessments are provided, in addition to other quality indicators. The DIME program strives to provide interprofessional education and coordinated, continuous, comprehensive patient-centered care.

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# ABSTRACTS

## 1.02.06 – Poster Session 2

### • BLOCK-BY-BLOCK: THE GREATER HUMBOLDT PARK COMMUNITY CAMPAIGN AGAINST DIABETES

Ana Irizarry

In 2003, the Sinai Urban Health Institute working with various community based organizations implemented the largest door-to-door health survey ever conducted in Chicago. One of the many troubling findings was that the proportion of adults with diabetes was higher in Humboldt Park than in any other community. When further analyses were conducted it was found that Puerto Ricans had one of the highest proportions of adults with diabetes ever found. Even more importantly, they had one of the highest rates from diabetes. In response to this research the Humboldt Park Diabetes Task Force was formed. This Task Force reported back its findings to the public at a press conference on December 6, 2007. Over 200 people from the community attended, including many community leaders and elected officials. The main recommendation of the Task Force was to put into place an intense program that would impact both the medical and social causes of type 2 diabetes in a well-defined segment of Humboldt Park. If that was successful, then the program would be spread to all of Humboldt Park and then the rest of Chicago. Block-By-Block is an initiative of the Greater Humboldt Park Community Campaign Against Diabetes. The program was developed by community organizations, local universities, and hospitals working together to improve the health of the community. The Campaign is a one-of-the-kind, community driven, study/intervention designed to reduce the impact of diabetes in the Humboldt Park community. Services include health education and information, cooking classes, nutrition education and health related support.

## 1.02.07 – Poster Session 2

### INVESTIGATIONS INTO THE ANTIDIABETIC ACTIVITY OF VERNONIA AMYGDALINA (BITTER LEAF) VIA INHIBITION OF $\alpha$ -GLUCOSIDASE.

Evelyn Ambush, Akeem Jimoh, Michael Ezebuonyi and Patience Obih. College of Pharmacy, Xavier University of Louisiana, LA 70125

Diabetes mellitus is a chronic disease associated with many debilitating complications which result in substantial morbidity and mortality. The treatment of type II diabetes often demands polytherapy and diet. Drugs like acarbose and miglitol that control postprandial hyperglycemia by inhibiting intestinal absorption of glucose are also in use. These agents work by inhibiting intestinal  $\alpha$ -glucosidase. The objective of this study is to evaluate the  $\alpha$ -glucosidase inhibitory potential of Vernonia amigdalina extract to control postprandial blood glucose. The study was done in vitro using  $\alpha$ -glucosidase obtained from Bacillus Stearothermophilus. The inhibitory effect of different concentrations of aqueous extract of Vernonia amigdalina on  $\alpha$ -glucosidase was studied. The extracts obtained from Vernonia amigdalina showed inhibitory activities against  $\alpha$ -glucosidase with EC50 value of 17.9mg/ml. This result has demonstrated that Vernonia amigdalina share similar mechanism of action with acarbose and can be considered for further study in order to determine its potential use for the treatment of type II diabetes.

DHHS

## 1.02.08 – Breakout Session A

### ENGAGING PEOPLE, PROCESSES AND POLICIES TO COMBAT INEQUITIES IN ACCESS TO DIABETES SELF-MANAGEMENT EDUCATION IN RURAL MISSISSIPPI

Dietrich Taylor, Mississippi State Department of Health (MSDH) Bettye Daniel, MSDH Amel Mohamed, MSDH Michael Jones, University of Mississippi Medical Center

**PURPOSE-** to describe a collaborative engagement process to improve access to diabetes self-management education in Mississippi. **METHODS-** Collaborated with the University of Mississippi Medical Center to recruit and assist safety net providers with applying to become an accredited provider of Diabetes Self-Management Education (DSME); collaborated with the American Diabetes Association to offer the Certified Diabetes Educators (CDE) Preparatory exam locally for prospective CDEs; collaborated with the Mississippi Affiliate of the American Association of Diabetes Educators (MS-ADE) to implement the National Credentialing Board for Diabetes Educators Mentoring Program; revitalized the Diabetes Coalition of Mississippi (DCM) from to create synergy among stakeholders on strategies to obtain third party reimbursement for diabetes self-management education; partnering with MS-ADE, Gulf Coast Health Educators (GCHE) and the DCM to host a training on the business side of providing diabetes education; using GIS mapping to pinpoint potential “hot spots” to recruit diabetes education providers. **RESULTS:** Two new safety net providers were accredited in 2013 bringing the total to eight new programs in three years, with a potential to reach 15,590 people with diabetes. The total number of Certified Diabetes Educators is estimated to have increased from 117 in 2010 to 129 in 2012. Enrollment in the Certified Diabetes Educators Preparatory Exam course has increased from 25 in 2011 to over 40 in 2012. The DCM coalition has received training on the policy planning process. Medicaid reimbursement for pre-diabetes screening and diabetes self-management education are priority items on their policy agenda. **CONCLUSIONS:** Engaging people, processes and policies to improve access to diabetes self-management education is working in Mississippi. This strategy has increased access to accredited DSME sites and CDEs; increased training and other resources for DSME providers, and has resulted in the emergence of a unified voice to advocate for reimbursement policies.

Funding support for the activities described in this abstract was derived from the United States Department of Health and Human Services, Centers for Disease Control, Cooperative Agreement # DP09-90105CONT13, “Collaborative Chronic Disease, Health Promotion and Surveillance Program.

## 1.02.09 – Poster Session 1

### IMPROVING EVIDENCE-BASED MEDICATION ADHERENCE AMONG AFRICAN AMERICAN ADULTS WITH TYPE 2 DIABETES

Mayberry RM, Daniels P, Josiah Willock R

**Purpose:** The purpose of study was to incorporate evidence-based medication use into patient self-care, the diabetes self-management, and the decision support functions of the electronic medical record system of a local federally qualified community health center (FQHC). We had previously found in an early investigation that nearly 90% of the predominately African American adults with type 2 diabetes receiving care in this FQHC did not take their medications as prescribed and that documentation of evidence-based prescribed medication was very poor. **Methods:** We used a community health worker (CHW) approach with the innovation of motivational interviewing (MI) to adapt and customize Comparative Effectiveness Research Summary Guides (CERSGs) for Consumers and deliver the content of CERSGs to adults with type 2 diabetes. Adults with type 2 diabetes (n=460) were randomly assigned to the MI-CHW group to receive MI by trained CHWs or to the control group to receive general diabetes education by CHWs (GE-CHW) who are not trained in MI. All study participants were followed during monthly one-on-one in-person and phone-administered counseling sessions over a 12-month intervention period. The delivery of the CHW intervention was based on the psycho-social needs, stage of readiness of the study participants, and enhanced patient-provider communications. **Results:** Study participants in MI-CHW intervention group and GE-CHW control group experienced a significant increase in medication adherence (p<0.001) and diabetes-self management (p<0.001) over the 12-month intervention period. Furthermore, the clinic was successful in incorporating evidence-based oral and insulin medications into its drug panel. **Conclusions:** This CHW intervention was effective in improving evidence-based medication adherence among adults with type 2 diabetes, most likely through enhanced patient-provider communications and the patient’s willingness to work with the care team.

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## #XUDisparitiesCollabs

### 1.02.10 – Poster Session 2

#### RISK AND PROTECTIVE FACTORS OF TYPE II DIABETES AMONG THE AFRICAN AMERICAN ELDERLY: THE JACKSON HEART STUDY

Daniel Sarpong PhD; Adejoke Omishakin MPH, Wellington Ayensu, MD, MS, Michael Steffes MD, PhD, Evelyn Walker MD

ABSTRACT Seventh Health Disparities Conference Title: Risk and Protective Factors of Type II Diabetes among the African American Elderly: The Jackson Heart Study. Authors: Daniel Sarpong PhD; Adejoke Adeosun MPH, Wellington Ayensu, MD, MS, Michael Steffes MD, PhD, Evelyn Walker MD Introduction: Greater than 50% of the 14.4-15.2 million Americans with type II diabetes are over 60 years of age. Thirty-three percent of African Americans over 65 years or older has diabetes. Though the epidemic is not well understood it is predicted that by age 75 20% of the population will develop diabetes. This poses a significant medical and financial burden. Given that older people with diabetes are a heterogeneous group, it is important to determine the risk and protective factors of the disease in this population. Methods: Participants age 60 years and older were classified as elderly. Diabetes was defined by means of fasting glucose concentrations, self-reported history of diagnosis and medication use, and use anti-diabetic medication. Logistic regression and t-test/chi-square test were performed. Results: Prevalence of diabetes was 26.4%. There were no gender ( $p=0.3586$ ) and age ( $0.9494$ ) difference between diabetics and non-diabetics. The following factors discriminated between persons with or without diabetes: waist circumference ( $p<0.001$ ), BMI ( $p<0.001$ ), total ( $p=0.0003$ ), HDL ( $p=0.0019$ ) and LDL ( $p<0.0001$ ) cholesterol, triglycerides ( $p<0.0001$ ), insurance type but not coverage ( $p=0.0016$ ), education ( $0.0008$ ), income ( $p<0.0001$ ), family history of DM ( $p<0.01$ ) and hypertension ( $p<0.0001$ ). Conclusions: Prevalence of diabetes is inversely related to higher education and income. Obesity and waist, type of insurance coverage (public vs. private) and lipid concentrations are discriminating factors to the DM status of elderly African Americans.

### 1.02.11 – Poster Session 1

#### TYPE 2 DIABETES MELLITUS DISEASE MANAGEMENT IN A SAFETY NET CLINIC: TRANSFORMING EVIDENCE INTO PRACTICE

Marilyn D. Hall, DNP, Kathryn H. Anderson, PhD, ARNP, LMFT, Marian Tabi, PhD, MPH, CFCN, RN

Abstract PURPOSE - To examine diabetes care at a safety net clinic treating uninsured patients by evaluating the clinical biomarkers (hemoglobin A1c, low density lipoprotein, and blood pressure) and patients' perception of care received in a diabetes management program, using the Chronic Care Model (CCM) for the evaluation to develop a plan for practice change based on biomarkers and survey results. METHODS - A retrospective analysis of A1c, LDL, and BP ( $n=320$ ) of adult patients at two time points during a 12-month period evaluated change in these biomarkers using a paired t-test analysis. 67-question survey examining diabetes care practices, diabetes knowledge, and patient perception of diabetes care was administered to a convenience sample ( $n=30$ ) patients over 18 years with type 2 DM. RESULTS - Data from this study were evaluated to identify gaps in patient services, practice, organization and community to make recommendations for change, using the CCM. Study results showed a significant reduction in all biomarkers. These results suggest that the clinic had a positive impact on A1c, LDL and BP. Participants reported satisfaction with care at the clinic, however, approximately 53% of participants had little or no diabetes education, 57-80% were not aware of their own biomarker results, and most were confused about diabetes care management. CONCLUSIONS - From these findings, a patient report card designed to encourage diabetic self-monitoring, practice changes to institute improved patient monitoring, organizational programming to shift provider-patient outcomes, and community resources awareness to address the identified gaps in care. With the leadership of Doctor of Nursing Practice (DNP) practitioner, the implementation of evidence-based practice models, continuous program evaluations, and inter-professional collaboration; health disparities can be reduced in the uninsured non-elderly population. Key words: safety net clinic, type 2 diabetes mellitus (DM), uninsured, self-management, patient outcomes

### 1.03.01 – Poster Session 1

#### REDUCING HEART DISEASE AND STROKE IN THE MISSISSIPPI DELTA THROUGH COMMUNITY AND CLINICAL LINKAGES

Cassandra Dove, Mississippi State Department of Health Jackie Hawkins, Mississippi State Department of Health Tameka Walls, Mississippi State Department of Health Augusta Bilbro, Mississippi State Department of Health Vincent Mendy, Mississippi State Department of Health

PURPOSE - To reduce the incidence and prevalence of heart disease and stroke morbidity and mortality in the 18-County Mississippi Delta Region through ABCS (A1C, Blood Pressure, Cholesterol, and Smoking) risk factor reduction and disease management in clinical and community settings. METHODS - Based on Wagner's Expanded Chronic Care Model which seeks to reduce the burden of chronic disease not just by reducing the impact on those who have the disease but also by supporting people and communities to be healthy, the Mississippi Delta Health Collaborative (MDHC) implemented the following clinical-community strategies: 1) Community Health Worker Initiative (CHW); 2) Medication Therapy Management (MTM); 3) Municipal Health Councils (smoke-free air ordinances, shared-use agreements, farmers markets); 4) Barbershop Hypertension Reduction Initiative; 5) Congregational Health Nurse/Advocate Program. RESULTS - Since 2011, policy, systems, and environmental changes have reached 40% of Mississippi Delta counties: 28 smoke-free air ordinances, 8 farmer's markets accepting supplemental nutrition assistance program benefit, and 24 joint-use agreements established. CHW Initiative - 868 patients with hypertension, diabetes, and/or dyslipidemia from 11 provider sites referred with 513 enrolled; clinical lab values reflect improvements in weight, blood pressure, cholesterol, creatinine, and hemoglobin A1C levels. MTM - 443 patients from 4 provider sites enrolled; 1,704 individual drug therapy problems identified and resolved, with improvements in A1C levels and blood pressure. Annually, approximately 1,000 persons receive screening and referral for blood glucose, blood pressure, cholesterol, and body mass index in barbershop and church settings. More detailed data analysis will be presented. CONCLUSIONS - Results indicate that community-clinical integration may be an effective short-term and long-term approach for improving heart disease and stroke outcomes by reducing risk factors for disease, identifying and referring at-risk and undiagnosed, improving clinical disease management, and improving disease self-management.

Centers for Disease Control and Prevention, Cooperative Agreement #5U50DP003088

# ABSTRACTS

## 1.03.02 – Poster Session 1

### ASSESSING RACIAL DIFFERENCES IN CARDIOVASCULAR HEALTH IN THE MISSISSIPPI DELTA

Tameka Walls, MS, Vincent L. Mendy, DrPH, MPH, CPH, Larry L. Smith, PhD, Vanessa L. Short, PhD, MPH

**Background:** Age-adjusted death rates due to cardiovascular disease (CVD) in the 18-county Mississippi (MS) Delta region are higher than national rates and marked racial disparities exist. Identifying populations with poor cardiovascular health (CVH) may help direct public health efforts towards those disproportionately affected while decreasing prominent disparity gaps. However, the lack of objectively measured data from the region has limited the understanding of racial disparities in CVH. Therefore, our objective was to assess racial disparities in CVH among MS Delta adults using the newly implemented MS Delta Cardiovascular Health Examination Survey (CHES). **Methods:** Preliminary data from 610 participants of Delta CHES, an ongoing cross-sectional household survey on a representative sample of adults in the MS Delta, were analyzed. Race-specific prevalence estimates and 95% CI were calculated for ideal levels of body mass index (BMI), blood pressure, diabetes, blood cholesterol, smoking and physical activity. The metrics were defined using American Heart Association guidelines. Logistic regression models were used to assess variations in the distribution of CVH metrics by race controlling for age. The percentage of the population with ideal (i.e., presence of 6 ideal metrics) and poor (i.e., presence of < 2 ideal metrics) CVH were calculated and compared with Chi-square tests. **Results:** Over 69% of black exhibited poor CVH compared to 56% of whites ( $p=0.002$ ). After controlling for age, blacks were significantly less likely to report ideal level of diabetes (AOR 0.67, 95% CI 0.44-1.0), current smoking (AOR 0.62, 95% CI 0.36-1.0), blood pressure (AOR 0.55, 0.38-0.81), physical activity (AOR 0.51, 95% CI 0.25-1.0), and BMI (AOR 0.46, 95% CI 0.30-0.72). **Conclusion:** Overall, CV health is poor among MS Delta adults and racial differences exist. Continued efforts that aim to promote ideal CVH metrics may ultimately help decrease the striking CVD disparities that exist in the region.

## 1.03.03 – Poster Session 1

### RACIAL DISCRIMINATION AND HYPERTENSION: DO OUTCOMES DIFFER FOR US-BORN BLACKS AND AFRICAN-BORN BLACKS?

O OYEDELE; DR Brown Rutgers School of Public Health

**PURPOSE:** Three aims guided this study: 1) to examine health status differences between US-born and African-born Blacks living in the US; 2) to explore differences in experiences, rates of and reasons for discrimination between US-born and African-born Blacks living in the US; and 3) to ascertain if discrimination explained differences in hypertension between US-born and African-born Blacks in the US. **DESIGN METHODS:** Using data from the Survey of the Health of All the Population, and the Environment (SHAPE), we examined differences in hypertension between US-born and African-born Blacks. Multivariate analysis was performed to assess factors predictive of hypertension and to assess differences by country of birth among Blacks. **RESULTS:** African-born Blacks generally reported better health status than US-born Blacks. Rates of hypertension were lower among African-born Blacks in the US than in US-born Blacks. With regard to experiences of discrimination, US-born Blacks reported more instances, particularly while shopping or eating at a restaurant. However, discrimination did not prove to be a significant factor in explaining differences in hypertension between US-born or African-born Blacks. **DISCUSSION:** Longitudinal research is needed on duration of the “healthy immigrant” effect to determine if rates of hypertension among African-born Blacks will approximate those of US-born Blacks over time. Ongoing surveillance is needed for the development of appropriate interventions.

## 1.03.04 – Poster Session 2

### INVESTIGATING HEALTH DISPARITIES IN PATIENTS WITH HYPERTENSION

HE Fields; V Austria; NR Brahmhatt Chicago State University (HEF, VA, NRB)

**PURPOSE:** Hypertension prevalence is increasing in epidemic proportions for Americans. Evidence shows a relation between socioeconomic status, level of education, and uncontrolled hypertension. Those of lower socioeconomic status and lower education levels tend to have a higher population diagnosed with hypertension and poorer control rates compared to affluent communities. The purpose of this study is to identify patients at blood pressure (BP) goal, assess their knowledge about hypertension, and determine if socioeconomic status plays a role in the management of BP control. **DESIGN METHODS:** Blood pressure screenings were arranged at different community pharmacies located in various socioeconomic communities in the Chicagoland area. At the BP screenings, patients identified with diagnosed hypertension were recruited to complete a 22-item questionnaire. Survey questions were tailored to assess the participants' knowledge of risk factors, lifestyle modifications, disease state goals, and further complications associated with hypertension. **RESULTS:** Data was collected from October 2012 to December 2013. Thirty-five surveys were completed from 5 BP screenings. Preliminary results from 19 surveys collected at 2 BP screenings showed the average age of respondents was 62 and 47% were African-American. The mean BP of participants at the affluent neighborhood pharmacy location was 130/75 with 90% at BP goal, compared to a mean of 147/87 and 43% at goal at the non-affluent pharmacy location. All participants from the non-affluent pharmacy were African-American. Eighty-four percent of respondents were on anti-hypertensive therapy and 42% had BP check-ups every 3 months with their healthcare provider. Thirty-seven percent reported their BP goal from their physician was 120/80 and 94% knew controlled BP can prevent heart attack and stroke. Final results are to be determined when data analysis is complete. **CONCLUSION:** Results from this study will identify areas where interventions can be implemented to improve education, patient outcomes, and eliminate health disparities.

## 1.03.05 – Poster Session 2

### CHADS2 VS CHA2DS2VASC TO DETERMINE STROKE RISK IN PATIENTS WITH ATRIAL FIBRILLATION

HE Fields; UL Adagbo Chicago State University College of Pharmacy (HEF, ULA)

**PURPOSE:** Atrial Fibrillation (AF) is a common cardiac arrhythmia with increasing prevalence due to an aging population. A major complication of AF is stroke and anticoagulation medications are used as preventative measures. Risk stratification tools have been developed to evaluate a patient's risk for developing stroke. The primary objectives of this project are to (1) investigate how the differences between CHADS2 and CHA2DS2VASC scoring affect current stratification into low, intermediate, and high risk stroke groups and (2) assess the appropriateness of current anticoagulation therapy of these risk groups. The secondary objective of this study is to identify the bleeding risk of these groups using the HAS-BLED screening tool. **DESIGN METHODS:** This project was a retrospective chart review of patients with AF at an anticoagulation clinic in a federally-qualified health center. Active AF patients as of November 01, 2013 were eligible for inclusion in the study. Participants with AF were identified with an ICD-9 diagnosis, physician documentation in the electronic health record (EHR), or indication per anticoagulation clinic record. Patients with valvular AF were excluded from the study. Information from the patient's EHR were used to obtain a list of medications, demographic information, laboratory data, and physician notes to calculate the CHADS2, CHA2DS2VASC, and HAS-BLED scores. **RESULTS:** Data collection occurred in December 2013 and 41 patients were identified for inclusion in the study. Results from data analysis are to be determined. **CONCLUSION:** The expected outcomes of this project are to identify how best to categorize a patient's stroke and bleeding risks, optimize medication therapy, and maximize therapeutic outcomes.

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### 1.03.06 – Poster Session 2

#### RACIAL DISPARITIES IN CARDIOVASCULAR RISK AMONG US ADULTS WITH UNCONTROLLED HYPERTENSION: NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY 2005-2008

Jae Eun Lee, Jung Hye Sung, Ji-Young Lee, James Perkins

**Introduction:** Uncontrolled hypertension that blood pressure remains above the goal in spite of antihypertensive treatment is common clinical problem. Although studies found that the prevalence of uncontrolled hypertension was higher among African-American (AA) patients, limited studies have been conducted to determine racial disparities in impact of persistently high blood pressure on cardiovascular risk. This study is to investigate racial disparities in cardiovascular risk among US adults with uncontrolled hypertension using national survey data. **Methods:** The analyses utilized the data of NHANES 2005-2008 which included a valid sample of 2,995 adults who had systolic blood pressure  $\geq 140$  mmHg OR diastolic blood pressure  $\geq 90$  mmHg among those taking antihypertensive medications. The regression model adjusting for gender and race was conducted using SAS SURVEY procedures to incorporate the stratification, clustering and sample weights. **Results:** 29.4% (S.E.=1.7%) of hypertensive patients had blood pressure  $\geq 140/90$  mmHg. A higher prevalence of uncontrolled hypertension was found among older ( $p=0.0004$ ) and African-American ( $p=0.0467$ ) patients. The adjusted multivariable models revealed that a higher level or abnormal prevalence of HDL ( $p<.0001$ ), triglyceride ( $p=0.0584$ ), serum vitamin D ( $p=0.0002$ ), apolipoprotein ( $p=0.0161$ ), folate ( $p=0.0019$ ), transferring receptor ( $p=0.0208$ ) was found among white patients. AA patients had a higher level of albumin to creatinine ratio ( $p<0.0001$ ), parathyroid hormone ( $p=0.0023$ ), and homocysteine ( $p=0.0375$ ). A higher proportion of diabetes and chronic kidney disease was observed among AA. **Conclusion:** Our study found that among those with uncontrolled hypertension, white had worse hematology markers, while AA was worse in biochemistry indices. Our findings suggested that there may be a clear racial disparity in cardiovascular risk among those with uncontrolled hypertension. Further study is needed to determine how uncontrolled hypertension impacts cardiovascular risk and if the impact differs racially.

### 1.03.07 – Poster Session 1

#### NEUREGULIN-1B INVOLVEMENT IN THE NF-KB SIGNALING PATHWAY

L.Simmons (Morehouse school of medicine), Z. Xu (Morehouse school of medicine), A. Gates (Morehouse school of Medicine), G.D Ford (Morehouse College) and B.D Ford (Morehouse school of medicine).

Stroke is the third leading cause of death in the United States and the most frequent cause of permanent disability worldwide. Our laboratory has shown that neuregulin-1 $\beta$  (NRG-1 $\beta$ ) protects neurons from brain injury following stroke and reduces brain infarction. Using microarray analysis, we showed that there is a significant up-regulation of pro-inflammatory genes following stroke that lead to neuronal death and that treatment with NRG-1 $\beta$  down-regulated the expression of pro-inflammatory genes. Upstream regulators of the NRG-1 $\beta$  modulated genes were identified using ONservd transcription FACTor binding site software (CONFAC). CONFAC software was used to identify over-represented transcription factor binding sites in upstream promoter region of ischemia-induced genes that were down-regulated by NRG-1 $\beta$ . Using CONFAC several potential transcriptional regulators of the NRG-1 $\beta$  effects including NF- $\kappa$ B and Ets-1. To determine the mechanisms involved in the anti-inflammatory effects of NRG-1 $\beta$ , we chose to use a microglia cell line, N9. Previous studies have shown that in monocytes stimulated with lipopolysaccharide (LPS) there was an increase in pro-inflammatory gene expression, while NRG-1 $\beta$  blocks this pro-inflammatory response. In this study we investigated NRG-1 $\beta$  and its regulation of pro-inflammatory genes using the N9 cell line. N9 microglia cells were stimulated with .1 $\mu$ g/ml of LPS and 10nM NRG-1 $\beta$ . The expression and release of pro-inflammatory cytokines (TNF- $\alpha$ , IL-6, IL-1 $\beta$ ) by the cells were measured using real-time RT PCR and ELISA. Preliminary data indicate that NRG-1 $\beta$  blocks pro-inflammatory cytokine production. The results of this study will support the ability of NRG-1 $\beta$  to be a potential therapeutic in treating stroke patients.

### 1.05.01 – Poster Session 1

#### A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING SMOKING INITIATION AMONG YOUNG ADULT BLACK WOMEN

Azure B. Thompson

Each year in the United States, approximately 443,000 deaths are attributable to tobacco use. Cigarette smoking among Black women is of particular public health significance. Black women have experienced a recent increase in lung cancer and smoking exacerbates already existing racial disparities in heart disease, stroke and respiratory diseases. Although Black women are less likely than White women to ever smoke, if they do smoke they are more likely than white women to start in young adulthood and less likely to quit. Moreover, racial disparities in quitting are greater among women who initiate in young adulthood than adolescence. The purpose of this presentation is to provide a conceptual framework for understanding smoking initiation among young adult Black women. The conceptual framework is rooted in the proposition that for Black women who initiate smoking in young adulthood drug related stigma that developed in adolescence prevented smoking early in the life course. Smoking later in life becomes one means of coping with transitions into new adult roles (i.e. work, marriage, parenting) in the context of increased exposure to the harshness of a racialized social system (i.e., racial discrimination, limited education and job opportunities). The framework is based on insights from research on 1) Black and White differences in peer and parental disapproval of smoking among adolescents, 2) smoking initiation after parenting among Black and White women 3) and the relationship between smoking and racial discrimination. Insights from this framework will inform the development of programs and policies to reduce disparities in quitting and smoking related disease. Implications for interprofessional collaborative approaches to prevent smoking initiation among young adult Black women within clinical and community settings will be discussed.

This research was supported by the Building Interdisciplinary Research Careers in Women's Health (BIRCI) Program (Carolyn Mazure, PI), National Institute on Drug Abuse (NIDA), Office of Research on Women's Health (ORWH), Office of the Director, National Institutes of Health (OD) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) (K12DA031050)

# ABSTRACTS

## 1.05.02 – Poster Session 1

### ALZHEIMER'S DISEASE LITERACY IN THE AFRICAN AMERICAN COMMUNITY

Rosalyn Lang, Angel Watson, Vinaya Kelkar, Takiyah Starks, Dora Som-Pimpong, Goldie S. Byrd

**Purpose:** To assess literacy, knowledge and perception of Alzheimer's disease (AD) and ascertain differences in knowledge between Alzheimer's caregivers and non caregivers in the African American (AA) community. **Methods:** A literacy survey instrument was designed by public health specialists and was disseminated at several different community events in the Southeastern United States to assess knowledge, perception, and attitudes about AD in African American adults. We selected a convenience sample of adults to complete the survey. Participants did not receive compensation for completing the survey. To gain a better understanding of the perception and knowledge of AD in the African American community, multivariate statistical methods were used to analyze the data for this study. The statistical analyses included both inferential and descriptive data which observed frequencies at a significance level set at 5% ( $\alpha = 0.05$ ). **Results:** Our results show that many of our African American participants were aware of how Alzheimer's disease may affect lifestyle; however, our results suggest decreased knowledge in critical areas that are important for understanding AD. More than 35% of the AA cohort answered that there is a drug cure for AD and 66% of those surveyed considered AD as normal memory loss. Decreased knowledge and literacy around AD were seen in both caregivers as well as non caregivers. **Conclusions:** Our results support the idea of increasing disease literacy and education on AD through targeted outreach activities aimed to improve health outcomes, research participation, and care management of AD in underserved communities.

National Center for Minority Health and Health Disparities GRANT SUPPORT: NIH P20 MD000546 "This study was supported, in part, by a grant from Merck"

## 1.05.03 – Poster Session 2

### A MIXED METHODS ANALYSIS OF HEALTH LITERACY AND ASTHMA OUTCOMES

CE Melton; GN Holmes; JC Graff; JE Bailey; GE Relyea; LB Brown University of Tennessee Health Science Center (CEM, JCG, JEB); University of Kentucky (GNH); University of Memphis (GER); Chapman University (LBB)

**PURPOSE:** African-Americans share a disproportionate burden of asthma and low health literacy and have higher asthma morbidity and mortality. Factors that link the relationship between health literacy and health outcomes are unclear. Understanding the mediating factors is critical in order to create evidence-based interventions to mitigate the effect of low health literacy. This study used a mixed methods approach to explore factors that mediate the relationship between health literacy and asthma outcomes. **DESIGN METHODS:** This study was a sub-study of a larger clinical trial. An explanatory sequential mixed methods approach was used in this study. In the initial quantitative phase, cross-sectional surveys were used to collect data on health literacy, self-efficacy, asthma knowledge, quality of life and asthma control. Following the quantitative phase, some participants completed semi-structured interviews. Quantitative data was analyzed using multiple mediator analysis, and qualitative data was analyzed using interpretative phenomenological analysis. Lastly, quantitative and qualitative results were integrated to make meta-inferences. **RESULTS:** Print literacy was not associated with asthma outcomes. However, numeracy was associated with quality of life, and this relationship was partially mediated by self-efficacy and knowledge. Three themes emerged from qualitative analysis including "information received vs. information desired," "trial and error," and "expectations of the patient-provider relationship." **DISCUSSION/CONCLUSION:** Results indicate that adequate numeracy, but not print literacy, is associated with better asthma outcomes. This finding is consistent with previous literature in this area. Self-efficacy and asthma knowledge are not primary mediators between health literacy and asthma outcomes, and patient activation and the patient-provider relationship may have a larger impact. Culture is a vital component of addressing health literacy due to its impact on communication and health beliefs. Future research should examine other mediators besides self-efficacy and asthma knowledge, the role of numeracy in asthma self-management, and the intersection of culture and health literacy in relation to health outcomes.

## 1.05.04 – Poster Session 2

### GENDER AND INHALED CORTICOSTEROID RESPONSE IN ASTHMATIC SMOKERS: A SYSTEMATIC REVIEW

CE Hayes; TS Tseng; SM Thomas, HJ Nuss LSUHSC School of Public Health (CEH, TST, SMT, HJN) LSUHSC Tobacco Control Initiative (CEH, TST, SMT) LSU Improving Clinical Outcomes Network (CEH, TST, SMT)

**PURPOSE:** Investigators have reached competing conclusions around the efficacy of inhaled corticosteroid (ICS) medication in the management of asthma in smokers. The purpose of this systematic review is to determine if differences in ICS therapy response exist between asthmatic male and female smokers. **METHODS:** PubMed, CINAHL, and PsycINFO were searched using terms relating to asthma, tobacco use, and corticosteroid effectiveness. Articles published between 2005 and 2013 were included in this review as well as articles which met eligibility criteria including, English language, studies of human subjects, studies of patients on ICS therapy, asthmatic smokers, and studies with outcomes relevant to differences in gender. Data on gender, ICS use, as well as changes in lung function of smokers on ICS therapy were compiled and analyzed. **RESULTS:** Twelve studies were included in this review. Of the twelve studies only five (41.6%) reported significant differences in ICS therapy response between male and female smokers. In four of the five studies (80%), greater improvements in lung function were found in women compared to men on ICS therapy. In one study, compared to women, men were found to have significantly higher increases in lung function however only when using higher doses of ICS. **CONCLUSION:** Findings of this review support previous evidence that male smokers experience a reduced response to ICS than female smokers. Future studies should aim to examine as well as determine if behavioral and physiological factors exist which may contribute to reduced medication effectiveness in male smokers.

LSUHSC Tobacco Control Initiative LSU Improving Clinical Outcomes Network

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### 1.05.05 – Poster Session 2

#### RESIDENTIAL SEGREGATION AND ITS CONTRIBUTION TO RACIAL DIFFERENCES IN MORTALITY AMONG RESIDENTS IN THE HAMPTON ROADS METROPOLITAN AREA OF VIRGINIA

Jamaal E. Allen, PharmD Candidate 2014, Deborah Hudson, MPH (Hampton University); Ramal Moonsinghe PhD, Karen H. Bouye MPH, PhD (Centers for Disease Control and Prevention)

**Purpose:** The focus of this study is the regional examination in the effects of residential segregation among non-Hispanic Blacks and non-Hispanic Whites by comparing mortality rates for six disease categories. Regional differences in this relationship are examined to identify variation at the county level in health outcomes. **METHODOLOGY:** Index data from the University of Michigan and mortality data from CDC Wonder Statistical database were merged to assess the association between mortality rates and residential segregation among residents at the county level for six disease indices for the years 2000-2007. Multiple regression analyses were used to evaluate the association between mortality rates for black and whites and how it relates to residential segregation and other residential chronic stressors. **RESULTS:** The study population was 19 counties in the Hampton Roads Metropolitan Area of Virginia. When comparing the mortality rates of diabetes and cancer and their association with racial residential segregation factors by race there was a positive association for blacks but no significant association found for whites. There was a negative association found in mortality for both groups after controlling for some residential segregation factors such as the educational attainment and employment. **CONCLUSIONS:** Results found could indicate that for both groups as the percentage of blacks within a community decreases and becomes more segregated the higher the rate of mortality. The importance of this study is to show how residential segregation plays a significant role in influencing health outcomes among different racial and ethnic groups at the county level.

### 1.05.06 – Poster Session 2

#### APOLIPOPROTEIN E 4/4 SERUM INHIBITS GROWTH OF PLASMODIUM FALCIPARUMI AT THE INTRAERYTHROCYTE STAGE:

H Fujioka, C Phelix, R Friedland, X Zhu, EA Perry, RJ Castellani, G Perry

**PURPOSE:** Our evolutionary history has been characterized by a constant war between pathogenic microorganisms and various defense mechanisms to counter their pathogenicities. For instance, heterozygotic individuals with sickle cell trait are protected against severe falciparum malaria infections, and the high frequency of hemoglobin S in Africa is due to the selective advantage of the balanced polymorphism. The apolipoprotein E4 (ApoE4) allele has been linked to the pathogenesis of Alzheimer's disease, cardiovascular disease, and atherosclerosis, but these occur late in life, when the force of natural selection has become attenuated. However, the frequency of ApoE4 is highest in the African subcontinent (especially in sub-Saharan Africa) and certain other isolated populations, such as in Papua New Guinea, all areas which exhibit endemic malaria. One hypothesis is that ApoE4 may give a selective advantage against falciparum malaria. **DESIGN METHODS:** In these studies, we determine the growth of malaria in human serum with different ApoE isoforms. **RESULTS/CONCLUSION:** We find malaria growth is greatly inhibited by ApoE4/4 serum, suggesting its maintenance in modern humans is a balance between early-life protection from malaria and increased risk of late-life diseases.

