



**SECOND ANNUAL UC SAN DIEGO
PUBLIC HEALTH RESEARCH DAY
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ABSTRACT BOOK

**PRESENTED BY THE
INSTITUTE FOR PUBLIC HEALTH**

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#1. NATHAN ALAMILLO

PERCEIVED COMMUNITY-LEVEL VIOLENCE AND STI PREVALENCE AMONG MEXICAN FEMALE SEX WORKERS WHO INJECT DRUGS

CATEGORY

Public Health Research

COLLABORATORS

Susan M. Kiene, Gudelia Rangel, Gustavo Martinez, Alicia Vera, Shanthi Manian, Steffanie A. Strathdee

ABSTRACT

BACKGROUND/CONTEXT: HIV prevalence in Mexico is low (0.3%), but markedly higher among female sex workers (FSWs) (8%), female injection drug users (IDUs) (10%), and FSW-IDUs (12%) in Tijuana, Baja California and Ciudad Juarez, Chihuahua. To date, little is known about the effects of Mexico's drug war on HIV-related health outcomes.

STUDY OBJECTIVES: We sought to describe associations between perceptions of community-level violence and prevalence of sexually transmitted infections (STIs) among FSW-IDUs in Tijuana and Chihuahua.

SETTING/SUBJECTS: FSW-IDU aged 18 and older who tested negative for HIV and reported having unprotected sex and sharing injection paraphernalia with clients in the last month participated in a behavioral intervention in these cities. Participants completed a questionnaire at baseline and were tested for HIV, syphilis, gonorrhea, and chlamydia.

METHODS/DESIGN: Using the baseline data, we used generalized linear modeling with a logit link to examine if community-level factors were associated with testing positive for any STI.

RESULTS: Of 584 women, median age was 33 years, 32.9% had at least one STI, and 71.9% injected heroin. In univariate models, perceiving an increase in street violence (unadjOR: 1.73; 95% CI: 1.21-2.46), federal army presence (unadjOR: 1.78; 95% CI: 1.22-2.59), and visibility of mafia/drug cartels (unadjOR: 1.55; 95% CI: 1.08-2.23) was associated with higher STI prevalence, but only street violence (adjOR: 1.83; 95% CI: 1.07-3.15) remained significant in the multivariate model.

CONCLUSION: Community-level factors related to violence and security may be important risk factors for STI acquisition and should be further examined with prospective analyses to investigate mechanisms underlying these relationships.

#2. OSVALDO ARAMBULO

DEVELOPMENT OF WRITING AMONG UNDERGRADUATE PUBLIC HEALTH STUDENTS WITH DIFFERENT EARLY COLLEGE WRITING EXPERIENCES

CATEGORY

Public Health Research

COLLABORATORS

Sabrina Kwok, AsherLev Santos, Margaret Ryan

ABSTRACT

BACKGROUND/CONTEXT: Written communication skills are vital in the field of public health. Development of writing is, therefore, critical for undergraduate students majoring in public health. At this university, public health students begin their academic experiences in one of six unique colleges, where core writing requirements are aligned to the philosophy of the college. It is unclear if differences in early college writing experiences affect writing performance in later public health classes.

STUDY OBJECTIVES: We evaluated individual writing performance by students in an upper division public health course at the University of California San Diego (UCSD), based on their assignment to one of the six colleges at UCSD.

METHODS/DESIGN: Core writing requirements were described for the six UCSD-colleges (Marshall, Muir, Revelle, Roosevelt, Sixth, and Warren Colleges). Average scores on individual public health writing assignments were compared using t-tests.

RESULTS: Writing assignments included 444 individual papers, with a common prompt and grading rubric, submitted by 201 undergraduate students. Although students from Sixth and Warren Colleges had slightly higher writing scores (average 83.6%) than students from Marshall, Muir, Revelle and Roosevelt Colleges (average 82.3%), differences were not statistically significant.

CONCLUSION: UCSD provides a unique undergraduate experience, with assignment of students to one of six colleges. Although the history and philosophy of the six UCSD-colleges differs, core writing requirements are similar. We found no evidence that UCSD-college assignment affected the proficiency of writing among undergraduate public health students.

#3. SANKARI AYYALURU

SOCIAL AND BEHAVIORAL RISK FACTORS ASSOCIATED WITH INCIDENT STI AMONG HETEROSEXUAL AFRICAN AMERICAN MALES IN WASHINGTON DC

CATEGORY

Public Health Research

COLLABORATORS

Jenne Massie, Lisa Bowleg, Dan Triplett, Jennifer Yore, Lianne Urada, Anita Raj

ABSTRACT

BACKGROUND/CONTEXT: Approximately 20 million new cases of STI occur each year in the United States. African American men experience from 5-10x the rate of white men for reportable STIs- chlamydia, gonorrhea and syphilis.

STUDY OBJECTIVES: This study seeks to understand the social and behavioral risk factors associated with incident STI at the Southeast STD clinic in Washington DC.

METHODS/DESIGN: Baseline data from participants of MEN Count, an HIV evaluation study with heterosexual black men in Washington, DC, were used for analysis. Participants were recruited largely from an STD clinic and surveyed on demographics, social factors (homelessness, incarceration) and behavioral risks (substance use, sex trade, multiple sex partners, condom use), and tested for STIs. Chi-square analyses were conducted to assess associations between social and behavioral risks and STI.

RESULTS: Participants (N=186) were aged 18-59, with 73% aged 18-29; 29.0% reported incarceration in the past 12 months. Most (68.3%) reported multiple sex partners in the past 90 days. Approximately half (44.6%, n=83) were STI+. No social risks were significantly associated with STI. In terms of behavioral risk, only number of sex partners was associated with STI; multiple partners was reported by 66% of STI+ participants and 71.1% of STI- participants ($p=.04$). Condom use was not associated with STI.

CONCLUSION: Among this STI clinic sample, sex with multiple partners was the primary driver of STI. Condom promotion may not be sufficient to deter STI in communities affected by high rates of STI, possibly due to inconsistent use or low effectiveness.

#4. KERRI BERTRAND

ACTIVE AND INACTIVE MARIJUANA METABOLITES IN HUMAN MILK SAMPLES IN THE UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD) HUMAN MILK BIOREPOSITORY COHORT

CATEGORY

Public Health Research

COLLABORATORS

Christina Chambers, Jason Sauberan, Philip Anderson, Lars Bode, Jae Kim, David Boyle

ABSTRACT

BACKGROUND/CONTEXT: The benefits of human milk have been well documented; however, little is known about the excretion of recreational drugs, like marijuana, into human milk. Only two case reports have been published. They indicated that tetrahydrocannabinol (THC) is excreted in milk and can be absorbed by the infant.

STUDY OBJECTIVES: The purpose of this study is to investigate the presence marijuana components in human milk samples and to determine if the quantity of these compounds varies by the amount or frequency of marijuana use by women participating in the human milk biorepository.

METHODS/DESIGN: Participants were enrolled in the Human Milk Biorepository through UCSD. Breastfeeding women 18 years or older were eligible for participation. Participants completed an in-person interview and provided 50 mLs of breast milk using a closed system breast pump and sterile collection kit. Samples were stored in a -80°C freezer. Milk is being analyzed for marijuana components using mass spectrometry.

RESULTS: 135 participants provided milk samples. 14 (10.4%) reported using marijuana within the past seven days. Of those women who smoked marijuana, 8 (57.1%) had a mental illness diagnosis. Of women who smoked marijuana, 12 (85.7%) had also consumed alcohol. The mass spectrometry analysis for active and inactive marijuana components is in progress.

CONCLUSION: 10% of participants used marijuana in the past seven days and of those, 86% used marijuana and alcohol. The mass spectrometry results will identify compounds a nursing infant might be exposed to while nursing. More research is needed to understand the long-term effects on children exposed to marijuana through breast milk.

#5. LAURA BUEHNING

HOMEOPROPHYLAXIS: A HIDDEN JEWEL. GLOBAL PUBLIC HEALTH SUCCESSES

CATEGORY

Public Health Research

COLLABORATORS

Cilla Whatcott

ABSTRACT

BACKGROUND/CONTEXT: Homeopathy is a therapeutic system founded in the early 1800's. This system has been used globally for 200 years and is presently popular in both Europe and India. There are two methods of disease-specific immunization, vaccination and homeoprophylaxis, which involves the use of homeopathic preparations. It claims to be comparably effective to vaccination and without toxicity. Recent publications of large-scale epidemiological studies of homeoprophylaxis have increased global interest in this method as a more rapid and cost-effective means of infectious disease control.

STUDY OBJECTIVES: To review the use of homeoprophylaxis in global epidemics.

SETTING/SUBJECTS: The results of 3 major observational studies were selected.

METHODS/DESIGN: Reports of homeoprophylaxis were obtained through literature review and public health documents obtained from government health agencies.

RESULTS: An outbreak of meningococcal meningitis occurred in Brazil in 1998. Homeoprophylaxis was administered to 65,826 children and an estimated 23,539 could not be immunized. The program showed a statistically significant protection of 95%. Japanese Encephalitis has been endemo-epidemic in India since the 1990s. The government initiated an annual homeoprophylaxis program in 1999 with significant sequential annual case reductions with the elimination of all cases by 2003. Vaccination is provided annually in Cuba for epidemics of Leptospirosis. In 2007, homeoprophylaxis was administered instead to 2.3 million people at high risk in an epidemic region with large reductions in disease incidence and control of the epidemic.

CONCLUSION: Homeoprophylaxis has shown efficacy equal to vaccination in bacteria, viruses and spirochetes. Global homeoprophylaxis programs are expanding and include malaria, dengue, and influenza.

#6. JANE BURNS

ANALYSIS OF WEST COAST ATMOSPHERIC CIRCULATION PATTERNS AND KAWASAKI DISEASE “DRY SPELLS”

CATEGORY

Public Health Research

COLLABORATORS

Mary Tyree, Daniel Cayan

ABSTRACT

BACKGROUND/CONTEXT: Tropospheric winds from northeastern China have been linked to fluctuations in Kawasaki disease (KD) cases in Japan. These winds may carry aerosols that trigger KD in genetically susceptible children.

STUDY OBJECTIVES: We investigated whether reduced numbers of KD cases were linked to large scale circulation patterns affecting the U.S. West Coast.

SETTING/SUBJECTS:

METHODS/DESIGN: KD cases with either date of onset of fever or date of hospitalization (PHIS, Pediatric Health Information System) were obtained from 5 sites from Seattle to San Diego from 1995-2014. Six days were subtracted from date of hospitalization to approximate date of onset. For each site, periods from December-March were identified for which there were no KD cases for an interval of 10 days, called "KD dry spells". Daily NCEP-NCAR atmospheric Reanalysis 700hPa height anomalies were used to represent the atmospheric circulation.

RESULTS: From 27-48 dry spells were defined for each site. The atmospheric circulation preceding the KD dry spell featured a higher than normal pressure center (results in weakened onshore flow) either offshore over the North Pacific or directly over the site. The circulation anomalies were statistically significant and occurred between Day -6 to -1 relative to the start of the dry spell. A similar pattern was shared by 4 of the 5 sites.

CONCLUSION: These results support the hypothesis that a KD agent is transported by winds, possibly from a shared source region with transport of the agent across the Pacific.

#7. MERISSA KADO

CLIENT HEALTH DISPARITIES AMONG UNDERREPRESENTED ETHNIC POPULATIONS IN LA COUNTY

CATEGORY

Public Health Research

COLLABORATORS

Danielle Casteel, Kim Center, Sheelu Bhatnaga, Mathew Mansoor, Todd Gilmer, Andrew Sarkin

ABSTRACT

BACKGROUND/CONTEXT: The Community-Designed Integrated Service Management Model (ISM) provided a holistic model of care whose components were defined by five specific under-represented ethnic populations (UREP) and promoted collaboration and community based partnerships to integrate health, mental health and substance abuse services together with alternative, or non-traditional services to support recovery.

STUDY OBJECTIVES: The primary goals were the same for ISM programs from each of the UREP groups. These included improved client mental and physical health, reduced substance use, reduced mental health stigma, increased social involvement including employment, school, or volunteer work, and overall satisfaction with services.

SETTING/SUBJECTS: Los Angeles County Integrated Service Management Model (ISM) under-represented ethnic populations (UREP)

METHODS/DESIGN: These outcomes were assessed through client self-report, mental health clinician report, and primary care physician report. Matched samples of participants at the baseline and twelve month assessment were used to assess client improvement based on each of the outcomes.

RESULTS: After offering services for two years, there were disparities in the amount of improvement observed in alcohol use ($\chi^2=50.179$, $p=.006$), drug use ($\chi^2=52.167$, $p=.004$), blood pressure ($\chi^2=62.731$, $p<.005$) and mental health ($\chi^2=61.097$, $p<.005$).

CONCLUSION: Analyses of client data indicate differences in alcohol use, drug use, mental health, physical health, and stigma at baseline between UREPs. For some outcomes, the baseline needs gap was reduced indicating a potential ceiling effect, however the disparity between UREPs increased for other outcomes. Analyses indicate that social support and the involvement of friends and family in a client's treatment varied for clients from different UREPs which could also have affected outcomes.

#8. NICK PANAGON

EFFICACY OF A PEER-RUN INTEGRATED SERVICE MODEL AT IMPROVING THE BEHAVIORAL HEALTH OF SMI OR DUAL-DIAGNOSIS CLIENTS

CATEGORY

Public Health Research

COLLABORATORS

Marissa Goode, Danielle Casteel, Kim Center, Sheelu Bhatnaga, Andrew Sarkin, Todd Gilmer

ABSTRACT

BACKGROUND/CONTEXT: There are many barriers and challenges to treating people with serious mental illness especially when they also suffer from physical health limitations or substance use. To improve care for this population, the LA County Department of Mental Health implemented several models of integrated care. One model was the Peer-Run Integrated Service Model (PRISM), which attempted to improve behavioral health outcomes primarily through peer support and linkages. The other models were the more traditional integration of mental and physical health clinics.

STUDY OBJECTIVES: The current study examines outcomes for the PRISM model after three years of service and compares them to outcomes for clients served in Traditional models.

SETTING/SUBJECTS: Los Angeles County Peer-Run Integrated Service Model (PRISM) clinics and clients

METHODS/DESIGN: These outcomes were assessed through client self-report, mental health clinician report, and primary care physician report. Matched samples of participants at the baseline and twelve month assessment were used to assess client improvement based on each of the outcomes.

RESULTS: There were significant improvements in client mental health from baseline to six months for PRISM clients on the Illness Management and Recovery scale ($t=3.719$, $p<.005$). From baseline to six months, there were no significant changes in client physical health (PROMIS Global Physical Health, blood pressure, body mass index) or in client-reported alcohol or substance use. However, there was an increase in client-perceived negative consequences associated with their substance use as measured by the PROMIS-Derived Substance Use scale ($t=-2.242$, $p=.039$). Several PRISM results were comparable to the Traditional models.

CONCLUSION: Traditional models reduced client-reported alcohol use and decreased the negative consequences of substance use, while PRISM clients increased use and consequences.

#9. LISA HINCKLEY

SUBSTANCE USE AGREEMENT

CATEGORY

Public Health Research

COLLABORATORS

Kim Center, Marissa Goode, Danielle Casteel, Helen Chong, Todd Gilmer, Andrew Sarkin

ABSTRACT

BACKGROUND/CONTEXT: Providing integrated treatment for co-occurring mental health and substance use conditions can support better outcomes and more effective care for individuals than traditional separate treatment approaches (SAMHSA, 2014). To improve care for this population, the LA County Department of Mental Health implemented several models of integrated care.

STUDY OBJECTIVES: The current study examines the association between client-reported alcohol and drug use and clinician ratings of impairment of functioning at baseline on changes in outcomes six months after enrollment.

SETTING/SUBJECTS: Setting: Los Angeles County INN programs; Subjects: Clients with baseline and 6-month assessments

METHODS/DESIGN: Agreement between clients and clinicians on goals and reasons for treatment is an important component of the therapeutic relationship. Evaluating agreement between client and clinician assessments at baseline is inherently difficult to define using only outcomes data. It is possible for people to experience no negative consequences due to alcohol or drug use even if they report frequent drinking or use of drugs. However, for most people in recovery or with a history of consequences due to substance use, any reported use is problematic. Given this complexity, we were conservative when defining low agreement, and included only clients who reported that they “Never” used alcohol and drugs at baseline but were rated by a clinician as being impacted by substance use “quite a bit” or “a lot” in the analysis.

RESULTS: There were significant differences in client reported quality of life, as measured by the PROMIS-Global Health ($F(1,128)=12.468, p=.001$). Surprisingly, clients with low agreement improved more on the IMR Substance Use subscale compared to clients with similar baseline substance use impairment ($F(1,186)=12.419, p=.001$).

CONCLUSION: As anticipated, clients with better agreement between client and clinician alcohol/drug ratings showed greater improvement in Total Global Health scores. This finding supports the literature that greater agreement between client and clinician ratings of perceived need, such as substance use concerns, is associated with better client outcomes.

#10. LAURA FERNANDEZ

SUBSTANCE USE PROVIDER COMPARISON

CATEGORY

Public Health Research

COLLABORATORS

Kim Center, Marissa Goode, Danielle Casteel, Helen Chong, Andrew Sarkin, Todd Gilmer

ABSTRACT

BACKGROUND/CONTEXT: Incorporating a substance use provider within mental health settings may improve the integration of treatment for co-occurring mental health and substance use conditions and provide more effective care. To improve care for this population, the LA County Department of Mental Health implemented several models of integrated care, including the co-location of services and field based treatment teams. While both models of care provided some degree of integrated services, several programs identified a substance use provider within their network, while other programs did not.

STUDY OBJECTIVES: The current study examines substance use outcomes for clients receiving services from a program with a designated substance use provider and compares them to outcomes for clients who received services from a program that did not identify a substance use provider within their network.

SETTING/SUBJECTS: Setting: Los Angeles County INN Programs; Subjects: Clients with a baseline and 1-year follow-up assessment

METHODS/DESIGN: T-Tests were performed on the Illness Management Recovery Scale, PROMIS Derived Substance Use, and Client-Reported Alcohol and Drug Use comparing client scores for those receiving services from a substance use provider with clients who were not.

RESULTS: For clients attending programs with a substance use provider, there were significant improvements in substance use outcomes from baseline to one year on the Illness Management and Recovery subscale ($t=4.272$, $p<.001$), the PROMIS-Derived Substance Use Scale ($t=2.321$, $p=.022$) and client-reported alcohol ($t=3.421$, $p=.001$) and drug use ($t=1.916$, $p=.05$) frequency. While there was a significant improvement in IMR Substance Use subscale scores for clients that received services from a program without a designated substance use provider, there were no significant changes in any other substance use outcome measures one year after enrollment.

CONCLUSION: Clients attending programs with a substance use provider showed significant improvements on all substance use outcomes from baseline to one year.

#11. JESSICA CHANG

ANALYSIS OF OR STERILE BARRIER BREACHES AMONG OR STAFF MEMBERS

CATEGORY

Public Health Research

COLLABORATORS

Arsalan Ahmed, Michelle Morris, Frank Myers, Francesca Torriani

ABSTRACT

BACKGROUND/CONTEXT: University of California Healthcare Epidemiology Collaborative conducted peri-operative observations to monitor variables likely correlated to surgical site infections (SSI). The results demonstrated no relationship between door activity and increased SSIs. Interpreting the qualitative observation data, we analyze the variables of sterile barrier breaches and their correlation to particular disciplines amongst the operating room (OR) staff in order to develop a greater understanding of sterility breaches. These results may suggest a connection with post-operative SSI. Ultimately, an evaluation OR staff protocol infrastructure will be obtained.

STUDY OBJECTIVES: To assess the relationship between peri-operative sterile barrier breaches and OR staff according to their disciplines.

SETTING/SUBJECTS: Surgical services observed were the following: ortho-spine, neuro-spine, colorectal, hip, knee. Procedures were observed at UCSD Hillcrest Medical Center and UCSD Thornton Medical Center.

METHODS/DESIGN: Peri-operative observations were conducted by non-OR staff immediately outside the OR through a window to monitor the maintenance of sterility at UCSD Hillcrest and Thornton Medical Center. Observations were collected in 15 minute intervals across the span of 6 months documenting the proper use of sterile barriers (i.e. personal protection equipment).

RESULTS: It was determined that 31% of observations collected encountered at least one form of sterile barrier precaution infraction. Unknown staff, surgeons, and nurses possessed the highest frequencies of sterility breaches, respectively.

CONCLUSION: The improper sterility practices/management of surgeons, nurses, and unknown personnel suggests possible necessity of protocol orientation, or other modes of intervention. It also may possible that the frequency of sterile barrier breaches may increase risk for post-operative SSIs.

#12. CYNTHIA CHEUNG

WHEN YOUR DATA ISN'T YOURS: CONCEPTUALIZATIONS OF PRIVACY AMONG EARLY ADOPTERS OF EMERGING HEALTH TECHNOLOGIES

CATEGORY

Public Health Research

COLLABORATORS

Matthew Bietz, Kevin Patrick, Cinnamon Bloss

ABSTRACT

BACKGROUND/CONTEXT: New forms of health data collected from wearable sensors or tracked in smartphone apps are not currently regulated by any standardized privacy frameworks. It is unclear how early adopters of these technologies conceptualize privacy within this new personal health data (PHD) ecosystem.

STUDY OBJECTIVES: To understand privacy attitudes and perceptions of individuals who are early adopters of PHD technologies.

SETTING/SUBJECTS: A total of 18 interviews were conducted and the transcripts analyzed. Interviews were 30 to 60 minutes in duration.

METHODS/DESIGN: Existing data from in-depth, semi-structured interviews with participants in the Personal Genome and Health Data Exploration Projects were reanalyzed with a focus on participant attitudes and perceptions of privacy. Themes were extracted using inductive content analysis.

