



National Network
of Public Health Institutes™

NNPHI AND MEMBER PUBLIC HEALTH INSTITUTE SESSIONS AT THE 2023 APHA ANNUAL MEETING AND EXPO

Atlanta

November 12-15, 2023

Join the National Network of Public Health Institutes and its Member Institutes at this year's APHA Annual Meeting and Expo in Atlanta

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) 2023 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 2023 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 2023 please visit us:

- NNPHI: 730
- County Health Rankings & Roadmaps/ University of Wisconsin Population Health Institute: 607
- Georgia Health Policy Center: 419
- MCD Global Health: 615
- Michigan Public Health Institute: 630
- WVU Health Affairs Institute: 1536

NNPHI Facilitated Sessions and Events:

Thursday, November 9, 2023

8:00 AM – 5:00 PM

Session GF06: [Strengthening Communities, Social Connectedness and Mental Health](#)Title: [Indigenous public health leaders program: Reflections from the 2022 cohort](#)

Presenter/Author: National Network of Public Health Institutes

Session Format: Video

Abstract: The Indigenous Public Health Leaders (IPHL) program was piloted in 2022 with CDC funding, to grow and strengthen the AI/AN public health workforce. The inaugural cohort featured 50 individuals selected from across the United States, representing 42+ tribes. The program provided virtual and in-person training on key public health competencies while centering an Indigenous and decolonizing lens and invited Indigenous experts to discuss culturally relevant knowledge. Fellows connected across tribes and regions to share issues facing their communities, as well as resources. IPHL fully funded attendance to a national conference as well as additional funding for individual professional development opportunities, including attendance to trainings, hosting community events, amongst others. This film shares the perspectives of nine cohort members that are working to improve health across Indian country.

Monday, November 13, 2023

10:30 AM – 10:45 AM

Session 3147.0: [Public Health Leadership and Education Models](#)Title: [Building the capacity of public health practitioners to disseminate evaluation findings: An innovative multimodal educational approach implemented during the COVID-19 pandemic](#)

Presenter/Author: National Network of Public Health Institutes

Session Format: Oral

Abstract: The COVID-19 pandemic challenged public health practitioners with reduced health systems capacity, diversion of staffing and resources, loss of key partners, persistent health inequities, and data collection delays. These challenges hindered the dissemination of evaluation findings, which is necessary to build practice-based evidence and improve program implementation. The Centers for Disease Control and Prevention's Division for Heart Disease and Stroke Prevention (DHDSP) partnered with the National Network of Public Health Institutes to help public health practitioners overcome these challenges. We aimed to enhance public health practitioners' capacity to translate and disseminate their programmatic and evaluation findings by developing and

	implementing an innovative multimodal educational approach.
10:30 AM – 12:00 PM	<p>Session 3100.3: Early Successes and Emerging Lessons Learned from the Public Health Infrastructure Grant Project</p> <p>Presenter/Author: National Network of Public Health Institutes, Association of State and Territorial Health Officials and Public Health Accreditation Board</p> <p>Session Format: Oral</p> <p>Abstract: The Public Health Infrastructure Grant (PHIG) is a groundbreaking investment that supports critical public health infrastructure needs of health departments across the United States. CDC awarded \$3.84 billion through the OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant to help U.S. health departments promote and protect health in their communities. CDC expects to award more than \$4.5 billion over the 5-year grant period to create a stronger, more resilient public health system that is ready to face future health threats.</p> <p>CDC is funding 107 public health departments in all 50 states, Washington D.C., 8 territories/freely associated states, and 48 large localities. Additionally, three national organizations – the Association of State and Territorial Health Officials, the National Network of Public Health Institutes, and the Public Health Advisory Board – to provide training and technical assistance, evaluate the program, and facilitate coordination and communication across recipients and CDC.</p> <p>This session will feature health department staff and national organizations who will share early successes and emerging lessons learned from the first year of the project. These stories will focus on the three grant strategies: workforce, foundational capabilities, and data modernization and how the core principles of evidence-based planning and implementation, partnerships, and health equity are exemplified in this work.</p>
12:30 PM – 1:30 PM	<p>Session 3168.0: Promoting Change through Community-Based and Community-Engaged Research and Practice</p> <p>Title: Collaborating to advance vaccine equity: Co-creating a catalogue of promising practices with community-based organizations</p> <p>Presenter/Author: National Network of Public Health Institutes, Health Resources in Action and Spitfire Strategies</p> <p>Session Format: Poster</p> <p>Abstract: Community co-creation was key to reaching communities deeply hesitant about COVID19 vaccination. Five CBO partners on the Vaccine Equity Project and three coordinating organizations worked with more than 30 ethnic/racial/identity communities in more than 25 languages over the course of a year, creating more than 376 focused materials that were responsive to community needs. Lessons were learned that are useful for implementation by other community-based organizations. Gathering materials and implementation strategies across nuanced interventions into a format that is actionable and meaningful for other settings presents steep challenges, from a project management perspective.</p>



6:00 PM – 9:00 PM

NNPHI Member Reception

Join NNPHI and GHPC for a member reception on **Monday, November 13 at 6 PM** at the Georgia World Congress Center Room B401.

[RSVP here.](#)

Member Public Health Institute Facilitated Sessions and Events:

Thursday, November 9, 2023

12:15 PM – 12:30 PM

Session GF01: [COVID-19 Related topics](#)Title: [Radx up initiative: Overcoming the COVID-19 testing social and ethical challenges in underserved communities in loíza, Puerto Rico](#)

Presenter/Author: Puerto Rico Public Health Trust

Session Format: Video

Abstract: Loíza, located on the northeast coast of Puerto Rico, is a vulnerable, underserved municipality with a history of critical public health challenges. This municipality was particularly affected by the COVID-19 pandemic experiencing higher infection rates, hospitalizations, and mortality rates than other Archipelago cities. To understand and address the COVID-19 testing disparities and barriers to testing, we impacted the communities of La 23, Las Gardenias, El Ceiba, and Parcelas Suárez in Loíza to implement innovative testing strategies, community engagement, and outreach tactics to increase testing rates, contact tracing, and improve the availability of testing. Here, our short film portrays the social and ethical challenges that our RADxUP initiative went through to overcome the barriers to access to COVID-19 testing and implement preventive measures in the impacted communities. The initiative, following a bottom-up approach, involved partnerships between researchers, healthcare providers, community organizations, and local leaders to identify and overcome barriers to testing. We focused on the elderly (> 50), representing 66.5% of the impacted population, who are more susceptible to severe illness and complications from the virus. Our RADxUP initiative promoted equity in testing by ensuring that individuals at risk, regardless of background, had access to accurate and timely COVID-19 testing.

12:30 PM – 12:45 PM

Session GF04: [Health Promotion/Community Health and Advocacy](#)Title: [Visibilizing community health workers in clinical health centers and community organizations: The Puerto Rico experience](#)

Presenter/Author: Puerto Rico Public Health Trust

Session Format: Video

Abstract: In September 2017, a category five hurricane devastated Puerto Rico, causing over 4,645 deaths. For months, the population had to survive without essential services. People living with chronic diseases were affected the most. After conducting a rapid needs assessment in early 2018, it was recommended to develop a Community Health Workers (CHW) capacity building program to support chronic disease management and emergency preparedness for patients suffering these live threatening conditions. Medtronic Foundation supported this recommendation and CHWs were trained and inserted in the clinical teams of federally qualified health centers and community organizations. They accompanied and connected people living with chronic diseases to health and

social services programs to improve their quality of life. Another important aspect of the project was to develop an emergency preparedness plan specifically designed to educate the participants of the program on how to prepare for different emergencies, including the hurricane season. Furthermore, the plan was recorded in audio with the voices of CHWs and interpreted in sign language and audio description, making this information accessible for people with functional diversity. This short film features how CHWs accompanied to help them adhere to their treatments, connect with social services, and develop their emergency preparedness plans.

Sunday, November 12, 2023

1:00 PM – 2:00 PM

Session 2010.0: [Other Drugs Poster Session 1: Understanding Trends in Overdose in Select Populations](#)

Title: [Understanding the scope and severity of alcohol and drug harms to children](#)

Presenter/Author: Public Health Institute

Session Format: Poster

Abstract: Background: According to national prevalence data, a fifth of the population have had a parent with alcohol problems. Further, more than 2 million American children have lived with at least one parent who had a substance use disorder. A parent or other family members' alcohol or substance use can negatively impact children. We used qualitative data to investigate the short and long-term harms that children experience from a parent or other family members' alcohol or drug use.

Methods: Family members of individuals with substance use disorders (SUDs) from 5 different US cities were recruited to participate in 10 focus groups completed in summer 2022. We used thematic analysis to explore child harms from focus group participants who experienced harms as a child or directly witnessed such harms to children.

Results: Three themes of child harms emerged including acute effects, enduring effects, and parentification. Acute effects involved experiences of neglect such as lack of basic needs and emotional warmth. Enduring effects captured how these child harms can persist into adulthood affecting their own substance use and relationships as an adult. Parentification described the undue responsibility a child experiences (e.g., caring for siblings) because of a parent's alcohol or drug use. Altogether, these themes highlighted the severity and burden of harms children may experience from a parent or family member with a SUD.

Conclusions: Focus group data from people with relevant lived experiences identified important areas for further research including the severity and long-term burden of child harms. Findings are also essential for informing policies and programs to reduce child harms from a parent or family members' alcohol or drug use.

2:30 PM – 2:45 PM

Session 2053.0: [Building Capacity in the AA & NH/PI Communities](#)

	<p>Title: Community-defined evidence practices to improve mental health among Asian Americans and Native Hawaiians and Pacific islanders in California</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Background: Few evidence-based practices (EBP) address mental health for Asian American (AA) and Native Hawaiian and Pacific Islander (NHPI) communities. To address this service gap, California's Office of Health Equity funded seven AA and NHPI non-profit organizations to pilot community-defined evidence practices (CDEP) for mental health prevention and early intervention from 2016-2022. This study presents characteristics of who participated and benefits from CDEP participation.</p> <p>Methods: Six AA and NHPI-serving organizations, selected as implementation pilot projects, collected participant pre-/post-tests (n=909, 80% post-test). Descriptive and multivariate analyses examined program participation, cultural connectedness, and mental health status.</p> <p>Results: CDEPs included NHPI parent/caregiver workshops, Cambodian wellness program, Hmong elder support group, Hmong adult wellness activities, Korean/Vietnamese community health worker client navigation, and Southeast Asian youth case management. CDEP participants were majority women (69%) and adults ages 50-64 (41%). Among the 85% foreign-born participants, 24% were in refugee/temporary settlement, lived in the US for more than 11 years, and three-quarters spoke English with limited proficiency. Cultural connectedness was high at pre-test and increased at post-test. Over half of respondents reported improvements in mental health (54%), primarily participants who reported severe distress at pre-test. However, some participants remained the same (12%) or reported even higher distress at post-test (34%).</p> <p>Conclusion: Findings demonstrated the value of CDEP participation among AA and NHPI participants especially improving mental health and social and cultural connections. Satisfaction among participants for culturally and linguistically concordant programs was high with program benefits found especially among those less likely to access EBP services.</p>
2:30 PM – 2:45 PM	<p>Session 2042.0: Alcohol Oral Session 1: Deepening Our Understanding of Alcohol Use Disorders and Treatment</p> <p>Title: Using network analysis to reveal relationships between immediate consequences of binge drinking and past year alcohol use disorder domains</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Alcohol use disorders (AUD) remain a serious public health issue affecting heavy drinkers. Understanding patterns of acute and enduring consequences can inform intervention efforts. Using event-based data, we examine alcohol-related consequences immediately following heavy episodic</p>

	<p>drinking (HED) and compare these specific consequences to an individual's prior year endorsements in DSM-5 AUD domains.</p> <p>Recruited from an existing US web panel survey, adult participants reported a recent occasion of HED (here defined as 5-7 drinks; n=510), providing (1) eight acute consequences experienced after the HED episode (hangovers, stomach complaints, sleep problems, arguments, fights, late to work, missing work, and interference with plans; $\alpha=.83$); and (2) 12-month DSM-5 symptoms in 11 domains. Network analysis implemented in R examined network properties (network graph, centrality, and edge weights) of acute items and DSM-5 domains. Partial correlations between pairs of variables were estimated, controlling for all other model variables.</p> <p>Among HED episode consequences, late to or missing work, and heated arguments and physical fights, were closely related to each other, and to the DSM-5 domain of recurrent drinking in hazardous situations. Analyses also revealed associations between other consequences (e.g., stomach problems and hangovers) and AUD domains (e.g. work and family problems and giving up social/recreational opportunities due to drinking).</p> <p>Network analysis can help identify otherwise hidden relationships among variables, here acute HED consequences and wider AUD domains. Better understanding how consequences following binge drinking relate to AUD domains may help design specific intervention targets for heavy drinkers and aid in intervention evaluations.</p>
2.30 PM – 4:00 PM	<p>Session 2080.0: Latino Caucus Celebrates 50 Years-Pa'lante (For Latina/o/x Advancement, Networking, Training, and Education)</p> <p>Title: Puerto Rico public health trust: Initiatives, results and lessons learned from a Hispanic public health institute.</p> <p>Presenter/Author: Puerto Rico Public Health Trust</p> <p>Session Format: Roundtable</p> <p>Abstract: The Puerto Rico Public Health Trust (PRPHT), a Public Health Institute, was officially established in 2019. Since then, PRPHT has launched over 20 projects and initiatives in public health to promote evidence-based public health practices, increase access to health programs, promote developments that impact health outcomes and reduce inequalities in the communities of Puerto Rico. Our Mission is to serve as a trusted ally working with public and private partners to identify and execute community led, evidence-based solutions. Our values of collaboration, equity, excellence, inclusion, innovation, integrity, respect and social justice drive our work. Through a strong network of community leaders, we center the needs of our communities to increase health promotion and preparedness. We provide training and education for health professionals and community members and leaders to build capacity in chronic disease management, emergency and climate change preparedness, telehealth, community organizing, behavioral health and social determinants of health. During the past year, we trained 55 community health workers, reached over 25,000 individuals and completed 1,479 referrals to connect community members to social and health services. Furthermore, we developed an inclusive</p>

	<p>emergency preparedness plan for people living with chronic diseases and disabilities. We also implemented four ECHO Series using the "all teach all learn" approach and have reached over 294 participants to provide specialized training in the management of chronic diseases, use of telemedicine and substance abuse disorders to improve care in rural and vulnerable communities. Finally, this year we created a new division on Social Epidemiology to increase awareness and build capacity on equity and social determinants of health on Hispanic populations. In this discussion, we will focus on our experience implementing these projects and lessons learned to make resources more inclusive and culturally appropriate for Hispanic and vulnerable population.</p>
2:45 PM – 3:00 PM	<p>Session 2042.0: Alcohol Oral Session 1: Deepening Our Understanding of Alcohol Use Disorders and Treatment</p> <p>Title: Structural racism and black-white disparities in alcohol-related problems</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Background: Black individuals suffer disparately higher rates of consequences of alcohol-related problems than their White counterparts. Structural racism (SR) is likely an “upstream” cause of these disparities. Current research measures SR with single-indicator proxies, ignoring the multifaceted nature of SR. Thus, this study created a composite measure of Census tract SR (CTSR), assessed associations with alcohol-related problems, and compared associations between Black and White individuals.</p> <p>Methods: This analysis utilized data from 7,797 Black and White participants (52.0% female, mean age 48.3±0.3 years) from the 2019-2020 National Alcohol Survey (NAS). Alcohol-related problems included negative consequences of alcohol use (social problems; injuries/accidents; workplace, legal, and health consequences) and past 12-month alcohol dependence symptoms. SR indicators were pooled from census tract (CT)-level education, employment, health care, criminal justice, and housing public databases. When necessary, county-level data were used to produce stable estimates. NAS participants’ addresses were geocoded, and ArcGIS joined SR indicators to participants’ CTs. Non-normally distributed variables were log-transformed. Exploratory factor analysis (EFA) with oblique rotation identified clustering of indicators, and confirmatory factor analysis estimated model fit. Mixed-effects models with interaction terms for race regressed negative consequences and alcohol dependence symptoms on CTSR.</p> <p>Results: Geospatial data were available for 2,067 Black and 5,730 White participants from 6,796 CTs. The EFA revealed a four-factor structure from 14 indicators: 1) quality of primary care, 2) gaps in education and assets, 3) neighborhood segregation, and 4) institutional-level discrimination. In further analyses, we hypothesize all factors will be associated with health consequences and dependence symptoms, but factors 2 and 4 will be most strongly associated with negative social, work, and legal consequences.</p> <p>Conclusions: It is possible to calculate composite measures of SR and assess associations between these measures and alcohol-related consequences. Doing so begins to shift the narrative from documenting well-established disparities toward identifying equity-focused solutions.</p>