Support provided by a grant from the National Institute on Minority Health and Health Disparities (G12MD007591) from the National Institutes of Health. Support provided by the Semmes Foundation.

### 1.05.07 – Poster Session 1

#### FOOL'S GOLD: AN ASYMPTOMATIC SEXUALLY TRANSMITTED INFECTION INTERVENTION

L Smith; P McCarroll; E Stewart Department of Natural Science, Business and Mathematics (LS; PM; ES)

**PURPOSE:** Each year there are nineteen million newly diagnosed sexually transmitted infections and nearly fifty percent of those individuals are ages fifteen to twenty four. It is also reported that one in four college students has or will contract an STI. **METHODS:** Fool's Gold will reach college aged African Americans will be recruited to participate in a health expo featuring community health organizations, nutritionists, health educators and STI testing. Participants will complete pre and post assessments to measure the effectiveness of the intervention. **RESULTS:** Pending **CONCLUSION:** Pending

Tennessee Department of Health

## 2.0 – HEALTH MAINTENANCE / PREVENTION

### 2.01.01 – Poster Session 1

#### EVALUATING A NEW SCHOOL FOOD AUTHORITY IN NEW ORLEANS: IMPLICATIONS FOR SCHOOL-BASED NUTRITION

Tom Carton, PhD, Taslim van Hattum, MSW/MPH, Brittany Booker, MPH, Lindsey Rudolf, and Marsha Broussard, PhD

To conceptualize and deliver healthy school food initiatives, Propeller: A Force for Social Innovation, a nonprofit that supports social entrepreneurship, announced funding in 2012 for New Orleans public schools to serve healthier school lunches. Propeller's goal was to have 5,000 public schoolchildren eating healthier, delicious, and affordable school lunches that met strict nutritional standards. In response, certain New Orleans public schools developed a new School Food Authority and were given the monetary and administrative support to choose their Food Service Management Company independently of their school district. Conveniently selected schools were segmented into groups given their food service – improved lunches versus standard, lunches. The program evaluation consisted of two components and included grades K-5. Part One involved a rigorous analysis of school menus and production records to break daily meals down to a micronutrient level. This information will be compared to the federal and Propeller requirements for school meals to evaluate how well schools adhere to these guidelines. Part Two comprised of an in-depth Plate Waste Study of approximately 2,600 school lunches, and assessed the amount of food and nutrition actually consumed by students. Trained data collectors calculated average pre-lunch weights and post-lunch weights by removing and weighing uneaten food items left on trays. This is the first research to combine a menu analysis and plate waste study to quantify average micronutrient consumption among students and make comparisons between improved and traditional food vendors. Data on micronutrient composition of school menus and micronutrient consumption among students will be presented.

W.K. Kellogg Foundation

# ABSTRACTS

## 2.02.01 – Poster Session 1

### PREVALENCE OF RAPID WEIGHT GAIN IN INFANTS AT MEHARRY PEDIATRIC CLINIC

KD Goins; FA Ukoli Meharry Medical College (KDG, FAU)

**PURPOSE** - To determine the prevalence of obesity and rapid weight gain (RWG) in infants and toddlers attending the Meharry Pediatric Clinic, and assess the association between RWG in the first 6 months of life and early childhood overweight and obesity. **METHODS** - Case records of 151 patients under the age of 5 years seen at the Meharry pediatric clinic in 2010 were reviewed. Demographics and physical measures were abstracted and entered into an SPSS database for statistical analysis. Age- and sex-specific BMI percentiles were obtained from an online-calculator, and mean weight, mean BMI, and obesity status classifications were compared across gender and ethnic groups by the student T-test. **RESULTS** - The rates of RWG for black infants at 3, 6, and 12-months were 10(50.0%), 15(29.4%), and 18(34.6%) for boys, and 8(42.1%), 28(34.6%), and 36(45.0%) for girls. In general infants double their birth weight at 6 months and triple it at one year. In this study, 23(53.5%) doubled their birth weight at 3 months, 25 (17.3%) more than doubled their birth weight at 6 months, and 16 (11.0%) more than tripled their birth weight at one year. Overweight/obese rates were over 25% at all ages, for both genders, and among all races. **Conclusions** - RWG in early infancy was a strong predictor of overweight and obesity at 2-4 years. Preventing obesity from infancy will contribute to reducing obesity in later life, thus reducing health disparities from diabetes, heart disease and hypertension. This is particularly important for Meharry patients who record higher obesity rates than the national average.

Research unsupported.

## 2.02.03 – Breakout Session A

### LIFESTYLE CHANGE CLINIC: AN INTERPROFESSIONAL TEAM APPROACH

S J Nyman ; D S Perry Genesys Regional Medical Center; Michigan State University/ Flint-Area Medical Education (SJM; DSP)

**Purpose:** Present a primary care-based clinic model designed to address the health and wellness needs of obese and tobacco-using primary care patients by providing education regarding the health risks of such behaviors, implementing motivational interviewing to identify healthy alternatives, collaborating with patients to develop behaviorally based goals, and tracking change over time. **Goals:** A) Review health and wellness disparities related to obesity and tobacco use among medically underserved urban populations, B) Describe our collaborative Lifestyle Change Clinic (LCC) designed to meet these concerns for our patient population and, C) Explain how to design and implement this model in primary care settings. **Description:** Prochaska's Transtheoretical Model of behavior change has been applied to numerous health behavior improvement areas (Prochaska et al., 2005) with supportive results in both weight loss (Johnson et al., 2008) and tobacco cessation (Spencer et al., 2002), among others. Our urban Family Medicine residency outpatient clinic serves a racially diverse clientele comprised of many under-insured and uninsured medical patients, often lacking strong health literacy levels. Obesity rates and tobacco usage can often differ markedly across race, ethnicity, and socio-economic status, suggesting the immediate need to address this concern for underserved primary care medical populations (CDC, 2010). The National Cancer Institute (NCI, 2004) has also reported greater cancer prevalence in underserved populations. We partnered with our physician colleagues to address the needs of our local underserved medical population through a collaborative psychologist/physician Lifestyle Change Clinic, addressing primarily weight loss and smoking cessation. We utilize the Transtheoretical model of change, motivational interviewing interventions, and general health education to partner with our patients in establishing realistic treatment planning, which replaces unhealthy behaviors and habits with healthy behaviors. Progress notes are entered into the electronic medical record to ensure continuity of care and uninterrupted communication between the LCC and referring physician.

## 2.02.04 – Poster Session 1

### VARIATIONS IN FOOD ENVIRONMENT: DECOMPOSING THE GAP IN OBESITY PREVALENCE BETWEEN COUNTIES WITH A HIGH AND LOW % AFRICAN-AMERICAN POPULATION

Chelsea Singleton, MPH 1,3, Olivia Affus , PhD 1,3 and Bisakha Sen, PhD 2,3 1. Department of Epidemiology, University of Alabama at Birmingham 2. Department of Health Organization and Policy, University of Alabama at Birmingham 3. Nutrition and Obesity Research Center, University of Alabama at Birmingham

**Background:** Food environment related factors such as grocery store availability have been hypothesized to be associated with the prevalence of obesity in the US; however, little is known about whether they contribute to the disparity in obesity prevalence seen between areas of the US with high and low percentages of minority citizens. This study aimed to quantify the contribution of food-environment related factors to the gap in obesity prevalence. **Methods:** Data collected from the USDA Food Environment Atlas on 3,135 US counties was used for this analysis. Counties were considered to have a high African American (AA) population if the percentage of AA citizens was greater than 13.1%. The Oaxaca-Blinder decomposition technique was used to determine the proportion of the total gap in obesity prevalence explained by median household income, metro county status, % residents with low access to a grocery store and the following food environment related covariates: per capita fast food restaurants, full service restaurants, grocery stores, supercenters, convenience stores, specialty food stores, farmers markets and community supported agriculture programs. **Results:** There were 665 (21%) high AA counties and 2470 low AA counties. The total gap in obesity prevalence between high AA counties and low AA counties was found to be 3.34%. The covariates explained 35.9% of the total gap in obesity prevalence seen between counties with a high and low % AA population. **Conclusion:** Food environment related factors may explain some of the gap in obesity prevalence seen between counties with a high and low % AA population.

## #XUDisparitiesCollabs

## 2.02.05 – Poster Session 2

### STRATEGIES TO TRIM AND REDUCE- A FAITH -BASED WEIGHT REDUCTION AND BLOOD PRESSURE CONTROL INITIATIVE

M.H. Cassimere; F.L. Hawkins; R.L. Mack; V.B. County; L. Collins Baptist Community Ministries, The McFarland Institute- Congregational Wellness

**PURPOSE-** Within a spiritually rich environment, respectful of the difference of how adults learn, provide congregants with information, support and strategies to make and maintain lifestyle changes that will decrease their risk for high blood pressure and obesity. This project is based on information collected about the congregants served by the McFarland Institute network of Church Nurses and Lay Health Advocates, supported further by national and state health information relative to risk factors for African Americans. **GOAL** –The goal of this project is better blood pressure control and reduced weight. **OBJECTIVES** - Church Nurses and Lay Health Advocates will educate their congregants and engage them in health promotion activities that result in their having enhanced knowledge and skills in blood pressure and weight reduction to apply for the rest of their lives. **PROJECT DESCRIPTION-** Thirteen weekly sessions lead by Church Nurses and Lay Health Advocates beginning with scripture reading, meditation and reflection, using educationally appropriate health and wellness materials from the public domain, presented via adult teaching methods and physical activity are the project components. Measurement of blood pressure, pulse, waist circumference, weight to be recorded in weeks 1, 4, 8 and 12. **BEST PRACTICE GUIDELINES** implemented are basing the delivery of information via strategies and techniques from Adult Teaching and Learning research, inclusion of the element of spirituality as an additional support mechanism. **RECOMMENDATIONS** and discussion of three years data collected from 33 churches and 337 participants with challenges and recommendations provided

## 2.02.06 – Poster Session 2

### EXPOSURE OF UNDER-REPRESENTED STUDENTS TO HEALTH DISPARITY RESEARCH

Jl Orban; L Alak; K Brown; D Woodard and B Hester

**PURPOSE** – One of the health disparity problems in Louisiana is obesity. The purpose of the present project was to exposure under-represented students to research procedures and train them in the use of Body Mass Index (BMI) to assess healthy body weight (BW) and obesity in humans. The students involved in the project were from under-represented background and had never had experience in a research laboratory. **METHODS** - Three fresh High School graduates enrolled at SUSLA were trained in laboratory procedures and research protocols and were also trained to determine BMI using established formulas and charts and then use the results to assess the BW of thirty volunteer participants to determine if the participants were underweight, have healthy weight, were overweight or obese. The BMI was determined by using the formula  $BMI = BW (kg)/Height (M sq.)$ . Alternatively, BMI can be calculated by dividing the BW (lbs) of a person by a factor of 7 based on the estimate that one BMI = 6-7 lbs. The BMI scale used to make the assessment of participants was as follows:  $BMI < 18 =$  Underweight,  $BMI 18-25 =$  Healthy weight,  $BMI 25-30 =$  Over weight,  $BMI 30-40 =$  Obese and  $BMI > 40 =$  Severely obese. The BWs were obtained from 30 volunteer participants (19 females and 11 males) age 18-25 years. The participants were young and active but were not involved in a rigorous weight loss program. The hypothesis or rationale for the study was that the participants were young and active, therefore, all of them (100%) will have healthy body weight. **RESULTS** - The results obtained showed that of the 30 participants assessed, 2 were underweight (7%), 13 had healthy weight (43%), 6 were overweight (20%) and 9 were obese (30%). **CONCLUSIONS** - Although the results were not tested for statistical significance, the trend observed indicated that 50% of the population assessed for BW status was overweight or obese. The observed results nullified the initial hypothesis thus, young people who seem to be active are still susceptible to overweight and obesity if they are not involved in a structured intervention activity.

Research project was supported by the HBCU-UP Summer Science Research Program at SUSLA funded by the National Science Foundation.

## 2.02.07 – Poster Session 2

### A BETTER WEIGH

AH Davis; P McCarroll; E Stewart

**PURPOSE** - Tennessee is ranked in the top five percentile for overweight and obesity and 38.6% of public school students are also overweight or obese. This has, if untreated, contributed to an increased incidence in diseases such as hypertension, diabetes and heart attacks. **METHODS** - North Nashville youth ages, 13-18, will be recruited from an after school program on a local college campus. Program participants will complete educational sessions on nutrition and physical activity. Participants will complete a microfit assessment as well as a pre and post survey to assess the effectiveness. **RESULTS** - Pending **CONCLUSIONS** - Pending

Tennessee Department of Health

## 2.02.08 – Poster Session 2

### WEIGHING YOUR OPTIONS

R Mead; P McCarroll; E Stewart

**PURPOSE** – The incidence of childhood obesity is increasing in the United States and is most prevalent amongst low income African Americans and Hispanics. In the North Nashville community, partnerships among community organizations and individual mentors can reduce the number of at-risk youth. **METHODS** – A partnership with the T.H.R.U.S.T. program, an afterschool program that meets Monday through Friday at Fisk University has been formed. Through this partnership, participants will participate in education program that includes nutrition guidance and encourages physical activity. **RESULTS** – Pending **CONCLUSION** – Pending

Tennessee Department of Health

# ABSTRACTS

## 2.02.09 – Poster Session 1

### OBESITY AWARENESS AMONG AFRICAN AMERICANS

Charles Logan Lane College HBCU Wellness Project 545 Lane Av Jackson Tennessee 38301

Purpose: This project is designed to help educate young adults about the importance of physical fitness it will focus on African Americans, both male and female, between the ages 18 to 35. Methods: An informational table was set up at the Annual Martin Luther King Day Celebration to see how much physical activity the community participates in weekly. Information on obesity and the risk factors associated with being overweight and/or obese was distributed. Student Investigator spoke to attendees about obesity, physical activity and eating right. A pre and post survey was given to measure how much participants exercise, monitor food consumption and see if anyone would participate in a 5K walk /run. This project will partner with Lane College physical education cohort group to host a 5k run/walk on April 12, 2014. This event is designed aim to fight obesity, but also will motivate the community to adopt an exercise routine. Training will begin for the 5k run/walk on March 3, 2014, working with Lane College coaching staff, nutritionist and D180 Fitness. Sessions will be held Monday – Thursday at 5:30 pm. The sessions will motivate participants to be more consistent about working out and eating healthy. Results: The results from MLK Day illustrated that people would like to participate in daily physical activities but many had several barriers. This project aims to demonstrate that with proper access and encouragement people can adopt healthier life styles. This intervention will not only increase obesity awareness but, to also use the 5k to fight obesity and help people lose weight. Conclusion: More information about obesity and physical fitness is needed at Lane College and in the surrounding community. There is a limited amount of sidewalks, gyms or access to fresh fruits and vegetables, in order for any intervention to be sustainable in the area there will be need to be some environmental changes.

## 2.04.01 – Poster Session 1

### THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND PHYSICAL ACTIVITY IN A LOW-INCOME AFRICAN AMERICAN INNER-CITY NEIGHBORHOOD

L Andersen; J Gustat; A Becker Tulane University School of Public Health and Tropical Medicine (LA, JG) Ann and Robert H. Lurie Children's Hospital of Chicago Research Center (AB)

PURPOSE Physical inactivity is related to many diseases yet many Americans are not meeting the physical activity (PA) recommendations. Social support may be one mechanism that increases PA in an African American (AA) adult population. Several areas of social support exist, including receiving help around the house, ability to borrow a car (general support) as well as encouragement by friends/family to be physically active (specific support). The purpose of this study was to examine the relationship between two dimensions of support and self-reported leisure-time PA. METHODS A total of 497 household interviews assessing PA and the community and social environment were conducted with adults in three, low-income, primarily AA urban neighborhoods in New Orleans, Louisiana. Logistic regression models were developed to assess demographic characteristics, knowledge of PA benefit, general support, and support specific to PA. Factor analysis was used to create scales assessing support. RESULTS Just over half the sample met the recommendations for PA. Females were less likely to meet PA recommendations compared to males (OR: 0.47, CI: 0.38-0.70) and an inverse relationship existed between age and PA (OR: 0.97, CI:0.95-0.98). Social support specific to PA (OR: 1.10, CI: 1.02-1.14), and being in a romantic relationship (OR: 1.53, CI: 1.03-2.28) were significantly related to PA after controlling for gender and age. Knowledge of benefits of PA and general support were not related to PA. DISCUSSION These findings suggest the social environment is an important component of encouraging AA adults to be physically active. PA interventions should consider fostering social networks specific to PA to increase the number of AA adults that are physically active.

This study was part of the core research project of the Prevention Research Center at Tulane University School of Public Health and Tropical Medicine and was funded by the Centers for Disease Control and Prevention Cooperative Agreement Number #1-U48-DP-000047. The findings and conclusions in this abstract are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

## 2.04.02 – Poster Session 1

### ASSESSING A MULTIFACETED TOBACCO CESSATION SERVICE APPROACH

JD Keith; J Mast; L Fortunato; SI Allen; S McLain; J Ochs Public Health Management Corporation (JDK, LF); Pennsylvania Department of Health (JM, SIA, SM, JO)

PROBLEM: It is well established - Most tobacco users want to quit. Tobacco quitlines have a strong evidence-base around cessation effectiveness and are seen as a key resource for population health. But, even the strongest quitlines reach a limited number of tobacco users. In order to increase use, client-focused access to quitlines must continue to expand. KEY FACTORS: New approaches for linking tobacco users to quitlines present a critical opportunity to serve populations that do not regularly use tobacco quitlines. In Pennsylvania, the Department of Health's Division of Tobacco Prevention and Control is working with a variety of partners to increase access to and the capacity of the PA Free Quitline. Several collaborators will work to implement clear media, diversified points-of-access, tailored services and provision of nicotine replacement therapy (NRT) support. Last fiscal year, over 15,500 tobacco users contacted the PA Free Quitline for services. Recent quit success analyses among 2012 clients receiving at least one counseling call found a 33% quit rate at the 6 month mark (Responder Rate; 59% response). This presentation will describe preliminary evaluation findings on PA Free Quitline enhancements and new initiatives that are designed to increase the number and diversity of tobacco users served. Services discussed will include text messaging, web coaching, fax and e-referral, a correctional institution pilot, and language/cultural partnerships. Key evaluation indicators include changes in: outreach, awareness, access to services, use of services, barriers, and quit success. RECOMMENDATIONS: Broadly applicable evidence-based programs need to continually work to expand use of services. It is critical to examine client engagement and consumption when enhanced services become available so that services continue to improve. Evaluations need to collect and use multiple types of data from each approach to improve future cessation policy and service efforts taking place at the organization, local, and state levels.

Supported CDC (121402PPHF13).

## #XUDisparitiesCollabs

## 2.04.04 – Poster Session 2

### THE ASTHMA CONTROL TEST: A BRIDGE TO COLLABORATION

MA SANDERS; KI Rapp; CM Wilson; SD Denham; D Sunda-Meya; L Jack Jr; AP Porter; P Dixon; RM Post; R Arnaud; FJ Malveaux Xavier University of Louisiana (MAS, KIR, CMW, SDD, DSM, LJJ, APP, PD); Daughters of Charity Health Center (RMP, RA); Merck Childhood Asthma Network, Inc. (FJM)

**PURPOSE:** Use of standardized assessments for asthma control is recommended by the National Asthma Education Prevention Program's Expert Panel Report 3. The Asthma Control Test (ACT), a validated five question survey that assesses level of control in the past month, is a standardized tool that can be utilized as a bridge to collaboration between asthma patients, asthma educators and physicians in efforts to reduce health disparities in a federally qualified health center. **PROJECT DESCRIPTION:** The ACT is a validated five question survey that offers healthcare providers an unbiased assessment of asthma control. The Head-off Environmental Asthma in Louisiana (HEAL) Phase II Project is a pediatric asthma study that provides asthma education to medically underserved asthma patients at the Daughters of Charity Health Center (DCHC) in New Orleans. The ACT was successfully implemented into the pediatric asthma workflow of DCHC at the inception of the project. The ACT serves as a prompt for patient recall of symptoms helping patients to be better prepared to discuss their asthma concerns with the physician. The components of well controlled asthma are continually reinforced as patients complete the ACT at every clinic visit. Each question on the ACT provides an avenue for further discussion by the patient and treatment team which leads to a tailored, comprehensive review of the patient's asthma status. DCHC determined the ACT to be effective in increasing collaboration and understanding of asthma control among patient and providers, capturing uncontrolled pediatric asthmatics in need of medication review, and expanded the use of the ACT for all asthma patients. The ACT serves as a bridge to collaboration between the patient and the health care team helping to reduce health disparities by quantifying level of asthma control, providing a common focus for improved asthma outcomes and enhancing communication between patient and providers.

The Head-off Environmental Asthma in Louisiana (HEAL) Phase II Project is funded by Merck Childhood Network, Incorporated.

## 2.04.05 – Poster Session 2

### A SCRIPT FOR SUCCESS IN PATIENT IMMUNIZATIONS

Xavier University (AMT, DFS); Louisiana State University Health Sciences Center (AMT)

**PURPOSE:** Immunizations have been shown to positively impact health care disparities and improve health outcomes. The objective of the project is to determine the potential barriers and facilitators for minority populations for obtaining influenza vaccinations. The goal of the research project is to increase knowledge about the influenza vaccine and increase the rates of vaccinations among minority patients. **PROJECT DESCRIPTION:** Immunization rates have been historically lower in minority populations. Determining the exact barriers has been a challenge for researchers in the past. This study's aims are to determine what barriers are present in minority patients for influenza vaccinations and increase rates of influenza vaccinations in these populations. Information regarding barriers and facilitators will be obtained via a student administered survey. The intervention is a student presentation on the importance of receiving and the potential consequences of not receiving an influenza vaccine. Patients will receive a pre- and post-intervention survey to not only determine barriers and facilitators but to test the efficacy of the intervention. Vaccination will be delivered by the clinic staff or patients who opt to be vaccinated. Study and data collection will commence in February. The intended outcome of this study is an increase in immunizations rates in the targeted minority populations.

## 3.0 – HEALTH SERVICES / POLICY

### 3.01.01 – Poster Session 1

#### BLUE CITY IN A RED STATE: BEST PRACTICES FOR LOCAL ACA IMPLEMENTATION

Maxwell Ciardullo, Strong Cities, Strong Communities Fellow, New Orleans Health Department; Ayame Dinkler, Chief of Staff & Health Policy Lead, New Orleans Health Department

The New Orleans Health Department has been at the forefront of coordinating Affordable Care Act (ACA) outreach and enrollment efforts for the metropolitan area. As a blue city in a red state, the area faces limited resources, additional scrutiny, and a significant coverage gap due to the non-expansion of Medicaid. In addition, substantial disparities persist for those left in the coverage gap. Two-thirds of the 242,000 residents statewide who will not have an affordable health insurance option are people of color. To address these challenges, the Health Department has focused on data-driven outreach strategies; system-wide coordination with grassroots, "grassblades," and "grasstops" organizations; and a commitment to meet those most marginalized where they are at with low-threshold assistance. The Department has used all available data to map ACA Marketplace eligibles and target outreach efforts to community institutions in these areas, such as churches, neighborhood associations, and barber shops and beauty salons. In addition to working with these community-level groups, the Department has also leveraged partnerships with industry groups to reach the part-time workers and small business employees that stand to benefit the most from the law. Through its long-standing work to strengthen the health care safety net, the Department has also worked hand-in-hand with a local coalition of community health centers to coordinate outreach and enrollment efforts and prepare the safety net for an influx of newly insured individuals. In all of their efforts, staff have striven to make information and assistance as accessible as possible. By working off hour, bringing informational sessions to locations throughout the parish, producing materials in plain language, and translating materials, staff have taken care to reduce the barriers that the most marginalized healthcare consumers often face. This presentation will share success stories in each of these realms, as well as opportunities for improvement.

Affordable Care Act outreach and enrollment efforts are supported by a HRSA Outreach and Enrollment assistance award.

# ABSTRACTS

## 3.01.02 – Poster Session 1

### LOCAL HEALTH DEPARTMENTS AS BACKBONE ORGANIZATIONS FOR YOUTH VIOLENCE PREVENTION ACTIVITIES

Chris Gunther, MPH (New Orleans Health Department) Karen DeSalvo, MD, MPH, MSc (New Orleans Health Department)

**PURPOSE:** To apply the principals of collective impact to prevent youth violence (YV) in New Orleans, LA through a local health department (LHD) -led strategic planning process. **BACKGROUND:** YV is a leading cause of injury, disability, and death. Since 1979, New Orleans' annual murder rate has consistently been seven to eight times higher than the national average. YV is a significant health disparity. In New Orleans, 93% of all murder victims are African American. Furthermore, YV increases risk for a multitude of health and social problems and compounds disparities in chronic disease. **METHODS:** A LHD led the development of a strategic plan to prevent YV in New Orleans. Based on stakeholder input, the LHD adopted a collective impact approach to address the issue of YV. Collective impact requires the following elements: 1) A common agenda 2) Shared measurement systems 3) Mutually reinforcing activities 4) Continuous communication 5) Backbone support organizations In New Orleans, a LHD is the backbone organization for YV prevention. In this role, the LHD provides dedicated staff to convene partners, coordinate YV prevention activities, and collect data to evaluate the impact and communicate the results of YV prevention strategies. **FINDINGS:** LHDs are well-placed to play this role for the following reasons: • Due to the multi-disciplinary nature of public health, LHDs have considerable experience as convening and coordinating agencies. • The tools of public health that are used by LHDs emphasize prevention provide a framework for monitoring, evaluation, and communication. • LHDs are integrated within local governance structures, either as a part of municipal government or as a free-standing municipal board or commission. **CONCLUSION:** Because of their ability to sustain cross-sector partnerships, emphasis on prevention, capacity for data collection, and integration within local governance structures, LHDs are uniquely situated to serve as backbone organizations for YV prevention activities.

## 3.01.03 – Poster Session 1

### ADVOCACY AND PARTNERSHIP: BENEFITS OF ADVOCATING AS PART OF A TEAM

JD Keith; JB Meyer; M Gutierrez; DP Brown Public Health Management Corporation (JDK, MG); Pennsylvania Alliance to Control Tobacco (JBM); American Lung Association of the Mid-Atlantic (DPB)

**PROBLEM:** Comprehensive clean indoor air policies have the ability to protect all people. However, clean air policies are not always comprehensive which could exacerbate health disparities between populations. Closing policy gaps is challenging, but can be achieved with a diverse team of advocates. **KEY FACTORS:** The Pennsylvania Alliance to Control Tobacco (PACT), a statewide coalition dedicated to strengthening tobacco control laws across Pennsylvania, in partnership with the American Lung Association in Pennsylvania, has coordinated an Advocacy Day at the state capital for several years. In May 2013, Advocacy Day brought together almost 100 adults and over 150 youth advocating for comprehensive clean indoor air legislation. The event included 53 advocate-led educational legislator visits and a press rally. Feedback documented support for clean indoor air, but not necessarily without exceptions. Advocates documented legislator and/or staffer questions and also identified potential champions for a comprehensive clean indoor air law. Advocacy Day participants came from across Pennsylvania and came with a wide range of tobacco control advocacy experience; ranging from novice to expert on a 10-point scale. About nine in ten respondents report meeting a legislator or staff person for the first time during the event (91.9%). During almost all visits, an "ask" about support of comprehensive clean air was completed. As a result of Advocacy Day, advocates report: gaining new skills (88.5%); increased/renewed motivation to discuss clean air with policy makers (85.3%); and increased confidence in conducting legislative visits (85.2%). **RECOMMENDATIONS:** Advocacy Day participants can provide critical information to movements; from specifics on legislative support, to insights on what resonates with policy makers. In addition, there seems to be benefits for the participating advocates across experience levels, including increases in skill level, motivation to advocate, and confidence in working with policy makers. Thoughtful advocacy events can have mutual benefit across partners.

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

## 3.01.05 – Poster Session 2

### IMPLEMENTING HEALTH REFORM: THE NEED FOR STRENGTHENED DATA COLLECTION

Rashida Dorsey

**ISSUE TO BE CONSIDERED:** Data from multiple sources are necessary to monitor the impact of the Affordable Care Act (ACA) on racial and ethnic minorities and other population subgroups. As such, strengthening data collections through the implementation of data collection standards are a critical part of ACA implementation. **UNDERLYING ISSUE OR KEY FACTS:** The Affordable Care Act includes many provisions that expand health insurance coverage, access to care, quality of care and prevention that are anticipated to be impactful in the area of disparities reduction. Data collections will be critical to track changes in disparities as the various components of the Affordable Care Act are implemented and the U.S. Department of Health and Human Services (HHS) will be at the forefront of such data collections. In accordance with Section 4302 of the Affordable Care Act, HHS has developed and adopted new data collection standards for race, ethnicity, sex, primary language and disability status for its major surveys. The new standards include additional granularity for race and ethnicity, and new, uniform data collection requirements for self-reported language and disability status. Data on ACA-related topical areas such insurance coverage, preventive care, access to and quality of care mental health services utilization, and medical expenditures are collected by HHS surveys and the data are used to provide national, and often sub-national, estimates of these measures. The new data collection standards will improve the ability to track the impacts of the ACA on population subgroups and enhance the capacity for reporting and tracking data on health disparities impact of the ACA on population subgroups. **RECOMMENDATIONS:** Data standards promote the uniform collection and utilization of demographic data. Researchers and policy makers should utilize the data available to monitor the ACA implementation and for the development of programs and policies to advance public health and reduce disparities.

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### 3.01.06 – Poster Session 2

#### HEALTH INFRASTRUCTURE IN INDIA – LACK OF SUPPORT FOR HEALTH OUTCOMES RESEARCH

Manthan D Janodia, Associate Professor, Department of Pharmacy Management, Manipal College of Pharmaceutical Sciences, Manipal University, Manipal 576104, Karnataka, India and UGC (Government of India) Raman Post Doctoral Fellow, Department of Pharmacy Administration, School of Pharmacy, University of Mississippi, Mississippi

**Introduction:** The Indian Healthcare system is a mix of public and private health systems with majority of people preferring private health care facilities. Health Infrastructure, an important indicator to understand healthcare delivery provision also signifies investments required in public and private sectors. Indian government has made significant investment in healthcare infrastructure and healthcare delivery mechanisms. As identified, Ministry of Health and Family Welfare, Government of India has four departments viz. Department of Health, Family Welfare, Indian Systems of Medicine and Health Research whereas Public Health Department is strikingly absent. **Methods:** Secondary data from government sources and publicly available reports were accessed in order to understand whether Government of India has invested in Health Infrastructure creation for Health Outcomes Research and Patient Reported Outcomes Research. **Results:** Healthcare in India is mostly spent out of pocket and is provided via private sector. The XII five year plan document of Department of Health Research, projected an increase in public health spending to 2.5 per cent of GDP by 2017. It is reported in the XII plan document that India has set aside approximately USD 50 mn for creation of health infrastructure for promoting health research. The focus in health infrastructure is largely communicable, non-communicable, basic medical sciences, nutrition, reproductive health, maternal & child health. The plan document has identified health infrastructure strengthening in the areas of animal experiments, clinical pharmacology, critical health policy issues, health system research, socio-behavioural research. However, there is no policy in place that supports carrying out Health Outcomes Research and Patient Reported Outcomes Measures, which could be integrated into critical health policy issues to address problems listed above. **Conclusion:** It is important that Health Outcomes Research is inter-twined in Health policy to support and strengthen health infrastructure in India.

### 3.01.07 – Poster Session 1

#### A COMPARISON OF VITAMIN D DEFICIENCY IN ADULT PATIENTS

Charles Newton, Marius T. McFarland, MD

This study is designed to establish patterns or factors which affect the incidence of Vitamin D Deficiency as well as to compare levels of Vitamin D Deficiency in adult patients. The data was analyzed to determine patterns of Vitamin D deficiency by age groups and gender. Patients were selected from a data bank of a local primary care clinic. Researchers studied demographic information including age, race and sex of patients as well as levels of Vitamin D in the body as possible factors in Vitamin D metabolism. Results of these findings were divided into three categories based upon severity of the Vitamin D deficiency in order to obtain an adequate amount of information in to possibly develop a correlation between the different cases of Vitamin D Deficiency. The different levels were Moderate, Intermediate, and Severe. Furthermore, review of data to identify a possible connection between skin pigmentation and Vitamin D absorption was proposed. Through the course of the experiment, there was a noticeable pattern between the different levels of deficiency. There was a noticeable relationship between the genders and their age groups. For example after the data was collected and filtered, there was an area of the age groups that had the highest occurrences as well as a gender having the same result as well. The women in the two age groups 50-59 and 60-69 had the highest occurrences of Vitamin D Deficiency. While the men had a high level of occurrences in the age groups of 50-59 and 70-79. Though the women overall had most cases throughout the entire experiment. The most astonishing factor was that the age group 50-59 had slightly more than half of the total number of patients used for the overall analysis.

LSUS Health Center

### 3.02.01 – Poster Session 1

#### DESIGN OF AN INTERDISCIPLINARY, INTERCULTURAL ADVANCED PHARMACY PRACTICE EXPERIENCE IN LA VALLEE, HAITI

SA Amering Xavier University of Louisiana College of Pharmacy

**PURPOSE** To describe the design and implementation of an interdisciplinary, international advanced pharmacy practice experience (APPE) that took place in Ridore in the area of La Vallee, Haiti. **Project DESCRIPTION** As the focus of medicine shifts from physician-focused practice to team-based practice, interdisciplinary experiences for students are increasingly in demand. Likewise, as the world shifts from national perspectives to international, more students are seeking educational experiences outside their native country. In the Spring of 2013, one clinical assistant professor of pharmacy and two fourth year pharmacy students traveled to La Vallee, Haiti with the Haitian Association for Human Development (AHDH), a medical mission organization. Haiti still remains one of the most destitute countries in the world. In addition, 60% of people have no access to health care resulting in a much shortened life expectancy. The organization provides medical care to the citizens of at St. Joseph's Hospital which is a small hospital/outpatient clinic. The pharmacist and pharmacy students worked with many Haitian and American health care workers including physicians, medical students, ophthalmologists, dental surgeons, nurses, and radiology technicians. The pharmacy team organized and distributed medications and medical supplies, provided recommendations for therapy, obtained vital signs, and provided drug information services. The pharmacy team also made several clinical interventions such as inappropriate drug choice, formulary substitution, over and under dosing errors, and cost/access issues. Both the medical team and the patients appreciated the services provided. The pharmacy team plans to return each Spring to La Vallee with AHDH and expand its services to include disease state management and further education of the health professionals. In addition, the team will work with the dispensing pharmacy at St. Joseph's Hospital to improve patient safety.