RESULTS: Participants reported being open to sharing their PHD with researchers, particularly if it were to be de-identified and would benefit science. Although many participants mentioned concerns regarding discrimination based on their data or potential risks related to re-identification, these events were typically described as improbable and therefore dismissed. Many participants also reported the erroneous belief that they owned their personal health data, when in fact, given content of typical terms of use and privacy policy agreements, in most cases companies own those data.

CONCLUSION: Early adopters of PHD technologies may be more willing to tolerate a certain amount of privacy risk for the benefits of using new health technologies. Erroneous beliefs regarding data ownership, however, suggest that terms of use and privacy policies related to these data require clarification.

#13. AHISH CHITNENI

A COMPREHENSIVE SCREENING FOR DIABETES MELLITUS, HYPERTENSION, AND MENTAL ILLNESS IN RURAL INDIA

CATEGORY

Public Health Research

COLLABORATORS

Vaishnavi Sridhar, Arun Singh, Anvay Ullal, Vaishali Talwar

ABSTRACT

BACKGROUND/CONTEXT: Diabetes, hypertension, and mental health illnesses constitute a substantial portion of the healthcare burden in India. These issues, if left untreated as exemplified in many parts of rural India, can lead to debilitating diseases and further burdens on society.

STUDY OBJECTIVES: The aim of this study was to assess the prevalence hypertension, diabetes, and mental health illnesses in a rural Indian population. It was hypothesized that high levels of hypertension and diabetes would be present in the rural Indian village, along with a higher prevalence of depression in this community compared other rural areas due to the high incidence of disability in the village.

SETTING/SUBJECTS: Villagers in Anandwan, India

METHODS/DESIGN: The diabetes screening was conducted using the Indian Diabetes Risk Score (IDRS), a validated assessment derived from the Chennai Urban Rural Epidemiology Study (CURES). The risk assessment uses the four parameters of age, abdominal obesity, family history of diabetes, and physical activity as means to identify respondents at risk for diabetes. In addition to the parameters of the risk score, blood glucose levels were also obtained from all patients. Furthermore, PHQ9 and GAD7 surveys were used to conduct the depression and anxiety screenings, respectively. Surveys were found in the local language of Marathi and the clinic staff were able to conduct the surveys in the local language.

RESULTS: The first phase showed that 60.6% (589) respondents had an above average hypertension with 23.8% (231) falling in the range of stage 1 or stage 2 hypertension. The BMI analysis showed that 38.6% (376) respondents were measured as underweight. Using the IDRS, 16.4% (160) of the patients are at risk for diabetes. The second phase of the study showed that almost 50% of the population had a depression severity of moderate or higher.

CONCLUSION: The results found high levels of hypertension, depression, and anxiety while the diabetes risk was fairly low.

#14. ERIN CONNERS

CHAGAS DISEASE AMONG MIGRANTS AT THE MEXICO/GUATEMALA BORDER

CATEGORY

Public Health Research

COLLABORATORS

Teresa Lopez, Celia Cordon-Rosales, Kimberly Brouwer

ABSTRACT

BACKGROUND/CONTEXT: Caused by the protozoan parasite *Trypanosoma cruzi* (*T. cruzi*), Chagas disease results in the largest burden in terms of disability-adjusted-life-years of any parasitic disease in the Americas. Monitoring Chagas disease among migrants is critical to controlling its spread and to serving the needs of the migrant community.

STUDY OBJECTIVES: To determine the prevalence and correlates of Chagas disease in regional and international migrant populations at the Mexico/Guatemala border.

SETTING/SUBJECTS: Data were collected as part of a larger study of HIV and migration. Participants were a convenience sample of recent regional and international migrants who used an illicit substance or had recent problem drinking.

METHODS/DESIGN: *T. cruzi* infection was classified as testing positive on two different ELISAs. Researcher administered interviews captured sociodemographics, migration history, Chagas disease knowledge, and access to care.

RESULTS: We enrolled 390 participants and the prevalence of Chagas disease was 2.6%. Only 19% of participants report having ever heard of the disease and less than 1% had been previously tested. *T. cruzi* positive participants were more likely to have been born in a rural area or town than a city (90% vs. 59%, $p=0.05$) and have lived in a house with a makeshift roof (40% vs. 8%, $p<0.01$), walls (50% vs. 12%, $p<0.01$), or floor (60% vs. 21%, $p<0.01$).

CONCLUSION: This is the first study to look at the prevalence of Chagas disease among migrants in Central America and Mexico. We found both current poverty and past history of living in a rural area to be associated with greater disease.

#15. ERIN CONNERS

STRUCTURAL FACTORS ASSOCIATED WITH METHAMPHETAMINE SMOKING AMONG FEMALE SEX WORKERS IN MEXICO

CATEGORY

Public Health Research

COLLABORATORS

Tommi Gaines, Carlos Magis-Rodriguez, Kimberly Brouwer

ABSTRACT

BACKGROUND/CONTEXT: Methamphetamine use is rising in the southwestern US/Mexico border region. Methamphetamine use has been shown to be common among women and is related to a greater risk for HIV. Female sex workers (FSWs) may be at particular risk of negative health consequences of using methamphetamine, however structural determinants of methamphetamine in this setting are unknown.

STUDY OBJECTIVES: We tested for social and physical structural factors associated with smoking methamphetamine among a prospective cohort of FSWs in Tijuana.

SETTING/SUBJECTS: We enrolled 301 FSWs from sex work venues throughout Tijuana, Baja California Mexico.

METHODS/DESIGN: At three visits, participants underwent questionnaires on behaviors and mapping of home and work neighborhoods. We ran bivariate and multivariable multinomial logistic regression using GEE to identify individual, structural and neighborhood variables associated with smoking methamphetamine.

RESULTS: Methamphetamine use, particularly smoking, was highly prevalent in our sample of FSWs. More than half (61%) of the women had ever used methamphetamine in their lifetime and 38% currently smoked methamphetamine at baseline. In the final multivariate GEE model, smoking methamphetamine daily was associated with living in the red light district (OR=2.72, 95% CI=1.23-6.02) and with homelessness, but only among women with a good financial situation (OR=4.08, 95% CI=1.58-10.50). Smoking methamphetamine less than daily was associated with older age (OR=1.06, 95% CI=1.02-1.10).

CONCLUSION: Our findings point to the important dynamic between the home environment and more severe methamphetamine use. Given the high prevalence of smoking methamphetamine among FSWs in Tijuana, more informed drug treatment options are needed.

#16. MAGGIE CRAWFORD

CORRELATION BETWEEN TEXT MESSAGING AND WEIGHT CHANGE IN A ONE-YEAR TEXT MESSAGE INTERVENTION IN OVERWEIGHT/OBESE ADULTS: CONTXT

CATEGORY

Public Health Research

COLLABORATORS

Job Godino, Gina Merchant, Cheryl Rock, Simon Marshall, Elva Arredondo, William Griswold, Gregory Norman, Mike Donohue, Julie Kolodziejczk, Fred Raab, Lindsay Dillon, Kevin Patrick

ABSTRACT

BACKGROUND/CONTEXT: Little is known about the comparative efficacy of delivering obesity interventions via SMS vs. SMS plus phone coaching (SMS+), an important issue when considering cost and reach.

STUDY OBJECTIVES: We present behavioral outcomes from a 3-arm RCT that compared a weight-loss intervention targeting changes in physical activity (MVPA) and diet in overweight/obese, English/Spanish-speaking adults delivered via SMS or SMS+, with a print delivered educational control.

METHODS/DESIGN: 298 adults (BMI \geq 27 to 39.8; age 21-60; 228 Female; 122 Hispanic) were randomized to one of the three conditions and assessed at baseline, 6 and 12 months. The interventions offered 2-4 messages/day (in English or Spanish) personalized and tailored on baseline weight management strategies, self-monitoring of MVPA and diet, and goal setting with like/unlike messaging control. Monthly 10-15 minute coaching calls focused on goal setting and barriers to weight loss. Mixed effects models using a random intercept for person evaluated percent change in accelerometer-derived MVPA, change in self-reported caloric consumption over time, and changes in PA- and diet- related self-efficacy, social support, and change strategies.

RESULTS: There were no differences in change over time across groups for minutes/day of MVPA ($ps > 0.3$), daily kcal consumption ($ps > .5$), or psychosocial outcomes. Both intervention groups had significantly improved PA Change Strategies and Strategies for Weight Management compared to the control, over time.

CONCLUSION: The SMS system is an effective tool for improving a person's knowledge of weight loss behaviors. However, this was not translated into changes in MVPA or self-reported kcal consumption.

#17. GITANJALI DAS

ACCESSIBILITY OF APP PRIVACY POLICIES AND TERMS OF USE FOR MINORS

CATEGORY

Public Health Research

COLLABORATORS

Cynthia Cheung, Joshua Quiroz Cinnamon Bloss

ABSTRACT

BACKGROUND/CONTEXT: Privacy policies and terms of use are ubiquitous in the digital age. One must agree to the contents of these policies in order to obtain and use nearly all computer and mobile device apps. Such agreements provide legal protection for companies and often describe the ways in which such companies collect, use and sell consumers' personal information. The extent to which consumers are able to comprehend these contracts, however, is an open question. This issue may be of particular concern when agreements pertain to apps that are targeted towards minors.

STUDY OBJECTIVES: To assess reading level, readability, and word count of privacy policies and terms of use for apps that are either available to or targeted towards minors.

SETTING/SUBJECTS: Privacy policies and terms of use for 47 popular apps were collected and analyzed.

METHODS/DESIGN: Readability statistics and word counts were computed. Results were compared as a function of app category (education, social networking, and entertainment) and target consumer age.

RESULTS: The average reading level for both the privacy policies and terms of use was higher than the average reading level of adults in the United States. There was no difference in readability by category of use or target consumer age.

CONCLUSION: Although consumers must agree to app privacy policies and terms of use in order to use digital tools and products, these agreements are not comprehensible by the average adult, let alone minor. Given that companies often collect, use and sell consumers' personal data, it is concerning that the agreements describing these activities are not accessible to most consumers.

#18. MAURICIO DE OLIVEIRA

OPTIMIZING THE LOCATION OF AMBULANCES IN TIJUANA, MEXICO

CATEGORY

Public Health Research

COLLABORATORS

Juan Carlos Dibene, Yazmin Maldonado, Carlos Vera, Leonardo Trujillo

ABSTRACT

BACKGROUND/CONTEXT: We report on modeling the demand for Emergency Medical Services in Tijuana, Baja California, Mexico, followed by optimization of the location of the ambulances for the the Red Cross of Tijuana, the largest provider of EMS services in the region.

STUDY OBJECTIVES: To model demand for Emergency Medical Services and optimize the location of ambulances for the the Red Cross of Tijuana, Mexico.

SETTING/SUBJECTS: The city of Tijuana, Mexico.

METHODS/DESIGN: Data from more than 10,000 emergency calls from 2013 is used to model the demand for EMS in different scenarios that provide different perspectives on the demand throughout the city, considering factors such as the time of day, work and off-days. A modification of the Double Standard Model is proposed to determine a solution to the ambulance location problem that simultaneously satisfies all specified constraints in all demand scenarios selecting from a set of almost 1,000 possible base locations. The resulting optimization problems is solved using integer linear programming and the solutions are compared with the locations currently used by the Red Cross.

RESULTS: Our results indicate that it is possible to reduce the response time from 23min to less than 14min with 95% coverage under 10min in a variety of realistic scenarios by simply relocating the existing ambulances in the city.

CONCLUSION: Results are very encouraging and more research is needed to improve the allocation methods, including dynamic demand and dispatch policies. Another direction is the development of software and mobile applications that can implement the proposed algorithms in real time.

#19. JUSTINE DEBELIUS

EFFECT SIZES OF LIFESTYLE CHOICES ON THE GUT MICROBIOME

CATEGORY

Public Health Research

COLLABORATORS

Daniel McDonald, Embriette Hyde, Rob Knight, The American Gut Consortium

ABSTRACT

BACKGROUND/CONTEXT: The human gut microbiome has an enormous impact on host health, and has been implicated in metabolic, endocrine, autoimmune and neurological conditions.

STUDY OBJECTIVES: Create a standard method to rank the relative effect of demographic factors and lifestyle choice on the microbiome using the American Gut Project dataset.

SETTING/SUBJECTS: The American Gut Project is the largest crowd-funded, open source microbiome project. Participants enroll online and collect samples at home. This analysis focused on single samples from adults 20-69 with BMIs 18.5 to 30 and no history of inflammatory bowel disease, diabetes, or antibiotic use in the past year.

METHODS/DESIGN: OTU tables were generated according to an open-source pipeline using QIIME. Fecal samples were rarefied to 10,000 sequences per sample. The effect of univariate metadata on unweighted UniFrac distance and PD whole tree diversity was calculated using permanova and kruskal wallis tests, respectively. Statistical power and effect sizes were estimated using a Monte Carlo simulation.

RESULTS: Diet and lifestyle choices had varying effects on the microbiome. A diet high in a variety of plants had the largest impact on the microbiome. Exercise, Alcohol consumption, and a non-medical gluten free diet had an intermediate effect, while small effects were associated with sleep duration or a low grain diet.

CONCLUSION: A large dataset allows the use of novel comparisons of the gut microbiome. While individual dietary choices impact our symbionts, the level of impact varies according to intervention.

#20. ERIN DELKER

IRON-FORTIFIED VS LOW-IRON INFANT FORMULA: DEVELOPMENTAL OUTCOMES AT 16 YEARS

CATEGORY

Public Health Research

COLLABORATORS

Betsy Lozoff, Estela Blanco, Marcela Castillo, Sheila Gahagan

ABSTRACT

BACKGROUND/CONTEXT: Despite routine iron fortification of infant formulas, there is limited research assessing optimal dose of iron fortification and its long-term effects on the developing brain. A previous study suggested that 12.7 mg/L iron-fortified formula may have adverse effects on 10-year cognitive functioning.

STUDY OBJECTIVES: To assess developmental and socio-emotional outcomes in adolescents who were randomized to iron-fortified or low-iron formula in infancy.

METHODS/DESIGN: Healthy, full-term infants in Santiago, Chile were recruited for a randomized trial of iron to prevent iron deficiency anemia (IDA). Infants without IDA were randomized to receive iron-fortified (12.7 mg/L) or low-iron (2.3 mg/L) formula from 6 to 12 months (1991-1994) (n = 835). In adolescence, 485 (58.1%) participants were assessed for developmental (IQ, spatial memory, academic achievement, visual-motor integration and motor function) and socioemotional (internalizing, externalizing and total behavior problems) outcomes. Multiple linear regression models (with relevant controls) were used to analyze group differences in outcomes.

RESULTS: Attrition was similar by group. Infants assessed in adolescence were similar in background characteristics to those not assessed. At follow-up, participants averaged 16.2 (SD=1.4) years of age. Adolescents who received iron-fortified formula scored lower on 8 of 9 cognitive tests compared to those who received low-iron formula; group differences on 3 tests were statistically significant. There were no significant differences in socioemotional/behavioral outcomes by infancy supplementation group.

CONCLUSION: Adolescents who were randomized to iron-fortified formula had worse cognitive test scores compared to those who received low-iron formula, raising questions about the optimal dose of iron in infant formula.

#21. SARAH DUNSEATH

RESEARCH IN THE DIGITAL AGE: EXPLORING THE NIH'S COMMITMENT TO MOBILE IMAGING, PERVASIVE SENSING, SOCIAL-MEDIA AND LOCATION TRACKING (MISST) RESEARCH

CATEGORY

Public Health Research

COLLABORATORS

Camille Nebeker

ABSTRACT

BACKGROUND/CONTEXT: Researchers are using Mobile Imaging, pervasive Sensing, Social-media and location Tracking (MISST) technologies to intervene with and/or observe personal health behaviors. Studies using MISST methods/tools are raising new challenges for Institutional Review Boards (IRBs) charged with protecting research participants. There is little evidence to guide IRB decision-making leading to inconsistent review outcomes. This study begins to explore the MISST landscape by identifying the nature and scope of studies supported by the National Institutes of Health (NIH).

STUDY OBJECTIVES: Study aims: 1- explore the scope and nature of NIH support of this research and, 2- identify how MISST tools/methods are used in currently funded research. A high level aim is to conduct a systematic evaluation of how IRBs execute their obligations to both protect participants and facilitate high-quality scientific research.

METHODS/DESIGN: NIH Reporter database was mined to identify currently funded MISST studies using 23 key words and then organizing results by the technology, purpose and institute.

RESULTS: Results revealed MISST use in research is relatively novel as only 224 of the 82,982 currently funded NIH studies included one of our key terms (16 of 23 terms searched). Of those, 96% used location tracking (n=45), social media (n=101) or a smart phone app (n=69). NIH Institutes funding the majority of these studies included: Drug Abuse (n=21), Cancer (n=20), Child Health (19), and Mental Health (16).

CONCLUSION: Evolving research practices and methods enabled by technological advances are rapidly changing how research is conducted. This study sheds light on studies using MISST technologies and institutes supporting this research.

#22. KATHERINE ELLIS

A COMPARISON OF WRIST AND HIP ACCELEROMETERS FOR PHYSICAL ACTIVITY RECOGNITION IN FREE-LIVING

CATEGORY

Public Health Research

COLLABORATORS

Jacqueline Kerr, Suni Godbole, Eileen Johnson, Gert Lanckriet

ABSTRACT

BACKGROUND/CONTEXT: Accelerometers are a valuable tool for objective measurement of physical activity (PA), and wrist accelerometers are gaining popularity over hip-worn due to improved compliance. Traditional cut-point methods for accelerometer data can be inaccurate, and have not been developed for use with wrist data. In our dataset, the hip cut-point classifies only 37% of walking as moderate to vigorous physical activity (MVPA). Applied to the wrist it classifies 62% of walking as MVPA. The hip cut-point classifies 83% of sitting as sedentary and on the wrist classifies only 33% of sitting as sedentary.

STUDY OBJECTIVES: We have developed machine-learned algorithms for classifying PA types from both hip and wrist accelerometer data.

SETTING/SUBJECTS: Forty overweight or obese women (age = 55.2 ±15.3 yrs; BMI = 32.0 ± 3.7) wore two ActiGraph GT3X+ accelerometers (right hip, non-dominant wrist) and a body-worn camera for seven free-living days.

METHODS/DESIGN: Researchers annotated the images with ground truth activity labels. Forty-one features were extracted from each minute of accelerometer data. A classifier consisting of a random forest and hidden Markov model classified the accelerometer data into four activities (sedentary, standing, walking/running, vehicle). Performance was evaluated using leave-one-participant-out cross-validation.

RESULTS: Over the four activities, the hip algorithm obtained an average of 88.1% balanced accuracy and the wrist obtained 83.6%.

CONCLUSION: Our results demonstrate the validity of our PA type classification algorithm, particularly in comparison to traditional cut-points. Future researchers will need to weigh the advantages of a wrist accelerometer against the slight decrease in accuracy compared to a hip device.

#23. SHAREEN FALTAS

HEPATITIS FREE SAN DIEGO: HEPATITIS C SCREENING IN ASIAN POPULATIONS IN SAN DIEGO COUNTY

CATEGORY

Public Health Research

COLLABORATORS

Binh Tran, Palmer Taylor, Brookie Best, Robert Gish

ABSTRACT

BACKGROUND/CONTEXT: Hepatitis C (HCV) is a serious liver disease caused by hepatitis C virus. Although many people living with HCV have no early symptoms, the majority develop chronic infections that may lead to cirrhosis, liver failure, and liver cancer.

STUDY OBJECTIVES: To compare HCV prevalence among Asian populations in San Diego; raise awareness about HCV and allow infected patients to be properly diagnosed and treated.

SETTING/SUBJECTS: Eight community outreach events were held from June 2015 to September 2015 in San Diego County to screen Asian adult subjects for HCV.

METHODS/DESIGN: Subjects were recruited via flyers for the event and advertisements on Vietnamese radio stations and newspapers. Blood specimens were collected and sent to Quest Diagnostics to test for antibodies to the HCV virus. Fisher's exact test on STATA software was used to compare the prevalence of HCV among Asian populations.

RESULTS: 136 subjects (45 men, 91 women) age 19 to 90 years were screened for HCV; There were 113 Vietnamese, 21 Cambodian, and 2 Chinese subjects, mostly in the 55-64 and 65+ age groups. Overall, 5 were positive for HCV (4% total prevalence, $p=0.234$), with 3 Vietnamese (3%), 2 Cambodian (10%), and 0 Chinese subjects.

CONCLUSION: There is no statistically significant difference between the prevalence of HCV among the three Asian populations. However the prevalence in these groups is higher than the CDC estimated national prevalence of 1. A larger sample size is necessary to determine the prevalence among different Asian populations in San Diego County.

#24. VANESSA K. FERREL

PROSPECTIVE ANALYSIS OF CLINICAL SKILLS, ATTITUDES, AND KNOWLEDGE OF LGBTQIA COMMUNITIES AT UC SAN DIEGO SCHOOL OF MEDICINE

CATEGORY

Public Health Research

COLLABORATORS

Nicole K. Tantoco

ABSTRACT

BACKGROUND/CONTEXT: Health-care providers are largely unaware of the unique health needs and concerns of patients with non-normative sexual orientations, sexual behaviors, and gender identities. Stigma, unawareness, and lack of specific knowledge contribute to LGBTQIA health disparities.

STUDY OBJECTIVES: To assess the standing clinical skills, knowledge, and attitudes of the students at the UC San Diego School of Medicine.

SETTING/SUBJECTS: UCSD School of Medicine students

METHODS/DESIGN: Anonymous online survey

RESULTS: A total of 64 students completed the survey. Average Likert scores (5-point scale) for participant self-ratings of their attitudes toward the LGBTQIA community were high: e.g, "LGBT patients deserve the same level of quality care from medical providers as other patients" (4.9) and "I am able to respond sensitively and non-judgmentally to a patient's disclosure of LGBT status" (4.3).

