



National Network
of Public Health Institutes™

NNPHI AND MEMBER PUBLIC HEALTH INSTITUTE SESSIONS AT THE 2022 APHA ANNUAL MEETING AND EXPO

Boston

November 6-9, 2022

[Join the National Network of Public Health Institutes and its Member Institutes at this year's APHA Annual Meeting and Expo in Boston!](#)

The following summary highlights oral presentations, poster sessions, and other sessions of the [National Network of Public Health Institutes \(NNPHI\)](#) and its member institutes at the American Public Health Association (APHA) 2022 Meeting. This reference list is intended as a resource for those attending APHA as well as NNPHI members and partner organizations interested in knowing more about the collective work of our growing NNPHI network. Each year, NNPHI staff compiles this listing through a query to its members and searching the [online APHA conference program](#). For the specific location of each session at the APHA 2022 conference, please reference the mobile meeting app for the conference. For session abstracts and speaker information (including e-mail addresses), please click on the hyperlinked session titles below.

Please note that all times listed are in Eastern Time.

Should you visit the exhibit hall at APHA 2022 please visit us:

- NNPHI: 348
- MCD Global Health: 233
- County Health Rankings & Roadmaps/ University of Wisconsin Population Health Institute: 320
- Georgia Health Policy Center: 340

NNPHI Facilitated Sessions and Events:

Sunday, November 6, 2022

2:30 PM – 3:30 PM

Session 2058: [Essential workers – learning to prevent occupational harm](#)Title: [Developing and delivering infection prevention and control workforce programs within occupational health and safety to protect the public's health in the workplace](#)

Presenter: Maximus Public Health, co-author National Network of Public Health Institutes

Session Format: Poster

Abstract: The decades-long shortage of a skilled public health workforce was exacerbated during the pandemic. The urgency for experienced clinical healthcare and public health workers impacted operations at direct care facilities such as primary, urgent, and emergency care, but also at state and federal public health departments, state and local government administrations, and even by private employers concerned about the health and risk factors faced by their employees. As a key emerging position and potential solution, infection prevention and control (IPC) positions combine community health, infectious disease education, surveillance, and health education responsibilities. IPCs can provide these services to employers expanding occupational health programs to include infection prevention and control. Methods: IPCs have diverse skillsets and backgrounds, and can provide expanded health information services to a workforce in order to minimize workplace transmission of infections and to support the overall health of the workforce. This model, which is used currently in long-term care facilities and hospitals to minimize HAI can be expanded to occupational health programs using the training content developed and delivered through CDC's Project Firstline. Results: Project Firstline resources include online trainings, training toolboxes, informational resources, and social media graphics. Discussion: Expansion of infection prevention and control efforts across all workforce and occupational health programs can benefit private employers by reduction in days of work lost due to infectious disease. IPC programs have the added benefit of providing context to discuss health equity with both employers and employees, and while engaging in an equity discussion may be challenging subject for some work environments, health equity around access to resources and social determinants of health are good access points to build awareness. Trainings and resources provided by CDC Project Firstline to support infection prevention and control activities can be utilized by private employers to build IPC capacity among Occupational Health and Safety programs.

4:30 PM – 6:00 PM

Session 2205: [Creating change – translating data into action](#)Title: [Essential skills training needs of the public health workforce in the infection prevention and control field](#)

Presenter: National Network of Public Health Institutes

Session Format: Roundtable

Abstract: The public health workforce involved in infection prevention and control (IPC) activities faced unique challenges during the COVID-19 pandemic. Communication, collaboration, and critical thinking are essential skills necessary for carrying out their responsibilities and working with the multiple stakeholders involved in IPC. The public health workforce involved in IPC comes from diverse professional and educational backgrounds and have a variety of workplace settings which lead to unequal exposure to toxins, infectious disease, and other hazards. These contexts should be considered for the delivery of essential skills training to be effective. This study aims to understand the availability of essential skills trainings for the public health workforce in the IPC field and to identify current challenges to developing and accessing these training opportunities. Methods: As part of the CDC Project Firstline Collaborative, the National Network of Public Health Institutes (NNPHI) is assessing the essential skills training needs of the public health workforce involved in IPC activities through key informant interviews and listening sessions. Semi-structured interviews are being conducted with staff from regional public health training centers, public health professional organizations, and national healthcare worker associations delivering training to the public health workforce involved in IPC activities. Listening session participants are the public health workforce in the IPC field, such as clinical staff, administrative personnel, food service staff, and environmental service staff of healthcare facilities. NNPHI is analyzing qualitative data by interpreting themes, sub-themes, and cross-theme concepts from the interview transcripts and listening session notes. Results: Preliminary analysis of qualitative data shows that some of the essential skills that the public health workforce in the IPC field need to have include being able to effectively communicate with various internal and external audiences, analyze data, use critical thinking, and recognize the diversity of the communities being served. A significant challenge to obtaining these skills is a lack of institutional support for staff development. Participant recruitment is ongoing for the listening sessions and for other interviews. The qualitative data analysis will be completed by summer of 2022. Conclusions: This study will contribute to increased understanding of the availability and accessibility of essential skills trainings for the public health workforce involved in the field of IPC. Challenges to developing essential skills trainings will also be identified. Recommendations will also be made on strategies that healthcare facilities and healthcare worker associations can consider when developing the public health workforce in the IPC field.

Monday, November 7, 2022

10:30 AM – 12:00 PM	<p>Session 3094: Reducing Barriers to Preventing Spread</p> <p>Title: Infection Prevention and Control Workforce Training and Development Model, Tools, and Resources Developed by CDC's Project Firstline Training Program</p> <p>Presenter: Maximus Public Health, co-author National Network of Public Health Institutes</p> <p>Session Format: Oral</p> <p>Abstract: The decades-long shortage of a skilled public health workforce was exacerbated during the COVID-19 pandemic. Increasing the use of trained infection prevention and control specialists in both clinical and public health positions meets a growing need for community health education focused on reducing infectious diseases. IPC positions at hospitals, health departments, congregate facilities, and workplaces have diverse experience and skill requirements reflecting a still evolving workforce and academic IPC competency standardization process. Methods: NNPHI sponsored a deeper dive into assessing the needs and resources available to IPCs working in the field, with a focus on CDC Project Firstline Training resources as well as the larger body of online IPC training and educational content. Results: In partnership with NNPHI, Maximus Public Health reviewed and assess publicly available IPC training material using NNPHI developed Quality Standards to understand the landscape of material and digital tools available to the IPC community. Using a Design Thinking Framework, we developed archetypes reflecting the highest priority needs and experiences of the existing IPC workforce as well as the next decade of workforce and technological growth. We used key IPC archetypes to identify a prioritized roadmap of digital tools, resources, and solutions recommended for the IPC workforce. Using community health work as a model, we developed an IPC career path and career journey resources that can be used to help socialize and promote competency-based IPC job descriptions and training resources. Conclusion: The tools and resources developed in collaboration with NNPHI, CDC, and Tulane University, contribute to the development and further refinement of infection prevention and control activities and competencies across the clinical and public health workforce. Additional tools are needed to further increase the ability of the IPC workforce to access, complete, and track both remote and on-the-job training material using the best resources across multiple platforms.</p>
2:30 PM – 4:00 PM	<p>Session 3140: Stronger Together: Collaborations and Coordination in Public Health Efforts</p> <p>Title: Building an indigenous public health leaders program: utilizing an equity lens to build a diverse and representative cohort</p> <p>Presenter: National Network of Public Health Institutes</p> <p>Session Format: Roundtable</p> <p>Abstract: The legacy of violence, forced relocation, and federal policies against Tribal Nations lives on in heightened health disparities found in Native communities. COVID-19 intensified the need for a strong public health workforce</p>

	<p>in Indian Country to address these devastating disparities, and as a result a public health leadership program for emerging Indigenous professionals was developed. Tribal public health workers play a critical role in addressing health disparities, however they are often missing from all levels of public health workforce initiatives. Even when attempts are made for representation, engagement is often limited to larger, well-recognized tribes. The program team designed a unique process to ensure that an equity lens was applied in the recruitment and selection of participants to ensure that smaller, less-represented tribes were included as part of the program. Lessons learned from piloting this process method include designing an application that asks specific demographic questions such as tribal membership vs tribal affiliation and includes criteria to distinguish between urban and rural Indians. Recommendations for similar initiatives would be to implement targeted recruitment, limiting multiple members from the same tribe, and distinguishing between applicant residential/work location, and the geographic location of the tribal lands affiliated with one's tribal membership. Being intentional and transparent about methods taken provides a picture of gaps and underrepresented communities, and ensures that tribal representation in the public health workforce grows in an equitable and measurable way.</p>
3:00 PM – 4:00 PM	<p>Session 3222: Training and capacity-building</p> <p>Title: The Public Health Learning Navigator: a curated, online resource for people who value quality in online training</p> <p>Presenter: National Network of Public Health Institutes</p> <p>Session Format: Poster</p> <p>Abstract: With the Great Resignation of experienced public health professionals, there is less institutional knowledge, and it can be difficult to find reliable information. Compound this timing with an influx of new public health workers due to the American Rescue Plan Act and other recent supports for building workforce capacity, and the public health sector has a growing problem of ensuring a baseline of knowledge and skills. Furthermore, a 2018 workforce study conducted by NNPHI found that while finding online training is easy, finding the right training is not. The Public Health Learning Navigator was designed to help alleviate that stress. The Navigator is a curated, online database of self-paced, public health trainings that have been peer-reviewed for quality. Each training is assessed by three public health reviewers using the Quality Standards for Training Design and Delivery (QSTDD) and its research-tested indicators for quality. If the training passes the review process, it is published on the Navigator where the public health workforce has easy access to it. This peer-review process is what sets the Navigator resource apart as the go-to database for online public health trainings. Since its 2018 launch, the site boasts over 100,000 views and has over 110 peer-reviewed trainings on a variety of public health topics. The Navigator has been able to meet the evolving needs to the public health workforce like pivoting to publish COVID-19 trainings and continues to expand new services like the upcoming learning pathways to support capacity building for the growing public health workforce.</p>

<p>4:30 PM – 6:00 PM</p>	<p>Session 3300: Social Justice-Centered Responses to Pandemic II</p> <p>Title: Embedding Equity into Community-Driven Vaccine Hesitancy Approaches</p> <p>Presenter: National Network of Public Health Institutes</p> <p>Session Format: Poster</p> <p>Abstract: As part of a recent CDC funding opportunity, five community-based organizations (CBOs) were selected and received funding to address vaccine hesitancy among adults who are members of racial or ethnic minority communities. As part of the application process, grantees provided information on their site and community-specific barriers impacting hesitancy, as well as tailored strategies for combatting it. Barriers identified include a lack of culturally and linguistically appropriate resources and health services, lack of trusted messengers, misinformation, rural geographic locations, and exacerbating socioeconomic factors. Each of these presents mounting challenges for overall health access and outcomes, and during COVID-19, has become a tipping point for mitigation strategies and approaches that are responsive to the needs and concerns of vaccine hesitant adults in these communities. In response to these culturally embedded decisions to not receive the COVID-19 vaccine or hesitancy around receiving the vaccine or booster, the awarded CBOs have adopted innovative and promising practices, including, but not limited to: utilization of trusted messengers to lead communities of focus in dialogue and provide tailored information on vaccines, partnerships with local artists and storytellers for promotion of vaccine communications, and identification and mitigation of socioeconomic factors, such as transportation, through mobile and pop-up clinics in the community and at events. While the strategies vary, the resounding theme of this work is the power of embedding equity and a bottom-up, community driven approach to addressing vaccine hesitancy and its root causes.</p>
<p>Monday, November 7th, 6:00-8:00 PM</p>	<p>NNPHI APHA Reception</p> <p>Health Resources in Action office</p> <p>2 Boylston St., 4th Floor</p> <p>RSVP Here</p> <p><i>In accordance with APHA policies, we ask that all attendees be up to date with their COVID-19 vaccination against SARS-CoV-2— two shots of the Pfizer or Moderna COVID-19 vaccine, one shot of the Johnson & Johnson product, or a comparably approved vaccine for international attendees. Have at least one booster. Wear a mask when not eating or drinking.</i></p>

