XAVIER UNIVERSITY'S COLLEGE OF PHARMACY
Center for Minority Health
& Health Disparities
RESEARCH AND EDUCATION

THIRD ANNUAL HEALTH DISPARITIES CONFERENCE
PROGRAM SYLLABUS

Building Partnerships to Eliminate Health Disparities: Effective Chronic Disease Management Models to Improve Health Outcomes

APRIL 19-21, 2009
Sheraton New Orleans Hotel
New Orleans, Louisiana

TABLE OF CONTENTS

Funding for this conference was made possible [in part] by Grant Number 5 S21 MD000100-08 from the National Center on Minority Health and Health Disparities (NCMHD), National Institutes of Health (NIH), Department of Health and Human Services (DHHS). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Xavier University of Louisiana

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

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

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

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

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

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

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

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

www.xula.edu

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

XAVIER UNIVERSITY OF LOUISIANA
Office of the President

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

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

April 19, 2009

Dear Conference Attendees:

Despite the steady improvements in the overall health of the United States, racial and ethnic minorities experience a lower quality of health services and are less likely to receive routine medical procedures and have higher rates of morbidity and mortality than non-minorities. Disparities in health care exist even when controlling for gender, condition, age and socio-economic status. The Third Annual Health Disparities Conferences sponsored by Xavier University of Louisiana and supported by the National Center for Minority Health and Health Disparities, is committed to making its contribution to eliminating health disparities through our annual conference. Our overarching conference aims to increase awareness, present strategies and models that are evidence-based and to advocate for action, including governmental, to eliminate disparities in health care and strengthen the health care system are augmented by your contribution and your attendance. We believe together we can make a difference.

The Xavier Family welcomes you to New Orleans and thanks you for being part of the Xavier experience and sharing our commitment. We believe you will benefit from the hard work of the College of Pharmacy, its faculty and staff to continue the legacy of Xavier through this exemplary educational program. This conference and your participation represent the remarkable promise and extraordinary work this institution symbolizes.

Sincerely,

Norman C. Francis
President

XAVIER UNIVERSITY OF LOUISIANA
College of Pharmacy

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

As Dean of the College of Pharmacy at Xavier University of Louisiana, I am pleased to welcome you to New Orleans for participation in this Third Annual Health Disparities Conference.

We established the Center for Minority Health and Health Disparities Research and Education (CMHDRE) in order to focus on the national goal, articulated in Healthy People 2010, to eliminate health disparities and now as we approach the year 2010, much work still needs to be done. The Center was established to develop broad-based partnerships to focus resources on research, education and community outreach and this Conference is an important part of our strategy.

The major purpose of this conference is to share and learn strategies for improving chronic disease management through successful collaborative models. We must engage all stakeholders in this work and we must take what we learn back to our respective communities to facilitate systematic changes in our health care delivery system.

I want to thank each of you for your participation. Please take advantage of the opportunities to share and learn so that we can improve the quality of health care, **together**.

Sincerely,

Wayne T. Harris, Ph.D.
Professor and Dean
College of Pharmacy
Xavier University of Louisiana

XAVIER UNIVERSITY OF LOUISIANA
College of Pharmacy

1 Drexel Drive
New Orleans, Louisiana 70125-1098
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Whereas, racial and ethnic health disparities are epidemic, it is evident that change can occur. We hope this conference and your educational experience will contribute to that positive change.

Dear Colleagues:

As program chair, I welcome your participation and attendance at our Third Annual Health Disparities Conference. Our program was developed to provide an interactive learning experience with take home messages that aid us in improving efforts to eliminate health disparities through interdisciplinary team efforts.

Our sessions will provide information about community interventions around the elimination of health disparities, identify prevention, highlight opportunities for wellness, and examine how practical, collaborative care models can be replicated. Our keynote presenters will discuss the role of legislative policy on health disparities; the affect of multidisciplinary care models for the increasing number of diabetic patients; and an important call to action to strengthen the leadership and workforce diversity in our on-going efforts to eliminate health disparities and improve access to care. Workshop sessions speak to the important role of cultural competency, the influence of successful systems that provide access to care and medication, patient and provider communications; and effectively using research tools, among others, to address the health disparities pandemic.

