Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform

FOURTH HEALTH DISPARITIES CONFERENCE
March 27-29, 2011 • New Orleans, Louisiana

PROGRAM SYLLABUS
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Funding for this conference was made possible (in part) by Grant Number 5 S21 MD 000100-10 from the National Institute on Minority Health and Health Disparities (NIMHD), National Institutes of Health (NIH) Department of Health and Human Services (DHHS). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Xavier University of Louisiana

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

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

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

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

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

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

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

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

www.xula.edu

* Xavier University of Louisiana is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, GA 30033-4097; Telephone number 404-679-4501) to award bachelors and masters degrees and the Doctor of Pharmacy.
March 28, 2011

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

This year’s theme, “Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform” aligns with the University’s commitment to scholarship, teaching, and service in support of our institutional mission to promote a more just and humane society. Specifically, this conference features the exchange of best practices in the health professions from leading experts in pharmacy, medicine, nursing, and public health. The conference aims to create an environment whereby clinicians, scholars, researchers, and students can explore solutions to the health challenges facing Louisiana, the region, and the nation. The conference represents the confluence of emerging issues in clinical practice, basic science research, and public health that is central to the effectiveness of today’s health providers.

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

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

Sincerely,

Norman C. Francis
President

The Xavier University of Louisiana is committed to education, research and community involvements that improve the quality of life for our citizens.
Dear Conference Attendee:

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

The College is pleased to continue to provide a meaningful educational discussion around “Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform”. The discussions presented during this conference highlight strategies that are effective in clinical, basic science, health policy and research disciplines, and most importantly, the significant role of mid-level providers and interdisciplinary collaborations. Through the presentations of new evidence and the critical analysis of existing evidence, this conference will strengthen the innovative manner in which health professionals and their respective communities can activate and expand their knowledge about health disparities and the effective use of mid-level providers. We hope this Fourth Conference on Health Disparities increases the recognition and effective use of interdisciplinary collaborations at the national, regional and global levels as we aim to eliminate health disparities.

Thank you for your attendance and participation. We look forward to your feedback.

Sincerely,

Kathleen B. Kennedy, Pharm.D.
Professor and Dean
Malcolm Ellington Professor of Health Disparities Research
College of Pharmacy History

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

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

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

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

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

Xavier’s College of Pharmacy is a leader when it comes to numbers of pharmacy degrees awarded to African Americans. From its first class of eight graduating pharmacy students in 1930 to its current average graduating class of 120 entry-level Doctorate of Pharmacy students, Xavier’s graduates serve with distinction in communities throughout this nation and around the world. Its graduates continue to excel in areas that include traditional community and hospital pharmacy practices, ambulatory care, nuclear pharmacy, home infusion, industry, research and professional organization management administration.
The Center for Minority Health and Health Disparities Research and Education (CMHDRE) at Xavier University of Louisiana began on January 14, 2002 with the endowment award from the National Center for Minority Health and Health Disparities (NCMHD) of the National Institutes of Health (NIH). This award was used to establish the Xavier Pharmacy Endowment for Minority Health in the College of Pharmacy.

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

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

1. Advance and sustain meaningful partnerships with diverse communities to address health and health disparities

2. Support and create an infrastructure and culture that leads to production of scientific research that is relevant, meaningful and consistent

3. Develop the infrastructure of the CMHDRE to support its mission by establishing a diverse funding base and with the recruitment and retention of health professions dedicated to the reduction of health disparities.
Welcome to the Center for Minority Health & Health Disparities Research and Education’s Fourth Health Disparities conference. We are delighted you elected to attend what we anticipate to be a very dynamic and enriching experience.

The plethora of health challenges facing the state of Louisiana and the nation validates the appropriateness of this year’s conference entitled, “Utilizing Interdisciplinary Strategies to Advance from Disparities to Reform”. This year’s conference will again place emphasis on the role of mid-level providers in addressing health disparities. Across the program, you will find a range of important topics being discussed. For example, the conference will begin with an understanding of the burden of disease in Louisiana. You will hear about the important role of the mid-level provider to help improve health outcomes. As a participant, we invite you to attend the session addressing the implication of the mid-level provider in health care reform.

As you can see from the program, there are multiple speakers from diverse backgrounds and experiences in health. This year, attendees will have an opportunity to hear basic science researchers discuss their research in diabetes, HIV/AIDS, cancer, and obesity and how such research will shape future clinical practice. Due to the growth of our conference, this year we have introduced two break-out sessions. Break-out sessions A and B are filled with interesting oral presentations addressing various aspects of public health research and multidisciplinary partnerships to improve patient care. Access to quality health care continues to be an important national concern. As a result, we invited nationally recognized speakers to address contemporary issues around improving access to quality health care. In addition to attending oral presentations, we encourage you to visit the poster presentations.

Again, thank you for attending this year’s conference. We hope you not only enjoy the conference, but your stay in New Orleans as well.

Sincerely,

Leonard Jack, Jr., PhD, MSc
Editor-in-Chief, Health Promotion Practice
Associate Dean for Scholarship
Director, Center for Minority Health & Health Disparities Research and Education
Endowed Chair of Health Disparities Research
Professor, Clinical and Administrative Sciences
GENERAL INFORMATION

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

The term “mid-level providers” refers to Pharmacists, Nurse Practitioners, and Physician Assistants in the healthcare setting.

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

• Demonstrate models of successful implementation of projects using multidisciplinary health care teams to address disparities in chronic disease;
• Examine the impact of a culturally and linguistically competent healthcare workforce in the delivery services; and
• Discuss policy changes related to health care reimbursement at local and regional levels.

Accreditation
The Xavier University of Louisiana College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Participation in this conference earns up to 11.75 contact hours (1.175 CEUs). To receive credit for the continuing education activities provided, participants must complete an evaluation form at the conclusion of each session. Xavier University of Louisiana College of Pharmacy will mail Statements of Continuing Pharmaceutical Education to participants within one month after the meeting. The cost of a duplicate Statement of Continuing Pharmaceutical Education Credit is $5.00. This is a knowledge-based activity.

Universal Activity Number (UAN): 0024-0000-11-001-L04-P (General Sessions I, II, III, IV, V, and VI)
Universal Activity Number (UAN): 0024-0000-11-002-L04-P (Break Out Session A)
Universal Activity Number (UAN): 0024-0000-11-003-L04-P (Break Out Session B)

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

Program Chair
Leonard Jack, Jr., PhD, MSc
Xavier University of Louisiana

Scientific Planning Committee
Donna D. Bellamy, PharmD
Medical Center of Central Georgia
Gloria Caldwell, PhD, RN
University of the Virgin Islands
Johnnie L. Early, II, PhD, RPh
University of Toledo
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Lenetra Jefferson, PhD, RN
Dillard University
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New York Presbyterian Hospital
Patrice Rose, MPH
Xavier University of Louisiana
Daniel F. Sarpong, PhD
Jackson State University
Christopher Williams, PhD
Xavier University of Louisiana
Sharon L. Youmans, PharmD, MPH
University of California, San Francisco

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

Registration Schedule
Lagniappe - Second Floor
Sunday, March 27 ..... 12:00 PM - 6:30 PM
Monday, March 28 ...... 6:30 AM - 1:00 PM
Tuesday, March 29 ...... 7:00 AM - 10:00 AM

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

Poster Schedule *
Gallery Ballroom Lobby Level
Sunday, March 27 ...... 6:00 PM - 8:00 PM
Monday, March 28 ...... 7:00 AM - 8:00 AM
Monday, March 28 ...... 5:00 PM - 7:00 PM
Tuesday, March 29 ...... 8:00 AM - 9:00 AM
* Additional networking opportunities available during all session breaks.

Speaker Ready
Lagniappe - Second Floor
Sunday, March 27 ..... 12:00 PM - 5:00 PM
Monday, March 28 ...... 6:30 AM - 3:00 PM
Tuesday, March 29 ...... 7:00 AM - 10:30 AM

Session Recording
Participants are asked to refrain from video or audio taping during sessions. Presentations will be available as approved by authors at the close of the meeting. Visit http://xula.the1joshuagroup.com for more information.

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

Organizer
The 1Joshua Group, LLC
www.The1JoshuaGroup.com

Music
Dexter Alan Wise, Sr.
Fred L. Cockfield
Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform

Fourth Health Disparities Conference • March 27-29, 2011 • New Orleans, Louisiana

LOCAL ATTRACTIONS

• French Quarter ½ block
• Harrah’s Casino 2 blocks
• Audubon Insectarium 2 blocks
• Bourbon Street 3 blocks
• Aquarium of the Americas 3 blocks
• Mississippi River 3 blocks
• The Shops at Canal Place 3 blocks
• Riverwalk Marketplace 4 blocks
• Mardi Gras World 1.3 miles

• Audubon Zoo 5.0 miles
• Louisiana State Museum 0.4 miles
• The National D-Day Museum 0.6 miles
• Louisiana Children’s Museum 1.0 miles
• New Orleans Museum of Art 3.0 miles
• Ogden Museum of Southern Art 0.7 miles
• City Park Golf Course 3.0 miles
**SUNDAY, MARCH 27, 2011**

6:00 PM - 8:00 PM  
**Welcome and Networking/Poster Session 1** - Gallery (First Floor)

**MONDAY, MARCH 28, 2011**

7:00 AM - 8:00 AM  
**Networking and Poster Session**

8:00 AM - 10:20 AM  
**General Session I** – *In the Face of Health Care Reform: Emerging Roles of Mid-Level Providers to Improve Health Outcomes* - *Rhythms p. 12*  
0024-0000-11-001-L04-P (1.25 Contact Hours)  
**Greetings:** Norman Francis, JD - President, Xavier University of Louisiana  
Jimmy Guidry, MD - State Health Officer, Louisiana Department of Health and Hospitals  
**Keynote:** Henry Lewis, III, PharmD - President, Florida Memorial University

10:35 AM - 11:55 AM  
**General Session II** – *Implications of the Mid-Level Provider in Health Care Reform: Systems Interventions*  
**The Future of Patient Centered Care** - *Rhythms p. 13*  
0024-0000-11-001-L04-P (1.25 Contact Hours)  
**Panelists:** Marjorie D. Petty, JD - Director, Region 6, Office of Intergovernmental Affairs, Health and Human Services; Renard Murray, DM - Administrator for Public Affairs, Region 4, Centers for Medicare & Medicaid Services; and Becky Peal Scone - Rural Health Coordinator, Region 6, Centers for Medicare & Medicaid Services

12:00 PM - 1:30 PM  
**Lunch and General Session III** – *Public Health System Approaches from Reform to Equity* - *Waterbury p. 14*  
0024-0000-11-001-L04-P (1 Contact Hour)  
**Keynote:** Linda Rae Murray, MD, MPH - President, American Public Health Association

3:00 PM - 3:15 PM  
**Networking Break** - Gallery (First Floor)

3:15 PM - 5:00 PM  
**Break Out A** – *Public Health Research: Community-Based Participatory Research Around Disease Areas – Best Practice Models*  
**Invited Oral Abstract Presentations** - *Rhythms 1 & 2 p. 16*  
0024-0000-11-002-L04-P (1.75 Contact Hours)  
**Panelists:** KiTani Parker Johnson, PhD - Assistant Professor, College of Pharmacy, Xavier University of Louisiana; Gary H. Gibbons, MD - Director, Cardiovascular Research Institute, Morehouse School of Medicine; and Gabriel I. Uwaifo, MD - Associate Professor, Louisiana State University Health Sciences Center

3:15 PM - 5:00 PM  
**Break Out B** – *Models that Work: Multidisciplinary Partnerships for Improved Patient Care (Invited Oral Abstract Presentations)* - *Rhythms 3 p. 17*  
0024-0000-11-003-L04-P (1.75 Contact Hours)  
**At the completion of this activity, the participant will be able to:**  
Describe mechanisms of system-based healthcare interventions and the benefit of these models on patient outcomes.

5:00 PM - 7:00 PM  
**Networking and Poster Session 2** - Gallery (First Floor)

**TUESDAY, MARCH 29, 2011**

8:00 AM - 9:00 AM  
**Networking Session and Poster Session** - Gallery (First Floor)

9:00 AM - 10:30 AM  
**General Session V** – *The Issues of Access to Care: A New Paradigm* - *Rhythms p. 18*  
0024-0000-11-001-L04-P (1.5 Contact Hours)  
**Panelists:** Cara James, PhD - Director, Disparities Policy Project and Barbara Jordan Health Policy Scholars Program, Kaiser Family Foundation; George S. Rust, MD, MPH - Director, National Center for Primary Care at Morehouse School of Medicine; Leonard Weather, Jr., RPh, MD - President, National Medical Association; and Cara James, PhD - Director, Disparities Policy Project and Barbara Jordan Health Policy Scholars Program, Kaiser Family Foundation

10:30 AM - 10:45 AM  
**Networking Break** - Gallery (First Floor)

10:45 AM - 12:30 PM  
**General Session VI** – *Reporting and Closing Session* - *Rhythms p. 19*  
0024-0000-11-001-L04-P (1.75 Contact Hours)  
**Greetings & Opening Remarks:** Kathleen B. Kennedy, PharmD - Dean, College of Pharmacy, Xavier University of Louisiana  
**Recommendations from Each Session:** Leonard Jack, Jr, PhD, MSc - Associate Dean for Scholarship, Xavier University of Louisiana College of Pharmacy; Lenetra Jefferson, RN, PhD - Interim Chair, Dillard University School of Nursing; Christopher Williams, PhD - Assistant Professor Department of Chemistry, Xavier University of Louisiana; Janel Bailey Wheeler, PharmD - Director, Community Pharmacy Residency Program, Xavier University of Louisiana College of Pharmacy; Sharon L. Youmans, PharmD, MPH - Associate Professor of Clinical Pharmacy, University of California, San Francisco; and Sybil Richard, RPh, MHA, JD - VP Public Affairs, Health and Wellness, WalMart Stores, Inc.

**Special Lecture:** John Ruffin, PhD - Director, National Institute on Minority Health and Health Disparities, National Institutes of Health
8:00 AM - 10:20 AM

GENERAL SESSION I

In the Face of Health Care Reform: Emerging Roles of Mid-Level Providers to Improve Health Outcomes

Location: Rhythms Ballroom (Second Floor)

Welcome & Program Overview
Leonard Jack, Jr., PhD, MSc

Welcome / Greetings
Norman C. Francis, JD

Greetings
Jimmy Guidry, MD

Keynote Presentation
Henry Lewis, III, PharmD

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Norman C. Francis, JD is President of the Xavier University of Louisiana.

Jimmy Guidry, MD is the State Health Officer for the Louisiana Department of Health and Hospitals.

Leonard Jack, Jr., PhD, MSc is the Fourth Health Disparities Conference Program Chair and Director of the Center for Minority Health and Health Disparities, Research and Education at the Xavier University of Louisiana College of Pharmacy.

Henry Lewis, III, PharmD is President of Florida Memorial University.
10:35 AM - 11:55 AM
GENERAL SESSION II
Implications of the Mid-Level Provider in Health Care Reform: Systems Interventions – The Future of Patient Centered Care
Location: Rhythms Ballroom (Second Floor)

Presented by the Centers for Medicare & Medicaid Services

Opening Remarks
Leonard Jack, Jr., PhD, MSc

Panelists
Marjorie D. Petty, JD
Renard Murray, DM
Becky Peal-Sconce

Leonard Jack, Jr., PhD, MSc is the Fourth Health Disparities Conference Program Chair and Director of the Center for Minority Health and Health Disparities, Research and Education at the Xavier University of Louisiana College of Pharmacy.

Renard Murray, DM is the Administrator for Public Affairs in Region 4 of the Centers for Medicare & Medicaid Services.

Becky Peal-Sconce is a Rural Health Coordinator in Region 6 of the Centers for Medicare & Medicaid Services.

Marjorie D. Petty, JD is Director of the Region 6 Office of Intergovernmental Affairs, Health and Human Services.
12:00 PM - 1:30 PM
LUNCHEON & GENERAL SESSION III
Public Health System Approaches from Reform to Equity
Location: Waterbury Ballroom (Second Floor)

Opening Remarks
Lenetra Jefferson, RN, PhD

Keynote Presentation
Linda Rae Murray, MD, MPH

Lenetra Jefferson, RN, PhD is an Assistant Professor in Nursing and Interim Dean for the School of Nursing at Dillard University.

Linda Rae Murray, MD, MPH is President of the American Public Health Association.
1:30 PM - 3:00 PM
GENERAL SESSION IV
Basic Science and Clinical Research: Translating Research into Practice
Location: Rhythms Ballroom (Second Floor)

Opening Remarks
Christopher Williams, PhD

Cancer
Kitani Parker-Johnson, PhD

Cardiovascular Disease
Gary H. Gibbons, MD

Diabetes
Gabriel I. Uwaifo, MD

Gary H. Gibbons, MD is Professor of Medicine and Director of the Cardiovascular Research Institute at Morehouse School of Medicine.

Kitani Parker-Johnson, PhD is Assistant Professor in the Division of Basic Pharmaceutical Sciences at Xavier University of Louisiana College of Pharmacy.

Gabriel I. Uwaifo, MD is an Associate Professor in the Department of Medicine, Division of Endocrinology, Diabetes, and Metabolism at the Louisiana State University Health Sciences Center.

Christopher Williams, PhD is an Assistant Professor of Pharmacology in the Xavier University of Louisiana College of Pharmacy.
3:15 PM - 5:00 PM

BREAKOUT A

Public Health Research: Community-Based Participatory Research Around Disease Areas – Best Practice Models

Location: Rhythms 1&2 (Second Floor)

At the completion of this activity, the participant will be able to examine different models of community-based participatory research practiced regionally and nationally and explore their effectiveness on community engagement and patient health outcomes.

Opening Remarks

Janel Bailey-Wheeler, PharmD

Oral Abstract Presentations

02.02.14 – CHILDHOOD OBESITY: PREVALENT CONTRIBUTIONS FROM THE ENVIRONMENT THROUGH EXPOSURES
   Wellington K. Ayensu, MD - Jackson State University

04.02.03 – BUILDING COMMUNITY CAPACITY IN RURAL MISSISSIPPI DELTA FOR POLICY AND ENVIRONMENTAL SYSTEMS CHANGE
   Jackie Hawkins - Mississippi State Department of Health

04.03.05 – COMMUNITY PARTNERSHIPS ADDRESS SOCIAL DETERMINANTS OF HEALTH
   Sandy J. Waddell, RN - National Kidney Foundation of Michigan

04.03.06 – SEXUAL VIOLENCE AS A PREDICTIVE RISK OF HIV AND STI AMONG WOMEN WHO LIVE IN A PUBLIC HOUSING IN PUERTO RICO
   Lymari Cintron - Ponce School of Medicine

05.02.04 – INTERDISCIPLINARY: CULTURE COMPETENCY FOR HEALTH PROFESSIONS
   Souzan M. Hawala-Druy, MPH, BSN - Howard University

05.03.04 – DRUG AND SEXUAL RISK BEHAVIORS AMONG IMPOVERISHED WOMEN IN PUERTO RICO: AN EXPLORATORY ANALYSIS OF WOMEN LIVING IN PUBLIC HOUSING
   Lisa R. Norman, PhD - Ponce School of Medicine
3:15 PM - 5:00 PM

BREAKOUT B

Models that Work: Multidisciplinary Partnerships for Improved Patient Care

Location: Rhythms 3 (Second Floor)

At the completion of this activity, the participant will be able to describe mechanisms of system-based healthcare interventions and the benefit of these models on patient outcomes.

Opening Remarks

Sharon Youmans, PharmD, MPH

Oral Abstract Presentations

01.02.04 – IMPROVING DIABETES OUTCOMES WITH CLINICAL PHARMACY SERVICES
Ogonna Anne Opurum - Howard University School of Pharmacy

03.02.02 – INITIATING A HEALTH SYSTEMS APPROACH TO MANAGING PEDIATRIC ASTHMA IN NEW ORLEANS: THE HEAD-OFF ENVIRONMENTAL ASTHMA IN LOUISIANA (HEAL) PHASE II PROJECT
Kristopher Chrishon - Xavier University of Louisiana

03.03.19 – COLLABORATIVE TO IMPROVE QUALITY OF CARE FOR INDIVIDUALS WITH DIABETES AND/OR HEART DISEASE: RESULTS FROM THE PILOT HEALTH DISPARITIES COLLABORATIVE – LOUISIANA STATE CLUSTER INITIATIVE
Natasha M. McCoy, MPH - Louisiana Department of Health and Hospitals

03.03.20 – ORTHOPEDIC FRACTURE OUTCOMES AMONG PSYCHIATRIC PATIENTS: COUNTY VS. NON-COUNTY HOSPITALS
David Ruiz - Charles Drew University/University of California, Los Angeles

05.01.01 – MODEL FOR SUSTAINING A RURAL COMMUNITY HEALTH PROMOTION INITIATIVE
Anthony U. Emekalam, PharmD, RPh
9:00 AM - 10:30 AM
GENERAL SESSION V
The Issues of Access to Care: A New Paradigm
Location: Rhythms Ballroom (Second Floor)

Opening Remarks
Sybil Richard, RPh, MHA, JD

What Lies Ahead for the Uninsured?
Cara James, PhD

The Physician’s Role in Facilitating Access to Care
Leonard Weather, Jr., RPh, MD

Utilizing Mid-Level Providers to Improve Rural Health Outcomes
George S. Rust, MD, MPH

Aging and Access to Care
C. Alicia Georges, RN, EdD

C. Alicia Georges, RN, EdD is a Member of the AARP National Board of Directors.

Cara James, PhD is Director of the Disparities Policy Project and Director of the Barbara Jordan Health Policy Scholars Program at the Kaiser Family Foundation.

Sybil Richard, RPh, MHA, JD is Vice President of Public Affairs Health and Wellness at Wal-Mart Stores, Inc.

George S. Rust, MD, MPH is Director of the National Center for Primary Care at Morehouse School of Medicine.

Leonard Weather, Jr., RPh, MD is President of the National Medical Association.
10:45 AM - 12:30 PM
GENERAL SESSION VI
Reporting & Closing Session
Location: Rhythms Ballroom (Second Floor)

Moderators from each session present highlights and recommendations as take home messages for attendees and generate suggestions for the Fifth Health Disparities Conference.

Opening Remarks
Kathleen B. Kennedy, PharmD

General Sessions I & II
Leonard Jack, Jr., PhD, MSc

General Session III
Lenetra Jefferson, RN, PhD

General Session IV
Christopher Williams, PhD

Break Out A
Janel Bailey-Wheeler, PharmD

Break Out B
Sharon Youmans, PharmD, MPH

General Session V
Sybil M. Richard, RPh, MHA, JD

Special Lecture: The National Institute on Minority Health and Health Disparities – An Overview
John Ruffin, PhD

Janel Bailey-Wheeler, PharmD is Clinical Assistant Professor in the College of Pharmacy at Xavier University of Louisiana.

Leonard Jack, Jr., PhD, MSc is the Fourth Health Disparities Conference Program Chair and Director of the Center for Minority Health and Health Disparities, Research and Education at the Xavier University of Louisiana College of Pharmacy.

Lenetra Jefferson, RN, PhD is an Assistant Professor in Nursing and Interim Dean for the School of Nursing at Dillard University.

Kathleen B. Kennedy, PharmD is Dean of the College of Pharmacy at Xavier University of Louisiana.

Sybil Richard, RPh, MHA, JD is Vice President of Public Affairs Health and Wellness at Wal-Mart Stores, Inc.

John Ruffin, PhD is Director for the National Institute on Minority Health and Health Disparities of the National Institutes of Health, Department of Health and Human Services.

Christopher Williams, PhD is an Assistant Professor of Pharmacology at Xavier University of Louisiana College of Pharmacy.

Sharon Youmans, PharmD, MPH is the Associate Dean for Diversity, Associate Professor of Clinical Pharmacy, and Vice Chair for Educational Affairs at the University of California, San Francisco.
ABSTRACT LEGEND
All posters are presented in the Gallery Ballroom (First Floor)

1.0 Disease Process and Disparities - p. 21
  1.1 – Cancer
  1.2 – Diabetes
  1.3 – Heart Disease and Stroke
  1.4 – Kidney Disease
  1.5 – Other

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  2.2 – Overweight / Obesity
  2.3 – Lipid Management
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  3.2 – Healthcare Systems and Practices
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  4.1 – Environmental Health
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5.0 Other - p. 53
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  5.3 – Women’s Health
  5.5 – Men’s Health

ABSTRACT REVIEW COMMITTEE*
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1.0 Disease Process and Disparities

01.01.01 - Poster Session 1
QUALITY OF LIFE IN PROSTATE CANCER PROJECT
Christine Brennan, PhD, Neal Simonsen, PhD, Evrim Oral, PhD, Elizabeth Fontham, MPH, DrPh
Louisiana State University Health Sciences Center, School of Public Health
New Orleans LA 70112

PURPOSE: The precise causes for the disparity in prostate cancer (PCA) rates and survival between African American (AA) and Caucasian American (CA) men in the U.S. are unclear. Various factors, biologic, socio-economic, and behavioral, have been associated with disparities in health outcomes of men diagnosed with PCa. This study is designed to determine if there are variations in the socio-economic, cultural and health behaviors of AA and CA PCA survivors, and if these differences provide an explanation for the disparity in PCA morbidity.

DESIGN METHODS: Q-PCaP is a follow-up study built upon a population-based study that recruited newly-diagnosed prostate cancer cases from July 2004 through August 2009 within Louisiana as part of a two-state case-only study, the North Carolina-Louisiana Prostate Cancer Project (PCaP). Q-PCaP will collect follow up Health-Related Quality of Life (HRQoL) data among the Louisiana cohort of PCaP and combine this with data collected near the time of diagnosis in the parent study. Information regarding HRQoL (assessed via EPIC-26 and SF-12 questionnaires), healthy life behaviors (HLBs), and changes in insurance, diet, and other factors is being collected via telephone interview.