Member Public Health Institute Facilitated Sessions and Events:

Sunday, November 6, 2022	
1:00 PM – 2:00 PM	<p>Session 2008: Alcohol-related disparities and priority populations</p> <p>Title: Subgroup Differences in Collateral Harms from Others' Drinking Among LGBTQ+ Students at US College Campuses: Results from a Nationally Representative Survey</p> <p>Presenter: Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Prevention of alcohol-related harms on college campuses has tended to focus on people rather than places and policies. Research focusing on how drinkers harm others may encourage greater adoption of evidence-based interventions and policies. Future approaches must advance equity, and gender and sexual minority (GSM) students are often overlooked or grouped together inappropriately. Research to date shows that some LGBT constituency groups have higher odds of some alcohol-related harms to others (AHTO); however, no nationally representative studies have assessed a range of AHTO across the breadth of LGBTQ+ identities. This study examined the prevalence and odds of experiencing more than 20 AHTO among GSM college students. Method: The H2O Study used proportionate-to-size sampling to select a quota of two- and four-year colleges (n=46) within regions to yield a nationally representative sample of students. Fielded from October to December 2021, the survey collected data from 2,000 respondents about the frequency of AHTO. An inclusive range of sexual and gender identities were assessed using categories from the Consortium of Higher Education LGBT Resource Professionals Suggested Best Practices for Asking Gender and Sexual Orientation on College Applications. We used complex sample design-adjusted chi-square tests to examine associations between gender and sexual identities and odds of AHTO. Results: One in four respondents (n=536 or 26.9%) identified with a LGBTQ+ identity. Ninety-three students (4.9%) identified as transgender or gender nonconforming (TGNC). We report significant disparities in experience of harms from others drinking by sexual and gender identity, with persons with asexual/aromantic identities protected compared to heterosexual peers, while other LGBTQ+ groups being at higher risk, particularly TGNC students. We report disparities in 14 categories of harms, ranging from babysitting and caretaking to physical abuse and unwanted sexual contact. Conclusion: People who identify as LGBTQ+ are not a monolith when it comes to experiencing alcohol-related harms. These data contribute to our understanding of the diverse associations between sexual and gender identities and AHTO, and underscore the need for both generally protective policies and appropriately targeted interventions in these populations.</p>
1:00 PM – 2:00 PM	<p>Session 2015: Tobacco Control Posters #2</p> <p>Title: One year after Tobacco 21 implementation: attitudes and behaviors of 18-20 year old adults in Pennsylvania</p>

	<p>Presenter: Public Health Management Corporation</p> <p>Session Format: Poster</p> <p>Abstract: On July 1, 2020, the minimum age to purchase tobacco products in Pennsylvania increased from 18 to 21 years old. In spring 2021, the Pennsylvania Alliance to Control Tobacco (PACT) and Public Health Management Corporation (PHMC) conducted an online survey for young adults to gather feedback around tobacco use and tobacco 21 legislation. Methods: PHMC created an online survey comprised of 23 closed-ended questions. The survey collected demographics, as well as information on tobacco and nicotine use, tobacco purchasing behaviors, perceived harm from tobacco products, and perspectives on tobacco 21 regulations. PHMC partnered with Alchemer, a web-based survey platform, to distribute the online survey in April 2021 to a racially diverse sample of paid panel respondents in Pennsylvania ages 18 to 20 years old. Results: Overall, 401 responses were collected. Fifty-seven percent of respondents were White, 29% were Black, and 11% were Asian. Within the last 30 days of taking the survey, 35% of respondents used cigarettes and 51% used e-cigarettes. Of those who used tobacco products, more than half got their products from a friend or gas station/convenience store. Fifty-four percent of all respondents said it was “easy” or “very easy” to get tobacco products in a store and 60% said it was “easy” or “very easy” to get them online. Sixty percent of respondents said people their age use e-cigarettes and vapes more often than at the same time last year and 29% believe people their age are smoking cigarettes more often. Around half of respondents reported the COVID-19 pandemic as the main cause of the tobacco use increase. Thirty-one percent of respondents were not aware the government raised the minimum age for people to buy tobacco products to 21 at the time of the survey. When asked about their level of agreement on variations of tobacco 21 legislation, 63% “agreed” or “strongly agreed” that the minimum age for Pennsylvanians to purchase all tobacco products should be 18 years old. Conclusion: Findings from this survey indicate continued use of tobacco products among young adults ages 18 – 20 years old after tobacco 21 legislation was passed in Pennsylvania. Gaps in knowledge around the tobacco 21 law indicate a need for education among youth. Tobacco control programs can use this information to enhance tobacco vendor compliance and enforcement.</p>
1:00 PM – 2:00 PM	<p>Session 2006: Best Practices in Aging and Public Health</p> <p>Title: Positive Impacts of the Alzheimer’s Association Dementia Care Coordination Program on Caregivers and Lessons Learned for Program Improvement</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Poster</p> <p>Abstract: The Dementia Care Coordination (DCC) program seeks to increase access to care and support for people living with Alzheimer’s and their caregivers. In 2018, The Alzheimer’s Association Massachusetts/New Hampshire Chapter, with funding from the Merck Foundation, undertook an expansion of DCC to increase reach and strengthen implementation. Description: Expansion maintained core DCC program elements while improving communication between memory care specialists and caregivers, expanding support group access,</p>

	<p>developing accessible educational content, and strengthening collaboration with clinical partners. A comprehensive mixed-methods evaluation was undertaken in collaboration with Health Resources in Action to better understand the caregiver experience with DCC. Lessons Learned: Caregivers were highly satisfied with DCC and its educational components. Most cited the emotional support of their Memory Care Specialist as the most valuable element, which is critical given the high level of stress reported by caregivers at baseline, particularly those navigating care systems as non-English speakers or while working fulltime. Improvements at follow-up were observed in measures of caregiver awareness and utilization of resources, understanding of dementia, and caregiving self-efficacy. Implications: While DCC had important and positive impacts among caregivers, quantitative measures of depression/anxiety remained high and many still reported unmet social support needs at follow-up. In interviews, caregivers were eager to continue with DCC beyond the initial series of care consultation/follow-up calls, noting their concern about unknown future and changing needs of the person they care for. This suggests that additional support or program components tailored to meet the longer-term needs of caregivers could add substantial benefit.</p>
1:00 PM – 2:00 PM	<p>Session 2012: Opioids Poster Session #2 Harm Reduction</p> <p>Title: Narcan: Who can? We can.</p> <p>Presenter: MCD Global Health</p> <p>Session Format: Poster</p> <p>Abstract: Traditionally, prevention strategies related to substance use unintentionally place stigma on those who are currently using substances- separating prevention agencies from the great treatment, recovery and harm reduction work that occurs in the community. As a prevention organization in Lincoln County, Maine, it was clear that work needed to be done to begin to break down the wall of substance use perception. It became evident that there needed to be engagement engaged in harm reduction strategies as well as partnering with treatment and recovery entities in the Midcoast region in an effort to reduce the “us versus them” mentality that can come with helping those using substances. The approach in essence is simple: informing the community on what Naloxone (Narcan) actually is and encouraging everyone to keep it on hand- because if it really came down to it, why wouldn't you help save a life? This statement proved powerful as local businesses and school systems began to flock for Narcan administration training simply to keep a kit on hand in the event of an emergency. While these trainings may not be directly connected to those who may be using substances, it does break down community barriers related to substance use and opens the door for more open and honest communication. Because, as a small county of people, why wouldn't you help your neighbor? Through this work, and a closer connection with substance use treatment and recovery agencies, the goal as a county is to put the community in a place that is more accepting and supportive of treatment and recovery options, allowing for more opportunities in recovery housing, needle exchange programming, and other wrap around recovery supports directly in Lincoln County. As a tier two distributor for the state of Maine, Healthy Lincoln County partners with other local Narcan distributors to heighten the ability to work together and expand the availability of options for all community members who wish to have a kit on hand. This work has set county-wide partners up for</p>

	<p>success in becoming more closely linked as a means to refer to services and treatment when needed, to provide assistance on promotion efforts and education campaigns, and of course- to break down existing stigma within the Lincoln County area.</p>
<p>1:00 PM – 2:00 PM</p>	<p>Session 2017.2: Advancing Paths Toward Health Equity Through Faith-Based Approaches and Programs - Part 1</p> <p>Title: The Road to Social Equity: A Catholic Parish's Journey from Equity Assessment to Planning to Action</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Poster</p> <p>Abstract: Saint Cecilia Parish is a Roman Catholic Church located in Boston, MA that serves a large congregation locally and from around the world online, welcoming individuals from all walks of life. Steeped in a rich tradition of Catholic Social Teaching, Saint Cecilia is firmly committed to advancing equity in all forms. In the wake of the uprising for social justice and the nation's reckoning with systemic racism after the death of George Floyd in 2020, Saint Cecilia embarked on an initiative known as "The Road to Social Equity." As part of this effort, Saint Cecilia partnered with local nonprofit, Health Resources in Action, to conduct an equity assessment and strategic planning process. Assessment objectives included: • Develop a portrait of the Saint Cecilia Parish climate-related to equity and inclusion, • Establish a baseline understanding of the strengths and opportunities to advance racial justice in the parish • Undergo a strategic planning process that would serve as a method of accountability to set goals and strategies for the next 1- 3 years Based on the assessment findings, the planning process identified the following priority areas for action: Improving Belonging and Inclusivity for Parishioners; Parish Culture; and Solidarity in Action. This session will provide an overview of the process and approach used throughout this initiative. We will share lessons learned about engaging an advisory committee; the importance of leading explicitly but not exclusively with race; and engaging stakeholders at different places in their equity journey, among others. Participants will have an opportunity to engage with colleagues to brainstorm potential challenges and opportunities when engaging faith-based communities in equity, inclusion, and racial justice work.</p>