# ABSTRACTS

## 3.02.02 – Poster Session 1

### DOING GOOD IN THE DELTA: AN INTERPROFESSIONAL EFFORT TO PROVIDE HEALTH CARE TO THE MEDICALLY UNDERSERVED

Harris B, Sullivan A, Dent K

**Design-** According to the Mississippi State Department of Health, 76 of Mississippi's 82 counties have less than one healthcare provider per 3,500 people. In order to expose health professional students to rural health and provider shortage practice areas, as well as to provide quality health care for rural dwelling children, an inter-professional school-based healthcare delivery model was established in Sharkey and Issaquena counties in Mississippi by The Mercy Delta Express Project (MDEP). **Methods-** Medical and nurse practitioner students (N=18) were given the opportunity to complete a clinical rotation in three school-based rural health clinics managed by faculty from the University of Mississippi Medical Center School of Nursing. **Results-** After completing their rural clinical experience, students were asked to complete an online anonymous evaluation/satisfaction survey reflecting on their clinical experience. Both quantitative and qualitative data were analyzed. Quantitative survey responses revealed that over 88% of students rated the clinical experience as exceptional and 12% as very good. The majority of students (88%) revealed that the rural clinical site was exceptional for practicing both pediatric interviewing and assessment skills. Of note, 100% of the students responded that they would recommend the rural clinical site to future students. Qualitative data revealed themes including: the patients trusted the healthcare providers; students may practice in rural health after graduation because of their clinical experience; and the value of community engagement was notable. **Conclusion-** In a place with an incredible paucity of healthcare providers, the MDEP provides an avenue for students to provide and practice health care in a medically under-served community.

W.K. Kellogg Foundation

## 3.02.03 – Poster Session 1

### METHODS FOR CONTINUITY OF CARE POST DISASTER IN THREE GULF COAST STATES

ML ICENOGLE; ML Slagle; MI Arrieta

**PURPOSE:** We compare efforts by health providers to improve continuity of care for chronically ill patients facing disaster in coastal Alabama and Mississippi with the approach taken by providers in the Florida Panhandle. **METHODS:** Key informants (n=22) from health, social service, and emergency management organizations in Escambia County, Florida, participated in interviews. Transcripts were coded by two analysts using qualitative software. Follow-up meetings with KI provided clarification of findings, with further validation by nine KI. Results are compared to findings from earlier studies of Alabama and Mississippi Gulf Coast approaches. **RESULTS:** Providers in Mississippi and Alabama offer annual disaster training for patients, including safe storage of important documents, stocking survival supplies/prescription medicines, preparing travel bags and evacuation plans. They encourage evacuation and sheltering away from the coast. Various agencies provide financial assistance and/or transportation to evacuate, including information on providers in evacuation areas. In Florida, home healthcare/social service providers focus on identifying chronically ill individuals and their families and link them with needed services including assistance with precertification for special needs shelter admission. Emergency Management officials advise residents to seek shelter in local mass/special needs shelters. Agencies stress the importance of written documentation of diagnoses/medications/treatment regimens along with training to be more knowledgeable about their medical conditions and treatment. Despite such efforts, lack of patient compliance with recommendations inhibits preparation. Compliance is affected by limited patient resources, lack of motivation, and complacency. **CONCLUSIONS:** Health/social service providers in Alabama and Mississippi focus on preparing patients for disaster and encouraging evacuation before hurricanes. In Florida, a highly structured emergency management system, improved building codes, and highly organized and coordinated systems of volunteers support the use of local shelters rather than recommending area evacuation. Both approaches have significant benefit, and each has areas that can be strengthened – perhaps by learning from each other.

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## 3.02.04 – Poster Session 1

### FLORIDA PANHANDLE NETWORKS TO SUPPORT CONTINUITY OF CARE IN A DISASTER

ML ICENOGLE; ML Slagle; MI Arrieta

**PURPOSE:** This study describes the networks involved in providing continuity of care to health disparate patients with chronic diseases in the Florida Panhandle in the aftermath of major hurricanes. **METHODS:** Key informants (n=22) from health/social service providers and emergency management personnel from Escambia County, Florida, were interviewed. Transcripts of interviews were coded by two researchers for content using qualitative software. Follow-up meetings provided clarification, and findings were confirmed/validated by nine KI. **RESULTS:** Previous studies identified health services delivery system preparedness, patient preparation, and emergency response/provision of basic necessities as critical issues in providing care following Hurricanes Katrina and Rita. Subsequent studies investigated actions to address these issues. Findings show that Florida's utilization of FEMA's 18 Emergency Support Functions (ESF) structure provides a strong state-wide emergency management network. ESF 8, Public Health and Medical; ESF 6, Mass Care; and ESF 15, Volunteers and Donations create the network's basic structure to address issues in delivering continuity of healthcare following major hurricanes in 2004-5. Many KI commented on the level of cooperation/coordination found among organizations involved in emergency preparedness and the care of vulnerable populations. Extensive use of social media keeps members of network organizations informed of when, where, and how to be involved in exercises/activities designed to keep emergency preparedness in the forefront of community members' minds. BRACE (Be Ready Alliance Coordinating for Emergencies) is a unique volunteer network in the Florida panhandle, created in 2006, with over 500 partner organizations coordinating preparation/response/recovery. Further, Florida lawmakers changed laws/regulations to ensure access to gasoline and medications after disasters. **CONCLUSIONS:** Florida's emergency management/volunteer network is strong and effective. The ESF structure and a strong volunteer network address many key issues inhibiting continuity of care after disasters.

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## #XUDisparitiesCollabs

### 3.02.05 – Breakout Session C

#### TRAINING RETAIL CLINICIANS: BRIEF CESSATION INTERVENTIONS

JD Keith; S Rosenberg; K Houston Public Health Management Corporation (JDK); Convenient Care Association/NNCC (SR); Foundation for Health Smart Consumers (KH)

**PROBLEM:** Retail clinicians need up-to-date, tailored information on supporting their patients to quit tobacco. **KEY FACTORS:** Beginning in 2013, The Foundation for Health Smart Consumers and partners at the Convenient Care Association initiated the Inspire Smoking Cessation Training Program. Inspire's goal is to increase smoking cessation interventions in retail-based clinics by providing nurse practitioners and other attending clinicians with training and counseling resources. Ultimately, Inspire aims to promote/support tobacco use cessation among those utilizing retail-based health care services. This presentation will share preliminary Inspire findings and discuss tailored brief intervention training. Inspire's evaluation focuses on reach, changes among trainees (in the areas of knowledge, confidence, buy-in and behavior) and trainee feedback. The first face-to-face training at the Retail Clinicians Education Congress conference and first quarter of online trainings garnered 164 trainees across 28 states in the US. The majority of trainees are full time Nurse Practitioners. 99% of trainees describe the training as useful, and 97% intend to refer patients post-training. In comparing paired pre/post data, Inspire trainees report significant increases in confidence regarding their ability to refer their clients to obtain services to quit using tobacco and in confidence helping clients quit using tobacco ( $p < 0.01$ ). In addition, Inspire trainees report high feasibility for them to consistently use brief intervention in the future (Mean=8.7, mode=10 on 1-10 scale). Preliminary 3-month follow-up data indicate increases in consistency of Ask, Advise, Refer use, with reduced drop off between Ask and Refer. Additional follow up data is needed to draw conclusions about sustained change in confidence and post-training behaviors. **CONCLUSIONS:** Retail-based care is becoming more widely available and popular. Retail clinicians have direct service opportunities to increase cessation intervention and referral for a variety of tobacco user supports. Tailored trainings for retail clinicians or service locations have the potential to increase referral behavior.

Grant provided by the Pfizer Independent Grants for Learning & Change and the support of the Smoking Cessation Leadership Center at the University of California at San Francisco.

### 3.02.06 – Poster Session 2

#### CLINICAL PRACTICE CHARACTERISTICS AND TECHNOLOGY USAGE OF PHYSICIANS FROM THE MISSISSIPPI HYPERTENSION SPECIALIST INITIATIVE

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

**Background:** To meet the challenge of providing access and better care of hypertension to Mississippians, the Mississippi State Department of Health's Heart Disease and Stroke Prevention Program created the Mississippi Hypertension Specialist Initiative (MHSI). The goal of the program is to improve the quality of care strategies for patients by increasing physicians' knowledge and skills in managing complex, treatment resistant forms of hypertension and increasing the number of certified hypertension specialists in Mississippi. **Objective:** To examine the clinical practice characteristics and technology usage of Mississippi physicians recruited during the first year of MHSI. **Methods:** Mississippi physicians were recruited to participate in a two-day clinical review course to prepare for the American Society of Hypertension Specialist Exam. Prior to participating in the two-day-clinical review course, Mississippi physicians completed a survey including questions on their medical practice, demographics, and current technology use. Frequency analysis using SPSS 21.0 was conducted on responses to survey questions. **Results:** A total of thirty-three physicians completed the survey. The majority of the physicians were male (69.2%), white (46.2%), had more than twenty years experience as a practicing medical doctor (66.7%), weekly patient load of 61-80 patients (38.5%), and mainly worked in a community or public clinic (45.5%). Also physicians responded that they routinely used: electronic billing of services (92.3%), electronic ordering of tests, procedures or drugs (84.6%), electronic patient medical records (84.6%), email other doctors to consult or communicate about patients (30.8%), email patients to communicate about care (23.1%), and computer-based decision support tools that provide real-time treatment recommendations or diagnostic support for patients (69.2%). **Discussion:** Examining Mississippi physicians' practice and technology usage provided understanding of their delivery of health care services. MHSI could serve as a model of quality improvement initiatives that focus on reducing cardiovascular disease related morbidity and mortality.

### 3.02.08 – Poster Session 2

#### SUPPLEMENTING CLINICAL DATA TO ACHIEVE GUIDELINE-BASED CARE

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

**PURPOSE -** Recent asthma guidelines identify four components of care, two of which are incorporated as usual care and documented in electronic medical records (EMR) by most primary care providers: clinical assessment/monitoring and pharmacological therapy. The remaining two components, self-management education and environmental control, are often neglected due to clinic setting limitations, such as cycle time and available staff. Documentation of patient-reported information not included in EMR, such as medication adherence and home environmental factors, has the potential to improve health outcomes and eliminate disparities, particularly in health care institutions not having the resources to meet guideline recommendations. **PROJECT DESCRIPTION -** The Head-off Environmental Asthma in Louisiana, Phase II Project is a research project that has partnered with a system of community health clinics to provide asthma education services to medically underserved children in the New Orleans area. The project encourages collaboration to meet guideline recommendations pertaining to asthma management. While clinical health care providers are able to implement the clinical assessment and pharmacological therapy components of the guidelines, certified asthma educators and community health workers are able to fulfill the education and environmental control components. Detailed intake and follow-up interviews are conducted by asthma educators during which data is collected concerning patients' experiences with asthma and issues with asthma management. During these sessions various self-management topics are covered according to the needs of the patient and family. Home environmental assessments are conducted by community health workers during which environmental triggers are identified and recommendations are made for home remediation. Health care providers having access to this information have reported an improved awareness of patients' experience with asthma. Consequently, patient and provider relationships have improved and accuracy in measurement of patient asthma severity has increased. Supplementing clinical data with patient-reported outcomes is necessary in providing comprehensive, guideline-based care.

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

# ABSTRACTS

## 3.02.09 – Poster Session 2

### OPPORTUNITIES FOR PERFORMANCE IMPROVEMENT IN THE MANAGEMENT OF ALCOHOL WITHDRAWAL SYNDROME

J. L. Johnson (1,2) D.E. Wilson (1) B.P. deBoisblanc (2)

**Introduction:** Treating the medical and psychosocial complications of alcohol withdrawal syndrome (AWS) consumes significant healthcare resources. Identification of institutional variances in treatment is the first step to developing more cost-effective practices. We hypothesize that variances in the management of AWS will be large and not be explained by patient morbidity. **Methods:** Retrospective review of 50 patients treated for alcohol withdrawal syndrome during 52 unique visits to an inner-city academic medical center. **Results:** Patients were generally males (80%) with a mean age of 49 years. Twelve patients (24%) had a documented diagnosis of hepatic cirrhosis. Patients were discharged from the emergency department (n=17), admitted to a medical ward (n=20) or admitted to intensive care units (n=15). Median ICU length of stay was 2 days (range 1-14), median hospital length of stay was 3 days (range 1-52). A variety of pharmacologic treatment strategies were employed, including symptom-triggered short acting (n=32) or long acting (n=39) agents, scheduled tapers of long-acting agents (n=29), or continuous infusion of benzodiazepine (n=1), propofol (n=2), or dexmedetomidine (n=7). Discharge prescriptions for long-acting agents were often provided (n=22). Use of validated assessment tools (CIWA, MINDS, CAM-ICU, RASS) was rarely documented. Thiamine replacement was documented in 37 of 52 visits (71%). Tobacco cessation counseling was documented in 10 of 37 patients (27%) with current tobacco use. Psychiatric counseling or pharmacologic treatment was provided to 16 of 21 patients (76%) with documented depression or suicidal ideation. Influenza and pneumonia vaccination or refusal was documented in 10 (19%) and 14 (30%) of the 52 visits respectively. Referral for alcohol rehab or counseling was documented for 16 patients. Screening for viral hepatitis and HIV was performed in only 44% and 52% of patients, respectively. **Conclusion:** This review identified areas of unexplained practice variability that could contribute to poorer outcomes and higher costs. Implementation of AWS treatment protocols could help clinicians provide consistent, cost-effective, evidence-based care and could also reduce missed opportunities for intervention

## 3.02.10 – Poster Session 2

### INTEGRATED PRIMARY CARE: A MODEL TO ADDRESS HEALTH CARE DISPARITIES AND PSYCHOSOCIAL PATIENT CENTERED CARE.

RILLES; SJ Nyman FSU Family Medicine Residency at Lee Memorial Hospital (RI); MSUFAME at Genesys Regional Medical Center (SJM)

**PURPOSE:** Purpose: To better address the mental health care needs of traditionally underserved populations through effective implementation of this integrated interprofessional service delivery model in the primary care environment. **Objective:** Present an interprofessional model of addressing access to mental health services in the primary care medical environment. **Goals:** Describe: A) Unique challenges and opportunities of this model, B) Improved access to mental health care in underserved populations through this model, and C) How to establish effective partnerships with medical providers to offer these services. **Project Description:** Studies have demonstrated that integrated services can improve access to mental health care, enhance quality of care, decrease health care costs, improve overall health, decrease the burden on primary care providers (PCPs), and improve PCPs' ability to address patients' mental health needs (Butler et al., 2008; World Health Organization & World Organization of Family Doctors, 2008). Based on the Primary Care Behavioral Health model (PCBH; Robinson & Reiter, 2007), mental health specialists are embedded in primary care and serve as a behavioral health consultant (BHC). BHC provides brief, focused assessments and interventions referred by physicians for a variety of conditions. This model is consistent with the current movement of best practices for patient centered care, such as patient centered medical home models (PCMH). The patient gains more access to services as the BHC is available for immediate "real time" psychology services, as well as to provide 30-minute appointments for short-term psychotherapy. This allows our integrated on-site service to provide increased resources to the local underserved population at time of need. By integrating mental health treatment within medical facilities there can be fewer stigmas associated with receiving mental health treatment, as well as provide general health education to assist in reducing unhealthy behaviors or emotional distress. Further implications and recommendations will be presented.

## 3.02.11 – Poster Session 1

### INCREASING UTILIZATION OF CESSATION SERVICES AMONG PREGNANT SMOKERS

MD Celestin, Jr; C Hayes; Y Yi; D Durapau, S Moody-Thomas Louisiana State University Health Sciences Center (MDCJ, CH, DD, SMT); Louisiana State University Health System (YY)

**PURPOSE:** Maternal tobacco use is associated with poor pregnancy outcomes. Smoking cessation during pregnancy reduces adverse effects, including low birth weight and preterm birth. System-level approaches and provider training hold promise for increasing provider engagement with pregnant smokers and improving treatment outcomes. Through the Tobacco Control Initiative (TCI), system changes were comprehensively implemented in the LSU Health System making evidence-based tobacco cessation services available to all patients including pregnant smokers. This study assessed whether tailoring cessation services to the needs of pregnant smokers would increase utilization, a feasibility evaluation aimed to: 1) determine changes needed at the system and patient levels to support engagement and treatment of pregnant smokers, and 2) identify and implement sustainable training, counseling and motivational interventions. **DESIGN METHODS:** A quality improvement study design was used. The study was conducted between January and June, 2013, in one site in the LSU Health System. Existing performance indicators were used to assess intervention impact. Pre-post intervention comparisons (CY 2012) of provider and patient behaviors were conducted using data from the participating site. **RESULTS:** Sustainable resources for training providers were identified, along with evidence-based cessation counseling interventions for pregnant smokers. Changes needed at the system and patient levels were: a) providing clinicians work site access to online training, and b) adapting for pregnant smokers TCI's standardized counseling protocol. One third of clinicians initiated training. We observed increased readiness to quit among pregnant smokers (4 vs 27); increased assistance helping pregnant smokers select a cessation treatment (17 vs 27); and increased scheduling for group counseling (4 vs 17). Participation of pregnant smokers in group behavioral counseling did not increase (2 vs 1). **DISCUSSION/CONCLUSION:** Despite accommodations to system and patient-level demands, utilization of cessation services by pregnant smokers remained low. Additional efforts to recruit and enroll tobacco users in treatment are warranted.

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### 3.02.12 – Poster Session 2

#### THE IMPACT OF BEHAVIORAL HEALTH COUNSELING ON REDUCING EMERGENCY CENTER VISITS IN A MEDICALLY VULNERABLE SOUTHERN U.S. POPULATION.

A HOOD; D MATHIS; B SMITH Mercer University School of Medicine (DM; BS), Community Health Works (AH), Medical Center of Central Georgia (DM;AH), W.T. Anderson Health Center (AH; DM)

**PURPOSE-** To provide patients with personalized interventions in an effort to overcome barriers to positive health behaviors and reduce recurrent and costly Emergency Center (EC) visits at the Medical Center of Central Georgia (MCCG). **METHODS-** These services are delivered by a professional Marriage and Family Therapist (Behavioral Health Counselor or “BHC”) in an ambulatory clinical setting serving the needs of an underfunded clientele, age 18 and over, with multiple chronic non-emergent health and/or behavioral problems. The services provided include assessment, planning, service coordination, health education, motivational interviewing, medical family therapy, patient advocacy and monitoring of care. **RESULTS-** Data has been recorded over 5 years and records the BHC’s caseload of referred patients who have met criteria for over utilizing the EC. The data on patients who enter the caseload is recorded for 30 months. The data measures the number of EC visits the patient has during intervals beginning with 0-6 months pre- BHC intervention and ending with 18-24 months post-BHC intervention. When a patient is placed on the caseload, they are contacted by the BHC and treated depending on their needs with medical family therapy and/or motivational interviewing. These treatments are provided by the BHC in conjunction with the services described above. Based on the data recorded, the number of EC visits reduced by up to 81.29% with an average reduction within the past year of 79.44%. **CONCLUSIONS-** The data suggests that targeting this population with the trained BHC reduces the number of EC visits while also reducing the cost and burden placed on the healthcare facility as a whole. These findings highlight the success of integrating a behavioral health component into the traditional medical model in an effort to positively affect patient relationships with their primary care providers and decrease their need to seek medical care from EC facilities.

### 3.02.13 – Poster Session 1

#### STUDENT REFLECTIONS: RURAL INTERDISCIPLINARY HEALTHCARE EDUCATION

PZ Murphy; FI Ford; DJ Hornbuckle; AT Johnson McWhorter School of Pharmacy (PZM); Sowing Seeds of Hope (FIF, DJH); Brownstone Total Family Healthcare (ATJ)

**BACKGROUND:** Pharmacy schools are challenged with developing innovative methods for providing quality Advanced Practice Pharmacy Education (APPE) rotations to senior pharmacy students. APPE rotations reinforce the knowledge students received during the didactic curriculum, and provide opportunities to move from theory to real world situations. This may include interdisciplinary education to foster understanding and appreciation for the expertise of other healthcare professionals to devise patient care plans. Ideally, these APPE experiences should also offer exposure to varied patient populations and healthcare settings such as ambulatory care and rural sites. Health care access in rural areas continues to be a challenge due to limited resources and the scarcity of healthcare professionals choosing to practice in these areas. A widely held belief is that only through interdisciplinary education can the new generation of healthcare professionals effectively address today’s complex medical issues. Providing this education in rural sites may increase willingness of new providers to serve in these areas. **PURPOSE:** To evaluate student perceptions of the interdisciplinary education between pharmacy and pre-medical students working in a pharmacist-enabled rural health clinic in Perry County, Alabama. **EDUCATIONAL METHODS:** McWhorter School of Pharmacy Senior pharmacy students work alongside University of Alabama pre-medical students within a rural ambulatory care teaching site that emphasizes a team approach to healthcare delivery. It is crucial that students provide meaningful feedback to help faculty members understand students’ experiences. From our interactions with pharmacy and pre-medical students, we provide reflections from the Cardiovascular Risk Reduction clinic in Perry County, Alabama. We discuss students’ presumptions about rural patients, changes in perceptions upon completion, pre-medical students’ opinions about pharmacists, and pharmacy student’s speculations of the impact of this training on future physicians. **IMPLICATIONS:** Student reflections will be used to improve clinic interactions and provide more opportunities for the activities students found most useful.

### 3.02.15 – Poster Session 2

#### ELIMINATING HEALTH DISPARITIES: AN INTEGRATED CARE APPROACH

V Ede; R Kinuthia; M Okafor.

**PURPOSE:** This study adopted innovative integrated care models that embed psychiatrists, interventionists and peer specialists into Community Health Clinics (CHC) to improve functioning, quality of care, and address health disparities associated with behavioral health. We aimed to: 1) improve health outcomes among individuals with behavioral health needs and co-morbid medical conditions, while addressing health disparities, through the implementation of a specific IP QI initiative with an evidence-based framework; 2) improve access to behavioral health care among homeless and underserved populations. **METHODS:** Three CHC implemented group psycho-educational therapy, automated mental health screening kiosk, and wellness and relaxation programs respectively. Participants (n=160) enrolled in these programs. The sites used certified peer specialists and interventionists to help participants develop skills and abilities to address mental and primary health conditions. We analyzed multiple sources of data (Kiosk data; quarterly reports; quantitative assessment tools; Electronic Medical Records). We compared the means of data collected at the start and end of the IPCQI by paired samples T-test analysis. **RESULTS:** There were reductions of 10.3 in mean Systolic Blood Pressure (95%CI 3.17, 17.4; p=0.008), and 5.4 in mean Diastolic Blood Pressure (95%CI 0.9, 9.8; p=0.02). A 12.3% decrease (p=0.02) in PHQ-9 scores was seen among patients with depression and co-occurring hypertension. There also was a 1.5% reduction (p=0.9) in the mean Generalized Anxiety Disorder-7 scale. **CONCLUSION:** Current research suggests that potential national and state-level medical care cost savings are achievable through modest sustained reductions in hypertension and depression as shown in this initiative. This pilot utilized peers and interventionists to improve health outcomes and access to behavioral health services which is relatively inexpensive, and may be a way of “providing more for less”. Additionally, eliminating health disparities as it relates to behavioral health would entail exploring and expanding integrated care services to other health systems.

Research supported by Kaiser Permanente Grant #: 670088 at Satcher Health Leadership Institute, Division of Behavioral Health, Morehouse School of Medicine.

# ABSTRACTS

## 3.02.16 – Poster Session 1

### MTM IN A PATIENT CENTERED MEDICAL HOME

MR HAYDEL; CG Hayes Daughters of Charity Services of New Orleans (MRH, CGH)

**PURPOSE** The objective of this project is to integrate Medication Therapy Management (MTM) services into pharmacies that are currently not providing these services. The goals for this project are to: (1) Demonstrate financial sustainability of employing a pharmacist to provide MTM services for multiple locations. (2) Demonstrate the impact of MTM as determined by increased medication adherence, decreased drug interactions (drug therapy problems), improved patient satisfaction and improved clinical outcomes. (3) Demonstrate MTM as a value-added service which can increase revenue through number of prescriptions filled and direct reimbursement for MTM services provided to managed care Medicaid recipients and Medicare Part D recipients. (4) Determine the effectiveness of an MTM community pharmacist in a Patient Centered Medical Home (PCMH) when common barriers are essentially removed. **PROJECT DESCRIPTION** MTM provides pharmacists the opportunity to significantly enhance patient care; however, the optimal design of MTM programs has not yet been established. Community pharmacists across the country are implementing MTM into their daily routine which may diminish the quality of services being provided. There are significant barriers to providing effective MTM services to patients which include: provider-pharmacist relationship, pharmacist lack of access to a patient's medical record, time restraints and reimbursement. Daughters of Charity Services of New Orleans has retail pharmacies located within the clinics; this offers a unique opportunity for providing MTM services. In this model, the pharmacist provides reimbursable MTM services to eligible patients utilizing MTM platforms such as Outcomes<sup>®</sup> and Mirixa<sup>®</sup> and communicates to the providers by documenting the MTM encounter in the patient's medical chart and electronically alerting providers. Since pharmacists have access to the patient's medical record and established relationships with providers, this model essentially removes those barriers that often hinder the success of MTM. The pending results of this project will give insight on the design of future MTM programs.

Submitted an application for funding.

## 3.03.01 – Poster Session 1

### DEVELOPING MEDICAL SKILLS TO REDUCE HIV HEALTH DISPARITIES

A CARRERA; N Varas-Díaz; CE Rodríguez-Díaz; B Beauchamp; N Ortiz; A Facundo; C Díaz-Perez

**Purpose:** HIV disproportionately affects the Latino/Hispanic and Caribbean populations in spite of effective prevention efforts. Proper HIV prevention requires assessment of individual and social factors determining risks for infection and disease progression. Physicians are primary promoters of prevention practices and early engagement in care; however, there is limited formal education on HIV prevention in medical academic trainings. In response, we developed a curricular model to improve medical students' skills and competencies on HIV prevention, early diagnosis and care referral. **Design Methods:** An HIV Prevention Curriculum Task-Force was created to design a coordinated multidisciplinary program to be integrated across the current four year medical education curriculum. Novel didactic experiences with standardized patients, mobile handheld devices, instructional tools, simulated patients scenarios and vignettes are incorporated to achieve sustainable behavior changes among the students. **Results/Expected results:** A four-module curricular model has been developed. Module 1 focuses on first year student knowledge of the HIV pandemic, and its impact in Latino/Hispanic population including Puerto Rico and the Caribbean. Module 2 focuses on eliminating attitudinal barriers, such as homophobia, stigma, fear, and addresses the role of social determinants on HIV-related health disparities while providing basic knowledge on HIV testing and diagnosis, disease progression and prevention in positives. Module 3 improves HIV risk assessment skills and Module 4 provides for a clinical scenario practice and overall evaluation of the contents covered. The key component of this effort is the integration of a multidisciplinary design by merging analogous objectives within the context of current academic courses. **Conclusion:** This novel curriculum tailored to medical students will impact future physicians' capacity to target health disparities. It incorporates skill-building prevention objectives on marginalized populations vulnerable to multiple social risk factors for HIV infection and subject to service inequities. Further assessment should explore the effectiveness of the curriculum as well as its replicability.

Research supported by Altum, Inc. CRB-AR500-S-10-00165

## 3.03.02 – Poster Session 2

### ASTHMA EDUCATORS AS HEALTH BROKERS IN REDUCING ASTHMA DISPARITIES

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

**PURPOSE:** Asthma, a chronic inflammatory disease of the airways, is a growing public health burden disproportionately affecting minority children in underserved communities. The number of children diagnosed with asthma continues to grow each year with a 50% increase nationwide from 2001 – 2009 among African-American children. As the burden of care continues to grow, Asthma Educators (AE) and Community Health Workers (CHW) work together as health brokers between providers, community clinics and patients to improve asthma outcomes, decrease asthma morbidity and reach Healthy People 2020 goals. **PROJECT DESCRIPTION:** The Head-off Environmental Asthma in Louisiana (HEAL, Phase II) Project, is a partnership between Xavier University College of Pharmacy, the Children's Health Fund, and the Merck Childhood Asthma Network, through Daughters of Charity Services of New Orleans (DCSNO) clinics. The project provides pediatric asthma care to the New Orleans community, and serves as a bridge to care by providing asthma education. Through these clinics, CHWs and AEs work in tandem to culturally mediate between communities, physicians and the health care system. They provide accessible asthma education and information ensuring patients and families are educated on the importance of adherence to medication and recommended treatments, while tailoring methods to increase compliance with medications, advocate for patients and communities, and helping patients navigate through a diverse and complicated health care system. This presentation will describe how CHWs and AEs provide support to multidisciplinary health care teams and patients in improving outcomes and maintaining asthma control and care while eliminating the asthma health care disparity crisis in underserved communities.

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

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### 3.03.03 – Poster Session 1

#### THE IMPACT OF UTILIZING A COMMUNITY NEEDS ASSESSMENT TO REDUCING CANCER DISPARITIES

Renea Duffin Heather Price

**PURPOSE:** Mary Bird Perkins Cancer Center offers free cancer screenings for 5 types of cancer to individuals that lack access to them. In 2012, we conducted a needs assessment of our early detection program to define the needs of our population, determine potential to reduce cancer health disparities, and identify gaps in resources within our 18 parish service area. Utilizing data from the needs assessment, we transitioned our focus to areas deemed highest need. The purpose of this study is to evaluate the impact of a community needs assessment on reducing cancer incidence and mortality in disparate populations. **METHODS:** Thomson Reuters provides a data source that identifies the severity of health disparity for every zip code in the United States. The Community Needs Index (CNI) score is an average of five scores that measure income, cultural, education, insurance and housing barriers. A 4.2 – 5.0 represents a zip code with the highest, most immediate needs. Utilizing this tool, we identified zip codes within our service area with the highest, most immediate need and focused our efforts on those, in particular areas with significantly high incidence and mortality rates, as a means to reducing disparities in 2013. **RESULTS:** Results from the CNI zip code areas in 2013 indicate that approximately 45% of the persons screened had never been before, 46% were minority, 44% had abnormal findings and 39% of the cancers diagnosed. Nineteen (19) zip codes within the 18 parish service area had a CNI score of 4.5 or higher. In 2013, we experienced an 8% increase in the number of persons screened, with seven zip codes having greater than a 25% increase. **CONCLUSION:** This study concludes that utilizing data from a community needs assessment can be effective in the elimination of cancer health disparities.

### 3.03.05 – Poster Session 1

#### AMERICAN INDOCTRINATION OF DIMINISHING SOCIAL CAPITAL OF YOUNG AFRICAN AMERICAN LGBTQ TO PROMOTE HEALTH DISPARITIES

Maricus L. Gibbs

Paddling against inadvertent discriminatory policies in schools, health services, and government, populations of African American LGBTQ youth have little chance of gaining enough social capital to meet healthcare or socioeconomic needs necessary for survival in American culture. Limited safe space, social outlets, and social networks throughout their earliest years of life, African American MSM learn to separate themselves from mainstream education where human capital is gained. The current review and synthesis of literature utilizes the theory of social capital, human capital, the socio-ecological model of health, stratification theory, and Merrill Singer's Theory of Syndemic Production to acknowledge the crystallized American indoctrination of homophobic policies and systems to diminish social capital of gay African American youth. Unfriendly educational systems push the population toward tighter enclaves of mis-education, diminishing human capital. Bronfenbrenner's Ecological Systems Theory prepares explanations for the escaping of young African American MSM into pseudo-neighborhoods of outcasts and marginalized communities. The Gibbs Ecological Systems Theory Model is based on Bronfenbrenner's Ecological Systems Theory Model. The adaptation is an example of the psycho-socio development and surrounding behavioral systems of an African American gay male youth in the Charlotte-metropolitan area of North Carolina. A qualitative ethnographic longitudinal study design is proposed to utilize the models for interventional purposes within the educational and healthcare system. The literature review and model synthesis concludes with a proposal to gear mandatory sexuality and race education towards heterosexual community leaders, health services researchers, and early education administrators. The reasoning is to promote a healthy and sustainable social network, producing social capital within the communities of developing MSM. Due to the lack of social capital and mis-education, the population suffers from a disproportionate lack of health care service education geared toward their vulnerabilities.

### 3.03.06 – Poster Session 2

#### THE INFLUENCE OF STIGMA ON MENTAL HEALTH HELP-SEEKING BEHAVIORS OF FORMERLY INCARCERATED BLACK MALES

CC Mahaffey; RC Holliday; KB Holden; PT Baltrus Morehouse School of Medicine (CCM, RCH, KBH, PTB)

**PURPOSE –** The incarcerated population is vulnerable to experience multiple levels of stigma and depressive events, with each contributing negatively to the other. Those with mental health issues should seek help to address them, however, help seeking has been associated with negative stigma and is believed to dictate who this population seeks help from if they do not avoid seeking help entirely. The purpose of this study was to test if there is a correlation between stigma and help-seeking and to identify if stigma affects how incarcerated black men seek help for their mental health problems. **METHODS –** This study used a cross-sectional design examining stigma, self-efficacy, social support, symptoms of depression, and likelihood to seek help. Secondary data analyses from a larger, intervention study among soon-to-be-released adult, black men at transitional centers were conducted to examine the relationships among the study variables. **RESULTS –** A total of 80% of the study population ranked minimal to mild severity of depression. Of the study participants, 25% were least likely, 42% were likely, and 33% were most likely to seek help for a mental problem of the sample. Friends were chosen as the source from which all participants would seek help (100%), while only 68% of the participants chose mental health specialists as the source from which they would seek help. Spearman's Rho correlations were computed for the likelihood of seeking help and possible predictor factors. Analysis revealed a significant correlation between the likelihood of seeking help and social support (0.05),  $p < .05$ . Ordinal logistic regression revealed that self-efficacy, social support, and perceived public stigma are predictive for the likelihood of seeking help ( $p < .05$ ). **CONCLUSION –** The results of this study can inform intervention programs addressing help-seeking behaviors for adult men re-entering the community after incarceration; hopefully reducing recidivism.

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# ABSTRACTS

## 3.03.07 – Poster Session 1

### TAKING CARE OF ASIAN INDIAN SPECIAL NEEDS CHILDREN

N Mehrotra; VB Gupta; R D'Oria SKN Foundation (NM), Hudson Valley Disability Service Organization (VBG), Central Jersey Family Health Consortium (RDO)

Purpose: Children with special health care needs of diverse minority backgrounds often experience barriers to receiving optimal care. This population may include new immigrants, non-English speakers, and racial and ethnic minorities. Project Description: Disparities in access to care, service utilization, quality, and health outcomes have been documented among South Asian children (Health of South Asians in the United States- A Brown Paper, South Asian Public Health Association, 2002). Additionally, studies have found that parents of children with special health care needs who have a primary language at home other than English are less likely to report receiving family centered care. Raising awareness about these issues and providing practical strategies for health care providers can help lead to improved health outcomes for these children and reduce health care disparities. •Describe the acceptance of diagnosis and stigma surrounding disabilities in the Asian Indian population. • Identify barriers related to the diagnosis of disabilities in diverse populations. Discuss cultural beliefs and its impact on Early Intervention & disability care in the Asian Indian population including culturally based concepts of child development and disability associated with a special needs child. • Recognize how cultural beliefs, practices, and experiences impact Early Intervention & disability care. Review culturally effective and family centered care strategies that help improve care and patient compliance. Health care disparities among children with special health care needs and dissemination of best practices and strategies for providing care to diverse populations will be discussed. Faculty will address how to provide family centered care strategies for diverse children with special health care needs, manage culturally based concepts of child development, disability and stigma, and understand unique strengths and resilience factors of diverse children and families. The program will draw upon data, practice experience, and community work with the Asian Indian population.