EXPECTED RESULTS: HLBs such as lower physical activity and higher obesity will be associated with trends in HRQoL among PCA survivors, and differences in these factors will account for a significant portion of the observed differences in HRQoL between AA and CA.

DISCUSSION: HLBs are potentially modifiable factors; identifying those that contribute the most to HRQoL may make it possible to reduce disparities in HRQoL among PCA survivors.

01.01.02 - Poster Session 1
XAVIER UNIVERSITY’S RCMI CANCER RESEARCH PROGRAM
MK Soliman, MBA; G D’Amour, PhD; G Wang, PhD; RC Blake, PhD
Xavier University (MKS, GD, GW, RCB)

PURPOSE: The Research Centers in Minority Institutions (RCMI) Program at Xavier is focused on our strengths in research on cancer, an area where there are significant health disparities between African Americans and Caucasians.

DESIGN METHODS: Xavier University was awarded $10.1 million from August 2009 – July 2014 to develop a RCMI Cancer Research Center. The program has five specific goals for significantly increasing University-wide research capacity including: increasing the number and quality of competitive researchers, enhancing the competitiveness of faculty and programs, providing additional research cores, enabling enhanced administrative services and supporting selected pilot projects.

RESULTS/EXPECTED RESULTS: The vision of the RCMI program is for Xavier University, in the next 5 to 7 years, to be seen nationally, not only for its eminence in graduating African American biologists, chemists, pre-med students and pharmacists, but also for its national prominence in research, particularly in the area of cancer research.

DISCUSSION/CONCLUSION: Thus far, three core facilities have been established, aiding both internal and external researchers. Three pilot projects were funded, preparing these junior faculty for mainstream funding competitiveness. Faculty development grants were awarded to eight recipients and four new cancer research faculty are being supported with release time and startup packages. New administrative services are being offered to assist research faculty.

This program was made possible by NIH Grant Number 5G12RR026260-02 from the National Center for Research Resources. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the NIH.
AN IN VITRO AND IN VIVO EVALUATION OF NOVEL ANTICANCER AGENTS IN TRIPLE NEGATIVE BREAST CANCER MODELS

Tamarah Hawthorne¹, Joseph Gallien¹, Lee Gibbs¹, KiTani Parker-Johnson²

¹Xavier University of Louisiana, Department of Biology New Orleans, LA; ²Xavier University of Louisiana, College of Pharmacy, Division of Basic Pharmaceutical Sciences, New Orleans, LA

PURPOSE - To evaluate the effects of novel anticancer agents in triple negative breast cancer using both in vitro and in vivo techniques.

METHODS - The alamar blue dye assay was used to determine the antiproliferative effects of our novel agents when compared to commercial anticancer agents to determine the IC50 values. The crystal violet assay was used to evaluate descriptively of cell death, while cell flow cytometry was used to quantitatively determine the state of the cell based on the percentages of the cells in each phase of the cell cycle. In vivo studies were performed to determine tumor regression of triple negative breast cancer cells implanted into SCID mice over a 20 day period.

RESULTS - The proliferation of the cells was measured using the alamar blue dye method and produced IC50 values of DJ52, DJ56, and DJ52 at 10-6M, 10-5M, and 10-5M, respectively. The crystal violet assay indicated that cell death occurred in cells treated with novel DJ52 and tamoxifen, both at the 10-4M concentrations. This morphological assay was supported by the flow cytometry assay that demonstrated both suspension of the cell cycle and cell death. In vivo studies were also conducted by implanting tumors derived from MDA-MB231 cells into SCID mice to determine tumor regression was measured over 20 days. DJ52 at 50mg/kg caused significant decrease (p value < .05) decreased tumor volume by nearly fifty percent compared to the control with vehicle alone.

CONCLUSION - These data suggests that DJ52 has merit for further evaluation for potential intervention in patients diagnosed with triple negative breast cancer. Our laboratory continues our efforts to understand the mechanism of action of these agents to potentially provide alternative pharmacological options for these patients for better health outcomes.

A GATEKEEPER ALGORITHM FOR DETECTING GENE-ENVIRONMENT INTERACTIONS

JT Efird

Center for Health Disparities Research and Department of Public Health, Brody School of Medicine, East Carolina University

PURPOSE - Variations in genotypic frequencies of key regulatory genes have been documented in different populations and these variations have paralleled differences in gene expression phenotypes. This is of considerable consequence as some genetic polymorphisms may govern gene expression, and allelic frequency differences in these polymorphisms could indicate variable population differences in disease prevalence as regulated by gene expression phenotypes. Advances in the understanding of complex diseases and genetic variants thus have importance for studies examining effects of etiologically significant environmental exposures in disease risk such as cancer.

METHODS - An efficient algorithm to identify GxE is presented. The technique involves computing a multiplicity adjusted lower bound for an “indirect” estimate of GxE using existing GWAS information and environmental exposure data obtained from a published population-based case-referent study or large health survey such as NHANES. In turn, the indirect estimate, when used in conjunction with initial biologic pathway analysis, may be used to screen for plausible hidden GxE in a “direct” study (e.g., environmental exposure and genotype information collected simultaneously at the individual level).

RESULTS - By eliminating stochastically incongruent genes and minimizing the overall adjustment for multiplicity, the presented method is shown to have significantly greater power than other supervised techniques to detect meaningful interactions between genes and putative environmental risk factors for disease.

CONCLUSION - The availability of high-density single-nucleotide polymorphism (SNP) maps from genome-wide association studies (GWAS) now provides the opportunity for clinicians to identify genetic variations that predispose some, but not others, to disease. While GWAS have discovered some highly significant genetic associations with disease, more often they have failed to yield consistent findings or definitive results. In general, odds ratios have been quite small and frequently disease susceptibility varies widely across population subgroups. The problem of false positives and false negatives continues to pose significant roadblocks in the effort to detect true GxE, and thus inform targeted screening and intervention. The presented method minimizes multiplicity error by screening for plausible interaction effects using an “indirect” estimate for the association between gene and environment factors. Screening at the indirect level reduces the number of factors to be tested in a “direct” association study (e.g., environmental exposure and genotype information collected simultaneously at the individual level). Consequently, the resulting model is more statistically precise since fewer comparisons are necessary when adjusting for multiplicity.
**01.01.07 - Poster Session 1**

**BODY BEAUTIFUL WORKSHOP & BREAST CANCER AWARENESS**

Tshainesh Norahun  
HBCU Wellness Project Lane College Student Ambassador

**PURPOSE:** This project will increase awareness of risk factors associated with breast cancer among African American women 18-25 years of age. This project is designed to motivate young women to begin self breast examinations and to adopt healthier lifestyles. This project will also educate African American women about triple negative breast cancer, which is an aggressive form of breast cancer that affects these women at a younger age.

**METHODS:** The event “Body Beautiful 2011” will feature a 2-year breast cancer Survivor, a cancer nurse practitioner, community resource groups, and The American Cancer Society to provide breast examination demonstrations. Participants will also receive information on nutrition and fitness. Pre- and post-surveys will be used to measure project’s effectiveness.

**RESULTS:** Data from the event showed that, prior to the work shop, attendees did not know how to correctly perform self breast exams nor did women know the correct age to get their first mammogram. Data also illustrated that women did not receive annual health exams. Women were asked to sign a pledge cards to motivate them to do self breast exams and obtain annual physicals.

**CONCLUSION:** This project will continue to promote awareness among African-American females about the severity of breast cancer and how it can be prevented or detected early.

**01.02.01 - Poster Session 1**

**THE BURDEN OF DIABETES IN THE BLACK BELT COUNTIES OF ALABAMA**

C. Lane, MS; G. Gerbi, PhD; D. Nganwa, MPH; A. Bogaert, MSC; W. Vignone, MSC; K. Stewart, BS; T. Habtemariam, PhD and B. Tameru*PhD  
Center for Computational Epidemiology, Bioinformatics and Risk Analysis (CCEBRA), College of Veterinary Medicine Nursing and Allied Health (CVMNAH), Tuskegee University

**PURPOSE:** Obesity and diabetes are major causes of morbidity and mortality in the United States. Evidence from several studies indicates obesity and weight gain are associated with an increase risk of diabetes and that rural areas are impacted most. In the black belt counties of Alabama, where disparities are well-defined, our study sought to determine if diabetes were associated with a person BMI and education level.

**DESIGN METHODS:** Health Disparities Questionnaire were distributed to four black belt counties in Alabama (Barbour, Macon, Greene and Wilcox), and data was analyzed by Statistical Analysis Software.

**RESULTS:** African American women were diagnosed more frequently than men with diabetes. A persons BMI indicating overweight and/or obesity was associated with diabetes diagnosis ($\chi^2=0.0001$). A strong association was observed between diabetes diagnoses and black belt counties ($\chi^2=0.0005$). Education revealed to be associated with diabetes diagnosed ($\chi^2=0.0001$) and 64% reported an income of less than $25,000.

**CONCLUSION:** More strides need to be made toward improving outcomes for African Americans living with diabetes in rural communities.

**01.02.02 - Poster Session 1**

**SOPHE HEALTH EQUITY SUSTAINABLE SOLUTIONS: CHAPTER COLLABORATION TO ADDRESS DIABETES AMONG MINORITY COMMUNITIES**

N Warren, MS, CHES  
Society for Public Health Education

**BACKGROUND:** Inequalities in health status among racial and ethnic groups continue to indicate that American Indians/Alaska Natives (AI/AN) and African Americans/Black (AA/B) are more likely to develop chronic illnesses than non-Hispanic White populations. Type II diabetes among AA/B and AI/AN communities has some of the most staggering inequities in diagnosis, access to care, and treatment. In addition, prevalence of diabetes among these communities continues to rise.

**OBJECTIVE:** To address racial and ethnic health disparities by developing and implementing health promotion programs using the latest theory, evidence and skills in social marketing, leadership development, cultural competency, program planning, evaluation and coalition-building.

**METHODS:** SOPHE, in collaboration with REACH US CEEDs, partnered with the National Center for Chronic Disease Prevention and Health Promotion at the U.S. Centers for Disease Control and Prevention to develop a strategic, sustainable initiative to help eliminate health disparities among AA/B and AI/AN communities.

**RESULTS:** This presentation will include dissemination of evidenced-based health disparities elimination strategies and tools to build the capacity of SOPHE Chapters so they may better address health disparities, affect change at the local level, and promote community empowerment. Illustrating a holistic approach, the presentation will address the social determinants of health through interventions based on sound scientific theories that encompass the social, cultural, economic, political, environmental and individual influences on health.

**LESSONS LEARNED:** SOPHE will demonstrate the feasibility of Chapters partnering with community-based organizations and universities to build a foundation for policy and environmental change to address health disparities among racial and ethnic groups.
ABSTRACTS

01.02.03 - Poster Session 1
IMPLEMENTATION OF AN INTEGRATED BI-DIRECTIONAL STATEWIDE INTERVENTION
M WILLIAMS, MBA, JD Keith, MPH, M Gutierrez
Pennsylvania Diabetes Prevention and Control Program; Health Promotion Council of Southeastern Pennsylvania (MW); Public Health Management Corporation (JDK, MG);
Pennsylvania Department of Health

PURPOSE: Tobacco use and chronic illness present parallel disparities in vulnerable populations. The detrimental impact of diabetes and tobacco use/exposure epitomizes this premise in that tobacco use increases insulin resistance, negatively impacting diabetes control and increasing diabetes-related problems in any most vulnerable populations. PA cAARds is a statewide multidisciplinary training model used to educate diabetes educators/managers, along with others, on referring tobacco users working to manage their diabetes to local and statewide resources. Addressing the risks that tobacco use has on people with diabetes can also be supported through organizational policy change. PA cAARds is unique because it addresses both short and long-term change to support those with diabetes in quitting tobacco. PA cAARds will work with health professionals and their organizations to adopt integrated strategies and organizational policy change. This presentation will describe this multidisciplinary model, its implementation and policy implications.

DESIGN METHODS: A unique collaborative interdisciplinary structure for diabetes and tobacco control professionals and the provision of technical assistance on implementation and policy development provides a platform for cross disciplinary learning, program and organizational collaboration, and program sustainability.

RESULTS: PA cAARds has already trained over 180 individuals and 86 have expressed interest in technical assistance to explore organizational policy implementation.

DISCUSSION: Integrated strategies have a significant impact on organizational policy and public health infrastructure. PA cAARds is a promising diabetes program and model that could be adapted across other chronic disease programs.

01.02.04 - Break Out B
IMPROVING DIABETES OUTCOMES WITH CLINICAL PHARMACY SERVICES
AA Oluwo, BSc; OA Opurum; OF Akiyode, Pharm.D. BCPS, BC-ADM
Howard University, School of Pharmacy (AAO, OAO); Howard University Hospital, Diabetes Treatment Center (OFA)

PURPOSE: Diabetes is a rising epidemic in the US, with estimated prevalence in 25.8 million people according to recent statistics. Despite multiple available medications, less than 60% of Americans have achieved glycemic control. This study aims to integrate clinical pharmacy services to control glycemic measures in patients with uncontrolled diabetes in an urban practice setting. The endpoint outcomes of this study are to improve self-monitoring blood glucose frequency, attain a hemoglobin A1C level of <7%, an average fasting plasma glucose of 70-130 mg/dL, a blood pressure reading of <130/80 mm Hg, and improve medication adherence rate in high-risk patients with uncontrolled type 2 diabetes.

DESIGN METHODS: Thirteen (13) type 2 diabetes patients with hemoglobin A1C values >9% were provided clinical pharmacy services to include: medication therapy review, drug-dosage adjustments, diabetes/hypertension/hyperlipidemia management, and medication adherence counseling. These patients were referred to the pharmacy team by endocrinologist in the multidisciplinary center based on the poor control status of their diabetes. These patients received clinical pharmacy services at least five times over a five-month period from October 2010-February 2011.

RESULTS: The baseline characteristics of these patients are: mean hemoglobin A1C level of 11.2% and mean blood pressure of 133/81 mm Hg. On average, these patients self-monitor their blood glucose once daily. Only 2 out of 13 patients (15.4%) in the patient panel are adherent to their current drug regimens.

CONCLUSION: Due to the limited available data, the impact of clinical pharmacy services interventions on improving diabetes outcomes could not be determined. Research supported by Howard University Center of Excellence Department of Health and Human Services; Beatrice Adderley-Kelly, Ph.D.
ABSTRACTS

01.02.05 - Poster Session 1
DIABETES MELLITUS AND TUBERCULOSIS - A CENTURY OLD DUO REVISITED: A CALL TO ACTION
Daniel F. Sarpong, PhD
Jackson State University, Jackson State University, 1230 Raymond Road, Jackson, Mississippi

PURPOSE: To discuss the epidemiology, biological plausibility of the link, and management and treatment outcomes of patients with diabetes mellitus (DM) and tuberculosis (TB), the duo epidemics.

METHODS: Systematic review of the literature and meta-analytic techniques were used. Data sources used were peer-reviewed scientific papers and large public databases using the Center for Disease Control and Prevention data query system (CDC Wonder) and the World Health Organization InfoBase Query System.

RESULTS: The association between DM and TB can be traced back in the times of the Roman Empire and clearly documented by Susruta in about 600 A.D and Avicenna in about 800 A.D. This study yielded following inferences: 1) there is definitely an association between DM and TB; 2) though the directionality of the causal link is still being debated, a number of studies have shown that in a greater percentage of persons, TB develops after the onset DM; 3) the effectiveness of TB medications are compromised in the presence of DM; and 4) biological plausibility of the link between the duo epidemics (DM and TB) is evident.

CONCLUSION: Public Health professionals and health care practitioners need to revisit the link between DM and TB, in the context of prevention and treatment. TB should not only be examined or given attention only in the context of HIV but in other chronic diseases, especially cardiovascular disease, the number one killer in most developed nations and an emerging threat to most developing countries.

01.02.06 - Poster Session 2
COMPARISON OF INCIDENCE OF DIABETES AMONG THE YOUNG ADULTS IN A HISTORICALLY BLACK COLLEGE AND A WHITE COLLEGE
PO Obih, LL Bennet, DD Burnett, and R Thomas
Xavier University of Louisiana (POB, DDB, RT); Palm Beach Atlantic University (LLB)

PURPOSE: The incidence of diabetes is on the rise in the American population. Therefore, there is dire need to carry out more research on factors that influence diabetes and treatment options. The objective of this study is to determine if racial differences and lifestyle play a role in the development of diabetes in college students (young adults).

METHODS: A survey was conducted among pharmacy students at College of Pharmacy, Xavier University of Louisiana (XULA), a historically black college and students at the College of Pharmacy, Palm Beach Atlantic University (PABU), a predominantly Caucasian university. The survey questions included demographics, lifestyle, diagnosis of diabetes (DM1, DM2), and family history. The study was approved by the Institutional Review Board of both colleges.

RESULTS: Out of five hundred and fifty-five students that participated in the study from both colleges, 8 in total were diagnosed with diabetes and 4 from each college. XULA had 3 students with type 1 diabetes (DM1) and 1 student with DM2. PABU had 4 cases of diabetes and all 4 were DM1.

CONCLUSION: Our study did not show a significant difference between the college students that participated in this survey from a historically Black college (XULA) and a Caucasian college (PABU). With only one case of type 2 Diabetes observed in both colleges, we suggest that improved lifestyle in college students may have played an important role in this observation.

01.02.07 - Poster Session 2
LIFE SAVERS: THE LIFE YOU SAVE MAY BE YOUR OWN
LaKetta Denise Willingham
Lane College HBCU Wellness

PURPOSE: Kidney failure is serious condition in which the kidneys fail to rid the body of waste. Kidney failure is the final stage of Chronic Kidney Disease (CKD). This project intends to increase awareness about how obesity, high blood pressure, and elevated blood glucose increase the risk of diabetic patients developing kidney failure. Participants of this project will learn how obesity, not receiving regular checkups, and poor diabetes management can lead to major health problems.

METHODS: This Project will provide interactive educational sessions for diabetes management. Community partners will include Mr. Kenneth Walton from Tennessee Donor Services who will supply materials and will speak on the importance of becoming an organ donor. Also, Fisher Smith will present as a diabetes educator, and Kat Woolfork from the Jackson Madison County Hospital will speak on potential diabetes complications and diabetes management. Finally, a workshop will be held to educate the community on the importance of diabetes/kidney failure and dialysis. To assess the level of participant knowledge a pre/post survey will be administered.

RESULTS: It is expected that the project will increase awareness of community resources and providers. It is hoped that those who will participate will express readiness to change their lifestyle in order to reduce their weight.

CONCLUSION: This project will utilize pre/post surveys that will show that participants become more knowledgeable about kidney failure.
ABSTRACTS

01.02.08 - Poster Session 2
MAJOR INSULIN SIGNALING MOLECULES ALTERATION IN HYPERTENSIVE VASCULAR SMOOTH MUSCLE CELLS BY ETHANOL
Sparkle D. Williams, Charlie Mtshali, John Robinson, Elbert L. Myles, and Benny Washington, Department of Biological Sciences, Tennessee State University, Nashville, TN 37209

PURPOSE- To investigate whether chronic ethanol exposure of hypertensive vascular smooth muscle cells (HVSMCs) interferes with the insulin signal by altering mitogen activated protein kinases, the major signaling molecules implicated in the biological actions of insulin.

METHODS- Hypertensive vascular smooth muscle cells were exposed to chronic ethanol (50-800 mM) for 24, 48, and 72 hr. Cells were stimulated with insulin for a specified time, lysed, and probed for ERK 1 & 2 and AKT using specific antibodies.

RESULTS- Stimulating hypertensive (SHR) cells with 1-16 μM of insulin, ERK 1 & 2 expression increased in a time dependent manner with maximum expression occurring at 5 minutes. AKT expression was measured under similar conditions. By contrast, in hypertensive cells, insulin stimulated AKT expression within the first 5-10 minutes. This observed insulin-induced increase in AKT was observed throughout 40 min of stimulation. Exposing hypertensive cells chronically (24 hr) to elevated concentrations (50-800 mM) of ethanol prior to stimulating with insulin, ERK 1 & 2 expression decreased with 50 and 100 mM, respectively. Two-hundred through eight hundred micromoles of ethanol suppressed the increase-effect. Similarly, insulin-induced AKT expression was observed to decrease in hypertensive cells with maximum ETOH concentrations of 200 and 800 mM.

CONCLUSION- From these data, we conclude that chronic ethanol negatively alters insulin signaling in hypertensive vascular smooth muscle cells providing an alternative molecular mechanism that may increase the risk of insulin resistance. This increased risk of insulin resistance may increase the possibility of cardiovascular diseases.

01.03.01 - Poster Session 1
INFLUENCE OF HIGH SENSITIVITY C-REACTIVE PROTEIN ON PULSATILE ARTERIAL FUNCTION IN ASYMPTOMATIC YOUNGER ADULTS: THE BOGALUSA HEART STUDY
Azad R. Bhuiyan (1), MD, MPH, PhD, Sathanur R. Srinivasan (2), PhD, Yu Chen (2), MD, PhD, Mario J. Azevedo, MPH, PhD (1), Gerald S. Berenson (2), MD (1) Department of Epidemiology, Jackson State University, MS (2) Tulane Center for Cardiovascular Health, Tulane University Health Sciences Center, LA

BACKGROUND: Low grade systemic inflammation depicted by high sensitivity C-reactive protein (hs-CRP) has emerged as an independent predictor of cardiovascular (CV) disease and type 2 diabetes. Impaired pulsatile arterial function is also an independent predictor of early vascular damage and related CV outcome. However, information linking hs-CRP and pulsatile arterial function in a community-based cohort is scant.

METHODS: This aspect was examined in a cohort of 599 black and white subjects (27 % black, 42 % male) aged 26-43 years (mean 37.6 years) enrolled in the Bogalusa Heart Study. Pulsatile arterial function was assessed in terms of large artery compliance and small artery compliance by noninvasive radial artery pressure pulse contour analysis.

RESULTS: Females vs. males had significantly higher CRP level (2.89 mg/L vs. 1.99 mg/L, p=0.0004). Large artery compliance was lower in blacks vs. whites (14.25 ml/mmHg vs. 15.54 ml/mmHg, p<0.0003) as well as females vs. males (13.86 ml/mmHg vs. 15.92 ml/mmHg, p<0.0001). In a multivariate regression model, adjusting for race, sex, age, body surface area, cardiac output, triglycerides/ HDL cholesterol ratio, hs-CRP remained independently and inversely associated with large artery compliance.

CONCLUSION: The observed deleterious effect of hs-CRP on large artery compliance in asymptomatic younger adults underscores the utility of hs-CRP as a biomarker of CV risk.

KEYWORDS: arterial compliance; high sensitivity C-reactive protein; pulse contour analysis; young adults.

01.03.02 - Poster Session 1
DETERMINANTS OF CHRONIC HEART DISEASE IN SELECTED BLACK BELT COUNTIES OF ALABAMA
K. Stewart; G. Gerbi; D. Ngamaw; A. Bogale; V. Robnett; R. Tamuru.; E. Abdalla; T. Habtemariam
Center for Computational Epidemiology, Bioinformatics and Risk Analysis (CCEBRA), College of Veterinary Medicine Nursing and Allied Health (CVMNAH), Tuskegee University

PURPOSE: Chronic heart disease is the leading cause of death in the United States. African Americans are afflicted with the disease even more so than any other race. Some of the determinants of this disease are lack of exercise, high blood pressure, stroke and obesity. The objective of this study is to determine if significant associations exist between blood pressure, stroke, body mass index, amount of exercise, gender, and chronic heart disease within this community.

DESIGN METHODS: In Alabama, a health disparities survey was performed to view the relationship of heart disease compared to the determinants within four randomly selected Black Belt counties which include: Barbour, Greene, Macon, and Wilcox. The questionnaire consisted of 58 questions related to several health disparities in the Alabama black county region. Using the data of the 800 participants, Fisher Exact Chi Square analysis was performed.

RESULTS: The outcome showed significant values in blood pressure (p<.0001), stroke (p<.0001), body mass index (p=0.0101), and amount of exercise (p=0.0008). Gender was not shown to be significant (p=0.1741).

CONCLUSION: In conclusion, blood pressure, stroke, BMI( Body Mass Index), and the amount of exercise proved to be major influences on the occurrence of CHD (Chronic Heart Disease). Gender was the only variable that was not significant within the sample.
01.03.03 - Poster Session 2
IMPROVING CARDIOVASCULAR DISEASE CLINICAL OUTCOMES IN THE MISSISSIPPI DELTA

AC Dove, MPH; A Mohamed, MPH; BJ Daniel, MSHyg; TT Obene, DrPH
Mississippi State Department of Health (ACD, AM, BJ); Jackson State University (TTO)

PURPOSE: To improve selected cardiovascular disease (CVD) and Diabetes (DM) clinical outcomes through implementation of the Wagner’s Care Model (WCM).

DESIGN METHODS: Five federally qualified health centers and one rural clinic in the Mississippi Delta were engaged during a nine-month period by conducting 1) four learning sessions covering the components of WCM; 2) individualized follow up to reinforce concepts; and 3) one-on-one technical assistance. Health clinics applied concepts by completing plan-do-study-act cycles. Quantitative data from learning sessions, Assessment of Chronic Illness Care scores, and clinical data were analyzed. Qualitative data from pre and post tests, monthly report narratives and site visits were analyzed thematically. Paired t-test was used to determine the mean difference in clinical outcomes from baseline to follow-up.

RESULTS/EXPECTED RESULTS: For DM patients, there was an increase the percentage of patients with two or more HgA1c in the past 12 months (37.10% vs. 21.70%); self management goals (SMG) (63.60% vs. 53.0%); and the percentage of patients with diabetes with blood pressure <130/80 increased (37.45% vs. 17.15) with a mean difference of 20.30%. Mean value of HgA1c decreased (8.80 vs. 8.40). For CVD patients, there was an increase percentage of patients with SMG (59.00% vs. 24.80%); patients with blood pressure <140/90 (45.03 % vs. 39.00%); and patients with fasting LDL <100 (47.85% vs. 85% vs. 32.60%).