4:00 PM - 5:00 PM	<p>Session 2139: Violence Prevention and Control</p> <p>Title: Ending community violence: An assessment of Hospital-based Violence Intervention Programs in a New Jersey cohort</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Poster</p> <p>Abstract: Violence is a public health crisis in the U.S.- homicide is the leading cause of death for African American males ages 15-34 and second for Latino males in this age group. Hospital-based Violence Intervention Programs (HVIPs) are a leading evidence-based, public health approach to address the community violence epidemic and its root causes. HVIPs offer comprehensive, trauma-informed programs connecting hospitals to community-based services. A systematic review showed that HVIPs significantly reduce violent reinjury and arrests, while promoting positive social determinants of health. However, HVIP implementation can vary across sites, which creates a barrier to effective replication. In 2019, the Health Alliance for Violence Intervention (HAVI) received funding to provide training and technical assistance (TTA) to nine HVIPs across New Jersey (NJ). This project allowed the HAVI to expand the scope of TTA they provide to emerging and existing HVIPs. The HAVI and Health Resources in Action (HRiA) are conducting a process evaluation to 1) Identify the core components of HVIPs across the NJ cohort; 2) Examine barriers and facilitators to effective model implementation; and 3) Understand sites' TTA experiences and needs. Methods: We are conducting a retrospective process evaluation of the NJ cohort to identify core components of HVIPs across the nine sites. Process evaluation will also identify how components are implemented across different settings, clarify variation in what components are prioritized by different sites and examine barriers and facilitators to effective implementation. Finally, the project will discuss how TTA can support HVIPs based on a set of core components. Data collection methods include key informant interviews, focus groups and document review. The assessment prioritizes community participatory strategies to engage key stakeholders throughout the process. Results: We expect to complete phases 1 and 2 by November 2023. At the conference, we will present results from the first two phases of the assessment. We will describe the core components of the HVIP model, the implementation variances across sites, and the barriers and facilitators to implementation to inform future replication. Conclusions: The work to reduce gun violence and advance the health, equity, and well-being of communities of color in our nation is urgent. Findings from this assessment-centered on community voices- will strengthen and better tailor TTA to meet the needs of new and existing HVIPs. The process will help to effectively engage leadership in actionable research and will provide vital input to the development, implementation, and sustainability of future HVIPs.</p>
4:30 PM - 6:00 PM	<p>Session 2209: Community Approaches to Health Equity</p> <p>Title: Engaging Government to Advance Racial Equity: A Systems-Change Approach</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Oral</p>

	<p>Abstract: Health Resources in Action (HRiA), a public health institute, has long worked with governmental entities at the municipal, county, and state levels to build workforce capacity to advance racial equity. In recent years, HRiA has enhanced our approach to develop customized, assessment-based, trauma-informed, action-oriented health and racial equity training aimed to transform policies, systems, and organizational culture. HRiA's training curriculum builds a shared foundation of core equity concepts while fostering trust and relationship building by bridging the head and the heart. We aim to equip partners with the tools to evaluate their systems, practices, and policies to advance health and racial equity. Our holistic approach includes tailoring training to meet partners where they are on their equity journey and considers audience, and organizational and community context. While training can drive decision-makers to reform inequitable policies and practices, HRiA recognizes that training alone cannot sustain systemic change. Our approach also includes coaching and technical assistance to help institutions concretize a cohesive vision and commitment to advance health and racial equity, build proper internal structures, and secure adequate resources to support their staff for sustainable change beyond the scope of the training. Through this presentation, HRiA will outline the details of our health and racial equity training approach in response to partner needs, and recommendations for potential partners seeking these services. The presentation will share lessons learned from our tailored work with a large metro city government, and with a county and state health authority.</p>
4:30 PM - 6:00 PM	<p>Session 2169: Community Coalitions, Collaborations, and Partnerships in Action for Equity</p> <p>Title: Supporting neighborhood-based collaboratives in addressing health equity through a multi-year, collective impact approach</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Oral</p> <p>Abstract: Boston Children's Hospital released a new, multi-year funding opportunity - the Children's Health Equity (CHEq) Initiative - to improve health equity through collaborative-led development of multi-sector approaches, systemic changes, and community cohesion. Collaboratives working in neighborhoods with the highest concentrations of children of color and child poverty used collective impact (CI) to develop solutions addressing child and family health and well-being, and/or community, family, and child resilience. Methods: Six cross-sector collaboratives representing specific neighborhoods within Boston were selected for one-year planning grants to establish partnerships, buy-in, and develop implementation plans. Technical assistance (TA) providers helped collaboratives incorporate CI into their plans. Progress on activities and CI implementation was monitored through check-ins and semiannual reports. At the end of the planning year, collaboratives submitted their plans to apply for a three-year implementation grant. Results: Planning year activities such as in-person data collection, community engagement, and partnership-building were stalled by COVID-19 and pivoted to surveys and virtual engagement. In response, Boston Children's extended the planning year by three months and offered additional funding to continue or adjust activities. Despite COVID, all collaboratives reached residents in their intended neighborhoods and reported progress in CI by establishing common</p>

agendas, sharing goals, and devising preliminary data collection efforts. 846 residents attended a collaborative-led meeting or event, 1,043 completed a collaborative-distributed survey, and 82 were recruited into collaborative community advisory groups. 61% identified as Black/African American, and 23% as Hispanic/Latino. At the end of the planning year, all collaboratives submitted final implementation plans for review. Four were awarded three-year implementation grants. Conclusion: A place-based funding opportunity allows collaboratives to build relationships and neighborhood capacity, and promotes sustainable, innovative strategies addressing unique community needs. Structuring CHEq as a planning year with TA followed by the opportunity to apply for implementation introduced funder expectations and set collaboratives up to succeed. Collaboratives benefitted from the flexibility of funding. It permitted adaptation to COVID-19, which hindered overall representation in the planning process due to the inability to conduct in-person activities. By participating in the planning year, unfunded collaboratives were equipped with implementation plans ready to apply for other funding.

Monday, November 7, 2022

10:30 AM - 11:30 PM

Session 3028: [Identifying & Addressing Inequities in Oral Health](#)

Title: [Oral Health Needs and Barriers to Care in two Demographically and Economically Diverse Communities: Findings from an Oral Health Focused Community Needs Assessment](#)

Presenter: Health Resources in Action

Session Format: Poster

Abstract: Per the Affordable Care Act, tax-exempt hospitals are required to conduct community health needs assessments (CHNAs) regularly and adopt strategies that meet identified needs. CHNAs typically define health broadly, including upstream factors and access to healthcare. Oral health often emerges as a major community concern in CHNAs. However, deep dives into oral health are rarely included in CHNA processes given the historical separation of dentistry and physical, behavioral, social health. Cambridge Health Alliance (CHA), a safety-net healthcare system near Boston, MA, has undertaken an assessment focusing narrowly on the oral health of residents in two communities. A mixed-methods assessment was designed to capture perspectives of residents through surveys and focus groups. Target populations were informed by CHA emergency department utilization data for non-traumatic dental conditions. Data collection activities captured perceptions of oral health behaviors/beliefs and experiences accessing oral healthcare. Preliminary survey results, based on >600 responses, show that ≈50% reported they had ‘always’ or ‘often’ worried about oral/dental problems in the prior 6-months, nearly 25% reported their usual source of oral healthcare included an Emergency Department, and although COVID-19 was a frequent reason for not receiving care in the prior year, larger proportions cited a lack of coverage, high cost, or no regular provider. Given the diversity of respondents (≈50% identifying as non-European/White), analyses will focus on disparities/differences between sub-populations. Findings will be used to inform the

	allocation of oral health resources, design programming to meet identified needs, and frame the direction of oral health and primary care integration efforts.
10:30 AM - 12:00 PM	<p>Session 3033: Defining Holistic Health and Wellness Approaches for Our People I</p> <p>Title: How Tribal Indigenous Peoples Serving Organizations (TIPSOs) are Promoting Wellness through their COVID-19 Responses</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Oral</p> <p>Abstract: COVID-19 has amplified the persistence of racial inequities in communities. Tribal and indigenous peoples have been particularly burdened with disproportionately higher rates of infection, hospitalization, and death. It is paramount that COVID-19 responses in tribal and indigenous communities address health holistically with attention to physical, spiritual, emotional, cultural, and mental factors. Through the MA COVID-19 Community Grants Program, a program launched by the MA Department of Public Health in partnership with Health Resources in Action, funds and supports 76 community-based organizations, including Tribal and Indigenous People Serving Organizations (TIPSOs). This session will describe and explore the community-led and based approaches that TIPSOs use to reduce the impact of COVID-19 while holistically addressing the wellbeing of their tribal and indigenous communities. Two of the funded TIPSOs, The Herring Pond Wampanoag Tribe and the North American Indian Center of Boston, will share how they are weaving in spiritual care and promotion of self-care into their COVID-19 education and outreach responses. They will describe how they support and/or act as trusted community messengers to provide culturally and linguistically appropriate community outreach, communication and education about COVID-19, mitigation, and vaccines, and gather information from their communities to help inform state strategies. Their strategies have included promoting culturally appropriate wellness messages via social media campaigns and making COVID-19 and vaccine information available at community and tribal events.</p>
10:30 AM - 12:00 PM	<p>Session 3062: Understanding Inequities and Increased Risk for Morbidity & Mortality of COVID-19</p> <p>Title: A Framework and Promising Strategies that Center Equity in COVID-19 Response Efforts: Results from a National Landscape Scan</p> <p>Presenter: Georgia Health Policy Center</p> <p>Session Format: Oral</p> <p>Abstract: The COVID-19 pandemic broadcast a global floodlight on historic and existing health inequities. Populations already marginalized suffer(ed) from disproportionate risks of contracting and dying from COVID, among other impacts due to pre-existing inequities, misinformation campaigns, and longstanding mistrust of societal institutions by the Black community.</p>

	<p>Government at all levels scrambled to identify and implement measures to prevent and mitigate the pandemic, and its companion challenges in a rapidly changing environment. With pressure to act quickly, little was known about how to address disproportionate the confluence of the complex and interdependent challenges we faced as a nation during this time. The Georgia Department of Public Health with funding from the Centers for Disease Control and Prevention, engaged Georgia Health Policy Center (GHPC) to identify promising strategies centering equity in COVID-19 response efforts. In late 2021, GHPC conducted a rapid landscape scan of state approaches informed by or intended to address health equity in their COVID-19 mitigation and prevention response. The team searched the internet and academic journals using terms such as “health equity”, “COVID-19,” and “state policy,” specifically seeking references to prevention, testing, contact tracing, and vaccination. The team prioritized lessons from states with similar or overlapping demographic and political characteristics with Georgia (e.g., without Medicaid expansion, racially diverse, significant rural population), identifying over 400 individual references, which were further distilled to approximately 200 specific policies, practices, or programs. The team also identified organizations that might further understanding of specific COVID-19 policies and practices, conducting six interviews with staff at health departments in different regions of the U.S. These interviews clarified the context in which programs and policies were implemented and provided details that were not found in the literature. The GHPC team internally conducted three sense-making sessions to synthesize learnings, identify themes across them, and determine whether a framework for this overall strategy could be developed from these themes. The team tagged and grouped these references in a spreadsheet that will become a tagged and searchable annotated bibliography. This proposed session will share scan results, including the framework, representative strategies for the framework domains, and recommended approaches to operationalize the framework.</p>
10:30 AM - 12:00 PM	<p>Session 3078: Disaster Response and Emergency Preparedness</p> <p>Title: What about Equity: Crisis Standards of Care (CSC) Guidance</p> <p>Presenter: Kansas Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Elevating voices of community stakeholders in the development of the Kansas’ 2022 Crisis Standards of Care Guidance Document for hospitals was critical to bringing equity lens to its implementation. The guidance document provides medical providers with a framework (guidelines) for the fair allocation of scarce medical resources during emergencies. Between February and June 2022, a Community Advisory Board (CAB) of approximately 15 consumer advocates and advocacy organizations and a Technical Advisory Panel (TAP) of approximately 24 providers and academics collaborated to develop new guidance using lessons learned from COVID-19, especially those related to equity. Complementing this process, focus group and interview research with approximately 45 participants were conducted to further inform Crisis Standards of Care guidance development. Methods: Development of Crisis Standards of Care guidance utilized a community participatory research</p>