2:45 PM – 3:00 PM	<p>Session 2059.0: CHW Leadership in Evaluation of CHW Programs</p> <p>Title: Lessons learned through a participatory approach to piloting common indicators to advance evaluation of community health worker practice</p> <p>Presenter/Author: University of Wisconsin Population Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: This presentation provides an overview of a participatory process of piloting common indicators for evaluation of CHW programs, and identifies lessons learned and challenges encountered in this process. This work is part of the CHW Common Indicators (CI) Project, which promotes a set of evaluation concepts, indicators, and methods that can be used across CHW programs nationally. Through a participatory process including CHWs, CHW supervisors, and additional leaders in three programs in Arizona, Wisconsin, and Maryland, we collected common outcome indicator data from program participants, and common process indicator data from CHWs, CHW supervisors, and employers. This presentation focuses on our experiences in Wisconsin with the Great Rivers Hub. Lessons learned include the importance of using popular (people's) education philosophy and methods to balance power among a variety of stakeholders and to prioritize the knowledge, input, and leadership of CHWs. Our piloting work supported meaningful changes in program-level policies and practices, and informed the development of a guide to using the common indicators for CHW programs across the US and beyond. Key challenges in our process included time constraints and staff needs, and difficulties integrating new measures into program data collection workflows with program participants/clients, particularly in the context of exhaustion and burnout. Next steps include validating various common indicators through mixed quantitative and qualitative methods, and continuing to demonstrate the unique ability of CHW leaders to generate high quality research and evaluations, and thereby help protect the self-determination of the profession and achieve greater health equity.</p>
3:00 PM – 3:15 PM	<p>Session 2055.0: In-Depth Engagement with the Methods and Scholarship of Community-Based Participatory Research</p> <p>Title: Understanding academic and community perspectives to inform relationship and trust-building in community-engaged research spaces</p> <p>Presenter/Author: Georgia Health Policy Center</p> <p>Session Format: Oral</p> <p>Abstract: Issues: Engaging communities in research has been touted as an effective method for addressing racial and health disparities. Public health is moving from primarily collecting data from community members in the research process to involving community members in all phases of research. Strategies for engagement like community-based participatory research (CBPR) and action research have grown in prominence. Less is known about how individuals engaged in this space perceive their roles in research and how perceptions differ based on their roles and other dimensions.</p>

	<p>Description: To better understand community-engaged research, the project team incorporated three arms into the study: an umbrella review of literature, key informant interviews, and an environmental scan on the extent to which community-engaged strategies are used by public health institutes. This session focuses on key informant interviews with selected experts implementing community-engaged research. The research team conducted 14 semi-structured in-depth interviews with academics, practitioners, and community members with experience in community engaged and/or action research.</p> <p>Lessons Learned: Interview participants varied in their perceptions on their roles, responsibilities, and engagement in the research process across their diverse projects. Community members generally spoke positively about the experiences and their level of engagement in research and had few instances of recounting any challenges in the process, whereas academics spoke more to the barriers in being able to adequately engage communities in the research process.</p> <p>Recommendations: The differing perceptions between academics and community members in the research process can help inform community-engaged research practitioners on relationship and trust-building in these settings.</p>
3:00 PM – 4:00 PM	<p>Session 2117.0: Health Care for People with HIV Poster Session I</p> <p>Title: Multi-level correlates of long-acting injectable HIV treatment acceptability among a high need sample of persons living with HIV in the deep south</p> <p>Presenter/Author: Louisiana Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Background: Long-acting injectable (LAI) HIV treatment options are expected to be transformative, yet jurisdictions like the Baton Rouge (BR) area are not prepared for such modalities despite being highly impacted with over 5,000 persons living with HIV (PLWH). Studies are needed to advance understanding of LAI acceptability and delivery in the US South.</p> <p>Methods: Secondary data analysis examined LAI acceptability among a high need sample of PLWH (n=178) enrolled in a larger financial incentive study to improve HIV outcomes in BR. We conducted bivariate analyses to examine demographic, psychosocial, stigma, and HIV-related predictors and their likelihood of using LAI if it was demonstratively effective.</p> <p>Results: Majority of participants (45 years, SD 13) identified as Black (84.0%), cis-male (55.8%), and heterosexual (63%). More than half (59.5%) were likely to accept LAI, 32.6% were unlikely, and 7.9% were neutral. We found that younger participants (p=0.03) and employment (p<0.01) were more acceptable towards LAI.</p> <p>Participants with positive LAI acceptability also reported fair/poor quality of life (54.8%) (p=0.01) and higher stigma (23.3%) (p=0.05) compared to those unlikely or neutral to LAI. With regards to barriers to HIV services, participants were afraid to be seen at a clinic (44.2%) among those who were more acceptable to LAI.</p>

	<p>Conclusion: Most participants were accepting of LAI, with the highest levels of acceptability occurring amongst younger, employed participants. Healthcare providers should consider how barriers, specifically stigma, may impact implementation and influence which patient populations utilize LAI. By addressing these barriers, more patients may be likely to use LAI.</p>
3:00 PM – 4:00 PM	<p>Session 2127.0: Workforce Development in Behavioral Health Services</p> <p>Title: Addressing the behavioral health workforce shortage in Kansas: Demographics and solutions</p> <p>Presenter/Author: Kansas Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Research Objectives:</p> <ul style="list-style-type: none"> • To assess the current supply of the behavioral health workforce in Kansas, specifically focusing on the prescriber and non-prescriber workforce, and to identify potential strategies to address the shortages and meet the increasing demand. • To analyze the regulatory landscape, with a particular emphasis on independent practice clinicians. • To inform policymakers, health systems, and other stakeholders in developing effective strategies to address workforce shortages and improve access to behavioral health care services. <p>Study Design: Regulatory board workforce licensure data were examined for the number, area variations and aging of BH workforce in Kansas.</p> <p>Population: Three hundred psychiatrists that were physically located in Kansas and practice outpatient behavioral health and 1,141 licensed specialist clinical social workers (LSCSWs) that were physically located in Kansas and practicing at least 10 hours a week were included in this study.</p> <p>Principle Findings: Most psychiatrists and LSCSWs were located in urban areas. There was more than a five-fold difference for population per psychiatrist between urban/semi-urban and rural areas (7,614:1 vs. 42,022:1), and almost a three-fold difference for LSCSW (2,132:1 vs. 5,816:1).</p> <ul style="list-style-type: none"> • One-fourth (24.7 percent) of psychiatrists and one-fifth (20.9 percent) of LSCSWs were age 65 or older. National models predict a constricting workforce as retirees leaving the profession outpace new professionals entering the field. <p>Conclusions: The aging and geographically clustered BH workforce in Kansas highlights the need to innovate and prepare for future needs, especially in rural areas. Kansas is in a position to leverage existing training programs and workforce to meet current and future BH needs. Along with other states that have expanded their BH workforce, Kansas can track trends over time, examine and address barriers, and ensure that strategies to increase workforce are successful.</p>

	<p>Kansas has opportunities to increase the prescribing workforce, including growing professions of the other prescribing workforce, and the retention of psychiatric residents. Understanding and supporting the behavioral health pipelines through the “grow your own approach” also will have a positive impact on BH workforce growth. Policy makers cited workforce analysis when making health policy decisions that impact workforce, specifically increasing the prescribing workforce and supporting the BH pipeline.</p>
3:00 PM – 4:00 PM	<p>Session 2124.0: Epidemiology and Data Poster Session</p> <p>Title: I spy... a scammer?: Navigating ethical challenges when encountering eligibility fraud in qualitative research online</p> <p>Presenter/Author: Kansas Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Background: A novel recruitment challenge for qualitative research was identified during the 2022 holistic care coordination (HCC) evaluation in Kansas – addressing scammers. HCC is a patient-focused approach that considers the physical, emotional, and social aspects of a patient and their family when developing a healthcare plan. Research is vital to informing policy improvements for HCC but encountered interference from online scammers. Guidance on how to address this in qualitative research is limited. The researchers developed new protocols to navigate ethical challenges of screening and eliminating suspected scammers to protect authentic participants and safeguard research validity.</p> <p>Methodology: The study involved virtual focus groups with Kansas parents of children age 0-8 and pregnant individuals receiving HCC services in the past 12 months to understand their experiences with HCC. Those who participated in the study received incentives. All participants were screened in advance. Screening was paused and strengthened two-step screening protocols were developed and implemented to address suspicious behavior.</p> <p>Results and Conclusion: Strengthened screening protocols effectively removed ineligible participants for the study but may have also decreased engagement among eligible participants. Of the initial 418 responses, 45.3% were internationally based, primary from Nigeria (22.1%) and Kenya (6.2%). Only 15.1% of all respondents provided Kansas-based addresses. Following secondary screening, only 9 parents were eligible to participate in the study (2.1% of respondents). Online research can reduce burden of involvement for many participants, but researchers should watch for signs of eligibility fraud and adopt protocols to address emerging risks to human subjects and validity.</p>
3:00 PM – 3:15 PM	<p>Session 2132.0: Social Justice, Diversity, Equity, and Inclusion: Poster Session</p> <p>Title: Children’s vaccine education project: Using interactive activities to engage young children on COVID-19 and vaccines</p> <p>Presenter/Author: Public Health Management Corporation</p> <p>Session Format: Poster</p> <p>Abstract: Background: The Children’s Vaccine Education Project (CVEP) provides</p>

	<p>resources about COVID-19 and vaccines, STEM learning, and vaccine communication to school and community-based nurses. CVEP is developed by The Franklin Institute, managed by the National Nurse-Led Care Consortium, and evaluated by the Research & Evaluation Group at PHMC. This year, a cohort of 30 school and community-based nurses educated children ages 2-11 across ten states.</p> <p>Methods: CVEP nurses completed surveys evaluating preparedness, comfort, and satisfaction to address vaccine hesitancy. Educators and families completed optional surveys evaluating child engagement, enjoyment, and appropriateness. Hypotheses include:</p> <ul style="list-style-type: none"> • Most CVEP nurses will report “Agree” when asked about confidence to address vaccine hesitancy post-training and post-program (4-point Likert, “Disagree” - “Agree”). • Most CVEP nurses and educators will report that children were “Engaged” in each activity (4-point Likert, “Not Engaged” - “Engaged”). • Most educators will report that each activity was “Appropriate” for children (4-point Likert, “Not Appropriate” - “Appropriate”). <p>Results: Analysis of post-training surveys demonstrated that 71% (n=22) of nurses reported confidence addressing vaccine hesitancy. As of March 2023, nurses and educators (n=9) identified that children were “Engaged” in the activities, and educators (n=5) assessed that activities were “Appropriate.” Expected outcomes include most nurses and educators reporting high child engagement and educators reporting high activity appropriateness. CVEP aims to reach 2,400 children this year.</p> <p>Conclusions: Nurses demonstrated confidence to address vaccine hesitancy. CVEP aims to empower nurses to be community leaders in vaccine education. Expected outcomes will inform expansions of CVEP to engage children in STEM learning across various settings.</p>
3:15 PM – 3:30 PM	<p>Session 2070.0: Engaging Communities in Genomic Research and Practice</p> <p>Title: Advancing opportunities to engage underrepresented communities of color through community engagement in biomedical and health sciences research: A path towards health equity for biomedical and health sciences researchers and funders</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Previous research shows lack of inclusion of underrepresented communities of color within biomedical and health sciences research, specifically within genomics and single-cell biology, can increase racial health disparities and health inequities and impede the path toward creating the healthiest nation. This study addressed the need for including underrepresented communities of color within research by exploring the motivations, facilitators, and barriers behind conducting and funding biomedical and health sciences research that engages underrepresented communities of color. Guided by a mixed-methods design, this</p>

	<p>study collected quantitative data from 92 biomedical and health sciences researchers and funders through a web-based survey (February 2022-March 2022). Nineteen semi-structured interviews (March 2022-May 2022) were conducted with biomedical and health sciences researchers and funders to expand quantitative findings and explore views more deeply. Data were analyzed using descriptive, inferential, and predictive techniques and qualitative content analysis. Quantitative results showed more experienced community engaged researchers (more than 10 years of experience, n=40) were significantly ($p<0.00$) more likely to report using certain community engagement approaches than less experienced researchers (less than 10 years of experience, n=43). Qualitative results showed strategies for engaging underrepresented communities of color in biomedical and health sciences research were relationship-building between researchers and communities, valuing community experiences, and receiving support from funders and academia. Findings can inform biomedical and health sciences researchers and funders interested in engaging with communities and improving health equity by revealing the approaches, attitudes, and understandings necessary to do so and insights into how to support community engagement efforts.</p>
3:15 PM – 3:30 PM	<p>Session 2078.0: Technological Innovations and Solutions in Global and International Health</p> <p>Title: Common goals, different approaches: Lessons learned from the co-creation of telemedicine maternal health interventions in two rural areas of Honduras and Peru</p> <p>Presenter/Author: Health Resources in Action</p> <p>Session Format: Oral</p> <p>Abstract: CONTEXT: Timely antenatal care is critical to saving lives, but disparities exist in access. Telemedicine –using digital technologies to deliver health services– is a promising strategy to extend coverage of essential maternal health services in underserved communities. One-size-fits-all interventions developed through top-down approaches have limited effectiveness and sustainability. This abstract describes the use of participatory co-creation approaches to design and implement context-specific maternal health interventions in Honduras and Peru.</p> <p>METHODS: A tenet of co-creation is that intervention design and implementation be centered on users' experiences, needs, and environment. Consistent with co-creation principles, the interventions were developed in iterative phases: (1) engagement, (2) planning, (3) exploration, (4) implementation, and (5) monitoring and evaluation. During the engagement phase, a coordination team was conformed and approached multiple facilities to gauge interest. Once facilities were agreed-upon, the planning phase entailed periodic meetings with including providers, telemedicine staff, and administrators to conduct a situational assessment. During the exploration phase, models tailored to the context were co-developed for each site overall several rounds of feedback. Operating procedures were also co-developed, with clear roles and responsibilities, as well as a monitoring framework to ensure timely data collection and feedback loops. Prior to implementation, the models were broadly socialized with other providers and capacity building workshops were carried out.</p>

	<p>RESULTS: The process resulted in the co-creation of two distinct models. In the Peruvian Amazon, the model was provider-to-provider to allow for consultations between primary care providers and specialists in cases of risky pregnancies. In Honduras, a provider-to-client hybrid model was implemented to provide counseling by phone, coupled with in person blood pressure measurements by community health workers. Both models were launched in November 2022. To date, 25 provider-to-provider consultations were conducted in Peru and 29 women received teleconsultations in Honduras. In Honduras, 3 women with pregnancy-related hypertension were identified and referred for treatment. The models continue to be improved based on feedback.</p> <p>CONCLUSION AND DISCUSSION: Telemedicine is a promising strategy to improve maternal health outcomes, if adopted. Co-creation facilitates adoption and sustainability of such initiatives by ensuring relevance to the context and buy-in from key stakeholders.</p>
4:45 PM – 5:00 PM	<p>Session 2161.0: Health Administration and Preventative Public Health and Health Care Programs</p> <p>Title: The Pennsylvania rural health initiative: Supporting dental providers in addressing tobacco use</p> <p>Presenter/Author: Public Health Management Corporation</p> <p>Session Format: Oral</p> <p>Abstract: Background: Since 2020, the Pennsylvania Rural Health Initiative, a CDC-funded initiative supported by the Pennsylvania Department of Health, Tobacco Prevention and Control Program, has sought to increase access to and awareness of nicotine cessation services among rural Pennsylvanians by training dental providers to provide nicotine cessation counseling during patient encounters.</p> <p>Methods: Dental providers are encouraged to complete Integrating Nicotine Dependence Treatment with Oral Health (INDTOH) training to learn to provide and bill Medicaid for nicotine cessation counseling. INDTOH trainees are asked to complete a 6-month follow-up survey to determine potential barriers to implementation and support needed. So far, the survey has been sent to providers who were trained between July 2021 and June 2022. Fifty-four responses have been received.</p> <p>Results: Of respondents who had <i>not</i> implemented nicotine cessation counseling by 6-month follow-up (27%), the biggest barriers reported were lack of staff time to prescribe NRTs (46.7%) and to provide cessation counseling (40%) and lack of reimbursement for NRT (33.4%). When asked what types of technical assistance or training would increase ability to provide and bill for nicotine cessation counseling, consultation with office leadership to assist with billing (53.3%), training on pharmacotherapy interventions (53.3%), and effective nicotine cessation counseling (46.7%) were commonly selected.</p> <p>Conclusions: While most providers who participated in INDTOH training were able to successfully implement and bill for cessation services, approximately a quarter of providers faced hurdles. Additional technical assistance should be</p>

	provided in the months following the training to ease barriers to implementation.
5:00 PM – 6:00 PM	<p>Session 2205.0: Emerging Topics in Environmental Health II Poster Session</p> <p>Title: Achieving resilient communities – the role of participatory multilingual health education and communication for building farmworker resilience</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: The Achieving Resilient Communities (ARC) project is a collaborative effort of the Public Health Institute to make measurable improvements in community resilience to extreme heat, wildfire smoke and local climate impacts across California. In collaboration with community and farmworker-led organizations, the project has established a participatory multilingual health education and communication framework for action that prioritizes 1. Visioning 2. Power building 3. Resilience measuring and 4. Program and policy change.</p> <p>We will discuss specific examples of our community resilience planning efforts and participatory health education and communications that center the health and wellbeing of farmworker and other vulnerable populations to climate change. Project activities include a series of multilingual education workshops and videos created with farmworkers, and the improvement of Ventura County's emergency alert system for wildfire smoke to include audio messaging in Spanish, Mixteco and Zapoteco. This first-of-its-kind alert system is one of the only United States based systems that attempts to reach vulnerable populations who speak languages other than English and serves as an innovative model for how alert systems and emergency response communication can further be adapted to ensure linguistic access for all.</p> <p>Our project presents a strategy developed through collaborative partnership with frontline organizations, agencies, and health care partners to shift access to information and resources to build resilience and protect health across California.</p>
5:00 PM – 5:15 PM	<p>Session 2150.0: From Theory to Practice: Public Health Strategies to Inform Policy and Improve Health</p> <p>Title: Assessing advocacy that builds power through the American rescue plan act (ARPA)</p> <p>Presenter/Author: Health Resources in Action</p> <p>Session Format: Oral</p> <p>Abstract: The American Rescue Plan Act (ARPA) presents historic funding opportunities for communities across the nation to invest in upstream factors to ensure an equitable recovery from the COVID 19 pandemic. ARPA funds can be truly transformational, both as a process to build community power, and because of investments that address community defined priorities and the social conditions that lead to opportunity or disadvantage. In this session, public health institute Health Resources in Action (HRIA) reflects on learnings of inside/outside approaches with municipalities across Massachusetts working to</p>

advocate for community engaged decision-making processes and build community power in relation to ARPA allocations. Inside/outside strategies are based on an understanding of power dynamics within organizations and communities; they leverage the power of internal change agents and community partners in strategic ways to overcome entrenched practices that perpetuate inequity.