Over 20% rated their knowledge of health risks faced by LGBT individuals as fair or poor. Additionally, over 50% rated their knowledge of possible health care needs of transgender patients as fair or poor. 11 respondees disagreed or strongly disagreed with the following statement: "Overall, I feel comfortable addressing the health care needs of lesbian, gay, and bisexual patients."

CONCLUSION: This study has revealed a disparity between UCSD student doctors' perceptions of the LGBTQIA community and the knowledge base from which they can provide culturally-aware care. Thus, an opportunity for UCSD to better equip future clinicians with a more humanistic foundation for caring for all patients has been exposed.

#25. KATRINA FLORES

MOST FREQUENTLY USED MEDICATIONS AND SUPPLEMENTS IN COUPLES PLANNING PREGNANCY: THE LIFE STUDY

CATEGORY

Public Health Research

COLLABORATORS

Kristin Palmsten, Christina D Chambers, Lauren A Weiss, Rajeshwari Sundaram, Germaine M Buck Louis

ABSTRACT

BACKGROUND/CONTEXT: There is limited information on medication and supplement use in women and men who are trying to conceive.

STUDY OBJECTIVES: To identify the most frequently reported medications/supplements among couples in a pre-conception cohort.

METHODS/DESIGN: 501 couples enrolled in the Longitudinal Study of Infertility and the Environment (LIFE) (2005-2009) in Michigan and Texas. Participants reported prescription medications and supplements used at enrollment and started during the 12-month follow-up. We identified medications/supplements used by 1% of women and men at baseline and in 3-month follow-up intervals. Couples who had a recognized pregnancy were excluded from the subsequent interval.

RESULTS: For women, the 5 most used medications at baseline were levothyroxine (5.8%) for hypothyroidism, cetirizine (2.6%) an antihistamine, fluticasone (2.4%) an inhaled/intranasal corticosteroid, escitalopram (1.8%), and fluoxetine (1.8%) both antidepressants. The top 5 medications reported by men were lisinopril (2.0%) an antihypertensive, mometasone (2.0%) a corticosteroid, fexofenadine (1.8%) an antihistamine, atorvastatin (1.6%) a cholesterol-lowering medication, and montelukast (1.6%) an asthma medication. The most used supplements at baseline were multivitamins (63.3%, 43.5%) and fish oil (13.2%, 9.4%) for women and men, respectively. For women during the first three months of follow-up, prenatal vitamins (5.6%) and antibiotics (1.2%-2.6%) were among the most frequently started medications/supplements. During the next three months, fertility treatments including clomiphene (4.5%) and medroxyprogesterone (3.0%) were initiated.

CONCLUSION: A variety of medications, both chronically and occasionally used, were reported and differed by gender. The lack of guidance regarding medications/supplements and fertility in the Center for Disease Control and Prevention's preconception guidelines underscores the need for such information.

#26. KELSIE FULL

EXAMINING THE EFFECT OF PHYSICAL ACTIVITY INTENSITY ON BLOOD PRESSURE IN A PHYSICAL ACTIVITY INTERVENTION FOR COMMUNITY DWELLING OLDER ADULTS

CATEGORY

Public Health Research

COLLABORATORS

Cynthia Yee, Katie Crist, Suneeta Godoble, Jacqueline Kerr

ABSTRACT

BACKGROUND/CONTEXT: High blood pressure (hypertension) is a common health condition experienced by US older adults. Hypertension leads to heart disease, CVD incidence & stroke. Physical activity (PA) interventions have been shown to significantly decrease systolic and diastolic blood pressure. Guidelines recommend adults accumulate at least 150 minutes of moderate-vigorous intensity physical activity (MVPA) per week, however it is not clear whether accumulation of total minutes or level of intensity is more important for cardiovascular health.

STUDY OBJECTIVES: To assess independently the effects of total accumulation of PA, and time spent in MVPA, on changes in blood pressure in older adults participating in a 6-month physical activity intervention.

SETTING/SUBJECTS: Residents over the age of 65 years (N=307, mean age 84) were recruited from 11 retirement communities in San Diego.

METHODS/DESIGN: Study evaluation included collection of blood pressure measures and 6-day hip-worn accelerometry data.

RESULTS: Increases in total PA counts was related to significant decreases in systolic blood pressure over the 12-month intervention period, after adjusting for minutes of time spent in MVPA ($p < .005$).

CONCLUSION: Evidence is mixed on the intensity of PA needed for older adults to experience significant health benefits, including reducing blood pressure. The results of this study suggest that for older adults, the total accumulation of PA at any intensity, is more important than PA at moderate to vigorous intensities. These findings have important implications for the design of PA interventions and PA prescriptions for older adults.

#27. ARMANDO GALLEGOS, JR.

CARDIAC REHABILITATION REFERRAL AND PARTICIPATION OF PATIENTS WITH CORONARY HEART DISEASE IN RURAL AND URBAN COMMUNITIES IN SOUTHERN CALIFORNIA

CATEGORY

Public Health Research

COLLABORATORS

Ignacio Zepeda, Yu-Xuan Dang, Luis R. Castellanos

ABSTRACT

BACKGROUND/CONTEXT: Cardiac rehabilitation (CR) is an effective secondary prevention method for Coronary Heart Disease (CHD) utilizing health education and exercise training. Alternative delivery methods have been recommended.

STUDY OBJECTIVES: To assess CR referral and participation rates for patients from rural and urban communities in California. To weigh preferences for home based CR compared to a hospital based program and examine if access to web-based materials would improve participation in CR.

SETTING/SUBJECTS: Patients with CHD who presented to UCSD Medical Center or UCSD Sulpizio Cardiovascular Center with an acute coronary syndrome or required a Percutaneous Coronary Intervention (PCI) or Coronary Artery Bypass Graft (CABG).

METHODS/DESIGN: Patients who consented in our ongoing, prospective observational study were given a twenty item questionnaire on their preferences and barriers to CR. Telephone visits were conducted after six and twelve weeks from time of consent to determine if patients enrolled and participated in CR.

RESULTS: A total of 73 patients completed the baseline assessment. 22 patients (30.14%) were from rural communities. 19 patients (26.39%) were referred to CR during their hospitalization. 13 patients (17.81%) showed preference for hospital-based CR and 27 (36.99%) preferred home-based CR. When asked about home-based CR, 29 patients (39.73%) preferred access to web-based materials and 18 (24.66%) preferred access to paper-based materials. 38 patients (52.02%) listed distance to the CR program as the most limiting factor for their participation. After the six week follow-up, 6 patients from urban communities were referred and participated in CR while no patients from rural communities were referred to CR.

CONCLUSION: Preliminary findings suggest that patients from rural communities are less likely to be referred to CR than patients from urban communities. Findings also suggest that patients prefer home based CR with access to web-based materials.

#28. SUNEETA GODBOLE

COMPARISON OF DAILY ESTIMATES OF PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOR FOR HIP AND WRIST ACCELEROMETER DATA USING TRADITIONAL AND NOVEL DATA PROCESSING TECHNIQUES

CATEGORY

Public Health Research

COLLABORATORS

Catherine Marinac, Aaron Hipp, Karen Glanz, Jonathan Mitchell, Francine Laden, Peter James, David Berrigan, Jacqueline Kerr

ABSTRACT

BACKGROUND/CONTEXT: Although hip accelerometers have traditionally been favored to measure physical activity (PA), wrist-worn accelerometers may increase compliance. The wear protocol for wrist-worn accelerometers may also allow for a better estimate of daily PA and sedentary behavior (SB).

STUDY OBJECTIVES: To compare accelerometry-derived PA and SB estimates from different body placements, wear protocols and activity assessment techniques.

SETTING/SUBJECTS: 2,608 matched-days of hip and wrist data were collected on a convenience sample of 333 middle-aged to older women. Participants wore the hip accelerometer for waking hours while the wrist device was worn for 24 hours.

METHODS/DESIGN: PA and SB estimates were calculated using three data processing methods: single axis cut points, vector magnitude thresholds, and machine learning algorithms. Daily estimates from wear locations (WL), wear protocols (WP) and techniques (DT) were compared using generalized estimating equations

RESULTS: All differences between DT, WL and WP were statistically different ($p < .05$). On the hip, the 1952 count cut point found a total of 30 minutes of PA on 25% of days, vector magnitude found 35% of days, and the machine learned algorithm 72%. The wrist algorithms found 54% and 60% of days with a total of 30 minutes of PA using the vector magnitude and machine learned techniques respectively. When the wrist device was worn overnight, only 3% more PA was detected.

#29. JOB GODINO

PLANNED CARE FOR OBESITY AND CARDIOVASCULAR RISK REDUCTION USING A STEPPED-DOWN APPROACH: A RANDOMIZED-CONTROLLED TRIAL

CATEGORY

Public Health Research

COLLABORATORS

Jie Liu, Gregory Norman, Michael Criqui, Shu-Hong Zhu, Linda Hill, Karen Calfas, James Sallis, Elva Arrendondo, Cheryl Rock, Kenneth Griffiths, Jennifer Covin, Lindsay Dillon, Michael C. Donohue, Kevin Patrick

ABSTRACT

BACKGROUND/CONTEXT: Clinically effective weight-loss interventions are needed to address the public health challenge of obesity. Stepped-care approaches beginning with high intensity intervention that is subsequently decreased as weight-loss goals are achieved (i.e., stepped-down) have not been rigorously examined.

STUDY OBJECTIVES: To evaluate if planned care for obesity and risk reduction (PCORR) using a stepped-down approach results in greater weight loss than enhanced usual care (EUC) in a 20-month, single-blind randomized controlled trial.

SETTING/SUBJECTS: 262 obese adults (aged 25-70 years; 32.1% male; 50.4% white) with at least one additional risk factor (hypertension, metabolic syndrome, or smoking) were enrolled at five primary care clinics in San Diego, CA.

METHODS/DESIGN: All patients received physician recommendations for weight loss. EUC patients (n=132) received an individual session with a health educator every four months. PCORR patients (n=130) received individual and group sessions delivered by physicians and health educators (in-person, and via mail, telephone, and email) in three steps characterized by a decline in contact. The primary outcome was change in body mass index (BMI) over 20 months.

RESULTS: PCORR resulted in a greater reduction in BMI (35.2 kg/m² (95% CI, 34.4 to 35.9 kg/m²) to 33.7 kg (95% CI, 32.9 to 34.5 kg) than EUC (36.0 kg/m² (95% CI, 35.3 to 36.8 kg/m²) to 35.1 kg (95% CI, 34.3 to 35.9 kg), as indicated by a significant treatment by time interaction (P = 0.011).

CONCLUSION: Among high-risk obese adults, the use of a stepped-down approach resulted in greater weight-loss over 20 months than usual care.

#30. LYNN HAO

MINING THE IRB FORUM CONTENT TO INFORM THE CONNECTED AND OPEN RESEARCH ETHICS (CORE)

CATEGORY

Public Health Research

COLLABORATORS

Nadir Weibel, Camille Nebeker

ABSTRACT

BACKGROUND/CONTEXT: Mobile apps, wearable sensors, and social media create opportunities to collect vast quantities of personal health data that expand potential for personalized/adaptive health interventions. While exciting, this research introduces ethical challenges that impact Institutional Review Boards (IRBs) and researchers. Potential benefits elicit consideration of ethical legal and social implications (ELSI). The Connected and Open Research Ethics (CORE) initiative utilizes a participatory action research approach to inform 21st century research guidelines.

STUDY OBJECTIVES: We aim to (1) examine IRB community conversations about Mobile Imaging, pervasive Sensing, Social media and location Tracking (MISST) data collection strategies, and (2) access and analyze discourse to improve the design of the CORE platform.

SETTING/SUBJECTS: We performed content analysis of discourse within the national IRB discussion forum (irbforum.org) to assess the dynamics of MISST dialogue.

METHODS/DESIGN: We strategically targeted relevant information by parsing posts with specific MISST-related keywords and qualitatively analyzing MISST content-heavy threads.

RESULTS: MISST-relevant keywords in the IRB Forum produced higher frequencies of certain categories such as sensors and social media, as well as topics like ethically using social media for recruitment.

CONCLUSION: Preliminary results indicate MISST discussions occurring within the IRB Forum are infrequent and appear to lack evidence supportive of discourse. This reveals a potential gap for revision to the CORE platform and contributes to our further research questions, which involve analyzing raw forum data using text mining and correspondence methods.

#31. LINDA HILL

YOGA ASSOCIATIONS WITH CARDIOVASCULAR HEALTH AND INFLAMMATION

CATEGORY

Public Health Research

COLLABORATORS

David Wing, Jeanne Nichols, Matthew Eliceiri, Graeme Baird, Denise Gallagher, Elizabeth Friedman, Travis Nguyen, Laura Schmalzl, Jill Waalen, Andrew Baird, Brian Eliceiri

ABSTRACT

BACKGROUND/CONTEXT: Yoga has been shown to have multiple health benefits, including cardiovascular, mental health, musculo-skeletal, and pain reduction. While there may be improved fitness with yoga, the exercise component is not felt to be the main mechanism for the health changes associated with yoga.

STUDY OBJECTIVES: We hypothesized that changes in parasympathetic tone with yoga practice results in reduced inflammation.

SETTING/SUBJECTS: This pilot study was conducted at UCSD's Exercise and Physical Activity Resource Center (EPARC). This pilot study compared two groups: 14 non-exercisers who were given an intervention with 3 months of yoga and compared with 15 controls; and 10 experienced yoga practitioners. Inclusion criteria included females between 20 and 45 yo, with exclusion criteria including significant medical problems, pregnancy, drug use, alcohol abuse and smoking.

METHODS/DESIGN: Intervention included three months of Hatha Yoga three times a week in the intervention group.

RESULTS: After three months of yoga, we found statistically significant improvements in cardiovascular health, including resting heart rate and heart rate recovery after exercise. The inflammatory changes included statistically significant changes to the STAT-3 cell signaling pathway markers, with a reduction in pro-inflammatory nicotine receptor response between both the non-exercisers and the yoga group, and between the yoga intervention and controls. Similarly, there were increases in the IL-6 anti-inflammatory response.

CONCLUSION: These changes suggest that yoga may play a role in improving health through both cardiovascular and inflammatory mechanisms. Further studies are needed to confirm these results. This project was supported by a pilot grant from Qualcomm Institute.

#32. LINDA HILL

TRAINING ON EXERCISE IN MEDICINE IN MEDICAL SCHOOL AND RESIDENCY CURRICULUM

CATEGORY

Public Health Research

COLLABORATORS

Jeanne Nichols, David Wing, Jill Waalen, Elizabeth Friedman

ABSTRACT

BACKGROUND/CONTEXT: Physicians are increasingly approached by individuals seeking advice on physician activity to improve health care and well-being. In addition to allopathic medicine, many integrative modalities include a physical activity component. Patients seek guidance from primary and specialty care providers on the safe and effective incorporation of physical activity into their lifestyle. However, health professionals receive very limited training in the clinical applications of exercise science.

STUDY OBJECTIVES: We hypothesized that training on Exercise as Medicine would be feasible, applicable to a variety of disciplines, and well received.

SETTING/SUBJECTS: The Exercise and Physical Activity Resource Center developed and tested the curriculum with UCSD preventive medicine residents, doctoral students, and SDSU public health students.

METHODS/DESIGN: We designed a curriculum designed to teach health professional students key exercise constructs for application to clinical practice for prevention and management of lifestyle-related disease, as well as easily incorporated into preventive medicine and other residencies, and medical school training programs. The program components included didactics, case reports and workshops.

RESULTS: The course was evaluated anonymously. The delivery was found feasible for all three components, delivered in 2-4-hour segments. The incorporation into the residency curriculum was feasible, efficacious, well received, and easily incorporated into the existing curriculum.

CONCLUSION: This comprehensive curriculum has the potential to close the gap in medical school, residency, graduate, nursing, and integrative curricula on this important topic. Current practitioners would benefit in primary care and geriatric settings. This curriculum would also be useful for cross-disciplinary researchers, including public health, health behaviors, and integrative medicine practitioners.

#33. LINDA HILL

CHANGING BEHAVIOR: DRIVING SAFETY INTERVENTIONS

CATEGORY

Public Health Research

COLLABORATORS

Jill Rybar, Jana Jahns, Angelica Barrera-Ng

ABSTRACT

BACKGROUND/CONTEXT: Driving safety and injuries due to traffic collisions are a major public health concern. Traffic-related fatalities are one of the leading causes of morbidity and mortality in the US.

STUDY OBJECTIVES: We hypothesized that health-promotion theory based interventions would increase knowledge attitudes and behaviors related to driving safety in health and law professionals, and the lay public.

SETTING/SUBJECTS: Three groups of subjects were targeted, all in California: physicians; law enforcement officers; and employees.

METHODS/DESIGN: The Training Research and Education for Driving Safety (TREDS) center at UCSD targeted physicians and law enforcement for training in older driver safety and the lay public for distracted driving training.

RESULTS: Based on the social cognitive theory, nearly 10,000 physicians were trained on medical conditions that can affect driving, and have been provided videos, in office tools, and resources. Over 7000 Law enforcement officers were trained on older driver safety, and a tool was developed to support officers in identifying the disoriented driver. This tool was converted to a phone application. A third intervention was designed based on the Social Ecological Model to reduce distracted driving in the lay public. This intervention was delivered to nearly 8,000 individuals in southern California. Both the law enforcement training and the distracted driving interventions were modified for a unique train-the-training model and partnership between the California Highway Patrol and TREDS, to permit delivery by trained officers across the state. Robust evaluations of the outcomes of these public health interventions demonstrated improvements in knowledge, attitudes and practice.

CONCLUSION: Theory-based driving safety training to law enforcement officers, health professionals and the lay public was found to be feasible and efficacious.

#34. ABSTRACT WITHDRAWN

#35. EMMA JACKSON

DESCRIBING GIRL CHILD MARRIAGE: A SYSTEMATIC REVIEW OF LITERATURE

CATEGORY

Public Health Research

COLLABORATORS

Serena Dunham, Lotus McDougal, Katherine McClendon, Maggie Hobstetter, Yemeserach Belayneh, Anand Sinha, Anita Raj

ABSTRACT

BACKGROUND/CONTEXT: Girl child marriage (GCM) is a global human rights violation, which leads to compromised social, economic, and health outcomes for girls and their children. Currently, a database of GCM research is nonexistent. A comprehensive review of literature will provide a foundation for future research and policy development.

STUDY OBJECTIVES: The purpose of this study was to assess and describe the current state of GCM research.

SETTING/SUBJECTS:

METHODS/DESIGN: The review of literature was conducted using search engines NCBI PubMed, Web of Science, and Google Scholar. Sources were organized by Prevalence/hotspots, Reproductive Maternal/child Health Effects, Other Health Effects, Social Effects, Interventions with and without Outcomes, Reports, and Gray Literature; and were excluded if published before 2005. For each assessed region and nation, GCM prevalence was compared to the total number of sources.

RESULTS: One hundred eleven sources met eligibility criteria and were included in the review. Of these, 55.8% were peer-reviewed articles (n=62), 27.9% were media sources (n=31), and 16.2% were reports (n=18). Over half (n=36) focused on South Asia; 50% were India-specific. The majority (62.9%) of sources assessed GCM prevalence, with a focus on the adverse health implications thereof. The countries of focus in gray literature differed from those discussed in peer-reviewed articles. The quantity of peer-reviewed articles by region was not indicative of GCM prevalence; areas with the highest prevalence, particularly conflict-affected regions, had the lowest frequencies of research.

CONCLUSION: Findings demonstrate the need for additional research to determine gaps in literature. Future research should be more focused in areas experiencing the highest burden of GCM.

#36. SAGAR JAIN

WEARABLE INSOLES FOR WEIGHT MANAGEMENT IN CONGESTIVE HEART FAILURE PATIENTS

CATEGORY

Public Health Research

COLLABORATORS

Elliot McVeigh, Edward Grunvald, Todd Coleman, Pam R. Taub

ABSTRACT

BACKGROUND/CONTEXT: Reducing preventable hospital readmissions is a national priority. Congestive heart failure is a leading chronic condition with high readmission rates. Every minute one more U.S citizen is diagnosed with congestive heart failure and over 1 million are hospitalized every year. 50% of the survivors end up becoming re-admitted within only 6 months. University of California, San Diego heart failure experts report that 66% of the patients readmitted within 30 days, is due to the lack of patient adherence to daily weight monitoring and taking their corresponding doses of diuretic medication.

STUDY OBJECTIVES: We hypothesize that remote wearable shoe insoles can help improve tracking weight percent increases leading to decreased hospital readmissions for obese CHF patients. The underpinnings of these functional improvements will be to increase patient compliance with daily weight measurement in an un-intrusive design.

METHODS/DESIGN: We have prototyped a wearable device as a solution to the unmet clinical need of tracking weight changes in patients. Our wearable can be inserted into any shoe with embedded sensors to determine weight changes of our congestive heart failure patients. The data will be analyzed to determine if there was a weight gain which occurred compared to the previous day distribution.

RESULTS: This insole will report data to the mobile medical application (MMA) and alert the physician to intervene early with the patient before CHF signs become severe. This coordinated communication allows patients and doctors to together help reduce preventable hospital readmissions.

CONCLUSION: By improving the compliance to consistent daily weight tracking for heart failure, physicians will be able to earlier intervene with patients diuretic doses, and thus be able to reduce preventable hospital readmissions. This remote patient monitoring technology can finally allow physicians to get the data they need to provide the care patients deserve.