## 3.03.08 – Poster Session 2

### OBSERVED CHALLENGES WHILE RECRUITING AFRICAN AMERICAN YOUNG ADULTS

ME OGUNSANYA; KH Ford Health Outcomes and Pharmacy Practice Division, College of Pharmacy, University of Texas at Austin, Austin, Texas (MEO; KHf)

PURPOSE To describe experienced challenges when recruiting college and non-college-attending AA young adults (aged 18 -25 years) in little cigar/cigarillo (LCC) tobacco focus groups. DESIGN METHODS AA young adults were invited to participate in focus groups to explore belief factors that contribute to intentions to use LCC tobacco. A total of 10 focus groups were conducted; five each for both the college-attending (n=43) and non-college-attending groups (n=25). Participants were recruited in summer 2013 using various techniques, based on participant group type, until saturation points were reached in the focus groups. College students were recruited via email announcements in university communication portals as well snowball procedures within student organizations. The non-college-attending participants were initially recruited by placing fliers near popular venues in the community, and convenience stores. However, most were recruited in collaboration with established-community contacts. An effective callback system was created so that all identified participants were contacted by research assistants to ensure that participants met study eligibility criteria. Participants were each compensated with a \$25 gift card for their participation. RESULTS A total of 68 participants were recruited for the focus groups. Unique challenges experienced include identifying current tobacco users, gaining trust, protecting participants' privacy, ensuring study confidentiality and low turnout rates. IMPLICATIONS/CONCLUSIONS Research has identified recruitment concerns faced when recruiting AAs in health care-related research. The use of evidence-based recruitment strategies (e.g., partnering with established-community contact or culturally-similar peer group) to increase recruitment and retention of hard-to-reach AAs, being candid about the nature of our study, gaining trust, informing participants of their participation rights and the confidentiality and anonymity of the study were important factors that may have also aided participation. Findings from our research can serve as a starting place for addressing recruitment considerations to improve participation rates when targeting college and non-college-attending AA populations.

This research is being supported by a grant from the University of Texas, Office of the Vice President for Research, awarded to Dr. Kentya H. Ford.

## 3.03.09 – Breakout Session B

### THE RACIALIZATION OF DISEASE: A QUALITATIVE AND QUANTITATIVE ANALYSIS OF RACE AND ETHNICITY IN BIOMEDICAL RESEARCH

Francine A. Small

BACKGROUND: There have been published guidelines covering the use of the terms "race" and "ethnicity" in biomedical research since 2008. They are based on the consensus opinion of genetic researchers and reject any strong biological association/difference between classic racial groups. The inappropriate linkage of race/ethnic groups to cause and/or effect in biomedical research can influence guidelines, policy and ultimately care. This wrongly assumes race (appearance) to be a surrogate marker for biology/genetics. This clearly ignores the well described socioeconomic impact on health care access disproportionately experienced by visible minorities in the United States. This disparity in access to care should be disproven as an explanation for health outcomes before a biologic explanation is offered. METHODOLOGY: This research will determine to what degree the recommendations for the use of "race" and "ethnicity" within biomedical publications has been followed. Publications from 01/01/12 - 12/31/12 were retrieved through Pub med and selected if the terms "race" or "ethnicity" appeared in the title or abstract. These selected papers were then examined to determine if they stated: a reason for the use of racial categories, whether "race" or "ethnicity" had been defined and associations between race/ethnicity and medical outcomes. RESULTS: The analysis of the publications revealed that only 4% of 235 surveyed papers defined the racial or ethnic groups they used, while at the same time over 80% of the papers associated a medical outcome to these undefined racial or ethnic groups. CONCLUSIONS: These results suggest that despite guidelines for the use of the terms "race" and "ethnicity" in biomedical research authors and editors in/of biomedical journals are neither using nor enforcing the use of them respectively. Further research should investigate the health disparities and negative outcomes associated with not adopting the guidelines at a health provider level. Key Words: Race, Ethnicity, Biomedical Research

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### 3.03.11 – Poster Session 1

#### INTERPROFESSIONAL LEARNING FOR A TRANSLATIONAL RESEARCH APPROACH COURSE

LE SOTO; E Acosta; UPR Medical Sciences Campus; AM Mayor; Universidad Central del Caribe; ES Estape, UPR Medical Sciences Campus

**PURPOSE-** To evidence how interprofessional learning contribute to: the development and success of the course implementation and the evaluation process including the involvement of scholars from different professions. **METHODS** – Implementation of the Health Disparities: A Translational Research Approach course to a second group of scholars. Evaluate the course goals and learning objectives, learner engagements, use of tools and technology and the course maintenance. Define how the practical experience course helps scholars identify in themselves and their setting a disparity. **RESULTS** – The course evaluation showed that the course needs improvement in: course delineated calendar, requirements for student's participations, degree of interaction and define how Blackboard as a communication tool promote interactive learning community. In term of the course content organize all information into each unit; provide options on final work, for example, individual and not group's presentations. To improve the communication the scholars proposed the use of Facebook platform to promote communication, add a discussion board (weekly) and add more creative biography of all scholars. **CONCLUSIONS** – The course evaluation showed that most students are aware of the importance to include health disparities in their research projects; however, the course need to incorporate other evaluation criteria's that promote the understanding of the concept of health disparities in their field of expertise. It is of importance to note that some associated terms to interprofessional learning are: "multi-professional education", "common learning", "shared learning", and "interdisciplinary learning", among others.

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### 3.03.12 – Poster Session 2

#### THE HEALTH DISPARITY IN HOSPITALIZATION DISCHARGES AND EMERGENCY DEPARTMENT VISITS IN AFRICAN-AMERICANS AND NON-HISPANIC WHITES

Stefan Varga, Student Pharmacist, Dr. C. Daniel Mullins, PhD

**Introduction** Health disparities represent a possible cause of many preventable deaths and an opportunity for reduction in health care expenses. With national efforts such as Healthy People 2000 and 2010 and local and statewide efforts in Maryland, the first steps were made in a fight against health disparities; however, there is evidence that health disparities still persist even after significant reduction efforts. The aim of this study is to assess the disparity in African-Americans vs. Non-Hispanic Whites in hospitalization discharges and ED visits overall as well as within four chronic disease states: asthma, diabetes, HIV and hypertension. **Methods** This study examined hospitalization discharge and ED visit data for the state of Maryland available from the Agency for Healthcare Research and Quality's HCUPnet online query system. We calculated disparity ratios, defined as rate of hospitalization/ED visits in African Americans divided by rate of hospitalization/ED visits in Non-Hispanic Whites. Disparity ratios for hospitalizations were adjusted for both gender and race, while the disparity ratios for ED visits were adjusted for race only due to lack of data by gender. **Results** There was an increase in the disparity ratio for hospitalization discharges in both males and females for the period of 2005 through 2011 and an increase in the disparity ratio for ED visits for the period of 2005 through 2010. The calculated ratios for all four chronic disease states show a higher disparity in hospitalization and ED visits compared to prevalence. **Conclusion** Despite persistent attempts to decrease racial health disparities, inequality not only persists but appears to be increasing within Maryland for four chronic conditions. Future research that engages patients and their healthcare providers in identifying transformative approaches to addressing health disparities are needed. Decreasing health disparities could result in a significant decrease in healthcare spending in addition to promoting health equity.

### 3.03.13 – Poster Session 1

#### INAPPROPRIATE MEDICATION USE AMONG UNDERSERVED ELDERLY AFRICAN AMERICANS

Mohsen Bazargan, Hamed Yazdanshenas, Gail Orum

**ABSTRACT Background:** Numerous studies have documented that potentially inappropriate medication (PIM) use is highly prevalent among the older population. However, there has been very little attention given to PIM use among elderly African-Americans. The goal of this study is to identify correlates and prevalence of PIM use among elderly African Americans living in the underserved community. **Methods:** This cross-sectional study recruited 400 elderly African Americans from 16 churches located in South Los Angeles. The study involved structured face-to-face surveys that obtained data pertaining to type, frequency, dosage, indications of all medications used by participants. The latest updated Beers Criteria was employed to assess use of PIM. **Results:** Almost 70% of participants in our study were engaged in PIM use. One-third of samples were taking at least two types of PIMs. Twenty-seven percent used at least one medication that was classified as "Avoid" in Beers Criteria. Further, 28% of the participants had one possible severe drug-drug interaction and 25% had two or more interactions. Additionally, significant correlations emerged between PIM use and number of chronic conditions; severity of pain; number of medications; particularly; psychotherapeutic medications used; medication duplications and drug-drug interactions. Finally, this study documents a higher rate of PIM use among underserved African-American elderly compared to their white counterparts. **Conclusions:** Our findings point to the need for multidisciplinary team programs consisting of health care providers, including primary and specialist physicians, pharmacists, nurses, and social workers to improve health outcomes, enhance quality of life, and reduce morbidity and mortality due to inappropriate medication use. **KEY WORDS:** Potentially Inappropriate Medication; African American; Elderly.

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# ABSTRACTS

## 3.03.14 – Poster Session 2

### TRENDS IN PHARMACEUTICAL TREATMENT OF HYPERTENSION AMONG AFRICAN-AMERICAN ELDERLY

Hamed Yazdanshenas, Mohsen Bazargan, Gail Orum

We examine whether pharmaceutical treatment of hypertension among African American elderly is consistent with the current treatment guidelines and whether treatment variations occur due to existing co-morbidities among the hypertensives. This study obtained data pertaining to health status, type, dosage, indications of all medications used by 400 aged African Americans. Our data indicates: 1) 29% were on one anti-hypertensive medication; 60% were taking 2-3 medications; and 9% were on all 4 classes of anti-hypertension medication; 2) among the elderly taking a combination of 2 or more drugs, ACE or ARB was used 76% in combination of agents, diuretics 60%, calcium channel blockers 63%, and beta-blocker 61%; and 3) 26% of the elderly were resistant hypertensive who took 3 or more medication. Treatment of hypertension is inconsistent with the prevailing guidelines for nearly one-third of the aged African Americans. However, effectiveness of the treatment remains uncertain as many elderly were non-adherent to their prescriptions.

This study was supported by Centers Medicare and Medicaid Services (CMS) grant 1/0CMS030458 to Charles R. Drew University of Medicine and Science (PI: Mohsen Bazargan, PhD). Dr. Hamed Yazdanshenas is a scholar supported by the Clinical Research Education and Career Development (CRECD), Phase II grant # CRECD 5MD007610., NIH-NIMHD.

## 3.03.15 – Breakout Session B

### ADVANCING CULTURAL COMPETENCE: INCREASING THE EVIDENCE BASE FOR THE ENHANCED NATIONAL CLAS STANDARDS

Rashida Dorsey

ISSUE TO BE CONSIDERED: Cultural competence in health and health care is necessary to improve quality of care and advance health equity, and is vital to facilitate the implementation of the Affordable Care Act among diverse communities. UNDERLYING ISSUE KEY FACTORS: Culturally and linguistically appropriate services are services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization at every point of contact. The Enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) released by the HHS Office of Minority Health CLAS Standards consist of 15 standards that are intended to assist health and health care organizations in the implementation of culturally and linguistically appropriate services to populations served that address three main areas: governance, leadership and workforce; communication and language assistance; and engagement, continuous improvement, and accountability, all organized under the Principal Standard, which is to “Provide effective and equitable understandable and respectful quality of care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs”. Successful implementation of the National CLAS Standards requires partnerships and collaborations between government, private, academic and clinical partners, that work to both facilitate the adoption of the Standards and to support evaluative efforts. Implementation approaches and strategies for the National CLAS Standards may vary across organization, but evaluation studies and data on successful models are important to further expand the adoption of CLAS. RECOMMENDATIONS: Collaborations between researchers and policy makers to develop evaluation studies and add to the evidence base support the adoption of the National CLAS Standards are important to advance the health equity goals of this policy

## 3.03.16 – Breakout Session B

### THE IMPACT OF RACISM AND SOCIAL DETERMINANTS OF HEALTH ON HEALTH CARE OUTCOMES OF RURAL AT-RISK POPULATIONS

NJ Greer-Williams

PURPOSE - To explore factors that influence patient experiences and perception of racial/ethnically biased health care and its relationship to trust of health care providers and its influence on the future utilization of The Affordable Health Care Act including compliance with provider recommendations, delays in seeking care, and continuity in care. METHODS – A Health Assessment Survey and Focus Groups were conducted with (n=120) African Americans, Hispanics, Hmong, Marshallese, and impoverished Whites, in gender stratified groups, who reside in three regions of rural Arkansas. RESULTS – For each participant, a summary score was calculated for each of their answers to the survey. Questions ranged from knowledge of the Affordable Health Care Act, utilization of pre-screening chronic health services, relationship to someone that died of cancer or chronic disease, and social support. Focus group respondents poignantly described issues that affect health care delivery in their communities. CONCLUSIONS – The results of the survey indicate that most of the rural at-risk members had no health care insurance and had not heard of The Affordable Care Act. The findings of the focus groups revealed that culture, racism, lower levels of education and lifestyle training have produced a sub-culture that were least likely to participate in The Affordable Care Act or comply with providers recommendations for early prevention programs or care. The findings highlight the need for interventions to increase awareness of the impact of racism on health care outcomes and strategies to improve health behaviors.

This research was made possible by a grant from the department of Rural Health, University of Arkansas for Medical Sciences.

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### 3.03.17 – Poster Session 1

#### **SOCIAL DETERMINANTS OF HEALTH AMONG AFRICAN CARIBBEAN WOMEN IN THE UNITED KINGDOM: AN ECOLOGICAL EXPLORATION**

NJ GREER-WILLIAMS; KS Enoch; GE Sarto; RS Henry-Tillman; T Kieber-Emmons Affiliations

**Purpose:** We know that certain components including demographics, cultural background, lifestyle choices and lack of access to health care contribute strongly to health disparities in rural regions of the world. This paper explores perceptions of health, the environment, and the relationships between them that impact African-Caribbean women in West Bromwich, United Kingdom. This exploratory study blended a community-based, qualitative approach with ecological theory. Our objective was to identify potential social determinants of health which impact these women's ability to have a healthy lifestyle in resource restricted environments. **Methods:** Focused group were conducted with (n=20) African-Caribbean women, age ranged from 18-72, who were purposely sampled to incorporate a range of perspectives. Interview guides structured around five ecological levels (individual, relational, environmental, structural and superstructural) were used to frame focus groups. **Results:** Potential determinants of health were identified at all five levels of the ecological framework. At the individual level, challenges to individual health. At the relational level, lack of social capital, with intergenerational disconnect between the younger and elder generations. The environmental level lacked opportunities for physical activity and access to healthy foods. At the structural level, there were differential treatment at the hands of public officials and xenophobia favoring European whites. At the superstructural level, high rates of poverty and racism emerged as potential social determinants. **Conclusions:** The study identified potential social determinants of health, at multiple ecological levels, among African-Caribbean in West Bromwich, United Kingdom. The social determinants identified had the ability to impact a variety of health behaviors and health outcomes. Our findings show the value of qualitative approaches for exploring the complexities of health disparities.

The HDRS Program is funded by the Eunice Kennedy-Shriver National Institute of Child Health and Human Development 2T32HD049302-06. The African-Caribbean Health Improvement Service (ACHIS) provided lunch and participant incentives. Travel Sponsorship was provided by The Josetta Wilkins Endowed Chair in Breast Cancer Research; Winthrop P. Rockefeller Cancer Institute University of Arkansas for Medical Sciences

### 3.03.18 – Poster Session 2

#### **GENDER DISPARITY IN HEALTH EXPENDITURE AMONG CHILDREN IN INDIA**

B. Maharana International Institute for Population Sciences, Mumbai, India.

**PURPOSE-**Gender gap in health care is persistent throughout India as it has significant influence on the health care and household health expenditures. Disparate access to health care is seen as an imperative factor in explaining this disparity in health outcomes. Existence of disparities in health care has been the subject of increased empirical study in recent years. However, there have been very few large scale studies in India that have explored the extent of gender disparity in health care access among children. The present paper aims to shed light on the changing pattern of gender disparity in household health expenditure of children over time in India and its states. **DESIGN METHODS-** Data from the 55th round (1999-00) and 64th round (2007-08) of National Sample Survey Office (NSSO) on household consumer expenditure are used to fulfill the objective of the study. It is a nationally representative household survey and from each household monthly expenditure on different items including health was collected for each round. Bivariate and Theil inequality decomposition analysis are employed to assess the inequality in health expenditure. **RESULTS-** Findings indicate wide disparity between male and female children in health care expenditure with males having the privilege and the gap is substantially increasing over time in India and its states. Result from Theil Decomposition analysis reveals that the between group contribution to the total inequality is high and has increased over time, which indicates that gender is an important factor explaining inequality among children in household health expenditure. **CONCLUSION-** The study suggests that looking towards the increasing disparity in household health expenditure among the male and female children over time, Government should adopt strong policy measures to reduce gender inequality and there is a need of evolving policies to meet the healthcare needs of these vulnerable groups, particularly, females.

### 3.03.19 – Poster Session 1

#### **INTERPROFESSIONAL HEALTH CARE MODELS IN THE PREVENTION AND TREATMENT OF CHRONIC DISEASES-INTEGRATED MODELS OF HEALTH AND SOCIAL CARE**

Pat Matthews-Juarez, PhD & Paul D. Juarez, PhD

The lack of progress in reducing chronic diseases/health disparities among racial/ethnic and disadvantaged populations across the United States suggests that new population health care models are needed, if the health of the next generation is to improve. Interprofessional health care models must be explored and designed for implementation in vulnerable neighborhoods. New models must take into consideration that the root causes of health disparities are complex and multi-layered and are closely associated with the "places" in which one lives, plays, learns and works. Neighborhoods that are directly affected must be engaged to improve the understanding of the underlying epigenetic causes of chronic diseases in order to achieve meaningful and lasting improvements in population health. Therefore, this presentation discusses interprofessional research models that are needed to improve health status and reduce chronic diseases in place-based populations. The presenters suggest that academic research and community partners must begin to work together to apply new thinking about the use of interprofessional health care models in the prevention and treatment of chronic diseases. A targeted, multi-factorial, environmental public health approach that may be used to address health inequities and environmental injustices at a neighborhood level will also be presented. The session concludes with a discussion on the use of a "public health exposome" approach and public participatory geographic information systems (PPGIS) methods and tools that engage community residents in the identification of barriers to health in their neighborhoods. This exposure science model uses public participatory GIS tools and links health behaviors to chronic diseases. It also provides insight into how place-based health disparities can be addressed by designing population health interventions that are relevant for the specific community. It will also offer a brief discussion on how health behavior changes at the neighborhood level can be facilitated by implementing targeted interventions to address community needs.

The Research Center on Health Disparities, Equity, and the Exposome

# ABSTRACTS

## 3.03.20 – Poster Session 2

### MENTAL HEALTH TREATMENT PREFERENCES IN PERSONS OF MEXICAN HERITAGE

Tanya R. Sorrell, PhD, NP-C, RN, MS

Culturally sensitive care is thought to take into account a person's specific cultural values and preferences when providing mental health care services. Latinos currently comprise 17% of the total US population at 50.5 million and persons of Mexican heritage constitute over 66% of all Latinos in the US. Persons of Mexican heritage experience higher rates of mental health issues and illness with 30% lifetime incidence versus 20% incidence for Anglos. Few studies have focused on the mental health treatment preferences for persons of Mexican heritage. Treatment preferences could reflect personal characteristics, acculturation perspective about mental health issues and illness and experience with treatment. Mass media may also influence treatment preferences and mental health information seeking. This study described preferences for mental health treatment services for persons of Mexican heritage living in the Southwest along the United States-Mexico border. The twenty-one participants completed qualitative descriptive interviews and reported twenty-five mental health treatment preferences. The top six preferences—medication, going to the doctor, social and family support, counseling and herbal medicines, were consistent throughout demographic categories of age, gender, income, generational status, insurance status, education, and acculturation. Self-management interventions and integrative medicine were also reported as treatment preferences. Participants reported media use of television, internet, books and magazines, in-person interaction and radio as primary mental health information sources. Media influences on mental health included education/information, hope, normalization and a catalyst for conversation. Ascribed meanings for anxiety, depression, substance abuse, schizophrenia and bipolar disorder included cognitive, behavioral, and interactional reports. Mental health services for persons of Mexican heritage should include varying holistic mental health treatment practices, recognize the need for understanding of potential meanings for mental health issues and illness.

ANA SAMHSA Minority Fellowship Program

## 3.03.21 – Poster Session 2

### RURAL AT-RISK POPULATIONS AND COMMUNITY PERCEPTIONS OF HEALTH: GRADUATE PERSPECTIVE

A Bukenya; M Nelson; NJ Greer-Williams

Community-based service-learning is a popular form of student engagement that provides an opportunity for students to use critical thinking and problem-solving skills, as well as conflict resolution skills, in real-life situations. There is a dearth of published literature that speaks from a perspective of communities and community organizations that partner with higher educational institutions. The PURPOSE of this research was to have graduate level students understand the challenges and issues associated with partnering with rural at-risk communities from the beginning stages. METHODS—Focus groups and Community Health Assessment Survey was completed in three rural at-risk communities in Arkansas. Participants (N=93) answered questions regarding demographics, community health, how they feel about the Health Insurance Exchange and how they navigate a healthy lifestyle in resource restricted environments. RESULTS—for each participant a summary score was calculated for knowledge of health insurance and self-rated health behaviors and variables were rank ordered. Race—African American 35%; White 42%; Pacific Islander 16%. Ethnicity—Hispanic or Latino 34%; and non-Hispanic or Latino 66%. Seventy-five percent reported annual incomes under \$20,000. Twenty-one percent reported annual incomes above \$20,000 and below \$40,000. For health insurance 56% reported they had no coverage. Sixty one percent reported they had not heard of the Affordable Care Act and the Health Insurance Exchange. CONCLUSION—the results of the Community Health Assessment, focus groups, and observations indicate that negative experiences at healthcare facilities, policies and laws have negatively impacted the health behaviors of rural at-risk populations. The findings highlight the need for interventions to understand racism and the extent that it impacts health outcomes for each of the rural at-risk populations.

## 3.03.22 – Poster Session 1

### SURVIVORSHIP MODEL EXPANDS THROUGH COLLABORATIVE CARE IN AN INTERPROFESSIONAL EDUCATION ELECTIVE AT LSUHSC

Celestine Carter APRN, DNS, Assistant Professor of Nursing, LSUHSC; Shannon W. Mangum, MPS, OTR/L, Assistant Professor, LSUHSC Dept. of Occupational Therapy Josephine Thompson, MA, CTRS, Assistant Professor, LSUHSC Dept. of Occupational Therapy.

It is expected that by 2030 there will be 171 million individuals living with chronic conditions (RWJF, 2011). Advancements in prevention campaigns, technology, research and medicine have extended the lives of individuals but limited attention has focused on maximizing their quality of life. The current healthcare model traditionally addresses illness at the acute level and is ill prepared to address long-term planning. As the population ages we are failing to lessen the burden of individuals' living with chronic needs. Survivorship, commonly linked to individuals with cancer, is defined as "the experience of living with, through and beyond diagnosis" as it relates to the individual and their support system (CDC, LAF). Utilizing a holistic survivorship plan would help to maintain quality of life for individuals living with chronic conditions. This presentation will illuminate insights regarding culturally sensitive perspectives among healthcare students enrolled in an Interprofessional Education (IPE) course at LSUHSC that utilized a case-based Breast Cancer Related Lymphedema scenario to explore issues of survivorship and participant's role related to the case. Analysis of the transcripts teased out each discipline's perspective regarding their roles within the case as well as views on collaboration. Ten key points are identified and range from continued screening to holistically addressing psychosocial issues, health habits and quality of life (IOM, 2005). Strategies that facilitate an IPE healthcare team's ability to support quality health care will also be identified. Essential to quality survivorship care is the need for collaboration that supports the co-creation of evidence-based plans that respects one's condition, life roles and quality of life goals. Collaborative, holistic evidence-based care that extends from prevention to end of life, will be critical if individuals and their support systems are to negotiate this journey.

LSUHSC Academy grant for the IPE and travel grant for presentation of research in Atlanta, GA.

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### 3.03.23 – Poster Session 2

#### A MICRO BUSINESS APPROACH TO REDUCING HEALTH DISPARITIES IN AN URBAN AREA – A CONCEPT PAPER

Maggie Davenport

**PURPOSE** - This paper suggests a creative, collaborative and multi-disciplinary approach to lessening the impact of economic disparities using a micro business development structure for at risk urban communities. **PROBLEM SIGNIFICANCE** - Ameliorating health disparities in urban communities is a national priority. Traditional approaches to lessening health disparities include interventions that improve access to healthy food and medical assistance. Numerous sources indicate that reducing economic disparities is the single-most significant variable in increasing healthy outcomes; the Centers for Disease Control and Prevention acknowledge this impact. **METHODS** - The target population is urban communities which experience health disparities. Because this intervention requires the partnership of the business community and not-for-profit entities, this segment is the secondary population. Accordingly, a series of focus groups will be conducted with multi-level stakeholders including community members, business owners, entrepreneurs and grant makers. **EXPECTED RESULTS** - It is expected that coding and analysis of the focus groups' responses will reveal: • A consensus that entrepreneurial and micro business approaches can improve health outcomes • Themes to guide planning that reduce health disparities • A format for engaging local businesses and funders in collaborative efforts to improve community health through the development of micro business start-ups • A process through which to engage existing micro business owners to serve as mentors. **CONCLUSIONS** - These findings represent a significant shift in health programming and promotion and: firmly establish a need for developing a multidisciplinary approach to social determinants of health; forms the underpinnings for a paradigm shift which includes at risk urban communities in micro business development and; has broad implications for educating professionals and academicians involved in population health.

### 3.03.24 – Poster Session 1

#### DEFINING NAVIGATION SERVICES NEEDS IN A LOW-INCOME POPULATION

D Williams; A Hussain; AK Crosbie; DR Feist; MM Giancola; AW Prier; N Ssenkoloto; KF Jeanfreau Louisiana State University Health Sciences Center New Orleans- School of Public Health (DW; AH; AKC; DRF; MMG; AWP; NS; KFJ)

**PURPOSE:** Cancer mortality and morbidity rates in Louisiana are higher among lower-income, ethnic/racial minorities. Patient navigation, a patient-centric health care delivery model, serve to virtually integrate a fragmented health care system for individual patients. By reducing barriers to care and increasing access to resources, health outcomes improve significantly. The objective of this study was to utilize patient navigator notes to determine if navigation services are meeting the most frequent needs of clients. **PROJECT DESCRIPTION:** Patient navigator notes between April 2010 and June 2013, representing 1,769 interactions with 560 patients in cancer treatment were analyzed in two ways: evaluation team read through notes and performed manual coding and KH Coder Ver.2 Beta 3.0 engaged in text mining, analyzing text to retrieve useful information from natural language. Variations of words were found and replaced to represent the actual words in context. KH Coder synthesized word cluster diagrams, linking the most persistent combinations in order to assess the general behavior of the patient navigator. The most commonly used words were patient, appointment, physician, transportation, and schedule. Word cluster analysis indicated that the most common word interactions revolved around scheduling patient appointments and transportation. According to the manual coding, frequently provided services were making a referral (26%), arranging transportation (21%), scheduling appointments (13%), help getting Medicaid and assistance with their prescriptions (20%), offering health information materials (11%), and reminder calls (11%). **IMPLICATIONS:** The intervention identified the frequently provided and most needed patient navigation services. The process also resulted in a new data collection system that allows the navigators to easily document and report their work.

University of Mississippi- Institute for Improvement of Minority Health & Health Disparities in the Delta Region

### 3.03.25 – Poster Session 2

#### COMMUNITY HEALTH ADVOCACY: REDUCING HEALTH DISPARITIES THROUGH STUDENT LEADERS AS COMMUNITY ADVOCATES

Wilfreda J Lindsey

**INTRODUCTION.** Mississippi leads the nation in many chronic diseases. The limited number of health providers coupled with low health literacy in many regions in the state exacerbates this issue. The community health advocacy (CHA) project began to reduce health disparities in Mississippi by empowering the community through partnering with academic medical centers and faith-based communities. The goal of CHA is to train individuals who will increase health awareness and literacy to improve the health status of individuals within the community. Students were given basic clinical training such as taking blood pressure, glucose levels, and calculating body mass index. Students also received training in addressing health literacy, reading prescriptions, planning healthy, balanced meal portions, and helping individuals access health care. The ultimate goal of the CHA program is to enable students to train others to serve as community health advocates throughout the state who will work with health providers. Trained advocates will be able to perform health screenings for obesity, diabetes, hypertension, and blood fat abnormalities and refer those patients requiring healthcare to accessible facilities. **METHODS.** Students attended lectures detailing the CHA program before receiving hands on training. Clinical skills were practiced on other medical students. Students also received nutrition training and received CHA certificates after demonstrating mastery of the assigned tasks. **RESULTS.** At the completion of the course, medical students were trained community health advocates with an increased knowledge of the state's chief disease processes as well as the disease's epidemiology. **CONCLUSION.** Medical students received education and hands-on training to become Community Health Advocates. Upon successful completion of the CHA program, students could measure blood pressure, blood glucose levels, and body mass index and give nutritional counsel. Students are now receiving training to lead community sessions that will improve health literacy and address health disparities throughout Mississippi.

# ABSTRACTS

## 3.03.26 – Poster Session 1

### DISPARITIES IN DEMENTIA CARE ACCESS IN CHICAGO COMMUNITY PHARMACIES

DB Ondimu; HS Meskelu; PJ Henkel; MM Marvanova Chicago State University, College of Pharmacy (DBO; HSM; MMM); University of Eastern Finland (PJH)

**PURPOSE:** To compare access to quality Alzheimer's Disease (AD)-related care among community pharmacies located in high- versus low-income areas of Chicago as community pharmacies are critical for interdisciplinary continuity of care. **METHODS:** Community pharmacies in Chicago were identified and classified as being located in low- or high-income areas based on zip code area income. Eligible pharmacies were contacted via telephone with 64 pharmacies from low-income and 79 pharmacies from high-income areas agreeing to participate. A standardized interview was administered on the in-stock status of donepezil and memantine immediate-release tablets, and on AD-related knowledge and pharmaceutical care including: the cure for AD, the most common side effects of Aricept, and sleep aid recommendations for AD patients concurrently using the Exelon patch. Data was loaded into Stata 10.1 and Chi2 analyses were performed. **RESULTS:** Donepezil was typically in-stock in low-income (85.7%) and high-income areas (93.6%;  $P=0.120$ ). Memantine was less likely to be in-stock in low-income (60.3%) compared to high-income areas (88.3%;  $P<0.001$ ). Pharmacist respondents in low-income areas were less likely to correctly identify the common side effects of donepezil (nausea, vomiting and diarrhea, dizziness, drowsiness, headache) compared to respondents in high-income areas. Fewer pharmacist respondents in low-income areas (55.4%) were able to identify that there is "no cure" for AD compared to respondents in high-income areas (81.9%;  $P=0.001$ ). Pharmacist respondents in both low- (32.2%) and high-income areas (25.0%) provided inappropriate recommendations for an OTC sleep aid for persons using the Exelon patch ( $P=0.362$ ). **CONCLUSIONS:** Healthcare disparities exist in access to quality AD-related care in community pharmacies located in low- compared to high-income areas. Results indicate a need to improve in-stock availability of AD medications in low-income community pharmacies, and take measures to improve pharmacist knowledge of AD in low-income areas and of AD medications in low- as well as high-income areas.

## 3.03.27 – Poster Session 2

### DISPARITIES IN MEDICATION THERAPY MANAGEMENT ELIGIBILITY IN NON-MEDICARE POPULATION

Junling Wang, Ph.D. University of Tennessee College of Pharmacy Zhiping Zhang, Ph.D. Duke University School of Medicine Christina Spivey, Ph.D. University of Tennessee College of Pharmacy Marie Chisholm-Burns, PharmD, MPH, MBA, FCCP, FASHP University of Tennessee College of Pharmacy

**Objective:** The objective of this study was to examine (1) racial and ethnic disparities in meeting the 2008 and 2010 medication therapy management (MTM) eligibility criteria in the study periods, 1996-1997 and 2009-2010; and (2) examine historical trends in eligibility disparities among the non-Medicare population. **Methods:** This retrospective observational analysis used Medical Expenditure Panel Survey data from the study periods. The MTM eligibility criteria in 2008 and 2010 were analyzed. The effect of interaction between year and race/ethnicity was estimated at both the multiplicative and additive levels to estimate the historical trend of disparities using a logistic regression. Main and sensitivity analyses were conducted to represent the ranges of the Medicare MTM eligibility thresholds used by insurance plans. **Results:** According to the main analysis, Blacks were less likely to be eligible than Whites for both sets of eligibility criteria in 1996-1997 (2008: OR: 0.26, 95% CI: 0.13-0.55; 2010: OR: 0.40, 95% CI: 0.24-0.69) and in 2009-2010 (2008: OR: 0.63, 95% CI: 0.48-0.83; 2010: OR: 0.59, 95% CI: 0.47-0.75). Similar patterns were observed for Hispanics. Trend analysis for both sets of criteria found that on multiplicative term there were generally no significant changes in disparities between Whites and Blacks/Hispanics from 1996-1997 to 2009-2010. Interaction on additive level found evidence that disparities between Whites and Blacks/Hispanics may have increased from 1996-1997 to 2009-2010 (e.g., in the main analysis between Whites and Hispanics for 2010 eligibility criteria: difference in ORs = -0.03, 95% CI: [-0.03]-[-0.02]). **Conclusions:** Racial and ethnic minorities in the non-Medicare population experience persistent and often increasing disparities in meeting medication therapy management eligibility criteria. Drug benefit plans should take caution when using elements of Medicare eligibility criteria for medication therapy management services.