Session participants will gain insights to the facilitators and barriers to community-based approaches to municipal procurement and funding practices by:

- Describing local implementation strategies for ARPA and other federal funding and, their opportunity for transformational change; amplify key messages related to the role of public health organizations in policy advocacy for an equitable recovery.
- Identify examples of inside/outside approaches and their facilitators and barriers to disrupting traditional decision-making process in government budgeting.
- Assess advocacy efforts that build community power; describe lessons learned for equitable investment of federal funding through amplification of community voices and experiences.
- Brainstorm ways in which public health can collectively identify solutions and normalize actions that demonstrate how government can collaborate with residents who have been historically excluded.

Monday, November 13, 2023

8:30 AM – 8:45 AM

Session 3016.0: [Community Engagement and Evaluation of Chronic Disease Management](#)

Title: [Diabetes prevention programming after the COVID-19 pandemic: Evaluating access and implementation of virtual delivery models](#)

Presenter/Author: Public Health Management Corporation

Session Format: Oral

Abstract: Introduction: Since 2014, the Pennsylvania Department of Health has worked to expand access to the National DPP through facilitation of the Centers for Disease Control and Prevention's recognition process for providers, training, and technical assistance for program delivery. Research & Evaluation Group (R&E) at Public Health Management Corporation serves as the lead evaluator for the DPP initiative. COVID-19 provided many sites with the opportunity to start using virtual modalities of DPP implementation, including online, distance learning, and hybrid. The availability of virtual options presents a new lens to consider when evaluating program access.

Evidence and Theory: DPP is a CDC-recognized lifestyle change program focusing on healthy eating and physical activity. Research has shown that participation in the structured lifestyle-change program can cut prediabetic adults' risk of

	<p>developing type 2 diabetes by 58% (71% for people over 60 years old). Lifestyle Coaches are trained to use a CDC-evidence based curriculum and provide type 2 diabetes prevention interventions in the community. The Coach's ability to support participants and facilitate groups is correlated with individual program and participant success.</p> <p>Evaluation Plan: R&E used a mixed-methods approach to evaluate the current landscape of virtual access to DPP, including site activity reporting, interviews, and Geographic Information Systems (GIS) mapping. Statewide class tracking data was analyzed to demonstrate the impact of COVID-19 on overall access. Five key informant interviews were conducted with DPP providers to understand successes and challenges of adopting the HALT platform.</p> <p>Conclusions: From 2018 to 2022, the number of virtual DPP cohorts increased by 2600%, from 1 to 27. However, GIS analysis indicated there are still 21 underserved counties in Pennsylvania, and 7 do not have remote class options in a bordering county. Providers expressed overall satisfaction with the HALT platform despite some technology and recruitment challenges.</p> <p>Recommendations: Using mixed evaluation methods allowed for a robust understanding of the strengths and limitations of virtual access to DPP in Pennsylvania. As telehealth use is expected to increase, these methods can be used in program implementation efforts to help ensure virtual options are accessible to underserved populations.</p>
8:45 AM – 9:00 AM	<p>Session 3052.0: Innovative Technology-Based Interventions and Education</p> <p>Title: Designing an infographic webtool for public health communication</p> <p>Presenter/Author: Northwest Center for Public Health Practice</p> <p>Session Format: Oral</p> <p>Abstract: Communicating information to the public is an essential role for public health (PH). A widely used approach is through infographics—visual representations of information and data that convey clear messages in an engaging and comprehensible manner. However, we found no existing research that has examined the needs of PH practitioners when making infographics and no evidence of infographic tools created specifically for PH. The purpose of this study was to create and evaluate a novel PH informatics tool, Florence, to generate infographics for communicating information to the public. This user-centered design study included three phases: 1) an interview and survey with PH practitioners to assess needs when creating infographics; 2) application of assessment findings to create Florence, and 3) a study to evaluate the feasibility and usability of Florence. Study duration was August 2020-March 2022. Recruitment used convenience and snowball sampling to identify PH practitioners and PH students. Quantitative data was analyzed using descriptive statistics and qualitative data used iterative content analysis. In phase 1, participants (n=32) highlighted the need to tailor infographics to the audience and wanted flexible tools along with design guidance to make fewer design decisions. In phase 2, Florence was developed with a familiar layout, intuitive ways to modify data in visualizations, and PH-focused visual elements. In phase 3, participants (n=23) found Florence to be usable and useful, providing an intuitive and straightforward experience. Overall, this study showed that</p>

	<p>infographics are important for PH communication and that creating user-centered solutions to address the unique needs of PH practitioners supports communication efforts.</p>
9:30 AM – 9:45 AM	<p>Session 3020.0: Building Healthy and Resilient Communities</p> <p>Title: Environmental policy, prevention and partnerships: Building lead free communities with the national leadership academy for the public's health</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Lead poisoning continues to be a major public health issue for many communities, causing permanent and disabling health impacts that disproportionately affect children, communities of color, recent immigrants, and those living in low-income housing. CDC estimates that approximately 500,000 children in the US have blood lead levels at or above the blood lead reference value, and Congress has committed funding across federal agencies as a result. Multi-sector lead poisoning prevention efforts are needed to improve health outcomes in these communities. Such efforts include equity-informed, aligned strategies that bring together multiple stakeholders in a community, including those in public health and housing, to address this public health issue more effectively.</p> <p>This session will introduce participants to a successful model for improving collaborative efforts focused on lead poisoning prevention within local communities. The Leadership Academy for the Public's Health (LAPH), a program of the PHI Center for Health Leadership & Impact (CHLI), has sponsored over 180 teams and trained more than 800 public health leaders across 49 states and territories since 2012. LAPH has worked in partnership with the CDC's National Center for Environmental Health (NCEH) to recruit and train a subset of teams focused specifically on the issue of lead poisoning prevention through a new Lead-Free Communities (LFC) initiative. Using learnings from LAPH, LFC teams have applied equity-oriented principles to lead poisoning prevention work in their own communities, and have made gains in their collaborative partnerships and impacts.</p> <p>Presenters will describe how the core features of LAPH programming can be adapted for individuals, teams, and organizations across the country focused on lead poisoning prevention. Presenters will highlight two LFC team case studies from Louisville, Kentucky and Madison County, Missouri that successfully passed local policy change and cultivated a successful partnership and messaging strategy in a deeply rooted coal-mining community.</p>
10:30 AM – 10:45 AM	<p>Session 3113.0: Community Power-Building Approaches in Public Health Settings</p> <p>Title: Building community power in health equity partnerships: Applying the three faces of power framework</p>

	<p>Presenter/Author: University of Wisconsin Population Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: The public health field is recognizing the role that power imbalances play in creating, perpetuating, and exacerbating health inequities. There are increasing calls for, and investments in, efforts to address power dynamics and build power among groups experiencing inequities. Yet there remains a gap between calls for action based in theory and implementation research on building community power in real-world public health settings. This study addresses that gap by examining how community partnerships build and shift power through the lens of the Three Faces of Power (Lukes, 2021). The Three Faces of Power is a pragmatic framework outlining how power influences decision making and how power can be shifted across three dimensions: (1) influencing public or formal decision-making processes through direct civic participation; (2) building long-term civic infrastructure to affect the conditions that precede decision making; and (3) lifting up information, beliefs, and worldviews about social issues by shaping public narratives. This presentation will share themes and examples from a study examining how successful community partnerships employed power-building approaches in their health equity work. Through three detailed case studies, including interview data from multiple coalition members, the presentation will highlight key strategies, lessons learned, and challenges faced by these partnerships. For example, the case studies demonstrate how partnerships deeply engaged residents most affected by inequities, built community awareness and organizational capacity to address power imbalances, and influenced decision making across the three faces of power. Strategies included: embedding resident engagement practices throughout coalition work; educating organizational partners and community members about social determinants of health and power imbalances as causes of health inequity; and reshaping decision making forums through use of popular education, youth empowerment and leadership, and community organizing partnerships. The case studies illustrate the spectrum of collaborative and power-based approaches in different community contexts and public health settings. The study findings differentiate between efforts that function within current systems of power and those that aim to shift power. This is important for helping practitioners, funders, policymakers, and others better understand and identify power-building approaches, to inform how they pursue, fund, and evaluate health equity work. The presentation will engage the audience in discussion about how the faces of power show up in their work and the different roles that public health professionals can play to support community power building.</p>
10:45 AM – 11:00 AM	<p>Session 3113.0: Community Power-Building Approaches in Public Health Settings</p> <p>Title: Building power through narrative change to advance health and racial equity and bridge divides</p> <p>Presenter/Author: University of Wisconsin Population Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: We can collectively imagine a foundation for an equitable and thriving</p>

world by shifting power and narratives. Narratives are values-based meta-stories (themes of stories) that we use to understand our worlds. It is a form of power and an organizing tool that can shift public consciousness away from what is assumed as the status quo, or dominant narratives, and open possibilities for structural changes that lead to a world where everyone thrives. It undergirds all the work we do - it informs strategy, movements, the culture we set, partnerships, decision-making, and agenda-setting. Narratives also can work in tandem with building civic health, or the opportunities we have to use our voice in shaping our communities. Shifting narrative power is critical in a time where unfair decisions, practices, and policies continue to limit civic engagement and limit our ability to shape a world grounded in social justice.

All people should have the opportunity to impact decision making, shift public consciousness towards efforts that promote equity, and shape the conditions for thriving communities. Because our futures, like our health, are bound up together, County Health Rankings and Roadmaps and Human Impact Partners created the Health Equity Narrative Infrastructure Project, or HENIP. HENIP focuses on building a collective of people and organizations with raised consciousness about the need to offer up and embed in our work a different set of values and beliefs about how this world should be and who are equipped and activated to do so. Within one year, HENIP has engaged over 350 people and over 50 local, state, and national organizations, communities, and networks across the U.S. HENIP's process creates the space for organizations to see themselves as narrative change agents.

In this interactive presentation, participants will: 1) explain how narrative is a form of power and connected to civic health, 2) compare dominant versus transformative narratives utilizing case examples shared through the research and practice of a national collaboration called the Health Equity Narrative Infrastructure Project, and 3) discuss ways that they can apply narratives in their work that can either impede or accelerate change strategies to influence decision making and shift power.

10:30 AM – 10:45 AM

Session 3131.0: [Violence Prevention and Control: Oral Session](#)

Title: [Convening violence prevention ecosystems to advance public health linkages: Insights from four US cities](#)

Presenter/Author: Health Resources in Action

Session Format: Oral

Abstract: Firearm violence is an urgent public health crisis. In 2022, there were over 20,000 homicides and 38,000 nonfatal gun injuries; firearms recently surpassed motor vehicle crashes as the leading cause of death of children. Although gun violence touches the whole of the United States, the impact is not distributed equally. Community violence is concentrated in communities most impacted by racism and structural violence. Like many public health crises, communities of color bear the greatest burden, and disinvestment in these communities continues to perpetuate the cycle of violence. As the search continues for solutions that address the root causes and immediate impacts of violence, organizations and individuals on the ground have been doing the work of violence prevention, intervention, and response for decades. In order to move

	<p>forward, communities and city leadership must take inventory of existing initiatives along the spectrum of violence prevention and intervention, identify gaps, and develop and fund solutions with an eye toward sustainability. Community members with lived experience and expertise must possess tools for community power building to effectively partner with health departments to advance change.</p> <p>This session will describe Health Resources in Action's (HRIa), a Boston-Based public health nonprofit working in service of healthier and more equitable communities, process for inventorying and convening the violence prevention and intervention ecosystem in four cities: Atlanta, Georgia; Boston, Massachusetts; Milwaukee, Wisconsin; and Oakland, California. To inform the convenings, HRIa is conducting a landscape assessment of each city's violence prevention and intervention ecosystem and key informant interviews with community stakeholders. The purpose of the convenings is to provide a container for relationship-building across organizations, initiatives, and city government, with the objective of better understanding and integrating the ecosystem as a whole. The convenings will include discussion around power building and strategies for partnering with city and state government, inspired by the Power Building Partnerships for Health (PPH) model created by Human Impact Partners (HIP). After the convenings, HRIa will draw from learnings to co-create a scalable model for building community power.</p> <p>During this session, the team will present comparative findings from each city's landscape assessment, including violence data and political context and climate, co-concurrent factors that influence violence, partnerships with local public health, community voice, and existing intervention and prevention strategies. The project team will also showcase findings from each convening, share quotes and impressions from the community, and describe lessons learned from the planning and implementation process.</p>
10:30 AM – 11:30 AM	<p>Session 3077.0: Violence Prevention and Control: Poster Session</p> <p>Title: Employment conditions of violence prevention professionals as a barrier to implementing hospital-based violence intervention programs: Lessons learned from a New Jersey cohort</p> <p>Presenter/Author: Health Resources in Action</p> <p>Session Format: Poster</p> <p>Abstract: Background: Violence is a public health crisis in the U.S. Homicide is the leading cause of death for African American males ages 15-24 and second for Latino males in this age group. Hospital-based Violence Intervention Programs (HVIPs) are an evidence-based, public health approach to addressing the community violence epidemic. HVIPs offer wraparound supports, trauma-informed care, and tailored services to injured individuals. Intensive case management is provided by frontline workers known as Violence Prevention Professionals (VPPs), who are often violence survivors themselves. A systematic review of the literature showed that HVIPs significantly reduce violent reinjury and arrests, while promoting racial equity. However, HVIP implementation can vary across sites, which creates a barrier to effective replication.</p>

	<p>In 2019, the Health Alliance for Violence Intervention (HAVI) received funding to provide training and technical assistance (TTA) to nine emerging and existing HVIPs across New Jersey (NJ). The cohort provides an opportunity to examine HVIP implementation processes.</p> <p>Methods: The HAVI and Health Resources in Action (HRiA) conducted a process evaluation to 1) Identify the core components of HVIPs across the NJ cohort; and 2) Examine barriers and facilitators to effective model implementation. Data collection occurred in 2022 and entailed reviewing program documents and conducting 18 semi-structured key informant interviews with 32 administrators and frontline VPPs. An advisory committee with key stakeholders provided guidance throughout the process.</p> <p>Results: We found that common HVIP components across the sites could be classified into four buckets: 1) a shared program goal of interrupting the cycle of violence and promoting health equity; 2) implementation strategies and approaches that included providing trauma-informed, person-centered compassionate care; 3) a setting that facilitated close linkages between hospitals and communities; and 4) programs staffed by local, committed VPPs with lived experience. HVIP effective operation largely relied on VPPs' ability to establish rapport with clients, on their status as respected community members, and on their deep knowledge of community assets, important to link clients with needed resources. Paradoxically, piecemeal funding and VPPs' employment conditions emerged as major barriers. Unstable funding disproportionately impacted VPPs, who experienced employment insecurity, hired as temporary and/or part-time workers with no benefits. Their compensation was not commensurate with the demands of a stressful high-risk job environment and the required skills and expertise; some had to hold multiple jobs. Further, they had limited career growth opportunities within hospitals.</p> <p>Conclusions: Whereas several factors affected HVIP implementation, the plight of VPPs emerged as an urgent matter. HVIPs cannot operate without VPPs who are credible, trusted messengers in the community. Despite their key role, funding and institutional policies limited frontline VPPs' earnings and professional growth opportunities. Securing long-term funding for HVIPs, for example as part of hospitals' operating budget, and promoting policies that recognize and compensate lived experience, would be consistent with HVIP goals of addressing health disparities, promoting equity and could facilitate HVIP sustainability.</p>
10:30 AM - 12:00 PM	<p>Session 3102.0: HiAP: Leveraging Community Partnerships to Advance Health & Racial Equity</p> <p>Title: Utilizing HiAP partnerships to advance safe & equitable communities in California</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: This presentation will focus on partnering with community-based organizations and government agencies to advance policies that promote safety in California communities. Specifically focused on efforts to</p>

	coordinate across sectors, and normalize discussions with an abolitionist lens, the session will feature lessons learned from efforts to change narratives and culture on violence and safety from a policy standpoint.
11:15 AM – 11:30 AM	<p>Session 3112.0: Advancing Environmental Equity to Achieve Healthier, Happier Communities</p> <p>Title: Nothing about us without us: Helping local leaders build lead free communities</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Lead poisoning continues to be a major public health issue for many communities, causing permanent and disabling health impacts that disproportionately affect children, communities of color, recent immigrants, and those living in low-income housing. CDC estimates that approximately 500,000 children in the US have blood lead levels at or above the blood lead reference value, and Congress has committed funding across federal agencies as a result. Multi-sector lead poisoning prevention efforts are needed to improve health outcomes in these communities. Such efforts include equity-informed, aligned strategies that bring together multiple stakeholders in a community, including those in public health and housing, to address this public health issue more effectively.</p> <p>This session will introduce participants to a successful model for improving collaborative efforts focused on lead poisoning prevention within local communities. The Leadership Academy for the Public's Health (LAPH), a program of the PHI Center for Health Leadership & Impact (CHLI), has sponsored over 180 teams and trained more than 800 public health leaders across 49 states and territories since 2012. LAPH has worked in partnership with the CDC's National Center for Environmental Health (NCEH) to recruit and train a subset of teams focused specifically on the issue of lead poisoning prevention through a new Lead-Free Communities (LFC) initiative. Using learnings from LAPH, LFC teams have applied equity-oriented principles to lead poisoning prevention work in their own communities, and have made gains in their collaborative partnerships and impacts.</p> <p>Presenters will describe how the core features of LAPH programming can be adapted for individuals, teams, and organizations across the country focused on lead poisoning prevention. Presenters will highlight two LFC team case studies from Louisville, Kentucky and Madison County, Missouri that successfully passed local policy change and cultivated a successful partnership and messaging strategy in a deeply rooted coal-mining community.</p>
12:30 PM – 1:30 PM	<p>Session 3181.0: Public Mental Health Policy and Practice</p> <p>Title: Recommendations based on mental health findings in the West Virginia mountain state assessment of trends in community health (MATCH) survey</p>