DISCUSSION/CONCLUSION: Results to date demonstrate promise in improving CVD and DM clinical outcomes through the continued implementation of WCM.

GRANT SUPPORT: CDC Division of Heart Disease and Stroke Prevention

01.03.04 - Poster Session 2
THE DEMOGRAPHY AND TREATMENT COST DISPARITIES OF BLACK STROKE INPATIENTS

MM Comins, MPA; DH Sultan, PhD
University of South Florida

PURPOSE: The direct costs of stroke, for medical care and therapy are estimated at $28 billion per year, with an estimated $15.96 billion associated with hospital costs. The Patient Protection and Affordable Care Act (PPACA) includes revisions that expand prevention and wellness programs by creating a National Prevention Council. This study examines demographic and clinical characteristics of stroke patients aged 45 and older to create a pre-ACA baseline of stroke patient demographics.

DESIGN METHODS: The primary data source was the Healthcare Cost and Utilization Project (HCUP) 2008 Nationwide Inpatient Sample. Stroke inpatients with a principal diagnosis for cerebral infarction and acute, but ill-defined, cerebrovascular disease were included in the study. Total hospital charges were adjusted using cost-to-charge ratios.

RESULTS: There were a total of 64,926 discharges, 23,946 patients were aged 45-64. Younger patients were more likely to be Black (z=34.5), to have a secondary diagnosis of alcohol abuse (z=3.16) drug abuse (z=4.00), or obesity (z=29.3). The number of patients hospitalized for stroke was higher in the south than any other region. Southern Black patients aged 45-64 incurred adjusted total charges that were 138% higher than for White patients.

DISCUSSION: Southern Black patients could benefit the most from the prevention programs and likely realize the greatest cost savings. This study provides a baseline to compare the effectiveness of the National Prevention Council programs.

Research supported by R1 Research Grant # 18330/0066936 at the University of South Florida.

01.05.01 - Poster Session 1
EXAMINATION OF THE JOINT EFFECTS OF SMOKING AND SEDENTARY LIFESTYLE ON LUNG FUNCTION IN AFRICAN AMERICANS: THE JACKSON HEART STUDY COHORT

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Jackson State University (BWC); DFS, DAH, MSW, SA; University of Mississippi Medical Center (MAH, Tougaloo College (WBW); Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (CMB)

PURPOSE: Though, there is no current scientific evidence to explain the ethnic differences in lung function (LF), a number of studies have noted the differences. However, some of the differences in LF may be attributed to body composition, dietary intake, physical activity, socioeconomic factors, age, and even genetics. Smoking and sedentary lifestyle (SL) have been reported to have mediating effects on health status. Thus, the primary objective of this research is to examine: 1) the joint effects of current smoking status (CSS) and SL on LF in African Americans (AAs) and 2) differences in the LF of smokers who do not have SL (SMK_NSL) versus non-smokers who have SL (NSMK_SL) via The Jackson Heart Study (JHS).

METHODS: Smoking status was classified as yes or no to CSS and SL was defined as the lowest quartile of the total physical activity score. The main statistical method performed was the General Linear Models.

RESULTS: The ratio of forced expiratory volume in one second and forced vital capacity (FEV1/FVC) was the only one of three measures of LF that showed significant joint effects of CSS and SL for the unadjusted (p<0.0279) and the age-sex adjusted (p=0.0230) models; but results were attenuated in the multivariable-adjusted model (p=0.9921). SMK_NSL had significantly lower FEV1 values compared to the NSMK_SL for unadjusted (p<0.0001) model but this difference was attenuated in age-sex (p=0.7509) and multivariable adjusted (p=0.3460) models.

CONCLUSION: Though smoking is inversely associated with LF, SL seems to have a more deleterious effect on LF than smoking.
01.05.02 - Poster Session 1
ASSESSING THE NEED OF AN ASTHMA INTERVENTION IN AN ELEMENTARY SCHOOL
KA Leon, Pharm.D. Candidate; KI Rapp, Pharm.D.

PURPOSE: Asthma is a common chronic disorder of the airways that involves airflow obstruction, airway hypersensitivity and inflammation. This disorder disproportionately affects certain populations, including African Americans, Hispanics, and children in low income families. The objective of this study was to determine the prevalence of asthma in a rural elementary school in Louisiana to assess whether asthma education should be implemented.

DESIGN METHODS: A survey including demographic and socioeconomic questions and the eight-item Pediatric Asthma Symptom Scale (PAS) was distributed to first thru fifth grade students at a rural elementary school in Louisiana. Parents completed an informed consent prior to its completion. The PAS was used to determine the frequency and severity of asthma symptoms including cough, wheezing, and shortness of breath.

RESULTS: Sixty-seven surveys were completed (49.3% males and 50.7% females). The majority of the students were African American (94%) and came from households with an annual income of $19,999 and below (35%). One third had been diagnosed with asthma by a healthcare professional; however only 24% of the parents believed their child had asthma. The scores on the PAS ranged from 8 to 16 among those without asthma and 5 to 30 among those with asthma, with cough being the most common symptom.

CONCLUSIONS: Preliminary results indicate that asthma is prevalent in a rural elementary school in Louisiana and education may be beneficial. Multivariate analysis is needed to assess the significance of this prevalence and the potential relationship between being diagnosed with asthma and socioeconomic and demographic factors.

01.05.03 - Poster Session 1
EVALUATION OF HYDRATION STATUS IN MORBIDLY OBESE PATIENTS RECEIVING HIGH DOSE VANCYMYCIN IN A TEACHING HOSPITAL
NA BEARD, PharmD; JI Okogbaa, PharmD; RJ Strong, PharmD
Xavier University of Louisiana (NAB, JIO, RJS)

PURPOSE: There are extensive pharmacokinetic and pharmacodynamics considerations that must be made when dosing vancomycin. These considerations are magnified in obese and renally impaired population. Vancomycin is used for the treatment of serious gram positive infection, and requires dosage adjustment for renal function. For serious infections the Infectious Disease Society of America (IDSA) recommends targeting high trough levels. There are a few cases studies that implicate vancomycin-induced nephrotoxicity with high vancomycin trough levels when combined with other nephrotoxic agents. However studies have not observed that dehydration may be another cause of vancomycin-induced nephrotoxicity specifically in the morbidly obese patient. The purpose of this study is to determine if concurrent intravenous hydration with vancomycin could reduce the incidence of vancomycin-induced nephrotoxicity.

DESIGN METHODS: This study will be a retrospective, inpatient internal medicine chart review conducted in two phases; pre and post implementation of hydration in patients requiring high vancomycin trough concentrations of 15 to 20 mg/dL. Patients included in this review were patients with BMI of 39.5 or greater, adequate renal functions on admission. Those being treated for endocarditis, osteomyelitis, MRSA bacteremia, meningitis, and hospital acquired pneumonia.

RESULTS: Preliminary results suggest that the effect of vancomycin on renal function in patients that do not receive hydration is reduced due to increased BUN:Scr ratios compared to patients that receive intravenous fluid at 500-1000 mL.

CONCLUSION: Morbidly obese patients with serious gram positive infections benefit from intravenous hydration (pre or post). Furthermore, the implementation reduces the incidence of nephrotoxicity in these patients.

01.05.04 - Poster Session 2
HIV/AIDS IN AFRICAN AMERICAN WOMEN
Marva Smith
Lane College, HBCU Wellness Project

PURPOSE: The objective of this project is to increase awareness of the high occurrences of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) in African-American women ages 18-45 by improving their level of knowledge and providing access to community health care professionals, services and resources.

METHODS: This project will present “Girl Talk,” a workshop for women to learn about HIV/AIDS awareness and prevention. Pre and Post surveys will be given to participants to determine if any of them made a decision to change their behavior to avoid contracting HIV/AIDS. Movies like “Precious” and “Life Support” will be shown and used for discussion. A representative from the local Jackson County Health Department will discuss programs that are available across West Tennessee, current HIV/AIDS statistics, latest protective methods, and treatment options. HIV testing will be available.

RESULTS: This project is intended to help increase awareness on the high incidence rate of newly diagnosed cases of HIV/AIDS in the Jackson Madison County area and help persuade potential patients to engage in less risky sexual behavior.

CONCLUSION: Women will be informed about the risk factors associated with participating in risky sexual behavior after attending this project.
ABSTRACTS

01.05.05 - Poster Session 2
THE SPREAD OF HIV STOPS HERE: LEVEL TWO NIGHT CLUB
AC Cole
LeMoyne-Owen College

PURPOSE: The purpose of this project was to provide tools to reduce the risk of spreading or acquiring the Human Immunodeficiency Virus (HIV) in the African American community among men and women aged 18 and older.

DESIGN METHOD: HIV testing was completed at a popular local night club frequented by African American males and females. Additionally, an educational intervention, to reduce risk of spreading or acquiring HIV, was given. The intervention included risk for infection, how to protect self and others, and preventive instruments.

EXPECTED OUTCOMES: This project was expected to reach young adults that might be sexually active and who are not using preventive measures to reduce risk of acquiring HIV. Also, this research had the aim of increasing the level of knowledge about HIV, how it is acquired, and how to be safe, preventing/decreasing prevalence. Finally, the expected outcome was to change modifiable behaviors associated with risk of spreading of this virus.

01.05.06 - Poster Session 2
PNEUMOCOCCAL VACCINATION AMONG VIRGINIA ELDERLY AGED 65 YEARS AND OLDER

PURPOSE: Pneumococcal infection is caused by a common bacterium known as S. pneumoniae. The purpose of this research study was to explore factors associated with obtaining pneumococcal immunizations among Virginia elderly aged 65 years and older.

DESIGN METHODS: This research study is a secondary retrospective analysis of the CDC Behavioral Risk Factor Surveillance Survey (BRFSS). This study explored 2008 Virginia BRFSS data for factors associated with receiving recommended pneumococcal immunizations among elderly aged 65 years and older. Of the 1596 respondents, the majority (94.6%) were female. Most respondents were between 65-74 years of age (53.4%) with a mean age of 73 years. Approximately 51% were not married. Most respondents (32.9%) reported they were either high school graduates or the equivalent.

RESULTS: Data were analyzed using descriptive and bivariate statistical methods. Significant findings were associated with age and veteran’s status (p < .05). Overall (62%) of respondents reported obtaining a pneumococcal immunization. The lowest reported percentages for receiving immunizations were among Blacks. Those separated or divorced, aged 65-74 years old and some high school education were found to have lower immunization percentages.

CONCLUSION: The study emphasizes the need for pharmacists who administer immunizations to target this vulnerable population, especially minorities.

01.05.07 - Poster Session 2
HIV/AIDS: UNPROTECTED IT CAN HAPPEN TO YOU
Phillip Chaffin
Lane College HBCU, Wellness Project

PURPOSE: The primary objective of this project is to educate African American men ages 18-45 about human immunodeficiency virus acquired immunodeficiency syndrome (HIV/AIDS) mortality rates among African American men. Additionally, a goal of this intervention is to prompt participants to learn their status by getting a HIV test. This project will also provide men with information on treatment options and available resources in the community.

DESIGN METHODS: This intervention partnered with Jackson Madison County Health Department and West Tennessee Consortium and Planning Group and National Association for the Advancement of Colored People and Children and Family Services to hold testing events in observance of World and Black AIDS Days from 2008-2011. Healthcare professionals provided participants information about new advancements regarding testing, prevention and treatment.

RESULT: Over 500 men and women have been tested since this project’s implementation in 2008. Data shows that there has been a gradual increase in the incidence of HIV in 2011 as opposed to 2010. These projects implement the Jackson, Tennessee community’s first World AIDS Day observation. Data illustrates that participants of this project had a better understanding of HIV prevention, screening, and how to negotiate safe practices with partners. Data also demonstrate the need for more education among target population.

CONCLUSION: There has been an increase in testing in both men and women. This project will continue to develop interventions to promote awareness and safe sex practices.
ABSTRACTS

2.0 Health Maintenance / Prevention

02.01.01 - Poster Session 1
USING DATA TO IMPROVE VITAMIN D STATUS AMONG BLACK ADULTS IN NEW ORLEANS
DL BROUSSARD, PhD
Xavier University of Louisiana

PURPOSE: Evidence from observational studies implicates hypovitaminosis D as a risk factor for various chronic diseases, namely certain cancers. Although most vitamin D can be acquired through sun exposure, dark skin pigmentation can hinder this process. In this study, we will examine vitamin D status among Black/African American adults in metropolitan New Orleans and explore whether this community may benefit from an intervention aiming to increase dietary and supplementary vitamin D intake.

DESIGN METHODS: A non-probability sample of 150 Black women and men aged 30-64 years who reside in the New Orleans area will be studied. Data will be collected using an interviewer-administered questionnaire assessing demographic and health factors, usual sun exposure, and dietary and supplementary vitamin D intake. Blood samples will be drawn from 60 participants to assess 25-hydroxyvitamin D concentrations. Parametric and nonparametric analyses will be performed to characterize vitamin D status and correlates of hypovitaminosis D in the sample.

EXPECTED RESULTS: Based on previous work, it is anticipated that the vitamin D status of adults in this sample will be poor and use of vitamin D supplements will be low.

DISCUSSION: Data are expected to support development of a nutrition education program that promotes vitamin D supplementation among Black adults in the New Orleans area. We will describe how these data can be used to develop such a program and how pharmacists as mid-level providers may play a role in administering this intervention.

Research supported by a NIH-RCMI grant at Xavier University of Louisiana.

02.01.02 - Poster Session 1
MOBILIZING THE FAITH BASED COMMUNITY IN THE MISSISSIPPI DELTA TO ADDRESS AND REDUCE OCCURRENCES OF CHRONIC DISEASES
Jackie Hawkins, MRPP; Cassandra Dove, MPH; Michellda Brenson, MS; Claude Courtney, MHA
Mississippi State Department of Health

BACKGROUND: The death rate for heart disease in the MS Delta is 267.8 per 100,000, higher than national and state averages. African Americans (AA) account for the highest mortality rates of heart disease in the Delta. There is a recognized need for churches to be involved to change the health of AA communities.

OBJECTIVE: To develop capacity of AA churches to address risk factors for heart disease and promote healthy lifestyles.

METHODS: 24 AA churches were selected through a competitive process to: 1) identify an individual to be trained as a Certified Congregational Health Nurse (CHN) or a Congregational Health Worker (CHW); 2) establish a Health and Wellness Ministry; 3) adopt policy to support healthy behaviors; 4) conduct health risk assessments including medical history, blood pressure, blood glucose, blood cholesterol and body mass index; and 5) provide free fresh fruits and vegetables through the development of church gardens. Pre-post surveys were conducted to assess knowledge and behavior.

RESULTS: 12 nurses were certified as CHNs and 14 individuals were trained as CHWs. Over 5 month period, over 600 screenings for blood pressure, cholesterol, and blood glucose were conducted and 24 churches developed gardens. Additionally, pre-post survey results revealed an increase of fruit and vegetable consumption, physical activity, and an increase in knowledge of how to prevent and manage disease.

CONCLUSION: Data assessments reveal promise in empowering AA communities to improve health outcomes through the institution of faith-based health and wellness programs. This program will be replicated in neighboring communities.
**ABSTRACTS**

**02.01.03 - Poster Session 1**

**MEASURING IMPACT OF TEXT MESSAGES, TAILORED PRINT MATERIAL, AND STANDARD ISSUED BROCHURES ON KNOWLEDGE OF PROPER INFANT FEEDING PRACTICES AMONG MOTHERS PARTICIPATING IN THE MISSISSIPPI WIC PROGRAM: A PILOT STUDY**

SL Willis, Jr., MA, CHES; G Cannon-Smith, MD
School of Public Health
Jackson State University, Jackson, MS

Obesity in children is a leading health concern for Mississippi. Parents’ efforts to practice healthy feeding practices during infancy and childhood should be supported by their educational preferences.

Research has validated the positive influence that text-messages and tailored print material has on health behavior adoption.

**PURPOSE:** This pilot project will determine the differential influence of various communication channels (e.g. text-messages, tailored nutrition education calendars, and standard brochures) on knowledge of proper child feeding practices among mothers participating in a state WIC (Women, Infants, and Children) program.

**METHODS:** Recruitment consisted of infants who would be at least 4-6 months old by October 2010. Mothers recruited from their local WIC agency completed a consent form agreeing to receive one (1) text-message weekly for 6 months, have their child’s picture taken and placed on calendar that will display evidence based child feeding practices, or receive the standard WIC brochure upon quarterly visits to the WIC agency. Self administered pre-tests were given at time of consent. The mothers (n = 18) were randomly assigned into 3 groups where they received either one (1) text-message weekly for six months, a tailored monthly calendar that displayed evidence based child feeding practices for six months, or the standard WIC brochure upon quarterly visits to the WIC agency.

**RESULTS:** Post test data will be analyzed to determine relationships between knowledge of proper child feeding practices and communication channels.

**DISCUSSION:** Preliminary data reveals that tailored nutrition education calendars have been most influential.

**02.01.04 - Poster Session 2**

**BREAST CANCER AWARENESS AND PREVENTION: NUTRITIONAL AND LIFESTYLE DIET**

AL Sanders
The Lemoyne-Owen College

**PURPOSE:** To save lives through early detection by increasing awareness through education, finding diagnostic breast care, nurturing support services for those in need, and provide insight on changing dietary habits.

**DESIGN METHOD:** There will be informational sessions for women ages 20 through 40 years of age living in Memphis, TN. They will learn the risk factors and preventive measures of breast cancer, obtain tips for coping with the challenges that are faced while living with breast cancer, take notice of the different and latest breast reconstruction techniques and how to determine which procedure is best for them, gain knowledge of how eat smarter to help fuel the body and promote healing during treatment, and find out how to change their diet and lifestyle choices. Before and after the sessions there will be Pre- and Post- tests to determine levels of understanding of the provided information.

**EXPECTED OUTCOMES:** It is expected that this project would allow women to have an increased level of knowledge of good dietary habits as daily choices, in order to prevent breast cancer. Women know the importance of and practice monthly self-examination of breasts in early detection of breast cancer, having a sense that breast cancer is treatable curable with early detection.

**02.01.05 - Poster Session 2**

**JUST CHILL! (COMMUNITY HEALTH INTERVENTION BY LIVING & LEARNING)**

AC Roberts, Pharm.D. Candidate; KI Rapp, Pharm.D.
Xavier University of Louisiana (ACR, KIR)

**PURPOSE:** Poor decisions in food choices and sedentary behavior are two major contributors to the increase in incidence of obesity and related health conditions. Obesity is a health disparity within the African Americans community considering that they have the highest obesity prevalence reported by the CDC for 2006-2008. There is a need for a program to develop lifelong healthy habits in nutrition and exercise. The Just CHiLL! program’s aim is to address contributors of poor habits leading to obesity. The program is a pilot study assessing the effectiveness of an educational series on nutrition knowledge, behavior, and attitudes.

**METHODS:** Three nutrition and health seminars were scheduled in a rural Louisiana community. Prior to the first seminar, a survey was distributed to participants containing demographic, knowledge, behavioral and attitudinal questions, food and exercise diaries where given for recording data throughout the duration of the program. Following the third seminar, a post intervention survey will be completed and the diaries collected.

**RESULTS:** Sixteen pre surveys were completed. All participants were African American; sixty two percent of the participants were females. The majority of the participants were greater than 50 years of age. Pre survey knowledge results revealed thirty percent of participants gave incorrect answers to the knowledge portion of the survey.

**CONCLUSION:** Preliminary results suggest some participants lack healthy habits/attitudes amongst participants. A post seminar survey must be given to assess if any behavioral or attitudinal changes occurred as a result of intervention.
ABSTRACTS

02.02.01 - Poster Session 1
DETERMINING THE VIABILITY OF A SMARTPHONE APPLICATION BASED INTERVENTION PROMOTING CATCH-UP VACCINE UPTAKE AMONG YOUNG ADULT, AFRICAN AMERICAN WOMEN
Mandy Hill, DrPH, MPH; Misha Granado, MPH, MS, Department of Emergency Medicine, University of Texas Health, Medical School

PURPOSE: to assess the viability of a smartphone application at improving human papillomavirus (HPV) vaccine uptake among young adult, African American (AA) women and to discover the social acceptability of a HPV vaccine uptake driven smartphone application.

METHODS: A survey based, cross sectional study design was implemented among 24 young adult, AA women aged 18-26 years seeking non-emergent care in an emergency department setting who confirmed having a smartphone.

RESULTS: Among 24 participants, 21 (87.5%) completed the entire survey. The majority (52.2%) of patients had a monthly income of <$1,500, 46% used the male condom as contraception, 23.8% previously had a sexually transmitted infection, and 90.5% were heterosexual. Most (66.7%) reported having one main sex partner during this year. All participants were aware HPV is transmitted via sexual intercourse and 30.5% believed the vaccine would prevent an HPV infection. Surprisingly, 14.3% of study subjects reported receipt of the HPV vaccine and 44.4% did so to protect against cervical cancer and genital warts. Results revealed 95.2% of subjects believed the application could be effective at improving the willingness of their peers to obtain the HPV vaccine. Nearly half (42.9%) of participants always use their smartphone applications and 66.7% confirmed willingness to participate in the proposed intervention.

CONCLUSIONS: Study findings imply that a smartphone based intervention would be readily embraced by this population. This modality enhances the social desirability of interventions, resulting in adoption of preventive methods that are facing rejection in the absence of innovative research models.

02.02.02 - Poster Session 1
A SCHOOL ACTIVITY COMBATING OBESITY and LOW PARENT INVOLVEMENT
JM Cardea, PhD; S Hohon, MSN
University of Texas Health Science Center at San Antonio, San Antonio Metro Health Department (JC); Christian Academy of San Antonio (JC: SH)

PURPOSE: Involve senior baccalaureate nursing students in the delivery of an activity that simultaneously focused on identified concerns of childhood obesity and poor parental involvement at school events.

DESIGN METHODS: Students gathered data from community and school sources, with alarming findings. A small grant provided funding to conduct a Saturday morning, age-appropriate nutrition education program coupled with enjoyable physical activities for students and parents. This event was selected as a low-cost solution to directly address data-raised concerns and something that could be accomplished in the remaining 6 semester weeks. Event preparations were made, and logistic decisions placing nutritional information stations and physical activities around the school’s outdoor track were completed. During the event, stickers were given as rewards for participation in nutrition discussions and physical activities. At event closure, refreshments and an exercise toy were distributed to attending students and siblings, and the class with highest attendance received a nutritious lunch and commemorative T-shirt the following week.

RESULTS: Approximately 60 students (~1/4th of the student body) and at least 1 parent/student participated. Nursing students were surprised at the limited recognition of healthy foods by all student groups, making quiz results representing a positive, school-wide change rate of approximately 40% gratifying.

CONCLUSIONS: Additional activities must be planned, as students moved more quickly from station to station than anticipated. Child and parent enjoyment during the event, results from the nutrition quiz, and the highest level of parent participation in a school event in years were satisfying outcomes. The event will be continued.

02.02.03 - Poster Session 1
CHILDREN’S HEALTHY LIFESTYLE INITIATIVE
IP Beasley, MSPh; B Blue, MS IV; X Bean, MD
HBCU Wellness Program (IB), Department of Pediatrics (XB, IB), School of Medicine (BB)
Meharry Medical College

PURPOSE: To increase physical activity, encourage adoption of healthier eating habits, and stabilize or decrease BMI in children ages 10-15.

METHODS: CHLSI enrolled 20 adolescents ages 10 – 15 years with a BMI > 85% for age and sex. A physical fitness assessment test was conducted at the beginning and end of the intervention period. The program model included nutritional education, exercise counseling, motivational interviews, individualized prescription and pairing with a medical student mentor. Medical Student mentors were asked to contact their assigned participant once a week for 6 months to participate in a physical activity and to encourage participants in accomplishing their goals.

RESULTS: Of the 20 enrolled, 9 participants were lost to follow up and their data will not be included. Eleven participants continued for six months with eight participants averaging one or more monthly visit (active) and three participants averaging less than 6 visits over six months (non-active). Active participants BMI increased by 1.4%, while non-active participants showed an 8.8% increase.

CONCLUSION: Our data suggests that implementation of the CHLSI program successfully stabilized BMI trajectory and improved physical fitness over a 6months period. Larger controlled trials are needed to confirm the findings of this initial trial and to determine what specific intervention or combination of interventions actually contributed to participants’ weight stabilization.
02.02.04 - Poster Session 1
THEMATIC FINDINGS OF FOCUS GROUPS IMPLEMENTED IN A COMMUNITY SETTING ACQUIRING OBESITY RELATED DATA: OUR COMMUNITIES, OUR SOLUTIONS IN 2010
Mandy J. Hill, DrPH, MPH; Jasmine J. Opusunju, MEd; Misha Granado, MPH, MS; Kimberly Johnson, MPH; Niiobli Armah; Amanda Edwards, JD; Tiffany Thomas, MCD; Elmer Rogers; and Judson Robinson
(1,3) Emergency Medicine, University of Texas, Medical School (2,4) Center for Health Promotion and Prevention Research, University of Texas Health Science Center-Houston (5, 8-9) Houston Area Urban League (4-6) Young Professionals, Houston Area Urban League

PURPOSE - To explore existing thought patterns and lived experiences about eating habits and daily activity of African American (AA) children at risk for childhood obesity and to evaluate differences between children and parental perspectives of ideal health.

METHODS – Using a cross-sectional study design, we engineered qualitative methods to perform 20 focus groups (10 among children between 8 and 11 years of age and 10 among their parents) with community members accessing services by the Houston Area Urban League will be conducted at local church affiliates to guide the development of relevant childhood obesity prevention, community based interventions.

RESULTS - Six focus groups have been completed among 28 participants (14 children and 14 adults). The primary themes identifying differences in responses of parents and children address proximity of access to healthy food choices, food type consumed by children regularly, and children's preference for fast food versus home cooked meals. These themes will guide the development of a pilot program seeking to prevent the onset of childhood obesity among community members, including the children and those who raise them.