Our program is made successful by the many individuals who contributed their expertise and energy on the planning and the abstract review committees. We are grateful for their participation.

Whereas, racial and ethnic health disparities are epidemic, it is evident that change can occur. We hope this conference and your educational experience will contribute to that positive change.

Enjoy New Orleans and enjoy the conference.

Sincerely,

Kathleen B. Kennedy

Kathleen B. Kennedy, PharmD
Malcolm Ellington Professor of Health Disparities Research
Associate Dean, College of Pharmacy
Co-Director, Center for Minority Health & Health Disparities

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Center for Minority Health & Health Disparities
RESEARCH AND EDUCATION

This year's Third Annual Health Disparities Conference promises to provide attendees with rich, timely, and relevant information across several important clinical and public health topics.

Topics addressed at this year's conference include but are not limited to identifying community resources to improve health outcomes, utilizing multidisciplinary approaches to eliminate health disparities, implementing strategies that enhance patient-provider communication, examining the role of culture in eliminating health disparities, and identifying key determinants that influence the health and well-being of minority men. This year's conference was designed from a multi-disciplinary perspective. A multi-disciplinary perspective was adopted in order to promote the need for integrated thinking toward plausible solutions to long standing racial and ethnic disparities in the state of Louisiana and throughout the nation.

Reducing the gap in health disparities will require a diverse core of health professionals working collaboratively with one another. Hence, the conference planning committee has assembled some of the nation's finest clinicians, researchers, educators, public health experts and practitioners to speak at this year's conference. Together these outstanding speakers will help frame clinical and public health issues, identify future research questions, and stimulate much needed dialogue among attendees. An important outcome of this conference is to emphasize the role of mid-level providers such as pharmacists and nurses. Pharmacists and nurses are important change agents in providing population-based care, delivering culturally-appropriate disease prevention programs, identifying public health policies, and facilitating and conducting population-based research. In addition to attending oral presentations, we encourage you to visit the poster presentations.

Thank you for attending the Third Annual Health Disparities Conference. We hope you find this year's program to be both stimulating and helpful in advancing your work toward eliminating and reducing health disparities.

Sincerely,

Leonard Jack, Jr., PhD, MSc, CHES
Endowed Chair of Minority Health Disparities
Professor, Division of Clinical and Administrative Sciences
Director, Center for Minority Health & Health Disparities,
Research and Education (CMHDRE)

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

The term "mid-level providers" refers to Pharmacists, Nurse Practitioners, and Physician Assistants in the health care setting.

Accreditation
This conference offers continuing education (CEUs for pharmacists, nurses, etc.) and continuing medical education (CME).

CEU Credits
Xavier University of Louisiana College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Participation in this seminar earns up to 1.1 CEUs (11 contact hours). Participants must complete an evaluation form at the conclusion of each session to receive a Statement of Continuing Pharmacy Education Credit. Certificates will be distributed within 4 weeks following the program.

CME Credits
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Association of Black Cardiologists, Inc. and the Xavier University of Louisiana College of Pharmacy. The Association of Black Cardiologists, Inc. (ABC) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The ABC designates this educational activity for a maximum of 11.0 AMA PRA Category 1 credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. The ABC will offer contact hours to all non-physician and non-pharmacists at the completion of this activity.

CE/CEU Credits for non-Pharmacists
Proof of contact hours will be provided to participants requiring CE/CEUs in order to petition their accrediting body for credits.

Faculty Disclosure Policy
It is the policy of the Association of Black Cardiologists, Inc. to ensure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. Anyone engaged in content development, planning or presentation of an educational activity must disclose all relevant financial relationships with any commercial interest (including, but not limited to, pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic). If there are relationships that create a conflict of interest, these will be resolved prior to the participation of the faculty member in the development or presentation of course content. All faculty participating in ABC sponsored programs are also expected to disclose to the audience any discussion of an unlabeled use of a commercial product or an investigational use not yet approved by the FDA.