#37. MARTA JANKOWSKA

CAN WE MEASURE FAST FOOD AND RESTAURANT EATING BEHAVIORS USING GPS AND GIS? CHALLENGES AND ISSUES EXPLORED IN A VALIDATION STUDY

CATEGORY

Public Health Research

COLLABORATORS

Brittany Lewars, Kristin Meseck, Suni Godbole, Eileen Johnson, Loki Natarajan, Jacqueline Kerr

ABSTRACT

BACKGROUND/CONTEXT: National and international agencies have identified a systems approach to reduce the burden of the global obesity epidemic, including addressing the prevalence of unhealthy food environments. Yet little is known about our actual exposure to unhealthy food environments; better measurement may help in the development of healthy food policies. Further, real-time interventions when individuals engage with built food environments are promising, but depend on our ability to match individuals in space with available food environment data.

STUDY OBJECTIVES: The goal of this study was to validate against a gold standard observation how accurately eating events in sit-down and fast food restaurants could be identified in a free living population using only GPS and GIS data.

SETTING/SUBJECTS: Participants were 78 adults living in San Diego County who wore GPS and SenseCam data over multiple days.

METHODS/DESIGN: Eating events were defined by GPS data intersection with government databases of fast food or sit-down food locations for 5 minutes or longer. Imagery from SenseCams was used to validate eating events. Positive predictive value (PPV) and sensitivity were calculated.

RESULTS: PPV of the GPS/GIS defined eating events as validated by SenseCam was 62.1%. Sensitivity of GPS/GIS eating events with a SenseCam-defined eating event was 39.3%. Ninety-five percent of the GIS restaurant codes were accurately coded as sit-down, and 77% were accurately coded as fast food.

CONCLUSION: PPV and Sensitivity were relatively low. A lack of quality GIS data produced significant error. The study developed a promising methodology for using GPS/GIS technology to capture eating events and identifies areas for improvement.

#38. ANTARPREET KAUR

EVALUATING EPISODIC MEMORY PERFORMANCE IN NORMAL CONTROLS MANIFESTING APOE-E4 ALLELES

CATEGORY

Public Health Research

COLLABORATORS

Steven Edland, Guerry Peavy

ABSTRACT

BACKGROUND/CONTEXT: Individuals exhibiting APOE-E4 allele(s) are at higher risk of developing Alzheimer's disease. Neuropsychological assessments such as the Montreal Cognitive Assessment (MoCA) have the ability to detect patients with Mild Cognitive Impairment (MCI), however it is unknown whether these tests are able to discriminate individuals classified as cognitively normal, who carry at least one E4 allele.

STUDY OBJECTIVES: To evaluate overall cognitive performance, specifically episodic memory performance, in normal controls carrying at least one APOE-E4 allele.

SETTING/SUBJECTS: The NACC database contains data from 34 past and present ADCs. Each ADC is responsible for administering a standardized packet to each participant. Participants in this study represent normal controls who were administered version 3 of the UDS neuropsychological battery (n=1,007).

METHODS/DESIGN: A secondary analysis of the National Alzheimer's Coordinating Center (NACC) database was conducted, utilizing a cross-sectional design. IRB approval was waived for this study due to the use of de-identified data and non-interaction with human participants.

RESULTS: The Welch two-sample t-test was conducted to analyze preliminary data. Results indicate a significance mean difference between the overall MoCA scores in individuals who have at least one E4 allele compared to those who do not have an E-4 allele $t(496) = -3.21, p = .001$. The results represent the analysis of unadjusted data due to preliminary data.

CONCLUSION: Though data is preliminary, it suggests that the MoCA is able to identify normal cognitively functioning individuals carrying at least one E4 allele compared to non-carriers, and thus may be at higher risk of progressing to dementia.

#39. HYUNMIN KIM

ASSOCIATIONS AMONG HYPERTENSION, DEPRESSION AND OBESITY IN A SAMPLE OF THE U.S. ADULTS

CATEGORY

Public Health Research

COLLABORATORS

Jade Setias

ABSTRACT

BACKGROUND/CONTEXT: Although there have been studies showing the determinants of obesity, there have been relatively little attention paid to other factors such as mental health disorders like depression and chronic illnesses like hypertension. In addition, there exists a controversy over the association between hypertension and depression.

STUDY OBJECTIVES: Thus, we have investigated the associations among hypertension, depression, and obesity by adjusting age, gender, race, and socioeconomic status.

SETTING/SUBJECTS:

METHODS/DESIGN: The data was from the 2011 National Health and Nutrition Examination Surveys (NHANES). This survey is conducted every year and in particular the data involves approximately 5,000 individuals of all ages in the United States, who completed the health examination component of the survey. We have utilized a logistic regression analysis to examine how hypertension, depression and obesity are associated one another. We have also used a proportional odds model to test how hypertension and depression may affect obesity.

RESULTS: The main findings from the results of study are the following: first, being obese and feeling down, depressed or hopeless were associated with an increased likelihood of having hypertension and second, hypertension and depression may positively affect obesity.

CONCLUSION: The findings suggest that we should be more interested in the factors associated with obesity, since it is a big public health concern. Mental health problems and chronic illnesses should be also timely be diagnosed and treated properly for considering the associations one another. By doing so, it can provide with the overall cost-savings and more importantly, people's health.

#40. PEDRO KREMER

RELATIONSHIP BETWEEN TATTOO REMOVAL AND JAIL RECIDIVISM AMONG MEXICAN MIGRANTS

CATEGORY

Public Health Research

COLLABORATORS

Joana Castaneda, Natalie Ferraiolo, Miguel Pinedo, Adriana Vargas-Ojeda, Jose Luis Burgos, Victoria D. Ojeda

ABSTRACT

BACKGROUND/CONTEXT: Social stigma among deportees and ex-prisoners is related to individuals' history and also to physical characteristics. Tattoos may reflect present or past social affiliations (i.e., gang involvement), or exposure to harmful settings (e.g., prison). Those who remove their tattoos may experience lower re/incarceration and improved health status.

STUDY OBJECTIVES: To describe the characteristics of Mexicans who underwent laser tattoo removal, and to assess whether use of this service decreased the risk for jail recidivism and improved perceived health status.

SETTING/SUBJECTS: 89 individuals enrolled in a Tattoo removal program at a free clinic in Tijuana, Mexico.

METHODS/DESIGN: 24 cases (jail recidivism) and 65 controls were included in an observational unmatched case-control analysis, six months after a free tattoo removal program was launched. Main outcomes were jail recidivism and perceived health status. Bivariate analysis and Multivariate logistic regression models were fitted.

RESULTS: 50 subjects had their tattoos removed. 72.5% had at least one very exposed tattoo, and 51.2% had a face tattoo. Half of the tattooed participants had a gang-related tattoo. Adjusted OR for jail recidivism among those who removed tattoos was 0.25 (95% CI 0.07-0.92). Tattoo removal was associated to a perceived good mental health status only in the bivariate analysis (OR 2.8, CI 95% 1.05-7.3).

CONCLUSION: Greater sample sizes are required, but potentially, causality may exist among tattoo removal and the evaluated outcomes. Findings suggest the need for further studies in order to assess the potential social benefits of tattoo removal.

#41. SABRINA KWOK

SUPPORTING COLLABORATIVE WRITING AMONG UNDERGRADUATE PUBLIC HEALTH STUDENTS

CATEGORY

Public Health Research

COLLABORATORS

Oswaldo Arambulo, AsherLev Santos, Margaret Ryan

ABSTRACT

BACKGROUND/CONTEXT: Communication and collaboration are critical skills for public health professionals. Developing written communication skills, particularly through collaborative writing, may be challenging and under-addressed among public health students

STUDY OBJECTIVES: We evaluated collaborative writing experiences of students in an undergraduate public health course at the University of California San Diego over two sessions.

METHODS/DESIGN: The upper division public health course included a requirement for students to write three commentaries on recent research in the field. The first two assignments required independent writing and the final assignment required collaboration with randomly assigned co-authors. The instructions and grading rubric were otherwise identical for all written assignments. Successful collaborative writing was evaluated through quantitative and qualitative analyses.

RESULTS: This evaluation included 358 papers. Collaborative papers had stronger grades than individual papers (mean 83.7% vs. 80.8% on grading rubric, t-test p-value <0.01). Successful collaborative writing was statistically associated with higher grades on individual writing, and strongly associated with higher grades on exams. Student feedback on the collaborative writing experience was universally positive.

CONCLUSION: Results support the contention that collaborative writing can be successfully incorporated in undergraduate curricula in public health. High quality collaborative writing was more strongly associated with exam scores than with individual writing scores, suggesting that individual and collaborative writing processes have important differences. These differences could be due to a unique skill-set associated with collaborative writing that is distinct from that used in individual writing. Further exploration of this topic is expected to be valuable in informing training for the next generation of public health professionals.

#42. BRITTA LARSEN

COST EFFECTIVENESS OF AN INTERNET-DELIVERED PHYSICAL ACTIVITY INTERVENTION FOR SPANISH-SPEAKING LATINAS

CATEGORY

Public Health Research

COLLABORATORS

Bess Marcus, Todd Gilmer

ABSTRACT

BACKGROUND/CONTEXT: Physical activity (PA) is particularly low in Spanish-speaking Latinas, a large, growing population at high risk for chronic disease. Cost-effective interventions are needed that can increase PA in this population using channels with potential for broad dissemination.

STUDY OBJECTIVES: The purpose of this study was to assess the cost-effectiveness of Pasos Hacia La Salud, a web-based PA intervention designed for Spanish-speaking Latinas.

METHODS/DESIGN: Participants were 204 healthy adult Latinas randomized to the individually tailored Internet PA intervention or a wellness Internet control. PA was measured via the Physical Activity Recall Interview (PAR) and accelerometer at 6 months. Costs were estimated from a payer perspective, and included staff time (including training and overhead), materials, and website hosting and maintenance.

RESULTS: The cost of the intervention and control conditions was \$10,712 and \$4,900, respectively, over 6 months. This corresponded to \$17.17/person/month for the intervention and \$8.09/person/month for control. The largest expense was personnel time. The intervention group increased self-reported PA by 104.8 minutes/week at 6 months, or \$0.08 per minute increase per person, compared to an increase of 55 minutes/week in controls, or \$0.07 per minute increase per person. Differences in accelerometer-measured PA were smaller: +40 minutes/week, or \$0.20 per minute, for the intervention, vs. +17 minutes/week, or \$0.23 per minute, for controls.

CONCLUSION: Cost of the intervention was significantly greater than the control condition. However, due to greater PA gains in the intervention condition, cost-effectiveness was similar for self-reported PA and better in the intervention group for objectively measured PA.

#43. ERIC LEAS

NEGATIVE-EMOTION, RISK ELABORATION, AND INTENTION TO QUIT SMOKING IN AN EXPERIMENT WITH CIGARETTE PACKAGE WARNING LABELS

CATEGORY

Public Health Research

COLLABORATORS

John P. Pierce, Claudiu V. Dimofte, Adriana Villaseñor, David R. Strong

ABSTRACT

BACKGROUND/CONTEXT: As of 2015, 77 countries/jurisdictions, covering nearly half the population of the world but not the United States, have adopted graphic warning labels designed deter smoking at the point of contact with tobacco products.

STUDY OBJECTIVES: To investigate some of the possible responses to cigarette warning labels among current cigarette smokers.

METHODS/DESIGN: We conducted an experiment in which we randomly exposed US adult cigarette smokers (N = 403) to 1 of 8 of the warning labels currently appearing on cigarette packages in Australia. Respondents in each condition recorded their negative-emotion response to the warning (e.g., fear), the extent to which the warning made them think about the health risks of smoking (elaboration), and their intention to quit smoking before and after viewing the warning.

RESULTS: Thirty-three percent of respondents increased their intention to quit smoking after viewing the warning message. The probability of increasing intentions to quit was highest for respondents exposed to a warning of throat cancer (46%) and lowest for respondents exposed to a warning encouraging smoking cessation (15%). Respondents who reported higher levels of negative-emotion and higher levels of elaboration on the health risks of smoking were also more likely to increase their intention to quit smoking.

CONCLUSION: Negative emotion appears to be an integral component of risk communication that may motivate individuals to change their smoking behavior. In larger randomized trial we will assess whether these initial reactions are also associated with long-term changes in behaviors.

#44. SARAH LINKE

GO-VAR! (VETERANS ACTIVE RECOVERY) PILOT STUDY: BASELINE AND PRELIMINARY DATA

CATEGORY

Public Health Research

COLLABORATORS

Rita Hovsepian, Madison Noble, Brittany Schnebly, Rebecca Miller, Katie Godfrey, David Wang, David Strong, Melodie Isgro, Laurie Lindamer

ABSTRACT

BACKGROUND/CONTEXT: Substance use disorders (SUD) are prevalent among Veterans, and the relapse rate is estimated at 60% within one year of treatment. Exercise's broad positive health, mood-enhancing, and anxiolytic effects make it an appealing adjunctive intervention to help prevent relapse among individuals with SUDs.

STUDY OBJECTIVES: The Go-VAR! (Veterans Active Recovery) pilot study tested a modified version of an evidence-based exercise and cognitive-behavioral treatment program, extending it to a high-risk, vulnerable population: Veterans seeking SUD treatment through the outpatient Alcohol & Drug Treatment Program (ADTP) at the VA San Diego Healthcare System (VASDHS). This multi-component, adjunctive intervention incorporates a combination of subjective, objective, and observational measurement methods to accurately track exercise behavior and includes multiple behavioral components to increase adherence.

SETTING/SUBJECTS: We enrolled 15 participants (mean age=45 [SD=9.68], 13 men, 13% Hispanic, 60% White) from the La Jolla VASDHS outpatient ADTP.

METHODS/DESIGN: After conducting formative research with Veterans in the outpatient ADTP, we designed and conducted a pilot study to examine feasibility and potential efficacy of this multi-component intervention.

RESULTS: The most common substances of abuse reported were alcohol, cocaine, marijuana, and methamphetamines. Participants attended the weekly psychoeducation groups, wore their Fitbit Charge HR, increased their weekly physical activity, and utilized their study-provided YMCA memberships, group exercise training sessions, and Fit4Me personal training program.

CONCLUSION: Results and participant and stakeholder feedback from the Go-VAR! pilot study will inform the design and modifications of a pragmatic controlled trial testing its efficacy and effectiveness within the VA system.

#45. ARACELI LOPEZ-ARENAS

WHEN THE PRINCIPAL INVESTIGATOR IS PRACTICALLY INVISIBLE:
EXPLORING POTENTIAL THREATS TO RESEARCH INTEGRITY IN COMMUNITY
BASED RESEARCH STUDIES

CATEGORY

Public Health Research

COLLABORATORS

Rebeca Espinoza Giacinto, Camille Nebeker

ABSTRACT

BACKGROUND/CONTEXT: Community Health Workers (CHWs) are increasingly involved in planning/implementing health research studies. While engaging CHWs as research facilitators is an effective model for accessing underserved communities, few CHWs receive formal training in research methods or human research ethics, which may have implications for research integrity. The Building Research Integrity and Capacity (BRIC) training was developed to address CHW research training needs.

STUDY OBJECTIVES: Identify the CHWs role in research, training needs and assessment preferences.

SETTING/SUBJECTS: Principal Investigators (PIs), Project Managers/Coordinators (PMs) (n=19) and CHWs (n=10).

METHODS/DESIGN: Participation in a focus group (FG) and survey completion.

RESULTS: The CHWs role on the research team is not well established nor is training standardized. CHWs reported feeling unappreciated/disconnected from the research team. They admitted confounding their involvement in delivering health services or research involvement. When conducting health research, CHWs indicated they rarely knew how their role in the study fit into the overarching research study design. One PI/PM commented that CHWs jokingly referred to the PI as being Practically Invisible rather than a Principal Investigator. □

CONCLUSION: Findings reveal the PIs may be unaware of CHWs research competency levels and the associated potential threats to data integrity. Likewise CHWs may not fully understand the importance of protocol adherence, which may lead to deviations/questionable research practices. We recommend that PIs address gaps and related responsibilities when engaging CHWs as research facilitators to reduce threats to research integrity and provide CHWs with a more comprehensive understanding of their role in research and address their training needs.

#46. LORENA MARTIN

DOES THE NEIGHBORHOOD ENVIRONMENT MODERATE PHYSICAL ACTIVITY IN LATINAS?

CATEGORY

Public Health Research

COLLABORATORS

Shira Dunsiger, Kristin A. Meseck, Andrea Mendoza, Suneeta Godbole, Marta Jankowska, Jacqueline Kerr, Bess H. Marcus

ABSTRACT

BACKGROUND/CONTEXT: Despite the health benefits of physical activity, Latina women have some of the lowest rates of physical activity in the US. The high prevalence rates of chronic disease paired with low levels of physical activity, accentuate the need for an effective intervention in Latina women.

STUDY OBJECTIVES: To examine whether built and social characteristics of the participants' neighborhood environment moderate the association between the intervention and control group on total minutes of light and moderate to vigorous physical activity measured with the PAR as well as with accelerometer data (Actigraph GT3X).

SETTING/SUBJECTS: A total of 217 Latinas' home addresses were geocoded and geoprocessed. Light and moderate to vigorous physical activity was objectively measured with accelerometers (ActiGraph GT3x+) at baseline and six months using Troiano cut-points for a total 205 participants.

METHODS/DESIGN: Geoprocessed and accelerometer data as well as self-reported physical activity were collected and analyzed at the 800m, one-mile, and two-mile buffer distances of the participants' home addresses for several environmental attributes.

RESULTS: Preliminary results indicated that environmental attributes such as number of fast food outlets and fitness facilities were associated with physical activity. Recent findings using mixed models indicate a relationship among park acreage and physical activity. To date, results have been inconclusive as to whether neighborhood environment moderates the relationship of physical activity, to what extent, as well as by which neighborhood attributes.

CONCLUSION: This study seeks to provide a better understanding of the relationship between different neighborhood environmental attributes and Latinas physical activity behavior.

#47. KATHERINE MCCLENDON

INTERSECTIONS OF GIRL CHILD MARRIAGE, FAMILY PLANNING KNOWLEDGE AND REPRODUCTIVE CONTROL: QUALITATIVE FINDINGS FROM ETHIOPIA AND INDIA

CATEGORY

Public Health Research

COLLABORATORS

Sankari Ayyaluru, Lotus McDougal, Maggie Hobstetter, Yemeserach Belayneh, Anand Sinha, Anita Raj

ABSTRACT

BACKGROUND/CONTEXT: Child marriage, a pervasive practice in Sub-Saharan Africa and South Asia, is a considerable social, economic and health concern. Early marriage and subsequent early first birth impedes educational and vocational attainment, and is associated with increased risk for infant and maternal morbidity and mortality. Greater understanding of fertility and family planning considerations among married and unmarried girls will improve reproductive control.

STUDY OBJECTIVES: This study explores fertility and family planning among married and unmarried girls and their decision-makers, subsequent to receipt of a child marriage prevention program in Oromiya Region, Ethiopia and Jharkhand, India.

METHODS/DESIGN: Semi-structured in-depth interviews were conducted with girls aged 13-24 years (n=110), of whom 54 were married <18 years, and their decision makers (n=118) in 2014. Interviews were analyzed in using latent content analysis.

RESULTS: Benefits of family planning were widely recognized across both country contexts, and most commonly included the ability to delay first birth and space births, improve maternal and child health and enable educational attainment. Participants identified child marriage, lack of information around family planning and social pressure for children as the primary barriers to family planning access and use. The majority of participants reported school and community based child marriage prevention programs as their main source of family planning information. Providers and methods of contraception differed by country and marital status.

CONCLUSION: Given the various factors impeding family planning access and use, multi-pronged approaches inclusive of communities, schools and health providers are needed to improve reproductive control among both married and unmarried adolescent girls.

#48. KRISTIN MESECK

CHANGE IN LIFESPACE OVER TIME WITHIN RETIREMENT COMMUNITIES: A WALKING INTERVENTION

CATEGORY

Public Health Research

COLLABORATORS

Marta Jankowska, Suni Godbole, Jasper Schipperijn, Katie Crist, Michelle Black, Loki Natarajan, Jacqueline Kerr

ABSTRACT

BACKGROUND/CONTEXT: Geographical methodologies, including GIS and GPS, are increasingly used in public health to determine relationships between the built environment and physical activity (PA). PA interventions encourage greater amounts of PA and are a common tool in public health. As participants become more active they may increase time spent in locations outside their home, therefore changing the physical spaces where they are active. Most interventions only measure increases in PA and have not quantified the geographic changes of where these minutes are occurring.

STUDY OBJECTIVES: This study identified changes in the duration and location of PA over time in retirement community residents within mutually exclusive lifespaces of the home, community campus, neighborhood and beyond the neighborhood.

SETTING/SUBJECTS: Participants were 307 older adults (aged 65-100) living in 11 retirement communities across San Diego County.

METHODS/DESIGN: Continuous GPS and accelerometer data from a PA intervention was collected from participants at three month intervals over a year. Mixed linear effects models were used to determine if the changes in PA were significant between timepoints, lifespaces, and the control and intervention groups.

RESULTS: Compared with the control, a significant difference ($p < .05$) was found in intervention walking over time in the Campus and Other lifespaces. Men in the intervention group were more likely to reduce walking in the Home and increase walking in the Neighborhood lifespace than women or men in the control group.

CONCLUSION: The intervention resulted in changes in duration and location of walking minutes as well as significant differences by gender. This can inform how to target future PA interventions.

#49. ARAZUE MOGHTADERI-ZADEH

STI TESTING INTENTIONS AMONG ADOLESCENT FEMALES IN SAN DIEGO COUNTY

CATEGORY

Public Health Research

COLLABORATORS

Marissa Salazar, Anita Raj, Marianna Torreblanca, & Elizabeth Reed

ABSTRACT

BACKGROUND/CONTEXT: One in four sexually active 15-24 year old girls in the United States (US) has an STI. Among racial/ethnic minority adolescents, STI risk is greatest, yet, STI testing has been reported to be disproportionately lower compared to Whites.

STUDY OBJECTIVES: This study qualitatively explores factors influencing STI testing among a sample of adolescent females residing at the US-Mexico border.