CONCLUSION - The evidence confirms a ‘disconnect’ between parental versus children’s perspectives regarding childhood obesity predictors; thus, interventions must address this fact. Our goal is to expand the Urban League movement’s efficacy by identifying data that will combat the influence of childhood obesity risk factors, while strengthening the core of the communities we serve.

02.02.05 - Poster Session 1
DOC, LET ME TELL YOU...INTEGRATING COMMUNITY/CONSUMER DIALOGUE INTO THE DEVELOPMENT OF AN OBESITY PREVENTION CONTINUING MEDICAL EDUCATION (CME) TOOLKIT
GA Cannon-Smith MD, Innovative Health Strategies; C Cannon, MA Innovative Health Strategies (GAC,CC)

PURPOSE: Provision of quality health care is essential for health professionals serving diverse populations. Quality influences health outcomes by measures relating to quality of care delivered, access to acute and preventive services, quality of the provider-client interaction (patient-centeredness), safety, cultural health beliefs, and experiences with healthcare. Patient-centered care incorporates the client’s perspective and fosters empowerment to improve client satisfaction and health. The intransigence of obesity requires multiple strategies, including the integration of the consumer/client perspective. The development of this toolkit integrates the consumer perspective from focus group data with provider needs assessments, and evidence-based practice.

DESIGN METHODS: Two local CME provider preference surveys were administered to assess general and obesity-related needs. Ninety-nine providers completed the first survey and 55 Pediatricians completed the second. Four focus groups (9-10 participants), comprised of two parent groups, one child/adolescent group, and one young adult group were conducted. Participants were queried about components of quality and poor provider-patient encounters and preferred patient education materials.

RESULTS: The CME preference surveys allowed comparison with national and community data sets. The focus groups uncovered themes, which were consistent with patient centered care and use of motivational interviewing as a preferred counseling strategy. Next, a framework to support the provider’s need for convenience and evidence –based guidelines was infused with elements of the consumer’s need for respect, shared decision-making, and practical information.

CONCLUSION: The CD-ROM/Internet accessible toolkit combines evidence-based practice guidelines and thematic information from the focus groups into didactic, tutorial and skill demonstration components.

ABSTRACTS

02.02.06 - Poster Session 1
WELLNESS IN CHRIST: BUILDING FAITH & BODY
CR West; D Edwards, BS; DR Clark, BS
LeMoyne-Owen College (CRW); Meharry Medical College (CRW); LeBonheur Children’s Medical Center (DW); F.A.B.-N.-F.I.T. Christian Dance Aerobics (DRC)

PURPOSE: African American women (AAW) have the highest rates of obesity, compared to European Americans. Advanced rates of obesity place AA women at risk for other chronic diseases (i.e., cardiovascular disease, breast cancer, hypertension, and Type II Diabetes). It is important for AAW to increase levels of physically activity to reduce risk for obesity and other conditions as well. Physical activity would reduce rates of obesity, a condition found disproportionately in the African American Community.

DESIGN METHODS: Using a two phase intervention, the study will present risk factors that are indicators of obesity, personal modifiable behaviors, leading to a reduction in body mass index (BMI) and certain chronic conditions will be discussed along with nutrition information. A faith-based program to incorporate physical activity will be provided. These interventions are designed to control and to reduce rates of obesity. Phase One includes the presentation of a nutrition health seminar along with the administration of a pre/post test and the gathering of baseline information (e.g., diet and nutrition habits, stressors, weight, BMI). Phase two includes a fitness and exercise program; : a Christian Dance Aerobics Class (F.A.B.-N.-F.I.T.). Follow up will be assessed in 30 days.

EXPECTED OUTCOMES: It is expected that 10% of participants would ultimately reduce BMI, follow nutrition guidelines, and maintain a healthier lifestyle. This intervention that is cost efficient, faith centered, social/family supportive, and workout innovative will present a healthier future and increase the quality of life.

02.02.07 - Poster Session 2
KNOWLEDGE OF NUTRITION AND INTELLIGENCE WITH FITNESS AND EXERCISE
MD Magridjom
LeMoyne-Owen College

PURPOSE: College students gain weight during their freshman year, largely during reduced levels of physical activity. The first year is a critical development window for establishing prevention measures, leading to a lifetime of healthy habits, including developing health eating patterns and increasing levels of physical activity. These measuring would prevent weight gain and reduce risk for chronic diseases associated with obesity. This project will increase students’ awareness of a balanced diet, physical activity, and chronic disease reduction.

DESIGN METHOD: Freshman students will be given a survey to determine knowledge about nutrition and physical activities. Students will keep a daily food journal, including the quantity, nutrition facts, and prices, when possible. Participants will be given short nutrition presentations and an expected exercise routine that occurs at least three times per week. At the end of the semester, personal assessments and evaluation of food journals, exercise patterns, and level of knowledge will be discussed. Finally, they will be given a post-survey to evaluate what has been learned about nutrition and physical activity and improvement in their habits.

EXPECTED OUTCOMES: The goals of this project were to improve the health and eating habits of at least half of the participants, as determined by 1) the improvement in diet; 2) increase in the amount of time assigned for physical activity; and 3) the difference between their body mass indexes (BMI) at the beginning and at the end of the project.

02.02.08 - Poster Session 2
OBESITY: REDUCING CHILDHOOD OBESITY ONE COMMUNITY AT A TIME
Emmanuel Blair
LeMoyne-Owen College, Student Health Ambassador; LeMoyne-Owen College Student Health Ambassadors; Cummins Elementary Memphis, TN; Strong Me! A Family Weight Management System

PURPOSE: The purpose of this project was to institute a school-based curriculum to reduce and to prevent childhood obesity. Using the “Strong Me!” curriculum, school-aged children will have an increased awareness to reduce and/or to eliminate childhood obesity.

DESIGN: A medical professional measured height and weight, assessed dietary intake, and collected information on physical and sedentary activities of children in a local elementary school. Students were encouraged to follow the guidelines of the weight management program and to increase levels of physical activity. The goal of the curriculum is to provide and age-appropriate presentation, recommendation on eating a healthy diet, and encouragement to play actively in a safe environment, while considering limiting television time.

EXPECTED OUTCOMES: The sessions increased children and family awareness of the significance of eating and exercising to eliminate the risk of childhood obesity.
**02.02.09 - Poster Session 2**

**ADVERTISING AND MEDIA EFFECTS ON CHILDHOOD OBESITY IN LOW-INCOME FAMILIES**

Lisa Emig, BA (Graduate Student in Communication and Leadership Studies)  
Gonzaga University

**METHOD:** Literature Review

**PURPOSE:** To identify issues surrounding childhood obesity in low-income families and attempt to create discussion on how allied health professionals can assist in breaking the obesity cycle.

**ABSTRACT:** The rate of obesity for children aged 2-5 increased from 5% to nearly 10% and from 4% to nearly 20% for children 6-11 years old. The CDC’s Morbidity and Mortality Weekly Report states children who are obese in preschool are more likely to become obese in adolescence and adulthood. Advertising and media, along with income and cultural reasons are the prime issues which influence the obesity cycle. The total media exposure for a child is approximately eight hours per day with 36% of preschoolers exceed the AAP recommendation. Non-Hispanic blacks and “Other” race preschoolers had the highest percentage that exceeded AAP recommendations for media use. A multi-focus attack on obesity by allied medical professionals is necessary to reverse the overall obesity trend in the United States. We need to enhance social support via media, educate and motivate individuals to take part in healthy behaviors which will reduce the number of obese children and encourage healthy lifestyles for all families, independent of financial considerations.

**02.02.10 - Poster Session 2**

**OBESITY: THE STUDY OF MENTAL HEALTH ON AN INDIVIDUAL’S PHYSICAL HEALTH**

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Clark Atlanta University (DEB)

**PURPOSE:** Adolescent obesity is a strong predictor of adult obesity. It has reached epidemic proportions in North America and continues to rise, making it a serious public health concern as well. Although obesity is increasing in all age groups and among all racial/ethnic groups and educational levels, young adults ages 18 to 29 are experiencing the highest rate of increase. More than 300,000 deaths each year have been linked to obesity, as well as its impact on multiple medical complications. The management of obesity is complex and must take into account causative factors like gender, genetic predisposition, dietary behavior, socio-economic status and social class, education background, cultural behavior, media, lifestyle and psychological factors including depression and anxiety.

**DESIGN METHODS/ RESULTS:** Anticipated results from the random survey administered include a close relation of one’s mental status to weight management, specifically with regards to being overweight or obese.

**CONCLUSIONS:** Individuals need to know and understand that it is not a physical problem but a holistic one that deals a lot with one’s mental status and until the mental status of that individual is addressed, the physical desires are less likely to be achieved and achieved are most likely to be short lived. Screening and health promotion, along with prevention programs for obese youth at risk of unhealthy eating behavior, poor self-esteem, and depression need to be developed. Programs designed to educate about healthy eating and active living would be beneficial to reduce obesity and encourage healthy weights as well.

**02.02.11 - Poster Session 2**

**THE RAM’S WALK: HEALTH DISPARITY AND RISK REDUCTION STUDY OF OBESITY (RW) AT A SOUTH GEORGIA HISTORICALLY BLACK UNIVERSITY AND COLLEGE (HBCU)**

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Behavioral Science Department (JPR), Department of Nursing (LA)  
Albany State University Health Center (VP), Forensic Science Department (SV)  
Albany State University of Albany, Georgia

**PURPOSE—** The Ram’s Walk analyzed the association of lifestyle and obesity (BMI >25) among students (N=339) attending a South Georgia HBCH for the purpose of intervention, reduction and establishment of a Lipids Clinic at the Student Health Clinic at this university.

**METHODS—** The 295 question survey was administered to respondents during Phase I of the study. Phase I assessed socio-cultural risk factors for obesity (family medical histories, lifestyle, body image, eating patterns, depression, eating and weight control strategies and diet). Researchers pooled female (N=209) and male (N=130) college aged respondents across age, sex, spirituality, religious, family type, economic status, demographics and education using non-probability sampling techniques.

**RESULTS—** We hypothesized there is a difference in the lifestyle of students with 3 or more risk factors and students with less than three risk factors. Obesity risk factors were higher among overweight students ($t(338) = 33.080, p<.001$). The mean scores were $.7640$ and $.8094$, respectively.

**CONCLUSION—** Respondents' overweight conditions were attributed to risk factors associated with lifestyle. Thus, healthcare and social policies, along with programs for obesity intervention, prevention, reduction and management should be implemented and promoted on this HBCU campus to address the life threatening co-morbidities associated with being mildly to moderately obese.
02.02.12 - Poster Session 2
PILOT STUDY OF AN ACTION PLAN FOR OBESITY SELF-MANAGEMENT IN A MEDICALLY UNDERSERVED MINORITY POPULATION
UD ONUBOGU, PhD; RD Robinson, MD
Florida A & M University (UDO); Bond Community Health Center (TOR)
PURPOSE: About two thirds of community dwelling US adults are obese or overweight, and worsening prevalence has been noted among African Americans. Obesity management incorporates self-management strategies to support individuals to take active role in their healthcare. This study is a pilot evaluation of whether action plan intervention produces significant improvement in selected measures of self-management among overweight/obese AAs.

DESIGN METHODS: A quasi-experimental pre-test post-test study was implemented using a sample of 18 AA adults randomized into a treatment group (n=10) receiving individualized action plan intervention and a control group (n=8) receiving traditional instruction on obesity self-management. Baseline and post-intervention (2 weeks later) measures include patient activation, health self-efficacy, mood, level of health practices, and body weight.

RESULTS: At baseline, majority of the participants rated moderate to high in health related activation (67%), self-efficacy (89%), practice (94%), and mood (56%). Other results indicate that higher level of patient activation at baseline significantly correlated with higher level of health practice two weeks later (r=.63, p=.01). Lastly, level of post-intervention health practice was predicted by higher level of patient activation (R2=.38, p=.01) and higher self-efficacy (R2=.43, p=.05) at baseline.

DISCUSSION: These findings indicate that patient activation and self-efficacy exert a significant impact on practice outcomes for obesity self-management. Study findings support the need for health practitioners to consider the state of patient activation and health-specific efficacy when proposing self-management plan for overweight/obese AAs. Finally, findings encourage further investigation of the role of action plan intervention as a strategy to improve obesity care among AAs.

GRANT SUPPORT: This study was supported by grants from Research Centers in Minority Institutions (RCMI) and Faculty Research Award Program (FRAP) at Florida A & M University.

02.02.13 - Poster Session 2
BODY WEIGHT AWARENESS IN HYPERTENSIVE AFRICAN AMERICANS
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PURPOSE: African Americans (AA) are disproportionately obese when compared to other racial groups in the US. This health disparity contributes to significant health consequences, including higher rates of cardiovascular disease and other obesity related medical problems. The obesity epidemic in AA may be partly related to lack of awareness of their actual body weight. The purpose of this study was to evaluate this problem in an AA hypertensive population.

METHODS: 100 consecutive AA patients visiting our office were asked what do you think your weight is? All patients had hypertension and were on treatment. Their answers were checked with the actual measured weight and height. Using WHO recommendations, overweight was defined as BMI 23-27.4kg/m2 and obese as BMI >27.5kg/m2.

RESULTS: Of the 100 patients questioned, there were 52 (52%) males and 48 (48%) females. Their ages ranged from 22 to 88 years. Ninety (90%) of participants had BMI over 27.4kg/m2. 28 (28%) were overweight and 62 (62%) were obese. 40 (40%) perceived their weight to be less than their actual weight, 32 (32%) verbalized their true weight (+/-2 lbs) while 28 (28%) perceived their weight to be above their actual weight.

CONCLUSIONS: The overwhelming majority of our AA hypertensive patients were either overweight or obese. Only 10% had normal BMI. 68% of the AA patients were unaware of their true weight. 40% underestimated their true weight. Education regarding maintaining ideal body weight and the resultant benefits should help improve weight awareness in this population and help decrease the obesity disparity.
02.02.14 - Break Out A
CHILDHOOD OBESITY: PREVALENT CONTRIBUTIONS FROM THE ENVIRONMENT THOUGH EXPOSURES
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PURPOSE: GABA receptors rho1, alpha2, beta3 and gamma2 were expressed at embryonic days E14.5 and E16.5 (mouse brain microarray). Alpha1, 3, gamma1 and 3 got expressed at E18.5. Alpha 6, beta 2, delta, rho1 and rho2 were absent. The alpha 6Rs denote possible biomarker for maternal neural mercury toxicogenesis.

METHOD: Assemble dataset of Entrez GeneID identifiers (63 mammalian GABA receptor genes: human, mouse and rat. Search Gene Expression Omnibus (GEO) for developing mouse embryonic (E) datasets of normal brain tissues. Integration of microarray intensity calls (positive or negative) provided a more comprehensive understanding of mouse developmental expression of GABA receptors with image data annotation from transcriptome in-situ hybridization at E14.5.

RESULTS AND DISCUSSION A total of 14 array probes mapped to 13 GABA receptor genes. Receptors rho1, alpha2, beta 3, and gamma 2 were the only four GABA receptor genes expressed at stage E14.5 and E16.5. At stage E18.5, genes for alpha1, 3, gamma1 and 3 were expressed. Rest of GABARs were negative in samples analyzed

CONCLUSION GABA alpha 6Rs were highly up regulated with mercury exposure (2μg/mL). These receptors were not expressed in normal mouse embryogenesis. GABAergic neurons function as interneurons and uniquely alter the excitability of local circuits within a given brain region. Potent stimulation of the GABA system by mercuric chloride is deemed important in mercury intoxication among ethnic groups. Research supported by grants from the NIH-EARDA support and JSU Center for University Scholar’s Award to WKA.

02.04.01 - Poster Session 3
OCCUPATIONAL STRESS AND DECREASED QUALITY OF LIFE IN NORTH CAROLINA CORRECTIONAL OFFICERS
Warren Dukes, M.S.
Saint Augustine’s College

Research supports the findings that stress among correctional officers is a widespread problem. Studies on correctional officer stress consistently document occupational-related causes that include the threat of inmate violence, physical and mental violence from inmates, irregular shift change, and poor pay. As a consequence of occupational stress, correctional officers are at greater risk of chronic diseases ranging from heart disease, eating disorders, strained relationships, and disability-related retirements. This study seeks to explore correctional officers occupational stress factors that impact life expectancy rates in North Carolina Correctional Officers. This study will also seek to understand improvements with the job of correctional officers that will aide in quality of life improvements within this population.
Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform

ABSTRACTS

02.04.02 - Poster Session 2
A VIDEO EDUCATION PROGRAM: A METHODOLOGY TO IMPROVE HEALTH LITERACY
Laurie Anne Ferguson, DNP, APRN
Loyola University of New Orleans

BACKGROUND/RESEARCH QUESTION: Video/DVD is an underutilized medium that can assist clinicians in health education. Research suggests the use of video/DVD may be particularly helpful in communicating health information to people with limited health literacy. Improving patient knowledge and self-efficacy can decrease health disparities and improve patient safety. A Video/DVD may enable patients to visualize and better understand specific health topics by concisely providing complex information in a visual format instead of only written educational materials. A video/DVD education program that is culturally sensitive, socioeconomically neutral and practice appropriate can have a significant positive impact. However, there are significant barriers to the routine implementation of such methodology. First, there is a lack of culturally sensitive video/DVDs available. Most available video/DVDs are long and therefore not practical as short video/DVDs (eight minutes or less) are recommended. Topics need to be broken down in shorter segments to improve comprehension and health literacy. Second, production of appropriate video/DVDs are time consuming and expensive for practices to implement. Third, introduction of routine video/DVD use in busy clinical practice involves a practice change where there are a few incentives for implementation and therefore staff acceptance can be challenging.

METHODS: The focus of this translational project is to develop a series of video/DVDs on a variety of topics with accompanying pamphlets. To date, three video/DVDs have been produced which use simple language and highlight key points in pictures: using your inhaler; iron deficiency anemia in children; and administering medications to children. The video/DVDs developed are practice specific and provide real life demonstration. Portable DVD players rather than computers are utilized to play the appropriate video/DVDs thus reducing cost and equipment risk. The project was implemented in a busy southern, rural family practice. Patients and caregivers assessed the likeability and usefulness of the format. The staff was educated about limited health literacy including a vision for improved patient education by utilizing video/DVD methodology.

RESULTS: Video/DVDs can be developed at the practice level using nonprofessional video recording equipment and editing software. Patients expressed high satisfaction with the video/DVD methodology and liked that the educator in the video/DVD was one of their own providers which provided credibility. Staff acceptance and adoption of video/DVD methodology was slow at first but ultimately enthusiastic when the value of the intervention became apparent. A change agent in the practice is critical for successful implementation.

CONCLUSIONS/IMPLICATIONS: Research has shown the effectiveness of video/DVD methodology to improve health literacy. Translation of the research by implementing video/DVDs in a busy primary care practice cost effectively is challenging but achievable. Script development, filming and editing the final product is a significant time investment and therefore expensive. Written standardized scripts and workshops to teach strategies for filming and editing would make translation of the research more feasible. Resources to support the development and utilization of appropriate video/DVDs are needed for widespread implementation.

02.04.04 - Poster Session 2
GARLIC AND VINEGAR USE IN A HYPERTENSIVE AFRICAN AMERICAN POPULATION
SK Agarwal, MD
Agarwal Health Center, East Orange, New Jersey

PURPOSE: Socio-economically disadvantaged African Americans (AA) are often criticized for their reliance on garlic and apple cider vinegar (ACV) for the control of high blood pressure (HTN). It has been suggested that this may stem from their dissatisfaction with conventional medicines (CM) and may encourage non-compliance. The purpose of this study was to evaluate the impact of these home remedies on compliance with prescribed CM.

METHODS: We questioned 102 consecutive hypertensive AA patients regarding the use of garlic and/or ACV while on prescribed anti-hypertensive treatment. This was done during their visit to an inner city office location.

RESULTS: There were a total of 102 patients questioned; 56 males (55%) and 46 females (45%). Of these patients, 12 (12%) used garlic regularly, 18 (17%) used apple cider vinegar regularly and 10 (10%) used both garlic and ACV while 60 (60%) used no garlic or ACV in addition to their prescribed medications. Of the 40 taking garlic and/or ACV, 2 (5%) patients refused to take any CM while 38 (95%) remained compliant with their prescribed CM.

CONCLUSIONS: Use of concomitant home remedies is common in an inner city African American population for the treatment of hypertension and/or for their perceived cardiovascular benefits. The behavior of taking garlic and/or apple cider vinegar in this population appeared to be a proactive approach and did promote non-compliance with prescribed medications. Physicians and pharmacists should not discourage the use of integrative home remedies in hypertensive patients on conventional medications.
03.0 Health Services / Policy

03.01.02 - Poster Session 2
INTERACTIVE VIDEOCONFERENCING FOR EDUCATION AND DISEASE PREVENTION

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PURPOSE: To facilitate highly interactive presentations from experts (including role models) to health workers or communities in distant locations; To emphasize current health issues disproportionately threatening minorities; To provide evidenced-based information in an inspirational interactive manner; To inexpensively share discussion, video and graphic images among multiple sites; To promote disease prevention and reduce health disparities.

DESIGN METHODS: Domestic broadband internet (generally 1Mbps download and 512 Kbps upload) supported a software application, VIDYO, linking presenter and audience(s). VIDYO reliably shares images of data and video from the presenter to remote computers that may be connected to projection screens or TVs. It also shares images and comments of the participants. Table tents or moderators facilitate identification of participants to promote interaction.

RESULTS/EXPECTED RESULTS. Expert presenters easily installed the software onto their laptops. Separate presentations from their homes allowed a representative of Pan American Health Organization in the Bahamas, an epidemiologist in St Kitts and the Chief Medical Officer in Trinidad to discuss respectively, dengue in the Americas, the organization and function of PAHO, and the current and developing health system in Trinidad. The audience -- MDs and graduate students in the Masters in Health Administration Program at UTT, were extremely positive: the content was novel, stimulating and presented by role models who inspired them. Several other potential speakers worldwide have agreed to participate in this program from their homes.

CONCLUSIONS: Sophisticated software technology promises to transform health prevention strategies worldwide.


03.02.01 - Poster Session 1
ALCOHOL MISUSE AND MULTIPLE SEXUAL PARTNERS

S Bazargan, PhD; T Gaines, DrPH; M Bazargan, PhD; B Seddighzadeh, BS; A Ahmadi, MD. Charles Drew University of Medicine and Science, College of Medicine (SB, MB, BS)
University of California, San Diego, Department of Biostatistics (TG)
Kermanshah University of Medical Sciences, Iran. Department of Anesthesiology, Critical Care and Pain Management (AA)

PURPOSE - This cross sectional survey study aimed to examine the relative association of alcohol misuse and alcohol use within two hours of having sex on the number of sexual partners among a sample of 395 African American and Latino Emergency Department patients

METHODS - Multiple variable negative binomial regression models were developed and effect modification of alcohol use prior sex by the history of alcohol misuse was assessed through the inclusion of interaction terms

RESULTS - Study participants reported an average of 1.42 (SE = 0.11) sexual partners in the past 12 months, 23% misused alcohol, and 28% reported alcohol use within two hours prior to sex. There was no statistically significant direct association between alcohol misuse and the number of sexual partners; however, alcohol use prior to sex increased the average number of sexual partners by 65%. Moreover, among those who misuse alcohol, participants that reported ‘alcohol prior to sex’ were three times more likely to report higher number of sexual partners (RR = 3.19; CI =1.85,5.56).

CONCLUSIONS - We failed to support the purported global link between alcohol misuse and number of sexual partners. However, alcohol misusers and those who report having more than one sexual partner are more likely to cluster in the same group; those who use alcohol prior to having sex. This finding helps to better understand the nature of the relationship between alcohol and risky sexual behavior. It also can guide prevention strategies as to which group they should target their efforts to reduce negative consequences of alcohol misuse on risky sexual behavior.
ABSTRACTS

03.02.02 - Break Out B
INITIATING A HEALTH SYSTEMS APPROACH TO MANAGING PEDIATRIC ASTHMA IN NEW ORLEANS: THE HEAD-OFF ENVIRONMENTAL ASTHMA IN LOUISIANA (HEAL) PHASE II PROJECT

PURPOSE: HEAL Phase II is a collaboration between Xavier University of Louisiana’s Center for Minority Health and Health Disparities Research and Education (CMHDRE), Daughters of Charity Services of New Orleans (DCSNO), and the Merck Childhood Asthma Network (MCAN). The purpose of this four year partnership is to improve health outcomes of children with asthma in New Orleans. HEAL Phase II builds upon lessons learned from HEAL Phase I, a post-Katrina research project that studied the effects of mold and other indoor allergens on children with moderate to severe asthma, and the effectiveness of an asthma counseling intervention in improving pediatric asthma management. METHODS: Asthma educators will be integrated into the pediatric asthma treatment team at two DCSNO clinics. There are several components of the HEAL Phase II protocol that are necessary to facilitate this integration: 1. Adapt current DCSNO systems of care to include asthma educators, 2. Ensure that providers are informed of HEAL Phase II and provide opportunities for specialized asthma training, 3. Adapt the DCSNO electronic medical record system to capture measures specific to HEAL Phase II and 4. Identify and track changes in patient health outcomes based on HEAL II Phase II measures. RESULTS: We will describe how data from this project can be used to inform the planning and development of similar interventions targeting pediatric asthma in New Orleans and other urban sites. CONCLUSION: This presentation will highlight how a systems-based intervention can be an effective strategy to improve health outcomes among children with asthma.

03.03.01 - Poster Session 1
HEALTH CARE DISPARITIES AND THE DEGREE OF ACCULTURATION IN THE ARAB-AMERICAN AND ARAB IMMIGRANT COMMUNITY OF SOUTHERN LOUISIANA
Sara Al-Dahir, Pharm.D, BCPS, Clinical Assistant Professor, Xavier University of Louisiana, Visiting Fullbright Lecturer — Qatar University College of Pharmacy
Fatima Brakta, Pharm.D., Clinical Assistant Professor, Xavier University of Louisiana

OBJECTIVE: To investigate the relationship between the degree of acculturation and the incidence of or risk factors for diabetes, hypertension, hyperlipidemia and cardiovascular disease among the Arab-American and Arab immigrant community in Southern Louisiana.