Learning Objectives
The following learning objectives have been established to guide the presentations and discussions of the symposium. At the end of this symposium, participants will be able to:

- Discuss methods for translating research to practice in the development of programs designed to eliminate health disparities;
- Demonstrate models of successful implementation of projects using multidisciplinary healthcare teams to address disparities in chronic diseases;
- Identify effective approaches to improve patient/provider communication using evidence-based communication tools and techniques;
- Examine the impact of culturally competent healthcare workforce in the delivery of services; and
- Discuss policy changes related to healthcare reimbursement at local and regional levels.

Planning Committee Chair

Kathleen B. Kennedy, PharmD
Malcom Ellington Professor of Pharmacy
Associate Dean, College of Pharmacy
Co-Director, Center for Minority Health & Health Disparities Research and Education
Xavier University of Louisiana

Planning Committee

Warren A. Bell, Jr.
Associate Vice President
University & Media Relations
Xavier University of Louisiana

Lenore T. Coleman, PharmD, CDE
President/Chief Executive Officer
Healing Our Village

Tawara Goode, MA
Director
National Center for Cultural Competence

Martha B. Harris, RPh
Clinical Assistant Professor of Pharmacy
Xavier University of Louisiana

Leonard Jack, Jr., PhD, MSc
Director, Center for Minority Health & Health Disparities Research and Education
Xavier University of Louisiana

C. Daniel Mullins, PhD
Professor and Chair
Dept. of Pharmaceutical Health Services Research
University of Maryland School of Pharmacy

Kermit G. Payne
President and CEO
The 1Joshua Group, LLC

Patrice L. Rose, MPH
Program Manager
Center for Minority Health & Health Disparities, Research and Education
Xavier University of Louisiana

David L. Stewart, MD
Associate Professor and Chair
Family & Community Medicine
University of Maryland School of Medicine

Sharon L. Youmans, PharmD, MPH
Associate Dean for Diversity
Associate Professor of Clinical Pharmacy
Vice Chair of Educational Affairs
School of Pharmacy
University of California, San Francisco

Venue

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

Registration Schedule - Rhythms Foyer 2nd Floor

Sunday, April 19, 2009.....3:00 PM - 7:00 PM
Monday, April 20, 2009.....7:00 AM - 1:00 PM
Tuesday, April 21, 2009.....7:00 AM - 10:00 AM

Badges

Identification bades will be provided to all registered participants, speakers, and special guests and are required to participate in all conference activities.

Poster Sechedule - Waterford & Lagniappe*

Sunday, April 19, 2009.....6:00 PM - 8:30 PM

Monday, April 20, 2009.....7:00 AM - 8:00 AM
9:30 AM - 10:00 AM
3:00 PM - 3:15 PM

Tuesday, April 21, 2009.....7:00 AM - 8:00 AM
9:30 AM - 10:00 AM

Speaker Ready - Ellendale Room 4th Floor

Sunday, April 19, 2009.....10:00 AM - 5:00 PM
Monday, April 20, 2009.....6:30 AM - 3:00 PM
Tuesday, April 21, 2009.....6:30 AM - 11:00 AM

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

Session Recording

Participants are asked to refrain from video or audio taping during sessions. Presentations will be available at http://xula09.the1joshuagroup.com at the close of the meeting.

Sponsors

This activity is jointly sponsored by the Center for Minority Health and Health Disparities Research and Education at Xavier University of Louisiana College of Pharmacy and the Association of Black Cardiologists, Inc. (ABC).