SETTING/SUBJECTS:

METHODS/DESIGN: Participants (n = 21) were sexually active females aged 15-19 years (M=17 yr), recruited from a health center to participate in qualitative in-depth interviews on STI and pregnancy beliefs and experiences. Interviews were recorded, transcribed, and coded using Atlas TI. Quantitative demographic data were also collected to characterize the sample.

RESULTS: Almost half of participants were Latino (43%); 24% and 19% were White and Asian, respectively. Approximately, one in five (19%) had a history of STI. Many did not feel the need to seek STI testing because they perceived themselves at low risk due to their use of condoms/contraceptives or involvement in a steady relationship with few lifetime sexual partners. Those reporting STI testing perceived themselves to be at high risk for an STI due to unprotected sex or multiple sex partners. Perceptions of STI risk attached to male partners' behaviors was not described.

CONCLUSION: This study highlights that girls' STI risk perceptions affect their testing behaviors, but these risk perceptions were attached to their and not their partners' sexual history. Interventions to promote STI testing would benefit from educating girls on risks that may be posed by partners.

#50. MORGANA MONGRAW-CHAFFIN

METABOLICALLY HEALTHY OBESITY IS A TRANSIENT CONDITION ON THE PATHWAY TO METABOLIC SYNDROME

CATEGORY

Public Health Research

COLLABORATORS

Meredith C. Foster, Rita R. Kalyani, Dhananjay Vaidya, Gregory L. Burke, Mark Woodward, Cheryl A.M. Anderson

ABSTRACT

BACKGROUND/CONTEXT: While the health risks of obesity compared to normal weight have been well studied, the cumulative risk associated with chronic obesity remains unknown. Specifically, debate continues about the importance of recommending weight loss for those with metabolically healthy obesity.

STUDY OBJECTIVES: We hypothesized that greater severity and longer duration of obesity are associated with progression to incident metabolic syndrome.

METHODS/DESIGN: We used repeated measures logistic regression to investigate the association of time varying obesity severity and duration with incident metabolic syndrome in 2,748 MESA participants with obesity (BMI ≥ 30 kg/m²) measured at any visit. We defined obesity duration as the number of visits with measured obesity and obesity severity by the WHO levels I-III based on BMI. We defined metabolic syndrome using Adult Treatment Panel III criteria modified to exclude waist circumference. We also assessed whether participants exhibited individual heterogeneity in their risk for metabolic syndrome.

RESULTS: Higher obesity severity (Level II odds ratio [OR]=1.20 (0.99-1.47), Level III OR=1.64 (1.24-2.16) vs. Level I) and duration (by # of visits: 2 OR=4.94 (3.91-6.23), 3 OR=5.63 (4.43-7.15), 4 OR=6.40 (4.99-8.22), 5 OR=5.89 (3.79-9.15) vs. 1 visit duration of obesity) were both associated with incident metabolic syndrome. Including random intercepts in the model, while statistically significant, did not attenuate other associations.

CONCLUSION: Both duration and severity of obesity are associated with incident metabolic syndrome, suggesting that metabolically healthy obesity is a transient state in the pathway to metabolic risk. Weight loss should be recommended to all individuals with obesity, including those who are currently metabolically healthy.

#51. NAEEMAH MUNIR

RACISM AS A CONTRIBUTOR TO ALLOSTATIC LOAD: EXPLAINING CARDIOVASCULAR HEALTH DISPARITIES AMONG AFRICAN AMERICANS

CATEGORY

Public Health Research

COLLABORATORS

Kevin Liu, Rodney Hood, Anthony DeMaria

ABSTRACT

BACKGROUND/CONTEXT: According to 2011 county health reports, mortality rates of Heart Disease were 184.4 among African Americans in southeastern San Diego (SESD), compared to 104.4 in San Diego County (rates per 100,000). A potential contributor to this health disparity is allostatic load, 'wear and tear' on the body after exposure to excessive or chronic stress. Chronic activation of allostatic systems, as seen in individuals experiencing consistent stress from racism can disrupt allostasis and cause an allostatic load. Few publications explore the relationship between CVD disparities and racism induced stress and its contribution to allostatic load; and there is no current literature regarding the San Diego area.

STUDY OBJECTIVES: To identify associations between exposure and perceived stress of racism and prevalence of cardiovascular disease and risk factors among African Americans

SETTING/SUBJECTS: African American adults ≥ 40 years old within San Diego county

METHODS/DESIGN: This is community based participatory research with a cross sectional analysis study design. A single self-administered survey includes cardiovascular medical history and risk factors, and exposure to stress from racism.

RESULTS: The study is in its initial phase of community participation and networking to gain the communities trust and support of this project; and to facilitate study recruitment. Current community linkages include United African American Ministerial Action Council, San Diego Black Nurses Association, SESD Cardiac Disparities Project, and Be There San Diego.

CONCLUSION: The benefits for this study may influence health recommendations for all African Americans with cardiovascular disease history and risk factors affected by the stress of racism within this country.

#52. CAMILLE NEBEKER

DESIGNING THE CORE (CONNECTED AND OPEN RESEARCH ETHICS)

CATEGORY

Public Health Research

COLLABORATORS

Rasheed Al Kotob, Cinnamon Bloss, Vincent Chan, Sarah Dunseath, Rebeca Giacinto, Lynn Hao, John Harlow, Araceli Lopez-Arenas, Michelle Takemoto, Nadir Weibel

ABSTRACT

BACKGROUND/CONTEXT: Mobile Imaging, pervasive Sensing, Social-media and location Tracking (MISST) data collection methods introduce challenging new ethical, legal, and social implications (ELSI) for researchers and Institutional Review Boards (IRBs). The Connected and Open Research Ethics (CORE) project, led by an interdisciplinary research team, is working with stakeholders, including IRBs and researchers, to address these challenges.

STUDY OBJECTIVES: The CORE's objective is to create an interactive web-based platform where stakeholders can engage in discussion, and exchange dynamic best practices □ that assist in the design and review of research protocols involving MISST technologies.

METHODS/DESIGN: Participatory action research methods are being used in the collection, tagging, and organization of MISST content and functionality. Stakeholders with a vested interest in MISST research are contributing to the CORE design through expert opinions and providing user needs. Six focus groups were conducted with IRB stakeholders in fall 2015. Workshops with researchers are slated for March and May 2016.

RESULTS: Digital recordings of our six focus groups were transcribed and analyzed, revealing a growing demand for guidance and expertise on protocols and best practices for research with MISST technologies. Frequently reported challenges included unfamiliarity with MISST technologies and difficulties determining their potential risks to research subjects. Participants were supportive of the CORE concept as a resource to aid in the IRB review process.

CONCLUSION: We anticipate that the CORE platform will facilitate stakeholder dialogue via a discussion forum and a library of resources (e.g., protocols, consent language) for stakeholders designing or reviewing MISST-related research studies.

#53. CAMILLE NEBEKER

BUILDING RESEARCH INTEGRITY AND CAPACITY: RESULTS OF A RANDOMIZED CONTROLLED TRIAL TO INCREASE RESEARCH LITERACY AMONG COMMUNITY HEALTH WORKERS/PROMOTORES

CATEGORY

Public Health Research

COLLABORATORS

Steve Edland, Rebeca Espinoza Giacinto, Michael Kalichman, Tiffany Lagare, Araceli Lopez-Arenas, Daniela Vital

ABSTRACT

BACKGROUND/CONTEXT: Community Health Workers (CHWs), known as Promotores de Salud in Latino communities, serve as health educators and research facilitators in underserved populations where health disparities are most prevalent. As research facilitators, CHWs may contribute to the design, implementation and reporting of research studies yet, have little/no formal academic research training.

STUDY OBJECTIVES: The Building Research Integrity and Capacity (BRIC) study aims were to 1- develop a research literacy assessment instrument and, 2- test the effectiveness of the Spanish language version of the BRIC training with Promotores.

SETTING/SUBJECTS: We recruited Spanish-speaking Promotores with assistance from the San Diego County Promotores Coalition (SDCPC) and our academic partners. Participants completed a screening survey and were randomized to one of two training conditions. Trainings were conducted in local community clinics and schools.

METHODS/DESIGN: Phase I involved formative research with Principal Investigators and Project Managers who prioritized research skills/knowledge and suggested culturally appropriate assessment methods. Phase II involved developing an assessment tool that mapped to BRIC learning objectives. During Phase III, we conducted a Randomized Control Trial (RCT) and analyzed the results. The RCT involved a one-day, in-person training where 43 participants were randomly assigned to receive either BRIC or the control training.

RESULTS: Participants assigned to the BRIC training showed a mean improvement of 4.7 points compared to control participants who obtained a mean improvement of 1.1 points ($p=0.01$). In a linear regression model controlling for age, education, and gender, the adjusted mean difference was 3.3 points greater improvement in the active arm ($p=0.026$).

CONCLUSION: BRIC training improves research literacy.

#54. GREG NORMAN

SCALING HOME-BASED PRIMARY CARE TO MEET THE NEEDS OF FRAIL ELDERLY WITH MULTIPLE CHRONIC CONDITIONS

CATEGORY

Public Health Research

COLLABORATORS

Andrea Morris, Kristann Orton, Julie Beecher

ABSTRACT

BACKGROUND/CONTEXT: Home-based primary care (HBPC) is a multidisciplinary care delivery model that provides comprehensive longitudinal care to medically complex elderly in the home, the preferred care setting for most seniors. Recent studies demonstrate HBPC can result in better quality of care at a lower cost for homebound elderly. The over four million homebound seniors in the US represent a significant proportion of the most costly patients. These seniors are typically frail with multiple chronic conditions, behavioral health conditions, and functional disabilities. Without easy access to primary care, homebound elderly resort to the emergency department and hospitalizations when they experience exacerbations of their chronic conditions. An estimated 15% of the need for HBPC is being met and multiple barriers exist to its scalability and sustainability.

STUDY OBJECTIVES: A clinical practice quality improvement project (QIP) was undertaken at one mid-Atlantic HBPC practice to determine potential efficiency solutions. The first phase was data collection on PCPs patient visit workflows.

METHODS/DESIGN: GPS software on mobile tablets tracked patient visits of 5 nurse practitioners and 1 physician over 26 days and brief surveys were completed daily.

RESULTS: A total of 599 visits occurred with providers completing an average of 6 (sd 1.9) visits/day (range 2-8). Most visits (83%) lasted 30 to 45 minutes. Of the total visits 21% were urgent visits and 8.7% were hospital follow-up visits. NPs spent significant time daily on charting (m = 126 min, sd = 67) and patient care coordination (m = 112 min, sd = 79). There was significant variation among NPs in the time spent charting (range 68 to 198 min/day, $p < .01$) and in care coordination (range 37 to 208 min/day, $p < .01$).

CONCLUSION: In fee-for-service reimbursement, it is difficult for HBPC practices to recover costs, which prohibits scaling practices to provide this needed service to a wider proportion of the frail elderly population. Creating efficiencies to increase the volume of patients/day through changes in scheduling visits, and delegating tasks such as charting and care coordination to medical assistants could help address barriers to scaling HBPC.

#55. VICTORIA OJEDA

INTEREST IN FREE LASER TATTOO REMOVAL AMONG PERSONS RECEIVING HEALTH CARE AT A FREE CLINIC IN TIJUANA, MEXICO

CATEGORY

Public Health Research

COLLABORATORS

Victoria Ojeda, Jose Luis Burgos, Danielle Horyniak, Luis Alberto Segovia, Miguel Pinedo, Sarah Hiller, Adriana Carolina Vargas Ojeda

ABSTRACT

BACKGROUND/CONTEXT: Tattoos may be identified as indicators for harmful social affiliations, exposure to harmful settings (e.g., prison,) or a propensity for risk-taking. Research suggests that tattooed persons may be stigmatized, and may seek tattoo removal for diverse reasons such as detaching from specific groups or improving job prospects

STUDY OBJECTIVES: To identify factors associated with interest in receiving tattoo removal among Mexican patients receiving health services at a free clinic in Tijuana, Mexico.

SETTING/SUBJECTS: Analysis is based on data from a subsample of 287 individuals from the 584 Mexican tattooed patients that were recruited at a free healthcare clinic in Tijuana, in 2013.

METHODS/DESIGN: Participants responded to an interviewer-administered survey on tattoos, health and employment issues. Descriptive analysis and multivariate logistic regression were performed.

RESULTS: Factors independently associated with interest in free tattoo removal services at the clinic included having an IFE voter identification card (OR 2.32 95% CI 1.26-4.27) and believing that removing tattoos would reduce barriers to employment (OR 2.30. 95% CI 1.32-4.00).

CONCLUSION: Interest in tattoo removal was highly prevalent. Findings suggest that persons with an ID have overcome one significant barrier to reincorporating into Mexican society, and tattoo removal represents an additional step that may further facilitate their access to the labor market. Offering free tattoo removal services in community based clinics may be one component of a community reintegration and labor market opportunities program.

#56. LORENA PACHECO

EARLY OBESITY ONSET AND ITS RELATIONSHIP TO CARDIOVASCULAR RISK IN ADOLESCENCE: A LONGITUDINAL STUDY OF A CHILEAN COHORT

CATEGORY

Public Health Research

COLLABORATORS

Estela Blanco, Raquel Burrows, Marcela Reyes, Betsy Lozoff, and Sheila Gahagan

ABSTRACT

BACKGROUND/CONTEXT: Childhood and adolescent obesity have increased globally. Analogous is the presence of metabolic syndrome (MetS), a cardiovascular disease (CVD) risk factor, in the pediatric population. Studying MetS in adolescence can steer prevention approaches concerning CVD risk.

STUDY OBJECTIVES: The primary aim of this study is to examine the association of early obesity onset (<5y) and CVD risk in adolescence, in a cohort of low to middle class Chilean participants followed since infancy.

METHODS/DESIGN: The study population included (N=673) participants who were assessed at three time points: 1y, 5y, and adolescence (mean age 16y). Adiposity was assessed at all time points, while blood pressure and fasting blood samples measured at adolescence. Early obesity onset dichotomized, defined as obese (z-score $\geq 2SD$) at 1 or 5y. A MetS z-score was computed to analyze CVD risk continuously. Multiple linear regression (MLR) was used to examine the association.

RESULTS: Among study population, 23% had early obesity onset, and 41.3% of those were obese in adolescence. Participants with early obesity onset had significantly higher mean MetS z-score in adolescence compared to the no early obesity onset group (0.4-0.7 vs -0.1 \pm 0.5, $p < 0.0001$). In the adjusted MLR model, early obesity onset contributed to a 0.14 (SE 0.05) higher MetS z-score in adolescence, regardless of obesity status at adolescence and sex ($p = 0.004$). Thirty-seven percent of the variance was explained by the model.

CONCLUSION: Results suggest that adolescence CVD risk relates to early obesity onset. Findings contribute to a growing body of work supporting the need for early detection and intervention of childhood obesity.

#57. BARBARA PARRY

TREATING WOMEN'S MOOD CHANGES WITH SLEEP AND WAKE THERAPY

CATEGORY

Public Health Research

COLLABORATORS

Meliska, C., Martinez, L.F., Sorenson, D.

ABSTRACT

BACKGROUND/CONTEXT: Critically-timed wake therapy (therapeutic sleep restriction) improves mood in one day in a majority of depressed patients (DP). We tested the hypothesis that early-night wake therapy (EWT: sleep 3:00 – 7:00 am) vs. late-night wake therapy (LWT: sleep 9:00 pm to 01:00 am) improves mood more in ante- vs. postpartum depression by differentially altering melatonin and sleep timing relationships.

STUDY OBJECTIVES: To test the hypothesis that critically-timed sleep therapy plus bright light exposure reduces depressed mood in women during reproductive epochs.

METHODS/DESIGN: Reproductive age women

RESULTS: After EWT, mood improved significantly more in antepartum than in postpartum DP ($p=.046$), while after LWT, mood improved more in postpartum than in antepartum DP ($p=.026$). After EWT, mood improvement correlated with alterations in PADs, which were greater in antepartum DP vs. HC and in responders vs. non-responders. In contrast, after LWT, mood improvement correlated with increases in total sleep time. Increased day length enhanced mood improvement after EWT in postpartum DP and advanced melatonin onset time associated with improved mood in antepartum DP.

CONCLUSION: Sleep and light therapy may offer non-pharmacological antidepressant treatment for women's mood changes with the reproductive cycle.

#58. MICHAEL PHAM

HEPATITIS B AND C EDUCATION IN ASIAN POPULATIONS IN SAN DIEGO COUNTY

CATEGORY

Public Health Research

COLLABORATORS

Binh Tran, David Adler, Brookie Best, Robert Gish

ABSTRACT

BACKGROUND/CONTEXT: Hepatitis, an inflammation of the liver, can lead to cirrhosis, liver failure and cancer. Two billion people have been infected with HBV and 2-3% of the world population is infected with HCV, with Asian populations having higher prevalence rates. Education plays a large role in prevention and management of the diseases.

STUDY OBJECTIVES: To survey participants to gauge knowledge of HBV and HCV; and to identify areas where questions are frequently missed.

SETTING/SUBJECTS: At free health fairs and outreach events in the community, Asian adult patients were screened and educated on HBV and HCV.

METHODS/DESIGN: Cross sectional study using survey questions on mode of transfer, prevention and treatment was provided. Questions were analyzed using Microsoft Excel to see the fraction of patients that incorrectly answered questions. This points to areas that the presenter will focus on at future events.

RESULTS: From 55 participants, the max score is 43 (range of 15 – 41) with mean score 27.18 (63.2%), SD= 7.4. Most missed questions were on mode of disease transmission. On HBV, from unprotected sex (55%), mother-to-child (53%), body fluid contact (49%); On HCV, from unprotected sex (64%), intravenous drug use (55%), sharing toothbrushes (56%). 91% of patients did not know there is no vaccination for Hepatitis C.

CONCLUSION: The general public has a lot of misconceptions about the modes of transfer of Hepatitis B and especially C. Concentration in these areas can greatly increase patient's knowledge of the diseases and help in both prevention and spread of hepatitis.

#59. TUAN PHAN

HEPATITIS B SCREENING OF ASIAN POPULATIONS IN NON-TRADITIONAL SETTINGS IN SAN DIEGO

CATEGORY

Public Health Research

COLLABORATORS

Binh Tran, Palmer Taylor, Brookie Best, Robert Gish

ABSTRACT

BACKGROUND/CONTEXT: Viral Hepatitis B is leading cause of liver cancer and most common indication for liver transplantation. One in twelve Asian Americans lives with acute or chronic hepatitis, but most remain undiagnosed. Patients are asymptomatic until the virus is reactivated.

STUDY OBJECTIVES: To screen at-risk patients who do not have resources to be screened, to raise awareness of hepatitis B, and assess the prevalence of this disease in Asian populations with different incomes.

SETTING/SUBJECTS: Outreach events at churches, temples, community centers screening for Asians 18 years old and above, for hepatitis B.

METHODS/DESIGN: A cross-sectional study of 144 individuals was done from 6/2015 to 9/2015. Participants filled out demographics, income level, and relative risks associated with Hepatitis B and signed consent forms. Blood samples were sent to the labs to test for HBsAg, anti-HBc, and anti-HBs. Data were analyzed using Fisher's Exact test in STATA to test for the association of income and hepatitis B. Low income is under \$25,000 annually.

RESULTS: In the low-income group (131), 7 (5.3%) have acute/chronic Hepatitis B infection; 50 (38.1%) were exposed to hepatitis B virus and are at risk for reactivation. In the higher income group (13), only 1 (7.6%) has acute/chronic hepatitis B, and 7 (53.8%) were exposed or are at-risk for reactivation. There was no difference between prevalence of hepatitis B and incomes ($p = 0.786$).

CONCLUSION: Data showed a high prevalence of hepatitis B disease in Asian populations. Screening for this population can raise awareness of hepatitis B disease.

#60. ROSEMAY REMIGIO-BAKER

SEX AND RACE/ETHNIC DISPARITIES IN THE NON-ALCOHOLIC FATTY LIVER DISEASE-ABDOMINAL AORTIC CALCIFICATION ASSOCIATION: THE MULTI-ETHNIC STUDY OF ATHEROSCLEROSIS

CATEGORY

Public Health Research

COLLABORATORS

Matthew A Allison, Nketi I Forbang, Rohit Loomba, Cheryl AM Anderson, Matthew J Budoff, Jeffrey B Schwimmer, Roger S Blumenthal, Pamela Ouyang, Michael H Criqui

ABSTRACT

BACKGROUND/CONTEXT: Nonalcoholic fatty liver disease (NAFLD) is the most prevalent liver disease in the US and is associated with subclinical atherosclerosis; however, it is not known whether this association differs by sex or race/ethnicity.

STUDY OBJECTIVES: To determine the NAFLD- abdominal aortic calcification (AAC) association, and whether this relationship varies by sex or race/ethnicity.

SETTING/SUBJECTS:

METHODS/DESIGN: We studied 1,004 adults enrolled in the Multi-Ethnic Study of Atherosclerosis to assess the relationship between NAFLD (defined as a liver-to-spleen ratio <1) and the following measures of AAC: 1) presence or absence (based on volume score; using Poisson regression); 2) morphology (volume and density score, where volume score > 0; using linear regression); and 3) change in volume score over time (categorized as increasing or no change; using Poisson regression). Separate assessment for interaction by sex or race/ethnicity was conducted.

RESULTS: Among Blacks, NAFLD was associated with a 41% greater prevalence of AAC (CI=1.15, 1.74), which was statistically different from the null association found among Whites (PR=1.02, CI=0.90, 1.17; interaction p=0.01). NAFLD at baseline among this cohort was also associated with 51% greater likelihood for increasing AAC volume (CI=1.17, 1.95; interaction p [Blacks vs. Whites]=0.02). Among women, those with NAFLD at baseline versus without were 35% more likely to have an increasing AAC volume (CI=1.10, 1.65), which was statistically different from the null association found among men (PR=0.79, CI=0.52, 1.19; interaction p=0.02). NAFLD was not linearly related to AAC volume or density score.