RESEARCH DESIGN AND METHODS: Health care disparities research in the United States focuses on defining the disproportionate existence of disease states defined along ethnic, racial and economic lines. Currently, data on Arabs is cluttered with the general European descendants as Arabs are not given a distinct ethnic designation. Research which has emerged from large Arab centers in Michigan has shown trends in health care disparities among Arabs. A cross-sectional population based pilot study of 40 Arab immigrants and Arab Americans was conducted at community centers and places of business in the designated areas by trained bilingual personnel.

Acculturation is a sociological term describing the extent of integration of immigrant communities into the mainstream society. Assessment of acculturation focused on the following parameters: demographic and immigration information, education, and language use. Risks for or prevalence of diseases such as diabetes, hyperlipidemia, hypertension, stroke or heart attack is based upon an abridged National Health Institute survey and the American Diabetes Association diabetes risk assessment tool.

Results were analyzed using descriptive statistic, factor analysis and multinomial logistic regression to determine the relative strength of each acculturation factor’s influence on health outcomes. Significant correlations were found between certain factors of acculturation like English language use, education, and diet choice with incidence of diabetes and diabetes risk.

RESULTS: Data are currently being collected for the rest of the sample. Complete results are pending.

03.03.02 - Poster Session 1
SOCIOECONOMIC STATUS AND EDUCATION OF DISPARITIES IN BREAST AND CERVICAL CANCER SCREENING OF FEMALE IN FOUR BLACK BELT COUNTIES (BBC) OF ALABAMA (BARBOUR, GREENE, MACON AND WILCOX)
E. Abdalla, MSC; G. Gerbi, PhD; D. Nqanwa, MPH; A. Begue, MSC; V. Robnett, MSC; K. Stewart, BS; T. Hadennergiam, PhD and B. Tameru*PhD
Center for Computational Epidemiology, Bioinformatics and Risk Analysis (CCEBRA), College of Veterinary Medicine Nursing and Allied Health (CVMNAH), Tuskegee University

PURPOSE: The incidence and mortality rates of breast and cervical cancer show disparities among rural and minority populations with in Alabama. Therefore, this study is designed to determine if disparities in breast and cervical cancer screening rates significant correlated with health care such as; health insurance, family doctor among S16 (64.42%) female in those four BBC of Alabama.

DESIGN METHODS: Using data from Health Disparities Questionnaire in four BBC (Barbour, Macon, Greene and Wilcox), our study revealed that lack of health insurance coverage and affordability to family doctor were the strongest independent predictors of low utilization rates of mammography (odds ratio [OR]=4.569; 95% confidence interval [CI], 3.024-6.905) and (OR=4.724; 95% CI, 3.034-7.357) respectively, and Pap smears (OR=0.289; 95% CI, 0.183-0.456), and (OR=0.308; 95% CI, 0.195-0.486) respectively.

RESULTS: Education was significantly correlated with rates of breast and cervical cancer screening. However, income has no effect on low utilization rates of mammography (OR=0.938; 95% CI, 0.882-0.997) and Pap smears (OR=1.060; 95% CI, 0.976-1.152).

CONCLUSION: Lack of health insurance and affordability to family doctor are associated with rates of breast and cervical cancer screening in this four counties leading to low incidence and high death rates. Improving the health care services and facilities especially health insurance and affordability to family doctor in these four counties of Alabama are very useful to increase the rates of breast and cervical screening.

40 Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform
**03.03.03 - Poster Session 1**

**STATE STRATEGIES FOR HEALTHCARE WORKFORCE RECRUITMENT AND RETENTION**

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College of Pharmacy University of Arizona

**PURPOSE:** Rural communities, particularly rural minorities, lack a usual source of healthcare, travel greater distances to obtain health services, and as a result, often forego necessary health services all due to a scarcity of local providers. Increasing the number and type of rural healthcare providers is a natural means to remedy these disparities. While there are successful federal programs that incentivize rural/underserved practice, like the National Health Service Corps, less is known about individual state programs that address local provider shortages.

**METHODS:** A 2010 review of all state incentive programs to encourage health care providers to work in rural/underserved areas was conducted to examine: (1) which states offered programs, (2) the types of providers targeted (e.g., physicians, nurses, pharmacists, etc.), and (3) the type of program offered (e.g., scholarships/grants, loans, loan repayment, etc.).

**RESULTS:** There were 110 programs supporting the recruitment and retention of health care practitioners in rural/underserved locations in a total of 41 states, and included 35 physician, 24 dentist, and 23 nurse practitioner/physician assistant programs. Loan forgiveness was the most frequently offered incentive, with 31 states offering such a program.

**CONCLUSION:** Provisions in the Patient Protection and Affordable Care Act of 2010 may be used to strengthen the rural/underserved workforce. However, due to the increasing demand that will likely occur as a result of expanding insurance coverage, growing the rural workforce will be vital to reducing geographic health disparities. Successful state strategies for workforce development must be expanded upon to include additional providers and programs.

**03.03.05 - Poster Session 1**

**MAJOR DEPRESSION DISORDER IN AFRICAN AMERICAN POPULATION: ISSUES AND CONSIDERATIONS**

Rahn Kennedy Bailey, M.D., F.A.P.A. & Narviar C. Barker, M.S.W., Ph.D.

The presenters examine the prevalence, persistence, treatment, and disability of depression in African Americans by providing an overview of major depressive disorder in the African American population. As researchers study the presence of depression in African Americans, we consistently note that Africans are often under-diagnosed or misdiagnosed. Furthermore, African Americans appear to have more severe episodes of depression in comparison to their Caucasian counterparts. Explanations for this difference are that African Americans with MDD often present with somatic symptoms, leading physicians to miss a MDD diagnosis. Depression is often stigmatized in the African American population and seen as a ‘personal weakness.’ Educating the community about depression and educating physicians to make culturally competent diagnoses are necessary for effective treatment.

**PURPOSE:** To discuss unique cultural, genetic, and environmental factors in the African American population that may impact the development of depression and its management, including how healthcare professionals can more effectively meet the challenges of addressing and treating depression in the African American population.

**METHOD:** A compilation of research studies, consultancies and patient observations provide the framework for these discussions.

**RESULTS:** Participants will gain insight into the sociodemographic disparities in the diagnosis and treatment of major depressive disorder and distinctions between gender, race/ethnicity, age, and medical compliance. Explorative explanations for why African Americans are more likely to rate their major depressive disorder as severe, very severe, or disabling also will be provided.

**CONCLUSIONS:** The burden of mental disorders, especially depressive disorders, is higher among African Americans. African Americans are more likely to have untreated major depressive disorder, and to hold onto beliefs about depression that are not well-accommodated by our current mental health care delivery systems. Despite these clear disparities, there continues to be a strong need for culturally-appropriate interventions for MDD, as well as to include African Americans in clinical trials and research studies.
CONCLUSION: Modified educational strategies to accommodate low literacy resulted in improved knowledge and reduced the effects of health disparities.

METHODOLOGY: Group counseling was offered to all patients receiving clinical services in the public hospital system. Patients receiving cessation counseling between January 2005 and December 2007 (N=1,792) completed assessment forms during their first of four counseling sessions. This form collected information on participants, including basic demographics, tobacco use, readiness and willingness to quit, and previous quit attempts.

RESULTS: Participants consisted of 70% females and 65% Whites. Females (M=9.46, SD=1.06) more often than males (M=9.46, SD=1.35) reported that quitting smoking is important to them. Blacks were more interested in quitting but were less likely to use medication than Whites. Only 13.2% of participants were 40 years and younger.

CONCLUSIONS: Access to cessation services was made available to patients within the public hospital system. Females, Whites, and older smokers attended counseling more than their counterparts. Males and Black smokers in this system should be encouraged to participate in existing services. Marketing strategies should stress tobacco concerns relevant to Blacks, males and young adults. Clinical appointments are an opportunity for healthcare providers to highlight the benefits of quitting, inform patients of the effectiveness of pharmacotherapy and counseling, and motivate patients to make quit attempts.

03.03.07 - Poster Session 1
IDENTIFYING ISSUES OF PUBLIC HEALTH FOR LATINOS IN NEW ORLEANS
D Behrhorst; Y-W Chiu, DrPH, MPH; T-S Tseng, DrPH; MDC, SMT; LSU Health Sciences Center

PURPOSE: One of the largest and noted disasters in US history was Hurricane Katrina has resulted in shifts in population and public health needs of its community. A noted change is in its immmerging Latino population. This is a national trend and New Orleans is no different. According to the U.S. Census Bureau, more than 60,544 Latinos reside in Orleans and Jefferson Parishes. Research in this population has been meager or non-existent especially in public health issues. Faith based organizations have allowed for research to be conducted on the needs and issues concerning this community. Understanding the barriers and issues of accessing necessary healthcare for the Latino community is important for developing policies to help reduce disparities in access and health outcomes.

METHODS: In collaboration with several community stakeholders, researchers analyze and synthesize results from mixed methods, focus group and health survey, to explore the population’s public health concern. Focus groups were formed and interviewed at a Spanish church and Latino Health Survey was conducted at a Spanish church and English as second language (ESL) classes.

RESULTS: Latinos who moved to New Orleans after Hurricane Katrina are less likely to have a physician visit in the past 12 months compared to their counterparts and more than 73% of do not have health insurance coverage regardless their immigration status.

CONCLUSION: Barriers to accessing health care are of public health concern and should be addressed for this community.

03.03.08 - Poster Session 1
LOW LITERACY, HEALTH DISPARITIES, AND RADIATION THERAPY
FL WILSON, PhD; MT DOBAL, PhD
WAYNE STATE UNIVERSITY, COLLEGE OF NURSING (FLW); LONG ISLAND UNIVERSITY, SCHOOL OF NURSING (MTD)

PURPOSE: The purposes of this study were to 1) examine the relationship among health disparities, low literacy, and cancer patients and 2) test the effectiveness of an audio-visual education and behavioral contracting programs that promote self-care behaviors in managing radiation side effects.

METHODS: Seventy men were randomized to one of three groups: usual care, education only, or education plus behavioral contracting. Participants in the education only group received a series of three 15-minute videos about radiation therapy, radiation therapy side effects, and self-care behaviors to manage side effects.

FINDINGS: Patients reported a mean of 12 radiation side effects, with a minimum of 1 and a maximum of 27. Overall, self-care techniques increased from baseline to 6 months (12.2±7.0 vs. 13.9±6.1; t=1.94; p=0.05). While there appeared to be no difference by treatment group over time (F2,66 = .76; p=0.47), the picture changed when accounting for the literacy level of the participants. A repeated measures ANOVA showed that the patterns of change in the utilization of radiation self-care technique was statistically significantly among the three groups (F2,63 = 3.55; p=0.03). Post hoc contrasts revealed that men in the control group with low literacy showed a significant decrease in self-care from pre to post intervention, whereas men in every other treatment literacy group showed an improvement from pre to post intervention.

CONCLUSION: Modified educational strategies to accommodate low literacy resulted in improved knowledge and reduced the effects of health disparities.

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03.03.11 - Poster Session 2
THE UCSD STUDENT-RUN FREE CLINIC PROJECT: IMPROVING ACCESS TO MEDICATIONS AND QUALITY OF CARE IN THE UNDERSERVED COMMUNITY
Eduardo S. Fricovsky, PharmD, and Ellen Beck, MD
UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences, and UCSD Department of Family Medicine

PURPOSE: To describe the establishment of a Free Clinic-based patient Pharmaceutical Assistance Program (PAP) to improve access to medications for uninsured community patients and improve therapeutic outcomes by improving patient adherence with therapy. In partnership with the community and local churches and elementary schools we established a Free Clinic-based PAP to help uninsured patients obtain needed medications through manufacturer assistance programs.

METHODS: Following initial screening by our social workers, patients are seen by PAP Advocates, at the Free Clinic. An application is completed and signed by the patient and given to the patient's physician at the Free Clinic for review of medication orders and prescription signatures. Patients are not charge for these services. Number of prescriptions dispensed cumulatively from January-December 2010 within the program, Free Clinic cumulative savings, and community response were assessed.

RESULTS: Between January-December 2010, a total of 1000-patients and over 5000-medications valued at $1.4 million were applied for and/or procured. The time lapse between filing of paperwork and receipt of medications varies from 6 to 8 weeks. Manufacturers ship medications directly to our Free Clinic office and screened for drug interactions and allergies, and dispensed with proper labels and counseling.

DISCUSSION: As the practice model evolves, more pharmacists will be integrated into PCMH teams. Direct patient care services that are provided by a pharmacist in this model are vital to primary care teams who attend to the multi-faceted needs of chronically ill patients.

03.03.12 - Poster Session 2
BEHAVIORAL AND ENVIRONMENTAL HEALTH EQUITY LATINO/HISPANIC COMMUNITY HEALTH NEEDS ASSESSMENT: A PILOT STUDY
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Jackson State University School of Health Sciences (GAC, SSLL)

PURPOSE: The objective of this study is to identify Latino/Hispanic health needs in our communities and to inform health/public health practitioners in an effort to improve 1) the cultural competency of the 21st century health workforce and 2) achieve more equitable health outcomes

METHODS: Using national surveys (National Hispanic Health Alliance survey, Pew Hispanic Health Survey) as models, we developed a community survey and focus group questions. One hundred (100) Latino/hispanic community members in central and south Mississippi were interviewed regarding community health issues, health status, and quality of health care. Data was entered into SSPS Epidemiological software for analysis.

RESULTS: We anticipate that the prevalence of health risk factors, disparate health outcomes, and negative perceptions of quality care will be higher than in the general population. We will also explore access and quality indicators.

CONCLUSION: Our findings will serve as the foundation for a larger tri-site (MS-AL-LA) health needs assessment, which will be the first of its kind in this geographical area. This documentation of the current status of Latino/Hispanic health will be disseminated for further research, evaluation and development of programs, workforce, and health-related policy.
03.03.13 - Poster Session 2
TRANSLATIONAL RESEARCH IN HEALTH DISPARITIES COURSE
L Soto de Laurido, EdD. MPHE; ES Estape, PhD; A Huertas, GCCR; M Shaheen, MD; R Harrigan, EdD; B Rodriguez, MD; A Quarshie, MD; RO White III, MD; W Frontera, MD; University of Puerto Rico (UPR) (LSL, ESE, AH, WF); Charles Drew School of Medicine (MS) University of Hawaii (RH, BR); Morehouse School of Medicine (AQ); Meharry Medical College (ROW)

PURPOSE: The UPR NIMHD funded Endowment Program, Hispanics in Research Capability: School of Health Professions and School of Medicine Partnership (HiREC) and the Medical Sciences Campus, Master of Science in Clinical Research program leadership embarked in an initiative in which experts, faculty and Scholars from multiple disciplines, cultural backgrounds and institutions work together to create a model for teaching translational research in health disparities across disciplines and without boundaries.

DESIGN: The design process included three main phases, conference calls and meetings. The 1st phase was a Health Disparities Research Summit for the general conceptualization of the 1st draft, the 2nd phase were Round Table discussions with local experts to design instructional modules and the 3rd phase was a 2nd Summit to present and discuss the final draft of the course format. National experts in health disparities were invited from those minority institutions that have a clinical research master program and also belong to the RCMI Translational Research Network (RTRN) education and dissemination subcommittee.

RESULTS: The group reached a final consensus in the development of a 2 credit course with 4 instructional modules to address specific health disparities: diabetes, stroke, asthma and autism and 4 modules regarding gender; community based participatory research, health literacy and oral health.

DISCUSSION: This course is only the first step of a comprehensive distance education Certificate in Translational Research in Health Disparities to help reduce the health gap that exists among different populations through training of the new generation of clinical and translational researchers.

Research supported by Grants: NIH, NIMHD S21MD001830, NCRR R25 RR017589 and NCRR U54RR026139, University of Puerto Rico.

03.03.14 - Poster Session 2
TEACHING FIRST YEAR MEDICAL STUDENTS HOW TO PERFORM RESEARCH
OL Caban, MD; F Enders, PhD; C Huskins, MD; K Weaver, MEd; C Tapia, BA; C Diaz, MD; A Windebank, MD. University of Puerto Rico Medical School (OLC, CD); Mayo Clinic Medical College (FE, CH, KW, CT, AW)

PURPOSE: The National Institutes of Health (NIH) has experienced a decrease in the number of research and training awards to physician scientists. Even more, minorities have experienced further decrease in research and training support by the NIH. Several factors may play an important role in determining if medical students elect to become clinical researchers.

METHODS: In 2006 the Clinical and Translational Science Award (CTSA) proposal of the Mayo Medical School (MMS) had as a specific aim reaching University of Puerto Rico (UPR) Medical Students to improve their skills and training in clinical research. We report on an introductory course created as a tool by which medical students could pursue further training in clinical research.

RESULTS: Of medical students having research experience, 33% (N=77) did have completed a mentored part-time research and 35% (N=81) had completed a full time research experience. Only 4.3% (N=10) did have formal training or an advanced degree in research. We found after the course that about 83% (N=182) of the students would be interested in doing medical research in as much as 50% of their full time effort. There was strong agreement between the two schools first year medical school populations that they understood the pathways to acquire the skills in clinical and translational research.

CONCLUSION: The course has proven a successful entry for initiating minority medical students into more complex translational science environments, thus perpetuating the entry of selected highly motivated students into the combined MMS/UPR PhD/MD programs and MD/MSc Programs.
**ABSTRACTS**

**03.03.15 - Poster Session 2**  
**PHARMACOTHERAPEUTICS OF HIV/AIDS IN THE ELDERLY LIVING WITH DIABETES: EMPHASIS ON DRUG-DRUG INTERACTIONS**  
Tina Edmunds-Ogbuokiri, Pharm.D., Marco Ruiz, MD, Rebecca Clark, MD, Ph.D., Lynn Besch, MD, Julie Dargis, RN, FNP, Trinell Mericks, MSW. Section of Infectious Diseases, HIV Outpatient Program (HOP), 136 South Roman Street, New Orleans, LA, 70112

**BACKGROUND:** Whereas the treatment of HIV/AIDS with combined highly active antiretroviral therapy (HAART) has significantly altered the natural history of this life-threatening disorder, this has been achieved at a great cost since HAART has been associated with a broad range of metabolic complications such as type 2 diabetes, insulin resistance, glucose intolerance, dyslipidemias and changes in body fat composition. Study objective is to investigate the nature and extent of drug-drug interactions associated with the treatment of HIV/AIDS and diabetes in persons aged over 60 years in our cohort of HIV-infected men and women in Louisiana, an area known for its high prevalence of HIV/AIDS, diabetes and related cardiovascular diseases especially in the elder population.

**METHODS:** A Geriatric Screening Program was developed and used to identify elderly HIV-infected persons of both sexes with diagnosis of diabetes along with their HIV infections. Medications were analyzed for: presence of drug-drug interactions of clinical significance, wrong dosing, disease-drug contraindications, laboratory abnormalities associated with medications used for their management of diabetes.

**RESULTS:** Tables describing the characteristics of this cohort of patients, medications most often used and the drug-drug interactions of clinical significance in relation to their diabetes care will be presented and discussed.

**CONCLUSION:** A considerable risk of drug interactions often exist between the medications for treatment of HIV infection in the elderly and treatment of diabetes and associated co-morbidities. A simple algorithm has been developed to assist HIV care providers caring for such elderly to identify, suspect, prevent and circumvent such significant drug-drug interactions.

**03.03.16 - Poster Session 2**  
**EXPLORING THE FACTS AND FACTORS FOR DELIVERY OF CULTURALLY COMPETENT PHARMACY CARE AMONG BLIND ADULTS IN THE GREATER NEW ORLEANS AREA**  
LG Williams, PharmD; MS Sarac, PhD; CW Fulton, PharmD; T Green  
Xavier University of Louisiana, College of Pharmacy (LGW, MSS, CWF); National Federation of the Blind, Greater Chapter New Orleans (TG)

**PURPOSE:** Cultural competence has been recognized as an important issue relevant to the pharmacy profession as the practice shifts to more patient-centered services where continual communication is necessary for ensuring outcomes.

**DESIGN METHODS:** This is a non-experimental, quantitative research study utilizing descriptive research design. The target population involves blind adults in the New Orleans metropolitan area. The study protocol was approved by the Institutional Review Board (IRB).

**RESULTS:** Diabetes is the leading cause of acquired blindness among Americans in the United States. In addition, in the Greater New Orleans area, increasing numbers of diabetic retinopathies have been detected among the blind population. From a pharmacy care perspective, persons with severe visual impairment are presented with the inability to read necessary instructions supplied with prescription and over-the-counter medications. This barrier may lead to blind persons taking the wrong medication or improper dosage of a medication, and in some extreme cases, becoming ill or having to visit the emergency room.

**CONCLUSION:** There is an urgent need for early educational intervention in diabetes and a systemic approach to developing an understanding of factors relevant to the delivery of culturally competent pharmacy care for the entire blind population. In addition, educational programs for pharmacy students and professionals related to cultural competence, health disparities and racial differences of blindness are essential in reaching health outcomes.
Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform

03.03.17 - Poster Session 2
RURAL AFRICAN AMERICAN WOMEN: AN EXPLORATION OF HEALTH DISPARITIES IN THE ARKANSAS DELTA
NJ Greer-Williams, PhD; KJ Bryant-Beddell, PhD, RN, FNP-BC, AD Graham; CL Shelton; T Kieber-Emmons, PhD; GE Sarto, MD

University of Wisconsin (Madison), University of Arkansas for Medical Sciences, (Department of Community Engagement, College of Nursing, Cancer Institute), Philander Smith College and University of Arkansas Pine Bluff

PURPOSE — In this study we explored African-American women’s perceptions of the community health environment; identified factors contributing to health disparities; and obtained input from the women on the design of a health promotion intervention to increase healthy behaviors in African-American women in the Arkansas Delta.

METHODS - Purposeful sampling was used to select participants (N=79) who had knowledge of the health phenomenon of African-American women in the three counties of the Arkansas Delta: Mississippi, Phillips and St. Francis. Two segments of the minority community in the Delta were selected — Cancer Council members or grass-tops and general community members or grassroots. Participants also completed surveys on demographics and psychosocial stressors.

RESULTS - Four overarching themes emerged from the data: (1) the community health environment; (2) factors that contribute to disparities; (3) people’s need for education; and (4) avenue for a community health intervention. Focus group responses differed significantly by age in response to discussions on life skills and coping. Younger community members were found to have fewer life skills and less understanding to contend with health issues than older community members. Health care professionals were perceived as indifferent, lacking in compassion, racist, and unwilling to touch. The environment of distrust was manifested in problematic health behaviors, including silencing, refusing to seek out medical help, refusing to take prescribed medications, and using home remedies.

CONCLUSION — Meeting the challenge of a strong health disparities agenda requires integration of cultural considerations in an outreach program, message, and intervention. Health promotions should be multi-dimensional and easily accessible to African-American women of all age groups. Additionally, health messages should be designed in collaboration with the community, evidence-based, culturally appropriate, and environmentally relevant.

03.03.19 - Break Out B
COLLABORATIVE TO IMPROVE QUALITY OF CARE FOR INDIVIDUALS WITH DIABETES AND/OR HEART DISEASE: RESULTS FROM THE PILOT HEALTH DISPARITIES COLLABORATIVE - LOUISIANA STATE CLUSTER INITIATIVE
PRESENTERS – Natasha McCoy, MPH and Marisa Marino, MA; Louisiana Department of Health and Hospitals Office of Public Health Chronic Disease Prevention and Control Unit

PURPOSE — Establish a statewide practice-based quality improvement initiative using the principles of the Planned Care Model/Chronic Care Model to improve delivery of quality chronic illness care for patients with diabetes and/or cardiovascular disease, improve patient health outcomes and eliminate health disparities.

METHODS – The Health Disparities Collaborative – Louisiana State Cluster (LA HDC) is an eighteen-month statewide quality improvement collaborative modeled after the Institute for Health Care Improvement’s Health Disparities Collaborative and the U.S. Department of Health and Human Services Health Resources and Services Administration’s (HRSA) National Health Disparities Collaborative. The LA HDC consisted of four main components: pre-work activities, learning sessions, action periods, and the outcome congress. Three Louisiana-based Federally Qualified Health Centers were selected to participate in the 2009-2010 LA HDC Pilot. Each LA HDC clinic received group and clinic-centered training and technical assistance on the Planned Care Model components and technical support to establish a chronic disease registry using the LA HDC Chronic Disease Electronic Management System. The LA HDC Working Group (state and nonprofit leadership team) used each clinic’s monthly and quarterly narrative and aggregate data reports to monitor pilot implementation and progress toward desired changes.

RESULTS – Average program scores of participating clinics were calculated using results of the Assessment of Chronic Illness Care (ACIC) Survey. Scores from pre- and post-surveys were compared to identify areas of improvement. Clinics showed considerable improvements in scores for clinical information systems (98% increase) and integration of chronic care model components (79% increase). Data from each clinic’s chronic disease registry showed improvements in the number of patients receiving recommended tests, number of patients screened for tobacco use and exposure to environmental tobacco smoke and number of patient referrals to tobacco cessation services. Patient data showed improved overall improvement in blood pressure. Average HbA1c a per cent showed slight improvement after one year.

CONCLUSIONS — The Health Disparities Collaborative – Louisiana State Cluster can be used to build capacity within Federally Qualified Health Centers to improve provision of quality chronic illness care and has shown ability to improve health outcomes among patients with diabetes and/or cardiovascular disease.
ORTHOPEDIC FRACTURE OUTCOMES AMONG PSYCHIATRIC PATIENTS: COUNTY VS. NON-COUNTY HOSPITALS.