Funding for this conference was made possible [in part] by Grant Number 5 S21 MD000100-08 from the National Center on Minority Health and Health Disparities (NCMHD), National Institutes of Health (NIH), Department of Health and Human Services (DHHS). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Organizer

The 1Joshua Group, LLC
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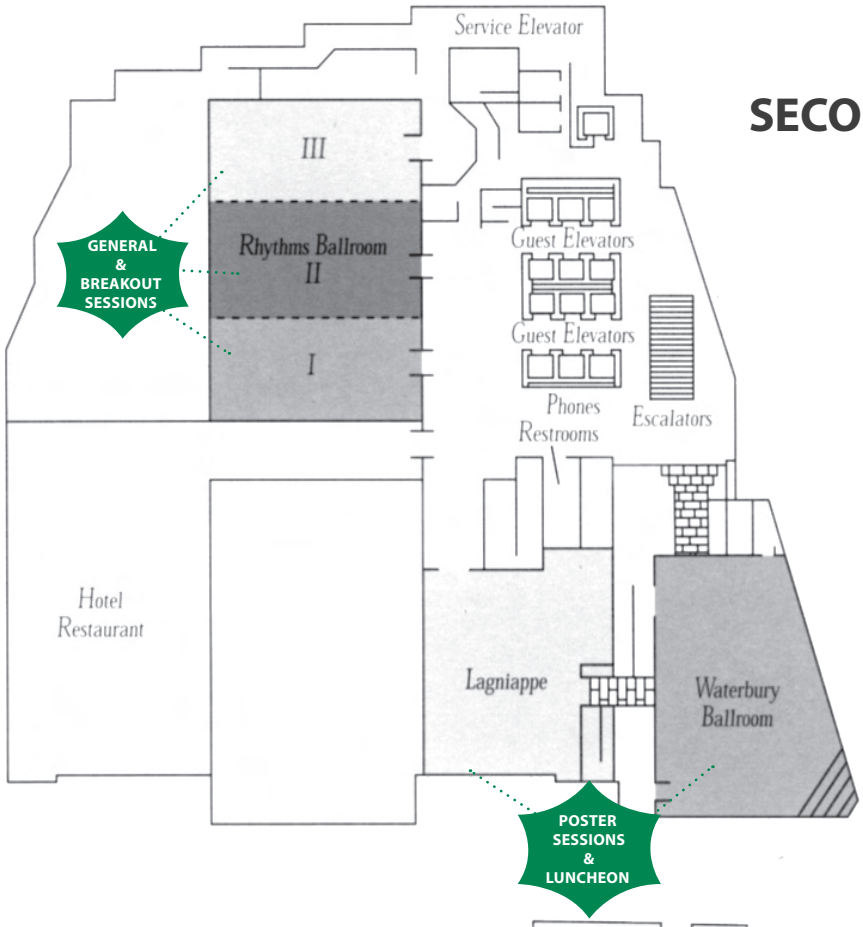
SECOND FLOOR



FOURTH FLOOR

SUNDAY, APRIL 19, 2009

6:00 PM - 8:00 PM	**Welcome and Networking / Poster Session & Reception -** *Waterbury Ballroom / Lagniappe*