CONCLUSION: Our findings suggest sex and race/ethnic differences in the pathophysiological pathways in which atherosclerosis develops.

#61. ERIN RICHARD

THE ASSOCIATION BETWEEN ALCOHOL INTAKE AND COGNITIVELY HEALTHY EXCEPTIONAL LONGEVITY IN COMMUNITY-DWELLING ADULTS: THE RANCHO BERNARDO STUDY

CATEGORY

Public Health Research

COLLABORATORS

Donna Kritz-Silverstein, Gail Laughlin, Andrea LaCroix, Elizabeth Barrett-Connor, Linda McEvoy

ABSTRACT

BACKGROUND/CONTEXT: Although the effects of alcohol on longevity and cognitive health have been studied independently, the association with the composite outcome of cognitively healthy exceptional longevity has not been characterized.

STUDY OBJECTIVES: The goal of this study is to explore the association between alcohol consumption and cognitively healthy exceptional longevity, defined as survival to age 85 without clinically significant cognitive impairment.

SETTING/SUBJECTS: This study includes 1353 participants attending a clinic research visit in 1984-1987 of the Rancho Bernardo Study.

METHODS/DESIGN: This is an observational study examining the relationship between alcohol intake and cognitively healthy longevity. Self-reported frequency and amount of alcohol intake was measured by questionnaire in 1984-1987. Cognitive function was first assessed in 1988-1992 and at four year intervals thereafter. Multinomial logistic regression was used to examine the association between alcohol consumption and the three level outcome: cognitively healthy exceptional longevity, death before 85, or survival to 85 with clinically significant cognitive impairment adjusting for lifestyle and health factors.

RESULTS: There is an inverse J-shaped association between alcohol intake and cognitively healthy exceptional compared to death or clinically significant cognitive impairment. Compared to nondrinkers, daily drinkers have the highest odds of cognitively healthy exceptionally longevity compared to clinically significant cognitive impairment (OR=2.04; 95%CI=1.20-3.46) and death before 85 (OR=3.24; 95%CI=1.92-5.46).

CONCLUSION: This study suggests that frequent, moderate drinking may be related to cognitively healthy exceptional longevity.

#62. EMILY ROMERO

FACTORS INFLUENCING PREGNANCY INTENTIONS AMONG ADOLESCENT GIRLS IN SAN DIEGO COUNTY: A QUALITATIVE EXPLORATION

CATEGORY

Public Health Research

COLLABORATORS

Marissa Salazar, Marianna Torreblanca, Anita Raj, Elizabeth Reed

ABSTRACT

BACKGROUND/CONTEXT: Adolescent motherhood increases neonatal health risks, including prematurity and low birth weight. Hispanics are disproportionately represented among adolescent mothers, and 57% of US Hispanic adolescent births occur at the US-Mexico border.

STUDY OBJECTIVES: This study qualitatively examines factors that influence adolescent girls' perceptions of the costs and benefits of adolescent pregnancy in the context of the US-Mexico border.

SETTING/SUBJECTS:

METHODS/DESIGN: Adolescent girls between the ages 15-19 were recruited from a health clinic in San Diego county near the US-Mexico border to participate in a survey study examining risk factors for pregnancy and STI risk. A subset of participants (n=21) were invited to complete qualitative interviews; interviews were coded and analyzed for themes related to pregnancy intentions.

RESULTS: Almost half of participants were Latino (43%); 24% and 19% were White and Asian, respectively. Long-term contraception (e.g., the implant, shot, or patch) was reported most frequently (85%). Emergent themes highlighted girls' reasons to delay pregnancy, including: 1) greater time to achieve educational goals and financial stability and 2) recognition of the time commitment and financial and social costs associated with adolescent parenthood. Girls responsible for younger siblings were particularly cognizant of the challenges of childrearing. No girls reported benefits of adolescent pregnancy.

CONCLUSION: The current study highlights adolescent girls' reasons for intending to delay pregnancy. Given the high rates of adolescent pregnancy near the US-Mexico border, more work is needed to understand factors that may interfere with girls' intentions to delay pregnancy and that increase risk for adolescent pregnancy.

#63. ANANT SINGHANIA

IMPACT OF VARYING THE CUT-POINT BETWEEN SHORT AND LONG SEDENTARY PERIODS ON INDICATORS OF HEALTHY AGING AMONG OLDER ADULTS

CATEGORY

Public Health Research

COLLABORATORS

John Bellettiere, Suneeta Godbole, Jacqueline Kerr, Loki Natarajan

ABSTRACT

STUDY OBJECTIVES: Excessive sedentary behavior is a risk factor for many chronic diseases. Current research suggests that sedentary time accumulated in short versus long bouts have different associations with health, although it is unknown where the optimal short to long bout transition occurs. This study examined how varying that cut-point impacts the differential effects of short versus long bouts on objective and perceived physical health among older adults.

METHODS/DESIGN: Participants were 307 retirement-community dwelling adults ages 65+ at 11 sites in 2011. Three continuous health outcomes, quality of life (PQoL-12), fear of falling (FES_I), and physical functioning (SPPB) along with accelerometer-based activity over 6-days were collected. Sedentary bouts were quantified as consecutive minutes with < 100 accelerometer counts. Six cut-points between 10 and 60 minutes were used to define a short- vs long-bout transition. For each cut-point, linear mixed-effects regression models with bootstrap resampling were used to estimate and test for differential associations of short versus long bouts on health outcomes.

RESULTS: For SPPB and FES_I, differences between short and long bouts at the 10 minute cut-point exceeded those at each 20+ minute cut-point (SPPB: Z-statistic = 5.07, Beta-short = 0.47, Beta-long = -0.22; FES_I: Z-statistic = -2.10, Beta-short = -0.82, Beta-long = 0.47). Although not significant, for PQoL-12, the trend was reversed.

CONCLUSION: Preliminary results suggest that the associations between sedentary behavior and health may vary according to cut-points used to define a sedentary bout. These findings could inform public health recommendations for reducing sedentary behavior and improving physical health among the elderly.

#64. MICHELLE TAKEMOTO

STEPPING FOR FITNESS: RESULTS FROM A PILOT PEER EMPOWERMENT FOR PHYSICAL ACTIVITY PROGRAM

CATEGORY

Public Health Research

COLLABORATORS

Khalisa Bolling, Brittany Lewars, Katie Crist, Eileen Johnson, Benjamin Schumacher, Porchia Rich, Jacqueline Kerr

ABSTRACT

BACKGROUND/CONTEXT: Despite the evidence highlighting the benefits of participating in physical activity (PA), older adults remain the least active population in the United States. Less than 3% of older adults meet national guidelines for PA.

STUDY OBJECTIVES: The purpose of this pilot study was to test the feasibility of a peer-led PA intervention in a senior center setting.

METHODS/DESIGN: Four peer health coaches were trained to facilitate and deliver the multi-level intervention over the four month study period. Individual components included pedometers and step goals, counseling by peer health coaches, and weekly feedback charts. Interpersonal components included group walks, group sharing, and monthly celebrations. Community components included review of PA resources, a walkability audit, development of a sustainability plan, and streetscape improvements.

RESULTS: Forty-one adults, aged 50 years and older, were recruited from the Gary and Mary West Senior Center. Only four participants and one peer health coach withdrew participation. Overall attendance at study events was high throughout the study period. Out of 29 group events, 65% of participants attended at least half of all activities. At the conclusion of the study, 61% of participants had surpassed their baseline step count by at least 1,000 steps. Additionally, at one point during the study, 88% of participants surpassed their baseline by 1,000 steps, 73% by 2,000 steps, and 58% by at least 3,000 steps.

CONCLUSION: Trained peer health coaches were able to implement and deliver the intervention at the senior center. The peer-led multi-level PA was feasible and successful in increasing step counts for participants.

#65. KATIE THRALLS

AN EFFECTIVE EXERCISE INTERVENTION TO IMPROVE PHYSICAL FUNCTION IN COMMUNITY-DWELLING OLDER ADULTS

CATEGORY

Public Health Research

COLLABORATORS

Susan S Levy

ABSTRACT

BACKGROUND/CONTEXT: Introduction: Physical activity in older adults shows potential to reduce health risk associated with aging such as diminished functional ability and loss of independence.

STUDY OBJECTIVES: The purpose of this study was to examine the effects of a 3-month, instructor-led exercise class on measures of physical function in older adults.

METHODS/DESIGN: Methods: Participants were community-dwelling elderly (N=160, Mage=73.8+/- 8.22 yrs) from San Diego County, who volunteered for the study. Intervention (n=68, Mage=72.8+/- 8.6yrs) and control (n=92, Mage=74.6+/- 7.9yrs) participants were assigned based on demographically matched sites. Instructor-led classes were twice a week at intervention sites, focusing on strength, balance, flexibility, and aerobic endurance, with modifications for individual capabilities. Instructors were certified with backgrounds in group fitness and specifically trained in the program content. All participants were measured at baseline and at 3-months using 4 previously validated measures of physical function from the Senior Fitness Battery.

RESULTS: Results: Mixed design 2(group) X 2(time) ANOVAs revealed significant interactions ($p < .05$) for all measures, with follow-up one-way RM ANOVAs indicating significant improvements in the 8-ft up and go (mobility; 12%), 6-min walk (aerobic endurance; equating to 1/3 of a city block), chair rise (lower body strength; 17.9%), and arm curl (arm strength, 16.5%) for the intervention group, while no improvements for controls.

CONCLUSION: Conclusions: Exercise classes (one-hour, 2x/wk) over 3 months improved physical function, both statistically and in a clinically meaningful way compared to similar programs. These improvements may contribute to the maintenance of independent living and quality of life in older adults.

#66. ABSTRACT WITHDRAWN

#67. KENNETH VITALE

IMPROVING SPORTS SAFETY KNOWLEDGE IN THE STUDENT ATHLETE POPULATION

CATEGORY

Public Health Research

COLLABORATORS

Kevin Messey, Robyn Stuhr, William Taylor, Beth Mallon

ABSTRACT

STUDY OBJECTIVES: To determine pre- and post-intervention public health knowledge on concussion, exertional heat illness, and sudden cardiac arrest in high school teenagers via the Athletes Savings Athletes (ASA) program.

SETTING/SUBJECTS: 500 male and female high school students aged 15-19, representing 42 different sports, were given pre-test and post-test examinations in 3 main topics: concussion, heat-illness, and sudden cardiac arrest.

METHODS/DESIGN: A 3-hour education program taught by a certified athletic trainer provided education in recognition of the signs and symptoms of these conditions, teaching of Hands-Only CPR, and introduced to the function and purpose of an Automated External Defibrillator (AED).

RESULTS: Overall pre-test average score was 66%, range (54-83%). Subsection average pre-test scores included Concussion 66%, Heat Illness 50%, Cardiac 60%. Notable points: 98% of students have never heard of potentially fatal second-impact syndrome in concussion; Most students do not understand importance of humidity in heat-related illness; Many students do not know difference between heart attack and sudden cardiac arrest, and do not know that an AED can be used by a non-medical professional to save a life. Post-test score for all 500 students was 100%.

CONCLUSION: The ASA program is an effective method to educate teenage athletes in San Diego the signs and symptoms of potentially life-threatening conditions including concussion, heat illness, and sudden cardiac arrest. The program encourages athletes to speak up and notify others immediately when they recognize someone in trouble, which may save their classmates' life. ASA's motto: "What you know may save someone you know."

#68. ELISE WINBROCK

COMPLETERS VS. NON-COMPLETERS: CHARACTERIZING DROP-OUTS IN PULMONARY REHABILITATION AT THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

CATEGORY

Public Health Research

COLLABORATORS

Arpi Minassian, Andrew Ries, Xavier Soler, Trina Limberg

ABSTRACT

BACKGROUND/CONTEXT: Pulmonary rehabilitation (PR) is a critical component of the management of health in patients with chronic lung diseases. Dropout rates remain high among patients in PR programs; completion rates range from 40-94%.

STUDY OBJECTIVES: This study examined completing and non-completing patients enrolled in an eight-week PR program at the University of California, San Diego (UCSD) in 2008 and 2013.

SETTING/SUBJECTS: Subjects included patients with chronic lung disease enrolled in UCSD's PR program. Patients were referred to the PR program from various San Diego medical institutions.

METHODS/DESIGN: A retrospective review was conducted on baseline and post-PR measures of 148 patients. Bivariate comparisons were performed using t-tests and chi-square tests.

RESULTS: Only the 2008 cohort of patients who completed PR showed improvements on the Physical Component Summary of the Short Form-36 (SF-36) ($p=0.01$), and the Center for Epidemiologic Studies Depression (CES-D) ($p=0.03$). When comparing completers and non-completers on baseline CES-D scores, no significant differences were observed in most symptoms: sadness ($p=0.21$), loss of interest ($p=.22$), sleep ($p=0.82$), thinking/concentration ($p=0.78$), worthlessness ($p=0.78$), tiredness ($p=0.74$) and suicidal ideation ($p=0.43$).

CONCLUSION: Baseline mood symptoms are not significantly different in completers versus non-completers of a PR program. However, most people who complete a program show improvement in quality of life and depression. These findings underscore the need for a better understanding of the reasons for non-completion of a PR program, with the ultimate goal of assisting patients in completing a program, which increases quality of life.

#69. SELENE XU

MODELING INTERRELATIONSHIPS BETWEEN LIFESTYLE BEHAVIORS USING BAYESIAN NETWORKS

CATEGORY

Public Health Research

COLLABORATORS

Suneeta Godbole, Jacqueline Kerr, Ruth Patterson, Wes Thompson, Loki Natarajan

ABSTRACT

BACKGROUND/CONTEXT: Obesity, physical inactivity, impaired sleep, and poor psychosocial functioning are each linked to a higher likelihood of developing cancer. Unraveling interrelationships among these behaviors could elucidate disease mechanisms, and inform design of clinical studies. Standard regression modeling cannot disentangle these complex associations. Bayesian networks (BN), a probabilistic machine learning approach which infers multivariate relationships and represents them via intuitively meaningful graphs, could be a powerful methodology for behavioral research.

STUDY OBJECTIVES: We aimed to develop BNs to investigate associations between obesity, multiple health behaviors, psychosocial functioning, and demographic and clinical factors in a sample of early-stage breast cancer survivors.

SETTING/SUBJECTS: We used data collected in the TREC Reach for Health Study of 333 overweight postmenopausal breast cancer survivors participating in a weight-loss intervention.

METHODS/DESIGN: Our models included BMI, lifestyle behaviors (alcohol intake, smoking, physical activity, sedentary behavior, sleep quality), psychosocial factors (depression, quality of life), demographics (age, education, neighborhood), and tumor characteristics. We developed BNs to quantify the strength of associations between these variables, and to infer sets of behavioral pathways implicated in obesity.

RESULTS: Preliminary results indicate that BMI, poor sleep quality and age directly and negatively impact moderate-vigorous physical activity (MVPA) level, and after accounting for these three factors, MVPA level is independent of all other variables. Further, we identified an interrelated sub-cluster comprising of sleep quality, depression, and quality of life (mental and physical).

CONCLUSION: Our findings suggest that this novel BN approach can elicit informative network structures and could be valuable in behavioral research.

#70. MEGHAN YAP

OPPORTUNITIES TO BETTER SUPPORT SURVIVORS OF CAMPUS SEXUAL ASSAULT (SA): AN ANALYSIS OF POLICIES AND SERVICES AT UCSD

CATEGORY

Public Health Research

COLLABORATORS

Katherine McClendon, Anita Raj

ABSTRACT

BACKGROUND/CONTEXT: In the US, one in five women experience SA during their undergraduate training and only 12% of survivors will report the crime to police. Survivors who use SA resources are less likely to experience PTSD or depression, while those who feel betrayed by their institutions experience poorer psychological outcomes. Supportive campus environments can enhance reporting and trauma service utilization.

STUDY OBJECTIVES: This study aimed to evaluate UCOP and UCSD SA policies and services, and understand barriers survivors face within university infrastructure.

SETTING/SUBJECTS: Three female SA survivors and six SA service providers at UCSD were informally interviewed on their experiences with UCSD SA policies and services.

METHODS/DESIGN: From September 2015 to February 2016, UCSD and UCOP policies related to campus SA (5 policy documents), and state and national SA coalitions' recommendations on how campuses should address SA were reviewed and compared for consistency. Clery Act data of UCSD SA reports were reviewed.

RESULTS: UCSD and UCOP SA policies focus on the disciplinary process for perpetrators, despite SA coalitions recommending survivor-centered approaches. Confidentiality standards, sensitivity training, and metrics of policy efficacy are not included in either policy. Campus services are emotionally supportive, but cannot affect change for academic accommodations or other structural supports. Reporting to campus police is undesirable; there are 12,634 female students at UCSD, but only 33 SA reports were made during the 2012-2014 school years.

CONCLUSION: UCSD SA policies and programming do not meet SA coalition standards and are not survivor-centered. Improvements to enhance reporting and reduce SA-related trauma for survivors are needed.

#71. JINNIE CHANG

UNCOVERING IMPLICIT BIAS

CATEGORY

Public Health in Action

COLLABORATORS

Naeemah Munir

ABSTRACT

BACKGROUND/CONTEXT: Racial bias can create health disparities via multiple pathways one of which is the effects of physician implicit bias on the physician-patient relationship. Implicit bias may affect physician behavior in ways that may elicit a negative patient reaction, which degrades clinical communication and thus contributes to racial healthcare disparity. Although healthcare providers may not be able to change the realities of persistent discrimination that our minority patients experience in their daily lives, we can address the implicit bias we carry into our patient encounters. The purpose of this idea is to prompt the exploration of implicit bias in ourselves to decrease racial healthcare disparities and thus diminish racial health disparities.

POPULATION OF INTEREST: Pre-clerkship undergraduate medical educators and students

DESCRIPTION OF THE PROJECT: Phase I: Pilot Small Groups Participants were encouraged to take the Implicit Association Test (IAT) before meeting with the small group. Discussion questions asked students to reflect on their upbringing, possible sources of bias, and previous moments where they have witnessed or experienced bias. Session ended with a summary of tools to help students continue to reflect on their implicit bias. Phase II: Facilitator Training The facilitator's role in the small group discussion is crucial to providing a safe space; and thus facilitators must be aware of their own bias and be comfortable with discussion bias amongst students. We would request for facilitators to take the IAT prior to participating in the training. Similar prompts developed during the pilot small groups will also be used during the facilitator training. Phase III: Incorporation of Small Groups into Practice of Medicine (POM) Curriculums The small group discussions, along with prompts will become apart of the curriculum during pre-clinical years. Meetings have already taken place with the course directors who are in support of incorporating implicit bias discussions into POM.

IMPLICATIONS: By empowering students to acknowledge their own implicit bias, accept their bias, and actively prevent it from affecting patient care, we will narrow the racial health disparities gap.

#72. KATIE CRIST

HOW CAN WE BRIDGE THE GAP? A CASE STUDY IN COLLABORATION BETWEEN PUBLIC HEALTH RESEARCHERS AND ACTIVE TRANSPORTATION PLANNERS

CATEGORY

Public Health in Action

COLLABORATORS

Jasper Schipperijn, Jacqueline Kerr

ABSTRACT

BACKGROUND/CONTEXT: Active transportation (AT) practitioners and researchers in many fields have a common goal of increasing physical activity. Research data could support the identification, implementation and evaluation of AT projects. Such collaborations would serve a dual purpose of more efficiently utilizing scarce resources, while expanding the real world utility of research data.

POPULATION OF INTEREST: Stakeholders with knowledge of active transportation modeling and planning or a related research field.

DESCRIPTION OF THE PROJECT: The specific aims were to: 1) identify facilitators and barriers of collaboration, 2) determine what research data might be useful in AT processes and 3) identify collaboration opportunities. A snowball sampling strategy was used and twelve, semi-structured interviews were conducted. All interviews were audio recorded, transcribed and coded to discern common themes. Identified barriers included: contractual agreements, data sharing, timeline for deliverables, and faculty turnover. Opportunities for collaboration included: need for local data, availability of GPS and physical activity data, and development of common survey tools. Two potential collaborations utilizing data from bicycling research studies emerged as outcomes from these discussions.

IMPLICATIONS: Health researchers need to initiate discussions with AT practitioners in order to understand issues, build relationships, and collectively generate collaboration ideas. Certain health research data is useful in identifying and evaluating AT projects. Sharing of research data was feasible and less burdensome than expected and may be a necessary, early step in order to engage AT partners.

#73. BIANCA DEVOTO

RADIATION SURVEILLANCE IN LABORATORY WORKSPACES: EVALUATING SAMPLING TECHNIQUES TO PROTECT WORKERS AND THE ENVIRONMENT

CATEGORY

Public Health in Action

COLLABORATORS

Margaret Ryan, Patrick Beall, Albert Sandoval

ABSTRACT

BACKGROUND/CONTEXT: Some laboratory workers have unique potential for exposure to ionizing radiation from substances on surfaces in their workplaces. In addition to personal dosimetry assessments, occupational health programs include “swipe sampling” of workbench surfaces to assess potential radiation exposure. Swipe sampling must be both accurate (maximizing capture of radioactive materials) and efficient (minimizing environmental waste).

POPULATION OF INTEREST: To protect workers in this laboratory in northern California, radiation sampling is performed using filter paper to swipe surfaces, as per a standard protocol. Occupational health professionals proposed that using cotton swabs, instead of filter paper, would reduce environmental waste. Testing was performed to determine if cotton swab samples would capture radiation as completely as filter paper in this workspace.