	<p>model with CAB, TAP, and CAB-informed focus group and interview research. Participants included consumers identified by CAB as being at a higher risk for poor health as a result of the barriers they experience due to social, economic, political and environmental resources as well as limitations due to illness or disability. Focus groups were also conducted with consumer advocates and providers that work with this population. The central question asked was what concerns and considerations do these stakeholders have around the allocation of medical resources when Crisis Standards of Care guidance is being implemented, with a focus on equitable and fair distribution of resources. Transcripts were analyzed using an iterative open-coding approach. Results of these focus groups were then summarized and presented to CAB and TAP. Results/Outcomes: CAB and TAP received results of the focus group and interviews to inform the development of their recommendations for the Crisis Standards of Care Guidance Document. The results of focus groups as well as CAB and TAP's equity recommendations were then discussed and incorporated into the guidelines as possible. This approach involved iterative discussion and review of draft language by CAB and TAP members. Conclusion: Community engagement was crucial to the development of the 2022 Kansas Crisis Standards of Care Guidance Document. The community participatory model used for this process can provide an equity-centered framework for future planning around Crisis Standards of Care in Kansas and in other states including lessons learned related to best practices around elevating voices of consumers and consumer advocates in the development of the Crisis Standards of Care guidance.</p>
10:30 AM – 12:00 PM	<p>Session 3063: CHW Core Competency Education and Training</p> <p>Title: Rural, urban to frontier communities – community health worker core skills training the differences that connect us</p> <p>Presenter: MCD Global Health</p> <p>Session Format: Oral</p> <p>Abstract: Core competency training is essential to teach and provide interactive skill-building for CHWs to be supported, equipped, and effective in their work and role. Before the COVID-19 pandemic, most if not all CHW core competency training programs were in person. This was not possible during COVID-19, precisely when the needs of hard-hit communities were critical. Medical Care Development developed a hybrid virtual CHW core competency training program to safely train more people to enter this workforce. The hybrid format allows a group of learners to build their foundation of knowledge individually and then come together to practice skills with a cohort of experts and peers from diverse backgrounds. An integral part of the course development and delivery includes the involvement of CHW trainers and CHW advisors from around the country. As part of the initial design process, 550 CHWs representing over 40 U.S. states responded to a survey to better understand the challenges they encounter working in their communities and the training needs and skills they seek to address these challenges. Survey data revealed that these challenges are shared across rural, urban, and frontier communities, with some locations experiencing different intensity levels due to varying factors. The ability to include a wide range of training participants throughout the U.S. in a hybrid virtual CHW core</p>

	<p>competency training model supports a deeper understanding of shared challenges. In this session, you will hear from trainers and CHWs from two different organizations, Medical Care Development, a public health institute in rural Maine, and Sinai Urban Health Institute, a nationally-recognized community research and workforce development center. Each will share training experiences in their respective programs and the common threads they found working, advising, and serving as faculty together in a virtual CHW training environment. CHWs will offer their perspective on the learning process and how skill-building supports their ability to work in communities facing many challenges. Those challenges may include COVID-19, vaccine hesitancy, geographic and social isolation, homelessness, substance use disorder, chronic disease management, immigrant and refugee health, barriers to health care and social supports, and the growing use of telehealth and digital technology, to name a few. The presentation will share how a collaborative approach developed widely accessible and comprehensive CHW workforce training resources. The training evaluation results will be shared to understand how a virtual interactive model worked for participants and how other programs can integrate virtual training resources into their programs.</p>
1:00 PM - 2:00 PM	<p>Session 3103: Medical Care, Disease Screening, Management, and Treatment</p> <p>Title: Perception of the Alzheimer’s Association Dementia Care Coordination Program among referring providers and specific benefits to organizations without a dedicated care coordination team</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Poster</p> <p>Abstract: In 2018, the Alzheimer’s Association Massachusetts/New Hampshire Chapter was funded by the Merck Foundation to enhance their Dementia Care Coordination (DCC) program by expanding partnerships with health care providers and/or payers and improving reach to underserved patients and caregivers. Description: The DCC program has fostered partnerships with clinical providers and healthcare insurers across New England to support the non-clinical needs of persons living with dementia (PLWD) and their caregivers. Providers refer caregivers to DCC to participate in care consultation and follow-up with DCC Memory Care Specialists. Resulting individualized care consultation reports are then shared back with referring providers. A comprehensive mixed-methods evaluation, undertaken in collaboration with Health Resources in Action, has demonstrated numerous beneficial impacts to care practice among referring clinical partners. Lessons Learned: Qualitative and quantitative data suggest providers referring to DCC are highly satisfied with DCC and its benefits to patients. A majority indicated the information shared in care consultation reports had improved their ability to serve patients and there was broad agreement among providers that DCC had positively impacted their practice and/or delivery of care to PLWD dementia and their caregivers. Satisfaction was particularly high among providers at organizations lacking in-house social worker support and/or dedicated care coordination staff. Implications: Provider feedback suggests the value of DCC extends beyond caregivers to include individual providers/practices</p>

	<p>and payers/insurers. There may be value in prioritizing or expanding partnerships with providers and sites that lack sufficient social work support to amplify program impact in patients and caregivers.</p>
1:00 PM - 2:00 PM	<p>Session 3112: Findings from Community-Engaged Public Health Programs and Research</p> <p>Title: Age-Friendly Fair Housing and CORIs Health Impact Assessment</p> <p>Presenter: Public Health Institute of Western Massachusetts</p> <p>Session Format: Poster</p> <p>Abstract: In 2019, the Public Health Institute of Western Massachusetts' (PHIWM) Age Friendly City housing assessment found that older Black men in Springfield who had a criminal record were not able to secure affordable housing because of Criminal Offender Record Information (CORI) checks. Description: PHIWM used the Health Impact Assessment methodology to explore how potential changes to housing providers' policies and practices might impact the health of members of our target population—older people with a CORI. This HIA was conducted in collaboration with an Advisory Committee made up of housing providers, organizations that represent community members with a criminal record who have been denied housing, legal advocates, law enforcement led-reentry organizations, and systems change advocates. We researched how six policies impact three social determinants of health: accessing affordable housing, keeping people from further involvement with the criminal legal system, and safety. Lessons Learned: The HIA resulted in 26 recommendations including best practices from literature, key informant interviews, and suggestions from people directly impacted. PHIWM and their partners concluded that while CORI policies are not the only cause of people with a criminal history having limited access to housing, they are a significant and recurring barrier. There is a significant opportunity for policymakers and housing providers to improve health and equity outcomes for those with criminal records. Recommendations: PHIWM will continue to disseminate the findings of the HIA to advocates, decision-makers, and elected officials to encourage implementation of the recommendations made.</p>
2:30 PM – 4:00 PM	<p>Session 3159: Approaches to Advance Racial Equity</p> <p>Title: Seizing the opportunity for equitable recovery through the American Rescue Plan Act (ARPA)</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Oral</p> <p>Abstract: The American Rescue Plan Act (ARPA) represents an opportunity and an imperative for local governments to intentionally engage with and invest in Black, Indigenous, and People of Color (BIPOC) communities and populations who, because of deliberate governmental and institutional policy decisions, are regularly harmed by and disenfranchised from government budgeting processes. ARPA funds can be truly transformational, both as a process to build community power, and</p>

	<p>because of investments that address community defined priorities and the social conditions that lead to opportunity or disadvantage. But cities need help to make this a reality. Institutional and cultural polices and engrained practices limit what is thought to be possible, even with an intention to push beyond what has normally been done. In this workshop and based on our experiences in Massachusetts, we will describe, discuss, and collectively identify solutions that: increase power for disenfranchised populations to decide how public resources get spent (not just provide input); and normalize actions that demonstrate how government can collaborate with residents who have been historically excluded. Session participants will gain ideas, skills, and examples to go back to their communities to:</p> <ul style="list-style-type: none"> • Describe ARPA and its opportunity for transformational change; amplify key messages related to ARPA and the requirement to embed equity in the process. • Identify examples from the field and brainstorm considerations to try on moving forward. • Apply tools and methods to disrupt traditional decision-making processes in government budgeting processes by advocating for community-led processes.
2:30 PM – 4:00 PM	<p>Session 3154: Applied Public Health Statistics Roundtable</p> <p>Title: “Quarantine exempt”: Impacts of pooled testing in Maine’s K-12 test-to-stay approach to COVID-19 prevention</p> <p>Presenter: MCD Global Health</p> <p>Session Format: Roundtable</p> <p>Abstract: The U.S. CDC recommends testing, vaccination, and masking to minimize COVID-19 spread, but few studies have tested their efficacy in public K–12 schools. During the fall of 2021, Maine schools implemented a SARS-CoV-2 pooled test-to-stay strategy amid unprecedented COVID-19 “Delta surge” infection rates. At this time, 189 of Maine’s 307 known public school administrative units (SAUs) and private school entities opted into pooled testing, which offered modified quarantine allowing pooled testing participants to remain in school if identified as close contacts. Maine Center for Disease Control (Maine CDC), in collaboration with Maine Department of Education (Maine DOE) and U.S. CDC, evaluated Maine’s SARS-CoV-2 pooled test-to-stay strategy on four outcomes: number of outbreaks, number of close contacts, hospitalization rates, and case rates in pooled testing and comparison SAUs. Data sources for the quasi-experimental design included Maine CDC case, close contact, immunization, and outbreaks reporting systems, Maine DOE attendance and demographic records, school-level positive case reporting forms, pooled testing records, and American Community Survey census data from 2019. During the baseline 2019 and 2020 school years, pooled testing schools had a more racially diverse population than the schools that did not opt into pooled testing. To address selection bias, we generated balanced treatment (n=120) and comparison (n=75) samples using inverse probability of treatment weighting on propensity scores. Weighting characteristics included vaccination rates, demographic and geographic characteristics, and masking and other district-level policies related to COVID-19 prevention. We then conducted a difference-in-difference of pooled versus non-pooled testing on the four outcomes. Our findings show that among SAUs with pooled testing, fewer close contacts had to quarantine from school compared to SAUs non-pooled</p>