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## 3.03.28 – Breakout Session C

### ELIMINATING HEALTH DISPARITIES: INTEGRATED CARE ALGORITHMS

R Kinuthia; V Ede; M Okafor

**Purpose:** Integrated care has been shown to enhance health outcomes, increase patient satisfaction and reduce healthcare costs. While integration of primary care and behavioral health is a step in the right direction, in some situations the primary care provider may not feel comfortable treating or be as well-versed to handle behavioral health issues and vice versa. The goal of our project is to eliminate health disparities and inequalities in healthcare among individuals with mental and primary health conditions. To achieve this goal, our study aimed to: 1) develop algorithms to advance prescription management in integrated care settings, and 2) test the use of the developed algorithms amongst health practitioners to determine their effectiveness in prescription management for patients with co-occurring medical and psychiatric health problems. **Methods:** A team of board certified psychiatrists and family physicians developed 8 algorithms using best practice guidelines for pharmacological management of co-occurring medical and psychiatric health problems. The algorithms have been incorporated into an easily accessible mobile application which will guide practitioners to handle behavioral and primary care issues step-by-step using evidence based standards of practice. The algorithms and mobile application tool has been developed and pilot tested internally for content, appropriateness, and functionality. The review team consisted of psychiatrists, internal & family medicine practitioners, pharmacists, nurses, and health researchers. We are currently preparing for large-scale external testing. **Results:** The general feedback from the testers has been positive indicating its usefulness in meeting the stated objectives. **Conclusions:** The mobile application will serve to create a standardized decision support tool that will not only eliminate drug safety issues in prescription management, but will also contribute to elimination of health disparities through overall healthcare improvement for practitioners managing patients with co-morbid mental health, substance use and physical health problems.

Research supported by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) Grant #: 500240 and by Kaiser Permanente Grant #: 670088 at Satcher Health Leadership Institute, Division of Behavioral Health, Morehouse School of Medicine.

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### 3.03.29 – Poster Session 2

#### NATIONAL AND GLOBAL HEALTH DISPARITIES RESEARCH STRATEGIES

Fannie Gaston-Johansson, PhD, RN, FAAN, Elsie M. Lawler Chair, Director of MHIRT Program, Johns Hopkins University Distinguished Professor, Johns Hopkins University Phyllis W. Sharps, PhD, RN, FAAN, Associate Dean Community and Global Programs, Professor, Dept. of Community Public Health Nursing, Johns Hopkins University. Jacquelyn Campbell, PhD, RN, FAAN, Anna D. Wolf Chair, Professor, National Program Director, Robert Wood Johnson Foundation Nurse Faculty Scholars, Johns Hopkins University Haera Han, PhD, RN, FAAN, Professor, Johns Hopkins University Gayle Page, PhD, RN, FAAN, Professor, Johns Hopkins University

**Abstract:** It is in the best interest of the nation to have well prepared minorities as effective members of multicultural, interdisciplinary scientific health care teams to better address the country's need of reducing and eliminating health disparities. As nations move from national to global efforts in health care, minorities must be prepared to function effectively in global competitive as well as cooperative endeavors. One major problem in higher education today is that there is an underrepresentation of students of minority ethnicity from underserved populations with health disparities prepared to participate in scientific investigations of global problems affecting socially and economically disadvantaged populations. A major program, "Minorities Health Disparities Research Training Program (MHIRT)" was developed in 1999 with the objective of providing international health disparities research training experiences to undergraduate and graduate students from underrepresented populations in biomedical and health professional research careers. A joint consortium between Johns Hopkins University; Winston-Salem and North Carolina Agricultural & Technology State Universities, and The Leadership Alliance of Brown University was formed to meet this challenge. Foreign institutions participating in the "MHIRT" are: University of Gothenburg, Sweden; Seoul National University, South Korea, and the University of Newcastle, Australia; the University of Western Cape, and The Medical Research Council in South Africa. The "MHIRT" provides a week of orientation for global research followed by 10 weeks of intensive research training in examining and preventing health disparity conditions in international research settings and laboratories with mentoring from faculty at consortium institutions. Over the past 14 years of continuous funding (1999-2013), 170 students have completed the MHIRT Program. All have written an advanced scientific research literature review paper, given over 200 research presentations, complete their undergraduate/graduate degrees, and 40% have entered into graduate/doctoral degree programs in the biomedical and health professional research career field.

Funded by: National Institute on Minority Health, and Health Disparities

### 3.03.30 – Poster Session 1

#### POTENTIAL EFFECTS OF RACIAL AND ETHNIC DISPARITIES IN MEETING MEDICARE MEDICATION THERAPY MANAGEMENT ELIGIBILITY CRITERIA

Junling Wang, Ph.D., M.S. Associate Professor Department of Clinical Pharmacy University of Tennessee College of Pharmacy Yanru Qiao, M.S. Research Assistant Department of Clinical Pharmacy University of Tennessee College of Pharmacy Ya-Chen Tina Shih, Ph.D. Associate Professor, Section of Hospital Medicine, Department of Medicine & Director, Program in the Economics of Cancer University of Chicago Christina A. Spivey, Ph.D. Assistant Professor Department of Clinical Pharmacy University of Tennessee College of Pharmacy Jim Y. Wan, Ph.D. Associate Professor, Department of Preventive Medicine University of Tennessee Health Science Center Shelley I. White-Means, Ph.D. Professor & Director Consortium for Health Education, Economic Empowerment and Research (CHEER) Department of Clinical Pharmacy University of Tennessee College of Pharmacy Samuel Dagogo-Jack, M.D., F.R.C.P. Mullins Professor & Director, Division of Endocrinology, Diabetes & Metabolism & Director, Clinical Research Center University of Tennessee Health Science Center William C. Cushman, M.D. Professor Department of Preventive Medicine and Medicine University of Tennessee College of Medicine & Chief, Preventive Medicine Section Veterans Affairs Medical Center Marie Chisholm-Burns, PharmD, MPH, MBA, FCCP, FASHP Dean and Professor University of Tennessee College of Pharmacy

**Research Objective-** To examine racial and ethnic disparities in health status, health services utilizations and costs, and medication utilization based on Medicare medication therapy management (MTM) eligibility status. Greater disparities among MTM-ineligible than MTM-eligible individuals would suggest that MTM eligibility criteria have the potential to exacerbate racial and ethnic disparities in health outcomes. **Study Design-** This is a retrospective cross-sectional analysis of the Medicare Current Beneficiary Survey (2007-2008). A difference-in-differences model was used by including in regression models interaction terms between dummy variables for, e.g., non-Hispanic Blacks and MTM eligibility criteria, when examining racial disparities. Both main and sensitivity analyses were conducted to represent the ranges of the MTM eligibility thresholds used by insurance plans in 2010. The interaction term was interpreted on both the multiplicative term and the additive term. **Various regression models were used. Principal Findings-** Whites were more likely to report self-perceived good health status than Blacks and Hispanics among both MTM-eligible and MTM-ineligible populations. Disparities were greater among MTM-ineligible than MTM-eligible populations (e.g., on additive term, difference in odds=1.94 and  $P<0.01$  for Whites and Blacks; difference in odds=2.86 and  $P<0.01$  for Whites and Hispanics in main analysis). When examining racial disparities, activities of daily living, instrumental activities of daily living, and generic possession ratio produced similar findings. Whites had a higher number of physician visits than Hispanics and the disparities were greater among the MTM-ineligible than MTM-eligible individuals (incidence rate ratio=1.40;  $P<0.01$ ). Analyses on chronic conditions, costs of physician visits, hospitalizations, and total health care costs produced similar patterns on ethnic disparities. No other variables exhibited significant findings. **Conclusions-** Current MTM eligibility criteria may potentially aggravate existing racial and ethnic disparities in health services utilization and costs and medication utilization measures. Future research should examine strategies to remediate the effects of MTM eligibility criteria on racial and ethnic disparities.

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# ABSTRACTS

## 3.03.31 – Poster Session 1

### SOCIAL DETERMINANTS IMPACTING HIV+ RURAL AFRICAN AMERICANS

Laurie Abbott

**PURPOSE-** A meta-synthesis of qualitative, multi-disciplinary studies was conducted to explicate theoretical associations among social determinants of health and HIV for rural African Americans living with HIV/AIDS in the southeastern United States. The main objective of the meta-synthesis included recognizing and synthesizing the social determinants of health that were consistent themes in the selected literature. **DESIGN-** Qualitative Meta-synthesis **METHODS-** The methodology for conducting the meta-synthesis involved formulating the purpose and providing a theoretical background that discussed health disparities among African Americans, social determinants of health, and the unique problems encountered by rural populations. The subsequent phases included methodically searching multi-disciplinary literature using predetermined inclusion criteria, choosing relevant qualitative research articles, appraising the reports of qualitative research studies with the Critical Appraisal Skills Program (CASP) assessment instrument, classifying findings into categories of social determinants of health, and synthesizing relevant themes. **RESULTS-** Synthesized themes included (1) Placing lower in the social gradient, (2) Experiencing stress with daily living, (3) Feeling the pain of social exclusion, (4) Enduring unemployment, (5) Needing social support, (6) Battling addictions, and (7) Lacking transportation. **DISCUSSION-** The seven themes depicting social determinants of health recognized in the qualitative literature impact health, social and living conditions, and equity for rural African Americans living with HIV/AIDS in the southeastern United States. Recognizing these factors is necessary for addressing health disparities, devising interventions that are effective for reducing risks of acquiring HIV, providing evidence for the development of policy that would assist in alleviating the disparities, and positively impacting health outcomes associated with having the disease.

The author received no grant or monetary support.

## 3.03.32 – Poster Session 2

### THE IMPLEMENTATION OF MEDICARE PART D AND THE HEALTH IMPLICATIONS OF MEDICATION THERAPY MANAGEMENT ELIGIBILITY CRITERIA

Junling Wang, Ph.D., M.S. Associate Professor Department of Clinical Pharmacy University of Tennessee College of Pharmacy Yanru Qiao, M.S. Research Assistant Department of Clinical Pharmacy University of Tennessee College of Pharmacy Ya-Chen Tina Shih, Ph.D. Associate Professor, Section of Hospital Medicine, Department of Medicine & Director, Program in the Economics of Cancer University of Chicago Christina A. Spivey, Ph.D. Assistant Professor Department of Clinical Pharmacy University of Tennessee College of Pharmacy Jim Y. Wan, Ph.D. Associate Professor, Department of Preventive Medicine University of Tennessee Health Science Center Shelley I. White-Means, Ph.D. Professor & Director Consortium for Health Education, Economic Empowerment and Research (CHEER) Department of Clinical Pharmacy University of Tennessee College of Pharmacy Samuel Dagogo-Jack, M.D., F.R.C.P. Mullins Professor & Director, Division of Endocrinology, Diabetes & Metabolism & Director, Clinical Research Center University of Tennessee Health Science Center William C. Cushman, M.D. Professor Department of Preventive Medicine and Medicine University of Tennessee College of Medicine & Chief, Preventive Medicine Section Veterans Affairs Medical Center Marie A. Chisholm-Burns, PharmD, MPH, MBA, FCCP, FASHP Dean and Professor University of Tennessee College of Pharmacy

**Objectives-** To determine whether the implementation of the Medicare Part D in 2006 was associated with changes in differential racial and ethnic disparity patterns between the individuals ineligible for medication therapy management (MTM) services and MTM-eligible individuals. If Part D implementation is not associated with reductions in greater racial and ethnic disparities in MTM-ineligible than the MTM-eligible individuals, the urgency for modifying MTM eligibility criteria would be even increased. **Methods-** Data from the Medicare Current Beneficiary Survey were analyzed. A generalized difference-in-differences analyses, difference-in-differences-in-differences-in-differences (DDDD) model, was used to examine changes in difference in disparities between the MTM-ineligible and MTM-eligible individuals from 2004-2005 to 2007-2008 in relation to the changes from 2001-2002 to 2004-2005. Disparities were examined in health outcomes, health services utilizations/costs, and medication utilization patterns. MTM eligibility criteria for 2010 were examined and both main and sensitivity analyses were conducted to represent the ranges of the MTM eligibility thresholds used by insurance plans. Various regression models varied according to the type of dependent variables. **Key Findings-** The main analysis found no significant DDDD values. For racial disparities, according to some sensitivity analyses, Part D implementation was associated with a reduction in greater racial disparities among the MTM-ineligible and MTM-eligible individuals in activities of daily living (DDDD=1.13; P=0.03 for one analysis) and instrumental activities of daily living (DDDD=0.95; P=0.03 for one analysis). For ethnic disparities, Part D implementation was associated with reduction in any greater disparities among the MTM-ineligible than MTM-eligible individuals in costs of physician visits (DDDD=-4613.71; P=0.04 for one analysis) and high risk medication utilization (DDDD=-0.10; P=0.03 for one analysis). **Conclusions-** Part D implementation is not consistently associated with reductions in the disparity implications of the Medicare MTM eligibility criteria. The Medicare MTM eligibility criteria need to be modified in order to eliminate their disparity implications.

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## 3.03.33 – Poster Session 1

### TRAINING UNDERREPRESENTED RACIAL AND ETHNIC MINORITY STUDENTS FOR CAREERS IN THE PUBLIC HEALTH SCIENCES

Wayne A. Duffus;ynthia Trawick; Ramal Moonesinghe; Jigsa Tola; Benedict I. Truman; Hazel D. Dean Centers for Disease Control and Prevention (WAD, RM, BIT, HDD); Morehouse College (CT, JT)

**Brief Description:** In order to effectively serve the health needs of the growing underrepresented and racial/ethnic minority populations, a workforce that parallels the demographic and social characteristics of society needs to be developed. The Public Health Sciences Institute (PHSI) is an academic program at Morehouse College that is designed to train undergraduate racial and ethnic minority students for entry into graduate and professional programs and subsequently, careers in the public health sciences, specifically, biostatistics, epidemiology, and occupational safety and health. This goal is achieved through the implementation of the following programs: an academic minor, two formal internship programs, an annual public health awareness conference, a pre-professional student organization, and mentoring (faculty-student research teams). A tracking system was established in 1981 at the inception of program and data has been collected every year through personal phone interview and emails. The data collected includes sex, race, current educational status, current employment, current position, current profession, year on which the interns completed graduate school, type of graduate degree and sector in which they work. In this paper, we will describe the educational and professional outcomes of students who participated in PHSI from 1981 through 2010. **Key Words:** racial/ethnic minority public health training, public health development, health disparities, graduate professional programs

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### 3.03.34 – Poster Session 1

#### ATTITUDES OF RECENT MIDDLE EASTERN IMMIGRANTS IN SOUTHEASTERN LA TOWARD PHARMACY AS A RESOURCE FOR HEALTHCARE INFORMATION AND SCREENING

YM Abdelaziz, MF Kashan, SA Al Dahir, Xavier university of LA (YMA; MFK; SAA)

**Purpose:**The purpose of this study was to define health care resource utilization patterns among Arab immigrants in Southeastern Louisiana and, in particular, the role the pharmacy plays. **Methods:**This is a prospective, observational convenience sample study. A healthcare utilization pattern and nutrition survey, in both Arabic and English, was distributed by bilingual pharmacy students in community centers in Southeastern Louisiana. A total of 174 surveys were conducted. The survey consisted of both male and female adults between the ages of 18 and 80 years old. The domains of the survey addressed were demographic information, health status, medications used, healthcare resources used (frequency of physician, pharmacist, urgent care and free care clinic visits) and nutrition and exercise habits. Results are being analyzed with descriptive statistics and ANOVA using SPSS version 19. **Results:**A total of 100 females and 74 males were interviewed for this study. Of the 174, 59% reported having health insurance. Of the 59%, 55% of those having insurance were insured through an employer, 14% privately purchased insurance, and 31% through being insured through Medicare/Medicaid. In terms of visiting Healthcare professionals 66% of respondents visited pharmacies with an average of 6.1 visits a year. An equal percentage of respondents reported checking their blood pressure annually, with an average of 26 times per year. They reported checking their blood pressure at home (26%), doctor's office (46%) and the pharmacy (20%) of the time. (54%) check their cholesterol at least annually with an Average of 1.69 times per year (STDEV 1.14) , with 1.4% check Cholesterol at a pharmacy. 82% check their Blood glucose annually with an average of 3.69 times per year (STDEV 0.8) with 2.3% checking at a pharmacist. 14.4 % ask pharmacist if they have a disease question and 31% go to an pharmacist for a drug question **conclusion:**Similar to the uninsured US population (33%), Arab immigrants account for 41% of the uninsured in Southeastern Louisiana. Therefore, they utilize urgent care, emergency room and pharmacies to address their healthcare needs.

### 3.03.35 – Poster Session 2

#### BARRIERS TO CLINICAL TRIAL PARTICIPATION & TISSUE DONATION

Claudia R. Baquet, MD, MPH, Jeanne Bromwell, BS, Vera Kuffour-Manu

**PURPOSE** - Minority, urban and rural communities experience health disparities at greater rates than the general population. Yet, these communities have lower than desirable participation rates in clinical trials. They also have low rates of donating tissue (biospecimens) for storage and future research. These two issues may contribute to health disparities because advances in medicine and public health are not equitably available to those communities most at risk for health disparities. This study examined factors and barriers related to clinical trial participation and tissue (or biospecimen) donation for research in the targeted communities. The focus groups identified key themes within and across the study populations. **DESIGN METHODS** - Using qualitative and quantitative research methods, a demographic survey, focus groups and key informant interviews were the primary data collection methods. In addition, a community engaged research component (CER) was incorporated into the study. The CER aspects of this project are important for assuring culturally relevant engagement for each group and to afford the opportunity for translation or dissemination of research results once the study is published. **RESULTS** - A total of six (6) focus groups were held in spring/summer of 2013 with a total of 48 participants from the specified areas of urban Baltimore, rural Eastern Shore, Frederick and rural Southern Maryland. Key themes which emerged are as follows: Overall general knowledge needs; Trust/distrust; Privacy concerns; Return of results; historical unethical research described by participants as "Experiments on Minority/Vulnerable Populations"; and Informed consent preferences. **CONCLUSION** - Preliminary conclusions indicate persistent lack of trust by the public in researchers. This manifests in lower recruitment of medically underserved and diverse populations in clinical studies. The public expressed specific ethical concerns related to donation of biospecimens for research in general and most notably for genetic research.

FDA Funded CERSI at University of Maryland School of Pharmacy

### 3.04.01 – Poster Session 1

#### HIV MORTALITY IN THE DELTA REGION: STRATEGIES TO ADDRESS DISPARITY, THE AETC EXPERIENCE

CS Brennan; T Noletto; O Salinas; CF Medina; R Wicox Delta AIDS Education and Training Center (CSB, TN, OS, CM, RW), School of Public Health (CSB, TN, OS, CM), NO AIDS Task Force (RW)

The disparity in the infection rate of HIV in the southeastern United States compared to other regions of the US is well noted. There is also a disparity in the rates of infection across races with racial or minority accounting for 70% of the newly diagnosed cases of HIV infection in 2011. Further, there is disparity in HIV mortality with African American (AA) men 7 times more likely to die from HIV than Caucasian American (CA) men and AA women 20 times more likely to die from HIV than CA women. **PURPOSE:** Delta Region AIDS Education and Training Center (Delta AETC) is one of the 11 regional centers funded through the Ryan White Program of the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau that conducts targeted, multi-disciplinary education and training programs for healthcare providers to increase the availability and quality of HIV/AIDS health care and decrease the disparity in HIV mortality and infection. **PROJECT DESCRIPTION:** Delta AETC's mission is to improve the quality of life of all patients living with HIV/AIDS in Louisiana, Mississippi and Arkansas through the provision of high quality professional education and training. It is essential the Delta AETC closely monitors both the trends in HIV infection and its training activity to assure sufficient number of adequately trained health care providers are available in each region to assure state of the art treatment of HIV is available as the prevalence of HIV demands. Furthermore, it is critical that delta AETC monitors the populations served by these trained providers to assure its training activities contribution in addressing the disparities in HIV infection and disease outcome. Data will be presented that demonstrates Delta AETC monitoring activities and how the data is used to guide its project's goals and objectives.

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# ABSTRACTS

## 3.04.02 – Poster Session 1

### **BAFA BAFA: A CROSS-CULTURAL SIMULATION ACTIVITY AT THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**

Carensa Cezar, MS Gaarmel Funches, PhD Jasmine P. Taylor, MD

**PURPOSE:** The Division of Multicultural Affairs (MCA) has a two-fold mission. The first mission is to support the University of Mississippi Medical Center's (UMMC) efforts to train a diverse health care workforce for the state of Mississippi. The second mission is to support the UMMC's endeavor to foster an environment that recognizes the benefits of diversity and an inclusive UMC community. **METHODS:** The initial goal of MCA in 2007 was to provide cross-cultural simulation training to faculty and staff at UMMC to meet the institution's charge of training clinicians who perhaps have sensitivity to diversity and may benefit greatly from the training. MCA asked each department to send at least 5 participants that were an appropriate mixture of genders in order to make the program a success. **RESULTS:** The success of our Bafa' Bafa' programs are demonstrated by positive and constructive feedback on post-surveys that are administered to the participants. Results revealed that participants gained the following from the cross-cultural simulation training: • A keener sensitivity to cultural differences • An awareness of how cultural differences can profoundly impact people in an organization • A motivation to rethink behaviors and attitudes toward others • An ability to examine one's own biases and perceived differences • An ability to successfully work with people from other disciplines, genders, races, and ages • An awareness of how stereotypes are developed, barriers created, and misunderstandings magnified • An ability to identify diversity issues within the organization that must be addressed **DISCUSSION/CONCLUSION:** The Division of Multicultural Affairs works closely with campus administrators, faculty and staff to ensure that our academic programs are inclusive, promote diversity and maintain quality academic standards. As a result of the positive responses to the Bafa' Bafa' training, MCA was asked to provide this cultural training to incoming medical and dental students at UMMC. The Bafa' Bafa' training is currently being implemented as part of their initial orientation into their perspective schools.

## 3.04.03 – Poster Session 1

### **BOOSTING BROADBAND: BRIDGING THE DIGITAL DIVIDE**

Amelia Hall Stehouwer Community & Economic Development Research and Training Specialist James Manasco Community & Economic Development Outreach Specialist

Expanded access to broadband can benefit communities by helping to maintain infrastructure, provide better healthcare/disaster services, and encourage civic engagement. Lack of broadband access can cause individuals and communities to quickly fall behind the rest of the state in infrastructure, education, and healthcare. Many people are either unaware of these benefits or they do not have access. The rural counties of Alabama are lacking in broadband access. Only 47% of rural households in Alabama have access to broadband in their homes. To that end, Auburn University's Economic Community Development Institute (ECDI) has partnered with the Alabama Cooperative Extension System (ACES), Alabama Department of Economic and Community Affairs (ADECA), and the Alabama Institute for the Deaf and Blind (AIDB) to encourage positive uses of broadband. The goal is to produce training modules such as eHealth, ePublic Safety, eWorkforce, and eCommunity to encourage to not only encourage digital literacy but to can improve your quality of life. The project targeted "vulnerable populations": deaf and blind, physically handicapped, retired citizens, senior citizens, Hispanics, youth, unemployed, low income individuals, and the Black Belt communities. The modules are meant to educate people on the positive benefits and uses of broadband such as applying for a job, becoming aware of natural disasters, or gaining access to medical care through telemedicine and other medical websites. The modules educate local governments on how to properly respond to disasters and how to better understand the need for broadband as a major part to infrastructure improvements. At the conclusion of the project over 6,050 residents in 65 Alabama Counties were trained in broadband resources through training courses and community forums. The project is still continuing due to the distribution of training manuals and our website (iizzynet.org) which contains the training modules and additional resources.

## 3.04.04 – Poster Session 2

### **CONSIDERATIONS IN THE APPLICATION OF MENTAL HEALTH LITERACY TO AFRICAN-AMERICAN MEN**

Bamgbade BA; Harrison TC; Barner JC College of Pharmacy (BAB, JCB), School of Nursing (TCH) The University of Texas at Austin

**ISSUE TO BE CONSIDERED:** Mental illness (MI) is a national problem and among the 60% of people untreated for mental illness, African-American men (AAM) represent a significant portion. AAM are less likely to receive MI treatment when compared to African-American women and their Caucasian counterparts even after adjusting for socioeconomic factors. Understanding factors that may impact help-seeking behaviors (HSB) specifically among AAM is important in developing culturally relevant intervention programs. Mental Health Literacy theory (MHLt) purports that one's knowledge, attitudes and beliefs (KABs) about the following MI domains: 1) causes; 2) recognition; 3) how to seek information; and 4) sources of help can predict their help-seeking behaviors (HSB). The purpose of this paper is recommend modifications to the MHL framework that can better conceptualize AAM's HSB. **UNDERLYING ISSUE KEY FACTORS:** While stigma towards mental illness inversely impacts HSB in any population, AAM face "double stigma" when attempting to seek mental health care. AAM must not only overcome mental illness but also minority status stigma. Double stigma is rooted in the African-American history marred by slavery and segregation, which is presently manifested as prejudice and discrimination. Additionally, as a result of past healthcare experiences (e.g., Tuskegee Syphilis Experiment), AAM are often distrustful of the healthcare system. Secondly, AAM have positive attitudes toward mental healthcare before entering the system, but upon receipt of care, their attitudes change, which may directly impact whether they will seek mental healthcare treatment again. **RECOMMENDATIONS:** Thus, when assessing MHL in AAM, the impact of double stigma should be explicitly considered as a separate domain. In addition, a bidirectional relationship between the components of MHL and HSB should be included so that previous healthcare experiences can be incorporated. Therefore, when using the MHL framework to study AAM, these recommended changes may better identify treatment barriers in this at-risk population.

## 3.04.05 – Poster Session 2

### **FITNESS AND HEALTH ACTIVITIES IN THE AFRICAN AMERICAN COMMUNITY**

Mary C. Bassey and Christopher E. Bassey

The top four leading causes of death among African Americans include heart disease, cancer, stroke, and diabetes. The prevalence of these diseases can be lowered with a healthy diet and an active lifestyle. With America ranking as the country with the highest prevalence of obesity, a relatively new wave of fitness culture has made its way into mainstream pop culture and politics to combat obesity and promote healthy and active living. Such initiatives severely lack in diversity, specifically the adequate representation of African American adults in advertisements and presentations promoting a healthier lifestyle. This work examines the costs and benefits of maintaining various healthy diets. We also project how the addition of exercise can be beneficial to the African American community. We suggest the integration of fitness culture in Black America in a manner that is appropriately relevant.

## #XUDisparitiesCollabs

### 3.04.06 – Poster Session 2

#### CONSIDERATIONS IN THE APPLICATION OF MENTAL HEALTH LITERACY TO AFRICAN-AMERICAN MEN

Bamgbade BA; Harrison TC; Barner JC College of Pharmacy (BAB, JCB), School of Nursing (TCH) The University of Texas at Austin

**ISSUE TO BE CONSIDERED:** Mental illness (MI) is a national problem and among the 60% of people untreated for mental illness, African-American men (AAM) represent a significant portion. AAM are less likely to receive MI treatment when compared to African-American women and their Caucasian counterparts even after adjusting for socioeconomic factors. Understanding factors that may impact help-seeking behaviors (HSB) specifically among AAM is important in developing culturally relevant intervention programs. Mental Health Literacy theory (MHLt) purports that one's knowledge, attitudes and beliefs (KABs) about the following MI domains: 1)causes; 2)recognition; 3)how to seek information; and 4)sources of help can predict their help-seeking behaviors (HSB). The purpose of this paper is recommend modifications to the MHL framework that can better conceptualize AAM's HSB.**UNDERLYING ISSUE KEY FACTORS:** While stigma towards mental illness inversely impacts HSB in any population, AAM face "double stigma" when attempting to seek mental health care. AAM must not only overcome mental illness but also minority status stigma. Double stigma is rooted in the African-American history marred by slavery and segregation, which is presently manifested as prejudice and discrimination. Additionally, as a result of past healthcare experiences (e.g., Tuskegee Syphilis Experiment), AAM are often distrustful of the healthcare system. Secondly, AAM have positive attitudes toward mental healthcare before entering the system, but upon receipt of care, their attitudes change, which may directly impact whether they will seek mental healthcare treatment again. **RECOMMENDATIONS:** Thus, when assessing MHL in AAM, the impact of double stigma should be explicitly considered as a separate domain. In addition, a bidirectional relationship between the components of MHL and HSB should be included so that previous healthcare experiences can be incorporated. Therefore, when using the MHL framework to study AAM, these recommended changes may better identify treatment barriers in this at risk population.

## 4.0 – SOCIAL DETERMINANTS OF HEALTH

### 4.01.01 – Poster Session 2

#### COMMUNITY HEALTH WORKERS COLLABORATE WITH CAREGIVERS TO SECURE ASTHMA SAFE HOMES FOR CHILDREN

P Dixon; AP Porter; KI Rapp; D Sunda-Meya; MA Sanders; SD Denham; CM Wilson; L Jack Jr.; FJ Malveaux Xavier University of Louisiana (PD, APP, KIR, DSM, MAS, SDD, CMW, LJJ) Merck Childhood Asthma Network, Inc. (FJM)

**PURPOSE:** Research studies estimate that 30% of childhood asthma is due to environmental exposures. Environmental assessment of homes of pediatric asthma patients may be helpful in improving asthma outcomes; however often, times caregivers find it difficult to implement many of recommended changes. The Head-off Environmental Asthma in Louisiana (HEAL), Phase II Project aims to improve pediatric asthma care in the Greater New Orleans area by conducting home environmental assessments of children with asthma in efforts to reduce triggers in the home and secure a safe home environment. This presentation will identify the most common goals set by caregivers and report whether the goals were achieved. Feedback from caregivers regarding difficult to achieve goals will also be discussed. **DESIGN METHODS:** Community health workers (CHWs) completed a home visit walk through with caregiver of pediatric asthma patients to identify asthma triggers. CHWs shared ways the caregivers could improve the home environment to help minimize asthma symptoms and exacerbation due to triggers. A Home Environmental Assessment Form was developed and utilized by HEAL Phase II Project to record observations in the home and establish goals. CHWs, in collaboration with the caregiver, identified goals that seemed attainable in effort to improve the home within the next two week. A follow-up call was made to the caregiver to see if the goals were achieved. **RESULTS:** The most frequent goals selected by the caregivers were damp dusting = 40%; eliminating strong odors = 21%; removing stuffed toys = 15% and cleaning the ceiling fans = 28%. 85% of caregivers achieved their goals. **CONCLUSION:** A collaboration between HEAL, Phase II and CHWs caregivers yielded results in securing an asthma safe home. With tailored environmental education achievable home remediation goals can be set to improve asthma outcomes for pediatric asthma patients.

This project is funded by Merck Childhood Asthma Network, Inc.

### 4.01.02 – Poster Session 2

#### WORKING WITH HOUSING AUTHORITIES ON SMOKE FREE POLICIES

S Ingerman; SI Allen; S McLain; JD Keith; KO Minot; J Ochs Public Health Management Corporation (SI, JDK, KOM); Pennsylvania Department of Health (SIA, SM, JO)

**PROBLEM:** According to the 2011 American Community Survey, nearly 54 million people in the U.S. live in rented multi-unit housing (MUH). Although progress has been made to reduce secondhand smoke exposure through implementation of smoke free MUH policies, several communities are still disproportionately affected. While many diverse populations live in MUH, the residents most vulnerable include the poor, the young, the elderly, the physically disabled, and those with severe mental illness, chemical dependency, and chronic disease. Residents with health and economic disparities should not have the additional burden of exposure to toxins in secondhand smoke, but be able to live in spaces that will not exacerbate their conditions. **KEY FACTORS:** In Pennsylvania, the Department of Health's Division of Tobacco Prevention and Control is working with their regional primary contractors to increase the number of people newly protected by smoke free policies in multi-unit housing, particularly focusing in on public housing. The program has supplied partners with tools for identifying and working with housing authorities. In addition, the program has established a workgroup to regularly discuss successes and challenges in smoke free housing work. Several regions have already had success in changing policy and supporting implementation of smoke free measures in MUH. To track change, several data measures are now collected, including: Policy level (County, Municipality, Building/Complex, Other); Geographic description; Impact description (number of residents protected by policy, policy comprehensiveness, etc.); Media involvement (public event, recognition, etc.); and Integration summary, if applicable. **RECOMMENDATIONS:** Policy change is a key tool in efforts to sustainably improve population health and ultimately health equity. Complex issues like policy change, however, often require partnership and input from various stakeholders. Lessons learned from housing policy efforts can improve future clean air policy efforts taking place at the organization, local, and state levels.

Supported Master Settlement Agreement and CDC funds.

# ABSTRACTS

## 4.02.02 – Poster Session 2

### PERCEPTIONS REGARDING CLINICAL PHARMACY PRACTICE SERVICES PROVIDED BY STUDENT PHARMACISTS IN MISSISSIPPI

LH Ramsey, AW Ellis, TK Harrell The University of Mississippi School of Pharmacy, Department of Pharmacy Practice Sally McDonnell Barksdale Honors College

**Purpose:** To examine participants' opinions of clinical pharmacy services, including influenza immunizations and Medication Therapy Management (MTM). **Methods:** The McLean Institute for Public Service and Community Engagement at the University of Mississippi funded a service-learning project for student pharmacists to administer influenza immunizations to medically underserved patients. The project took place at a clinic for uninsured patients in Southaven, Mississippi but was open to the public. Participants (n=52) received an influenza immunization and medication review while being observed. After developing a personal medication list, students provided a medication review and Drug Adherence Work-Up (DRAW) to identify adherence problems. A survey was administered to participants regarding services received. Demographics and beliefs on pharmacists' roles were also assessed. **Results:** Two-thirds of participants (65%) were not aware of pharmacist-provided MTM. 30% reported a household income below \$15,000, and 33% lacked health insurance. However, most participants reported obtaining a flu shot every year (M=4.22, SD=1.35). 97% indicated strong trust in pharmacists' abilities. 63% of participants (n=33) reported taking 1 or more prescription medications daily with a mean number of 3.6 medications. Medication adherence problems were identified in approximately half (49%) of participants. Respondents noted "cost of prescriptions" and "forgetting" as relevant issues. Overall, 94% of patients found the combined immunization and MTM a beneficial service (M=4.38, SD=1.12). 74% would visit a community pharmacy to receive further MTM services in the future. **Conclusions:** While survey results indicate low awareness of MTM, a significant number of participants experienced medication adherence issues. Pharmacy visits for annual influenza immunizations may provide an optimal opportunity for pharmacists to provide MTM or adherence services.

This project was funded by the McLean Institute for Public Service and Community Engagement and the Sally McDonnell Barksdale Honors College.

## 4.02.03 – Poster Session 1

### IMPACT OF INFANT MORTALITY AWARENESS ON THE HEALTH BEHAVIORS OF AFRICAN AMERICAN MEN IN MEMPHIS, TENNESSEE

Justin Tate, LeMoyné-Owen College/Meharry Medical College HBCU Wellness Program, LeMoyné-Owen College, Memphis, TN Nikia Grayson, MPH, RN, LeMoyné-Owen College/Meharry Medical College HBCU Wellness Program, LeMoyné-Owen College, Memphis, TN Calverta McMorris, Ed.D., LeMoyné-Owen College-Meharry Medical College HBCU Wellness Program, LeMoyné-Owen College, Memphis, TN Kimberly Lamar, PhD, MPH, MSEH, Center for Urban Leadership and Social Justice, LeMoyné-Owen College, Memphis, TN

**INTRODUCTION:** Research suggests that a father's presence before, during, and after pregnancy has a major impact on infant mortality within the first year of life. Data also indicate that even after adjusting for socioeconomic risk factors, poor birth outcomes and infant deaths were highest for African American babies with absent fathers. The purpose of this student project was to inform African-American men in an urban community in Memphis, TN about infant mortality and their role in increasing a baby's chance of surviving its first year of life. **METHODS:** Barbershop patrons were asked to complete a questionnaire to ascertain if they knew their role as a father could impact the baby's first year of life. A Pre/Post survey was administered to determine their level of knowledge on infant mortality, prenatal care, as well as family planning. Additionally, patrons received a brief education session on infant mortality health-related topics. **RESULTS:** More than 50% of the men surveyed did not have a high level of knowledge about prenatal care, nor did they understand the importance of their paternal role both before and after the birth. Post-tests showed significant knowledge gained in ways to prevent infant mortality, how to help expectant mothers with prenatal care, and the importance of family planning. **DISCUSSION:** Increasing the role of the father in a baby's first year of life, as well as during pregnancy could play a major role in decrease the rates of infant mortality, particularly among African Americans.