	<p>Presenter/Author: West Virginia University Health Affairs Institute</p> <p>Session Format: Poster</p> <p>Abstract: Background: Improving the mental health of West Virginians is a key priority for the West Virginia (WV) Department of Health and Human Resources (DHHR). DHHR and West Virginia University Health Affairs Institute launched a new WV population-based public health surveillance system in 2021, the Mountain State Assessment of Trends in Community Health (MATCH), to address state- and substate-level data gaps, particularly for mental health and substance use.</p> <p>Methods: The MATCH survey collected cross-sectional data ($n=16,185$) on non-institutionalized WV residents (18+) using a randomized, stratified sample ($n=88,004$) during August 2021 to February 2022. Selected residents were invited to complete the survey by web, paper, or phone. Data were collected on mental health, substance use, general health, healthcare access, coronavirus disease 2019, demographics, and other topics. Responses were weighted to be representative of the state's population.</p> <p>Results: The inaugural findings of MATCH highlight demographic disparities in mental health statuses, behaviors, and healthcare access. They also suggest four key mental health recommendations which include: 1) continuing to monitor trends in mental health outcomes and disparities across years at the state-, regional-, and county- levels and comparing these estimates to national indicators and trends, 2) continuing mental health assistance services (e.g., Mobile Crisis Response and Stabilization Teams, HELP4WV, Suicide and Crisis Lifeline) in the state to address mental health concerns, 3) using MATCH findings to identify gaps in health service delivery that may improve disparities in mental health outcomes and access to healthcare, and 4) continuing efforts to improve the quality of mental health care in the state (e.g., trauma-informed care trainings).</p> <p>Conclusions: MATCH provides data to facilitate dialogue and action around high-priority mental health concerns in WV. Application of the key recommendations will help DHHR, local health departments, hospitals, and other organizations to improve the mental health of West Virginians across the state.</p>
12:30 PM – 1:30 PM	<p>Session 3181.0: Public Mental Health Policy and Practice</p> <p>Title: A new population-based public health surveillance system: Mountain state assessment of trends in community health (MATCH)</p> <p>Presenter/Author: West Virginia University Health Affairs Institute</p> <p>Session Format: Poster</p> <p>Abstract: Background: West Virginia (WV) mental health estimates are poorer than national estimates and coupled with unmet access to care; therefore, more robust substate-level estimates on the mental health status of West Virginians are needed to better inform health service delivery within WV. To improve understanding of mental health needs, behaviors, access, and quality in WV, a new statewide, population-based public health surveillance system, the</p>

	<p>Mountain State Assessment of Trends in Community Health (MATCH), was established in partnership between the West Virginia Department of Health and Human Resources (DHHR) and West Virginia University Health Affairs Institute.</p> <p>Methods: MATCH is a biennial, cross-sectional survey designed to collect state-, regional-, and county-level data on non-institutionalized WV residents (18+). In its inaugural year, data were collected during August 2021 to February 2022 from a stratified sample consisting of two frames (address-based and Medicaid Administrative data) of 88,004 randomly selected residents to complete the survey by web, paper, or phone. Selected residents were sent up to four mailings (i.e., an invitation letter, a reminder post-card, and two paper survey packets). Data were collected on respondent mental health, substance use, general health, lifestyle, healthcare access, coronavirus disease 2019, demographics, and other topics. Results were weighted and are representative of all adult West Virginians at the state-, regional-, and county-levels.</p> <p>Results: MATCH had a 20% response rate ($n=16,185$) using the American Association of Public Opinion Research response rate #2. State-, regional-, and county-level data are publicly available via a web-query tool and a public-use data set. Novel prevalence estimates, particularly associated with mental health and substance use, were produced at the state and substate levels. Findings will be publicly available in a report highlighting state- and regional-level prevalence estimates and in a series of reports highlighting county prevalence estimates.</p> <p>Conclusions: MATCH will serve as a continuous health monitoring system and estimates will enable the identification of health trends and disparities in WV, including those focused on mental health status, behaviors, access, and quality. Findings can be used to develop/inform policy; identify research, resource/service gaps; and guide health service delivery to improve the health of West Virginians.</p>
12:30 PM – 1:30 PM	<p>Session 3181.0: Public Mental Health Policy and Practice</p> <p>Title: Prevalence of mental health concerns and suicide risk in West Virginia: Estimates from the mountain state assessment of trends in community health (MATCH)</p> <p>Presenter/Author: West Virginia University Health Affairs Institute</p> <p>Session Format: Poster</p> <p>Abstract: Background: Poor mental health increases health and mortality-related risks, especially among rural, populations. To better understand mental health in West Virginia (WV), a mostly rural state, this presentation reports mental health prevalence estimates from the Mountain State Assessment of Trends in Community Health (MATCH).</p> <p>Methods: MATCH collected cross-sectional data ($n=16,185$) on non-institutionalized WV residents (18+) using a randomized, stratified sample ($n=88,004$) during August 2021 to February 2022. Selected residents were invited to complete the survey by web, paper, or phone. Data were collected on mental health, substance use, general health, healthcare access, coronavirus disease 2019, demographics, and other topics. Data were weighted to be representative of WV adults, and weighted estimates and confidence intervals</p>

(CIs) were calculated in SAS. Statistically significant differences were assessed using 95% CIs.

Results: 21.9% of WV adults rated their mental health as fair or poor in the past 12 months, compared to 14.4% of U.S. adults. Prevalence of fair or poor mental health was higher among adults with less than high school education (36.8%; 95% CI: 33.4-40.2) compared to adults with other education levels (high school/GED 24.3%; 95% CI: 22.8-25.8; Associate's or more 15.3%; 95% CI: 14.0-16.6), among adults with annual family incomes of \$15,000 or less (40.8%; 95% CI: 38.4-43.2) compared to adults with any other annual family income levels (\$15,001-\$35,000: 25.5%; 95% CI: 23.4-27.6; \$35,001-\$50,000: 15.1%; 95% CI: 12.8-17.4, \$50,001-\$85,000: 13.9%; 95% CI: 11.9-16.0; \$85,001+: 9.5%; 95% CI: 7.6-11.5), and among adults who were multi-racial or "other" (30.0%; 95% CI: 24.0-35.9) than among adults who were White (21.5%; 95% CI 20.5-22.5). It was also higher among adults aged 18-34 (31.7%; 95% CI: 29.2-34.2) compared to adults aged 35-49 (26.7%; 95% CI: 24.2-29.0), 50-64 (19.0%; 95% CI: 17.3-20.6), and 65+ (11.1%; 95% CI: 9.9-12.4). Similar patterns were seen for other mental health indicators, including any previous thoughts of or suicide attempts.

Conclusions: Mental health disparities are prevalent in WV, with the highest rates among young adults or those facing socioeconomic challenges. This presentation will report WV mental health findings compared to national trends, with a focus on rates among marginalized groups.

12:30 PM – 1:30 PM

Session 3183.0: [Interventions and Perspectives on the Impact of Stigma, Discrimination on the Mental Health of Vulnerable Populations](#)

Title: [Can an area-level economic deprivation index be used as a predictor of suicide? The utility of the Townsend deprivation index \(TDI\) to explain suicide in West Virginia](#)

Presenter/Author: West Virginia University Health Affairs Institute

Session Format: Poster

Abstract: Background: Suicide is a growing concern in West Virginia (WV) as it represents the highest suicide rate in the Appalachian Region. The high poverty rate in WV has led to disproportionate economic deprivation, which is a known predictor of suicide and measured through area-level deprivation indices at the ecological level. Various indices exist to quantify area-level economic deprivation and have been used to explore factors contributing to suicide. These indices have not been utilized to measure recent suicide rates in the United States. This study aims to explore the relationship between county-level Townsend Deprivation Index (TDI) scores and WV county suicide rates.

Methods: TDI scores were calculated following Townsend's methodology using variables from the 2020 5-year American Community Survey (ACS) estimates. Final TDI scores were calculated by summing standardized ACS variables: percentage of population unemployed, renting homes, without a motor vehicle, and with overcrowded households. Higher scores indicate higher deprivation. County adult suicide rates from 2010-2020 were collected from the Centers of Disease Control's Wonder Multiple Cause of Death and were merged with corresponding county TDI scores. A negative binomial regression analysis was

	<p>conducted to test the association between county TDI scores and suicide rates. Additional negative binomial models were used to examine the relationship between the standardized individual ACS variables comprising the TDI and county suicide rate.</p> <p>Results: WV had a mean crude suicide rate of 40.80 (SD=10.31) per 100,000 deaths and mean TDI score of -2.85 (Median=-2.55; SD=3.03). On average, among the respective populations across counties, 8.06% were without a motor vehicle, 23.20% rented their home, 1.96% were unemployed, and 0.08% lived in overcrowded households. County TDI scores had a significantly positive association with county-level suicide. As a county's TDI score increased, the county's suicide rate increased (0.04, $p<.001$). Results from the individual ACS variable models show a significantly positive relationship between overcrowded households and suicide (0.04, $p<0.05$).</p> <p>Conclusion: The TDI could potentially be used to predict suicide in WV. Future studies should examine the different deprivation indices to identify the index that is most culturally and geographically appropriate as a predictor of suicide among the Appalachian population.</p>
12:30 PM – 1:30 PM	<p>Session 3184.0: Suicide Risk and Prevention: Systemic, Programmatic and Individual Approaches</p> <p>Title: Adolescent suicide risk: Identifying high-risk subgroups when disaggregating Asian Americans and Native Hawaiians and Pacific islanders</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Background: Suicide is one of the leading causes of death among Asian American (AA) and Native Hawaiian and Pacific Islander (NHPI) adolescents. With rising suicide rates among U.S. adolescents, especially for females and racial and ethnic minorities, AAs and NHPIs are often overlooked since aggregate rates reveal lower suicide risks than other groups. Disaggregated analysis is needed to identify and tailor intervention efforts for specific AA and NHPI groups.</p> <p>Methods: School-based California Healthy Kids Survey (CHKS) data were pooled from 2017/18 and 2018/19 (AA+NHPI $n=77,735$), and integrated with school and American Community Survey data. Descriptive and logistic regression analyses examined past year suicide ideation by eight self-reported AA and NHPI groups, stressors (poor grades and bullying), demographics, and school and community contextual factors.</p> <p>Results: Compared to an aggregated AANHPI (17.5%), suicide ideation varied for each AA and NHPI group: Asian Indian (13.6%), Chinese (16.1%), Filipino (21.8%), Japanese (20.1%), Korean (18.8%), Cambodian/Hmong/Laotian/Mien (19.9%), Vietnamese (18.2%), and NHPI (19.8%). In stratified models for each AA and NHPI group, females had higher risk than males, and both multi-AAs (identifying with more than one AA group) and multi-racial AA and NHPI had higher suicide risk than mono-AA adolescents (identifying with single AA group). Poor grades and bullying were significant risk factors for each group, but only for Filipino adolescents, a significant interaction of poor grades and co-ethnic</p>

	<p>density was found indicating protection from being in a community with more Filipinos.</p> <p>Conclusion: Adolescent suicide risks are high across all eight AA and NHPI groups, and especially for females and those identifying as multiethnic AA or NHPI. Prevention and early interventions focused on stress reductions could be effective for all AA and NHPI adolescents, but additional tailoring may be needed for Filipino adolescents.</p>
2:30 PM – 3:30 PM	<p>Session 3225.0: Social and Emotional Health Session 2 Poster</p> <p>Title: Promoting mental health in Maine schools with project ECHO®</p> <p>Presenter/Author: MCD Global Health</p> <p>Session Format: Poster</p> <p>Abstract: Project ECHO® is not a webinar, not a training session, nor a seminar. Project ECHO® is a movement to democratize knowledge. Through a mix of brief, high-yield didactic presentations and exploration of real de-identified cases, the model allows participants to connect with subject matter experts and peers to discuss what really works.</p> <p>The Maine CDC's Pediatric and Behavioral Health Partnership (MPBHP) decided to implement ECHO® methodology to promote their mission and to increase patient care consultations with behavioral health care providers, especially to reach rural and underserved areas in the State. Partnering with MCD Global Health (MCD) to implement the program, Pediatric Psychiatry in the Primary Care Setting ECHO® was launched in May 2022 with measured outcomes that show improved ability of providers to care for complex behavioral health cases.</p> <p>An opportunity became available to share the ECHO process with schools. In January 2023, MCD and MPBHP launched Mental Health Promotion in the School Setting ECHO®. The curriculum is based on universal access to Tier 1 interventions, and the audience was broadly defined as anyone working in schools. The 6-session series attracted over 250 participants from public and private schools, including representatives from a variety of roles, such as teacher, principal, nurse, social worker, superintendent, edtech, librarian, and more. Project ECHO® for Education has successfully been introduced to our entire educational system as a virtual community of practice. Positive evaluations reflect participant appreciation of the collaborative model and increased confidence to foster positive social, emotional, and behavioral skills in students.</p>
2:30 PM – 3:30 PM	<p>Session 3199.0: General Posters II</p> <p>Title: Expanding equity in managed care: A data dive into MI health link access to care</p> <p>Presenter/Author: Michigan Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Intro: The MI Health Link project is a demonstration designed to integrate care for individuals who have both Medicare and Medicaid and</p>