	<p>testing. Additionally, insignificant differences in COVID-19 case rates, hospitalization rates, and outbreaks suggest that the benefits of modified quarantine offset the risks. However, declines in disproportionately high non-White identifying incidence between baseline and endline were less in pooled testing schools than in non-pooled testing schools, and the observed COVID-19 mitigation strategies (vaccination, testing, and masking) were most influential among people who identified as White and who lived in rural/sparsely populated areas in Maine. Future school testing programs that build on this program's successes will need to address barriers to testing programs and other COVID-19 prevention strategies, particularly among populations disproportionately affected by healthcare access inequities, by investing more funds in staffing for public health, community outreach, and translation; by adequately estimating the level of burden and staffing needed for public health initiatives in underserved schools; or, by more strictly prescribing the way public health policies and funds are administered within SAUs.</p>
2:30 PM – 4:00 PM	<p>Session 3163: Research and evaluation, by and for the CHW Workforce</p> <p>Title: Methodological strategy for patient emergency management with chronic conditions led by Community Health Workers</p> <p>Presenter: Puerto Rico Public Health Trust</p> <p>Session Format: Oral</p> <p>Abstract: In September 2017, Puerto Rico was impacted by hurricanes Irma and Maria, causing approximately 4,645 deaths, with a significant power outage and water service problems. Many lives would have survived with Community Health Workers (CHWs) accompaniment and implementation of emergency plans for people with chronic conditions. The CHWs-Capacity Building Program, managed by the Puerto Rico Public Health Trust, has 20 CHWs embedded in four Federally Qualified Community Health Centers (FQCHC) and a community-based organization. CHWs have impacted over 600 patients with chronic conditions through individualized emergency plans teaching them to manage chronic disease before, during, and after an emergency, considering individual needs and restrictions. Therefore, they have the tools to minimize their vulnerabilities by considering the social determinants of health in collaboration with health centers, municipal offices, and social service organizations.</p> <p>Methods: These individualized emergency plans are implemented by CHWs in a participatory manner for HIV, cardiovascular disease, diabetes, and asthma patients. Questionnaires were conducted to identify community resources in an emergency using the ArcGIS geolocalization tool. This strategy facilitates evacuation maps from the patients' homes to the nearest shelter or health center. Results & CHW involvement/leadership: Over 600 patients with chronic conditions have been trained to prepare for eight (8) emergency scenarios, such as earthquakes, landslides, drought, floods, forest fires, tsunamis, hurricanes, and storms. The CHWs participated in the project's design, planning, and execution phase. CHWs coordinate and access specific services the patient needs in an emergency with health centers, among other entities, allowing for an integrated care plan during a crisis.</p>

2:30 PM – 4:00 PM	<p>Session 3199: Health Equity in Massachusetts – Lessons learned during the time of COVID</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Oral</p> <p>Abstract: This session will discuss how Massachusetts has been impacted by the COVID 19 pandemic and how diverse communities responded. How communities and the state understood the causes of health inequity prior to COVID-19 and how that impacted response to the pandemic is an issue brought to light during the pandemic period. The panel presenters will provide insights on the state and several communities' responses and how the local health equity landscape will have to change to meet ongoing and changing needs. The presentation will specifically discuss how the Massachusetts communities have faced health equity challenges during COVID-19 and how these communities consider services, programs and systems changes for such communities considering historical racism and bias. This session will also explore several core social determinants of health areas and how communities experienced them during the pandemic. This will include discussion on health care access, housing, food systems and specific population experiences. Lastly, the session panelists will also discuss the important role of social systems change strategies to advance health equity at the local level.</p>
2:30 PM – 4:00 PM	<p>Session 3200: Innovative Research/Practice Approaches in Public Health Communication</p> <p>Title: Bridging the Digital Divide in SNAP (Supplemental Nutrition Assistance Program) Ed Social Marketing</p> <p>Presenter: Public Health Management Corporation</p> <p>Session Format: Roundtable</p> <p>Abstract: The BeHealthyPA social marketing campaign promotes healthier eating and physical activity among Pennsylvania SNAP-recipients with geo-targeted advertisements for efficient budget use and transparency to funders. BeHealthyPA demonstrated innovative approaches to social marketing content creation, delivery, and evaluation to drive healthy behaviors. Methods. The campaign used A/B testing to steer messaging/imagery design choices. Social media metrics measured campaign reach. An online retrospective panel survey of 1,000+ SNAP-eligible adult Pennsylvanians measured BeHealthyPA's impact. Campaign delivery was concentrated in eight target counties which the survey oversampled. Survey questions assessed campaign recall aided by logos, healthy eating and physical activity behaviors, food resource management, and respondents' demographics. Results. BeHealthyPA reached 500,000+ Pennsylvanians. Survey results indicate campaign recall at about 36%. Preliminary data suggest recall was not higher in target counties. Preliminary analyses indicate respondents who recalled the campaign were more likely to report higher behavior change-readiness scale scores for fruit and vegetable consumption than respondents who did not. Additionally,</p>

	<p>preliminary findings show those who recalled the campaign reported more frequent walking than those who did not. Planned analyses will explore outcome variations by target versus non-target counties and demographics. Discussion. BeHealthyPA's evaluation results can support future campaigns among SNAP-eligible populations. Those who recalled the campaign consumed more fruits and vegetables and reported doing more physical activity; an indication BeHealthyPA was effective in promoting healthy behaviors among its target audience. Lessons from this campaign include developing marketing creative and survey design in tandem and assessing which survey questions best measure the desired behavior changes.</p>
2:30 PM – 4:00 PM	<p>Session 3173: Addressing Health Equity through Programs, Initiatives, and Policies to Create Healthier Communities</p> <p>Title: Equity in Action: Developing an Accountability Framework to Advance Health Equity</p> <p>Presenter: Georgia Health Policy Center</p> <p>Session Format: Oral</p> <p>Abstract: In response to structures that marginalize people of color, there is an urgent call to action for health research organizations to operationalize accountability mechanisms to eliminate health inequities. The Georgia Health Policy Center within Georgia State University responded to this call by implementing a pilot project to evaluate the commitment to health equity among project team members and develop an accountability framework to assess how projects advance health equity objectively. Baseline data was collected through an evaluation using a modified Equity Assessment Scorecard (Better Health Together, 2019) to determine the percentage of health equity practices currently operationalized within select project teams. The assessment evaluated four health equity domains, including (1) commitment to health equity, (2) equity in project design, (3) equity in human resources, and (4) equity in data. Using these data, the researchers developed six interactive and participatory sessions that utilized peer learning techniques to develop an accountability framework aligned with the four health equity domains. Throughout the sessions, additional data was collected to determine individualized areas of growth. We will share the learnings and reflections from a peer-learning approach to develop an accountability framework during this presentation. Participants will be able to reflect on their abilities within their organization to develop metrics of marked change toward operationalizing health equity. For health research organizations, it is important to address and establish accountability processes that facilitate committed and measurable action towards health equity. Organizational practices that evaluate mindset paired with the development of a customized health equity plan are better positioned for project and organizational level transformation generating measurable health equitable practices and outcomes.</p>
3:00 PM – 4:00 PM	<p>Session 3224ECP: Workforce transition including COVID-related issues</p> <p>Title: PHI-CDC Global Health Fellowship Program: Lessons Learned and Future Directions from the COVID Experience</p>

	<p>Presenter: Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: As the Covid pandemic took hold in early 2020 it required the Public Health Institute-Centers (PHI) for Disease Control (CDC) Global Health Fellows Program to address significant challenges to its program operations and the fellowship experience, including but not limited too immediate relocation of overseas fellows to the US, establishment of a virtual work environment, and reassignment of fellows to support the CDC pandemic response. Lessons learned from this experience provide insight into the role of fellows in an emergency and the flexibility needed to adapt to a global pandemic. The current Program is designed to provide new graduates of Schools of Public Health work in CDC Global Health Programs for up to a 3-year fellowship experience. Applicants are selected for a fellowship experience in one of six tracks: Epidemiology, Program Management, Monitoring and Evaluation, Surveillance, Strategic Information, and Global Health Security. As the program shifted direction due to Covid, CDC also provided a new opportunity for the program to increase the number fellowship slots, implement a tailored effort to increase diversity of the fellowship pool with recruitment in Minority Serving Institutions, diversify the academic requirements, and the support the development of a pilot leadership training program for new Fellows. This effort along with understanding the operation and personal challenges faced by fellows will be explored. The session will engage attendees in a discussion of the importance of fellowship programs in building a cadre of diverse young leaders to serve in global health and the opportunities and challenges for early-career professional to explore global health as a career.</p>
3:00 PM – 4:00 PM	<p>Session 3229: Disaster Response and Emergency Preparedness</p> <p>Title: Using a Community Assessment of Public Health Emergency Response Survey for Assessing Emergency Preparedness of Households in Puerto Rico, November 2020</p> <p>Presenter: Puerto Rico Public Health Trust</p> <p>Session Format: Oral</p> <p>Abstract: Assessing household all-hazards preparedness for emergencies and disasters is paramount in jurisdictions of the United States where disasters occur more frequently or cyclically. We assessed household emergency preparedness in Puerto Rico during the COVID-19 pandemic, with a goal to identify gaps in emergency preparedness and improve disaster planning. Methods: We used survey-weighted descriptive statistics (i.e., frequencies and proportions) to assess and compare characteristics of households with and without household disaster preparedness emergency plans. The survey also looked at community use of protective actions and challenges faced by these same households to prepare for disasters. Survey-weighted chi-square tests were used to evaluate differences in household characteristics. Results: Responses were obtained from 1,158 of 1,617 households selected, a response rate of 72%. Island-wide, about</p>

	<p>half of households (51%) reported having a family emergency plan. Of those with an emergency plan, their plan included designated meeting places (75%), evacuation routes (74%), and having an emergency backpack ready with recommended essential supplies (72%). As for barriers, 38% of all households reported having a household member with a chronic medical condition, and 26% with a diagnosed mental health condition. When applicable, only 29% reported having a plan for evacuating a bedridden household member. Conclusions: Results highlight the need for more research and understanding of challenges or barriers for taking protective action and to increase all-hazards planning for emergency and disasters, particularly for those with health conditions or disabilities. Disclaimer: The findings and conclusions in this presentation have not been formally disseminated by the Agency for Toxic Substances and Disease Registry and should not be construed to represent any agency determination or policy.</p>
4:30 PM – 6:00 PM	<p>Session 3246: Tobacco Oral #3 – Tobacco control policy initiatives in states</p> <p>Title: A pro-equity approach to tobacco control enforcement: Transitioning from police to public health enforcement of commercial tobacco control laws</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Oral</p> <p>Abstract: In summer 2020, APHA's Alcohol, Tobacco, and Other Drugs Section issued a statement calling for the removal of police from commercial tobacco control enforcement to ensure that enforcement strategies do not undermine broader health equity goals. This is the first research to examine the strengths and challenges of public health- versus police-led enforcement models. Methods: We conducted semi-structured interviews with agencies responsible for enforcing tobacco control laws in major US cities (n=22 individuals from 22 cities). Interviews lasted 60-90 minutes and were conducted via Zoom. Recordings were transcribed verbatim, double-coded using open and axial coding, and thematically analyzed. Results: Key strengths of public health-led models included more in-depth knowledge of tobacco products and policies, greater focus on retailer education over punishment, and greater ability to develop trusting relationships with tobacco retailers, particularly in communities of color. Perceived challenges to public health-led models included resource constraints in public health departments and concern that public health involvement in enforcement could damage relationships with community. The most common concerns about eliminating police involvement in enforcement were the safety of youth decoys during sting operations and the possibility that tobacco retailers will not respect or comply with public health-led enforcement. Conclusion: In addition to reducing interactions between police and communities of color, findings suggest that public health-led enforcement models may advance tobacco-related public health goals by shifting focus from punishment to prevention. Local efforts to transition to public health-led enforcement models will need to address concerns about youth safety and retailer compliance.</p>