LeMoyné-College/Meharry Medical College HBCU Wellness Program

## 4.02.04 – Poster Session 2

### BARRIERS TO HPV VACCINATION BY KOREAN AMERICANS

Armando Valdez, PhD HealthPoint Communications Institute Sora Tanjasari, DPH Health Promotion Research Institute California State University-Fullerton Chi-Ah Chun, PhD Department of Psychology California State University-Long Beach Marilyn Winkleby, PhD Stanford Prevention Research Center Stanford University

**Background:** Korean-Americans have notably high HPV infection rates and one of the nation's highest cervical cancer mortality rates. The HPV vaccine offers an opportunity to reduce this health disparity, yet Korean Americans have a low HPV vaccination rate. **Significance:** The goal of this study was to develop and evaluate an intervention to educate and empower parents to make informed decisions regarding HPV vaccination of their children. This intervention can significantly improve cancer prevention and reduce health disparities among Korean Americans. **Objectives:** Specific study aims were to (1) identify barriers to HPV vaccination reported by Korean-American parents, (2) develop a culturally-tailored, language appropriate intervention to inform parents' HPV vaccination decisions, and (3) conduct a randomized controlled trial to evaluate the intervention's efficacy. **This abstract addresses the first aim of the study.** **Methods:** This study conducted six language-congruent (English/Korean) focus groups with 41 Korean-American parents of HPV-unvaccinated children ages 11-17 in Koreatown-Los Angeles and two neighboring communities with sizeable Korean American populations. These sessions explored parents' knowledge, attitudes and behaviors regarding HPV, cervical cancer and the HPV vaccine, identified their questions and concerns, and documented their information sources regarding the HPV vaccine. **Results:** Parents demonstrated an enormous lack of knowledge about HPV and cervical cancer, compounded by the pronounced absence of perceived risk and susceptibility to HPV infection and cervical cancer. Parents' understanding of the HPV vaccine was marginal and vague. Most did not know the HPV virus is sexually transmitted. Providers often gave parents incorrect information regarding the appropriate age and gender for vaccination. Cultural and religious values converged to promote a perception that Korean-Americans children would not have sex until after marriage and thus were not at risk for HPV infections. **Conclusion:** Low knowledge levels and low perceived risk and susceptibility to HPV infection were significant barriers to HPV vaccination.

Funding from a research grant from the National Institute of Minority Health and Health Disparities

## #XUDisparitiesCollabs

#### 4.02.05 – Poster Session 1

##### **TACKLING CERVICAL CANCER DISPARITIES THROUGH AFRICAN AMERICAN BEAUTY SALONS: A COMMUNITY-BASED HEALTH EDUCATION INTERVENTION**

Ivan Juzang, MBA; Amy Leader, DrPH, MPH; Pamela Weddington, BS; Ralph DiClemente, PhD; and Gina Wingood, ScD

**Background:** Salon-based health education programs are becoming increasingly popular for reaching African-American women because they deliver messages in a setting that is credible and easily accessible; they also engage trusted members of the community in a dialogue that reflects the tradition of oral-based communication. **Methods:** We partnered with ten Philadelphia hair salons to promote dialogue about HPV and its link to cervical cancer. Goals were to increase knowledge about HPV, as well as intentions to vaccinate, among salon customers. **Study inclusion criteria:** African-American women, ages 18 to 26, or the caregivers of girls ages 9 to 17. Stylists briefly discussed HPV with customers, then made referrals for in-depth, in-salon sessions offered by health educators. Survey data (knowledge and attitudes about HPV and HPV vaccination) were collected from customers immediately before and after the sessions, and 30 days later. Means, frequencies and percentages were used to determine background characteristics of the sample, while paired t-tests were used to compare baseline and endpoint mean scores for knowledge, perception and intention items. **Results:** 240 women were enrolled in the study. Knowledge about cervical cancer and HPV infection increased significantly in both groups from baseline to endpoint and remained high at the one-month follow-up assessment. At follow-up, 68% of participants said that they had shared what they learned with a friend or family member, and 57% planned to talk to their doctor or their daughter's doctor about HPV vaccination. After the sessions, 62% of caregivers reported that it was important that their daughter be vaccinated against HPV in the future. **Conclusion:** Results of the study indicate that community-based health education interventions in beauty salons are both feasible and effective in reaching populations not traditionally included in mainstream messaging strategies.

The study was funded through the Merck, Inc. IISP initiative

#### 4.02.07 – Poster Session 1

##### **A COMPETENCY-BASED APPROACH TO EDUCATING THE PUBLIC HEALTH WORKFORCE**

L FOX, MPH; P Davis, BS; MY Lichtveld, MD, MPH Tulane University, School of Public Health and Tropical Medicine, Department of Global Environmental Health Sciences

**PURPOSE:** The use of community health workers (CHWs) to increase access to care for underserved populations has proven to be an effective model. Although the demand to integrate CHWs into the healthcare workforce grows, there is no standardized curriculum, nor methodology for evaluating the efficacy of the curriculum. There is a general consensus that CHW training should be practice and competence-based yet considerable variation exists among training programs. An interdisciplinary group was formed to create a regionally tailored program to train CHWs serving vulnerable Gulf Coast populations. **METHOD:** Tulane staff, including a community health worker and two patient navigators, conducted a literature review to determine the characteristics of CHW programs, CHW core competencies, adult learning and popular education theories. This base knowledge informed lesson plans that addressed both occupation and health/disease specific competencies, including community assessment, behavior change, outreach/education and cultural competence. The curriculum, consisting of 80 hours of instruction, was reviewed and critiqued by seasoned community health workers as well as a Community Advisory Board. The finalized curriculum was pilot tested with two training cohorts (N=49). **RESULTS:** Evaluation of the curriculum was completed using qualitative and quantitative methods. Pre and post-test assessments measured change in knowledge/comprehension. Using a paired sample t-test, all curricular domains showed a statistically significant increase in scores on the post test. Qualitative feedback was gleaned from written commentary on evaluation forms and semi-structured interviews with training participants following daily sessions. Trainees expressed satisfaction with the training, particularly the interactive, skills-building design and use of a CHW as an instructor. **CONCLUSION:** Although these preliminary results contribute to the evidence base of CHW training by establishing core competencies and indicators for measuring success, further evaluation will be conducted with CHWs who were employed following the pilot testing to determine the effectiveness of classroom training in the field.

: This work was supported by the Gulf Region Health Outreach Program, which is funded from the Deepwater Horizon Medical Benefits Class Action Settlement approved by the U.S. District Court in New Orleans on January 11, 2013.

#### 4.02.08 – Poster Session 2

##### **ELIMINATING HEALTH DISPARITIES AND ACHIEVING HEALTHIER LOW SOCIOECONOMIC (SES) POPULATIONS BY ILLUMINATING CESSATION, PHYSICAL ACTIVITY AND PROPER EATING**

Linda Early Brown and Shawntell Lewis-Harrell

**PURPOSE** Putting Your Heart into Your Health Brown Baggin' Lunch and Learn is an educational program which highlights the negative consequences of the harmful impact of tobacco, outlines the impact of cessation and illustrates how healthy eating and physical activity can aid in controlling and decreasing weight gain during cessation with significant emphasis on maintaining a healthy lifestyle. The overall goal is to increase knowledge and change the mindset of those consuming tobacco products and maintaining unhealthy lifestyles. Program objectives are to increase participant knowledge on the adverse effects of tobacco consumption and secondhand smoke, benefits of cessation, skills as it relates to healthy eating and physical activity during cessation and to derive information on tobacco-related illnesses and diseases. **PROBLEM/ISSUE** Tobacco remains the number one killer of African-Americans resulting in over 47,000 annual deaths and more than 400,000 Americans, representing more deaths than AIDS, alcohol, car accidents, murders, suicides, drugs and fires combined. For decades, minority and low SES populations have been disproportionately impacted as it relates to tobacco usage; thus producing health disparities within this target group and other ethnicities. Equally as deadly within in Low SES populations is the epidemic of obesity linked to various chronic diseases, almost 300,000 annual deaths and \$117 billion dollars in health care costs within the U.S. **METHODOLOGY** The approach of this statewide program entails an interactive, awareness presentation, informal lecture, group discussions, a healthy lunch and a booth display. Resource material are disseminated to assist participants engage in healthy behaviors; thus producing healthier individuals, families and communities of color. Incentives are given nutritional educational tools and material, as well as, tobacco reference information to assist participants engage in healthy behaviors.

Southern University Agricultural Research and Extension Center Communities of Color Network is an affiliated program of the Louisiana Public Health Institute and The Louisiana Campaign for Tobacco-Free Living

# ABSTRACTS

## 4.02.09 – Poster Session 1

### IMPLEMENTING A TESTED AND CULTURALLY ADAPTED CLINICAL TRIALS RESOURCE FOR LOW-INCOME AFRICAN AMERICAN WOMEN

R Neal; D Kenerson; J Liu; S Fadeyi; M Weriwoh; M Hargreaves Department of Internal Medicine Meharry Medical College

**PURPOSE** – Among US women, death rates from all combined cancer cases are highest among African American women. The enrollment of African American women into cancer prevention clinical trials (CPCTs) continues to be low despite their higher mortality rates. Clinical trials are vital to the discovery of new prevention methods that improve cancer outcomes. We evaluated the effectiveness of an audio card compared to a standard brochure to increase intent among African American women to participate in a CPCT. The card was designed to highlight the importance of CPCTs through audio and simply stated written messages, and visual images that appealed to the cultural diversity and literacy levels of low-income African American women. **METHODS** – Using the community based participatory research approach, an existing CPCT brochure was adapted for use among low-income African American women living in Nashville, Tennessee. Focus groups were conducted during the pilot phase to elicit effective concepts and messages aimed at low-income African American women. The Theory of Planned Behavior was used as a framework to assess behavioral, normative, and control beliefs, and behavioral intentions. During the implementation phase, the CPCT beliefs and behavioral intent of 100 African American women who received an adapted intervention were compared with 100 controls. **RESULTS** – Differences at post-test between treatment and control groups were statistical significance in altruism ( $p=.05$ ) and personal barriers ( $p=.05$ ). Next, the treatment group had an increase in personal value from pre-test to post-test that approached statistical significance ( $p=.07$ ). **DISCUSSION** – An emphasis on the cultural adaptation of interventions designed to improve health-related attitudes and beliefs and overcome barriers, such as through the use of an audio card intervention, could be helpful in increasing the participation rates of African American women in CPCTs.

Research was supported by the National Cancer Institute of the National Institutes of Health under Award Number 5U54CA153708-03S3

## 4.02.10 – Poster Session 2

### HEALTHY MINDS, HEALTHY LIVES: THE IMPACT OF DEPRESSION ON INFANT MORTALITY

J Ojuka; S Hussain; E Stewart Department of Psychology (JO); Department of Natural Science, Business and Mathematics SH; ES)

**PURPOSE** - Infant mortality rates have been targeted by the United States as a goal of the Federal Healthy People Act 2010. Depression is one of the many factors influencing infant mortality rates. This study specifically aimed to promote awareness within the African American community about behaviors associated with depression and their impact on pregnancy health and infant vitality. **METHODS** - African American college students, ages 18 to 25, will participate in a study measuring their perceptions about reproductive health and infant mortality and the Beck Depression Inventory (BDI-TR) will measure levels of depression. In a “Midnight Spa” intervention, participants will be educated, by African American professionals, about the impacts of depression on pregnancy, child rearing and general well being. Pre and post test measures will gauge the effectiveness of the study and determine the level of increased awareness. **RESULTS** – Pending **CONCLUSION** – Pending

Tennessee Department of Health

## 4.02.11 – Poster Session 1

### IMPLEMENTATION OF RECRUITMENT AND RETENTION STRATEGIES TO REDUCE ASTHMA DISPARITIES

D SUNDA-MEYA; KI Rapp; CM Wilson; SD Denham; MA Sanders; R Arnaud; N Morris; L Jack Jr.; FJ Malveaux Xavier University (DSM, KIR, CMW, SDD, MAS, RA, NM, LJJ); Daughters of Charity Services of New Orleans (RA, NM); Merck Childhood Asthma Network, Inc. (FJM)

**PURPOSE:** To achieve health equity and reduce asthma disparities, continued attention is required in addressing low levels of participation and retention rate of the asthma population. While striving to monitor the study target sample, increase recruitment and retain the desired sample population, the Head-off Environmental Asthma in Louisiana (HEAL, Phase II) Project utilized multiple strategies to unanticipated challenges. Continued collaboration with the project's partners led to the implementation of recruitment and retention strategies in an effort to reduce asthma disparities among study population. This presentation will provide valuable insights used by the project to improve participant's recruitment and retention. **DESIGN METHODS:** The HEAL, Phase II Project enrolled pediatric asthma patients who received care at the Daughters of Charity clinics and the Children's Health Fund mobile clinic. The project collected data at baseline, 6- and 12-month. The strategies used to maximize participant recruitment and retention included the addition of an asthma educator at clinic site, two-week focus on follow-ups, implementation of incentives for follow-ups, and increase of the monetary compensation for the 12-month follow-up. **RESULTS:** The addition of an asthma educator at the prominent clinic site allowed the project to maintain an average monthly enrollment rate of 9 while balancing the asthma educator caseload. The average monthly rate of 6- and 12- month follow ups after the two week focus increased from 4.25 to 24 and 4.5 to 18, respectively. After a \$20 incentive was implemented, the average rate of 6 month follow up increased from 4.78 to 8.67. The average monthly rate for 12 month follow up increased from 5.3 to 15 with the addition of \$40 incentives. **CONCLUSION:** The results indicate the effectiveness of strategic decisions to produce consistency in enrollment and increase in retention which helps to alleviate asthma disparities.

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

## #XUDisparitiesCollabs

#### 4.02.12 – Poster Session 2

##### COMMUNITY MENTAL HEALTH PROMOTION PROJECT FOR KOREAN AMERICAN WOMEN

Bo Kyum Yang

The Community Mental Health Promotion Project for Korean American (KA) Women was developed and implemented in Korean community in Baltimore, Maryland. The purpose of the project was to change the attitude toward mental illness, particularly, depression and mental health service by educating KA women who are not knowledgeable about depression symptoms or have the different perception toward mental health services due to their cultural notion. Ultimately, it aimed at improving the mental health service utilization among KA women. The target population was KA women with or without depressive symptoms residing in Baltimore County, Baltimore City, and Howard County in Maryland. The project was implemented once a week from March, 12th to April, 30th in 2013 at Calvary Presbyterian Church in Baltimore, Maryland. The meetings were preceded by a psychiatric mental health nurse and a clinical social worker who can speak Korean. The project consisted of three parts containing eight sessions; one discussion session, six educational sessions, and one session of depression screening and referral service. The effectiveness of project was evaluated through the pre and post self-report questionnaires and observation. The evaluation results revealed that all of the respondents who completed the project satisfaction survey changed their answer from 'No' to 'Yes' when they were asked for their willingness to seek professional help if they experience depressive symptoms. In addition, Over 90% of the respondents reported that the project met their expectation and the information was helpful. It implied that the Community Mental Health Promotion Project for Korean American Women had a positive impact on KA women's attitude change toward mental health services.

#### 4.02.14 – Poster Session 1

##### IMPACT OF TARGETED INTERPROFESSIONAL HEALTH SCREENING AND EDUCATION

RM CASTNER; D Isaacs; CA Arocena

**PURPOSE** – To assess the educational impact collaborative health screenings have on both at-risk populations and perceived benefit, as well as on professional competency of attending healthcare students. Primary objectives were to (1) assess the cardiovascular risk factors of participants, (2) assess the impact of health screenings and education on the knowledge of participants, and (3) evaluate students' perceptions of meeting interprofessional education core competencies before and after participating in an interprofessional health outreach event. **METHODS** - Two community outreach events were conducted on the Chicago State University campus during a public jazz concert series in September 2013, expanding upon outreach events initiated in the previous year. In all events, community participants were provided with various health screenings and education on wellness and health promotion, targeting cardiovascular and cerebrovascular health. In addition, participants of the 2013 events were provided screening and/or information regarding bone health, HIV/AIDS, Affordable Care Act information, healthcare referrals, and were given an opportunity to ask available licensed healthcare professionals other health questions. Participants completed a short questionnaire related to study objectives and demographic data during all outreach events. In addition, healthcare student volunteers at 2013 events also completed a short survey regarding their own perceived benefit of attendance, based on core competencies published by the Interprofessional Education Collaborative Expert Panel. **RESULTS** – In progress.

#### 4.02.15 – Poster Session 2

##### HIV/AIDS AWARENESS: ROCK THE RED PUMPS

Romona Brown Lane College HBCU Wellness Jackson, Tennessee 38301

**Purpose:** The objective of the project is to increase awareness about HIV/AIDS among African-American women ages 18-45, by promoting safe sex and providing participants with information on the consequences of engaging in risky behaviors and how to talk about past sexual experiences with current partners. This project will also provide women with access to health care professionals, service, testing and recourses available in their community pertaining to HIV/AIDS. **Methods:** This project partnered with the Jackson Madison County Regional Health Department to have Department to have Women and Girls HIV/AIDS Awareness Day on March 7, at Campbell Street Church of Christ in Jackson, Tennessee. Community agencies setup different informational tables for the ladies to receive information and learn about HIV/AIDS treatment and prevention. Pre- and Post-surveys were given to 50 participants. There was a post in the Lane College Chapel program informing young ladies to wear their red pumps to show they were aware of the dangers associated with participating in risky behaviors and pumps to raise awareness about HIV/AIDS among women and girls on March 7, 2013. In addition this project partnered with the Jackson Madison County Regional Health Department hosted a HIV/AIDS screening events on campus during the school year. **Results:** 150 students were screened for HIV and STDS. There was a positive rate of 15%. 50 women were surveyed and data illustrates that women had a better understand of HIV prevention, screening, and how to negotiate safe practices with partners after the events. Data also demonstrate the need for more education among target population. **Conclusion:** In conclusion, data shows that there has been a gradual increase in the incidences of HIV in African American women. Still to date, 29% of new diagnoses are women. Of these, 67% were black women in Madison County area. This project will continue to develop interventions to promote awareness and safe sex practices among women.

#### 4.03.01 – Poster Session 1

##### PERCEPTIONS OF FATHER INVOLVEMENT ON ADULT CHILDREN'S PSYCHOLOGICAL WELL-BEING AND PHYSICAL WELL-BEING: A MENTAL HEALTH DISPARITIES VIEW

Hema Oshoone Mason, Ph.D., Albany State University Shakeria Burney, Albany State University Olivia Lane, Albany State University

The aim of the current study is to examine whether statistical relations exist between perceptions of father involvement and psychological well-being, depressive symptoms and physical health. From a health disparities perspective, this study also seeks to examine the differences in mental and physical health outcomes among the racial and socioeconomic groups under investigation. Finally, this study will explore whether these differences can be attributed to differences in father involvement. There are two areas of focus that is particularly important and warrants further discussion. First, this study is important because, while theoretical models describing father involvement and psychological well-being focuses on child and adolescent samples, studies are needed that use adult samples. Further, inferences are made regarding the stability of these relationships over time, but, these inferences are made when looking at child and adolescent samples. The main objective of the study herein is to understand the relations between these variables using an adult sample; to thus understand and make inferences on a study sample that is rarely used. Second, this study is important because, health disparities are well documented, especially in minority populations. However, a health disparities perspective that focuses on mental health and physical health across racial and socioeconomic groups is a needed area of research. Further, examining this perspective while also looking at parental influences may offer explanations as to why these disparities exist. Based on the current literature regarding father involvement and child outcomes, it is hypothesized that perceptions of father involvement will have an impact on the adult child's psychological well-being. It is further predicted that there will be both between group and within group differences in the quality of mental and physical health and that father involvement may explain some of these differences.

Title III Funding Albany State University

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# ABSTRACTS

## 4.03.02 – Poster Session 1

### ILLNESS BELIEF AND GLYCEMIC PROFILE IN DIABETES MELLITUS

Chinemerem Ugorji, MD; Anthony Otekeiwebia, MD; Moyosoye Oyeyinka, MD; Chinedu Ivonye, MD.

**Objective** To examine the relationship between illness beliefs and glycemic profile in patients with diabetes on oral hypoglycemic agents. **Methodology** A hospital based prospective observational study over three months among 98 patients with diabetes mellitus (DM) on oral hypoglycemic agents in Lagos Nigeria. Data obtained were on patients' socio-demographic characteristics, illness duration, medication type, three months average fasting blood glucose and illness perceptions. These variables were analyzed using the Spearman's correlation. Illness perception was assessed using the Illness Perception Questionnaire-Revised edition (IPQ-R). The glycemic profile was assessed using the average monthly fasting blood glucose. **Results** The study showed a significant negative correlation between glycemic profile and chronic duration ( $r_s = -0.06, P < 0.01$ ), personal control ( $r_s = -0.15, P < 0.01$ ), treatment control ( $r_s = -0.02, P < 0.01$ ), immune risk factor attribution ( $r_s = -0.17, P < 0.01$ ), illness coherence ( $r_s = -0.19, P < 0.01$ ), high consequences ( $r_s = -0.15, P < 0.05$ ) and risk factor attribution ( $r_s = -0.21, P < 0.05$ ). However, positive correlations were found between glycemic profile, chance attribution ( $r_s = 0.20, P < 0.05$ ) and emotional representation ( $r_s = 0.21, P < 0.05$ ). **Discussion** Good glycemic control was associated with accurate knowledge of diabetes, belief in the effectiveness of treatment, perceiving DM as chronic with serious complications, knowing risk factors for DM and ability to control diabetes by personal efforts. Emotionally stressed patients and who believed diabetes occurred by chance had higher glycemic profile. Our study results were consistent with previous studies where accurate knowledge of diabetes and illness perceptions was found to be predictive of better glycemic control. **Conclusion** This study showed that illness coherence, consequences, emotional representation, treatment, personal control, and chronic duration had a greater association with glycemic control and may be a potential target for interventions.

## 5.0 – OTHER

### 5.01.01 – Poster Session 1

#### INTEGRATION OF DIABETES COLLABORATIVE MEDICATION THERAPY MANAGEMENT (CMTM) WITHIN A COMMUNITY PHARMACY PATIENT-CENTERED HEALTH CARE MODEL

AW Ellis, LS Bloodworth, S Malinowski, LA Ross, R Chapman, Affiliations: University of Mississippi School of Pharmacy (AWE, LSB, SM, LAR), Funderburk's Pharmacy (RC)

**PURPOSE:** The University of Mississippi School of Pharmacy implemented medication therapy management (MTM) in community pharmacies in the Mississippi Delta, a medically underserved, low socioeconomic, and low health literacy region, over 4 years. In year 4, one community pharmacy initiated diabetes collaborative practice agreements (CPAs) to allow pharmacist prescriptive authority. Patients were enrolled in MTM services via referral from non-CPA prescribers in usual care MTM (UC MTM) and referrals into collaborative MTM (CMTM). This study's purpose was to evaluate the effectiveness of CMTM versus UC MTM with respect to HbA1c. **DESIGN METHODS:** UC MTM included the patient's referral to MTM services, appointment with the pharmacist, and faxed recommendations to prescribers. CMTM process differed in that the pharmacist prescribed (or modified) medication which was dispensed to the patient prior to leaving the MTM appointment. This study was a retrospective cohort study analyzing demographic, health literacy and clinical information. **RESULTS:** There were 39 patients in the CMTM group and 66 patients in the UC MTM group. Patients in the CMTM group were more likely to be younger (53.5 vs 58.8 years) and African American (28% vs 14%), and less likely to be uninsured (23% vs 32%). Patients in the CMTM group had a higher probability of achieving a 10% relative reduction in their HbA1c levels at 6 months (adjusted OR 3.82 vs 2.38). Patients in the CMTM were more likely to have limited health literacy. **DISCUSSION/CONCLUSION:** The use of CMTM was useful in improving patient outcomes and the streamlining of MTM recommendations. The results of this study are likely attributable to the characteristics of prescribers themselves willing to participate in CPAs and their patient population. Despite a demographic population with factors often associated with poor outcomes, the intervention CMTM group showed more improvement in HbA1c more quickly than the UC MTM group.

This project was funded by the National Association of Chain Drug Stores (NACDS) Foundation Faculty Scholars Program.

### 5.01.02 – Poster Session 2

#### STUDENT PHARMACISTS AS HEALTH PROMOTERS DURING INTRODUCTORY PHARMACY PRACTICE EXPERIENCES: TWO DIFFERENT APPROACHES

T. Kristopher Harrell, Meagan M. Brown, and Ashley W. Ellis School of Pharmacy University of Mississippi

**PURPOSE** - To examine the impact of student pharmacist public health activities during introductory pharmacy practice experiences (IPPEs) using two different approaches. **METHODS** - In 2012 second-year student pharmacists were required to identify a common preventable health problem seen at their respective community rotation sites. They were then asked to research some frequently asked patient questions about that health issue and prepare a plan to promote healthy behaviors. In contrast, during 2013 second-year students were required to conduct a hypertension-focused project related to the Million Hearts Initiative (MHI). Descriptive data from these two methods were analyzed to determine the types of conditions student pharmacists identified when given the option, the chosen media for which information was distributed, and the potential impact of the student pharmacists as health promoters. **RESULTS** - A total of 44 and 68 student pharmacists completed the activity in 2012 and 2013, respectively. When given the option, the issues most commonly (>5%) selected were hypertension (20%), herbal/vitamin products (16%), skin cancer prevention (16%), and diabetes (9%). The majority of student pharmacists chose to create fliers or brochures and place in the pharmacy (52%). Other media utilized included health screenings, posters, and counseling stations. For 2013, students were required to devote at least one full day to provide patient counseling for antihypertensives and conduct blood pressure screenings. They were also required to administer other MHI tools and additional information from the MHI website. The mean number of participants assessed by each student over the two-week period was 19.18 (range 10-65), and the majority of students administered MHI wallet cards more than diaries or showing video vignettes. **CONCLUSIONS** - The results of this study highlight the potential of student pharmacists as health promoters using two different approaches in community pharmacies.

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### 5.01.03 – Breakout Session C

#### WELLNESS BEHAVIORAL CHANGE IN OVERWEIGHT AFRICAN-AMERICAN MEN

MH PARKS; LH McClellan; ML McDonald-McGee Meharry Medical College HBCU Wellness Project (MHP; LHM; MLM)

**PURPOSE** - To determine if African-American men representing health disparities would benefit from free community-based wellness interventions. **METHODS** – An IRB-approved survey modeled after the Trans-Theoretical Model (TTM) was offered voluntarily to wellness exhibition participants in rural and urban Tennessee. Documented behavioral change after participation was used as an indication of intervention benefit. **RESULTS** – Four wellness fairs with fitness, diet, and career resources were conducted in central Tennessee. 68 African-American men (mean age [standard deviation]: 41.7 [16.6], mean education in years: 13.8 [3.0], mean annual salary: \$22,031) who completed the pre- and post-intervention behavioral survey had a mean body mass index [BMI] of 27.1[4.7] kg/m<sup>2</sup>. 27% of that sample had a BMI of > 30.0 kg/m<sup>2</sup>. All these men demonstrated a significant increase (paired 2-tailed student t-test) in overall TTM contemplation scores after the wellness event (pre-event mean 31.2 [6.4] vs. post-event 32.6 [6.0], p < 0.05; maximum score 40). Pearson correlation analysis of either BMI or education versus change in overall TTM revealed no 2-tailed statistically significant difference. **CONCLUSIONS** – With the advent of Affordable Care Act-mandated medical homes, preventive health programs will focus more on community-based wellness interventions. By CDC criteria, these participants' mean BMI represents an overweight (BMI > 25 kg/m<sup>2</sup>) sample. Additional analysis of demographic variables (education or BMI) did not appear to associate with degree of behavioral change. As African-American men in general are at-risk for multiple cancer and metabolic diseases, this TTM survey analysis indicates an overweight Southern cohort responds favorably to open community wellness presentations. Additional research is needed to determine the causative factors of change in this at-risk population.

Research supported by a legislative appropriation by the State of Tennessee

### 5.01.04 – Poster Session 2

#### IMPACT OF A BABY-FRIENDLY BREASTFEEDING PROMOTION INTERVENTION AMONG AFRICAN-AMERICAN MOTHERS

Flora A. M. Ukoli, MD,MPH., Charlette Goodin, Roseanna Jessup, Jennifer Ess, MD., Gwinett Ladson, MD.

**PURPOSE** - To evaluate the impact of a 'Baby-Friendly' breastfeeding promotion education program for pregnant women. **METHODS** - Pregnant African-American women received four 30-minute education sessions and a brochure that addressed infant growth patterns, breastfeeding knowledge and attitudes, and strategies to successfully breastfeed by overcoming breastfeeding barriers. Participants signed informed consent, and completed pre-intervention survey and follow-up infant nutrition inventory at birth, 3- and 6-months. Demographics and breastfeeding practices were compared by Chi-square test. **RESULTS** - Sixty-five participants were enrolled with mean age 28.9±6.0 years, 27(41.5%) had high-school diploma or less, 30(46.2%) single, 38(58.5%) employed or in school, and 24(36.9%) expecting their first baby. Participants were highly knowledgeable about breastfeeding benefits and willing to practice exclusive breastfeeding (EBF) for 3-6 months to prevent infant overweight. 25(86.2%) initiated breastfeeding with EBF rates of 15(51.7%) at birth and 11.1% at 3 months. At 3- and 6-months 38% and 55% had stopped breastfeeding. Breastfeeding rates were not associated with maternal age, work or education status. Stay-home mothers had the highest EBF rates as well as the highest rates of weaning before 3 months. Higher EBF rates were observed in mothers who had their babies in facilities that actively supported breastfeeding. Half of the babies had more than doubled their birth weight at 3 months. **CONCLUSION** – Knowledge about breastfeeding benefits alone will not improve breastfeeding rates without full support and commitment of hospitals. Supplementing breast milk with formula should not be routinely encouraged. Breastfeeding rates can improve if working mothers are supported with 6-months paid maternity leave and low-income mothers receive financial support rather than free infant formula.

The Robert Wood Johnson Foundation for Health Policy at Meharry Medical College.

### 5.01.05 – Poster Session 1

#### NEW ORLEANS ADOLESCENT REPRODUCTIVE HEALTH PROJECT

J Quinton, J Plant, H Tomasello, E Victor, M Baay, T Barkate, S Gaston, K Hundley, D Stewart

**AFFILIATIONS:** LSU New Orleans School of Medicine (TB, SG, KH, JP, JQ); LSU New Orleans School of Nursing (MB, DS, HT); LSU New Orleans School of Public Health (SG, EV) **PURPOSE/PROJECT DESCRIPTION:** NOARHP's mission is to provide all Orleans parish public high school students access to age-appropriate, evidence-based, culturally sensitive and comprehensive reproductive health education, leading to safer, more responsible reproductive health decisions. Our governing principles are: 1) effectively delivered reproductive health education can reduce unwanted pregnancy rates, delay onset of sexual activity, and decrease STI transmission rate. 2) Interprofessional health care teams improve the health of individuals and communities, and each member brings valuable perspective and expertise that improves the functioning of the team. 3) Health professional students hold both knowledge about biological health and social determinants of health and interpersonal skills that make them effective reproductive health educators. Our 2014 project goals are: 1. Develop and implement Carver Senior NOARHP course, including volunteer training, coordination, and observation, curriculum design and delivery, data collection/analysis, and teacher/advisor management. 2. Refine and implement Sci Academy NOARHP course, including volunteer training, coordination, and observation, curriculum design and delivery, data collection/analysis, and teacher/advisor management. 3. Disperse information about NOARHP, its curriculum, and methods for implementation to every public high school in Orleans parish. 4. Partner with LSU School Based Health Center's to implement a screening program at interested schools 5. Apply for service leadership grant to implement leadership curriculum and fund screening program. 6. Publish articles on interprofessional development of NOARHP board, data-driven instruction in reproductive health course, and impact on STI prevalence. 7. Support the Interprofessional Student Alliance at LSU and develop IPSA projects.

# ABSTRACTS

## 5.01.06 – Poster Session 2

### STUDENT PHARMACIST-LED DIABETES FOOT CARE CLINIC IN THE UNDERSERVED COMMUNITY

AUTHOR(s): A Wang; M Jin; A Bechtold; A Patel; T Vu; N Fakourfar; Y Ma; P Saarikoski; E Fricovsky AFFILIATION: University of California San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences

PURPOSE: To summarize the accomplishments of the Diabetes Foot Care Clinic (DFCC) in terms of patient care interventions, specifically in regards to diabetic foot exams. DESIGN METHODS: The pharmacy student led Diabetes Foot Care Clinic (DFCC) was founded in 2009 at the UCSD Student-Run Free Clinic Project (SRFCP) to offer free comprehensive diabetes foot care and patient education with the goal of optimizing diabetes management and preventing foot complications and amputations associated with diabetes. The DFCC currently serves over 100 diabetic patients at two different SRFCP clinic sites. The DFCC is organized and run by student pharmacists belonging to the UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences. Student pharmacists undergo extensive diabetes foot care training prior to participating in the DFCC. During clinic sessions, student pharmacists are paired with a medical student and jointly interview and perform foot examinations, monofilament and pedal pulse tests to assess for neuropathy and monitor continual loss of foot sensation on diabetic patients. RESULTS: Since its inception a total of 163 foot exams have been performed and 6 ulcers have been identified and no foot amputations have been reported. DISCUSSION: According to the American Podiatric Association, diabetic foot ulcers occur in approximately 15% of the diabetic population and up to 24% diabetics who develop foot ulcers will receive an amputation. Since only six ulcers have been found in 163 foot exams, the DFCC improves diabetes foot care in underserved populations while helping to reduce the risk of foot complications and amputations.

## 5.01.07 – Poster Session 2

### ED COMMUNITY PLACEMENT PROJECT (EDCPP): “RIGHT SERVICE -RIGHT VENUE” APPROACH IN MANAGING ED FREQUENT USERS

Karen Elizabeth Mitchell, RN, MSN, CMCN, Christian Tomaszewski, MD, MBA, and Catherina Mandani, RN, MSN, PhD(c).