	<p>beneficiaries in MHL are served by seven Integrated Care Organizations (ICOs). With a growing aging population and an increased focus on equity, the Expanding Equity in MI Health Link project is the programs first attempt to identify the extent to which there are differences in quality of care by race/ethnicity in the demonstration.</p> <p>Methods: A set of sixteen measures was determined and Integrated Care Organizations (ICOs) submitted data for the identified measures for three years: 2017, 2018, and 2020, stratified by race/ethnicity. The rate for each subpopulation was compared to the white reference population. Rates were declared significantly different if their 95% confidence intervals (CIs) did not overlap.</p> <p>Results: There were significant differences between the white reference population and every racial/ethnic subpopulation for at least one measure. Some populations had more disparities (African American population), while some had fewer (Asian). For the Controlling High Blood Pressure measure, rates for the white population were statistically higher than all of the other populations for all years and remained unchanged even during the pandemic.</p> <p>Discussion & Conclusion: Some populations were more likely to experience disparities in the program than others, and the number of measures exhibiting significant differences in quality changed over time. With continued monitoring, transparency, and accountability through the use of policy and contract levers, the goal of equity and quality for MHL can be achieved.</p>
2:30 PM – 3:30 PM	<p>Session 3207.0: Health Administration Section Poster Session 2: COVID-19</p> <p>Title: Stakeholder engagement as a key component of public health workforce program quality improvement efforts</p> <p>Presenter/Author: Health Research, Inc.</p> <p>Session Format: Poster</p> <p>Abstract: Through the New York State Public Health Corps (NYSPHC) Fellowship Program, Fellows are hired by Local Health Departments (LHDs), the New York State Department of Health, and community-based organizations to expand public health capacity to support COVID-19 emergency response and public health emergency preparedness. One year into this innovative program, our team established the LHD Workgroup as part of quality improvement efforts using the Plan, Do, Check, Act (PDCA) model to collect feedback on program design, implementation, processes, and effectiveness in supporting the workforce needs of LHDs.</p> <p>The LHD Workgroup is comprised of 22 New York State LHDs and was curated to represent a variety of perspectives. We designed questions to collect feedback across six major themes during monthly meetings between November 2022 and June 2023.</p> <p>To date, the LHD workgroup has provided valuable feedback on implementation of the NYSPHC Fellowship Program, allowing our team to identify elements of the program that could be modified to better serve the needs of LHDs and develop resources to provide LHDs with additional support. Involving stakeholders during</p>

	the "Check" phase of the PDCA cycle increases program effectiveness and helps to inform best practices for implementation.
3:00 PM – 3:15 PM	<p>Session 3226.0: Innovative Approaches for Supporting the Development of Public Health Leaders</p> <p>Title: Introducing collaborative governance approaches for public health leadership</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Improving public health requires people, organizations, and communities to work together across sectors and boundaries. This is because many of the factors that influence health – like education, transportation, housing, and job opportunities – are outside public health leader’s control. Instead, they must work with a systems orientation and leverage multisector collaboration as an essential strategy for improving population health.</p> <p>Yet public health research on effective strategies for multisector collaboration is nascent. It can be challenging for public health practitioners to find relevant evidence to guide collaborative approaches. Fortunately, disciplines beyond public health have much to offer by way of frameworks, theories, and empirical research that can inform an evidence-based approach to multisector collaboration.</p> <p>This presentation will offer a brief overview of what can be learned about effective multisector collaboration from disciplines like public administration, management, economics, and environmental policy. After providing an overview of relevant collaboration frameworks and theories, one framework will be explained in depth: the integrative framework for collaborative governance, which was developed in 2012 and has been tested extensively.</p> <p>The integrative framework for collaborative governance consolidates what is known about effective multisector and cross-boundary collaboration from various disciplines and synthesizes key elements into an intuitive framework that can be used by public health leaders to guide their collaborative endeavors. The framework can be used to assess an existing collaborative, plan for a new collaborative, or evaluate a collaborative’s progress over time. Most importantly, there is a robust body of research guiding collaborative governance approaches.</p> <p>This presentation will introduce collaborative governance and explore how concepts can be applied by public health leaders seeking to build and strengthen collaborative partnerships across sectors and boundaries. Concepts will be presented in the context of a 2-year, multi-state research project that was completed through an academic-practice partnership in 2022. The study population includes 22 Accountable Communities of/for Health (ACHs), which are a type of health-focused multisector collaborative. The presentation will draw on research findings to provide concrete examples for how public health leaders can use the integrative</p>

	framework for collaborative governance to guide their collaborative endeavors.
3:00 PM – 3:15 PM	<p>Session 3263.0: Intersectoral Partnerships for Improving Healthcare Services, Delivery, and Outcomes</p> <p>Title: Partnering to promote health: Lessons learned from the northwest public health and primary care leadership institute</p> <p>Presenter/Author: Northwest Center for Public Health Practice</p> <p>Session Format: Oral</p> <p>Abstract: The Northwest Public Health & Primary Care Leadership Institute is an offering from the Northwest Center for Public Health Practice and Northwest Regional Primary Care Association. Launched in 2020, it builds on the existing training programs of these two organizations. The Institute uses problem-based learning and centers health equity as a core principle to build leadership skills and strengthen ties between public health and primary care professionals to advance community prevention efforts.</p> <p>We will present lessons learned for co-developing a Leadership Institute among partner organizations and changes made to adapt to the COVID-19 pandemic. Evaluations consisted of post-session and overall surveys and group debriefs. The surveys included measures related to knowledge gained, the value of the sessions to scholars' future work, and a self-assessment of scholars' cross-sector working relationships with public health or primary care. We will also share efforts to develop an alumni network to facilitate ongoing peer learning, relationship building and networking.</p> <p>Both public health and primary care have deep roots in social change movements and have a shared goal of creating a fairer, more just, and thereby healthier society. While efforts to promote greater collaboration and integration of public health and primary care are increasing, opportunities for these sectors to participate in joint training and leadership development are scarce. The Institute seeks to fill this void. Our lessons can help others be more effective in collaborative training development to enhance public health and primary care practice and advance our collective work of promoting community health and equity.</p>
Tuesday, November 14, 2023	
8:30 AM – 8:45 AM	<p>Session 4023.0: Public Health Workforce Development I</p> <p>Title: Competencies, training needs, and turnover risk for the rural local public health workforce: Findings from the public health workforce interest and needs survey</p> <p>Presenter/Author: Northwest Center for Public Health Practice</p> <p>Session Format: Oral</p> <p>Abstract: Background: Little research has focused on rural LHDs, limiting</p>

our understanding of how best to support this workforce. We examined rural versus urban LHD competencies and training needs, COVID-19 impact, and turnover risk.

Methods: We used a national, county-level dataset with information on individual LHD staff from the 2021 Public Health Workforce Interest and Needs survey (PH WINS). We used multivariable logistic regression to examine the association between rural versus urban LHD location and LHD staff skill proficiencies, training needs, turnover risk, COVID-19 impact.

Results: Rural staff, versus urban, had higher odds of reporting proficiencies in skills related to community engagement, cross-sectoral partnerships, and systems and strategic thinking. This includes skills such as “Engage community members in designing and implementing programs” (Adjusted Odds Ratio [AOR]=1.17; 95% CI=1.01-1.35) and “Build cross-sector partnerships to address social determinants of health” (AOR=1.35; 95% CI=1.08-1.70). Rural staff were more likely to have training needs related to “Describing the value of a diverse workforce” (AOR 1.31; 95% CI=1.10-1.55) and “Using valid data for decision-making” (AOR=1.46; 95% CI=1.10-1.55). Rural staff, compared to their urban peers, were less likely to report intending to leave overall (AOR 0.73; 95% CI = 0.64-0.83), but were 1.29 times more likely to report stress as the reason for leaving (95% CI=1.02-1.60), 1.22 times more likely to experience bullying due to public health work (95% CI=1.04-1.32), and 1.15 times more likely to avoid situations that made them think about COVID-19.

Conclusions: Rural LHD staff demonstrated unique competencies and training needs compared to their urban peers. While rural staff experienced significant stress, they were more likely to report planning to stay compared to those in urban areas.

Public Health Implications: These findings offer a novel understanding of rural staff skills and training gaps nationally, suggesting the need to approach training differently for the rural LHD workforce. This study also highlights an urgent need to address the reported stress, burnout, and experiences of bullying that have occurred, especially for rural staff. Assuring a prepared, supported, and thriving rural workforce is critical to equitably supporting community health and responding to future pandemics.

8:30 AM – 10:00 AM

Session 4049.0: [A Roundtable on the Impact of Place, Media and Police Use of Force on Mental Health Outcomes of Vulnerable Populations](#)

Title: [Need for mental health service access in West Virginia: Findings from the mountain state trends in community health \(MATCH\)](#)

Presenter/Author: West Virginia University Health Affairs Institute

Session Format: Roundtable

Abstract: Background: Identifying groups that demonstrate a high need for mental health care allows providers and policy makers to improve access to

	<p>mental health service delivery. To better understand the demand for mental health services in West Virginia, a state with a high prevalence of poor mental health status, this abstract describes the WV mental health service need estimates by demographic characteristics.</p> <p>Methods: The Mountain State Assessment of Trends in Community Health (MATCH) survey collected cross-sectional data (n=16,185) on non-institutionalized WV residents (18+) using a randomized, stratified sample (n=88,004). Selected residents were invited to complete the survey by web, paper, or phone. Responses were weighted to be representative of the state's population. Weighted estimates were calculated in SAS. Statistically significant differences in demographic characteristics were assessed using 95% Confidence Intervals.</p> <p>Results: Almost a third of WV adults (31.2%; 95% CI:30.0-32.3) indicated the need to see a healthcare provider for their mental health in the past 12 months. Of these, 56.7% saw a provider. The prevalence of needing mental health care was significantly higher among adults aged 18-34 (45.2%; 95% CI:42.5-48.0) and 35-49 (41.3%; 95% CI:38.8-43.9) than among adults aged 50-64 (28.1%; 95% CI:26.1-30.1) and 65 or older (11.5%; 95% CI:10.2-12.7). Likewise, adults who were never married (42.3%; 95% CI:39.5-45.2) had a significantly higher prevalence of needing mental health care than among adults who were married or living with partner (27.2%; 95% CI:25.8-28.7) and widowed, divorced or separated (29.8%; 95% CI: 27.8-31.8). Adults with an annual family income of \$15,000 or less (42.3%; 95% CI:39.9-44.7) also had a significantly higher prevalence of needing mental health care compared to adults with income levels of \$15,001-\$35,000 (33.3%; 95% CI:31.0-35.5), \$35,001-\$50,000 (26.3%; 95% CI:23.3-29.3), \$50,001-\$85,000 (26.7%; 95% CI:24.2-29.3), and \$85,000 or more (26.6%; 95% CI:23.7-29.4).</p> <p>Conclusions: There is a high prevalence of needing mental health services among adult WV residents; however, adults who are female, younger, never married, or of a lower socioeconomic status have a greater mental health service need, suggesting health disparities exist. Identifying these disparities is critical for targeted interventions to improve mental health service delivery in WV.</p>
8:30 AM – 10:00 AM	<p>Session 4192.3: Food & Nutrition Section Poster Session V</p> <p>Title: Evaluation of a community network approach to healthy food prescriptions in low-income patients with diabetes</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Healthy food prescription programs can improve food security and diet quality for people with chronic conditions, however, evidence is lacking about these programs in low-resource communities and minority populations; limited research includes clinical metrics.</p> <p>Through clinical-community partnerships, the Healthy Food Rx program provided home delivery of healthy food and recipes twice a week for 6 months to adults in Stockton, CA diagnosed with diabetes. Participants also had access to medical transportation, cooking classes, and diabetes and nutrition</p>

	<p>education. Interviewer-administered surveys at the beginning and end of the program collected information about food insecurity, fruit and vegetable consumption and diabetes self-management. Glycated hemoglobin A1C (A1C) measures were obtained from medical records. Paired analyses examined changes over time in outcome variables, overall and by group.</p>
9:00 AM – 9:15 AM	<p>Session 4054.0: Healthy Housing As a Vital Condition: Using Innovative Public Health Approaches to Center Community Voice in Affordable Housing Development and Operations</p> <p>Title: Supporting thriving communities through health action plans: The integration of health data and resident perspectives to inform affordable housing decision-makers</p> <p>Presenter/Author: Georgia Health Policy Center</p> <p>Session Format: Oral</p> <p>Abstract: Thriving communities require stable, affordable, and high-quality housing. Creating this type of housing requires cross-sector collaboration. Health Action Plans (HAPs) facilitate these collaborations by embedding health perspectives in affordable housing decision-making processes. In 2021, a public health institute led HAPs for three preservation projects in Alameda County, California.</p> <p>A HAP is a multi-step process for identifying opportunities to promote resident well-being. Collecting and collectively interpreting health data are key steps in the HAP process. Secondary data characterized health determinants, behaviors, and outcomes in each community. Primary data from resident health surveys provided more specifics. These data were collectively interpreted through the HAP community engagement step, which included 90-minute virtual focus groups with existing residents, wherein they shared experiences and perspectives on priority topics like community safety, social connections, mental health, and healthy eating.</p> <p>Priority issues identified through the HAP process informed site-specific recommendations for evidence-supported strategies that could promote health and well-being, which were shared with the housing developer and property management team. In addition to generating commitments to implement selected strategies, the HAP process strengthened multi-sectoral relationships to integrate community members' health concerns into the decision-making process.</p> <p>Developers gained deeper understanding of connections between their decisions and potential impacts on residents' health. Moreover, HAPs provide opportunities for residents to integrate into decision-making processes that were previously closed to them. This agency empowers those most impacted by development decisions to capitalize on the role housing plays as a vital condition for health and well-being.</p>
9:00 AM – 9:15 AM	<p>Session 4019.0: Faith-Based Research and Partnerships: Addressing and Improving Social and Ethnic Health Challenges and Inequities during COVID-19</p> <p>Title: Georgia CEAL's approach on engaging faith leaders as trusted messengers</p>

	<p>to combat COVID-19</p> <p>Presenter/Author: Georgia Health Policy Center</p> <p>Session Format: Oral</p> <p>Abstract: ISSUE: The COVID-19 pandemic amplified existing disparities and unveiled new issues on cultural inequities and health disparities.¹ Given the disproportionate burden and substantial loss across communities of color; Georgia CEAL sought to decrease the prevalence of COVID-19 cases across Georgia.</p> <p>DESCRIPTION: To build trust, boost confidence, improve COVID-19 communication, and increase COVID-19 vaccine uptake, Georgia CEAL works to ensure Latinx and Black communities are at the forefront of outreach, research, and educational activities. One method to accomplish this is through trusted messengers in faith communities. Utilizing faith leaders as trusted messengers builds trust and influence towards garnering community participation.²</p> <p>LESSONS LEARNED: Georgia CEAL collaborated with nine faith leaders across Georgia creating the Georgia CEAL Interfaith Alliance to Fight COVID-19 (Interfaith Alliance). To combat COVID-19, the Interfaith Alliance created public service announcements, held faith-based town-halls; and hosted COVID-19 testing, vaccination and educational events across the state. To expand our impact among faith communities Georgia CEAL hosted a series of four Faith Influencer Convenings. These convenings incorporated sharing best practices on reopening churches and strategies on building community resilience, empowering faith influencers, improving health outcomes and creating Lay Health Ministries. Towards ensuring perpetuation of this concept, Georgia CEAL launched Lay Health Ministries Fall 2022 with 35 leaders trained to date.</p> <p>RECOMMENDATIONS: Incorporating faith leaders as trusted messengers is essential to advancing community-based research and creating a healthy nation. Highlighting these efforts through Lay Health Ministries provides a framework for continued engagement with faith communities to improve the health of communities in Georgia.</p>
9:00 AM – 9:15 AM	<p>Session 4023.0: Public Health Workforce Development I</p> <p>Title: Restoration: Planning to engage military veterans in the public health workforce</p> <p>Presenter/Author: Trailhead Institute</p> <p>Session Format: Oral</p> <p>Abstract: To address public health workforce gaps and social challenges, the statewide Colorado Public Health Workforce Collaborative members together identified the following four focus areas discussed in <i>RESTORATION: The Colorado Blueprint for Innovative Public Health Workforce Development</i>: 1. Recruit and attract a diverse workforce into public health; 2. Develop career and educational pathways including training for those interested in pursuing a career in public health; 3. Retain the public health workforce to keep talented employees, sustain positive outcomes, and foster a positive work atmosphere;</p>

	<p>and 4. Inform public health decisions with workforce data to identify trends, gaps, and develop metrics.</p> <p>The Collaborative is led by Trailhead Institute. Trailhead Institute is the leading, supportive and empowering catalyst that enables communities to make important decisions and enact critical initiatives aimed at delivering healthier futures and more positive environments.</p> <p>Evidence: Following the PRECEDE-PROCEED Model (Green, 1974), Trailhead, supported by public health leaders and a veteran serving organization conducted evidence-based planning and assessment to engage new priority populations in public health career pathways and equitable recruitment and retention efforts. Among these groups are military veterans, who can offer a valuable contribution to public health, leading Trailhead to the following question:</p> <p>According to the U.S. Census, there are nearly 50,000 homeless veterans in the United States. Approximately 400,000 veterans reside in Colorado and the unemployment rate for veterans in the state is 5.9%, higher than the national rate of 5.3%.</p> <p>Program Activities: Using the Spectrum of Prevention framework (Cohen, 1999), we have an ethical duty to assure veterans have knowledge of public health career pathways and can attain gainful employment to support themselves and their families after active duty, offering planning that considers the individual, organizational, and policy levels. This planning presentation will focus on the questions, how can military veterans meaningfully engage in the public health workforce and how can the experience be supportive of veteran interests and needs? Outcomes will be assessed qualitatively through partner conversations, focus groups, and interviews.</p> <p>Conclusions and Recommendations for Practice: The presentation will detail the partnership infrastructure, plans to examine the limited current literature on the subject, steps taken to convene necessary workforce, veteran community, and public health partners, and the planning approach to develop a strong plan for innovative programming to engage military veterans in the public health workforce.</p>
9:15 AM – 9:30 AM	<p>Session 4054.0: Healthy Housing As a Vital Condition: Using Innovative Public Health Approaches to Center Community Voice in Affordable Housing Development and Operations</p> <p>Title: A comprehensive approach to transforming the affordable housing sector to address health inequities</p> <p>Presenter/Author: Georgia Health Policy Center</p> <p>Session Format: Oral</p> <p>Abstract: Housing is a vital condition for health, but many households cannot afford a healthy place to live, contributing to persistent intergenerational health inequities. Affordable housing can increase access but may not ensure that homes are safe and healthy. Public health professionals can build long term strategic partnerships with public housing authorities (PHAs), developers, resident leaders, and other stakeholders to promote health through public</p>