DESCRIPTION OF THE PROJECT: Fifty-one paired tests were performed, using filter paper and cotton swabs to swipe surfaces contaminated with potassium chloride (KCl). A liquid scintillation counter quantified radiation activity collected by each sample in disintegrations per minute (dpm). Under conditions of medium and high concentrations of KCL, cotton swab swiping consistently captured lower levels of radioactivity than filter paper swiping. Differences averaged >200 dpm between the two techniques, which was considered both statistically and clinically significant.

IMPLICATIONS: Occupational radiation swipe sampling using cotton swabs was not equivalent to the current standard of swipe sampling using filter paper in this setting. Although efforts to reduce environmental waste with smaller swipe materials are laudable, the continued use of the filter paper standard is recommended, in order to accurately assess radiation exposure, in these workplaces.

#74. KATHERINE GARCIA

DOC-FOR-A-DAY: THE PROMOTION OF HEALTH CAREERS TO HIGH SCHOOL STUDENT IN THE SAN DIEGO AREA

CATEGORY

Public Health in Action

COLLABORATORS

Lindia Willies-Jacobo, Lorenzo Gonzalez, Andrea Fuentes, Kim Nguyen-Ta, Katharine Griffin Gorsky

ABSTRACT

BACKGROUND/CONTEXT: Doc-for-a-Day (D4AD) was founded by a student organization, the Latino Medical Student Association (LMSA) to expose underrepresented and disadvantaged students to the field of medicine. Doc-for-a-Day is a 'service-learning' activity whereby medical students get the unique opportunity to interact with and engage disadvantaged middle and high school students for one day at the School of Medicine. Students participate in hands-on activities addressing the cardiovascular, musculoskeletal, neurologic, and gastrointestinal systems. They are also fully engaged in nutritional and pharmacology workshops.

POPULATION OF INTEREST: Pre-health Students, Health Professions, Public Health, Community members

DESCRIPTION OF THE PROJECT: Our D4AD event is held twice a year targeting low income high schools in the San Diego region. High school and middle school students are exposed to hands on activities facilitated by medical students.

IMPLICATIONS: Addresses the shortage of underrepresented health professionals in the field of medicine and pharmacy. This project aims to increase the number of students interest in the field of medicine by providing interactive sessions and an opportunity to engage with medical students and physicians.

#75. KHUSHWINDER GILL

EARLY DETECTION OF OSTEOPOROSIS IN ASIAN AMERICANS OF SAN DIEGO COUNTY: ASSOCIATION WITH BODY MASS INDEX (BMI)

CATEGORY

Public Health in Action

COLLABORATORS

Binh Tran, Sarah McBane, Brookie M. Best.

ABSTRACT

BACKGROUND/CONTEXT: This study intended to assess whether low Body Mass Index (BMI) contributes to a higher risk of osteoporosis in foreign-born Asian Americans living in San Diego County. Osteoporosis leads to bones becoming less dense and more likely to fracture. Vertebral fractures can result in a loss of height, deformed posture, and long-lasting pain. Hip fractures can limit mobility and lead to a loss of independence with mortality up to 36 % within one year. 1 It is often difficult to identify osteoporosis at early stages because patients are unaware of the disease until pain or fracture. Thus, it is essential to identify patients with risk factors and intervene early.

POPULATION OF INTEREST: Asian American Populations of San Diego County over the age of 50 years.

DESCRIPTION OF THE PROJECT: 1.) BMI was determined from measurements of weight and height. Four BMI categories were used to evaluate patients: low (<18.5), normal (18.5-23.0), pre-obese (23.1-27.5) and obese (>27.5). 2 2.) Bone density was measured using a GE Achilles bone densitometer. A T-score between +1 and -1 was normal or healthy. T-score between -1 and -2.5 suggested the participant had low bone mass. A T-score of -2.5 or lower suggested the participant had osteoporosis. The more negative the number, the more severe the osteoporosis.3 Finally, ANOVA and Bonferroni tests were used to evaluate relationship between average T-scores and BMI categories.

IMPLICATIONS: This study suggests an association between bone density and BMI in foreign-born Asian Americans living in San Diego County.

#76. RACHEL KRAMER

EMPOWERING SAN DIEGO COUNTY BUSINESS LEADERS TO DEVELOP A HEALTHY WORKFORCE THROUGH LIVE WELL @ WORK

CATEGORY

Public Health in Action

COLLABORATORS

Kelley Thompson

ABSTRACT

BACKGROUND/CONTEXT: In the U.S., over 65% of the workforce is overweight or obese, which cuts into company profits and productivity through increased health care expenditures. Businesses have the power to act as a first line of defense against many diet-related chronic diseases and improve their bottom line by investing in employee health. For every dollar spent on workplace wellness programs, employers can save up to \$6 through reduced sick leave, medical costs, and workers' compensation claims.

POPULATION OF INTEREST: Employees in low-wage industries in San Diego County, including agriculture, hospitality, retail, healthcare, gaming, government and non-profit.

DESCRIPTION OF THE PROJECT: Live Well @ Work provides customized support in establishing comprehensive wellness programs tailored to meet the needs of businesses and their employees at no-cost. Through the use of an evidence-based toolkit, Live Well @ Work transforms the culture of health in the workplace by working with human resource departments and managers to establish healthy policies, update employee handbooks, and implement environmental changes to make healthy choices accessible for all employees.

IMPLICATIONS: Live Well @ Work strives to promote health equity among employees in San Diego County through establishing systemic organizational changes and inclusive policies that provide access to healthy food and beverage options, safe physical activity opportunities, and food security and preventive health resources. The project addresses health disparities incurred disproportionately by low-wage employees through the development of sustainable programming that promotes a comprehensive culture of health in the workplace.

#77. DANIEL KRIPKE

HINDERING THE HYPNOTICS MASS MURDER

CATEGORY

Public Health in Action

ABSTRACT

BACKGROUND/CONTEXT: From 1975 to 2002, the American Cancer Society kindly allowed me to work on Cancer Prevention Study data (over 2 million participants), that showed that using "sleeping pills" most nights was associated with 25-50% increases in mortality. With Robert Langer and Lawrence Kline, we then examined electronic medical records of over 30,000 patients from the Geisinger Health system, examining specified drugs and doses prescribed, controlled for the medical comorbidities, obesity, smoking, etc. The more precise data yielded a shocking risk ratio for use of prescription hypnotics of about 4-fold with dose-response. Weich et al. had similar results with a study of benzodiazepine agonist use in over 100,000 patients of British general practitioners, and Palmaro et al. recently showed even higher risk ratios for the first 3-6 months of hypnotics usage. In the last 4 years, over 50 papers have helped document that hypnotics must kill tens of thousands or hundreds of thousands of Americans every year, but have done little to restrict hypnotics use.

POPULATION OF INTEREST: Hypnotics may be one of the largest mortality and mortality risks to the U.S. public and others world-wide.

DESCRIPTION OF THE PROJECT: Therefore, in October, 2015, I petitioned the FDA Commissioner to restrict the use of popular hypnotics. This poster will give an update on this intervention.

IMPLICATIONS: Those interested in public health should set hypnotics restriction high in their priorities.

#78. KUSAYNYONON MACKENZIE

HARVEST OF THE MONTH (HOTM): INFLUENCING STUDENT EATING BEHAVIOR THROUGH EXPERIMENTAL LEARNING

CATEGORY

Public Health in Action

COLLABORATORS

Angela Kim

ABSTRACT

BACKGROUND/CONTEXT: The UCSD Center for Community Health implements a farm-to-school program known as HOTM in 12 San Diego County school districts, reaching over 50,000 students. HOTM promotes consumption of locally-grown produce via education and social marketing. The HOTM in the Classroom Program is a curriculum-based nutrition education which aligns to California Content Standards, Common Core, and Next Generation Science Standards.

POPULATION OF INTEREST: The program is targeted towards elementary school children from lower-income communities who are of higher risk of obesity and related chronic diseases.

DESCRIPTION OF THE PROJECT: Students try different fruits or vegetables every month in the classroom, learn how it's grown and harvested, and complete corresponding HOTM and general nutrition education lessons. The HOTM is also made available on the school salad bar all month long. The multicomponent approach also includes; school staff training and development, initiation and support of local procurement by school districts, parent engagement, nutrition services policy development and implementation, and ongoing technical assistance.

IMPLICATIONS: Equitable access to experimental learning with nutritious foods can set the stage for developing preference to healthy foods among children at risk for obesity. Because the program is curriculum-based and linked to state and national education standards, nutrition education is elevated to a subject of study along with math, science, and reading. Children will make food choices every day for the rest of their lives. If they can make the healthy choice based on facts and their own food experiences, there is potential to make them life-long conscientious eaters.

#79. KUSAYNYONON MACKENZIE

EVALUATING FAITH-BASED APPROACHES TO ADDRESSING CARDIOVASCULAR DISEASE DISPARITIES AMONG AFRICAN AMERICANS

CATEGORY

Public Health in Action

ABSTRACT

BACKGROUND/CONTEXT: Southeastern San Diego has a disproportionately high prevalence cardiovascular disease (CVD) among African Americans as compared to other communities and ethnic groups throughout San Diego County. The Southeastern San Diego Cardiac Disparities Project convenes 15 faith-based organizations in Southeastern San Diego to participate in a planning committee focused on developing policy, systems, and environmental (PSE) changes to implement in their congregations to address health disparities. UCSD Center for Community Health is leading formal outcome evaluation of this community-based initiative.

POPULATION OF INTEREST: African American adults residing in Southeastern San Diego

DESCRIPTION OF THE PROJECT: The evaluation will determine to what extent African Americans have increased access to opportunities for CVD prevention and management after the implementation of the Southeastern San Diego Cardiac Disparities Project. The indicators used to measure access are 1) number of African American adults engaging in programs and activities resulting from PSE changes within the faith-based setting and 2) the number of African American adults referred to community and clinic resources for CVD prevention and management.

IMPLICATIONS: Outreach via faith-based organizations to address health disparities within communities of color is not a novel approach. Many grassroots activities to reduce CVD in African Americans occur outside of academia, in faith-based settings, and many if not most of these activities are not published. This evaluation hopes to inform the evidence-base, as there is a need for more literature on the role of nontraditional healthcare settings in advancing health equity among African Americans.

#80. KUSAYNYONON MACKENZIE

EVALUATING STRATEGIES FOR INCENTIVIZING HEALTHIER CHILDCARE ENVIRONMENTS TO HISPANIC-LATINO PARENTS OF PRESCHOOL-AGED CHILDREN

CATEGORY

Public Health in Action

ABSTRACT

BACKGROUND/CONTEXT: The YMCA Childcare Resource Service (YMCA) of San Diego offers a Wellness Champion (WC) designation to licensed family childcare facilities willing to trained and comply with elevated wellness standards, in turn qualifying the facility for priority referral to parents seeking childcare through the YMCA. A special phone script for incoming calls to the YMCA childcare referral line is used to highlight the important nutrition and physical activity standards these facilities provide. Wellness Champions also are also promoted on the YMCA website and childcare search database. UCSD Center for Community Health is currently conducting outcome evaluation on this project.

POPULATION OF INTEREST: Hispanic/Latinos residing in Western Chula Vista, CA

DESCRIPTION OF THE PROJECT: Through survey administration and key informant interviews, the evaluation seeks to find out how many parents enroll children in Wellness Champions facilities after the implementation of the referral program, and what the competing priorities are when seeking childcare among this population.

IMPLICATIONS: Early childcare and development facilities represent a valuable obesity prevention opportunity, providing access to a large portion of children at a vital point in their development. There is a wealth of information pertaining to guidelines on child nutrition and physical activity standards that can be applied to the childcare setting. But little evidence exists on methods and strategies for incentivizing healthier childcare environments to parents, more specifically; Hispanic/Latino parents of preschool aged children living in predominantly low-income communities. Understanding confounding factors and competing interest in childcare facility selection within this population can be translated into recommendation for healthy childcare program development.

#81. MARIA LUISA MITTAL

BUILDING BINATIONAL AND INTERDISCIPLINARY CAPACITY FOR A SUSTAINABLE MOBILE WOUND CLINIC FOR PERSONS WHO INJECT DRUGS (PWID) IN TIJUANA, MEXICO

CATEGORY

Public Health in Action

COLLABORATORS

Patricia González-Zuñiga, Claudia Rafful, Austin James Parish, Kenya Lazos-Torres, Teresita Rocha-Jiménez, Jaime Arredondo, Peter J Davidson, Steffanie A Strathdee

ABSTRACT

BACKGROUND/CONTEXT: Despite having the highest number of PWID per capita in Mexico, Tijuana's harm reduction services are scarce and lacking adequate funds. La Clínica de Heridas/Wound Clinic is an all volunteer-based non-profit effort, which serves healthcare needs of street-based PWID. We aim to ensure healthcare equity by empowering PWID to address personal health issues in a safe and non-judgmental environment free-of-charge, while improving linkage to government-sponsored health and social services.

POPULATION OF INTEREST: PWID in Tijuana, most of whom live on the streets, are often migrants/deportees unable to access health services due to structural barriers (i.e. lack of personal identification, stigmatization by healthcare providers and/or law enforcement).

DESCRIPTION OF THE PROJECT: The mobile wound clinic is a bimonthly effort created in response to community needs for PWID unable to access healthcare due to social and structural barriers. This binational, multi-lingual, and interdisciplinary volunteer team consists of physicians, students (i.e. medical, sociology, and global health), psychologists, and peer outreach workers, including people living with HIV. A binational network of volunteers from Tijuana (Universidad Xochicalco, UABC), Valle de las Palmas (UABC), California (UCSD, UCLA, USD, SDSU, Stanford), and donors ensure a constant, yet limited, amount of pharmaceuticals and sterile wound care supplies.

IMPLICATIONS: Our clinic confronts social injustice directly by providing healthcare services to vulnerable populations unable to use Mexico's universal healthcare system for low-income citizens. We continuously mitigate the damage caused by structural violence upon this underserved population by regaining their trust in healthcare providers and link them to care in order to sustainably improve their quality of life.

#82. JOHN NGUYEN

GENERATION RX ON EDUCATION AND AWARENESS OF PRESCRIPTION DRUG ABUSE FOR SAN DIEGO YOUTH

CATEGORY

Public Health in Action

COLLABORATORS

Deborah Kim, Michael Pham, Francis Wang, Nathan Painter

ABSTRACT

BACKGROUND/CONTEXT: In a 2013 study, the National Survey on Drug Use and Health estimated that 6.5 million adolescents used prescription drugs at least once for nonmedical purposes in the past year. Of those 6.5 million adolescents, 69% used pain relievers, 26% used tranquilizers, 21% used stimulants, and 4% used sedatives. Prescription drug abuse has become one of the leading causes of fatalities in the nation. Surveys show teenagers believe prescription drugs are more easily accessible than illicit drugs (Drugfree.org). Due to the need for education, student pharmacists and pharmacists at the University of California, San Diego School of Pharmacy created Generation Rx, a middle and high school program designed to spread awareness and prevent abuse.

POPULATION OF INTEREST: Middle and high-school students

DESCRIPTION OF THE PROJECT: Generation Rx is a team of student pharmacists, residents, and pharmacists trained to educate local students on the dangers of prescription drug abuse. This project uses science and health education to address the consequences. The curriculum was designed for classrooms at middle and high schools. The presentation begins with a video depicting the prevalence of prescription drug abuse. A discussion follows regarding commonly abused prescription drugs, adverse effects, and social and legal repercussions. As a conclusion, time is set for student-produced skits to consolidate the lesson.

IMPLICATIONS: Prescription drug abuse has become one of the leading causes of fatalities in the nation. The health implication for this project is to use education to aid students into making conscientious, well-informed decisions. Ultimately, the goal is to prevent drug abuse through acknowledgement and education.

#83. JI PARK

NUTS AND OLESTRA FOR PERSISTENT ORGANIC POLLUTANT REDUCTION TRIAL

CATEGORY

Public Health in Action

COLLABORATORS

Jose Suarez, Andrea LaCroix, Cheryl Rock

ABSTRACT

BACKGROUND/CONTEXT: POPs are mostly manmade chemicals previously used in agriculture and in the manufacturing of building materials and many household products. Organochlorine pesticides such as dichlorodiphenyltrichloethane (DDT) is still detected in the food supply and in the US general population, because of its long half-life (2 -15 years), fat solubility and recirculation in the food web. Diet is currently the most important human source of POPs exposures in the US. POPs in humans have been linked to negative health outcomes, which may derive from endocrine disruption. A growing body of evidence associates exposure to POPs with development of type II diabetes, thyroid hormone alterations and possibly neurobehavioral alterations and cardiovascular disease. We recently observed that blood concentrations of PCBs and organochlorine pesticides were positively associated with altered glucose and lipid homeostasis in a prospective cohort study. There is no metabolism of these compounds that we are aware of. These chemicals bio-accumulate in animal tissues and are not readily excreted. Very few clinical trials aimed at reducing body burdens of POPs exist.

POPULATION OF INTEREST: San Diego

DESCRIPTION OF THE PROJECT: The objective of this pilot study is to conduct a 6-month randomized controlled trial of Nuts and Olestra to enhance the excretion of POPs among 45 healthy adults aged 50 to 70 years with BMIs between 18-30 kg/m².

IMPLICATIONS: The almost ubiquitous presence of endocrine disrupting POPs in US adults is a substantial public health concern, particularly because there is no established treatment to reduce body concentrations of POPs. There is potential for dietary interventions to have an important role in the reduction of POPs at a population level due to their and low cost and wide use.

#84. PORCHIA RICH

AN ECOLOGICAL INTERVENTION FOR PHYSICAL ACTIVITY IN DIVERSE LOW INCOME SENIOR CENTERS - A WEB DATABASE

CATEGORY

Public Health in Action

COLLABORATORS

Khalisa Bolling, Brittany Lewars, Katie Crist, Michelle Takemoto, Jacqueline Kerr

ABSTRACT

BACKGROUND/CONTEXT: There is a great need to increase physical activity in older adults, especially in group based settings. For interventions to be sustainable, multiple levels of the Ecological model need to be addressed and community delivery of the components must be feasible. Further, evidence based programs to improve health are dependent on a sufficient dose of the intervention being delivered. Our intervention introduces a novel tablet-based method to support and track the delivery of multiple behavior change strategies by community based peer leaders to increase physical activity in older adults.

POPULATION OF INTEREST: Seniors (50 + years) who attend senior community centers, or members of the surrounding community

DESCRIPTION OF THE PROJECT: The components of our web database tool were designed for use with trained older adult peer leaders and were developed based on our previous studies with older adults and with our community advisory board. We pilot tested it with trained peer leaders before deploying it in the field. The system provides real-time feedback to peer leaders in the quality of the implementation and delivery of the study program. This is important for bridging the science-to-service gap often seen in health intervention studies. The peers can also use the tool to enter data from participants and give feedback to them on their progress. The data are transferred and stored in a secure location at UCSD to allow for remote monitoring by UCSD staff of program activities, to identify opportunities for continued support, and to ensure program fidelity. These are achieved by utilizing a "Health Coach Dashboard", which is a snapshot of participant progress & snapshot of health coaching activities.

IMPLICATIONS: This web database tool is being tested to see if using this tool leads to increases in physical activity compared to standard physical activity programs that already exist at senior centers.

#85. AMINA SHEIK MOHAMED

IMPROVING MUSLIM YOUTH PARTICIPATION IN PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

CATEGORY

Public Health in Action

COLLABORATORS

Blanca Melendrez, Elle Mari, Michelle Zive

ABSTRACT

BACKGROUND/CONTEXT: San Diego County has a large diverse community. Residents come from a variety of racial and socioeconomic backgrounds, and include immigrants, refugees, and native-born Americans. In fact, San Diego is a home to a large and growing Muslim population. Therefore, it is important to ensure the Muslim community has full access to the many opportunities available to San Diego County residents to guarantee good health and well-being. Further, the health programs and materials for Muslims should be culturally competent in order to guide and addresses specific aspects of those inclusion efforts, such as improving and encouraging participation of Muslim females in physical activity. So Muslim girls can fully enjoy the benefits of physical activities in public settings.

POPULATION OF INTEREST: Muslim Youth and Parents Policy Advocates, School Districts, Schools Park and Rec Administrators

DESCRIPTION OF THE PROJECT: In collaboration with UC San Diego Center for Community Health, Point Loma University, United Women of East African Support Team, Muslim American Society of San Diego and other CBOs collaborated to address Muslim community needs and developed a physical activity practical guide. The guide is intended to help improve the participation of Muslim youth in school and community physical activity opportunities. Strategies are described for physical activity providers to improve religious and cultural sensitivity, and create inclusive spaces for physical activity. In particular, the guide encourages the adoption of organizational-level policies that ensure

IMPLICATIONS: The physical activity guide has received a lot support from many community leaders and has been implemented by a number of community organizations. As a next step to the project, we are looking forward to partnering with school districts and collaborating on cultural competency training as well as adaptation and implementation.

#86. AMANDA WILSON

ADVANCING TRANSLATION AND DISSEMINATION RESEARCH AND PRACTICE THROUGH THE PHYSICAL ACTIVITY POLICY RESEARCH NETWORK PLUS

CATEGORY

Public Health in Action

COLLABORATORS

Keshia Pollack, Tom Schmid, James Sallis, Maryanne Bailey, Eric Schulman, Carmen Cutter

ABSTRACT

BACKGROUND/CONTEXT: In the United States (U.S.), physical inactivity is the fourth leading cause of death, with an estimated 200,000 deaths annually. The lack of activity across the life span is important because it is a well documented risk factor for leading non-communicable diseases including cardiovascular disease, cancers, obesity, and type 2 diabetes, as well as impaired quality of life.

POPULATION OF INTEREST: The need for policies and environments that promote population-wide increases in physical activity (PA) is important, given that only half of U.S. adults and one-quarter of children (6-15 years) meet the recommended levels.