PURPOSE: To examine the effects of an innovative evidence based project placing the ED highest frequent users to contracted hospital leased beds in community homeless prevention partners specializing in substance abuse treatment and recuperative care. METHODS: The ED Community Placement Project is an evidenced based practice project that is nurse developed and driven, multidisciplinary, and community collaborative. The highest ED utilizers are placed (upon discharge) to hospital funded leased beds in community agencies that specialize in homeless prevention strategies including housing, substance abuse treatment, and intensive case management. Emergency department led, this 6-month, 2 phase pilot has developed new safe and effective discharge options which bridge this vulnerable population to better care options, thus reducing ED readmissions. Upon patient presentation the Best Practice Advisory (BPA) flag is initiated and triggers an “ED Community Placement Order”. The ED physician / psychiatrist places the order and indicates which placement option is best suited for placement. The participant consenting, interviewing and placement (to community partners) are performed by ED Staff. RESULTS: The goal for this project is to reduce recidivism amongst the neediest and costliest patients by 20% through provision of resources to address substance abuse, homelessness and mental health issues. Six month analysis: Cost savings of \$168,231. Based on program expenses, (contractual bed cost) of \$38,234 (6mos) = 4.4 (ROI). 78 % reduction in ED visits among EDCPP placed patient cohort. 3.8% increase in Press-Ganey patient satisfaction scores. CONCLUSIONS: Other benefits from this project include improvement in ED throughput and reduction wait times, approval for Phase II and the acquisition of additional community beds. Given the results, this program is planned for expansion to sister healthcare systems. This pilot is intended as a structural framework for other at risk populations who may benefit from community collaboration to reduce admission.

## 5.01.08 – Poster Session 1

### A THREE-PRONG APPROACH TO ADDRESSING HEALTH DISPARITIES IN LOW SOCIOECONOMIC URBAN SETTING: THE HEAL PROJECT

R Ferdinand; DF Sarpong; D Ferdinand; and R Torres

PURPOSE - To describe and disseminate a three-prong approach, which effectively: mitigates obesity and cardiovascular health (CVH) disparities among inner-city low socioeconomic (SES) youth; and increases access to fresh fruits and vegetables (FFV) among residents in low SES communities in an urban setting. METHODS – The three-prong approach comprises of: the Sankofa Learning Gardens (SLG); the Sankofa Farmers Market (SFM) and Veggie Dollar Program (VDP). The SLG Curriculum covers: leadership, foundations of nutrition and agriculture, knowledge of cardiovascular disease and related risk factors, and learn hands-on gardening techniques, entrepreneurial skills through pricing and marketing of the harvest at the weekly SFM, and significance of vitamin-rich diets and adequate physical activity and its impact on their social, physical, and cognitive development. VDP provides financial assistance to enrollees in purchasing fresh produces at SFM. Data collection was by surveys. Summary statistics and content analysis are used to present the data. RESULTS – For the HEAL students, there was significant increase in their knowledge of CVH, nutrition - healthy and unhealthy dietary habits and food, and knowledge, physical activity and lifestyle, and self-efficacy (Baseline score= 70% vs. Post-test score = 89%). Approximately 39.6% and 56.6% rated their consumption of FFV had increased and stayed the same since they started shopping at SFM, respectively. About 89%, 95% and 97% strongly agreed or agreed that VDP will: 1) assist them in purchasing FFV; 2) increase their purchase of FFV; and 3) increase their eating of FFV, respectively. CONCLUSIONS - The three-prong approach is: addressing obesity and CVH disparities of the youth; increasing access of FFV in a food desert; and contributing to urban renewal by turning blighted vacant lots to foods source and revitalizing neighborhoods and communities.

AstraZeneca HealthCare Foundation; WK Kellogg Foundation

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### 5.01.09 – Poster Session 2

#### ANIMAL ASSISTED THERAPY IN OUTPATIENT MENTAL HEALTH SETTINGS: AN INTERPROFESSIONAL APPROACH

AA Lobelo Wilkes University (AAL)

**PURPOSE** - Animal assisted therapy (AAT) has been documented to improve abilities in coping, self-efficacy, and socialization among patients living with mentally illness. However, no published data exists on AAT effects among black patients living with schizophrenia or schizoaffective disorder. The study to be undertaken will pilot an AAT intervention to measure well-being using the Well-being Picture Scale (WPS). The WPS is an established semantic differential scale designed for adults with mild to moderate cognitive impairment, limited English language proficiency, and other limitations imposed by mental or physical conditions. **METHODS** - In this quasi-experimental study, the investigator will employ a pre- and post-test design. Participants are to be selected from a convenience sample of patients receiving outpatient mental health treatment in an urban setting. First, the investigator will provide an overview of the study, obtain consent, and administer the demographic questionnaire and the pre-intervention WPS. Then, the participants will encounter the animal, its professional handler, and the investigator. During the AAT session, the participants will be allowed to engage with the animal in a multitude of ways: petting, talking, demonstrating affection, providing food, grooming, and/or engaging in play with the animal. At the conclusion of the AAT session, the participants will complete the post-intervention WPS. **EXPECTED RESULTS** - The results of a two-tailed paired samples t-test will compare well-being scores pre- and post-AAT intervention. The investigator predicts that the use of AAT will increase sense of well-being among black adults living with schizophrenia or schizoaffective disorder. **CONCLUSION** - AAT in outpatient mental health settings can be offered as a multi-disciplinary interprofessional collaborated service. AAT may also serve to enhance sense of well-being among black patients living with schizophrenia, schizoaffective disorder, and other serious and persistent mental illnesses.

This research is funded in part by the Substance Abuse and Mental Health Services Administration Grant # 5T06SM060559-03.

### 5.01.10 – Poster Session 1

#### BUILDING TRUST AND PARTNERSHIPS WITH COMMUNITIES ACROSS MISSISSIPPI TO REDUCE RACIAL DISPARITIES IN INFANT MORTALITY FROM SIDS

Shavon Artis, Dr.P.H., M.P.H Stacy D. Scott, Ph.D., M.P.A Yvonne T. Maddox, Ph.D.

The Mississippi SIDS African American Outreach Project aimed to educate and empower communities through collaborative efforts to reduce infant mortality due to SIDS. Partnerships were developed with state officials, local organizations, churches and community groups across the state to promote infant health. Outreach activities were conducted throughout Mississippi's nine health districts, focusing on parents, caregivers, health care and service providers in African American communities. Mini-grants were awarded to community- and faith-based organizations, trans-departmental symposia were held for researchers and students during 2006-2012. **Interventions:** A statewide effort was implemented to build trust and partnerships with key stakeholders and infant health organizations to reduce SIDS in African American communities. Mini-grantees received up to \$2,000 to implement SIDS risk-reduction activities and train-the-trainer sessions were conducted. The delivery of SIDS risk-reduction information to parents, families, and other caregivers of infants younger than one year old in Mississippi; education and involvement of the community to improve infant health outcomes; establishment of community-academic partnerships to enable training opportunities for health educators/students and community participation in health outreach projects; and strengthening of research learning opportunities. In 2006, there were 45 African American and 23 white babies to die from SIDS. In 2009, the data show no difference in the total number of SIDS deaths between African American and white babies. Successful approaches for getting SIDS risk-reduction messages widely disseminated may be directly linked to developing strong partnerships with strong partnerships with community- and faith-based organizations and academia.

Eunice Kennedy Shriver National Institute of Child Health and Human Development

### 5.02.01 – Breakout Session A

#### AN INTERDISCIPLINARY APPROACH TO IMPROVING PATIENT ADHERENCE

A Komura; KM Mellion; KE Smythe; JB Whitner; MG Holiday-Goodman College of Pharmacy and Pharmaceutical Sciences (JBW; MGH), College of Medicine and Life Sciences (AK; KMM; KES) The University of Toledo

**PURPOSE** Aim 1: To evaluate the effectiveness of a new educational program on medication adherence designed for interdisciplinary health professions students. Aim 2: To evaluate the effectiveness of trained interdisciplinary students in addressing adherence in underserved patients with hypertension and type 2 diabetes (T2DM). **DESIGN METHODS** Aim 1: The education program for students was comprised of face-to-face lectures, small group discussions, and patient encounters, which focused on patient factors that affect adherence and clinically applicable skills used for counseling. Effectiveness was assessed by comparing student test scores and self-reported efficacy, before and after the program. Aim 2: The educational intervention was delivered at a free clinic to target underserved population by trained students from Aim 1. For each patient, blood pressure and self-reported adherence (Morisky-Green Score) were compared before and after intervention. **RESULTS** Aim 1: Twenty students (13 medicine, 6 pharmacy, and 1 physician assistant) have participated the program. Average test score increased from 30.9 to 37.0 out of 50 ( $p=0.003$ ), while self-reported efficacy decreased from 32.1 to 21.6 ( $p<0.001$ ). Aim 2: Seventeen out of 31 patients returned for a follow-up visit: 11 with hypertension, 3 with T2DM, and 3 with hypertension and T2DM (mean age of 48.78; 9 male and 8 female). Adherence increased from 7.93 to 9.53 (Morisky-Green Score). Blood pressure remained unchanged (141.8/90.6 pre-intervention; 142.8/88.6 post-intervention). **CONCLUSIONS** Aim 1: Because student self-reported efficacy decreased with increasing knowledge of adherence issues, it is evident that untrained health professions students may not be as competent in addressing these issues with patients as they believe. Aim 2: Use of a multidisciplinary approach to address adherence issues with patients may have increased patient adherence. Such an approach should be implemented to increase the number of providers available to expand care for underserved patients with chronic illnesses in the future.

Research Supported by Interprofessional Student Research Award ID: 204347, JCCTR Foundation, University of Toledo

## 5.02.05 – Poster Session 1

### FOCUSING HEALTH EDUCATION EFFORTS AT AN URBAN UNIVERSITY: RESULTS FROM THE NATIONAL COLLEGE HEALTH ASSESSMENT

Yashika J. Watkins, PhD, MPH; Lisa Young, DNP, APN, FNP-BC; Thomas Lyons, PhD; Thomas Britt, MD, MPH

**Background:** Chronic diseases are the most common and costly diseases and the principal cause of morbidity and mortality in the United States, however they are preventable. The primary causes of chronic disease are lack of physical activity, disproportionate alcohol consumption, tobacco use, and poor nutrition. College students are a population that can be educated early in their adult life about proper health behaviors to decrease the incidence of chronic disease in the United States. **Purpose:** We conducted a pilot study using the American College Health Association National College Health Assessment to determine the health behaviors, perceptions, risks, and needs of students at an urban college campus. **Theoretical Framework & Hypothesis:** Using the Health Belief Model and Theory of Planned Behavior, we hypothesize that students will endorse engaging in risky health behaviors that can increase their susceptibility to chronic disease. **Methods:** Using the University email system, the National College Health Assessment was administered to a random sample. **Results:** The sample size was  $n = 254$  students with a mean age of 27 years and majority being African American and female. Most participants received their health information from the campus health center staff, health educators, leaflet, pamphlets, and flyers. These sources of health information were considered most believable and informative. A substantial proportion of the sample experienced behaviors that do not promote good health such as emotionally abusive relationships (22.5%); used cigarettes (20.7%), alcohol (51.1%), and marijuana (26.1%); did not consistently use condoms while engaging in oral sex (36.8%) and vaginal intercourse (21.1%); did not perform breast self exams (39.1%) and testicular self exams (60.6%); and did not receive routine cholesterol checks (43.3%) or gynecological exams (28.1%). As compared to non-minority campuses, within the last school year this sample engaged in less binge drinking [1-2 times (45% vs. 13.4%) and  $\geq 3$  times (34% vs. 5.3%)] and experienced less episodes of depression that impacted their functionality [1-2 times (39% vs. 12.1%), 3-8 times (25% vs. 6.6%), and 9-10 times (17% vs. 4.4%)]. **Conclusions:** Our findings suggest that using intervention methods such as leaflet, pamphlets, flyers, and the campus health center staff to educate students about healthy behaviors and resources to promote optimal health can be effective.

## 5.02.06 – Poster Session 2

### DISPARITIES IN THE ALCOHOL, FOOD, AND TOBACCO RETAIL ENVIRONMENT IN NEW ORLEANS

TW Carton; MC Tulikangas; JA Shariff; IM Rickett; LS Rudov; KS Gerig; LM Czaplicki Louisiana Public Health Institute (TWC, MCT, JAS, LSR, KSG, LMC); William Carey University (IMR)

**PURPOSE** – Research suggests that availability and advertisement of unhealthy consumer products is highly concentrated within low income, minority neighborhoods. This type of environment can promote and sustain adverse health behaviors, contributing to disparities in the prevalence of smoking, cancer, diabetes, obesity and cardiovascular disease. Although previous research has investigated the point-of-sale (i.e. “retail”) environments of tobacco, food, and alcohol independently of each other, the current study investigated the availability of these products at the same location at the same point in time. By analyzing these products in unison, this research furthers our understanding of the disparate distribution of “healthy stores” in Orleans Parish. **DESIGN METHODS** – The study population consisted of all retail stores in Orleans Parish that sold tobacco, alcohol, and/or food as of March 2013 ( $n=465$ ). Store audits were conducted between May and August of 2013 for each product type. Ordinal probit regressions were used to test the association between number of tobacco, alcohol, and health food outlets per neighborhood and neighborhood level socioeconomic status (SES). **RESULTS/EXPECTED RESULTS** – Overall, there were 424 tobacco outlets (91%), 315 alcohol outlets (74%), and 41 stores that sold a full selection of healthy food (8%). In each case, there was a statistically significant relationship between SES and availability of these products. The number of tobacco ( $F=9.17$ ;  $p=0.02$ ) and alcohol ( $F=8.25$ ;  $p=0.04$ ) outlets per capita was inversely associated with neighborhood level SES, meaning lower income neighborhoods had more tobacco and alcohol outlets per capita. The number of healthy food outlets ( $F=6.70$ ;  $p=0.08$ ) was positively associated with neighborhood-level SES, meaning lower income neighborhoods had fewer healthy food outlets per capita. **DISCUSSION/CONCLUSION** – This analysis highlights the uneven distribution of tobacco, alcohol, and healthy food outlets across Orleans Parish, which may contribute to disparities in health outcomes. Future analyses will investigate this relationship further to explore disparities in the price, promotion and placement of tobacco, food, and alcohol across neighborhoods.

and alcohol across neighborhoods. **MENTION OF GRANT SUPPORT** – This study was funded by the Louisiana Campaign for Tobacco-free Living, a public health program funded by the Louisiana state tobacco excise tax and directed by the Louisiana Public Health Institute and the Louisiana Cancer Research Consortium.

## 5.02.08 – Poster Session 2

### INITIATIVE TO FOSTER INTERPROFESSIONAL HEALTH DISPARITIES RESEARCH

ES ESTAPE; A Huertas; K Martínez; FA Ramírez-Marrero; C. Díaz University of Puerto Rico, Medical Sciences Campus (ESE, AH, KM, FAR-M, CD)

**PURPOSE**- Establishing a successful research career while becoming independently funded in a non-research intensive institution is a challenging proposition that requires administrative support. **METHODS**- To support promising young researchers to continue building their research portfolio to be competitive for independent funding, we have created a Hispanics in Research Capability (HiREC) Career Development Award Phase III for Scholars who have successfully completed a post-doctoral Master of Science in Clinical & Translational Research (MSc) Phase I and Phase II. The award is an endowed research mentorship initiative with experienced investigators vested as HiREC Visiting Endowed Chairs to coach the grantee. The Award provides funds for up to two years and requires the creation of an interprofessional research team formed by members from different disciplines of the Schools of Medicine and Health Professions. **RESULTS:** On November, 2013, the first two awards were given to Phase II graduates, both of which had a track record of funded pilot projects, publications, collaborations and a commitment to succeed as health disparities researchers. One of the new teams is composed of a psychiatrist (K. Martinez) working with a psychologist-occupational therapist and other health professionals to address mental health (anxiety, fear and depression), and the other team involves an exercise physiologist (FA Ramirez-Marrero), a neurologist, a physical therapist, and others to work in neurocognitive function in HIV. **CONCLUSION:** Dissemination activities are supported by the Award for grantees' participation at local and national scientific forums and participation at MSc Friday Seminars is required. The outcomes, impact and significance of this Award will be evaluated by the achievement of the proposed outcomes: developing an effective interprofessional team while implementing an innovative research project leading to publications, meetings, evidence based data, and successful grants to address and eliminate health disparities.

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### 5.02.09 – Poster Session 1

#### EFFECTIVENESS OF WATER AEROBIC EXERCISE ON OBESITY AND DIABETES RISK FACTORS IN PRE-TEEN AND TEENAGE GIRLS

Dr. Crystal S. Nixon, Associated Professor of Health and Physical Education Ms. Hazel A. Scott, Assistant Professor of Health and Physical Education

Girls Initiating a Robust Life-Style (GIRLS) This innovative research program is geared at curbing obesity in pre-teen and teenage girls through water aerobics, dietary modification and family nutritional workshops, journaling, promoting physical and psychosocial development, thereby, diminishing the potential of becoming overweight or obese in adulthood. Social media is viewed as an important component in this research to share positive images of girls, encourage forward thinking and promote self-confidence. Eliminating health disparities and improving the overall health equity in girls is the aim of this research project. The combination of poor diet and the lack of physical activity have been directly linked to the increasing number of overweight and obese pre-teens and teenagers. Water aerobics is one of the best fitness tools that allow overweight and obese individuals an opportunity to participate in an environment that lends privacy in an effort to build one's self-esteem and self-confidence. This program will address the beliefs, attitudes and perceptions about their food choices through journaling to allow them to see the influences that their culture has instilled in them. The need to address the problem of overweight and obesity early in one's life is paramount to providing individuals with the necessary tools to modify their behavioral risk factors and to ensure a healthier quality of life. Water exercises are one of the best fitness tools and are especially beneficial to persons who are overweight or obese. Water exercise is also an avenue by which African American youth and other minorities can lower their drowning rates by ultimately becoming comfortable in the water and learning how to swim. The fatal drowning rate of African American children ages 5 to 14 is almost three times that of white children in the same age range. This dismal statistic is another reason why this research is important.

SCSU, 1890 Research and Extension, USDA

### 5.02.10 – Poster Session 2

#### USE OF INTRATHYMIC INJECTIONS WITH THYMIC NURSE CELLS TO REDUCE ONSET OF LUPUS-LIKE SYMPTOMS IN NZBWF1 MICE

Sheryce Henley; Sonni Miller; Floyd Davis; Marcia Martinez

Systemic lupus erythematosus (SLE) is an autoimmune disease characterized by aberrant immune responses mediated by T and B cells. SLE predominantly affects women, especially those of African descent. Dysregulation in central tolerance is believed to contribute to the release of autoreactive lymphocytes which cause SLE. Thymic nurse cells (TNCs) are cortical epithelial cells believed to play a major role in T cell education in the thymus. TNC numbers decline significantly with disease onset and progression in all SLE-prone mice. Additionally, acellular spaces called 'cortical holes' that are routinely found in the thymic cortex of post-diseased animals were reduced in number and size following intra-thymic injections with TNCs. The objective of this study is to determine if TNC replacement will inhibit disease onset or reduce lupus-like symptoms in lupus-prone mice. Normal TNC lines were created and screened for high levels of TNC specific PH91 receptors. The abilities of TNCs to bind and internalize CD4+ CD8+ (double positive or DP) thymocytes, mediate thymocyte maturation and induce apoptosis among DP thymocytes were analyzed. Donor TNCs were transplanted into the thymi of 12 week old female NZBWF1/J mice. The ELISA method was used to monitor serum levels of anti-dsDNA antibodies in recipient animals. Seventeen weeks following intrathymic TNC transplants animals were humanely sacrificed and kidneys harvested for histological analyses. Urine collected from animals at time of sacrifice was also analyzed for total protein content. We observed that circulating levels of anti-DNA IgGs was lower in animals treated with TNCs than in SHAM-treated control animals. Proteinuria was also significantly less in TNC-treated animals than in SHAM treated animals. These results suggest that the rate of SLE disease onset was reduced by the replacement of normal TNCs in the thymi of NZBWF1 mice.

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### 5.02.13 – Poster Session 1

#### PHENOMENOLOGY OF SOCIAL WORK STUDENTS

George Randall, PhD Candidate, LGSW

The social work profession acknowledges addiction as a major societal problem. The social work profession also acknowledges its shortage in the addiction field of practice as being problematic. The number of social work students who select addiction as a specialization is only partly responsible for the social work shortage. In 2010, there were 650,500 social work positions in the U.S., of which 126,100 were social workers in the fields of mental health and substance abuse. With the full implementation of the Affordable Care Act, mental health and substance abuse social work positions are expected to grow by 31% (39,500) by 2020. The purpose of this study was to explore the lived experiences that influence social work students in selecting addiction as a field of practice. Qualitative methods of phenomenology will be utilized to explore the lived experiences through in-depth individual interviews. These interviews were conducted online synchronously using voice over internet protocol (VoIP). Study participants included 12 graduate social work students who selected addictions as a concentration from accredited schools of social work in the U.S. This study has explored its primary overarching research question: What are the lived experiences that influence social work students in selecting addiction as a field of practice? An overarching analytical question was also explored: What are the implications of lived experiences for recruitment of students and faculty, and development of curricula in social work education?

# ABSTRACTS

## 5.02.14 – Poster Session 2

### EXAMINING CHALLENGES IN DATA COLLECTION WITH SEVERE AND PERSISTENTLY MENTALLY ILL CLIENTS IN THE GROUP HOME SETTING

Dr. Miriam S. Zwitter and Dr. Christopher W. Pell

EXAMINING CHALLENGES IN DATA COLLECTION WITH SEVERE AND PERSISTENTLY MENTALLY ILL CLIENTS IN THE GROUP HOME SETTING MS Zwitter and CW Pell School of Nursing (MSZ), Department of Sociology (CWP) University of Tennessee at Chattanooga PURPOSE- To review data collection tools and methods currently in use with severe and persistently mentally ill (SPMI) clients, discuss challenges in data collection due to client functional levels and health states, and suggest new methods of data collection for SPMI clients. METHODS- In 2011, the School of Nursing at the University of Tennessee at Chattanooga implemented the Get Healthy Project, a wellness program for SPMI group home clients. For three years, biometric and mental health data were routinely collected from 14 female and 12 male group home clients with functional scores below 30 as they engaged in health education classes, physical conditioning using Tai Chi, and social relationship support training sessions. Here, we examine the use-value of standard biometric, cognitive, and psychosocial measures with SPMI clients living in group homes. RESULTS- Over the three year period, changes in the physical health and well-being of the clients were successfully captured using biometric measures collected by nursing students. These measures include blood pressure, heart rate, height, weight, BMI, A1C, cholesterol, waist circumference, % body fat, and blood sugar ranges. However, self report data of clients' physical and mental health were less clear due to SPMI clients' inability to complete surveys using standardized data collection tools and methods. This report provides longitudinal data on completion rates for the following physical, cognitive, and psychosocial measures: self-reported health and well-being (SF-12); Mini-Mental State Examination (MMSE); Forward/Backward Digit Span; Size Judgment Span Task; Sense of Coherence Scale (SOC-SF13); PAM-13; PANAS-SF20; GAD-7; PHQ-9; Quality of Life survey; and Attitudes toward Mental Illness scale. CONCLUSIONS- The results from the review of the Get Healthy Project data indicate the limited use-value of standardized physical and mental health measures with SPMI clients. These findings suggest a need for revised physical, cognitive, and psychosocial measures for SPMI group home clients.

HRSA funding

## 5.02.15 – Poster Session 2

### IDENTIFYING MINORITY PERSONS BELIEFS AND ATTITUDES TO ENGAGE IN CLINICAL RESEARCH

Brenda Jamerson, PharmD; Angela Burroughs, MSPH

PURPOSE: The most recent Food and Drug Administration Safety and Innovation Act (FDASIA) report showed that minorities remain significantly underrepresented in clinical trials. This study examined key factors that influence enrollment of this population in clinical trials. A larger follow up study is ongoing to further provide best practices for an evidenced based guide to recruiting ethnic minorities to clinical trials. DESIGN/METHODS: After obtaining IRB approval, a focus group of African American men and women were surveyed regarding their perceptions of clinical research and willingness to participate in clinical trials. Demographic data were collected in order to identify trends in how these factors differ among subsets with various geographic, educational, and socioeconomic backgrounds. RESULTS: Sixty nine subjects participated in the survey: 69% were male, 78% were age 54 or older, and 41% were from an urban setting. For the primary endpoint of willingness to participate in clinical trials, subjects were more likely to respond positively if they were from an urban location vs rural (68% vs 43%;  $p=0.047$ ) or if they had no health insurance (100% vs 52%;  $p=0.02$ ). Individuals were also more willing to participate if the trials were beneficial to their medical condition ( $p=0.004$ ), for access to other healthcare providers ( $p=0.0009$ ), if asked by a personal physician ( $p=0.0008$ ), if asked by a study investigator ( $p=0.0002$ ), and if the time commitment was reasonable ( $p=0.01$ ). Although monetary incentive was commonly identified as a key factor (by 49% of participants), it was not found to have a significant impact on subjects reported willingness to participate in a clinical trial (61% vs 47%;  $p=0.27$ ). The ongoing focus group is intended to further explore these themes to reduce barriers to clinical trial enrollment. DISCUSSION/CONCLUSION: Geographic, socioeconomic, and cultural characteristics of potential clinical research subjects affect willingness to participate. By following a systematic approach to understand these attributes, researchers may be able to overcome recruitment barriers and include more ethnically diverse populations in clinical trials.

## 5.02.16 – Poster Session 1

### MEASURING THE IMPACT OF SCHOOL-BASED HEALTH CENTERS ON STUDENT OUTCOMES: AN EVALUATION OF SCHOOL HEALTH CONNECTION IN NEW ORLEANS

Paul Hutchinson, PhD; J. Brittany Booker, MPH; Marsha Broussard, DrPH

Since 2009, the Louisiana Public Health Institute's (LPHI) School Health Connection (SHC) program has funded and provided technical support to School-Based Health Centers (SBHCs) in a subset of New Orleans public high schools. This paper assesses the role of part-time and full-time SBHCs in improving adolescent health outcomes and risk behaviours. Surveys of high school students in schools with and without SBHCs were conducted in 2009 and again in 2012. Multivariate regression analysis was used to estimate the adjusted effects on student health outcomes of being in a school with a full time SBHC relative to a school with a part time SBHC or no SBHC. Relative to students without an SBHC, students in schools with a full-time SBHC were less likely to report unmet need for health care than students without access to an SBHC ( $p=0.0357$ ), and were more likely to have ever talked to a mental health counselor ( $p=0.0179$ ); talked to a mental health counselor in the last 12 months ( $p=0.0019$ ); used SBHC behavioural health in the last 12 months ( $p=0.0057$ ); been tested for HIV ( $p=0.0209$ ); and been tested for STDs ( $p=0.0357$ ). Students in schools with only a part-time SBHC fared no better on nearly all outcomes relative to students in schools without an SBHC. The paucity of significant effects on student health outcomes from part-time SBHCs brings into question the value of such services, while the presence of a full-time SBHC shows promise in yielding considerable improvements in key adolescent outcomes and risk behaviors.

General Electric Foundation

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### 5.02.17 – Poster Session 1

#### **PARTNERSHIP BETWEEN YOUTH PROGRAMMING AND SUMMER JOBS**

J Dickherber, M Broussard, S Atkins

Purpose: To discuss the success of partnering with local youth summer employment programs to recruit youth for health education/prevention intervention programs. METHODS: LPHI/4Real Health worked with NOLA Youth Works and NORDC's pool of over 3,000 youth and over 50 provider sites to recruit and enroll a total of 645 youth at 8 provider sites during two summer implementations. Despite the large pool of seemingly eligible applicants, non-traditional recruitment and enrollment strategies had to be developed to accommodate the research design and work within the structure of the host programs. DESIGN: NOLA Youth Works and NORDC identified appropriate providers within the summer jobs program that matched 4REAL Health participant criteria. 4Real Health staff oriented and obtained support of summer youth providers to incorporate the 4REAL Health components into their regular youth development programs. Staff also oriented, recruited and consented parents and students to participate in 4REAL Health. Youth were randomly assigned to either the intervention group (HIV/teen pregnancy prevention) or control condition (Nutrition and physical activity). Youth were compensated for participation in NOLA Youth Works and NORDC. CONCLUSION: 341 youth were enrolled after the first summer of implementation and 304 were enrolled after the second summer. Based on qualitative focus group data, summer youth providers expressed that both the intervention and control conditions were valued content that complemented their youth development program goals. Thus, we have identified a community best practice for implementing health education that has built in recruitment advantages.

We would like to thank the US Department of Health and Human Services, Office of Adolescent Health for this grant award.

### 5.02.18 – Poster Session 2

#### **TRENDS IN MEDICARE PART D MEDICATION THERAPY MANAGEMENT ELIGIBILITY CRITERIA**

Yolanda Qin, Theo Young, Junling Wang, Christina A Spivey, Zachary Thomas, David Solomon, Marie Chisholm-Burns

Objective: To describe trends in eligibility thresholds of Medicare medication therapy management (MTM) services to identify patterns that may hinder eligibility/enrollment. MTM Services were established in 2006 as part of the Medicare outpatient prescription drug (Part D) benefit. MTM eligibility was based on number of chronic conditions, Part D medications, and total drug costs. To increase MTM enrollment rate, the Centers for Medicare and Medicaid Services (CMS) lowered the allowable eligibility thresholds to at or below 3 for number of chronic diseases and at or below 8 for Part D drugs, and drug cost threshold from \$4,000 to \$3,000 in 2010. However, an increase in MTM enrollment rates has not been seen. Method: This study analyzed data extracted from the Medicare Part D MTM Programs Fact Sheets published on the cms.gov website. Fact Sheets for 2008-2013 were used to search for changes and trends over time that may potentially affect the enrollment rate for Medicare beneficiaries. These years were the only ones available from the cms.gov website. Findings: In 2008, 48.7% plans opened MTM enrollment to patients with only two chronic disease states, while the other half restricted enrollment to patients with a minimum number of three to five chronic disease states. Data for years 2011-2013 indicate that approximately 20% of plans opened enrollment to patients with 2 chronic disease states, with the remaining 80% restricting enrollment to patients with 3 or more chronic diseases. The trends for both Medicare Advantage plans and independent Part D plans were similar. CMS policy change in 2010 is also correlated with increase proportion of plans set their eligibility threshold at 8 part D drugs, the maximum number allowable. Conclusions: Changes to the eligibility thresholds may have been barriers for increased MTM enrollment. CMS needs to find alternative strategies to increase MTM enrollment.

### 5.03.01 – Poster Session 1

#### **UTILIZING INTERPROFESSIONAL RELATIONSHIPS TO IMPROVE PRECONCEPTION HEALTH AND INFANT MORTALITY KNOWLEDGE AMONG MINORITY COLLEGE STUDENTS**

Antonia Mead, Johnson C. Smith University Helen Caldwell, Johnson C. Smith University

Preconception health emphasizes individuals thinking about how their behaviors, lifestyles, and medical conditions affect their ability to live healthy lives and to have healthy children. The conversation around this topic of preconception health and infant mortality has been limited in our community. The Preconception Peer Educator (PPE) program, created by the Office of Minority Health (OMH), focuses on peer education as a means to reduce infant mortality rates and promote preconception health in communities most impacted by infant mortality and poor preconception health. Johnson C. Smith University (JCSU) has been involved in the PPE program since 2010. Over 40 students to date from various disciplines have trained to become Preconception Peer Educators. Training facilitators from various disciplines provide a comprehensive interprofessional approach to the topic of preconception health and infant mortality. Examples include communication specialist, clergy, mental health counselors, and public health nurses. Using local, state, and federal collaborations, JCSU has been able to implement campus and community education programs as well as conduct several small research studies. This presentation will expand on what is preconception health, discuss the PPE training, and highlight some of the projects implemented at JCSU. Implications of this initiative are increased knowledge of preconception protective behaviors and possible reduction in preterm pregnancies with adverse outcomes.

### 5.03.02 – Poster Session 2

#### **LINKING HIV/AIDS AND VIOLENCE AGAINST WOMEN**

Frances E. Ashe-Goins RN, MPH

Research has shown that there are significant linkages with women who have experienced violence and the risk for HIV/AIDS. These women were more likely to have multiple sex partners, report past or current STI, never use a condom, have a partner with a known risk for HIV/AIDS. In fact, many adolescents tested for HIV experienced dating violence. The President established a Federal Working group to address these issues and a report was recently released. This presentation will address these issues and the recommendations in the report.

# ABSTRACTS

## 5.03.04 – Poster Session 2

### YOUR OWN LITTLE MIRACLE

A Anderson; S Hussain; E Stewart Department of Natural Science, Business and Mathematics

Purpose: The purpose of this project is to teach African American women the importance of developing and maintaining healthy lifestyles. This program aims to empower African American women between the ages of 18-22 on healthier habits and awareness about the issue of infant mortality. Participants will be informed of the importance of being knowledgeable about infant mortality, healthier lifestyles, and ways that will help to decrease the infant mortality rate. This project will also be a comparison to the intervention (Scholarly Soiree) that was held last year. Methods: The "Scholarly Soiree" targeted college-aged African American women in the North Nashville community. Participants were recruited by fliers, campus emails and announcements at various organization meetings. Upon arrival participants, were given a pre-test to assess their knowledge prior to the event. Through educational sessions, participants were educated on reproductive life plans, nutrition and exercise. Upon completion of the post test, participants were treated to a spa services. Results: Pending Conclusion: Pending

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## 5.03.07 – Poster Session 1

### PHARMACOKINETICS IN RATS OF A LONG-ACTING HUMAN PARATHYROID HORMONE-COLLAGEN BINDING DOMAIN (PTH-CBD) PEPTIDE CONSTRUCT

Robert Stratford, Christopher Vu, Joshua Sakon, Ranjitha Katikaneni, Robert Gensure, Tulasi Ponnappakkam

Purpose: To compare the pharmacokinetics of a hybrid peptide consisting of the N-terminal biologically active region of human parathyroid hormone (PTH) linked to a collagen binding domain (CBD) to the pharmacokinetics of the native PTH hormone in female Sprague-Dawley rats. The hybrid peptide, PTH-CBD, consists of the first 33 amino acids of PTH linked as an extension of the amino acid chain to the CBD peptide derived from ColH collagenase of Clostridium histolyticum. Methods: Serum concentrations arising from single dose administration by the subcutaneous and intravenous routes were compared to those measured following route specific mole equivalent doses of PTH(1-34). Population-based modeling demonstrated similar systemic absorption kinetics and bioavailability for both peptides. Results: Exposure to PTH-CBD was 6-fold higher due to a systemic clearance of approximately 20% relative to PTH(1-34); however, these kinetics were consistent with >95% of a dose being eliminated from serum within 24 hours. Conclusions: Results obtained support continued investigation of PTH-CBD as a bone targeted anabolic agent with the advantage of reduced administration frequency for the treatment of post-menopausal osteoporosis.