D Ruiz, MSIII; S Bazargan-Hejazi, PhD; J Bernadez, MD; R Terrell, MD
Charles R. Drew University of Medicine, David Geffen School of Medicine at UCLA (DR, SBH, JB, RT)

PURPOSE: To compare the differences in rate of infections, re-operations, and length of stay (LOS), among psychiatric patients who were scheduled for open reduction and internal fixation surgery in county hospitals vs. non-county hospitals.

METHODS: This is a retrospective analysis of California Hospital Discharge Data for the period 2000-2008. Study sample includes patients of all ethnicities, age $\geq 18$, with history of psychiatric illness based on ICD-9 codes (schizophrenia (S); 295.0; Episodic Mood Disorder (EMD); 296.0; Anxiety Disorder (AD); 300.0, and Depressive Disorders (DD); 311.0), who were hospitalized for fracture or dislocation (ICD-9: 820.0) during the study time period.

RESULTS: Of psychiatric patients (n=52,122), 10% = EMD; 30% = AD; 56% = DD; and 8% = S. Except for length of stay, EMD, AD, DD, and S. patients who were admitted to county hospitals had higher rate of infections (yes vs. no), and re-operations (yes vs. no), compared with their counterparts in non-county hospitals. These patients had significantly higher LOS ($\geq 4$ day vs. $\leq 3$) in compared with their counterparts in the non-county hospitals. According to the results of three multivariate models, the independent predictors of reporting higher rate of infections, re-operations and longer LOS among the study sample include: hospitalization in county hospitals in compared with hospitalization in non-county hospitals, being male compared with female, Black, Hispanic, or Asian, compared with White; being $<65$ years compared with $\geq 65$; and having medicare/medical, having indigent status, or self-pay type of health insurance compared with having private insurance.

CONCLUSIONS: Our data identified significant differences in post-operative outcome measures for patients with different psychiatric diagnoses. In addition, there are differences in surgery outcomes when comparing county versus private hospitals. Implications are discussed.

HEALTH DISPARITIES EDUCATION AND COMPETENCES OF NURSING STUDENTS

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Prairie View A&M University (AS, BNA)

PURPOSE: It will take a broad-based effort to address the disproportionate status of chronic diseases in minority and medically underserved populations. In 2002, Prairie View A&M University College of Nursing in partnership with the Center for Research on Minority Health (CRMH) at the University of Texas M.D. Anderson Cancer Center formed the Health Disparities Consortium. The goal was to increase the awareness and knowledge of nursing students in health disparities research.

METHODS: Students participated in research internship programs to master research knowledge and competencies in lessening disparities with complex social, behavioral, and medical determinants of populations’ health. Students were engaged in exploratory qualitative research methods such as administering research questionnaires, telephone surveys, and facilitation of focus groups in community settings.

RESULTS: Twenty graduated nurses have participated in this program in the last 5 years. We currently have 6 of these nurses working as research nurses at MD Anderson cancer hospital, 2 research nurses at Texas Children hospital, and 3 research nurses at St. Luke’s Episcopal hospital, all located in the Texas Medical Center in Houston. Two health disparity-related courses; “Bioethics in Nursing” and “Environmental Health in Nursing” were developed and are currently offered to baccalaureate nursing majors.

CONCLUSION: There are numerous gaps in minority and medically underserved communities that need to be bridged to eliminate health disparities. A major missing piece to bridging this gap is the lack or absence of nursing, as an integral part of health disparities and social justice.

GRANT SUPPORT: Grant #: 5 P60 MD000503-09: PROJECT EXPORT - “Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training.”
03.04.01 - Poster Session 1

DESIGN AND EVALUATION OF A BI-DIRECTIONAL REFERRAL PROGRAM

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Pennsylvania Diabetes Prevention and Control Program
Public Health Management Corporation (JDK, MG); Health Promotion Council of Southeastern Pennsylvania (MW); Pennsylvania Department of Health

PURPOSE: PA cAARds is a statewide initiative that aims to address the dual risks of unmanaged diabetes and tobacco use/exposure by training tobacco and diabetes para/professionals in an Ask, Advise, Refer (AAR) brief intervention. PA cAARds facilitates and promotes the use of local and statewide resources to manage diabetes, quit tobacco and reduce exposure to secondhand smoke. This presentation will describe the multidisciplinary training model used in Pennsylvania to address unmanaged diabetes and tobacco use, the evaluation of this initiative, preliminary findings and next steps.

RESULTS: PA cAARds has trained over 180 individuals representing more than 80 organizations. Among early direct service trainees, less than half (43.8%) were previously aware of using AAR as a brief intervention. After a daylong training, almost all of those trainees (95.2%) agreed AAR was a useful interdisciplinary tool. All of those trainees (100%) also agreed they had the information they needed to refer their clients/patients and all intended to refer their clients/patients as part of PA cAARds.

DISCUSSION: Integrative program development can support program transformation. PA cAARds is a promising program and model that could be transferable to a variety of public health settings.

PA cAARds is funded by the Pennsylvania Department of Health.

03.04.03 - Poster Session 2

HEALTH DISPARITY IN NON-EMERGENCY MEDICAL TRANSPORTATION

SK Agarwal, MD
Agarwal Health Center, East Orange

PURPOSE: A lack of proper transportation impacts patients from getting timely and proper health care. Inner city residents may often have no access to private cars due to their low income or other factors involved in owning a car. This may make them particularly vulnerable to this problem.

METHODS: We questioned 317 patients seen in two of our offices over a period of two weeks. A total of 225 patients were seen in the inner-city office and 62 were seen in the suburban office. They were questioned as to their mode of transportation used to reach our office.

RESULTS: Of the 225 patients seen in the inner-city office, there were 137 males (54%), and 118 females (46%). 230 (90%) were African Americans (AA). Of the total, 65 (25%) came by city bus, 86 (34%) came by government transportation, 63 (25%) by car, 6 (2%) by taxi, 7 (4%) by walking and 25 (10%) obtained a ride. Of the 62 patients seen in the suburban office, there were 30 (48%) males and 32 (52%) females. Of these there were 4 (6%) AA. Of the total, 50 (81%) came by car, 7 (11%) obtained a ride, 5 (8%) by government transportation, 0 bus, 0 taxi and 0 walked.

CONCLUSIONS: Our study shows that the majority of inner city residents use city bus or government sponsored transportation for their physician visits. They were predominantly AA. Further studies are needed to study the morbidity and mortality impact of this non-emergency medical transportation disparity.

4.0 Social Determinants of Health

04.02.01 - Poster Session 1

THE MINORITY INTERVENTION AND KIDNEY EDUCATION (MIKE) PROGRAM: A COMMUNITY PARTNERSHIP AND INTERVENTION TO REDUCE KIDNEY DISEASE

Myra A. Kleinpete, MD, MPH and Trina Frazier, MPH
Tulane University

Chronic kidney disease (CKD) is increasing in epidemic proportions throughout the United States. Minority patients are disproportionately affected by CKD, largely due to the increased prevalence of type 2 diabetes mellitus, obesity and hypertension in these populations. Due to these factors, public health interventions for CKD need to be implemented in the at-risk communities to reduce the burden of disease, morbidity and mortality related to the disease and economic impact of CKD. The Minority Intervention and Kidney Education (MIKE) program of the American Kidney Fund has a dual mission of reducing the high rates of CKD in minority communities and advocating making CKD prevention, beginning with those at highest risk, a priority for individuals, communities, policy makers and ultimately mainstream medicine.

The core strategy of MIKE is to focus the program’s resources in a few communities and develop partnerships with key influencers and stakeholders in those communities to favorably impact the health status of MIKE program participants. Since 2001, MIKE has educated over 100,000 individuals on CKD risk factors and prevention strategies and has screened more than 35,000 at risk participants.

MIKE provides comprehensive follow-up and education services through follow-up telephone consultation and live workshops to high risk CKD participants. Through service delivery alliances, health care providers, insurers and health policy experts, MIKE engages congressional leaders to call attention to the impact of CKD in their districts and the communities served by MIKE. Through public health campaigns, the messages of CKD risks are delivered via multiple media avenues to increase the awareness of CKD in at risk individuals and communities. These strategies will lead to a reduction in health disparities associated with CKD through early identification, comprehensive chronic care management and empowerment of patients to be participants in a new personal health care paradigm of health promotion and disease prevention.
04.02.02 - Poster Session 1
INTERVENTIONS WITH AT-RISK OR VULNERABLE FAMILIES AND COMMUNITIES

LJ Porter-Wenzlaff, PhD; JM Cardea, PhD
University of Texas Health Science Center at San Antonio (LP-W, JC); Edgewood Independent School District (LP-W); Christian Academy of San Antonio, YWCA, San Antonio Independent School District (JC); San Antonio Metro Health and Private Family Homes in San Antonio (LP-W, JC)

PURPOSE: Engage students in facilitating health behavior changes in vulnerable families and communities that accomplish short-term outcomes and potentiate long-term sustainability using family and population-focused strategies to guide care that address social justice inequities, inequalities, cultural disenfranchisement, and environmental health challenges.

DESIGN METHODS: Family and Community baccalaureate nursing faculty partnered across courses to embed student assessment, health promotion, and intervention activities in underserved areas by attending to local history, demographic data, environmental assessment, cultural competency standards, and Healthy People 2020’s social-ecological model. Students addressed needs and resources for clients where long-standing health disparities are well documented. Evidence from student reflections, clinical observations, agency and family feedback, and course evaluations were compared for change patterns and results from pre/post intervention.

RESULTS: Students engaged in assessing gaps in client knowledge and inequities in a wide range of health care services as well as access and coverage realities. Enhanced student abilities to conceptualize the cumulative nature of multiple, system-level factors contributing to identified health challenges for at-risk or vulnerable families and communities was apparent. They became more proficient and self-confident in the design and implementation of realistic and sustaining family and system-level interventions and their evaluation of outcomes. Student reflections demonstrated substantive personal growth in commitment to advocacy and action relative to health disparities.

CONCLUSIONS: Simultaneously engaging students across courses in co-constructed, client-centered, systems-level interventions with at-risk or vulnerable families and communities using concepts of social justice, cultural proficiency, and environmental health enhanced student and client outcomes and was transforming for all involved.

04.02.03 - Break Out A
BUILDING COMMUNITY CAPACITY IN RURAL MISSISSIPPI DELTA FOR POLICY AND ENVIRONMENTAL SYSTEMS CHANGE

Authors: Jackie Hawkins, MRPP; Cassandra Dove, MPH; Micheldea Brenson, MS; Claude Courtney, MHA
Mississippi State Department of Health

BACKGROUND: The MS Delta has often been compared to developing countries in terms of health and social conditions, factors which conspire to produce an increased risk for poor health outcomes including heart disease and stroke.

OBJECTIVE: To build capacity at the community level to effectively implement policy and change the environment to reduce risk factors for heart disease, including access to healthy foods and physical activity and reduced exposure to tobacco smoke.

METHODS: 19 MS Delta municipalities were selected through a competitive process to: 1) build or strengthen a coalition of community partners in collaboration with their Mayor’s office and 2) develop and implement a community action plan to address risk factors for heart disease at the policy and environmental systems levels. Focus groups were held and community members were surveyed in each municipality to assess each community’s most pressing need. Councils received training and technical assistance on policy and environmental change. The project partnered with Emory University Prevention Research Center and Jackson State University to evaluate the project.

RESULTS: During a 9-month time frame, 5 municipalities worked with their local school districts to implement joint-use agreements allowing community members to use school facilities; 4 municipalities implemented smoke-free air policies; and 11 municipalities developed community gardens.

CONCLUSION: Results to date demonstrate promise in facilitating policy and environmental change to support healthy behaviors through the institution of Mayor’s Health Councils to actively engage community members. The program intends to replicate this model in neighboring municipalities.
ABSTRACTS

04.02.06 - Poster Session 2
A HEALTHCARE NEEDS ASSESSMENT OF A MULTI-ETHNIC, RELIGIOUS COMMUNITY: AN ACADEMIC-COMMUNITY PARTNERSHIP TO DETERMINE HEALTHCARE NEEDS
RY. Qualls-Hampton, PhD, MS, SG. Lurie, PhD
University of North Texas Health Science Center, School of Public Health

PURPOSE: The purpose of this project was to assess the healthcare needs of a low-income, parish-based community. Epidemiology and Social Behavioral (SB) public health students and faculty collaborated with St. Joseph's Health Care Trust (SJHCT) - Catholic Charities to conduct a three-way pilot health needs assessment in the Fort Worth Diocese.

METHODS: Parishioners, parish priests, community physicians and healthcare workers participated in an IRB-approved survey and qualitative research project that measured physical and mental health needs of parish members. Students, faculty and SJHCT staff administered survey instruments via parish mass, health fairs, internet and mail. Epidemiology students created databases, entered and analyzed data while SB students analyzed qualitative data; all students presented findings to SJHCT staff.

RESULTS: A total of 668 parishioners, primarily Hispanic and Vietnamese, participated in the parishioner intercept survey, twenty-five physicians and healthcare workers participated in the web-based provider survey and seven of ten parish priests participated in the qualitative mailed survey. The primary needs identified were pharmaceutical medications, diagnostic testing and counseling. This study indicated that 47% of parishioners had no health insurance; over 90% of parish families lacked access to needed services like cancer or cardiac care, or counseling; 13% were denied medical treatment in the past 12 months and almost 24% could not purchase required prescription medications in the past six months.

DISCUSSION: In 2009, SJHCT adjusted health program funding to reflect the needs of parishioners, despite a 30% reduction in the annual budget. Students and faculty experienced how social epidemiologic research can influence healthcare policy.

04.03.01 - Poster Session 1
SOCIAL DETERMINANTS OF SUBSTANCE ABUSE IN OLDER AFRICAN AMERICANS
RC Pope, PhD; M. Wallhagen, PhD; H. Davis, PhD
University of California, San Francisco (RCP, MW), San Francisco State University (HD)

PURPOSE: Substance abuse among older African Americans is a significant, understudied problem that is expected to expand dramatically over the next twenty years as the baby boomer generation ages. The purpose of this study was to explore the social processes involved in the use of illicit drugs in older African Americans as an underpinning to the development of approaches to nursing care and treatment.

DESIGN METHODS: Interviews were conducted in this Grounded Theory study with twenty older African American substance users who were currently in drug treatment programs. Responses to the questions were recorded, transcribed, and analyzed using constant comparative methods.

RESULTS: Three core themes emerged that appeared especially salient for this population: (a) family, (b) media images, and (c) environment.

DISCUSSION: The core issues of substance abuse, such as the environment and larger societal forces, cannot be addressed by one discipline and mandate that clinicians move to an interdisciplinary approach to achieve a plan of care for this growing population.
**04.03.02 - Poster Session 1**

**AN INVESTIGATION OF INTERPARENTAL CONFLICT AND ADOLESCENT DATING AGGRESSION**

Mooney, A.N., Hedgspeth C. A., PhD
Morgan State University

**PURPOSE** - To examine the relationship between dating violence and interparental aggression in a sample of undergraduate women in the Northeast United States.

**METHODS** – Participants (n=50) were gathered from the Morgan State University Campus. All Participants were female undergraduate or graduate students currently enrolled at Morgan State University with dating experience. The ages ranged from 18-39, with a mean age of n=23. Participant’s ethnicity was primarily African American. Participants were asked to complete three surveys in which they needed a pen or pencil to complete. The Attitudes about Dating Violence Scale ask questions about a person’s attitude toward a variety of behaviors expressed in a dating relationship. The scale is scored on a likert scale ranging from 1-5. The highest score possible is 370. (Byers et al., 1999). The Conflict in Adolescents Dating Inventory measures abusive behavior among adolescent dating partners. The scale is scored on a likert scale ranging from 1-4. The highest score possible is 140. The Cronbac’s alpha is .83 (Wolfe et al., 2001). The Children Perception of Interparental Conflict Scale measures feelings and thoughts about parental arguments and disagreements. The scale is scored on a likert scale ranging from 1-3. The highest score possible is 75. (Grych, Seid, & Fincham, 1992).

**RESULTS** - Data was analyzed by computing a 2x2 Chi-square design using high and low scores for each measure. To determine the score range for each scale the mean was found; scores that fell on or below the mean were considered low scores and score that were 1 point above the mean were considered high scores. In total three Chi-square analyses were performed. The first Chi-squared was calculated using the combined score for both the attitudes about dating measure and conflict in dating measure vs. interparental conflict measure. The second Chi-square was calculated using the attitudes about dating measure vs. interparental conflict measure. The third chi squared was found by analyzing the score on the conflict in dating measure vs. interparental conflict measure. After computing the first Chi square for interparental conflict and the combined score for both the attitudes about dating and the conflict in dating scales between high and low groups were found not to be significant (chi square(1)= 2.96,p>.05,ns). The second chi square showed interparental conflict and the attitudes about dating scales between high and low groups were found to be significant (chi square(1)= .094>.05,ns). The final chi square stated that interparental conflict and the conflict in dating scales between high and low groups were found not to be significant (chi square(1)= .650>.05,ns).

**CONCLUSION** - The findings of this study were not supported by previous studies. The majority of the participants scored high on all three measures indicating that the population is highly aggressive in their dating relationships and attitudes about aggression. Interparental aggression and witnessing interparental conflict was not a factor in adolescent relationships.

**04.03.03 - Poster Session 2**

**ENHANCING PATIENT KNOWLEDGE TO IMPROVE PATIENT-DOCTOR COMMUNICATION: A REVIEW OF THE RELATED LITERATURE**

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**PURPOSE:** Communicatory relationships between doctors and patients have been described as “complex.” We reviewed existing literature and determined that the primary responsibility has been placed on doctors to improve patient-doctor communication while patients have traditionally had little accountability. In our opinions, increasing patients’ responsibility in the management of their care will lead to better communication between patients and their doctors.

**METHODS:** Using the relationship prospective of mutuality, we attempt to balance the responsibility of patient-doctor communication by enhancing patient knowledge. We made connections between professional dominance and several byproducts that have lead to imbalanced communication: inadequate cultural competence, negative perceptions of patients and doctors’ fears.

**CONCLUSION:** In order to balance the weight of professional dominance and its byproducts, we believe it is necessary to enhance patients’ knowledge with adequate health literacy, better perceptions of their doctors and reduced patient fears. These knowledge enhancements represent greater patient responsibility and accountability in patient-doctor communication.
ABSTRACTS

04.03.04 - Poster Session 2
UNDERSTANDING THE TOXICITY OF SILVER NANOPARTICLES IN COLLOID AND POWDER FORM
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Jackson State University

PURPOSE: To study the toxicity of silver nanoparticles in colloid and powder form on human HaCaT skin cells.

METHODS: Synthesizing Silver Nanoparticles in Colloid and Powder Form
Treating the HaCaT Skin Cells with Silver Nanoparticles in Colloid and Powder form.

DATA ANALYSIS: Figure 1: Power Toxicity. Figure 2: Colloid Toxicity

RESULTS: The powder toxicity graph shows that the silver nanoparticles are toxic in powder form. The second bar, which is the powdered silver nanoparticle bar, has low percent cell viability meaning that it killed a greater number of cells compared to the colloid form of silver nanoparticles. We believe that this is mostly due to chemical change of silver nanoparticle in the powder form to form silver oxides or ions, which kill the cell. The second graph shows that the colloid form of silver nanoparticles is not toxic to the skin cells. The first bar shows the cells with no silver added, and the second and third bar shows the cell viability of cells with silver nanoparticles and silver nanoparticles added. As you can see there is not much difference in the cell viability percent meaning the silver nanoparticles in colloid form are not toxic to the skin.

CONCLUSION: In conclusion, my hypothesis was correct. The silver nanoparticles were not toxic to the skin cells in colloid form, but were toxic in powder form. Our experimental environmental fate data clearly shows that silver undergoes transformation when citrate-coated spherical silver colloids are dried to form powder. Our toxicity experiment clearly demonstrated that citrate coated silver nanopowder is toxic due to the chemical structure change during drying process.

04.03.05 - Break Out A
COMMUNITY PARTNERSHIPS ADDRESS SOCIAL DETERMINANTS OF HEALTH
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National Kidney Foundation of Michigan

PURPOSE: Social determinants of health (SDOH) are an important part of assessing the health needs of communities; by addressing these root causes, overall improvement in health outcomes can be achieved. This project mobilized diverse organizations and community residents to evaluate and address SDOH in Inkster, Michigan. Inkster suffers disproportionately from obesity, diabetes, and hypertension among its diverse population.

METHODS: A community coalition was formed, meeting regularly as the Inkster Partnership for a Healthier Community (IPHC). A needs assessment was conducted at six focus group meetings, including 66 residents, and utilized the Toolkit for Health and Resilience in Vulnerable Environments (THRIVE). Focus groups included a variety of community-based organizations and residents. During focus group conversations, residents shared their recommendations regarding the most important SDOH and provided insights regarding strategies to effectively improve health disparities in Inkster.

RESULTS: Combined focus group and THRIVE tool data revealed the top Inkster SDOH: 1) Jobs – high unemployment rates, pathways out of poverty for vulnerable persons; 2) Safety – violence, neighborhood decay, unsafe environment for physical activity; 3) Education – insufficient opportunities for quality education and health literacy; 4) Information Sharing – availability of information about community resources/services; and 5) Feeding Inkster – access to/availability of fresh nutritious foods.

CONCLUSIONS: The diverse IPHC team rapidly evolved from an initial factfinding phase to discussions about health disparities. This initiative led to a serious commitment phase, with broad community involvement, including preparation of a community action plan to address identified SDOH and their effect on the health of Inkster residents.
**04.03.06 - Break Out A**  
**SEXUAL VIOLENCE AS A PREDICTIVE RISK OF HIV AND STI AMONG WOMEN WHO LIVE IN A PUBLIC HOUSING IN PUERTO RICO**  
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Ponce School of Medicine, Ponce, PR  

**BACKGROUND:** Reports of sexual violence incidents of HIV infection have found an association between sexual violence and HIV at a population level. Therefore, the objective of these analyses is to examine the relationship between reported sexual violence and prevalence of HIV/STI.  

**METHODS:** As part of Proyecto MUCHAS, 387 women who live in public housing in Ponce, Puerto Rico were surveyed about their experience with sexual violence, among other topics. Also, they were volunteered to submit to HIV and STI testing (gonorrhea and chlamydia).  

**RESULTS:** The mean age of the sample was 32.42 (Sx=17.53). A slight majority (52.2%) were legally married or involved in a common-law relationship. Approximately 12% reported having a history of sexual relations with an aggressor, with 19.2% of those reporting have a recent aggressive partner. A smaller percentage (7.6%) reported being threatened physically for asking for safe sex but almost double that amount (14.4%) reported having been forced to have sexual relations. An examination of the relationship between prevalence of HIV/STI and experience with sexual violence revealed a significant relationship. Women who reported having sexual relations with an aggressor were more likely to test positive for STI (including HIV) than were women who did not report having such experiences (30% vs. 9%, X²(1)=4.68, p=0.03). Those with a recent sexually aggressive partner were also more likely to test positive for STIs (100% vs. 16.7%, X²(1)=7.22, p=0.007). Those who reported being forced to have sexual relations were also more likely to test positive for STIs (33.3% vs. 7.5%, X²(1)=4.91, p=0.027).  

**CONCLUSION:** These findings indicates that exposure to sexual violence is a significant statistical predictor of STIs, including HIV. As such, this factor should be considered when developing interventions to help women decrease their risk of contracting STIs, taking into account the cultural influence in which they live as well as negotiating skills to better enable them to avoid these risky sexual situations.

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**05.01.01 - Break Out B**  
**MODEL FOR SUSTAINING A RURAL COMMUNITY HEALTH PROMOTION INITIATIVE**  
AU Emekalam, PharmD  
Elizabeth City State University/University of North Carolina Doctor of Pharmacy Partnership Program, Elizabeth City, North Carolina (AUE)  

**PURPOSE:** Sustaining grant funded rural community health initiatives following expiration of funding is challenging. Typically, rural communities lack resources that may be relatively available in urban communities making the acquisition of resources to sustain rurally based projects more difficult. Furthermore, as grant making agencies limit funding due to current national economic downturn, it is imperative that such projects identify locally based alternatives for sustenance. This study evaluates the effectiveness of a strategy implemented to secure resources to sustain a diabetes and cardiovascular diseases health disparities initiative targeting low income and underserved populations.  

**DESIGN METHODS:** Local business organizations were screened for pertinent features. Then a stepwise protocol was employed to engage those that possess desirable features as resource providing collaborators.  

**RESULTS:** Successful engagement of local rural business organizations as community health promotion collaborators involve implementation of a carefully coordinated protocol that includes identification of potential collaborators, a recruitment strategy, and a rule of engagement.  

**CONCLUSION:** Collaboration with local business organizations is a viable method of sustaining rural initiatives. However, the process of finding and engaging organizations involves a carefully defined protocol. During these times of severe national economic hardship that is threatening the sustenance of many grant funded local community health programs, directors and administrators of such initiatives should explore alternative strategies of securing relevant resources by collaborating with local businesses and organizations.

Initiative supported by North Carolina Health and Wellness Trust Fund Health Disparities initiative contract I.D # 1171 at Elizabeth City State University
ABSTRACTS

05.01.02 - Poster Session 1
ELECTRONIC HEALTH MESSAGING AND TEENS: STRATEGIES TO REDUCE HIV/STI RISK TAKING AMONG ADOLESCENTS
Authors: Smith, P.B., Buzi, R.S., Hebenstreit, K., Novello, G.
Teens Health Clinic, Baylor College of Medicine

PURPOSE: The project’s purpose was to develop electronic social media to reach high risk clients who receive services at the Baylor College of Medicine Teen Health Clinics and to encourage them to modify their sexual risk behaviors.

METHODS: Electronic and social media components include: Facebook, Hi5, Twitter and MySpace pages; Web-based, theory-driven films, Short Messaging Services (SMS) and Emails to promote healthy behaviors; a website health information blog, and the Talk with Tiff service, a health avatar that respond to questions within 24 hours.