DESCRIPTION OF THE PROJECT: The CDC-funded Physical Activity Policy Research Network (PAPRN+) Coordinating Center is jointly led by Active Living Research with colleagues from Johns Hopkins Bloomberg School of Public Health. The mission of PAPRN+ is to conduct and communicate policy research so it can be used by stakeholders in multiple sectors to help all Americans achieve adequate PA, with an emphasis on walking, to promote and sustain health.

IMPLICATIONS: Despite the availability of evidence-based interventions targeting the various factors that influence participation and opportunities for PA there is little indication that these interventions are being widely disseminated or implemented. PAPRN+ is designed to move beyond generating evidence to translating evidence into practice and policy actions to ensure that scientific discoveries actually reach the populations for whom they are intended and are implemented with fidelity. The Network accomplishes this by deepening relationships with diverse sectors responsible for PA environments and policies and building capacity for public health professionals to collaborate effectively with non-health disciplines.

#87. SHANA WRIGHT BRUNO

SUPPORTING BREASTFEEDING IN COMMUNITY HEALTHCARE CENTERS

CATEGORY

Public Health in Action

COLLABORATORS

Anne Kashiwa, Naomi Billups, Dierdre Browner, Dean Sidelinger, Michelle Zive

ABSTRACT

BACKGROUND/CONTEXT: Breastfeeding has tremendous health benefits for both infants and their mothers. Breastfeeding duration differs substantially by race, socioeconomic background, and other demographic factors. Community Healthcare Centers (CHCs) are main providers of health care services for medically underserved communities and vulnerable populations. Therefore, a focus on supporting breastfeeding for women seen at CHCs can be an important strategy in reducing health inequities. The Lactation Supportive Environments (LSE) initiative in San Diego County focuses on obesity prevention through capacity building and systems changes to increase access to environments that support the initiation and duration of breastfeeding.

POPULATION OF INTEREST: Women and infants

DESCRIPTION OF THE PROJECT: Through the Lactation Supportive Environments project, six CHCs were recruited to receive assistance in enhancing lactation support for their clients and employees. Each CHC completed an initial assessment and received an action plan touching on ten strategies across policy, environmental, clinical, and sustainability interventions to help address breastfeeding support goals.

IMPLICATIONS: Through innovative partnerships and an advisory committee, CHCs are addressing the following strategies: implementation of breastfeeding supportive policies and environments (infant feeding policies, breastfeeding friendly office environment policies, and workplace lactation accommodation policies), staff education, clinical services, patient education, community resources, and financial sustainability including billing for breastfeeding services. Through the development of an advisory committee, innovative partnerships, environmental strategies, and financial sustainability plans, CHCs are better equipped to create policies and environments supportive of breastfeeding.

#88. JANNET CHEN

PROGRAM DEVELOPMENT AND STANDARDIZATION AT HAZEL GOES COOK ELEMENTARY SCHOOL

CATEGORY

Public Health Practicum

ABSTRACT

BACKGROUND/CONTEXT: Hazel Goes Cook Elementary School is located in Chula Vista, California, a low socioeconomic neighborhood with a strong need for programs and interventions to address health disparities. Often, the children living in areas of low socioeconomic status are negatively impacted and suffer worse health outcomes than children living in more affluent neighborhoods. One method of improving these health outcomes is through educational and school-based programs because most young people are enrolled in primary schools.

POPULATION OF INTEREST: Hazel Goes Cook 4th Grade Elementary Students

DESCRIPTION OF THE PROJECT: To assess the efficiency and effects of a health sciences education program at the school site, pre and post tests will be administered to measure 4th grade students' knowledge concerning the nutrition and healthy eating module in the program's curriculum. The results from the pre and post tests will assist in developing and standardizing the overall program curricula.

IMPLICATIONS: From data collected from the pre-test, 4th grade students show a lack of knowledge regarding nutrition and healthy eating, suggesting a need for further education on these topics. While health education is beneficial to students, the program also has the potential to be beneficial to parents and other adults in the Chula Vista neighborhood.

#89. KENDRICK CUERO, ASHLYN SCHMITGEN, ANDREW TRINIDAD

CANCER PREVENTION AND EDUCATION

CATEGORY

Public Health Practicum

COLLABORATORS

Veronica Villarreal

ABSTRACT

BACKGROUND/CONTEXT: In addition to being one of the leading causes of morbidity and mortality worldwide, cancer is the number one cause of death in San Diego County. In fact, the rate of cancer-related death in North Central San Diego—where the Linda Vista Health Fair (LVHF) is located—remains at a towering 28% (San Diego County HHS). Unfortunately, the uninsured population generally lacks access to the resources involved in cancer prevention. This barrier produces disparities in screening rates and prevention, resulting in disproportionate health outcomes.

POPULATION OF INTEREST: Located in a medically underserved area, the LVHF treats an uninsured and primarily Spanish-speaking community. Because the monthly health fair is the primary source of care for most patients, prevention services are less accessible. By implementing HPV vaccination vouchers for adolescents and breast cancer screening navigation in women over 40, in addition to the existing colorectal cancer screening, we aim to lower the risk for cervical cancer and increase earlier detection of breast cancer.

DESCRIPTION OF THE PROJECT: To identify the needs of our target groups, we will distribute a baseline questionnaire to evaluate patients' current experience with screening and immunization. Following an educational intervention, we will conduct a post-intervention survey to assess any changes in knowledge or intention to seek prevention services. Finally, we hope to empower patients with the ability to undergo screening by providing them with information on screening and vaccine services.

IMPLICATIONS: We hope to reduce health disparities in cancer morbidity and mortality by providing underserved patients with the knowledge and resources necessary to seek preventative care.

#90. SERENA DUNHAM

EVALUATING THE ALZHEIMER'S SAN DIEGO'S ALZ COMPANIONS PROGRAM

CATEGORY

Public Health Practicum

COLLABORATORS

Adrianna McCollum, Lori Montross Thomas

ABSTRACT

BACKGROUND/CONTEXT: Studies show family caregivers of individuals with dementia face high burden on their physical and mental health as well as their family members. Alzheimer's San Diego saw a need for a program in this county due to the large number of unpaid caregivers caring for individuals with dementia. They created Alz Companions which provides both companionship for those with dementia and a break for their family caregiver.

POPULATION OF INTEREST: The population of interest is the Alz Companions clients with a focus on family caregivers who care for individuals in early to middle stage dementia.

DESCRIPTION OF THE PROJECT: Evaluated the Alz Companions program to determine how caregivers spend their breaks as well as the effects of caregiver self-care on their quality-of-life (QOL) and perception of their caregiving capabilities. Analyzed program demographics to determine program success. Mixed methods evaluation of 62 surveys of caregivers who used the program for one month. Quantitatively measured to look at associations between self-care and QOL and perception of self-efficacy in their caregiver role. The qualitative measurements looked for themes in how breaks were used and overall program perceptions.

IMPLICATIONS: The Alz Companions program gives the family caregiver time to rest and focus on their personal needs. The intent is to improve their quality of life and therefore improve their long-term health outcomes. Bettering the mental and physical health of the caregiver will help the health and wellbeing of the family member they care for.

#91. BRENDA GUTIERREZ

COPING WITH STRESS: AN INTERACTIVE MENTAL HEALTH WORKSHOP FOR ADOLESCENTS

CATEGORY

Public Health Practicum

COLLABORATORS

Aki Wen

ABSTRACT

BACKGROUND/CONTEXT: Scripps AHEC reaches out to youth through programs such as “Health Professions in the Classroom”, where Scripps residents engage students on health topics through presentations in participating high school classrooms. The increased stress and burden that depression inflicts on adolescent lives makes mental health an important health topic to discuss. Considering the stigma that surrounds mental health, an innovative approach to introducing the material to adolescents in a classroom setting was developed.

POPULATION OF INTEREST: The workshop site was at Southwest High School in South Bay San Diego. The majority of students come from a disadvantaged background; thus, adolescents are more susceptible to certain stresses and may benefit from a workshop that focuses on mental health and stress reduction.

DESCRIPTION OF THE PROJECT: An interactive mental health workshop was developed for adolescents with an adapted curriculum from previous successful interventions. The first portion of the workshop focused on mental health awareness while the second portion was dedicated to small group exercises that focused on stress reduction techniques. A medical resident, social worker, medical student, and a public health undergraduate student carried out the workshop. A questionnaire was administered to the students who participated in the workshop in order to assess whether the students were receptive to the curricula

IMPLICATIONS: The mental health workshop is a form of depression prevention. Addressing mental illness and factors that affect depression, such as stress, during adolescence plays a significant role in reducing the incidence of depression later in life because most cases of recurrent adult depression have their initial onset during adolescence.

#92. NAEYEON KIM

PUBLIC HEALTH ACCREDITATION BOARD

CATEGORY

Public Health Practicum

ABSTRACT

BACKGROUND/CONTEXT: Nationwide public health centers are leading towards becoming accredited with the Public Health Accreditation Board (PHAB) due to their mission of improving and protecting the health of the general public. Accreditation requires organizations or institutions to operate under certain protocols to advance quality and performance. Accreditation standards define expectations for public health departments and measure their performances against a set of nationally recognized, practice-focused and evidence-based standards.

POPULATION OF INTEREST: Public Health Services in the county of San Diego.

DESCRIPTION OF THE PROJECT: In preparation for the accreditation, this project focuses on developing protocol maps that illustrates the disease reporting, registration, investigation and surveillance. At the micro level, these maps were created to inform and orient the accreditation board. At the macro level, the maps gave the staff opportunity to reevaluate their investigation processes. PHAB site visitors ensured proper conformity with each measure taken and identified areas of excellence and promising practices, as well as opportunities for improvement. These maps resulted in the development of new partnerships with internal and external stakeholders. The accreditation results are pending.

IMPLICATIONS: This process identified numerous areas for quality improvement as well as a need for communication and development of new partnerships with internal and external stakeholders. Accreditation is a voluntary process. Through an organizational policy change, steps are being taken in order to become PHAB accredited.

#93. HYUNJIN KIM

A LOOK INTO THE FRUIT AND VEGETABLE CONSUMPTION PATTERNS OF 4TH GRADE STUDENTS THROUGH THE USE OF FOOD JOURNALS

CATEGORY

Public Health Practicum

ABSTRACT

BACKGROUND/CONTEXT: Hazel Goes Cook Elementary School is located in a low-income area of Chula Vista, CA. Lower SES has been associated with poorer dietary habits possibly due to a reduced availability and access to healthy and fresh foods. Despite a lack of resources, education is important for improving awareness of health eating habits, possibly resulting in healthier eating practices.

POPULATION OF INTEREST: 4th grade students of Hazel Goes Cook Elementary School

DESCRIPTION OF THE PROJECT: This project aims to take a “snapshot” of the dietary habits of two 4th grade classes at Hazel Goes Cook Elementary School. Students will be taught about general healthy eating practices, and food journals will be administered to each class as an accommodating homework assignment. Students will record their food intake for breakfast, lunch, and dinner for five days. Results will then be used to describe student’s dietary habits.

IMPLICATIONS: Out of 48 students whose entries were recorded, only three students appeared to eat the recommended minimum of five servings of fruits and vegetables throughout all five days (7.8%). There was also a greater frequency in the consumption of carbohydrates, proteins, fats, and dairy products overall. This data implies that further education efforts on the benefits of healthy dieting are necessary to see more balanced diets among the 4th grade students.

#94. MEGAN LUDINGTON

EHEALTH FOR EQUALITY: THE USE OF MEDICAL SCRIBES IN A FREE CLINIC SETTING

CATEGORY

Public Health Practicum

ABSTRACT

BACKGROUND/CONTEXT: The Health Frontiers in Tijuana (HFiT) clinic is a free, student-run, bi-national clinic in northern Tijuana. It relies on collaboration between multiple partners, including the UCSD medical school and the UABC medical school in Tijuana, as well as multiple physicians and undergraduate students who volunteer.

POPULATION OF INTEREST: Most of the patients are indigent, deported migrants, and dealing with substance abuse. This population has unique health needs, and it is the goal of the clinic to provide quality medical care to those who may not otherwise have access.

DESCRIPTION OF THE PROJECT: The program was developed to increase the quality of the electronic medical records (EMR), reducing the number of errors within patient files, and optimizing the training and records systems. I helped customize the EMR system the clinic had recently implemented by digitizing all of the patient forms, eliminating the need for paper files. Then a training system and a medical scribe program were developed, in order to teach the students who were shadowing the physicians to correctly use the EMR and to input the necessary data as instructed by the attending physician. Through tracking the accuracy of the records, we have found the training program to be successful in documenting all clinical encounters and improving the quality of the patient files.

IMPLICATIONS: The patients who go to HFiT encounter serious limitations in accessing quality medical care. Ensuring patient records are correct and current is vital, allowing the physicians access to the information they need in order to make informed decisions, and patient referrals for specialized care.

#95. SUSIE MANUCHARYAN

PROMOTING HEALTHY LIFESTYLES AT THE PREUSS SCHOOL

CATEGORY

Public Health Practicum

COLLABORATORS

Becky Marquez, Veronica Villarreal

ABSTRACT

BACKGROUND/CONTEXT: The Preuss School serves middle and high school students from low-income backgrounds striving to be the first in their families to attend college. To promote healthy lifestyles among students and their families, The Preuss School Practicum has two objects: 1) Study fruit and vegetable consumption in students and parents through the Food for Thoughts project 2) Provide health education and clinical services to students and parents through the Preuss Health & Wellness Fair. Both projects were developed and implemented in collaboration with faculty and students from the Healthy Path Club at The Preuss School.

POPULATION OF INTEREST: Students from low-income and predominately ethnic minority families in San Diego County.

DESCRIPTION OF THE PROJECT: The Food for Thoughts Survey assessed demographic information, frequency of fruit and vegetable consumption, and influences of fruit and vegetable consumption. The survey was administered to parents in English or Spanish during a parent teacher association (PTA) meeting and students during student advisory classes. Data will be analyzed, summarized, and reported to students, parents, and teachers at a future PTA meeting. The Health & Wellness Fair will provide free clinical services and information on local health related resources. Satisfaction with the event will be assessed via a bilingual survey.

IMPLICATIONS: Assessing dietary habits of students and parents will allow for the development of programs that better address their needs. Promoting health services at the Health & Wellness Fair will encourage health awareness and provide access to local health resources. Collaborating with both students and faculty provides mutual benefits to research and education in public health.

#96. SAIRA MAYET

COMPREHENSIVE RISK REDUCTION AMONG ADOLESCENTS WITH A FOCUS ON REPRODUCTIVE HEALTH

CATEGORY

Public Health Practicum

COLLABORATORS

Marianne McKennett

ABSTRACT

BACKGROUND/CONTEXT: Sexuality is essential to a person's identity. Sexual education can help with establishing a positive view of sexual health. Delivering sexual health education provides individuals with the tools to make informed health decisions for themselves. These tools are lifelong skills that are crucial to achieving good sexual health and promoting overall well-being. Community-based organizations and schools are effective places to communicate this topic to young people. This age group can develop accurate perceptions of sexual health that can serve to make healthy decisions in their sex lives now and in the future.

POPULATION OF INTEREST: Adolescents

DESCRIPTION OF THE PROJECT: The population of interest are adolescents in the San Diego Border Area. High schools such as Southwest High School and Hoover High School and community based organizations will receive a sexual health intervention. Cohorts of students will be given one session of sexual health education inclusive of routine exams, breast and testicular health, safer sex behaviors, and sexually transmitted infections. The session will be conducted by a trained health educator. The goal of this intervention is to increase knowledge about safe reproductive health among the target population. This will be measured through pre- and post- surveys. Adolescents will be able to identify two resources in their community for health issues and concerns.

IMPLICATIONS: Providing this type of information is fundamental in order to remove the stigma of sexual behaviors, and create generations that are able to make informed health decisions, have healthy relationships, and utilize health care resources to take care of their bodies.

#97. EMMA ROMBERG, NADIA TABATABAEPOUR

NUTRITIONAL, SAFE, AND LOCALLY GROWN: FOOD SECURITY THROUGH QUALITY PRODUCE DISTRIBUTION BY COASTAL ROOTS FARM AND ITS PARTNERS

CATEGORY

Public Health Practicum

ABSTRACT

BACKGROUND/CONTEXT: It is estimated that 14% of the population of San Diego County is food insecure (Feeding America, 2013). Food insecure individuals tend to have a lower quality diet than those who are food secure because they consume less fresh fruits and vegetables than their food secure counterparts due to decreased access. Coastal Roots Farm (CRF) is dedicated to producing and distributing nutritional, safe, and locally grown produce to the surrounding community, especially food insecure members. One of the ways in which they accomplish this is by donating produce grown on the Farm to partner organizations. The project aims to assist in understanding how effectively CRF has distributed fresh produce through its partnerships to the local community.

POPULATION OF INTEREST: Community members served by CRF through partnerships.

DESCRIPTION OF THE PROJECT: The project looks at a case study of the partnership between CRF and Community Resource Center (CRC). The methods include semi-structured interviews with representatives of CRF and CRC, as well as observations in CRC Food Distribution Center and group discussions with participants of CRC. Methods also involve compilation and analysis of existing data sources from both CRF and CRC.

IMPLICATIONS: Through this project, CRF can better understand the efficiency of distribution mechanisms already in place at partner organizations and apply findings to future partnerships. Identifying assets in the existing distribution mechanisms for CRF produce will inform current and future efforts to facilitate increased access for food insecure individuals. Strengthening CRF's partnerships will help address some of the determinants of health that contribute to food security.

#98. JOSEPHINE SHEU

PERCEIVED SLEEP QUALITY OF COLLEGE STUDENTS AND ENVIRONMENTAL FACTORS

CATEGORY

Public Health Practicum

COLLABORATORS

Sarah Linke

ABSTRACT

BACKGROUND/CONTEXT: Sleep quality is associated with students' academic performance and stress levels. However, the college environment is often not conducive to good sleep hygiene. This project sought to examine students' perceptions about their sleep quality and their awareness of the current "ZZZ's=Degrees" campaign on the UCSD campus, which provides students with tips for better sleep hygiene.

POPULATION OF INTEREST: University of California, San Diego undergraduate students

DESCRIPTION OF THE PROJECT: Undergraduate students (N=245, including 129 Public Health majors and 116 other majors) were asked to complete a survey during Weeks 6-8 of the 2016 Winter Quarter. Students completed a self-report measure that included demographic information, the Pittsburgh Sleep Quality Index (PSQI), and other questions assessing participants' sleep-related knowledge, habits, and environment. Those who completed the survey were given a small gift for their participation. Overall, 11% of participants reported very good sleep quality and 63% reported fairly good sleep quality. The majority of students (75%) were not aware of the "ZZZ's = Degrees" campaign. A minority of students reported sleep disturbances due to noise (46%), ambient noise (38%), light (28%), and/or phone calls or text notifications (25%). The average number of hours slept per night was 6.5 hours, which is under the recommended 7-9 hours of sleep for college students.

IMPLICATIONS: Overall, the majority of students perceive their sleep quality to be satisfactory and are not actively implementing changes to improve their sleep behavior. A more thorough assessment of current sleep policies at UCSD is needed to determine if improvements need to be made to promote better sleep for students.

#99. FELIX TRAN

AVAILABILITY OF FQHC'S IN MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS

CATEGORY

Public Health Practicum

ABSTRACT

BACKGROUND/CONTEXT: For the past 10 weeks, I worked as a student volunteer for the San Diego County Health and Human Services Agency. Affecting millions of American every year, mental disorders are one of the leading causes of disability in the United States, and the San Diego County is no exception.

POPULATION OF INTEREST: Specific populations, such as people in low socio-economic classes or ethnic minorities, are disproportionately affected by mental health problems. The current project focuses on the availability of mental health professionals for poor and ethnically diverse San Diegans and the potential for federally qualified health centers (FQHC's) to address this health issue.

DESCRIPTION OF THE PROJECT: The project examines areas within the county with a mental health practitioner shortage and finds that these areas have disproportionately high levels of poverty and high proportions of ethnic minorities compared to the entire county. The project then examines the locations of FQHC's in relation to these shortage areas.

IMPLICATIONS: Implications for funding an increase in mental health practitioners in the county, as well as a greater collaboration between FQHC's and the county in order to better evaluate and address the mental health needs of San Diegans, are discussed.

#100. JIAYAN WANG

IS THERE A GATEWAY?: AN ANALYSIS ON SERVICE UTILIZATION AT ALZHEIMER'S SAN DIEGO

CATEGORY

Public Health Practicum

COLLABORATORS

Adrianna McCollum, Jessica Empeño, Lori Montross Thomas

ABSTRACT

BACKGROUND/CONTEXT: Alzheimer's San Diego (Alzheimer's SD) strives to be the go-to resource in Alzheimer's and dementia support. After the National Alzheimer's Association decided in 2015 to consolidate 54 chapters into one in Chicago, the local San Diego chapter became its own independent entity in order to maintain the same quality of service to the community. Now known as Alzheimer's SD, the staff continues to provide education and support, including their Community Education classes that are held either out in San Diego county or at their base office in Convoy. Are there differences in the levels of engagement for resources of those who attended The Basics, one of their largest education classes, at on-site vs. off-site locations?

POPULATION OF INTEREST: Attendees of The Basics education classes in 2015 at on-site and off-site locations

DESCRIPTION OF THE PROJECT: By using sign-in sheets of every Basics class, each person's information is inputted into Survey Monkey, which was chosen because of its easy-to-use system and its modern applicability to Alzheimer's SD for easy collection and analysis of their future classes and events. To see whether Basics is the gateway for utilizing resources, each person is searched through Helpline, which tracks all contacts that person has made with Alzheimer's SD. A utilization map will be created to track average follow-up of on-site and off-site locations. In addition, an analysis will be run on the differences in service utilization based on demographic and geographic variables.

IMPLICATIONS: Alzheimer's SD can better allocate resources, improve follow-up strategies, and potentially bring forward future marketing and fundraising opportunities.