Tuesday, November 8, 2022

8:30 AM – 10:00 AM

Session 4022: [Leveraging Financial Tools to Address Health](#)Title: [Innovative financing for health equity: Opportunity analysis by social determinate of health](#)

Presenter: Georgia Health Policy Center

Session Format: Oral

Abstract: Trillions of dollars in federal funds are flowing to states and communities across the country through the American Rescue Plan Act (ARPA). Designed to bolster public health capacity, stimulate economic recovery, and reduce inequities, these funds offer an unprecedented opportunity to invest in transformative change. Objectives The purpose of this presentation is present a synthesis of the legislation from the bill itself, federal department websites, grants.gov, and other third-party resources to provide a cross-sector demonstration of opportunities for promoting equitable, healthy communities in ARPA. Methods Data were collected by (1) reading and recording each section of ARPA, (2) visiting corresponding U.S. government websites to obtain additional information concerning the administration of ARPA funds, (3) searching for ARPA related grants on grants.gov, and (4) visiting websites and examine information displayed by other organizations that specialize in policy and government affairs to obtain additional information about how ARPA funds are used and allocate. Each line of legislation was coded for corresponding social determinants of health, as defined by Healthy People 2030, and other key themes. Results Researchers created filterable maps and tables that interested parties can use to identify funding opportunities that can be leveraged to promote equitable health in state and local communities. Nearly \$1.7 trillion of \$1.9 trillion ARPA funds were tracked and coded in the following ways · \$1.247 trillion for economic stability across six federal departments · \$482 billion for neighborhood and built environment across eight federal departments · \$182 billion for education access and quality across four federal departments · \$126 billion for health care access and quality across four federal departments · \$19 billion for social and community context across four federal departments Conclusion(s) When categorized according to social determinants of health, opportunities to leverage ARPA funds across federal department silos become more readily identifiable. Such an analysis can be used to help bolster cross-sector aligning efforts that seek to increase health equity in their states and local communities. Public health implications Coding legislation appropriations according to social determinants of health presents a new way of thinking about policy as a vehicle for increasing health equity.

10:30 AM – 11:30 AM	<p>Session 4073: Breastfeeding Poster Session</p> <p>Title: Evaluation of a Community-based Breastfeeding Pilot Program in Pennsylvania</p> <p>Presenter: Public Health Management Corporation</p> <p>Session Format: Poster</p> <p>Abstract: Launched in 2020, the BEST Plus program aims to increase provider knowledge of the benefits of breastfeeding and ways to support breastfeeding parents; implement sustainable breastfeeding best practices and policies; and increase breastfeeding initiation, duration and exclusivity in regions with low rates of breastfeeding. Methods: Fourteen practices participated in the pilot program over eight months. At the start and end of the project, the breastfeeding champion at each practice completed the Step Completion Checklist to assess progress towards becoming breastfeeding-friendly and pulled patient charts monthly to estimate breastfeeding rates. Staff at practices are offered training on how to support breastfeeding patients and develop supportive office policies. Results: Five practices achieved all ten Steps, achieving breastfeeding-friendly designation; those who did not may continue working towards this goal. Staff knowledge of best practices and readiness to support breastfeeding patients increased. Results varied at each practice. Exclusive breastfeeding across all patient chart pulls rose 10% and 13% for 2-month-olds. Rates of no breastfeeding declined 10% for 2-month-olds and 16% for 6-month-olds. Step achievements did not predict breastfeeding rates. Conclusions: Post-partum continuity of care impacts access to breastfeeding. Additional time and training are needed to sustain and continue policy and practice improvements. Examining more chart and patient demographic data will help identify disparities in the program's impact.</p>
10:30 AM – 12:00 PM	<p>Session 4127: Farm to Early Care - A Cross-Sector Solution to Improve Food Access and Health Behavior</p> <p>Title: Digging deeper, growing farm to early care and education participation in Maine.</p> <p>Presenter: MCD Global Health</p> <p>Session Format: Oral</p> <p>Abstract: Introduction. Birth to 5 years is a key stage in a child's physical development and adoption of lifelong habits. Early care and education (ECE) programs provide important opportunities for young children to learn about, explore, and eat nutritious foods. Farm to ECE strategies link programs to food producers to support nutrition, education, and awareness of healthy local foods for children and families. Approach. In 2019, Medical Care Development (MCD) convened cross sector partners in state government, food insecurity, public health, and farm to institution organizations to develop a five-year plan to guide implementation of Farm to ECE in Maine. The group created a 3-part strategy: 1) engage providers</p>

	<p>in learning collaboratives to test concepts real-time; 2) seek input from providers and food producers on facilitators and barriers; 3) develop a plan for spread across the state. Results. In 2020, MCD's Healthy Kids, Healthy Future initiative conducted a three-month online Farm to ECE collaborative with 41 providers. The learning collaborative findings showed positive changes in each participant's program and identified needs in procurement practices. In focus groups, providers reported barriers in accessing, paying for, and preparing local foods. Food producers shared barriers in distribution, processing, and unknown yields or prices. Maine's rural setting creates food procurement and delivery challenges for both place-bound groups. A second pilot on promoting access to the community-supported agriculture model is underway. Discussion. The farm to ECE strategies in Maine showed stakeholder interest and identified barriers, program improvements, and the opportunity for spread in a rural state.</p>
1:00 PM – 2:00 PM	<p>Session 4169: Other Drugs Poster #6 – Treatment and Recovery: Novel approaches, promising outcomes</p> <p>Title: How do Sober Living House factors and their neighborhoods predict 12-month recovery outcomes?</p> <p>Presenter: Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Sober living houses (SLHs) are abstinence-based environments designed for individuals in recovery to live with others in recovery. Research shows that SLHs help some individuals maintain recovery, and that certain SLH-related factors may be particularly protective. Here we assess how SLH neighborhood and housing characteristics are related to abstinence and psychiatric symptoms over time. METHODS: Baseline, 6-month, and 12-month data were collected from 557 individuals living in SLHs. Multilevel mixed models were used to test associations between neighborhood- and house-level exposures and individual-level percent days abstinent (PDA) and psychiatric symptoms (measured with the Psychiatric Diagnostic Screening Questionnaire) as outcomes. Final models adjusted for individual-level sex, age, and race/ethnicity; neighborhood-level factors; house-level architecture and environmental characteristics; and measures of resident involvement, practical orientation, and perceptions of support in the SLH. RESULTS: Neighborhood-level density of alcohol outlets within a half-mile was negatively related to PDA ($P < 0.05$). Neighborhood walkability and availability of self-help groups within one mile were positively related to PDA and negatively related to psychiatric symptoms ($P_s < 0.05$). For house-level factors, higher perceptions of support from other SLH residents and spatial layouts that facilitated social interaction were related to fewer psychiatric symptoms, whereas greater scores on SLH's personal or residence identity were related to more psychiatric symptoms ($P_s < 0.05$). No house-level factor was significantly related to PDA. CONCLUSIONS: Results show that neighborhood-level factors like walkability and availability of self-help groups may be particularly protective for individuals living in SLHs. House-level factors related to social support might also protect against psychiatric symptoms.</p>

1:00 PM – 2:00 PM	<p>Session 4169: Other Drugs Poster #6 – Treatment and Recovery: Novel approaches, promising outcomes</p> <p>Title: Giving and Receiving Help at One-Month Follow-up Among Sober Living House Residents</p> <p>Presenter: Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: For people in recovery from alcohol and drugs, sober living houses (SLHs) offer an abstinence-based environment with others in recovery. Research on AA has shown helping behaviors were associated with improved outcomes. Helping behaviors may also be important for residents of SLHs. METHODS: We used observational data from an ongoing longitudinal study of SLHs to look at 80 new residents at baseline and one-month follow-up. The sample was predominately male (71%), had a mean age of 38.2 years, and 42% self-identified as nonwhite. GEE models were used to examine the associations between helping behaviors on the dimensions of giving and receiving help in three social contexts (general, SLH, and AA), AA involvement, leaving the SLH, and alcohol severity. RESULTS: Residents who gave and received more general help were more likely to stay at the SLH. Giving general help and AA involvement were associated with giving help at the SLH. AA involvement was also associated with receiving help at the SLH. Having a sponsor was associated with giving help at the SLH. AA meeting attendance was associated with all types of helping, except giving help at the SLH. People receiving help at 12-step were more likely to report higher drug and alcohol severity. CONCLUSIONS: While getting settled in the SLH in their first month, residents may benefit more from helping behaviors outside of the SLH and greater AA involvement. Helping in other contexts may facilitate helping in the SLH, and future analyses will examine whether this is related to 6-month substance use outcomes.</p>
1:00 PM – 2:00 PM	<p>Session 4170: Tobacco Control Posters #4</p> <p>Title: The Pennsylvania Free Quitline: A healthy equity tool for tobacco prevention and control</p> <p>Presenter: Public Health Management Corporation</p> <p>Session Format: Poster</p> <p>Abstract: Tobacco use and nicotine dependence is higher among certain demographic groups such as Veterans, Black Americans, people of low socioeconomic status, and LGBTQ individuals. In order to achieve health equity, the Centers for Disease Control have made eliminating these disparities within tobacco prevention and control a national focus. As a part of these efforts, The Pennsylvania Department of Health, Division of Tobacco Prevention and Control administers the Pennsylvania Free Quitline (Quitline). This service provides free telephone counseling to all tobacco users, and nicotine replacement therapy (NRT) to medically eligible adults. Methods: Intake data collected during 2020 were used to describe</p>