RESULTS: Google Analytics tracked 5,716 website visits in December 2010. Figure 1 shows the increase of visits over time. Survey Monkey received 146 responses indicating that website services were beneficial and the information changed sexual behaviors. Over 1,000 clients signed up to receive electronic messages twice a week. Focus groups were held and six SMS recipients provided positive feedback on service value, preferred future topics, texting frequency, and resulting behavior change.

CONCLUSIONS: Electronic media is effective in providing health education and prevention messages to adolescents. Community organizations should consider social and electronic media for outreach services, especially to high risk groups.

Figure 1. Visits to the Teen Health Clinic Website

05.01.03 - Poster Session 1
NCI CRCHD GEOGRAPHIC MANAGEMENT PROGRAM (GMAP): CATALYZING INTER-INSTITUTIONAL COLLABORATIONS FOR ENHANCED CANCER HEALTH DISPARITY (CHD) RESEARCH AND OUTREACH FOR PATIENT NAVIGATION
SH Hijaz, MPH; SA Reisinger, MPH; PG Shields, MD; CW Watts, MSN; GD Williams, PhD; SG Patierno, PhD
George Washington University Cancer Institute (SRP, SH); Georgetown University Lombardi Comprehensive Cancer Center (PGS, SAR); Howard University (CDW)

In 2009 the NCI Center to Reduce Cancer Health Disparities launched its Geographic Management Program (GMap) initiative, which groups cancer health disparity (CHD) research/outreach efforts by geographic region. The goal is to create a regional network wherein resources can be pooled to facilitate progress through inter-institutional collaborations with large-scale funding. Region 1 (DC, MD, VA) includes 13 universities/institutions.

The George Washington University Cancer Institute (GWCI) was selected as the Region 1 coordinating hub. Region 1 also includes additional funding for BMAP focused on Biospecimen Banking for CHD research. The Georgetown Lombardi Comprehensive Cancer Center is the BMAP coordinating hub.

To begin cataloging institutional resources, two survey tools were circulated within Region 1: NCI’s Readiness Assessment Tool (RAT) and Region 1’s Resource Assessment Database (RAD). Together, these tools collect extensive information on institutional interests, resources, and cooperation potential. Resulting data have been summarized within one large matrix entitled: Matrix of Useful Scientific Expertise (MOUSE).

Regional participants developed a framework (Collaborative Outreach Networks for Community Engagement and Research Translation – CONCERT) by which Regional community-based proposal submissions may be reviewed and pursued. The MOUSE was utilized to construct a Venn diagram that illustrates proposal themes in terms of Regional capacity and interest. The result indicates that patient navigation allows for the most optimal Regional collaboration. The research question is: What is the role of patient navigation in health care education, social attitudes, and behavioral changes as related to CHDs?

Grant NIH SU01-CA-116937.

05.01.04 - Poster Session 1
SURVEY OF CLINICAL TRIAL KNOWLEDGE AND PARTICIPATION AT COMMUNITY HEALTH FAIRS
CWatts, MSN; G Irwin, MBA
The Cancer Institute
St. Joseph Medical Center

PURPOSE – To assess the community knowledge of clinical trials and cancer care resources within minority, uninsured and elderly populations in the Baltimore city metropolitan area.

METHODS – During 6 community health events, participants (n=231) answered questions regarding demographics, insurance, primary care provider, cancer screening and diagnosis, and clinical trial knowledge and participation.

RESULTS – Race/ethnic participant analysis revealed 42% White, 55% Black/African-American, 2% Asian, and 1% Latino/Hispanic. Analysis of the survey results revealed that 15% of those surveyed, participated in clinical trials, while more than half of those surveyed, 56%, had prior knowledge of clinical trials and their purpose. These results belie the national average, which is 2% having participated in clinical trials. Ethically, the percentage of Black/African-Americans who participated in clinical trials was 66%, compared to 2% of White participants. In contrast, surveys collected from one community event mirrored the national average, with 5% of those surveyed having participated in clinical trials even though 44% had prior knowledge of them. This event was an employer-sponsored health fair and participation was encouraged.

CONCLUSIONS – Persons who seek out health fairs may be more likely to know about clinical trials and more likely to participate in clinical trials and health screenings compared to the average population. In addition to numerous community hospitals, there are several large teaching institutions that offer clinical trials within the geographical area. Therefore, the higher participation rates may be due to the preponderance of community outreach and education regarding clinical trials in the Baltimore city metropolitan area.
05.01.05 - Poster Session 2
LEADING PRACTICES IN COMMUNITY BASED POLICY CHANGE
CR, Chaney, B.A.; CJ, Paterson, PhD (ABD)
Y-USA (CRC) Community Initiatives (CJP)

PURPOSE - To examine leading practices of PHC, an initiative of the YMCA’s Activate America, that empowers communities with strategies and models for creating and sustaining positive change in support of health living. Leading practices are replicable and will benefit present and future collaborative efforts engaged in similar work.

METHODS – Y-USA, in partnership with Community Initiatives Network, interviewed approximately 200 communities participating in the Y’s Healthier Communities Initiatives. As a result, seven leading practices have been identified to guide communities in creating collaborative and sustainable change in support of chronic disease prevention and health living.

RESULTS – Emerging from the work of PHC are seven leading practices that community leadership teams say are main contributors to success in policy and environmental change:
1. Start with a shared, compelling vision and spirit of inquiry
2. Adapt to emerging opportunities
3. Borrow from others and build your own
4. Engage cross-boundary leaders who care
5. Serve in multiple roles
6. Use data to guide, not drive, the effort
7. Develop leadership structures that distribute ownership and action

CONCLUSIONS – PHC has demonstrated success in creating community level policy and environmental change. The leading practices are meant to stimulate thinking and create possible starting points for discussion about the health and dynamic stability of other collaborative efforts.

Funding was provided by Centers for Disease Control and Prevention, Kellogg’s Corporate Citizenship Fund, Kimberly-Clark Corporation, PepsiCo Foundation, Aquafina, JCPenny Afterschool Fund and Pharmaceutical Research and Manufactures of America.

05.01.06 - Poster Session 2
PREVENTING CHRONIC DISEASE VIA NATIVE COMMUNITY GARDENING
GD Rodriguez; BE Hartley, MSocSci; N Caihua, BA; R Rinck, MPH; S Desai, BA; Valerie Jernigan PhD; C Wahpepah; M John
Seva Foundation (GDR, BEH, NC); Northern California Society of Public Health Educators (RR); Intertribal Friendship House (CW, MJ)

PURPOSE: In 2010, Intertribal Friendship House (IFH), an urban AI/AN community center in Oakland, California, implemented a healthy food program consisting of a community garden, cooking classes and other health promotion activities to create access and raise awareness to Type II Diabetes and other health concerns. As part of a collaborative, IFH's unique work has been documented through community-based evaluation techniques to demonstrate impact.

DESIGN METHODS: Seva Foundation and NC-SOPHE, IFH's partners in the program, developed culturally-based program assessment tools, conducted site visits, held focus groups, and carried out in-person interviews among the community project leaders and participants. The data collected was analyzed and used to improve the program in the future and to enhance existing collaborations between the involved organizations.

RESULTS/EXPECTED RESULTS: In its first year of inception, 728 sqm of garden space were cultivated and 60 varieties of vegetables and medicinal plants were grown; 5 community meals sourced garden-grown food; 1,121 people are involved and/or were impacted by the community garden directly. The garden produce were also integrated into IFH’s other programs such cooking, canning, Youth Day Camp, weekly gardening. Qualitative data drawn from in-person interview and focus group show how individuals describe their encounters with the healthy food program and how their perspectives changed regarding Native health knowledge, skills, interests, and abilities because of the program.

DISCUSSION/CONCLUSION: The healthy food program at IFH, mindful of economic and health disparities Native populations face nationwide, took a holistic approach in tackling persistent health issues in the community. IFH’s approach, with support from Seva and NC-SOPHE, not only raised health awareness but also strengthened the sense of community among its constituents.

MENTION OF GRANT SUPPORT: Seva Foundation; NC-SOPHE Chapter
05.01.07 - Poster Session 2
DEVELOPMENT OF A NOVEL PROGRAM TO IMPROVE DIVERSITY AMONG POTENTIAL STUDENT PHARMACISTS
Lauren Bloodworth, Katie McClendon, Marvin Wilson, Kristopher Harrell, Wanda Keahey

PURPOSE: To describe an initiative to increase the diversity of student pharmacist applicants at the University of Mississippi School of Pharmacy (UM SOP) through expanding the Student National Pharmaceutical Association (SNPhA) chapter on the Jackson, Mississippi, campus.

METHODS: The Multicultural Enhancement Committee (MEC) at the University of Mississippi Medical Center (UMMC) formed a committee to foster and promote diversity across the UMMC campus. The UM SOP MEC developed a plan to partner with Walgreens Pharmacy and three Jackson Public Schools to implement three Future Leaders in Pharmacy (FLIP) student chapters. The UM SOP MEC assisted in creating a SNPhA chapter on the Jackson campus to advocate for minorities in the pharmacy profession and also assist in activities with the FLIP program. Additionally, Walgreens has offered employment opportunities for FLIP students.

RESULTS: The SNPhA chapter was formed in August 2010. The FLIP program has been implemented at three local high schools. Fifteen students at each school have joined the FLIP program and all students have visited the Jackson campus to learn more about the profession of pharmacy. Eight FLIP advisors have visited the Oxford and Jackson campuses as well. Additional activities include monthly programming at each school and a student visit to Oxford to learn about the UM SOP admission process.

DISCUSSION: The FLIP program has improved relationships between the UM SOP and local high schools and has enhanced student understanding of the profession of pharmacy. Eventually the program will be evaluated on the number of FLIP students admitted to pharmacy schools.

05.01.09 - Poster Session 2
HLI DO RIGHT! CHALLENGE: A FAITH BASED OBESITY PREVENTION INITIATIVE
D Tillery, JD; RM Harris, BS
The Center for Closing the Health Gap in Greater Cincinnati (OT, RMH)

PURPOSE: Minorities are disproportionately affected by obesity and at greater risk for many serious diseases. Community-based strategies are seen as most effective in obesity prevention for minorities. The purpose of the HLI Do Right! Challenge was to address obesity prevention in faith-based organizations using a community-based participatory research framework. It involved churches, hospitals, and residents taking an active role in helping communities develop healthy lifestyles.

DESIGN METHODS: A total of 214 African American females and males representing 14 church teams participated in a 20-week intervention where they received weekly physical activity and biweekly nutrition and motivation sessions. The teams competed to see which would have the greatest health outcomes post-intervention. A faith-based advisory board assisted in development of the curriculum and challenges format for the intervention. Awards to each church were used to establish ongoing health ministry initiatives.

RESULTS: At the start of the program 97% of the participants were overweight/obese and 27% had diabetes. At the conclusion, 95% reported improved lifestyle behaviors, 13% reduced body mass index, 44% reduced glucose levels, 11% reduced waist circumference, 38% reduced body fat levels, 26% reduced systolic blood pressure levels, and 18% reduced diastolic blood pressure levels.

CONCLUSION: The Challenge intervention increased wellness behaviors and reduced obesity risk in African Americans who are members of faith-based organizations. Outcomes will be sustained by continuing technical assistance to ensure successful health ministry programs. Sponsors for this initiative were TriHealth Partners, The Christ Hospital, UC Health, and Mercy Health Partners.

05.01.10 - Poster Session 2
A NOVEL ROLE FOR PHARMACISTS IN ADDRESSING MEDICATION MISCONCEPTIONS IN THE IMMIGRANT AND REFUGEE POPULATION
Leslie A. Vitan, Pharm.D., CDE; Kathy Bungay, Pharm.D., MS
Northeastern University School of Pharmacy

OBJECTIVE: Immigrants bring with them their cultural identity, beliefs, and perceptions including those surrounding and pertaining to delivery of health care, access, and medications. However, concerns arise when these beliefs and practices interfere with disease state control and/or result in underutilization of health care systems. Our primary objective is to test a method of educating immigrants and refugees on appropriate medication use. As providers, we need to learn how to respect cultural beliefs while ensuring safe and effective use of prescribed medications and integration of the patient into their health care.

METHOD: A descriptive study on the development and presentation of an educational session on medication use to an audience (n= 80) including Nepali, Burmese, Iraqi, Somali, Sudanese, Russian, and Cuban refugees and respective interpreters. To expose Advanced Pharmacy Practice Experience (APPE) students to the multitude of medication beliefs, students from Northeastern University School of Pharmacy presented at the New Americans Center (NAC) in Lynn, MA (Nov-2010). NAC is a federally funded non-profit adult education and resource center for refugees and immigrants. Each group's interpreter completed a form about what they had learned from the presentation. Due to literacy concerns, verbal feedback was also obtained from the interpreters.

RESULTS: The presentation including all pictures and accompanying script will be posted. Audience comments were collated by ethnic background. In general, participants reported learning not to share medications with others and not to be fearful of telling health care providers if they had missed medications or are using home remedies. Additionally across all ethnic backgrounds, the understanding of chronic medication use for prevention of disease was a new concept that was previously not well understood by participants. Overall, the audience reported having learned ways to improve their health and the health of their families.

IMPLICATIONS: Using culturally sensitive techniques to educate patients on medication use, pharmacists can have a large impact on achieving health outcomes and diminishing ethnic health disparities in communities.
05.01.12 - Poster Session 1
ADDRESSING HEPATITIS INFECTION AMONG INTRAVENOUS DRUG USERS (IVDUs) IN OPIOID TREATMENT PROGRAMS
KA Marshall, MBA; JA Anderson, BS; AC Bizzell, MD; SD Meredith, MBA
DB Consulting Group, Inc. (KAM, JAA, ACB, SDM)

PURPOSE: According to the Centers for Disease Control and Prevention (CDC), approximately 300 million people worldwide are infected with Hepatitis C Virus (HCV). Individuals with a history of injecting drugs are at the highest risk of becoming infected with the HCV; however other causes include sexual contact and hemodialysis. Highly efficacious vaccines have been available to prevent new Hepatitis A and B; but unfortunately, a vaccine for HCV is not available. The goal of prevention and treatment of HCV is to provide a comprehensive therapeutic plan comprising primary medical care, psychosocial counseling, vocational rehabilitation, HIV testing and counseling, HCV education and testing to promote recovery from opioid dependence.

DESIGN METHODS: Through contract # HSS283200700053I/HSS28300001T funded by The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMSHA/CSAT), we have devised a demonstration project designed to improve the capacity for a comprehensive, culturally appropriate, and systematic approach that will prevent the spread of viral hepatitis and limit the progression and complications of viral hepatitis related liver disease. Our approach includes the collection and analysis of 1) vaccine and test kit distribution, 2) program characteristics, and 3) relevant patient data.

RESULTS: Preliminary results from 2008-2009 have already confirmed at least a 21% increase (n=2,679) in Hepatitis vaccinations by patients through the 39 OTP sites in 14 different states.

CONCLUSIONS: Greater cost and use efficiency has been achieved through a unified approach to vaccine program management. Shipping and tracking information is communicated with participating programs and sites for “just in time” tracking. This system enables greater efficiency in reaching the desired population that might benefit from enhanced vaccination capability. In the future we will aim to provide supplemental education and training of site staff on evidence-based practices for preventing and treating viral hepatitis. These efforts will ensure that we continue to see an increase in minority patients receiving hepatitis vaccinations.

05.02.01 - Poster Session 1
RELATIONSHIP BETWEEN MINERALOCORTICOID RECEPTOR, CAVEOLIN-1, AND INSULIN RESISTANCE
C. Cezar, G.K. Adler, L. Pojoga; Brigham and Women’s Hospital STARS Program, Boston, MA
Tougaloo College Jackson Heart Study Program, Jackson, MS

PURPOSE: Insulin resistance is a major medical problem leading to cardiovascular injury and type 2 diabetes. Impaired functioning of the insulin receptor leads to insulin resistance. Many receptors, including the insulin receptor and the mineralocorticoid receptor (MR) are found in caveolae where they associate with caveolin-1. Caveolin-1 KO mice have insulin resistance and do not show improvements in glucose metabolism with MR blockade as occurs in WT mice. The purpose of this study was to see if Caveolin-1 mRNA levels are affected by the MR antagonist, Eplerenone.

METHODS: 16 Wild type mice fed a diet containing 4 % sodium were randomized to receive either placebo or eplerenone (100mg/kg/per day) for 14 days. Intraperitoneal (IP) glucose tolerance tests (GTT) were performed on day 14 by intraperitoneal injection of 1.5mg/g of body weight (BW) of glucose. Mice were killed on day 14 and 2 mice died prematurely, one from each group, leaving 14 mice. Livers were collected and flash frozen in liquid nitrogen. RNA was extracted from liver tissue samples weighing between .015-.03g using the RNeasy Kit. CDNA was made from each sample. RT-PCR was performed using the Applied Biostystems (ABI) 7000 Sequence detection system to determine gene expression levels for 18S and Caveolin-1. The RT-PCR was repeated 3 times for insurance of consistency. Associations between caveolin-1 mRNA and the glucose levels during the IP GTT (area under the curve (AUC)) were assessed. Data was analyzed by Fisher exact and regression analyses.

RESULTS: There were no significant differences in the amount of Caveolin-1 mRNA in livers from animals treated with eplerenone (0.96± .52[mean± standard deviation (SD)]) vs. mice receiving placebo (0.98± .10[mean± SD]). In WT mice treated with eplerenone, liver caveolin-1 mRNA levels tended to correlate with the glucose AUC during the GTT (r2=.051, p=.068). There was no association between caveolin-1 mRNA and glucose AUC in mice receiving placebo (p=.3).

CONCLUSION: MR blockade does not alter liver caveolin-1 mRNA levels. However, in WT mice treated with eplerenone, there was an association between glucose AUC and liver caveolin-1 mRNA levels. Thus, the ability of MR blockade to modulate glucose metabolism may involve changes in expression of caveolin-1.
ABSTRACTS

05.02.02 - Poster Session 1
PREDICTING CYTOCHROME P450 SITES OF METABOLISM THROUGH 3D MOLECULAR MODELING
Tamera Hughes, Pahk Thepchatri, Edjohnier Phillips and Jim Snyder
Tougaloo College, Tougaloo, MS and Emory University, Atlanta, GA

PURPOSE: Predict SOMs of the BI HIV inhibitor and compare protein-ligand interaction results with docking of omeprazole.

METHODS:
Obtain crystal 3A4 for PDB (PDB ID: 1W0G)
Protein Structure Preparation (OPLS2005)
Receptor Grid Generation
Ligand preparation
Docking – Predict SOM’s

RESULTS: The docking of omeprazole regenerates the experimentally determined site of metabolism for the drug. The SOM for omeprazole was experimentally discovered previously by Tommy Andersson1. Because GLIDE was able to successfully reproduce this SOM for omeprazole, we predict that the SOM for the HIV-inhibitor is shown in the picture above.

CONCLUSION: The aim of this study was to see if docking could predict sites of metabolism for an HIV-inhibitor. Docking is computationally inexpensive and provides insight on many drugs before they are tested in vitro. Virtual screening provides a model capable of only suggesting possible common enzyme/substrate interactions. Methodology and results developed from this study will be applied to other mercaptoimidazole compounds currently under investigation at the Emory Chemistry Department and the Emory Institute for Drug Discovery.

05.02.03 - Poster Session 2
A HOSPITAL TO HOME COLLABORATION TO REDUCE DISPARITIES IN BLACK INFANT MORTALITY: EVERYDAY NATURAL STRATEGIES THAT ENCOURAGES MOTHERS TO TALK, TOUCH, AND LISTEN WHILE COMBING HAIR© AND USE OF KANGAROO CARE
Marva L. Lewis; Rebecca Woodworth; Nichole Crowden
Tulane University

We will present two approaches that incorporate naturalistic physical touch with premature, low birth weight (LBW) infants through the use of everyday, culturally valid interventions. African-American women - across all socioeconomic and educational categories - have the highest rates of premature birth and infant mortality of all racial groups. Premature LBW infants may remain in hospital Neonatal Intensive Care Units (NICUs) from a few weeks to several months, physically separated from their primary attachment caregivers. Findings from research have firmly established the positive benefits of consistent skin-to-skin touch resulting in a plethora of developmental outcomes for premature infants. These benefits include physical growth and emotional bonding between the infant and their parents. We will describe two strategies that can be taught to parents to enhance the growth of their small infants while in the NICU and continue when the infant is released to their home. The March of Dimes initiative – “Close to Me© Kangaroo Care®” is designed to enhance the opportunities for touch for parents with their premature infants in the NICU. This approach has been adapted to include Gentle Touch Hair-Brushing© as an additional tool for parents. Research is then presented on the use of the hair-combing task as a naturalistic context to strengthen the socio-emotional relationship between a mother and child once the infant is released home.

05.02.04 - Break Out A
INTERDISCIPLINARY: CULTURE COMPETENCY FOR HEALTH PROFESSIONS
SM Hawala-Druy, MPH; MH Hill, DSN
Howard University (SMH-D, MHH)

Key to cultural competency and culturally congruent care lies in the ability of health care providers to craft respectful, reciprocal and responsive interactions across diverse cultural parameters. Teaching about specific cultures has been insufficient because it does not allow for the development of an understanding of cultural competence in practice. Educators should adopt eclectic teaching-learning strategies rather than the traditional rigid approach to understand specific cultures.

PURPOSE: Objective was to design and implement an evidence-based interdisciplinary course that will prepare diverse health professions students to acquire the requisite knowledge and skills to provide culturally congruent care to diverse populations as a mean of reducing health disparities.

METHODOLOGY: Qualitative and quantitative study, which measures students’ level of cultural awareness, competence and proficiency pre and post interdisciplinary course as measured by the Inventory for Assessing the Process of Cultural Competence-Student Version (IAPCC-SV), and students’ feedback. Eclectic and culturally congruent teaching-learning strategies were used to match the diverse students population/specialty with emphasis on process of “becoming” culturally competent through integration of cognitive, practical and affective learning.

RESULTS/CONCLUSION: IAPCC-SV indicates that students are becoming more culturally aware, progressing toward competence as a result of course participation, but not yet achieving cultural proficiency. According to students’ feedback, engaging in interdisciplinary course that utilized eclectic and culturally congruent teaching-learning strategies and enthusiastic culturally competent teacher provided both breadth and depth of learning. Students acknowledged overestimating their competency level and that culture competence is on-going process.

Research supported by Howard University Excellence in Teaching grant # ET091010.
**05.02.06 - Poster Session 2**  
**ORAL HEALTH AND GENDER: ASSESSMENT OF BEHAVIOR, KNOWLEDGE, AND COMPLIANCE WITH AMERICAN DENTAL ASSOCIATION GUIDELINES**  
M Shuler, MS; J Cluck; LD Sherpa, MS, RY Qualls-Hampton, MS, PhD  
University of North Texas Health Science Center, Department of Epidemiology, Fort Worth, TX  

**PURPOSE:** Oral disease is a growing global burden. Poor oral health can have an impact on quality of life. Determinants of oral health range from behavioral to knowledge. Understanding how these determinants differ among gender can help implement successful intervention.

**METHODS:** A 37 question mail survey was sent to 525 participants. 20 questions measured oral health knowledge and 17 questions measured oral health behavior. The sample was a combination of random and convenience sampling. The difference in oral health behavior, knowledge, and compliance with American Dental Association (ADA) guidelines were assessed. An level scoring system was created for oral health knowledge. Oral health knowledge was classified as “passing” or “failing.” ADA compliance was classified as “meeting guidelines” or “not meeting guidelines.”

**RESULTS:** Response rate was 52% (272/525). Results indicated that 52.9% of respondents had “average” oral health behavior for both genders. In the behavior category, when comparing “below average” to “above average,” there were a higher % (38.8%) of males in the “below average” category and only 10.7% in the “above average” category. Most respondents (74.6%) received a “passing” score for oral health knowledge. Only 41.3% met the ADA guidelines. Among education, income, insurance, and race, insurance was the confounder.

**CONCLUSION:** Our study demonstrates that 1. Females have better oral health behavior and knowledge compared to males and 2. The majority of respondents do not meet recommended ADA guidelines. More gender based oral health studies should be conducted to further support our results.

**05.03.01 - Poster Session 1**  
**DOMESTIC VIOLENCE REPORTED AMONG WOMEN WHO LIVE IN PUBLIC HOUSING IN PONCE, PR**  
LR Norman, PhD; L Cintron, PhD(c); C Alvarez, MD, DrPH  
Ponce School of Medicine, Ponce, PR  

**PURPOSE:** Domestic violence is a considered a major public health challenge for women, especially impoverished women who live in a machismo culture, such as the culture in Puerto Rico.

**METHODS:** As part of Proyecto MUCHAS, 387 women who live in public housing volunteered to submit to HIV and STI testing (gonorrhea and chlamydia) and completed a self-administered questionnaire which measured a history of domestic violence, among other topics.

**RESULTS:** The mean age of the sample was 32.42 (SD=17.53). Over half (52.2%) were legally married or involved in a common-law relationship. Slightly less than half (40.0%) reported a level of education as 9th grade or less with another 38.5% reporting having completed a high-school education. Approximately 12% reported having a history of sexual relations with an aggressor, with 19.2% of those reporting have a recent aggressive partner. A smaller percentage (7.6%) reported being threatened physically for asking for safe sex but almost double that amount (14.4%) reported having been forced to have sexual relations. Almost one-third (32.9%) reported verbal, emotional, and psychological abuse by a partner. Overall, slightly more than one-third (36.7%) reported some form of domestic violence, with one-quarter reporting only one type of violence (26.1%) while 8.3% reported two types of violence and a smaller percentage reporting being a victim of all three types of violence (2.6%).