	<p>housing redevelopment.</p> <p>The Homes for Healthy Futures (HHF) initiative sought to inform the awareness, beliefs, and behaviors of decisionmakers in public housing renovations to promote resident wellbeing in a southeastern US state facing significant health inequities. Using an equity-grounded health in all policies (HiAP) approach to health promotion, the initiative provided capacity building, knowledge exchange, and outcome tracking with the rehabilitation teams. In addition to Healthy Green Building Plans (HGBPs) for each development, we also engaged stakeholders in collecting and interpreting resident data, participating in an ongoing Learning Academy series, and long term relationship and capacity building.</p> <p>Participants demonstrated changes in awareness, beliefs, and behaviors attributable to participation, as well as preliminary key facilitating and impeding factors. Multisector partnerships, peer learning, understanding resident experiences, and technical assistance and support by the project sponsors stood out as facilitators, while time commitments and resident participation constituted barriers.</p> <p>While a single redevelopment can become more promoting of health with intervention, a comprehensive engagement strategy that incorporates knowledge exchange, technical assistance, and evaluation can change practices for the sector.</p>
9:30 AM – 9:45 AM	<p>Session 4001.0: Integrated Behavioral Health Oral Session 1: The Dance of Demographics: The Steps Are Different, but the Dance Is the Same: Substance Use across America</p> <p>Title: Flourish project: Reducing substance use and HIV risk behaviors for transwomen of color in San Francisco and Alameda County</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Background/significance: High HIV prevalence and substance misuse due to transphobia and stigma have been reported among transwomen of color.</p> <p>Objective/purpose: The Flourish project aimed to reduce substance use and HIV risk behaviors for high-risk transwomen of color in San Francisco and Alameda counties based on an evidence-based intervention.</p> <p>Methods: Participants were recruited based on community outreach, on-line, and referrals from CBOs. A total of 345 transwomen (18 years and over) were: 39.7% Latina, 36.8% African American, 5.8% API, 1.4% Native American; Mean Age: 37.7 years; and 31.3% born in foreign countries. Participants completed the intervention sessions, as well as baseline and 6-month follow-up surveys. For this study, baseline data were used to describe risk behaviors.</p> <p>Results: Almost all participants (96.3%) reported being tested for HIV; and 26.4% were living with HIV. In the past 6 months, 29.8% had engaged in sex work. Substance use was prevalent; in the past 3 months, 83.8%</p>

	<p>drank alcohol; 79.9% used marijuana; 45.8% cocaine; 52.2% methamphetamines; and 26.4% used ecstasy. About three quarters reported always using condoms for receptive anal sex with customers (75%), but only half reported the same behavior with casual partners in the past 3 months. They also reported having engaged in sex with casual partners under the influence of alcohol (61.7%) and illicit drugs (59.1%).</p> <p>Discussions/conclusions: The study results further confirmed a high prevalence of substance use and condom-less sex with casual and paying partners among transwomen of color. Multivariate analyses are planned to determine the factors associated with substance use and sexual risk behaviors.</p>
10:30 AM – 11:30 AM	<p>Session 4064.0: Cannabis Poster Session 2: Cannabis-Related Prevention, Policy, and Harm Reduction</p> <p>Title: Neighborhood socioeconomic and racial and ethnic disparities in local cannabis retail policy in California</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Poster</p> <p>Abstract: Background: Legalized medical and adult-use cannabis retail policies can vary widely within a U.S. state when local control exists. Racial, ethnic, and neighborhood socioeconomic characteristics of California residents subject to specific local cannabis laws were studied to determine whether particular demographics were associated with laws allowing retail sale, protecting public health, or facilitating licensing equity.</p> <p>Methods: The presence, as of January 1, 2020, of local laws allowing and governing legal retail cannabis sales (expanding state advertising restrictions, promoting equity in licensing, capping the number of outlets, expanding buffers from youth-serving sites) were determined for California's 539 jurisdictions. The proportions of persons of varying racial and ethnic and neighborhood-level socioeconomic characteristics subject to specific laws were estimated using 2015-2019 American Community Survey data.</p> <p>Results: Non-Hispanic (NH) Black individuals in more socioeconomically advantaged neighborhoods had the highest access to legal cannabis retail (69%), and NH white individuals in less advantaged neighborhoods had the lowest (49%). Hispanic and NH Black populations from less advantaged neighborhoods were the most likely to live in jurisdictions that had enhanced ad restrictions (66%). Equity licensing was most prevalent among NH Black residents living in more socioeconomically advantaged neighborhoods (57%) than in less advantaged neighborhoods (49%).</p> <p>Conclusions: Local cannabis policies that potentially protect public health and social equity are unequally distributed across race and ethnicity and socioeconomic advantage characteristics in California. Research examining whether differential coverage of specific cannabis retail</p>

	policies reduce, spawn or perpetuate cannabis-related health and socioeconomic disparities is needed.
10:30 AM – 11:30 AM	<p>Session 4067.0: Tobacco Poster Session 3: Tobacco Cessation</p> <p>Title: Overcoming barriers to quitting with the PA free Quitline</p> <p>Presenter/Author: Public Health Management Corporation</p> <p>Session Format: Poster</p> <p>Abstract: Purpose: Pennsylvania offers free tobacco cessation counseling for individuals (14+) who use tobacco and nicotine replacement therapy (NRT) for those 18+ and medically eligible via the PA Free Quitline and pa.quitlogix.org. For tobacco cessation services such as the PA Free Quitline, it is important to review deidentified client feedback about the program to understand any barriers clients may face while receiving services. Client feedback can inform coach training and protocols, as well as service utilization and reengagement efforts.</p> <p>Methods: A themed analysis of qualitative feedback collected from Quitline callers who responded to the six-month follow-up survey was conducted. Responses were collected from October 2021 to October 2022. Callers were asked for general feedback about the services.</p> <p>Results: Major themes that emerged from the qualitative responses included barriers related to NRT, program approach, technical problems, coaching challenges, time commitment, and external barriers. Feedback data coded to each theme was reviewed for ways to support reengagement efforts. This proved to be particularly important within the external barriers theme, as reported responses included ending counseling early due to hospitalization, death of a loved one, struggles with mental health, motivation, and more.</p> <p>Conclusions: Results from the themed analysis show that utilizing feedback from Quitline callers can support program improvements and reengagement efforts. Coaches can use certain types of general feedback to guide an initial reconnection with services for clients. Addressing common problems and barriers with user-informed solutions can make reengagement efforts more tailored and compassionate towards the user experience. Further exploration of client feedback could include examining feedback at the 3-month follow-up to better understand early opportunities for potential reengagement.</p>
10:30 AM – 11:30 AM	<p>Session 4068.0: Tobacco Poster Session 4: Smoke Free Policies</p> <p>Title: Vape-free schools initiative evaluation pilot</p> <p>Presenter/Author: Public Health Management Corporation</p> <p>Session Format: Poster</p> <p>Abstract: Background: Close to one in five teens vape, and youth vaping rates are now 73% higher than four years ago, prompting the U.S. Surgeon General to call youth vaping an "epidemic." Through the Vape-</p>

	<p>Free Schools Initiative (VFSI), the American Lung Association is helping schools navigate this public health emergency with tools to protect and support both schools and students. VFSI schools are leaders in supporting students affected by vaping, offering guidance, education through alternative to suspension INDEPTH® programing, policy adjustments, and youth cessation through the N-O-T® program. The Lung Association partnered with schools in Pennsylvania to offer VFSI and conducted evaluation to assist stakeholders with curbing the youth vaping epidemic.</p> <p>Methods: The Research & Evaluation Group at Public Health Management Corporation (PHMC) administered surveys for administrators, students, and parents that addressed tobacco policies, enforcement, desired policy outcomes, and support needed. The Lung Association distributed online survey links to stakeholders across Pennsylvania. PHMC will also conduct focus groups to assess readiness, interest, and barriers for implementing VFSI.</p> <p>Results: Results will include a description of administrator, staff, parent and student vaping knowledge, decision making protocols, and initial policy changes. VFSI participation data will be mapped and used to contextualize priority areas for outreach.</p> <p>Conclusions: Youth are getting addicted to vaping and a comprehensive approach is needed to combat this epidemic. The Lung Association will use evaluation findings to better equip schools, parents, and students with the tools they need to curb vaping and tobacco use.</p>
10:30 AM – 12:00 PM	<p>Session 4122.0: Health Administration Section Roundtable Session 3</p> <p>Title: Sustaining collaboration for improved population health</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Roundtable</p> <p>Abstract: Health-focused multisector collaboratives (MSCs) exist to accomplish goals that are bigger than any one organization alone can achieve. Yet achieving big goals like improving equity and reducing health disparities takes time. Therefore, an important consideration for MSCs is how to sustain collaborative progress.</p> <p>The primary objective of this presentation is to advance empirical understanding of how the internal working processes – or collaboration dynamics – in health-focused MSCs relate to their ability to sustain collaboration and collaborative outcomes. This study asks: ‘How do MSCs sustain collaboration and collaborative outcomes?’ and ‘Which collaboration dynamics are most closely related to positive sustainability perceptions?’</p> <p>Research investigates how and the extent to which collaboration dynamics influence the outcome of collaborative sustainability in one type of health-focused MSC, Accountable Communities of/for Health (ACHs). The study sample includes four ACHs in California and Washington and</p>

	<p>uses primary and secondary data including surveys (n=596), interviews (n=13), focus groups (n=1), meeting observations (n=2), documents (n=879), and demographic data. Quantitative data were analyzed using structural equation modeling. Qualitative data were analyzed using theory-testing process tracing.</p> <p>Overall, findings suggest that procedural and institutional arrangements, shared data, developing a formal business or sustainability plan, and MSC partner accountability have the strongest positive influence on collaborative sustainability, while median annual income and population density of the area served by the MSC have the strongest negative influence on perceived sustainability. This presentation will inform MSCs on effective approaches to sustaining collaboration and collaborative outcomes for improved healthcare services, delivery, and outcomes.</p>
10:30 AM – 12:00 PM	<p>Session 4134.0: Programs and Strategies to Advance Health Equity for Men and Boys</p> <p>Title: Redefining men of color's health: Building a baseline for a post COVID world</p> <p>Presenter/Author: Health Resources in Action</p> <p>Session Format: Roundtable</p> <p>Abstract: While COVID-19 bared the deep inequities in American communities and exposed the precarious nature of social and economic stability, men of color, Black and Hispanic men specifically, weathered the storm more poorly due to underlying inequities, and standing differentials in health access, help seeking, and health outcomes. Black and Hispanic men, early in the pandemic, were the more likely to be either working in hazardous conditions or to be thrown out of work, while at the same time more likely to be infected, be admitted with acute symptoms, and die from COVID and related maladies. A perfect storm of conditions in housing, education, employment, and, healthcare, all conspired to perilously impact these men. Rising gun violence during the pandemic disproportionately impacted men of color, especially black men.</p> <p>Furthermore, separation from healthcare due to avoidance of hospitals challenges with telehealth, and, lack of primary care pre, during, and post the pandemic emergency, has set back the health and health focus of many men of color to below pre-pandemic levels.</p> <p>The Men of Color Resilience and Equity Survey seeks to build an understanding of how these factors have affected the health of men of color directly and indirectly, shaped their health and help seeking behaviors, how COVID has affected their lives and their perceptions of healthcare, and how SDOH continue to impact their health. MOCRES seeks also to understand the impacts on mental health and perception thereof, challenges in health access, the impact of trauma, use of self-care, and, men or colors' ideas about better health for themselves. The impact of these results is to fundamentally change the baseline from which we are working to support the health of men of color, and build an understanding of what it takes to support the health of men of color in deeply unhealthy environs.</p>

10:45 AM – 11:00 AM	<p>Session 5072.0: At the Heart of It: The Power of Community to Drive Change</p> <p>Title: Investing in and leveraging black women's leadership to propel health equity in Wisconsin</p> <p>Presenter/Author: University of Wisconsin Population Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Issues: Black women's health in Wisconsin is in a state of emergency. Wisconsin leads the nation in racialized health disparities despite Wisconsin's high performance on national rankings for healthcare quality. African American residents are over-represented in all major categories of disease and illness - inequities that have persisted for many decades.</p> <p>Description: The Foundation for Black Women's Wellness, in collaboration with the University of Wisconsin Population Health Institute, disrupts these persistent disparities by connecting and training Black women to lead change through the Well Black Woman® Institute (WBWI). The WBWI is a two-year, affinity-based health equity leadership program that positions Black women as drivers of system change and health equity in Wisconsin. Following a foundational learning sequence, WBWI fellows leverage their expertise and influence to shape health and social policies and practices affecting their respective workplaces and communities.</p> <p>Lessons Learned: A prominent insight from the first year program evaluation is the importance of nurturing spaces for Black women leaders to process, understand, and transform their lived experiences of racialized, gender-based, and/or social trauma. A second insight is that community-based leadership training is critical for interrupting social and professional isolation experienced by Black women in social impact or justice-focused careers.</p> <p>Recommendations: The early success of the Institute leads us to recommend sustained investments in programming led by Black women. Without it, efforts to secure a healthy and equitable nation will be incomplete. Furthermore, WBWI demonstrates the importance of intentional academic and community-based partnerships characterized by sharing power, mutual trust, and authenticity.</p>
11:00 AM – 11:15 AM	<p>Session 4121.0: Workforce Management & Health Administration: Consortium for Workforce Research in Public Health</p> <p>Title: Public health nurses in the COVID-19 response: Roles, skills and training needs</p> <p>Presenter/Author: Northwest Center for Public Health Practice</p> <p>Session Format: Oral</p> <p>Abstract: Background This study fills an evidence gap regarding the value nurses bring to public health practice by comparing nurse versus non-nurse competencies in critical skills during the COVID-19 response.</p> <p>Methods Using a national, county-level dataset with local health department (LHD) staff- and organizational-level data, we developed two binary nurse-</p>

	<p>specific variables – (1) whether the staff person was a nurse or non-nurse and (2) whether the LHD was “nurse-led” (directed by a nurse). Using logistic regression, we examined associations between these two variables and proficiencies important to covid-19: evidence-based practice, cross-sectoral collaboration, managing change, and integrating equity into programs. Models controlled for relevant LHD and community characteristics.</p> <p>Results Of the 29,751 LHD staff respondents, 19% were nurses and 17% were at nurse-led LHDs. Nurse versus non-nurse staff had higher odds of reporting proficiencies such as “Incorporate health equity into programs” (Adjusted Odds Ratio [AOR]=1.3; 95% CI=1.2-1.5) and “Apply evidence-based approaches to address public health issues” (AOR=1.7; 95% CI=1.3-2.1). Conversely, nurse staff were more likely to report training needs in data-based decision-making and policy engagement. Staff (across all disciplines) at nurse-led LHDs had higher odds of reporting proficiencies such as “Collaborating across the public health system” (AOR=1.3; 95% CI=1-1.5) and “Managing organizational change” (AOR=1.3; 95% CI=1.1-1.6).</p> <p>Conclusions These findings demonstrate that nurses in LHDs have and foster skills critical in an emergency response and identify areas for workforce development. Such findings underscore the value of public health nursing leadership and staff at LHDs for supporting community health and responding to future pandemics.</p>
12:30 PM – 1:30 PM	<p>Session 4160.0: Black Caucus of Health Workers Poster Session V</p> <p>Title: Crafting surveys on the sale and use of menthol tobacco in Pennsylvania</p> <p>Presenter/Author: Public Health Management Corporation</p> <p>Session Format: Poster</p> <p>Abstract: Studies demonstrate menthol flavored tobacco is more palatable and addictive, making it harder to end use. Tobacco companies market menthol tobacco products aggressively in Black communities, resulting in disproportionately high rates of menthol tobacco use. In April 2022, the Food and Drug Administration proposed a ban on the sale of menthol tobacco products, aiming to reduce rates of menthol use. This new legislation is an opportunity to prioritize health equity in tobacco prevention and control.</p> <p>As part of a 2023 panel survey of Pennsylvania adults who use flavored tobacco, Pennsylvania Department of Health (PADOH) and Public Health Management Corporation collected feedback on menthol use, marketing, purchasing patterns, brand loyalty, and policy attitudes. The survey was modeled after a similar California survey.</p> <p>The survey is designed to capture feedback directly from Pennsylvanians who use flavored tobacco, specifically Black and young Pennsylvanians. Survey results will provide key insights on menthol flavored tobacco consumption, retail locations, brand loyalties, and marketing strategies used to by tobacco companies to promote its use.</p>