	<p>characteristics of tobacco users calling the Pennsylvania Quitline. Six-month follow-up data were used to calculate quit rates by service level and across demographic groups. Results: In 2020, the overall tobacco quit rate among callers was 31.7% and over 90% of Quitline callers made a quit attempt. Use of NRT and completing three or more counseling calls improved quit rates for all enrollees. Six-month quit rates for Hispanic, LGBTQ, Black individuals, and people with lower education levels were 37.2%, 33.6%, 30.6% and 31.7% respectively. No significant differences in quit rates were found between these disparate groups and their counterparts. Veterans and callers living with chronic diseases had significantly higher quit rates than their counterparts at 38.5% and 33.4%. Conclusions: Pennsylvania quit rates demonstrate that anyone can quit by utilizing the PA Free Quitline, even individuals within groups that have historically been heavily targeted by the tobacco industry and have higher than average rates of tobacco use. Offering free, accessible, comprehensive tobacco cessation services reduces tobacco-related disparities and advances efforts to achieve health equity.</p>
1:00 PM – 2:00 PM	<p>Session 4171: Tobacco Control Posters #5</p> <p>Title: Persistence Pays? A snapshot of quit attempts in the Pennsylvania Free Quitline</p> <p>Presenter: Public Health Management Corporation</p> <p>Session Format: Poster</p> <p>Abstract: Nearly two decades of research has upheld that roughly six self-assessed quit attempts are needed to successfully quit tobacco. Newer research estimates that it can take closer to thirty attempts before success. Because existing research about quit rates and eventual quit success is aimed at the general smoking population, more research should be conducted focusing on populations utilizing cessation services like Quitlines to achieve tobacco abstinence. Methods: Intake data collected during calendar year 2020 were used to capture previous quit attempts of tobacco users calling the Pennsylvania Quitline. Participants were asked to recall how many times they attempted to quit. Enrolling in the Quitline was also counted as a quit attempt. Six-month follow-up data were used to determine if these callers successfully quit. Callers were divided into two groups: those who had four or fewer quit attempts, and those who had five or more quit attempts. Results: Of callers who answered how many quit attempts they had and who successfully quit at six-month follow-up, 65.5% (n=660) had four or fewer quit attempts. Nearly two-thirds of Quitline callers were able to successfully quit tobacco in at least two fewer attempts than the average population. Conclusions: Results suggest that Quitline enrollment correlates with fewer quit attempts needed before ultimate success. While preliminary investigation seems optimistic, future investigation is needed to confirm the statistical relevancy of these findings. Studies should look to compare quit attempt data between samples of smokers utilizing Quitline services and smokers not using Quitline or other cessation services.</p>

2:30 PM – 4:00 PM

Session 4195: [Alcohol Oral #1 – Insights on availability: Quantitative and qualitative policies limiting drinking locations and considerations for implementation](#)

Title: [Identifying policy levers with potential to reduce alcohol-related consequences closely following bouts of heavy episodic drinking \(HED\) and high intensity drinking \(HID\)](#)

Presenter: Public Health Institute

Session Format: Oral

Abstract: Increasing adult prevalence of drinking beyond the 5+ ‘binge’ threshold warrants closer public health attention. We investigated person- and event-level determinants of consequences following reports of HED (here 5-7 drinks) and high intensity drinking (HID; 8-11 and 12+ drinks), examining policy-relevant behaviors potentially related to extending bar closure times and drinks-to-go policies. Methods: Participants in a web panel survey of heavy drinking US adults aged 18-65 (n=756) reported past-year recent event-specific drinking at HED (5-7 drinks analytic n=502) and HID levels (8-11 n=276) and (12+ n=96) drinking. They also reported event characteristics, and number of consequences (8-item scale: hangovers, stomach complaints, sleep problems, arguments, fights, late to work, missing work, and interference with plans; $\alpha=.83$). Separate multiple OLS regression models for each of 3 drinking-ranges predicted number of consequences. Covariates were a) person-level (sex, age, education, marital status, race or ethnicity, a 6-item impulsivity scale; $\alpha=.86$), b) event-level characteristics (weekday/weekend, drinking rate, total intake), and c) two person-level policy-relevant behaviors (drinking after 2:00am, frequency of drinks-to-go purchase). Results: For HED (5-7 drinks) covariates, being a woman, younger age, more impulsive, with higher intake were significantly associated with consequences. For HID at the 8-11 drinks, only impulsivity elevated consequences; for 12+ drinks, being a woman and more impulsive were associated with consequences soon after the episodes. In all models, results for minoritized groups vs white people, did not differ. For the policy relevant behaviors in adjusted models, drinking after 2 am (rates 5.4%, 7.3% and 13.5% for 5-7, 8-11, 12+ drinks, respectively) was not significantly associated with consequences at any drinking level. However, consistently across all models, drinks-to-go frequency (means 8.6, 9.7, and 14.9 times/year, for 5-7, 8-11, and 12+ ranges, respectively) was highly associated with subsequent consequences ($t_s = 4.19$ to 7.94 ; $ps < .0001$). Discussion: While early-hours drinking, potentially related to later bar closures, did not predict consequences, conversely, frequency of purchasing drinks-to-go was strongly associated with consequences at all drinking intensities. Though inequities due to race or ethnicity were not observed, at 5-7 and 12+ drink levels women tended to have more consequences than men. Conclusions: Engaging in extreme drinking has critical public health implications that warrant policy attention. The strong findings linking frequency of drinks-to-go purchases to number of consequences after extreme drinking bouts lends evidence that could usefully support advocates’ ongoing efforts to urge state policymakers to rapidly rescind, or

	<p>sunset drinks-to-go legislation to protect public health.</p>
<p>2:30 PM – 4:00 PM</p>	<p>Session 4209: Advancing equity and addressing social determinants of health through community engagement</p> <p>Title: Strengthening community engagement strategies to address social determinants of health</p> <p>Presenter: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Community engagement is critical to advance health and racial equity in community-based public health. Since 2019, the Public Health Institute Center for Wellness and Nutrition (CWN) through funding from the Center for Disease Control and Prevention (CDC) offered training and technical assistance (TA) to CDC’s Racial and Ethnic Approaches to Community Health (REACH) grant recipients across the country to help organizations increase, expand, or deepen their community engagement (CE) efforts to advance local systems change. In 2019, CWN conducted baseline key informant interviews with the REACH recipients to measure their level of CE and identify priority focus areas before offering training and TA. In 2021, CWN conducted follow-up key informant interviews with recipients to identify progress with implementation of CE strategies and the facilitators and barriers to implementing their CE strategies. Methods Recipient organizations (n=8) that participated in baseline interviews and received high-touch training and TA from CWN (i.e., attended trainings and participated in 1:1 TA) were selected to participate in follow-up key informant interviews. In total, seven organizations participated in both baseline and follow-up interviews. Results At baseline, organizations did not report involving community residents in project decisions. However, at follow-up, six out of the seven organizations interviewed described co-creating solutions or involving community residents in the decision-making processes surrounding project implementation, resource development, and local systems change. Recipients also noted the benefits of the collaborative TA process. Conclusions As a result of CWN’s CE training and TA, REACH grant recipients reported including community residents throughout project planning and implementation. In addition, some</p>

	<p>organizations reported a shift in power whereby residents began leading local projects. Since community engagement efforts have been known to lead to sustainable and equitable programming, offering this model of collaborative training and TA to organizations should be replicated and scaled within the public health community for greater impact.</p>
2:30 PM – 4:00 PM	<p>Session 4211: Organizational efforts to advance health equity</p> <p>Title: Advancing equity in communities through multi-sector collaboratives: The role of local context and power dynamics</p> <p>Presenter: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Health-focused multi-sector collaboratives aim to establish equity-driven health networks within communities by convening diverse partners. Rather than operating unilaterally, however, an MSC's path towards equity is shaped by the local context and power dynamics of the community within which they develop. Objectives Thus, this study aims to understand how an MSC's development within an existing community affect its effectiveness, asking: how do local context and power dynamics influence a health-focused MSC's ability to make progress towards improved equity? Further, it aims to identify best practices for adapting to local contexts, confronting power dynamics, and promoting equity. Methods The study population includes 22 MSCs in Washington (n=9 MSCs, 383 participants) and California (n=13 MSCs, 259 participants). In addition to survey responses (n=596), interviews and focus groups were conducted with 57 MSC participants and 11 MSC meetings were observed. Survey data were analyzed using descriptive analysis in Excel. Qualitative data were analyzed using deductive thematic analysis in Dedoose. The Framework for Aligning Sectors guided qualitative codebook development. Results Based on quantitative and qualitative results, the factors of local context that most influenced an MSC's progress towards equity were its (1) ability to adapt to shifting public health emergencies (i.e., COVID-19, wildfires); (2) recognition of tribal sovereignty and inclusion of Native American communities; (3) ability to acknowledge and respond to systemic racism; and (4) ability to convene across the MSC's full geographic scale. For power dynamics, the most influential factors were (1) the MSC's commitment to diverse representation of community groups; (2) group capacity (e.g., staff, funding, etc.) to contribute to MSC work; and (3) the varying priorities of engaged partners (e.g., health care, public health, social services). Conclusions By highlighting local context and power dynamics, we capture a number of strategies for collaboration that show how MSCs can adapt to their surroundings to improve their chances of success. Attentiveness to local conditions, communities, and inequitable systems, as well as the way power is shared among groups, are instrumental in enabling MSCs to make progress towards equity. Public Health Implications Public health practitioners, funders, and policymakers are increasingly recognizing the value of collaborative initiatives that engage diverse partners, especially underserved and underrepresented communities. Robust, research-informed strategies for engaging such communities through comprehensive partnerships are valuable to public health planning and</p>

	implementation as institutions strive to incorporate equitable practices and mindsets into their work.
3:00 PM – 4:00 PM	<p>Session 4268: Innovative approaches to community design programming</p> <p>Title: Achu activity book series: From the children for the children</p> <p>Presenter: Puerto Rico Public Health Trust</p> <p>Session Format: Poster</p> <p>Abstract: The COVID-19 pandemic has disrupted the learning activities and exacerbated the disparities in education access for Puerto Rican children in underserved communities. We also observed a shortage of content for timely, accurate, culturally relevant, and engaging COVID-19 children. We aimed to fill this gap with the development of the Achú children's activity book series. Methods We have published four editions of Achú with the COVID-19 prevention and promotion theme. We created the last two editions considering the children's perspectives, knowledge, experiences, and concerns within two underserved Puerto Rican communities in the south and northeast. Achú's back to school (3rd edition) used the imagination and knowledge of the children from the El Rucio community in Peñuelas. Achú gets vaccinated (4th edition), we gathered input from the children of the Cacica Yuíza Elementary School in Loíza in the northeast of Puerto Rico. Results We made available printed and digital Achú books copies in Spanish and English. We also distributed over 25,000 printed copies of Achú's 3rd and 4th editions to schools, communities, organizations, and government agencies. The activity book and educational talks have impacted more than 40 municipalities. The book series has been highlighted in the Puerto Rican mainstream media. Conclusions Using the Achú book series, we emphasize the Public Health Trust's mission to seek solutions and carry out interventions guided by the community. We highlighted the importance of educational materials being created from the children's perspective for whom they are intended.</p>
3:00 PM – 4:00 PM	<p>Session 4268: Community Health Planning and Policy Development Poster Session 7</p> <p>Title: Evaluation of a county-integrated contact tracing support project in California</p> <p>Presenter: Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Contact tracing (CT) and case investigation (CI) efforts during the COVID-19 pandemic required agile and effective support. PHI created Tracing Health, a program designed to support pandemic response efforts through integration and partnership with counties, clinics, funders, and other partners. Tracing Health aimed to build trust in communities hardest hit by COVID-19 through creating a passionate, well-trained workforce representative of the community. The program's goals were to (1) maintain a remote CI/CT staff; (2) recruit and hire diverse staff, representative of the languages spoken in areas hardest hit by the COVID-19 pandemic; and (3)</p>