**CONCLUSION:** An understanding of the cultural gender roles of these women may better elucidate as to how to intervene with these women in order to teach them the skills necessary to avoid domestic violence in their lives.
Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform

ABSTRACTS

05.03.02 - Poster Session 1
CONDOM USE PATTERNS WITH STEADY AND NON-STEADY SEX PARTNERS AMONG WOMEN LIVING IN PUBLIC HOUSING IN PONCE, PUERTO RICO
LR Norman, PhD; L Cintron, PhD(c); C Alvarez, MD, DrPH
Ponce School of Medicine, Ponce, PR

PURPOSE: Behavior modification the most effective method of preventing the transmission of HIV. Condom use has been found to be an effective risk reduction strategy with respect to decreasing the risk of HIV transmission.

METHODS: As part of Proyecto MUCHAS, 387 women who live in public housing volunteered to submit to HIV and STI testing (gonorrhea and chlamydia) and completed a self-administered questionnaire which measured sexual and drug using histories, among other topics.

RESULTS: The mean age of the sample was 32.42 (Sx=17.53). Of those reporting having a steady sex partner in the previous year, 65.3% reported never using a condom with their most recent steady partner in the last 3 months and 88.3% reported no condom use at last sex. Reasons given for not using a condom included knowing their partner well (40.8%), dislike for condoms (15.1%), no need for condoms (10.7%) and not having a condom available (9.9%). Among those reporting having a non-steady sex partner in the last year, 61.3% reported never using a condom with their most recent non-steady sex partner in the last 3 months and 76.4% reported no condom use at last sex. Reasons given for not using a condom included not having a condom available (28.1%), dislike of condoms (17.7%), knowing their partner well (16.7%), not thinking about it (11.5%) and not needing a condom (10.4%).

CONCLUSION: Rates of condom use were low across the sample, irrespective of partner type. Programs targeting women to promote condom use should consider the reasons given for not using condoms and develop messages and programs that directly address these issues. These interventions may be more effective in promoting increased condom use than untargeted messages for HIV risk-reduction.

05.03.03 - Poster Session 1
HIV/STI PREVALENCE AMONG WOMEN LIVING IN PUBLIC HOUSING IN PONCE, PR
LR Norman, PhD; L Cintron, PhD(c); C Alvarez, MD, DrPH
Ponce School of Medicine, Ponce, PR

BACKGROUND: Being aware of one's HIV status is important for early treatment and the decreased risk of secondary transmission. Also, STI awareness is also important because being infected with an STI can increase one's risk for contracting HIV.

METHODS: As part of Proyecto MUCHAS, 387 women who live in public housing volunteered to submit to HIV and STI testing (gonorrhea and chlamydia) and completed a self-administered questionnaire which measured sexual and drug using histories, among other topics.

RESULTS: The mean age of the sample was 32.42 (Sx=17.53). The mean number of children was 2.83 (Sx=2.13). Over half (52.2%) were legally married or involved in a common-law relationship. Slightly less than half (40.0%) reported a level of education as 9th grade or less with another 38.5% reporting having completed a high-school education. The HIV prevalence among the sample was 0.7% (n=2) with 4.1% testing positive for chlamydia (n=11) and 0.4% testing positive for gonorrhea (n=1). Those who tested positive for HIV/STIs were more likely to report using a condom at last sex with both steady and non-steady partners (20% vs. 9.8% and 28.6% vs. 15.5%) However, they were more likely to report alcohol use in the last 30 days (50% vs. 41%) and the use of marijuana during the same time period (100% vs. 61.5%). However, they were less likely to report other illicit drug use in the previous 30 days (cocaine, heroin, speedball, crack-cocaine, amphetamines) (0% vs. 31.8%). A higher percentage of those who tested positive for HIV/STIs were more likely to agree that sex is more exciting when drinking or using drugs (28.6% vs. 18.5%). They were also more likely to report feeling more relaxed during sex if they have drunk alcohol or used drugs (28.6% vs. 17.3%).

CONCLUSION: HIV prevalence was almost 1% of the total sample tested, with rates of chlamydia being much higher. The use of more drugs and alcohol may reflect more risky sexual behaviors, even though reported condom use was higher among the infected sample. HIV/STI prevention programs must consider the cultural influences related to sex and drug-using behaviors among women in PR in order to be most effective with this population.
05.03.04 - Break Out A

**DRUG AND SEXUAL RISK BEHAVIORS AMONG IMPOVERISHED WOMEN IN PUERTO RICO: AN EXPLORATORY ANALYSIS OF WOMEN LIVING IN PUBLIC HOUSING**

LR Norman, PhD; L Cintron, PhD(c); C Alvarez, MD, DrPH, Ponce School of Medicine, Ponce, PR

**Background:** Until a cure is found, behavior modification is the most effective method of preventing HIV transmission.

**Methods:** As part of Proyecto MUCHAS, 387 women who live in public housing volunteered to submit to HIV and STI testing (gonorrhea and chlamydia) and completed a self-administered questionnaire which measured sexual and drug use histories, among other topics.

**Results:** The mean age of the sample was 32.42 (SD=17.53). The mean number of children was 2.83 (SD=2.13). Over half (52.2%) were legally married or involved in a common-law relationship. Slightly less than half (40.0%) reported a level of education as 9th grade or less with another 38.5% reporting having completed a high-school education. 14.4% reported having multiple sex partners in the last 12 months, with 10% reporting multiple sex partners in the last three months. The majority of women (65.3%) reporting never using a condom with their most recent steady sex partner in the last three months with a slightly lower percentage reporting no condom use with their most recent non-steady sex partner during the same period (61.3%). A majority of women reported a history of alcohol use (56.6%) with a minority reporting a history of marijuana use (17.4%) and other illicit drugs (cocaine, heroin, heroing and cocaine in addition to amphetamines and crack cocaine). Of those that reported a history of such use, almost half reported alcohol use in the previous 30 days (48.6%) with a slightly lower percentage reporting marijuana use in the last 30 days (31.3%). Among those reporting a history of other illicit drug use, almost one-third (31.3%) reporting using heroin in the previous 30 days.

**Conclusion:** Levels of sexual risk were high, including low levels of condom use with both steady and non-steady sex partners. While reported substance use, especially other illicit drug use, was not as high, compared to other samples of women living in public housing in the U.S., it is likely that the stigma attached to substance abuse among women in PR may have resulted in a significant under-reporting of such use. HIV and substance abuse prevention programs must consider the cultural influences related to sex and drug-using behaviors among women in PR in order to be most effective with this population.

05.03.06 - Poster Session 1

**INTIMATE PARTNER VIOLENCE & MENTAL/PHYSICAL HEALTH PROBLEMS**

DW Campbell, PhD; GB Callwood, PhD; JC Campbell, PhD; PW Sharps, PhD; HN Yarandi, PhD; DR Bertrand, MSN; ACAAWS Research Team

The University of the Virgin Islands (DWC, GBC, DRB), Johns Hopkins University School of Nursing (JEC, PWS); Wayne State University (HNY)

**Purposes:** To assess prevalence and associated mental and physical health outcomes of intimate partner abuse and violence (IPA/IPV) among African Caribbean women in the U.S. Virgin Islands (USVI) and African American women in Baltimore, Maryland during their lifetimes.

**Design:** Case-control design comparing 150 abused (cases) and 150 non-abused women (controls) from each site. Eligibility: African heritage, aged 18-55, had intimate partner within past two years, recruited from public or private care clinics. A audio computer-assisted self-interviews collected demographics, abuse history, physical and mental health outcomes. Chi-square tests and logistic regression analyses assessed associations between IPA, 1PV and health outcomes.

**Results:** Among first 831 women, 1PV prevalence was: 1) lifetime 30.7%, and 2) current 19.9%. Using adjusted multivariate analysis, IVP cases had significantly higher likelihood of mental health problems of depression, post traumatic stress symptoms, suicidal thoughts, suicidal attempts and eating disorder as well as hospitalization, surgery, stitches, broken bones, facial, head and ear injuries, memory loss, broken jaws, gynecological symptoms, and difficult pregnancies. Of those that reported a history of such use, almost half reported alcohol use in the previous 30 days (48.6%) with a slightly lower percentage reporting marijuana use in the last 30 days (31.3%). Among those reporting a history of other illicit drug use, almost one-third (31.3%) reporting using heroin in the previous 30 days.

**Conclusion:** Levels of sexual risk were high, including low levels of condom use with both steady and non-steady sex partners. While reported substance use, especially other illicit drug use, was not as high, compared to other samples of women living in public housing in the U.S., it is likely that the stigma attached to substance abuse among women in PR may have resulted in a significant under-reporting of such use. HIV and substance abuse prevention programs must consider the cultural influences related to sex and drug-using behaviors among women in PR in order to be most effective with this population.
**Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform**

**05.03.07 - Poster Session 2**

**EDUCATING AFRICAN AMERICAN AND HISPANIC WOMEN ABOUT MAMMOGRAPHY**

KA Thomas, MPH
U.S. Food and Drug Administration Office of Women’s Health (KAT)

PURPOSE: African American and Hispanic women often do not get screened for breast cancer. In 2008, only 68% of African American women and 61% of Hispanic women age 40 or older in U.S. had a mammogram in the past two years. Lack of screening can lead to later diagnosis, later entry into treatment, and even increased mortality. The FDA Office of Women's Health (OWH) launched the Pink Ribbon Sunday (PRS) campaign to educate African American and Hispanic women about early detection of breast cancer through mammography. The campaign strives to reduce breast cancer health disparities by empowering church and community leaders to develop mammography awareness programs.

DESIGN METHODS: OWH provided churches with a PRS how-to-guide with simple steps for organizing awareness activities, free brochures, and technical support from FDA regional staff. PRS targeted church leaders because churches are important centers of spiritual, educational, and financial support for minority women.

RESULTS: The first campaign was conducted at 153 churches in Houston, TX in partnership with the local American Cancer Society. PRS has since expanded to include over 2000 churches in urban and rural communities in Dallas, Atlanta, Washington, DC, Puerto Rico, and Oklahoma reaching over 100,000 women. PRS activities ranged from mobile mammography events and health fairs to “Pink” tea parties and collaborations with national organizations such as the US Conference of Mayors and Integris Health.

CONCLUSION: OWH has used innovative partnerships with faith-based organizations, local and national associations, and government officials to inform minority women that quality mammography saves lives.

**05.03.08 - Poster Session 2**

**MENTAL HEALTH OF CHILDBEARING WOMEN IN POST-KATRINA NEW ORLEANS**

GP Giarratano, PhD; EW Harville, PhD; VB de Mendoca, MSN; JS Savage, PhD; S Rick, DSN; RM Maupin, MD.
Louisiana State University Health Sciences Center (GPG, VBM, SR, RM); Tulane University School of Public Health (EWH); Loyola University of the South (JSS)

PURPOSE: The purpose of this study is to describe the effect of prenatal care, self-selected health strategies, and disaster recovery, on depression and stress levels, and physical health of pregnant women living in a post-disaster environment.

DESIGN METHODS: A cross-sectional study design was used to collect data from pregnant women (n=77, 24-41 wks). Measures analyzed included previous disaster exposure, depression (Edinburgh Depression Scale), post-traumatic stress disorder (Post-traumatic Checklist), pregnancy-related distress (Lobel scales), and their perception of disaster recovery. Linear regression was used to model mental health outcomes, with adjustment for race, marital status, education, employment, age, and smoking.

RESULTS: Women interviewed were predominately African American (73%), single (71%) and with family income < $15,000/year (53%). Disaster exposure was generally high: 32% walked through flood waters; 63% had some or enormous damage to their home. Mental health measures indicated 60% scored “at risk” for depression, while 13% were likely experiencing PTSD. Women with high exposure to Katrina scored significantly higher on the PTSD and pregnancy-related distress scales, and feeling that one’s life was still disrupted (40%) was strongly associated with depression and pregnancy-related distress (p<0.01), even after adjustment for experience of the hurricane. Higher social support and optimism about the future were associated with better mental health, as was use of massage to improve mood.

CONCLUSION: Childbearing women living in a disaster recovery area remain at risk for poor mental health outcomes and require prenatal care that addresses risk and includes social intervention.

GRANT SUPPORT: National Institute of Nursing Research, NIH1R03NR012052-01
**05.03.10 - Poster Session 2**

**THE ROLE OF ALCOHOL AND DRUGS IN SEXUAL-RELATED ATTITUDES AND SEXUAL RISK BEHAVIORS AMONG IMPOVERISHED WOMEN LIVING IN PONCE, PUERTO RICO**

Lisa R. Norman, PhD
Ponce School of Medicine and Health Sciences

PURPOSE: Behavioral, affective, and cognitive factors affect the risk for HIV infection and the efficacy of HIV prevention and treatment among alcohol and drug users and abusers. Models need to be developed for examine the factors that contribute to increased HIV risk among members of this target population. As such, the objective of these analyses is to examine the relationship among alcohol and drug consumption, alcohol/drug-related sexual experiences and attitudes, and HIV risk behaviors.

METHODS: As part of the formative research phase of Proyecto MUCHAS, 1138 women completed a 218-item self-administered survey between April and August of 2006. This instrument measured a variety of sexual and drug-using behaviors, as well as related attitudes.

RESULTS: The average age of respondents was 36.77 (SD=12.31), ranging from 14 to 76 years of age. Approximately half (50.2%) were involved in a legal marriage or common-law relationship. A slight majority reported having at least a high school education (57.9%). The majority reported being at no perceived risk of HIV (51.5%). A majority reported having a history of alcohol use (62.2%) with almost half of these women reporting using alcohol in the previous three months (49%). The majority also reported having a history of illicit drug use (marijuana, heroin, cocaine, crack/cocaine, speedball, amphetamines) (62.9%), with almost one-third of these women reporting using in the previous three months (37.2%). When asked if they felt that sex was more exciting when they have had a few drinks or gotten high first, there was a significant difference between current illicit drug users (defined as those who had used in the previous three months) and those who were not current illicit drug users (54.5% vs. 21.4%, \(X^2(1)=12.88, p<0.001\)). The same relationship emerged among current vs. not current alcohol users (32.7% vs. 17.5%, \(X^2(1)=8.09, p=0.004\)). Current illicit drug users were more likely to agree that they prefer to have sex when they are high or drunk (38.1% vs. 11.4%, \(X^2(1)=11.09, p=0.001\)) while no differences emerged among alcohol users. Current illicit drug users were also more likely to agree that it is easier for them to relax when they are having sex if they have drunk or gotten high first (45.2% vs. 14.5%, \(X^2(1)=13.01, p<0.0001\)) while no differences emerged among alcohol users. Current illicit drug users were more likely to report that sex is more fun when under the influence (50% vs. 14.5%, \(X^2(1)=16.35, p<0.001\)) while a marginal difference emerged among alcohol users compared to other alcohol users (22.4% vs. 14.2%, \(X^2(1)=2.95, p=0.09\)). With respect to the relationship between these attitudes and risk behaviors, those who agreed with the attitude that sex is more exciting when drunk or drugged were more likely to report having multiple sex partners in the previous three months (24% vs. 11.8%, \(X^2(1)=5.13, p=0.02\)). No significant relationships emerged between subscribing to these attitudes and other HIV-related risk behaviors, including engaging in anal intercourse and condom use with both steady and non-steady partners.

CONCLUSIONS: Considering the relationship between subscribing to attitudes toward risky sexual encounters and actually engaging in high-risk behaviors that has been documented in other research and is supported by behavioral theory, it is important to identify the underlying roots of these attitudes among current alcohol and illicit drug users in order to develop culturally appropriate interventions that might help in curtailing the engaging in of high-risk sexual encounters.

**05.03.10 - Poster Session 2**

**BREASTFEEDING PERCEPTIONS AND BEHAVIORS AMONG TEXAS WOMEN: A POPULATION-BASED STUDY, BRFSS 2007**

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University of North Texas Health Science Center, Department of Epidemiology, Ft. Worth, TX
University of Arkansas at Pine Bluff, Pine Bluff, Arkansas

PURPOSE: Research demonstrates that breast milk is the healthiest form of milk for infants. Duration of breastfeeding is also essential in infant development; health outcomes such as infant mortality, morbidity, and infections improve significantly with longer duration of breast feeding. Despite these benefits, research has identified differences in breastfeeding behaviors by variables measuring socioeconomic status.

METHODS: Data from the 2007 Texas Behavioral Risk Factor Surveillance System study were analyzed to assess the prevalence of breastfeeding behaviors and perceptions in Texas women. During this year, Texas was the only state that offered items on breastfeeding behaviors and perceptions. This analysis used SAS and Sudaan to properly account for sampling techniques.

RESULTS: There were 5,586 women between the ages of 18-44 who participated in the breastfeeding module. The results demonstrated that 22.5% of Texas women chose to only breastfeed versus bottle-feeding (33.7%) or a combination (45.8%). Of the women that breastfed only, 19.4% were Hispanic to 10.7% of African American and 28.2% white women. At the sixth month into breastfeeding only 24% of these women had continued to breastfeed. Results revealed other differences including the lack of relevant information and support for African American women to initiate breastfeeding, the perception that breastfeeding and the lack of support from their partners.

DISCUSSION: It is evident that breastfeeding should be promoted through comprehensive clinical and social supports starting during pregnancy, including delivery and birth. Despite education and income, minority women still face barriers in regards to participation in positive behaviors that provide their children increased health
05.03.11 - Poster Session 2
LUPUS AWARENESS CAMPAIGN
FE Ashe-Goins, RN; LQ Tran, MPHc
Office on Women's Health

ISSUE: Lupus is a chronic autoimmune disease, affecting 322,000 to 1 million Americans. Additionally, 16,000 people develop lupus each year. Ninety percent of people diagnosed with lupus are women between ages 15 and 44. Lupus disproportionately affects minority women; lupus causes the body's immune system to attack its own cells and tissues; leading to serious tissue and organ damage. There is no cure for this chronic disease.

UNDERLYING KEY FACTORS: Exploratory research conducted in 2007 by the Ad Council found that 80 percent of women know very little about lupus. Like many diseases, early diagnose is the key to a better prognosis. Therefore, awareness of lupus is an urgent matter for women; as it will encourage them to visit their doctor for an evaluation.

RECOMMENDATIONS: The Could I have Lupus? campaign was launched on March 31, 2009 targeting young minority women of between the age of 18-44. The goal is to raise awareness and knowledge of early warning signs of lupus that will lead to early diagnose. The campaign used social media and marketing tools including facebook, twitter, and Oprah's Lupus Microsite. The Microsite has an assessment page and E-cards to send to friends and family. Social media outreach for World Lupus Day yielded approximately 500,000 impressions. The Lupus Microsite was one of three top microsites overall. The campaign was extremely successful in reaching its target population. The lupus Awareness campaign was ranked #1 Ad Council Campaign in Out of Home at $9,861,720 and #8 in Public Relation at $827,458.

05.04.01 - Poster Session 1
CHANGING AFRICAN AMERICAN MALES ATTITUDES TOWARD PRE-CONCEPTION HEALTH
LK Hodges; IM Ahmadu; TA Smith; CL Walton; BD Wright
Knoxville College

PURPOSE: The purpose of this research project is to increase awareness and knowledge of the significant role of African American men in pre-conception health. This process begins prior to conception and throughout the pregnancy. The father's health is critical to the pregnancy process because male infertility accounts for half of all infertile cases. Negative interactions between the male and female can cause undue stress on the woman during her pregnancy.

DESIGN METHODS: A Barber Shop Social will provide a conversational atmosphere for presenting the role of men in pre-conception health. A pre-test will be given initially to determine each participant's existing knowledge level of the topic. Health-related community partners (e.g., Park West Medical Center, The University of Tennessee's Women and Children Center) will provide the hard copy information related to this topic. The Student Health Ambassadors (SHA) and Preconception Peer Educators (PPE) will disseminate the information during the Barber Shop Social. A post-test will be administered to gauge retention of knowledge.

EXPECTED OUTCOMES: Data collected from the pre- and post tests will be analyzed by demographics and topics to provide evidence of change in knowledge level of the male's role in pre-conception health. A selected group of local African American men will have an increased awareness of and concern for men's role in preconception health. It is expected that this project will result in ongoing discussion in African-American communities about pre-conception health.

Research supported by the Tennessee HBCU Wellness Project.

05.04.02 - Poster Session 2
VISION SCREENING BEHAVIORS IN MINORITIES AND FACTORS SEEKING TREATMENT
RY Qualls-Hampton, MS, PhD1; M Shuler, MS1; D Thompson2
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2College of Arts & Science, Kansas State University, Manhattan, Kansas

PURPOSE: Vision screenings should be done annually to ensure healthy eyes during the aging process. As a result of the association of diabetes and eye disease and the high prevalence of diabetes in minority populations, improving eye care health is essential.

METHODS: The Behavioral Risk Factors Surveillance Survey (BRFSS) is a national health survey that measures and examines behaviors, prevalence of certain disease and behavioral risk factors associated with disease. The National BRFSS, 2006 was analyzed in this research.

RESULTS: The prevalence rate of seeking an eye care professional in the past year was 65.1%. The prevalence rate of participating in an eye exam in the past year was 63.3%. Diabetic African American and Hispanic males were more likely to see an eye care provider and partake in an eye exam.

DISCUSSION: Diabetic African American and Hispanic males are more likely to visit an eye care professional because of glaucoma, insurance, education and income. It is organized by Centers for Disease Control and Prevention (CDC) and administered by the individual state health departments. Over the past several years, Prevent Blindness America, in partnership with CDC and state governments, successfully engaged numerous states in this important epidemiological effort by convincing them of the need for such data in the development of successful vision preservation programs.
05.04.03 - Poster Session 2
LET'S TALK IT OVER AT THE BARBERSHOP
Georgia Sawyer, BS, Meharry Medical College; School of Graduate Studies and Research; Kimberlee Wyche Etheridge, MD, MPH, Director Family Youth and Infant Health, Metro Nashville/Davidson County Public Health Department

Infant mortality rates (IMR) among African American babies are twice as high as those of the general population. In order to combat these rates, preconception health interventions have been established which seek to encourage optimal health prior to pregnancy, yet the intervention is primarily targeted to women. The goal of the project is to positively impact Tennessee's IMR through the implementation of the Preconception Peer Education (PPE) training program and its signature Barbershop project. This project will highlight male involvement with regard to positive birth outcomes, and educate African American men of reproductive age on the importance of preconception health in a fun, interactive, barbershop-style setting. This project will also focus on the importance of overall men's health and the importance of their role as a father. In collaboration with the Nashville Metro Public Health Department, the HBCU Wellness Project, and the Federal Office of Minority Health's PPE program, the Barbershop project is an intervention designed to stimulate change and increase knowledge regarding preconception health in reproductive-aged men. Three (3) Barbershop events have been conducted in the state of Tennessee, reaching more than 60 men from the community. Individual event evaluations indicate a 100% increase in knowledge gained about preconception health.

05.05.01 - Poster Session 1
EXPANDING A PROGRAM FOR LIBRARIANS TO THE HEALTHCARE COMMUNITY
CM Pinell-Jansen, MPH; CA Arthur, PhD; S Hart-Hester, PhD; WA Jones, MD; L Bolden, MSW; M Meloy, MA
Mississippi Institute for Improvement of Geographic Minority Health at the University of Mississippi Medical Center (CMP, CAA, SH, WAJ, LB); National Network of Libraries of Medicine Southeastern/Atlantic Region (MM).

PURPOSE: As our academic medical institution serves a growing number of Hispanic, Limited English Proficient patients, the need to train healthcare professionals to access linguistically and culturally appropriate health information is critical. The purpose of this project was twofold: 1) describe the adaptation of a Spanish health information resource program designed for librarians into the healthcare environment and 2) list specific components of the program that support the implementation of cultural competency training within a health professions training environment.

DESIGN METHODS: The National Network of Libraries of Medicine's (NN/LM) program entitled, ¿No Comprende? was selected following a review of available programs focusing on the Spanish language and Hispanic/Latino culture. Originally targeted for librarians, NN/LM instructors worked with institutional faculty to focus course content and training toward the healthcare environment.

RESULTS: The training workshop provides continuing education credits for physicians, nurses, dentists, pharmacists, psychologists, alcohol and substance abuse counselors, social workers, and occupational therapists. One-hundred healthcare providers and associated healthcare personnel have participated in ten workshops.

CONCLUSION: Feedback from participants indicates that the workshops have been a source of valuable information and resources utilized in Medical Spanish curricular training sessions as well as in patient encounters.

Program supported in part by OMH Grant # CPIMP061018-01-01 at University of Mississippi Medical Center.

05.05.02 - Poster Session 2
PROMOTING CULTURAL AND LINGUISTIC TRAINING AMONG CAMPUS POLICE
CM Pinell-Jansen, MPH; CA Arthur, PhD; S Hart-Hester, PhD; WA Jones, MD
Mississippi Institute for Improvement of Geographic Minority Health at the University of Mississippi Medical Center (CMP, CAA, SH, WAJ).

PURPOSE: At an academic medical center, campus police serve a multitude of functions from building security to reinforcing hospital policies and regulations, spending most of their time performing public relation duties. They are often the first point of contact for patients accessing the hospital, particularly, the emergency room. Language barriers and negative images of a uniformed officer can be transformed into a nightmare for these patients. The purpose of this study was to: 1) describe the processes of implementing an occupational Spanish course with campus police in a healthcare environment, 2) list benefits and challenges for campus police officers participating in the course, and 3) describe how an occupational Spanish course can support the implementation of Culturally and Linguistically Appropriate Services (CLAS) within a health professions training environment.

DESIGN METHODS: Six members of our Campus Police Department participated in two 36-hour courses. Post-evaluation questionnaires and a focus group format were used to gather participants’ feedback. RESULTS: Data indicates that training provided participants with increased understanding of Hispanic culture, motivated participants to learn about other cultures and languages, and prepared them to better interact with non-English speaking patients.

CONCLUSION: With a few selected phrases in Spanish and understanding of the patient’s culture, officers are able to “break the ice” and positively affect patients’ perception of the situation, further facilitating the delivery of care. The utilization of this course among campus police in the academic setting is encouraged.

Program supported in part by OMH Grant # CPIMP061018-01-01 at University of Mississippi Medical Center.
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