## 5.03.08 – Poster Session 2

### MATERNAL RESPONSIVENESS: IDENTIFYING POTENTIAL INDICATORS DURING POST-NATAL CARE

Dr. John Williams, Dr. Linda Amankwaa, and Mrs. Edna Jones

Maternal responsiveness is a critical aspect of mother-to-child bonding. The ability for a mother to be able to create an emotional bond during the early stages of post-natal care can affect the longer term health of the child and the relationship between the mother and child. Previous research from Dr. Linda Amankwaa led to the development of a survey instrument (the Maternal Infant Responsiveness Instrument, or MIRI) that has been shown to identify key indicators of maternal responsiveness as reported by the mother (Amankwaa et al., 2007; Drake et al., 2007). Through this instrument, scientists are currently investigating the possibility of interventions in conditions such as post-partum depression. In this project, we are extending the capacity of this instrument to the identification and intervention of issues with maternal responsiveness. Specifically, we would like to determine whether or not biological markers can be utilized as predictors that will correlate with the self-reported maternal responsiveness. The potential marker in this case would be oxytocin, which we believe shows potential as a biological indicator of responsiveness. Throughout the three-year course of this study, we will investigate this potential in three phases: 1) meta-analysis of MIRI usage and feasibility in future studies 2) training of Nursing students to participate in the collection of specimen and 3) collection and analysis of biological samples (saliva) from new mothers at three time points over the course of six weeks after birth. Through this process, we seek to determine whether oxytocin can be used as a clinical biological indicator for maternal responsiveness and whether it can be used reliably for intervention.

## 5.03.09 – Poster Session 1

### INFORMING AFRICAN AMERICAN WOMEN ABOUT INFANT MORTALITY/PRECONCEPTION HEALTH

Jasmine Lyons Lane College HBCU Wellness Project 545 Lane Av Jackson Tennessee 38301

Purpose: The objective of this project is to increase the awareness on the subjects of infant mortality and preconception health among African American women ages 18 and up (child bearing age). Methods: A Preconception Health Spa entitled, "Girls' Night Out" was held. The Spa Event shared information on the importance of prenatal care and ways to living a healthy life while remaining stress free before, during and after pregnancy. There were pre and post test given in order to determine the participant's knowledge base of infant mortality and preconception health. Results: This project is intended to raise awareness about preconception health and infant mortality in the Jackson Madison County area and motivate women to be more proactive in the planning a having for a child. There were 71 surveys conducted. Only 18 women stated that they had any knowledge about infant mortality. 11 recorded that they knew about preconception health and 40 stated that they knew of a baby that had died before its 1st birthday. The post test showed 60 women stated that they knew what infant mortality was, 50 recorded that they knew what preconception health is. Conclusion: This intervention demonstrates that the topics of infant mortality and preconception health must be addressed more often so that the public would be aware of them. One aspect that can be implemented in the future is the importance of strategizing a Reproductive Life Plan. This will help people think more protectively on their life plans, including the topic of conceiving children. The education of these topics must be promoted if this society desires to experience a change in the reduction of infant mortality.

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### 5.03.10 – Poster Session 2

#### BREAST CANCER: EARLY DETECTION & AWARENESS

Calvin Walker. Lane College Jackson, Tennessee 38301

The aim of this project is to increase awareness about Breast Cancer among African-American male and females between the ages of eighteen to forty-five. This project utilized surveys, workshops, demonstration models, and distributed educational materials to educate African-American females and males on Lane College's campus and in the surrounding communities of Jackson, TN on the causes, effects, symptoms, treatment, and how to reduce incidences of breast cancer. Student Investigator (SI) partnered with Beta Chi Chapter of Alpha Kappa Alpha Sorority Inc for a "Pink Out Wednesday" Pink ribbons and balloons were placed around campus, students, staff and faculty were asked to wear Pink. A memorial balloon release was held on the front steps of Bray Hall Lane College Administration Building. This event gave the SI a chance to reach the student body and Administrative Staff of Lane College and honor those who lost the battle against breast cancer. There were 215 people in attendance over half had been affected by breast cancer. There was a decorated Breast Cancer Awareness float in the Lane College parade in honor of Survivors. 2000 self-examination cards and 2000 breast cancer exam recommendation cards were passed out along the parade route. Many survivors and family members of survivors were excited to see the float and shared their stories as the float passed by them. Lastly, the student investigator assisted in hosting a Fitness & Health Expo held on campus the student investigator had a table that displayed information relating to breast cancer and breast health. Student Investigator and a representative from the American Cancer Society were also able to demonstrate men self breast exams. The future goal of this project is to expand to surrounding counties and hold events in the faith base setting.

### 5.04.02 – Poster Session 2

#### BELIEFS OF YOUNG BLACK MEN TOWARD PROSTATE CANCER SCREENING

ME OGUNSANYA; CM Brown; JC Barner; BB Corbell; TB Adedipe Health Outcomes and Pharmacy Practice Division, College of Pharmacy, University of Texas at Austin, Austin, Texas (MEO; CMB; JCB); College of Pharmacy, University of Texas, Austin, Texas (BBC); College of Medicine, University of Lagos, Nigeria (TBA)

**PURPOSE** To identify the salient behavioral beliefs of young black men toward prostate cancer (PC) screening; and to identify the factors associated with the comfortability of black men with prostate examinations. **DESIGN METHODS** A qualitative research design was employed, using three 90-minute focus groups with 20 black men aged 18–40 years. Participants were asked open-ended questions about: 1) the advantages and disadvantages of screening to identify salient behavioral beliefs about screening; and 2) issues that would make examinations comfortable or uncomfortable to identify comfortability factors. Data were content analyzed to identify emerging themes of salient beliefs and comfortability. Two researchers independently corroborated the order and frequency of each theme to establish interrater reliability. **RESULTS** Participants described potential advantages of PC screening as: 1) detect prostate cancer early, 2) give peace of mind and 3) open one up to knowing whether he has prostate cancer or not. The disadvantages were: 1) invasion of privacy, 2) emasculation, 3) fear, 4) cost, 5) stigma associated with undergoing the process and 6) "a necessary evil." Similarly, eight themes were associated with comfortability with prostate examinations: 1) preferring females over males to conduct the examination, 2) making the examination a part of regular physicals, 3) the awkwardness, 4) burden, 5) stigma, 6) personal physical contact associated with the examination, 7) professionalism of the examiner, and 8) being sedated to get through the examination. Initial interrater reliability was high (92.9%), and the discrepancies (7.1%) were resolved through discussion. **IMPLICATIONS/CONCLUSIONS** Findings will contribute to the development of targeted educational efforts and tailored counseling in PC screening for young black males early on. Nine salient behavioral beliefs toward screening were identified and eight factors were associated with comfortability with examinations. These issues should be addressed when educating and/or counseling young black men about PC screening and examinations.

This research was supported by a grant, awarded to Dr. Carolyn Brown from the University of Texas, Office of the Vice President for Research.

### 5.04.03 – Poster Session 1

#### "FIRST, YOU'VE GOT TO FIND SOMEONE WHO CARES": DEPRESSION EXPERIENCES OF YOUNG BLACK MEN WITH A HISTORY OF INCARCERATION

Danielle EK Perkins, PhD, RN

**PURPOSE**- One in three Black men in the United States faces difficulties obtaining employment, housing, and maintaining self-sufficiency post incarceration. Felony records result in considerable social and economic vulnerability, placing many young Black men at risk for depression. Recent epidemiological studies on depression report a low incidence of depression in young Black men and continue to support the strong association between women and depression. Cultural and gender related divergences from traditional clinical definitions and symptomatology of depression can complicate accurate and efficient identification of depression in young Black men. The purpose of this study was to explore experiences and perceptions of depression in young Black men with a felony record. This report focuses on the experiences of depression discussed by the participants. **METHODS**- Twenty Black men with a history of incarceration were interviewed. Transcripts of these interviews were analyzed using thematic content analysis. **RESULTS**- Emergent themes were our depression is different, depression is weakness, being strong and going on, invisible depression, and anger and negativity. **CONCLUSIONS**- Findings from this study have implications for clinicians who screen and engage in therapeutic relationships with young Black men who are at risk for depression. Thematic findings support the premise that the decreased documented incidence of depression in young Black men may be explained by generalized perceptions that Black male depression differs from traditional and mainstream notions of the illness. Further, situational anger coupled with gender expectations for strength associated with masculinity may mask the expression of more traditional depressive symptoms. Finally, depression screening using traditional depression instruments with vulnerable young Black men should be supplemented with interviews in order to mitigate variations in literacy and health literacy, cultural misinterpretation, and gender-bias.

Research supported by the Jonas Center for Nursing Excellence.

# ABSTRACTS

## 5.04.04 – Poster Session 2

### AM I MY BROTHER'S KEEPER? TOWARD A DEEPER UNDERSTANDING OF AFRICAN-AMERICAN MEN'S HEALTH: PRIORITIES, HEALTH EDUCATION EFFORTS, AND POLICY IMPLICATIONS

Okey K. Enyia, BS; Yashika J. Watkins, PhD, MPH; Thomas Britt, MD MPH; Damon T. Arnold, MD, MPH (all authors affiliated with Chicago State University)

**Background** It is only recently that men have begun to be recognized as a distinct biomedical and sociological population with unique health care challenges. Gaining a deeper understanding of African-American men's health can assist health educators in prioritizing needs and allocation of resources. Likewise, focusing exclusively on African-American men facilitates identifying and examining the unique pathways that may be responsible for the consistently poor health of African-American men. **Methodology** A meta-analysis approach was used: electronic databases (PUBMED, Medline, Google Scholar), current journals, and bibliographies of relevant articles were gathered. From 2009 to 2013, eight sources were identified. Studies were considered in scope if they discussed masculinity, health education, health disparities, African-American men, and policy implications. **Results** According to the U.S. Centers for Disease Control and Prevention, African-American men die at disproportionately higher rates of all leading causes of death in the United States compared to other ethnic groups. One study discussed how structures and institutions enabled and occasionally blocked attempts to achieve happiness and longevity among African-American men. Another study found that social networking within the context of HIV education significantly increased the likelihood of participants to request an HIV testing kit. Another study found that when African-American men are empowered with the resources, knowledge, and information to effectively manage their health, disparities are reduced. **Discussion** The complex nature of African American men's health crisis calls for a health education approach. Informed and empowered men make better choices about their health, their family's health, and are more likely to be engaged in and make better choices in their communities as active individuals. To this end, we suggest ways to inform and reform existing policies to address these disparities. Namely, investments in health education and literacy, cultural competency training, strategic partnerships, and creation of a federal Office of Men's Health.

## 5.04.05 – Poster Session 1

### HEALTHY MEN, HEALTHY FAMILIES

D Gray; S Hussain; E Stewart Department of Natural Science, Business and Mathematics (DG; SH; ES)

**PURPOSE** - Prostate cancer is the leading cause of death among men excluding skin cancers. African American men are disproportionately being diagnosed with prostate cancer as many are not aware of the signs and symptoms of the disease. This intervention is designed to educate men and women on signs, symptoms and preventative measures. **METHODS** - "Healthy Men, Healthy Families" targets African American men and women ages 25-40 in the North Nashville community. Participants will be recruited through local community programs. Upon arrival, participants will be given a pre-test to assess their knowledge prior to the event. Physicians, health educators and cancer survivors will conduct educational sessions. At the end of the event, participants will complete a posttest to assess their knowledge. **RESULTS** - Pending **CONCLUSIONS** - Pending

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## 5.05.03 – Poster Session 1

### DEPRESSION AN ANTECEDENT OR CONSEQUENCE OF BULLYING AMONG AFRICAN AMERICAN YOUTH

Teresa Combs, PhD APRN, BC

**ABSTRACT** African American youth are underdiagnosed with regard to depressive symptoms. This may be a function of the difference in symptom presentation between Caucasian youth and African American (AA) youth. AA youth are more likely to experience depressive symptoms as anger irritably acting out and somatic complaints. Inattention to race specific symptoms results in AA youth frequently misdiagnosed and incorrectly treated for externalizing disorders e.g. bipolar disorder disruptive disorders or schizophrenia.

Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program.

## 5.05.04 – Poster Session 2

### DEMOGRAPHIC CORRELATES OF STIMULANT USE AMONG PHARMACY STUDENTS

AO Conrad; DJ Caldwell; DF Sarpong Xavier University of Louisiana (AOC, DFS); University of Louisiana at Monroe (DJC)

**Purpose:** Use of stimulants for non-medical purposes has been increasing among college students over the past several years. Little research has focused on the prevalence of this type of abuse in pharmacy students and there has been no research of this type in Louisiana pharmacy students. The objectives for this report are as follows: (1) to determine the prevalence of use for P1 through P3 students compared to P4 students, (2) to differentiate use based on sex and race, (3) to examine the relationship between students' reported health status and stimulant use, (4) to examine the relationship between race and attitude toward stimulant use. **Methods:** This cross-sectional study received Institutional Review Board approval for Xavier University of Louisiana and the University of Louisiana at Monroe. Approximately 35% of students (351/1008) completed the survey. A survey instrument was adapted from several published surveys and refined using the Delphi method. The survey was administered online via Survey Monkey®. Descriptive statistics were performed to describe sample characteristics and compute the prevalence of stimulant use. Chi-square tests and multiple logistic regression models were used to assess the association of independent factors and stimulant use. **Results:** Study participants were: 75.9% female; 58.8% were 21-24 years of age; 63.7% and 19.1% were white and blacks/African American, respectively; and with a fairly even distribution of professional year classification. Prevalence of lifetime stimulant use was 30.8%. Among lifetime users, 66.4% used in while in pharmacy school. Prevalence of lifetime use but not use while in pharmacy school differ by race ( $p=0.0277$ ) and by age ( $p=0.0364$ ). **Conclusion:** Race and age are significant correlates to lifetime use of stimulants among pharmacy students.

## #XUDisparitiesCollabs

### 5.05.05 – Poster Session 1

#### PREDICTORS OF PERCEIVED HEALTH STATUS AMONG LOW INCOME COMMUNITY RESIDENTS IN PUERTO RICO

Mary H. Mays, Ph.D., MBA, MPH, RD1 2, Muhammad F. Amith, M.S.1, Enid García, M.D., MPH2, Princess Pacheco, M.S.2, Craig W. Johnson, PhD1 1School of Biomedical Informatics, The University of Texas Health Sciences Center at Houston; 2 The Endowed Center for Health Services Research, The University of Puerto Rico Medical Sciences Campus

Despite improvements in the overall health of the United States, health disparities persist. This retrospective study analyzed data from a community health assessment conducted among 127 randomly selected households in Piñones, Puerto Rico, an Afro-Caribbean community located in the northeastern region of Puerto Rico. Households selected were proportional to the block size (self-weighting sample)/one participant per household was interviewed. The survey was conducted in Spanish, face-to-face, by native Spanish-speaking healthcare professionals using a structured questionnaire. Logistic regression was implemented using SPSS V.21 to determine and model the degree to which: 1) age, gender, employment status, monthly income, and health insurance status predict an individual's reporting having a health condition; 2) age, gender, employment status, monthly income, health insurance status, and the presence of health condition were related to an individual's perceived health status; and 3) major disease categories' (e.g., Cardiovascular includes stroke, heart attack, etc.) interference with daily activities predicts an individual's perceived health status. Finally, correlation coefficients were calculated for the major disease categories and an individual's perceived health status. Analyses indicate that age (OR = 0.939) and female gender (OR = 2.8) are significant predictors of respondents' having one or more health conditions, independent of income, occupation, or health insurance status. With increasing age, one's perceived health status may decrease precipitously. Likewise, perceived health status (OR = 11.903) is likely to decrease as the individual sees a health condition as negatively impacting their daily life. Researchers have report that factors such as income, health insurance status, etc. are associated with health disparities. Results of the present study indicate that female gender and increased age are predictive of reporting existence of health conditions. Also, age and reporting existence of health conditions significantly predict perceived health status. Finally, perceived health status was significantly negatively correlated with seven disease categories.

This study was supported by the UPR School of Medicine Endowed Health Services Research Center, Grants 5521MD000242 and 5521MD000138, from the National Center for Minority Health and Health Disparities, National Institutes of Health (NCMHD-NIH).

### 5.05.06 – Poster Session 2

#### FACTORS ASSOCIATED WITH SMOKING IN ASIAN AMERICAN ADOLESCENTS: A REVIEW OF THE LITERATURE

Yilin, Xu, MPH, PhD Student, Graduate Research Assistant, BCHS, LSUHSC School of Public Health Tung-Sung, Tseng, DrPH, MS, CHES, Assistant Professor, BCHS, LSUHSC School of Public Health William Robinson, PhD, Associate Professor, BCHS, LSUHSC School of Public Health Sarah Moody-Thomas, PhD, Professor, BCHS, LSUHSC School of Public Health

Purposes The smoking growth rate of Asian American (ASA) adolescents is the highest among all racial/ethnic groups in the U.S. Multiple domains of factors should be assessed to understand the etiology of adolescent smoking. The current work aims to synthesize the latest findings of social influential, psychological, developmental, behavioral, demographic and acculturation factors that increase smoking in ASA adolescents; and to identify areas for further research and intervention in ASA adolescent smoking behaviors. Methods A total of 10 databases were searched through EBSCOHOST. Studies that were peer-reviewed; conducted in the U.S.; had participants age 11 to 24; and published from January 2005 to August 2013 in English were selected. Studies using ASA adolescent samples or studies using multi-race samples but with major findings in ASA adolescents were the review interest. Results 22 Articles were identified as meeting the review selection criteria. Major Asian ethnicities of, Chinese, Vietnamese, Korean, and Filipino were studied most frequently. The estimated smoking rates for ASA adolescents varied by age and ethnicity. In ASA adolescents, being male was significantly associated with smoking. Social-influential factors (i.e. having smoking friends or perceived norms/prevalence of peer smoking) were most frequently reported. Acculturation was also frequently studied and found positively associated with smoking behavior in ASA adolescents; however, gender specific information regarding acculturation and smoking was limited. Methodological limitations included cross-sectional designs, lack of theoretical framework and lack of bilingual survey instruments. Conclusions ASA adolescent smoking behaviors are not uniform across ethnicity, acculturation status and gender. Further research and intervention should address diverse ethnic and acculturation backgrounds and gender difference of ASA adolescents. Future studies should adopt longitudinal designs and increase use of theories.

### 5.05.07 – Poster Session 2

#### THE IMPACT OF HEALTH DISPARITIES RESULTING FROM THE CONSUMPTION OF MENTHOL CIGARETTES BY AFRICAN-AMERICANS

Frankie Poland Southern University Agricultural Research and Extension Center-Communities of Color Network

PURPOSE: To examine the relations between health disparities and the high consumption of menthol cigarettes by African-Americans. ISSUES: Menthol is an organic substance extracted from minty plants used to flavor cigarettes. While menthol is added to most cigarettes, the concentration varies depending upon brands and whether they are mentholated or non-mentholated. Menthol has cooling and antiseptic characteristics that make cigarette smoke less harsh on the mouth and throat. They are thought to be a healthier alternative. Conversely, menthol smokers generally inhale more smoke, toxic chemicals and carbon monoxide than non-smokers. In the U.S. menthol cigarettes account for about 30% of tobacco sales. Statistics indicate African-Americans rank #1 in use of menthol cigarettes compared to other ethnic populations; yet, they suffer more from higher smoking-related diseases and mortality rates. The excessive advertising and marketing strategies employed by the tobacco industry, of menthol cigarettes, in African-American communities is well documented. FINDINGS: Among African-American smokers, 84.5% use menthols, compared to 26.9% of White and 33.6% of Asian American smokers. Menthol smokers tend to be more nicotine dependent. Quitting is more difficult among menthol smokers. No conclusive determination has been made as to why African-Americans prefer menthol cigarettes. However, some studies relate the preference to disproportionate advertising within communities of color. The U.S. Food and Drug Administration (FDA) is currently considering a ban on menthol cigarettes. The Tobacco Products Scientific Advisory Committee (TPSAC) found that menthol cigarettes are a public health concern, with particular emphasis on their extreme popularity among African-American smokers.

The Southern University Agricultural Research & Extension Center-Communities of Color Network is funded by the Louisiana Public Health Institute and the Louisiana Campaign for Tobacco-Free Living.

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## Laurie Abbott

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Florida Atlantic University Christine E. Lynn College  
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Xavier University of Louisiana College of Pharmacy  
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## Alexis Anderson

Fisk University  
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## Frances E. Ashe-Goins BSN, MPH

Office on Women's Health  
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## Christopher Bassey Ph. D.

Azusa Pacific University  
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## Brittany Booker MPH

Louisiana Public Health Institute  
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## Christine S Brennan PhD, RN

LSUHSC-NO  
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## Romona Brown

Lane College HBCU Wellness  
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## Angela Bukenya MPH, BA

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## Alberto Carrera MD

University of Puerto Rico, School of Medicine  
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## Celestine carter DNS

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Louisiana State University Health Sciences Center  
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## Carenza Cezar MS

University of Mississippi Medical Center  
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## Maxwell Ciardullo

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## Teresa D Combs PhD, MSN, BSN, BS

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## Ariane O Conrad PharmD

Xavier University of Louisiana College of Pharmacy  
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## Maggie G Davenport

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## stacey d denham MSW, MPH, AE-C

Xavier University, HEAL Phase II program  
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## Sabrina L. Dickey PhD, MSN, RN

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## Jennifer Dickherber MSW, MPH

Louisiana Public Health Institute  
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## Pamela Dixon

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## Rashida Dorsey PhD, MPH

Office of Minority Health  
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## Cassandra Dove BS, MPH

Mississippi State Department of Health  
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## Renea Duffin A

Mary Bird Perkins Cancer Center  
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## Victor Ede MD, MSCR

Satcher Health Leadership Institute,  
Morehouse School of Medicine  
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University of Mississippi School of Pharmacy  
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## Okechuku K Enyia BS

Chicago State University  
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## Estela S Estape MT, PhD, DHL

Medical Sciences Campus, University of Puerto Rico  
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## Dana Feist M Ed

LSUHSC- School of Public Health  
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## Rashida Ferdinand BFA, MFA

Sankofa Community Development Corporation  
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## Heather Fields PharmD, MPH

Chicago State University College of Pharmacy  
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## Laila Fox MUP

Tulane University, School of Public Health and  
Tropical Medicine  
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## Maricus L Gibbs MSN, MHA

University of North Carolina at Charlotte  
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## #XUDisparitiesCollabs



Research Centers in Minority Institutions (RCMI) Translational Research Network (RTRN) Data Coordinating Center (DCC) at Jackson State University offers comprehensive study support. The RTRN DCC provides expertise in study design, development of computerized, web-based data collection and tracking systems, and statistical analysis methods. The DCC utilizes a variety of industry-leading applications as well as custom-designed technologies to support multi-site research projects.

## SERVICES & SUPPORT

### Clinical Data Management

Our Data Management experts offer leadership and support for study start-up to database lock. Our data management team provides clinical oversight, quality control and monitoring while utilizing industry leading applications to capture regulated and non-regulated clinical trials data.

### Statistical Analysis

Our Biostatistical experts provide detailed statistical analysis and planning for clinical trials and epidemiological, community, and animal experimental studies. Expert direction from our statistical team ensures the selection of appropriate sample and statistical design that best supports the hypotheses.

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Our team is well-versed in Good Clinical Data Management Practices (GCDMP), Clinical Data Interchange Standards (CDIS), ICH Guidelines and all applicable laws and regulations for implementing FDA-regulated and non-regulated studies.

### Technology Integration

The RTRN DCC's technology specialists develop customized, state-of-the-art applications and solutions to meet the diverse technology needs of the investigators.

***"Overall, working with the RTRN DCC was a very good experience for me as the program director and active research in the area of cancer proteomics."***

Guangdi Wang, Ph.D., Xavier University of Louisiana

***"The DCC maintains high-quality systems and applications that ensure the security and integrity of research data."***

Lee Nadler, M.D., Harvard Medical School

***"They have been instrumental to the success of our multi-site research endeavors."***

Naureen Tareen, M.D.,  
Charles Drew University of Medicine and Science

### Project Management and Communication

The RTRN DCC's experience handling study logistics include training, meeting coordination, communication technology, multi-media support, and document development and management.

### Resources Discovery

Utilizing advanced technologies, our professionals expedite the discovery of unique scientific resources and expertise available across the national research community.

### Technologies and Resources

The Center's portfolio of data as well as study management tools offer a user-friendly environment for data capture, project management, reporting and for addressing adverse events (AEs) and serious adverse events (SAEs) for regulated and non-regulated studies. The Center's technology platforms consist of Oracle Siebel Clinical Trial Management System (CTMS), Oracle Clinical, REDCap, and Argus Safety. Our SAS statistical software is constantly updated to reflect the latest methodologies for advanced analyses. The DCC offers a variety of web conferencing and video conferencing services and support to empower study teams dispersed across various geographic locations.

### RTRN Data Coordinating Center

Jackson State University  
Mississippi e-Center  
1230 Raymond Road  
Jackson, Mississippi 39206  
[www.rtrn.net/researchhub/](http://www.rtrn.net/researchhub/)

### More Information:

Omar Aldaoud  
601.979.0332  
[Omar.aldoud@rtrn.net](mailto:Omar.aldoud@rtrn.net)

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**Karnesha D Goins BS**  
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*Louisiana State University School of Public Health*  
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Ashley M Taylor PharmD  
Xavier University of Louisiana  
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Dietrich Taylor Registered Nurse (ADN)  
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**Tameka Walls BS, MS**

*Mississippi State Department of Health*

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*University of California Skaggs School of Pharmacy  
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**Junling Wang PH.D.**

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**Miriam S Zwitter PhD, RN**

*University of Tennessee at Chattanooga*

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**#XUDisparitiesCollabs**

## Health Disparities Research: Dillard-LSU Joint Program

Funded by the National Institute on Minority Health Disparities at the National Institutes of Health, the Dillard-LSU Health Disparities Research Program is dedicated to research on the molecular and social determinants of health disparities that disproportionately affect minority populations in Louisiana and the Deep South. Currently, the program is advancing thematic research on the prevention, diagnosis and treatment of cancer and associated chronic conditions with three major objectives: 1) determine the contributions of inflammation to the pathophysiology of cancer and other chronic diseases, 3) train minority nurses and students to develop increase the number of researchers in health disparities and promote participation of minorities in clinical research and clinical trials, and 4) increase the capacity of biomedical research at Dillard University. The program is advancing these objectives through NIH-funded programs including: Dillard-LSUHSC Minority Health and Health Disparities Research Center, Dillard Endowment for Health Disparities Research, Mid-South Transdisciplinary Collaborative Center for Health Disparities Research (TCC), LSU Minority Based Community Clinical Oncology Program, and LSU Community Based Participatory Research.



Program	Partner Institution	Contact
Dillard-LSUHSC Minority Health & Health Disparities Research Center	Dillard University	<a href="mailto:jjwilson@dillard.edu">jjwilson@dillard.edu</a> 504-816-4718
	Louisiana State University-Health Sciences Center	<a href="mailto:jestra@lsuhsc.edu">jestra@lsuhsc.edu</a> 504-210-2974
Mid-South Transdisciplinary Collaborative Center for Health Disparities Research	Dillard University	<a href="mailto:rcollins@dillard.edu">rcollins@dillard.edu</a> 504-816-4450
	University of Alabama at Birmingham	<a href="mailto:mfouad@uabmc.edu">mfouad@uabmc.edu</a> 205-934-6892
	Jackson State University	<a href="mailto:marinelle.payton@jsums.edu">marinelle.payton@jsums.edu</a> 601-979-8817
	University of Mississippi Medical Center	<a href="mailto:msims2@umc.edu">msims2@umc.edu</a> 601-979-8771
	Louisiana State University-Health Sciences Center	<a href="mailto:jestra@lsuhsc.edu">jestra@lsuhsc.edu</a> 504-210-2974
Dillard Endowment for Health Disparities Research	Dillard University	<a href="mailto:drwajones@bellsouth.net">drwajones@bellsouth.net</a> 601-594-2848
Minority-Based Community Clinical Oncology Program	Louisiana State University-Health Sciences Center	<a href="mailto:aocchoa@lsuhsc.edu">aocchoa@lsuhsc.edu</a>
LSU Community Based Participatory Research	Louisiana State University-Health Sciences Center	<a href="mailto:jestra@lsuhsc.edu">jestra@lsuhsc.edu</a> 504-210-2974
Community-Academic Partnerships	Gentilly-Dillard	<a href="mailto:nharris@dillard.edu">nharris@dillard.edu</a> 504-473-1141
	Lower Ninth Ward – Louisiana State University-Health Sciences Center	<a href="mailto:akerney@hotmail.com">akerney@hotmail.com</a> 504-309-0918

# SPEAKERS / MODERATORS

**Connie Arnold, PhD – p. 17**

LSUHSC- Shreveport Health Education  
Shreveport, LA

**Claudia R. Baquet, MD, MPH – p. 16**

Office of Policy and Planning  
University of Maryland  
Baltimore, MD

**Regina M. Benjamin, MD, MBA – p. 18**

Xavier University of Louisiana  
New Orleans, LA

**Addressing  
the ISSUE**

“We at the Department of Health and Human Services consider it our mission to address the looming health professional workforce shortage and to recruit, train, and retrain competent health and human service professionals across America.”

– HHS Secretary Kathleen Sebelius

**Jeanne L. Bromwell – p. 16**

Eastern Shore Cancer Research Network  
Cambridge, MD

**Wayne Camp, RPh – p. 18**

AmeriHealth Caritas Louisiana  
Baton Rouge, LA

**Takeisha C. Davis, MD, MPH – p. 18**

Office of Public Health  
Louisiana Department of Health and Hospitals  
New Orleans, Louisiana

**Terry C. Davis, PhD – p. 17**

LSUHSC - Shreveport Health Education  
Shreveport, LA

**Rashida Dorsey, PhD, MPH – p. 25, 54**

U.S. Department of Health and Human Services  
HHS Office of Minority Health  
Rockville, MD

**Thomas W. Dortch, Jr. – p. 18**

Fulton/Dekalb Hospital Authority  
Atlanta, GA

**Johnnie L. Early, II, PhD, RPh – p. 19**

College of Pharmacy and Pharmaceutical Sciences  
The University of Toledo  
Toledo, OH

**Mark C. Edberg, PhD, MA – p. 22**

Department of Prevention and Community Health  
The George Washington University  
Washington, DC

**Norman C. Francis – p. 18**

Office of the President  
Xavier University of Louisiana  
New Orleans, LA

**Cheryl P. Franklin, DNS, RN – p. 25**

Albert A. Sheen Campus  
University of the Virgin Islands  
St. Croix, VI

**C. Alicia Georges, EdD, RN, FAAN – p. 22**

Lehman College, School of Natural and Social Sciences  
City University of New York  
Bronx, NY

**Nancy J. Greer-Williams, PhD, MPH – p. 25, 54**

University of Arkansas for Medical Sciences  
University of Wisconsin (Madison)  
Little Rock, AR

**Torrie T. Harris, DrPH, MPH – p. 19**

Community Health  
The Louisiana Campaign for Tobacco-Free Living  
New Orleans, LA

**LaMar Hasbrouck, MD, MPH – p. 27**

Illinois Department of Public Health  
Springfield, Illinois

**Addressing  
the ISSUE**

“A partnership is a purposive relationship between two or more parties (individuals, groups, or organizations) committed to pursuing an agenda or goal of mutual benefit.”

– Nelson J, Rashid H, Galvin V, Essien J, Levine L. *Public/Private Partners: Key Factors in Creating a Strategic Alliance for Community Health. American Journal of Preventive Medicine 1999; 16(3 Suppl):94-102*

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# SPEAKERS / MODERATORS

**Jessica L. Johnson, PharmD – p. 24**

College of Pharmacy  
Xavier University of Louisiana  
New Orleans, LA

**Warren A. Jones, MD, FAAFP – p. 18**

Dillard University  
New Orleans, LA

**Paul D. Juarez, PhD – p. 21**

Preventive Medicine  
University of Tennessee Health Science Center  
Memphis, TN

**Jennifer D. Keith, MPH, CPH – p. 26, 47**

Research and Evaluation Group  
Public Health Management Corporation  
Philadelphia, PA

**Kathleen B. Kennedy, PharmD – p. 18, 27**

College of Pharmacy  
Xavier University of Louisiana  
New Orleans, LA

**Addressing  
the ISSUE**

“The term public-private partnerships covers a wide variety of ventures involving a diversity of arrangements, varying with regard to participants, legal status, governance, management, policy-setting prerogatives, contributions, and operational roles.”

– World Health Organization

**Patricia Matthews-Juarez – p. 21**

College of Medicine  
The University of Tennessee Health Science Center  
Memphis, TN

**Sarah McBane, PharmD – p. 23**

Skaggs School of Pharmacy and Pharmaceutical Sciences  
University of California, San Diego  
La Jolla, CA

**Scott J. Nyman, PhD – p. 24, 40**

Family Medicine  
Genesys Regional Medical Center  
Burton, MI

**Folakemi Odedina, PhD – p. 19**

Pharmaceutical Outcomes and Policy  
University of Florida College of Pharmacy  
Gainesville, FL

**Angela Odoms-Young, PhD – p. 21**

Department of Kinesiology and Nutrition  
University of Illinois at Chicago  
Chicago, IL

**Mitchell H. Parks, MD – p. 26, 69**

Dept. of Psychiatry & Behavioral Sciences  
Meharry Medical College  
Nashville, TN

**Kermit G. Payne – p. 22**

The 1Joshua Group, LLC  
Atlanta, GA

**Addressing  
the ISSUE**

“In a community clinic, a pharmacist and nurse practitioner jointly improved medication use across 4 categories: reference to clinical guidelines, potential adverse drug events, alternatives based on treatment failure, and medication cost.”

– Terry F. Urbine, PhD, *Journal for Nurse Practitioners*

**Rosemary Kinuthia, BSN, MPH – p. 26, 58**

The Satcher Health Leadership Institute  
Morehouse School of Medicine  
Atlanta, GA

**Akiko Komura, MS – p. 24, 71**

College of Pharmacy and Pharmaceutical Sciences  
College of Medicine  
The University of Toledo  
Toledo, OH

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**John Ruffin, PhD – . 20**

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

**Daniel F.K. Sarpong, PhD – p. 18, 20**

College of Pharmacy - CMHDRE  
Xavier University of Louisiana  
New Orleans, LA

**Phyllis W. Sharps, PhD, RN, CNE, FAAN – p. 19**

School of Nursing  
Johns Hopkins University  
Baltimore, MD

**Francine A. Small, MA – p. 25, 52**

Sociology and Anthropology  
Frank Consulting  
Montreal, Canada

**Ida J. Spruill, PhD, RN, FAAN – p. 18**

College of Nursing  
Medical University of South Carolina  
Charleston, SC

**Dietrich Taylor, RN, ADN – p. 24, 34**

Chronic Disease Bureau  
Mississippi State Department of Health  
Jackson, MS

**José A. Torres-Ruiz, PhD – p. 21**

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

**Jill H. White, EdD, RD, LDN – p. 26**

Nutrition Science  
Dominican University  
River Forest, IL

**LaKeisha G. Williams, PharmD, MSPH – p. 21**

Division of Clinical and Admin Sciences  
Xavier University of Louisiana  
New Orleans, LA

**Sharon L. Youmans, PharmD, MPH – p. 23**

School of Pharmacy  
University of California, San Francisco  
San Francisco, CA

**Veronica S. Young, PharmD – p. 22**

College of Pharmacy  
The University of Texas at Austin  
Austin, TX

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