	<p>to seamlessly onboard and train staff for successful program entry. This evaluation sought to qualitatively assess the process and outcomes of Tracing Health’s operations in one California county. Four hundred thirty-nine (439) documents were reviewed, including meeting notes, protocols, checklists, and more. Key informant interviews were conducted with 25 individuals working with the program, including senior staff, CI/CT staff, and external partners. A focus group was conducted using a virtual conversation map. Data were coded for themes in Dedoose and assessed using framework analysis, allowing the evaluators to triangulate findings across interviewees and data sources. The evaluation assessed project goal attainment, identified lessons learned, and barriers and facilitators to inform future efforts. This project demonstrated how agile and effective support can be provided, even in the constantly evolving context of the COVID-19 pandemic. Tracing Health was successful in recruiting and effectively training a diverse staff that was 90% bilingual to provide critical support to the County, as well as other capacity including epidemiologists, resource coordinators, and team managers and supervisors. The Tracing Health resources increased capacity in a county experiencing high COVID-19 case burdens, both during surges and through recovery work done in slow periods when older open cases were contacted. Efforts could be improved by establishing clear roles and responsibilities at the outset, reducing administrative hurdles to allow the program to pivot quickly to address evolving needs, and providing early and consistent access to necessary resources, including data management systems and clear workflows. This evaluation provides valuable learnings to ongoing and future cross-sector collaborative efforts, offering guidance on project implementation. After this presentation participants will be able to describe at least two ways that the Tracing Health program succeeded in their goal of providing agile and effective CI/CT support, and two ways that the program could be improved.</p>
3:00 PM – 4:00 PM	<p>Session 4273: Health Equity and HIV</p> <p>Title: “Working Boys” – Digital Storytelling Intervention for Transmen in San Francisco and Alameda Counties, CA</p> <p>Presenter: Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Sex work is common among trans and gender non-binary youth. Many engage in survival sex work and report stigmatized experiences. To increase community-level awareness of substance use, HIV/STIs, and mental health issues among trans youth, the SHIFT project implemented a media campaign in 2021. Three young transmen participated in 6 group sessions to create digital storytelling videos, sharing their personal stories of being a transman of color engaging in sex work. The videos were presented at virtual showcase events and local CBOs. After the showcase events, community members and attendees discussed how to improve healthcare and other services for transmen. The COVID-19 pandemic made it difficult for the participants to attend the intervention sessions due to job loss and emotional distress. The Health Educator had tailored the sessions to meet each participant’s needs and provided peer support to complete</p>

	<p>the videos using Motivational Interviewing techniques. The videos revealed complex feelings around sex work and gender identity. Facilitating group digital storytelling sessions by the Health Educator from the targeted community significantly helped build a supportive and safe space for the participants to discuss their challenges and resilience to living as transmen. The digital storytelling intervention was a powerful tool to connect audiences to the topic, engage in reflection on their own lives, and encourage audiences to work with the trans community to improve human rights, health, and well-being. At the individual level, developing and sharing stories with others had created a healing and empowering process for the participants.</p>
4:30 PM – 6:00 PM	<p>Session 4305: Public Health Responses to Racism and Discrimination</p> <p>Title: Disrupting Structural Racism Through State and Community Partnerships</p> <p>Presenter: Health Resources in Action</p> <p>Session Format: Oral</p> <p>Abstract: Bold and explicit solutions to tackle the causes of inequities for communities of color are required. In Massachusetts, the Community Health and Healthy Aging Funds (the Funds) are committed to disrupting and removing barriers to health – structural racism, poverty, and deep power imbalances – through community-centered policy, systems, and environmental changes. How the Funds came to this statement of commitment and how it is implemented is the result of a three-year process of, 1. building political will, 2. developing trust to lead with a racial justice focus, and 3. enacting systems to navigate a complex mix of bureaucracy (the state health authority), community groups and advocates, and funders (health care). The first three years (2018-2020) of this initiative tells a story of persistence and a realistic experience of how to build a shared narrative around disrupting structural racism as a cause of health inequity. Background: The Massachusetts Determination of Need (DoN) regulation seeks to ensure equitable access to quality health care in the state. The DoN regulation further requires that health care systems promote the health of communities through monetary investments in community health initiatives. Implementation: The Massachusetts Department of Public Health (MDPH), which implements the DoN regulation, established the Funds as one way in which healthcare systems demonstrate their commitment to healthy communities. As a result, the Funds has become one of the largest health funders in the state and is operated through a unique public-private partnership between MDPH and a non-profit public health institute, Health Resources in Action (HRiA). Recognizing that core tenets of health equity practice include transparency, accountability and sharing of power, MDPH established advisory committees to guide the development of the Funds. Through an initial year-long process these committees grappled with developing a shared understanding of health and racial equity and developed the commitment</p>

to disrupt structural racism as a guiding principle. Outcomes: Community engagement, proposal development/review processes embedding racial equity principles resulting in \$15M invested in 32 organizations and 163 towns across Massachusetts to address systemic inequities through policy, systems, and environmental change approaches. Lessons Learned: The importance of: State health authorities building political will and leading with health and racial equity; Intentional group development to develop shared understanding of health and racial equity on advisory committees; Backbone organizations to manage difficult conversations and navigate the complexities of public/private partnerships; Longer-term funding (1-5 years) to demonstrate trust and commitment to sustainable change.

Wednesday, November 9, 2022

8:30 AM – 10:00 AM

Session 5002: [Alcohol Oral #2 – Improving alcohol-related outcomes by focusing on priority and often overlooked populations: What do the data say?](#)

Title: [Intersectional Disparities in Alcohol Treatment Completion: Results from US National Administrative Data](#)

Presenter: Public Health Institute

Session Format: Oral

Abstract: Excessive alcohol use is a leading cause of preventable death in the United States. Because completion of specialty alcohol treatment is associated with positive long-term outcomes, it is concerning that minoritized racial and ethnic groups and women generally have lower completion rates than White persons and men, respectively. Growing research on intersectionality and its public health implications suggest the need to assess previously unreported intersectional disparities in treatment completion. Method: Data are from SAMHSA's 2017 to 2019 Treatment Episode Dataset–Discharges and include adults ages 18+ who entered non-intensive outpatient treatment primarily for alcohol (n=595,092, 30.9% women, 63.8% White, 18.0% Black, 14.1% Hispanic/Latinx, 1.0% Asian/Pacific Islander, 3.2% American Indian/Alaskan Native (AIAN)). We approximate the Institute of Medicine's definition of healthcare disparities which considers only differences in need-for-treatment and patient preference to be a legitimate source of differences in completion. Using the rank-and-replace method (Cook et al., 2012), we created a counterfactual population for each race-by-sex group other than White men (referent) by replacing need-for-treatment (other drug use; age at first alcohol use; prior treatment; and frequency of use) with the distribution for White men, and leaving groups' original distributions for socioeconomic status, age, and treatment referral source. Logistic regression models were used. Disparities are the difference between the White men's unadjusted rate (61.4%) and need-adjusted rates. Results: There were significant intersectional disparities for alcohol treatment completion. Within all racial and ethnic groups, except AIAN, women had significantly lower completion rates. Compared to White men, disparities

	<p>were largest for Black and Hispanic/Latina women whose need-adjusted completion rates were 12.1 and 11.2 percentage points lower, respectively, followed by Black men (6.2), Asian women (4.6), Hispanic/Latino men (3.4) and White women (3.3). Unadjusted and need-adjusted rates were similar for all groups: Black men (54.9% and 55.2%), Black women (49.2% and 49.3%), Hispanic/Latino men (59.5% and 58.0%), Hispanic/Latina women (51.3% and 50.2%), Asian men (66.4% and 64.1%), Asian women (58.8% and 56.8%), AIAN men (65.2% and 65.3%), and AIAN women (63.2% and 63.4%). Conclusion: These race-by-gender disparities in completing specialty alcohol treatment are concerning, especially as our results suggest they are driven by factors other than need for treatment. Robust gender disparities within racial and ethnic groups underscore the need to consider special impediments to treatment completion experienced by all women. Future research should pinpoint explanatory factors to inform interventions, focusing on Black and Hispanic/Latina women who showed the greatest disparities.</p>
8:30 AM – 10:00 AM	<p>Session 5026: Partnerships for Improving Healthcare Services, Delivery, Outcomes Session 1</p> <p>Title: Drivers of systems change through partnership</p> <p>Presenter: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Solving big problems that require systems-level solutions starts with transforming fragmented systems into aligned systems. The primary objective of this presentation is to advance empirical understanding of how the internal working processes – or collaboration dynamics – in health-focused partnerships relate to their ability to create positive systems change that generates improved health outcomes. It asks: ‘How do partnerships create systems change?’ and ‘Which collaboration dynamics are most closely related to positive systems change?’ Research investigates how and the extent to which collaboration dynamics influence the outcome of positive systems change in one type of health-focused partnership, Accountable Communities of/for Health (ACH). The study population includes 22 ACHs in California and Washington and uses primary and secondary data including surveys (n=596), interviews (n=85), focus groups (n=6), meeting observations (n=12), documents (n=1,668), and demographic data. Quantitative data were analyzed using structural equation modeling. Qualitative data were analyzed using theory-testing process tracing. Overall, findings suggest that participant commitment, knowledge generation, and diverse community representation have the strongest positive influence on systems change, while a person’s formal education levels have the strongest negative influence on perceived systems change. This presentation will inform partnerships on effective approaches to generating positive systems change for improved healthcare services, delivery, and outcomes.</p>

12:30 PM – 2:00 PM

Session 5147: [Built Environment and Active Transportation to Enhance Physical Activity](#)

Title: [At the Intersection of Community Engagement and ROADS: Lessons learned from the research on Active Design in Springfield Collaborative Project](#)

Presenter: Public Health Institute of Western Massachusetts

Session Format: Oral

Abstract: Springfield MA adopted a Complete Streets (CS) policy in 2016, including a Complete Streets Implementation Guide identifying preferred corridor designs and resulting in significant CS work throughout the city. At the request of the LiveWell Springfield coalition, a dynamic partnership between research and community experts was formed to conduct a quasi-experimental, mixed-methods participatory study to evaluate the CS changes. Goals of the research were to conduct a rigorous assessment of impacts on aspects of community and individual health, including physical activity, while simultaneously using the research process to build community capacity. Methods: Research methods included data collection at matched-pair locations with and without CS improvements; ethnography to understand resident perspectives at community meetings; and participatory PhotoVOICE, in which community resident research participants took photographs of settings perceived to support, discourage, or otherwise impact the ability to walk, bike, and take transit. This allowed the exploration of community reactions, aspirations, and recommendations for future CS work. Results: A case example is presented involving the reconstruction of a large signalized six-way intersection (known as “Six Corners”) into a modern single-lane roundabout. The Six Corners neighborhood is economically and racially diverse, and there are many nearby destinations that generate pedestrian and bicycle trips. Preliminary PhotoVOICE findings following reconstruction has been rich and led to continued engagement with DPW staff on possible improvements and programmatic supports to improve acceptance and safe use of the roundabout. Preliminary findings included the need for pedestrian and driver education, accessibility improvements, and the need for ongoing maintenance and care. Conclusions: Participatory community-research partnerships are important to ensure research is conducted that contributes to the evidence base and supports local capacity building and efforts to improve community health. Key lessons include the importance of interdisciplinary collaboration; early, strong, and on-going community engagement; and the effectiveness of community-engaged research approaches like PhotoVOICE in gathering community feedback that can inform design and refinement of transportation projects.