	<p>This presentation will describe how the results from this survey will help PADOH better understand differences in menthol tobacco consumption patterns compared to other flavored tobacco products, and differences in flavored tobacco use and policy attitudes among Black respondents compared to white and non-Black respondents. With these survey findings, we hope to illustrate how the inclusion of the voices of Black Pennsylvanians can be instrumental to informing programs and policies to counter the adverse effects of tobacco industry marketing in the Black community.</p>
12:30 PM – 1:30 PM	<p>Session 4160.0: CHPPD Poster Session 6</p> <p>Title: Equity stories: Using storytelling to elevate the lived expertise of those experiencing homelessness in metro Atlanta</p> <p>Presenter/Author: Georgia Health Policy Center</p> <p>Session Format: Poster</p> <p>Abstract: Efforts to provide person-centered support and services often face challenges integrating end users into the decision-making process. The three-phase Equity Story process provides a strategy to ensure that service design is informed by those seeking support. In partnership with Global Dialogues, Partnership for Southern Equity, Partners for Home, and the Annie E. Casey Foundation, Atlanta Regional Collaborative for Health Improvement's (ARCHI) used the Equity Story process to elevate the experiences of metro Atlanta residents who had a past or present experience of homelessness. For the listening phase of this process, stories were collected from 30 individuals with an experience of homelessness. Story collection was rooted in principles that respect the storytellers' autonomy and valued their expertise. Storytellers were asked to reflect on their personal experiences, share their aspirations, and propose actions for systems that support members of their communities to thrive. For the learning phase, three Community Panels were held March through May 2022 with a total of 29 participants. Community Panels were held to help cross-sector stakeholders gain a better understanding of the context of homelessness and identify priorities for action. During the Panels, participants applied skills of deep listening and intellectual humility and were tasked to propose system-focused recommendations. A total of twelve recommendations were developed across the three panels with common themes of person-centered and unconditional supports and services, empathy for service providers, and making those who have experienced homelessness leaders in support efforts. For the elevating phase of the process, an Equity Stories Community Forum was held in June 2022. The Community Forum was an opportunity for a larger audience to engage with the Equity Stories, disseminate Community Panel recommendations, and develop plans to move recommendations into action. Over 60 Community Forum attendees developed short-term and long-term plans. The regional Continuum of Care (CoC) used these plans to inform their upcoming strategic planning. ARCHI also is continuing to elevate the voices of the storytellers by allowing users to listen, read or watch collected stories in its online ARCHIVES. While our storytellers had a common experience of homelessness, the Equity Story process provides a framework to elevate the voice of traditionally disenfranchised communities. It can be used by public health practitioners to integrate those most impacted by decisions and</p>

	ensure that their insights are the basis for action, program design and service delivery.
2:30 PM – 3:30 PM	<p>Session 4194.4: Injury and Emergency Health Services Late Breakers Poster Session</p> <p>Title: Maine recovery jobs: The ethics and social challenges associated with rural emergency workforce interventions</p> <p>Presenter/Author: MCD Global Health</p> <p>Session Format: Poster</p> <p>Abstract: As federal dollars pour into rural communities facing the COVID-19-exacerbated opioid crisis, emergency service providers are seeking ways to attract and sustain a badly needed workforce. An eager, impassioned, committed group of people with lived experience with substance use have the vision for this work and they are best suited to lead such efforts. However, stigma and social positioning puts them at distinct disadvantage to be able to affect change. They often cannot afford to invest in education, provided they are able to understand the confusing certification landscape. Criminal records resulting from past use may also pose significant barriers for this population. Maine's HRSA-funded Rural Behavioral Health Workforce Center operates training support interventions serving providers and a current / potential workforce. In so doing, we use incentives, expanding collaborations, and advocacy for peers to confront uncompetitive pay rates, short-term project cycles, lack of healthcare reimbursement, and high-stress work environments. We describe our interventions in rural Maine, their impacts, and what remains to be done. Our solutions include a career pipeline web resource, peer internships, learning communities in legislation and social determinants of health, a career entry series, and MOUD training that combats stigma. While these programs remove some barriers and social challenges to the emergency health workforce, they leave other structures unchallenged. We recommend, based on our needs assessment and evaluation findings: longer-term and system-connecting projects; deeper partnerships at the state level; firmer rooting in evidence-based practices; and radical grounding of interventions in lived experiences.</p>
2:45 PM – 3:00 PM	<p>Session 4253.0: Bridging the Gap: Roles of the Behavioral Health Workforce in Mental Health and Substance Use</p> <p>Title: Healing others, healing ourselves: Saving lives with mental health first aid</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Substance use and mental health disorders are intrinsically linked, generating a growing demand for trauma-informed care. The COVID-19 pandemic has exacerbated these issues: 90% of U.S. adults believe that the country is facing a mental health crisis, and rates of anxiety, depression as well as drug, alcohol-induced, and suicide deaths continue to climb. Contributing to the complexity of this mental health epidemic is a significant shortage in mental health providers and a public health workforce with high rates of burnout. A recent survey found that nearly one in three public health employees say they</p>

are considering leaving their jobs within the next year.

To address the challenges of a national mental health crisis and overburdened workforce, the PHI Center for Health Leadership & Impact (CHLI) has sponsored Mental Health First Aid (MHFA) certification trainings to nearly 500 local leaders and offered trainings to more than 3,000 professionals on trauma informed practice. MHFA training provides information about the common signs and symptoms of mental illness and substance use disorders, and provides trainees the opportunity to build skills to manage a mental health emergency. Given the current mental health crisis, the goal is to significantly expand the reach of MHFA as a lifesaving skill, similar to training individuals throughout a community in CPR to save a life during a cardiac emergency. Furthermore, providing certification trainings in MHFA to the broader public health workforce will lower the burden on the current shortage of trained mental health providers.

Presenters will discuss CHLI's current initiative to scale MHFA certification and trauma-informed practice trainings across the public health workforce. They will describe specific examples of what this spread and scale looks like in practice, including MHFA trainings for AmeriCorps VISTA members embedded in local communities and an overdose prevention coalition that sponsored MHFA certifications for their local medical providers, educators, and law enforcement. The presenters will also showcase available wellness tools and resources used to bolster nationwide capacity in trauma-informed care and help the workforce address toxic stress and burnout.

3:15 PM – 3:30 PM

Session 4225.0: [Examining Mental Health Interventions](#)

Title: [A scoping review of alternative emergency responses: Fostering equity when responding to mental health and other crises](#)

Presenter/Author: Health Resources in Action

Session Format: Oral

Abstract: Background: A history of police brutality when responding to emergencies in communities of color have catalyzed national conversations on addressing institutional racism in public safety. These have led to calls for alternative programs to improve equity in emergency response and to fill the unmet need for compassionate care in mental health emergencies and other crises.

Objectives: We aimed to examine alternative emergency response programs in the US to understand their key components.

Methods: Between July and August 2022, we reviewed the literature to identify alternative emergency response programs in the US. We identified and analyzed the key components-host organization, main partners, funding, services, staffing and training-of 26 programs, eight of them in-depth.

Results: Alternative emergency response models in the US can be broadly categorized into three types based on the level of law enforcement involvement: fully independent, emergency dispatch diversion, and co-response models. Usually hosted by community-based organizations and dependent on volunteers and grant funding, fully independent models are always unarmed and

	<p>independent from the police. Dispatch diversion models may use existing public safety system infrastructure but are also generally unarmed, with police being called in as a last resort. Mostly publicly funded, these programs are primarily hosted by a city agency or are their own municipal department. Co-response models are always armed as they integrate behavioral health professionals into the police response; they are mainly hosted by police departments with public funding allocated to the police to operate them. Programs provide services related to mental health, substance use, care coordination, and basic needs. Many programs look to hire racially/ethnically diverse response teams congruent with the communities they serve. Common responder training across alternative response programs includes racial equity, harm reduction approaches, violence de-escalation, and cultural humility.</p> <p>Conclusions: Different emergency response models are best suited to different contexts; many cities have different programs operating simultaneously. Key program components should be tailored to the program goals, and factors such as community assets, existing infrastructure, and available funding. Overall, close linkages with social services, mental health, and other local resources are strongly recommended as core strategies to improve equity in emergency responses.</p> <p>Public Health Implications: There is a documented need for unarmed alternative emergency response programs in the US. Whereas a handful of such programs have existed for decades, many were recently launched. More research is needed to document these processes and identify best practices for equity and sustainability.</p>
3:15 PM – 3:30 PM	<p>Session 4253.0: Bridging the Gap: Roles of the Behavioral Health Workforce in Mental Health and Substance Use</p> <p>Title: Integrated behavioral health: A team-based, wrap-around, trauma-informed program</p> <p>Presenter/Author: Public Health Management Corporation</p> <p>Session Format: Oral</p> <p>Abstract: Issue: Traditional behavioral health models have siloed mental health and substance use services. With more recent support for behavioral health service integration, there remains a need to understand how to build highly integrated programs, value and impacts on client access, and broader outcomes of integrated systems.</p> <p>Description: Acenda CCBHC has established a team-based model providing wrap-around services, integrating mental health and substance use services using a trauma-informed lens. Staff receive extensive training in evidence-based practices (e.g., motivational interviewing, CBT/TF-CBT) and integrated care. Daily huddles, biweekly cross-program meetings, integrated treatment plans, and a co-located pharmacy allow staff to address clients' needs holistically. Robust warm hand-offs facilitate enrollment to other programs.</p> <p>Lessons Learned: Focus groups indicated staff and client satisfaction with cross-system integration of services and program implementation. At 6-month reassessment, a majority (85%-100%) of clients indicated positive perceptions of</p>

	<p>care. Clients served at the pharmacy have a medication adherence rate of 97.8%. COVID-19 introduced challenges including in-person service delivery, streamlining communication with clients, timely enrollment, and delayed linkages to external services. CCBHC prioritized SMI/co-occurring disorders, providing access to care within one business day for urgent situations and within two weeks for more routine needs.</p> <p>Recommendations: Regular cross-system communication was identified as key to successful integration of mental health treatment and improvement of client outcomes. Prioritizing CCBHC staff retention and cross-program collaboration ensured rapid access and follow-up, allowing CCBHC to support clients unable to access alternate levels of care until those services could be obtained.</p>
4:45 PM – 5:00 PM	<p>Session 4303.0: Advancing Public Health through Innovative Health Administration Strategies, Programs and Partnerships</p> <p>Title: Advancing health in rural communities through shared service arrangements: Leveraging existing strengths and overcoming common challenges.</p> <p>Presenter/Author: Kansas Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Rural health departments face unique challenges providing and assuring public health services in their communities. Shared service arrangements, where two or more jurisdictions come together to share resources across their boundaries to increase public health effectiveness and efficiency, and address health challenges that cannot easily be solved by a single jurisdiction, are a valuable tool for public health transformation. Despite the promise and potential of shared services for rural communities, rural health departments can face obstacles and constraints when exploring, developing and managing shared service arrangements. To support the utilization of shared service arrangements in rural communities, the Center for Rural Health Research at East Tennessee State University and the Center for Sharing Public Health Services (CSPHS) at the Public Health Accreditation Board are partnering to develop a guide for understanding and overcoming these challenges. An environmental scan of twelve past case studies of shared service arrangements in rural communities across the U.S. supported by the CSPHS was completed. The case studies were double coded, and thematic analysis was used to identify themes in three areas: challenges, local assets, and external resources that influence shared service arrangements in rural communities. This spring, interviews with public health leaders working in rural communities will be conducted to further refine the themes identified in the environmental scan. The combined analysis will result in a new resource to support rural public health leaders in adopting shared service arrangements that are responsive to the unique contexts of their rural communities and health departments.</p>
4:45 PM – 5:00 PM	<p>Session 4300.0: Nutritional Behavior and Communication across the Lifespan</p> <p>Title: Evaluation and administration of a supplemental nutrition assistance program-education (SNAP-Ed) social marketing campaign in Pennsylvania</p> <p>Presenter/Author: Public Health Management Corporation</p>

Session Format: Oral

Abstract: Introduction. BeHealthyPA is a social marketing campaign that aims to educate SNAP-Ed eligible residents in Pennsylvania about physical activity and healthy eating. Data from the 2022 BeHealthyPA evaluation survey show promising results that the campaign has reached these goals. Refined messaging and increased campaign reach paired with continued evaluation will help to bolster BeHealthyPA's efficacy as a research-tested social marketing campaign.

Methods. In 2022, BeHealthyPA was evaluated using an online retrospective panel survey of 1,000+ SNAP-Ed-eligible adult Pennsylvanians, which measured the campaign's recall rate and its effects on participant healthy eating and physical activity habits. In 2023, we are in the process of administering this panel survey again to compare results year to year and discern the degree of change in campaign recall and message effectiveness over time.

Results. BeHealthyPA reached over one million Pennsylvanians. Results from the 2022 survey showed a 36% recall rate, a higher likelihood of fruit and vegetable consumption and more frequent walking among respondents who recalled the campaign. The forthcoming panel survey will measure the same outcome variables to assess improvements to campaign messaging. By using consistent messaging that strives to utilize healing-centered communication practices, we expect to see increases in campaign recall, participant knowledge, and reported healthy behaviors in the 2023 survey.

Discussion. We have used these panel survey results to inform and improve campaign messaging and increase exposure to the campaign over time. BeHealthyPA's evaluation results can support other SNAP-Ed social marketing efforts by informing design/messaging creation, evaluation design, and outreach strategies.

Wednesday, November 15, 2023

8:30 AM – 8:45 AM

Session 5015.0: [Community Engagement and Action to Improve Psychosocial Experiences of Immigrants, Refugees, and Forcibly Displaced Populations](#)

Title: [Sehat: A peer-led, four-tiered mental health intervention for Afghan refugees in the United States](#)

Presenter/Author: Public Health Institute

Session Format: Oral

Abstract: The 2021 Afghanistan crisis led to a threefold increase in Afghan refugees in the United States. Many of these refugees are at risk of poor mental health due to trauma and complex stressors, including adversity in their home country, forced displacement, and challenges associated with post-resettlement. This study aims to describe Sehat, a peer-led, four-tiered intervention designed to bridge the gap between Afghan refugees and their broader medical and social milieu.

	<p>Led by former Afghan refugees and supported by SAMHSA-funded Lotus Project, Sehat's framework encompasses four-tier federal, state, county, and community-level mental health projects. By capitalizing on the resources and expertise of diverse governmental and community stakeholders, Sehat has adopted a synergistic approach that maximizes its impact and effectiveness in improving mental health outcomes. Between 2022 and 2024, the program is anticipated to support mental health interventions for 2,000 refugees and impact the health of approximately 15,000 refugees in California and across the U.S. Preliminary program data will be presented at the conference.</p> <p>Sehat's innovative model holds promise for mental health practitioners serving Afghan refugees and may provide a template for interventions targeting other forcibly displaced populations, such as Ukrainians. Nonetheless, further research is necessary to rigorously evaluate Sehat's effectiveness, scalability, and adaptability to different refugee demographics. Overall, Sehat represents a promising effort to address the mental health needs of Afghan refugees in the United States and may serve as a model for other programs seeking to improve the well-being of forcibly displaced populations.</p>
8:30 AM – 10:00 AM	<p>Session 5015.0: Exploring Methods and Results from Community-Engaged and Community-Based Participatory Research</p> <p>Title: Community health worker and local health equity action team member perceptions of the design and implementation of the communities organizing the promote equity (COPE) project: A mixed method study</p> <p>Presenter/Author: Kansas Health Institute</p> <p>Session Format: Roundtable</p> <p>Abstract: Background: Supporting communities to innovate solutions when addressing social determinants of health is a potential strategy to increase health equity. The Communities Organizing to Promote Equity (COPE) Project aims to address social determinants of health and health inequities exacerbated by the COVID-19 pandemic for under-resourced populations in 20 Kansas counties through the formation of local health equity action teams (LHEATs). LHEATs comprise community members, social service agency representatives, and community health workers (CHWs). This study aimed to qualitatively assess LHEAT member perceptions of the design and implementation of COPE.</p> <p>Methods: Ninety interviews were conducted with LHEAT members representing all 20 COPE counties. An interview guide was used to direct discussions through key topics. Deductive and inductive approaches were used to analyze the data, and key themes related to the barriers and facilitators for implementation were identified.</p> <p>Results: Themes related to barriers included: unclear roles, engaging the local community, and group coordination logistics. Themes pertaining to</p>

	<p>facilitators included: the provision of a regional lead and an LHEAT facilitator, strong local partnerships, diverse perspectives, and using a range of communication and outreach activities. Participants were also asked to quantify their experiences of support, comfort, and benefit through different project components (88% felt comfortable speaking up in LHEAT meetings, 97% found monthly learning collaboratives beneficial, 89% of CHWs felt empowered after LHEAT meetings).</p> <p>Conclusion: COPE researchers and community organizers can use the identified barriers and facilitators for implementation to optimize the implementation of community-led and community health worker-engaged initiatives that promote health equity.</p>
9:00 AM – 9:15 AM	<p>Session 5016.0: Innovations in Community-Based Participation in Public Health</p> <p>Title: Cowley County data walk: A novel community engagement approach for improving health outcomes in a rural Kansas community</p> <p>Presenter/Author: Kansas Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Background: Cowley County ranks 93rd of 104 Kansas counties for health outcomes in the 2023 <i>County Health Rankings</i>. County residents are working to improve their community's health. However, a long history of socio-political disagreements and tension has created significant challenges. Community stakeholders lacked a common understanding of their community's health, creating challenges for discussion and collaboration. The data walk was an innovative approach that provided opportunities for conversation and collaborative action towards more equitable community health outcomes.</p> <p>Theory of Change: The data walk created common understandings of the lived experience of those with the poorest health outcomes and the health impact of systems and environments. The goal was a paradigm shift. Data visualization prompted small discussion groups of community leaders to confront their own assumptions about health disparities in their communities. This sparked conversations and partnerships towards action. The event focused on child health to encourage consideration of systems, policies and social determinants of health rather than individual behaviors alone.</p> <p>Program Activities: The data walk hosted in November 2022 consisted of large, printed infographic posters showing key health indicators and disparities identified by the community stakeholders and research team. The community invited key community champions to attend an event at the local historic theater. Attendees were then divided into small discussion groups, asked to walk to each display, reviewed the data independently, reflected on the information and discussed with their group. Participants were asked to consider what surprised them, if the data matched their lived experience and what they believed contributed to health disparities.</p> <p>Outcomes: Since the November data walk, stakeholders in Cowley County</p>

	<p>have held 15 additional data walks (reaching over 400 people) to continue conversations and introduce the data to new stakeholders. Other counties have also requested their own events. These conversations have led to new organizational and community partnerships to improve child health. The authors are documenting actions attendees took following the data walk. Additionally, community partners began training related to health in all policies tools and practices. These tools integrate health considerations (e.g., planned and unintended health consequences) into policymaking.</p> <p>Conclusion and Recommendations for Practice: The data walk model offered an innovative solution to navigating challenging social contexts and rebuilding partnerships. Expansion of this model could improve dissemination and impact of public health information. The authors plan to improve and expand the model to other counties and will share lessons learned and recommendations for implementation.</p>
9:00 AM – 9:15 AM	<p>Session 5002.0: Opioids Oral Session 3: Expanding Access to Medication for Oud Treatment: Emerging Practice and Their Impact</p> <p>Title: Bridging to better substance use treatment in California and beyond: The implementation and maintenance of statewide emergency department opioid use disorder (OUD) treatment programs</p> <p>Presenter/Author: Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Background: Since 2019, CA Bridge has transformed the emergency department (ED) substance use disorder (SUD) landscape in California by providing coaching, resources, and technical assistance to hospitals across CA to implement low-threshold OUD care, including ED-initiated medication for opioid use disorder (MOUD), substance use navigators (SUNs), and take home naloxone. After starting with a cohort of 52 hospitals, 278 hospitals across diverse practice settings provide evidence-based addiction treatment and linkage to outpatient care via navigators. We describe the implementation and effectiveness of these programs since scaling to 278 hospitals.</p> <p>Methods: We examined the reach, effectiveness, adoption, and implementation of ED-initiated buprenorphine at hospitals participating in the CA Bridge program.</p> <p>Results: Between April 2019 and February 2023, 76% of CA hospitals (251/329) implemented the CA Bridge model: hiring SUNs and offering low-threshold MOUD in the ED. 278 hospitals (84%) receive technical assistance from CA Bridge to implement the model. Since implementation at 251 sites, SUNs were consulted during 234,446 ED visits. Among 183,304 encounters with patients with OUD, 41.9% (76,800/183,304) of patients were treated with or prescribed buprenorphine from the ED.</p> <p>Conclusions: The CA Bridge ED OUD treatment model is a scalable intervention to improve access to addiction treatment from the ED. Hospitals in diverse settings are shown to successfully identify patients</p>

	<p>with OUD, increase the availability of MOUD, and connect more patients to ongoing care via SUNs. Future work is needed to implement and evaluate this model in other states as a strategy to address the opioid epidemic nationally.</p>
10:30 AM – 12:00 PM	<p>Session 5084.0: Ethics Roundtables: Promoting Equity and Ethics in Public Health Research & Practice</p> <p>Title: A call to augment care: BIPOC and intersex respondents' experiences in statewide LGBTQ health needs assessment data</p> <p>Presenter/Author: Public Health Management Corporation</p> <p>Session Format: Roundtable</p> <p>Abstract: Background: The PA LGBTQ Health Needs Assessment (HNA) received responses from 123 intersex people in 2022. This is the largest dataset representing intersex people in the United States, and intersex people participated in more than half of PA counties. We highlight disproportionate experiences with homelessness and negative provider interactions and consider how multiple intersecting identities inform these experiences.</p> <p>Methods: Bradbury-Sullivan LGBT Community Center, Pennsylvania Department of Health, and Public Health Management Corporation administered 2020 and 2022 HNAs. The statewide, anonymous, English/Spanish, purposive surveys launched with 40+ LGBTQ organizations' support. Descriptive data analysis was carried out.</p> <p>Results: Half (53%) of intersex respondents were Black, Indigenous, and People of Color (BIPOC). 43% had had a negative experience with a healthcare provider because of their race, and 36% often or always feared seeking healthcare services. 44% of intersex respondents had experienced homelessness, including couch-surfing, at some point in their lives (compared to 21% of all respondents and 24% of all BIPOC respondents). Multiracial intersex respondents had experienced this at an even higher percentage (85%), although this group had a small sample size.</p> <p>Conclusions: The housing and intersex-competent care needs, especially among the BIPOC intersex population, are not being met. There is a distinct opportunity to improve healthcare interactions between providers and patients for these populations. Survey findings support recommendations to strengthening linkages with housing programs and training providers, as well as facilitating connections between community organizations in their advocacy efforts across housing and health care arenas.</p>
10:45 AM – 11:00 AM	<p>Session 5071.0: Examining Facilitators and Barriers Among Faith-Based Organizations in Conducting Research to Address and Improve Community Societal and Ethical Issues</p> <p>Title: Assessing the impact of vaccine status on COVID-19 behaviors in faith communities</p>

	<p>Presenter/Author: Nevada Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Data on COVID-19 preventive behaviors within faith-based organizations (FBOs) is lacking. This study sought to assess vaccine status, adherence to COVID-mitigation measures, and interactions between the two within BIPOC FBOs to train faith-based community health workers (CHWs) in reducing the impact of COVID-19 on faith communities.</p> <p>BIPOC places of worship within the Nevada Faith and Health Coalition (NVFHC) each selected members to undergo training as CHWs and in COVID-19 testing and data collection. These CHWs were tasked with recruiting families from their respective FBOs to undergo weekly PCR COVID-19 testing and complete a survey that inquired about their perceptions about the COVID-19 pandemic as well as precautionary measures taken and events attended in the previous week. The data from the PCR tests and the survey responses were then analyzed using SAS.</p> <p>A total of 165 survey responses were analyzed. 69.1% of participants were vaccinated and 49.7% reported that they were not concerned at all about COVID-19. The odds of unvaccinated participants reporting taking ≤ 1 precautionary behavior in the previous week was 33% higher than in vaccinated participants ($p=0.002$). Similarly, unvaccinated participants had 33% higher odds of reporting having taken 2-3 precautionary behaviors than vaccinated participants ($p=0.038$). Vaccinated individuals were more likely to attend events than unvaccinated participants.</p> <p>Vaccinated study participants were more likely to underestimate their risk of contracting COVID-19 and less likely to take precautionary measures to prevent infection. This suggests there are opportunities for CHWs to target perceived risk among vaccinated populations in future COVID-19 mitigation efforts.</p>
11:00 AM – 11:15 AM	<p>Session 5101.0: Impacts of Community Engagement on Rural & Frontier Health Outcomes</p> <p>Title: Estimating the burden of endocarditis in West Virginia: Mountain state assessment of trends in community health (MATCH) survey, 2023</p> <p>Presenter/Author: West Virginia University Health Affairs Institute</p> <p>Session Format: Oral</p> <p>Abstract: Background: Hospitalizations for life-threatening infectious endocarditis have increased six-fold in rural West Virginia (WV), in tandem with the opioid epidemic. This study is the first to assess the prevalence of endocarditis among WV adults.</p> <p>Methods: Data are obtained from a recently completed, statewide, population-based health survey, Mountain State Assessment of Trends in Community Health, using a stratified random sample of non-institutionalized WV adults. Weighted bivariate logistic regression analyses compared characteristics of people who reported ever being</p>

diagnosed with endocarditis and those without endocarditis.

Results: Overall, 14,398 respondents provided information on the status of endocarditis, representing a weighted 1,276,670 WV residents, of whom 7,384 (0.6%) had endocarditis. Compared to people without endocarditis, people with endocarditis were more likely to have (1) *financial vulnerability*: Medicaid (OR: 1.97, 95% CI:1.167-3.329), skipped a meal (OR: 2.06, 95%CI:1.139-3.741), annual family income <\$35,000 (OR: 2.88, 95%CI:1.471-5.646); (2) *chronic conditions*: diabetes (OR: 3.42, 95%CI:1.924-6.08), asthma (OR: 2.62, 95%CI:1.465-4.676), kidney disease (OR: 5.02, 95%CI:2.725-9.244); (3) *mental health issues*: depression/anxiety/post-traumatic stress disorder (OR: 2.03, 95%CI:1.194-3.457), Kessler-6 psychological distress scale score ≥ 13 (OR: 2.07, 95%CI:1.075-3.998), prescription for mental health provider (OR: 1.92, 95%CI:1.113-3.299); (4) *substance use issues*: used drugs (OR: 2.25, 95%CI:1.299-3.906), overdosed (OR: 7.15, 95%CI:3.318-15.41); and (5) *emergency room utilization* (OR: 3.32, 95%CI:1.942-5.679). People with endocarditis did not differ significantly on demographic characteristics. Results have not been adjusted for potential confounding given the small sample size of people with endocarditis.

Conclusion: Endocarditis is prevalent in rural WV's most vulnerable population that needs medical treatment and supportive social services.

11:15 AM – 11:30 AM

Session 5078.0: [Air Quality and Health](#)

Title: [Clean, cool air at home: An intervention to protect agricultural workers from wildfire smoke](#)

Presenter/Author: Public Health Institute

Session Format: Oral

Abstract: Agricultural workers in California's San Joaquin Valley are disproportionately exposed to wildfire smoke due to long work hours outdoors and lack of filtration in their homes. An area with already poor air quality, the topography of this region traps smoke plumes from surrounding wildfires. Low-income families in this region have evaporative coolers (ECs) as affordable alternatives to air conditioners. ECs bring in large quantities of unfiltered outdoor air, creating a hazard when wildfire smoke and heat events coincide.

The FRESSCA project is a community-based participatory research project that responds to farmworker concerns by bringing together a multidisciplinary team to 1) Design a filter for ECs that is effective, easy to install, and affordable; 2) Test the filter in the lab and in the homes of agricultural workers in the San Joaquin Valley; and 3) Engage with local residents to understand potential barriers to widespread use of filtration in homes.

In Year 2 of the study (Summer 2023), effective filtration systems prototyped during Year 1 are being deployed in 50 agricultural worker homes. This year of the study also includes biomonitoring components,

	including chemicals found in wildfire smoke and biomarkers of oxidative stress and inflammation. If successful, the development of an effective filter for ECs would protect thousands of low-income people exposed to the adverse effects of heat and wildfire smoke.
11:30 AM – 11:45 AM	<p>Session 5098.0: Navigating Complexities: Multiple Dimensions of Health and Wellbeing for CYSHCN</p> <p>Title: Equity in focus: Efforts by Kansas care coordination workforce to address equity</p> <p>Presenter/Author: Kansas Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Background: Equity was a key focus of the 2022 evaluation of holistic care coordination (HCC) for Kansas children age 0-8 and pregnant individuals. HCC is a patient-focused approach that considers the physical, emotional, and social aspects of a patient and family when developing a healthcare plan. Healthcare providers and care coordinators often work as a team to assess the medical, behavioral, educational, social, developmental and financial needs of a patient and their family in order to achieve optimal health.</p> <p>Methodology: The Kansas HCC evaluation included a literature review, statewide survey with 81 respondents with representation from healthcare providers (49.4%) and local health departments (42.0%), interviews with three managed care organizations (MCOs) and three of the top insurance providers and focus groups with patients. Two English-language focus groups with parents of children age 0-8 were conducted in February 2023. An additional English-language focus group with pregnant individuals and three Spanish-language focus groups with parents and pregnant individuals are planned for Spring 2023.</p> <p>Results and Conclusion: Participants shared their perspectives on successes and challenges in how equity was incorporated in HCC services across Kansas. MCOs, private insurance companies and healthcare providers described strategies such as cultural competence training and prioritizing patients for HCC based on regional inequities, social determinant of health needs and demographics. Participants identified some social and ethical challenges they encounter in implementing these approaches. These strategies are also contextualized through the experiences of patients who identified remaining challenges, particularly related to language barriers and 'disability-friendly' services.</p>
12:30 PM – 12:45 PM	<p>Session 5133.0: Methods for Measuring Health Equity</p> <p>Title: Measuring capacity for community-led strategies for improving health equity in rural Vermont</p> <p>Presenter/Author: Vermont Public Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Capacity building at the community level is often elusive and challenging to measure. In practical terms, capacity building is an investment in</p>

	<p>the effectiveness and future sustainability of an organization or coalition. When capacity building is successful, it strengthens the organization's/coalition's ability to fulfill its mission over time, thereby enhancing its ability to have a positive impact on people and communities. For health equity, capacity building primarily means improved inclusion and empowerment of those intended to be served. In late 2021, the Vermont Public Health Institute partnered with the Vermont Department of Health Office of Local Health and twelve regional coalitions to form the Vermont Community Health Equity Partnership (VTCHEP). The goal of VTCHEP was to improve capacity for health equity at the local level. Capacity building resources provided during this 18 month CDC funded initiative included hiring local "integrators" embedded in each community; providing skills training and one-on-one coaching in group dynamics and equity topics; and peer support and community-to-community networking opportunities. Our presentation will outline the mixed methods and evaluation tools (Results Based Accountability™, ABL Health Equity Assessment, Emergent Learning After Action Reports, qualitative progress report review and focus groups) and report on the actual results/outcomes to evaluate and quantify the growth in community level health equity capacity throughout the VTCHEP initiative.</p>
1:15 PM – 1:30 PM	<p>Session 5135.0: Public Health Strategies to Combat Inequities</p> <p>Title: Aligning systems to advance health equity: An evaluation of cross-sector collaborations across Texas</p> <p>Presenter/Author: Texas Health Institute</p> <p>Session Format: Oral</p> <p>Abstract: Background: Cross-sector alignment efforts have become an increasingly popular and effective approach to address social challenges and inequities nationally and in Texas. The Robert Wood Johnson Foundation's (RWJF) Aligning Systems for Health Initiative produced a framework to guide successful and sustainable alignment for shared progress toward community goals and health equity.</p> <p>Objective: With support from RWJF and Georgia Health Policy Center, Texas Health Institute (THI) led the first-of-its-kind, large scale realist evaluation to: 1) test RWJF's Aligning Systems for Health Theory of Change model 2) create a baseline portrait of Texas's healthy equity-focused cross-sector initiatives to guide current and future efforts 3) translate research findings into actionable recommendations for the national field.</p> <p>Methods: THI adopted a mixed-methods design using a realist evaluation framework to understand how cross-sector efforts emerge, develop, and are sustained. Realist evaluation seeks to understand how and why complex initiatives and programs work in different contexts. THI established and convened a Statewide Steering Committee representing over two dozen multi-sector experts, leaders, and community stakeholders to guide this work. Through an environmental scan, THI identified over forty health equity-focused initiatives in Texas, of which 20 agreed to participate. Key informants from leading backbone organizations of the 20 initiatives were interviewed to understand how alignment played out. An online survey was disseminated to partnering organizations to understand how these initiatives function from the partner</p>

	<p>perspective. Finally, a total of 15 community focus groups were held across five communities to understand the impact of cross-sector efforts from the community's perspective. All evaluation activities and analyses were conducted between August 2020 and August 2022.</p> <p>Results: Several key takeaways emerged from this evaluation. First, the findings reveal that aligning sectors across public health, health care, and social service is a long-term endeavor with iterative processes. Second, establishing trust is foundational for advancing cross-sector alignment efforts. Third, the key to achieving equity in outcomes involves explicitly prioritizing and operationalizing equity in initiative infrastructure, as well as in its work with communities. Lastly, this evaluation highlights the opportunity for intermediary organizations to develop Communities of Practice to facilitate shared learning and provide support to emerging initiatives nationally.</p> <p>Conclusion: This large-scale evaluation provides a unique perspective of how, why, and under what circumstances and contexts collaborations between multi-sector entities are achieved. This study offers insight and guidance for public health practitioners, community leaders, and funders hoping to successfully align across sectors in a prescriptive manner.</p>
1:15 PM – 1:30 PM	<p>Session 5155.0: Lowering Barriers and Improving Care for All</p> <p>Title: Barriers to care: Disparities from Pennsylvania's 2022 LGBTQ health needs assessment</p> <p>Presenter/Author: Public Health Management Corporation</p> <p>Session Format: Oral</p> <p>Abstract: Background: Lack of access to safe and LGBTQ-competent healthcare is an ongoing source of negative outcomes for LGBTQ individuals. Data regarding LGBTQ experiences with accessing healthcare are fundamental to improving health equity and reducing disparities. The PA LGBTQ Health Needs Assessment (HNA) highlights key healthcare barriers and provides insight into steps that can be taken to improve access, treatment, and health outcomes.</p> <p>Methods: The 2022 PA LGBTQ HNA was developed and administered by Bradbury-Sullivan LGBT Community Center, Pennsylvania Department of Health, and Public Health Management Corporation. The statewide, anonymous, English/Spanish, purposive surveys launched with 40+ LGBTQ organizations' support.</p> <p>Results: In 2022, the PA LGBTQ HNA received 4,228 responses. Nearly 1 in 3 respondents (32.1%) have previously received a negative reaction from a healthcare provider when they learned the respondent is LGBTQ, and nearly half of respondents (45.9%) fear seeking healthcare services due to previous negative experiences or potential negative reactions from healthcare providers. Over a quarter (27.4%) have not visited a doctor for a routine check-up in a year or longer, and 43% have not visited a dentist in a year or longer.</p> <p>Conclusions: LGBTQ individuals face challenges including safety and discrimination when seeking healthcare. Many individuals do not access healthcare at all. Ongoing data collection provides insight into LGBTQ barriers</p>



and needs regarding healthcare access.

Outcome: Highlight barriers to healthcare access experienced within PA LGBTQ populations and address the ways in which disparities can be reduced.