MONDAY, APRIL 20, 2009

7:00 AM - 8:00 AM	**Networking / Continental Breakfast** - *Waterbury Ballroom / Lagniappe*
8:00 AM - 9:30 AM	**Opening & General Session I** – ***Leading Change in Managing Care: The Role of the Change Agent*** (1.5 Contact Hours) - *p. 12* *Location: Rhythms Ballroom* **Presentation will address the role of health policy and its relationships to eliminating health disparities.** Keynote – The Honorable Donna Christian-Christensen, MD
10:00 AM - 11:30 AM	**Breakout A** – ***Connecting Community Resources to Improve Health Outcomes*** (1.5 Contact Hours) - *p. 13* *Location: Rhythms I* **Discussions on retail pharmacies and their participation in eliminating health disparities.**
10:00 AM - 11:30 AM	**Breakout B** – ***Utilizing Integrated Disciplines to Improve Health Outcomes in Community Environments*** (1.5 Contact Hours) - *p. 14* *Location: Rhythms II* **Presentations and discussions on effective chronic disease management utilizing multidisciplinary models in academic and community settings.**
10:00 AM - 11:30 AM	**Breakout C** – ***Utilizing Technology to Improve Outcomes in Diverse Populations*** (1.5 Contact Hours) - *p. 15* *Location: Rhythms III* **Discussions on provider-based consumer health information and patient-centered intervention technologies.**
11:45 AM - 1:15 PM	**Luncheon** – ***Expanding the Role of Pharmacists and Nurses to Improve Patient Satisfaction, Decrease Costs, and Improve Patient Outcomes in the Diabetic Patient: Is this Really a Question of Parity?*** (1.5 Contact Hours) - *p. 16* *Location: Waterbury Ballroom* **This working lunch will examine the benefits of multidisciplinary workforce partnerships in improving outcomes for diabetic patients.** Keynote – James R. Gavin, III, MD, PhD
1:30 PM - 3:00 PM	**Generall Session II** – ***Describing and Researching Health Disparities: The Role of Communities and Partnerships*** (1.5 Contact Hours) - *p. 17* *Location: Rhythms Ballroom* **An examination of community-based participatory and health services research models.** Claudia R. Baquet, MD, MPH C. Daniel Mullins, PhD
3:15 PM - 4:45 PM	**Breakout D** – ***Community-Based Models in Diabetes and Cancer*** (1.5 Contact Hours) - *p. 18* *Location: Rhythms I* **Consumer empowerment programs and community-based learning as tools for improved health outcomes are discussed.**
3:15 PM - 4:45 PM	**Breakout E** – ***Strategies for Enhancing Patient/Provider Communication*** (1.5 Contact Hours) - *p. 19* *Location: Rhythms II* **Examining effective, culturally competent patient/provider communication from both the patient and provider perspectives.**
3:15 PM - 4:45 PM	**Breakout F** – ***Talking about Men's Health: Helping Men Live Longer and Healthier Lives*** (1.5 Contact Hours) - *p. 20* *Location: Rhythms III* **This session identifies key determinants of men's health to address health disparities among minority men and the importance of considering gender in chronic disease management and the provision of healthcare services.**

TUESDAY, APRIL 21, 2009

7:00 AM - 8:00 AM	**Networking / Continental Breakfast** - *Waterbury Ballroom / Lagniappe*
8:00 AM - 9:30 AM	**General Session III** – ***Qualitative & Quantitative Measures that May Affect Health Outcomes*** (1.5 Contact Hour) - *p. 21* *Location: Rhythms Ballroom* **The significance of human behavior, observation, and measurement to effectively guide outcomes.** David L. Stewart, MD, MPH Jeanne Charleston, MSN, RN, PhD
10:00 AM - 11:00 AM	**Breakout G** – ***Systems Access to Improve Health Outcomes*** (1.0 Contact Hours) - *p. 22* *Location: Rhythms I* **A discussion of the changing environment of reimbursement guidelines for healthcare providers.**
10:00 AM - 11:00 AM	**Breakout H** – ***Qualitative Methods to Improve Health Disparities Outcomes*** (1.0 Contact Hours) - *p. 23* *Location: Rhythms II* **Employing focus groups as an effective method to gather information that improve outcomes.**
10:00 AM - 11:00 AM	**Breakout I** – ***Achieving Cultural and Linguistic Competence: Conceptual Frameworks and the Evidence*** (1.0 Contact Hours) - *p. 24* *Location: Rhythms III* **This breakout session will explore conceptual frameworks for achieving cultural and linguistic competence at the organizational and individual levels, cite evidence of their efficacy, and provide examples of organizational and clinical outcomes for culturally competent care.**
11:15 AM - 12:15 PM	**General Session IV & Closing** – ***A New Discussion: What is the State of Health Disparities? An Examination of Next Steps*** (1.0 Contact Hours) - *p. 25* *Location: Rhythms Ballroom* **Conclusion and call to action for attendees.** Keynote – Valerie Montgomery Rice, MD

6:30 PM - 8:30 PM
POSTER SESSION & NETWORKING RECEPTION
Waterbury Ballroom & Lagniappe

Overview and Introductions
Kathleen B. Kennedy, PharmD

***Kathleen B. Kennedy**, PharmD is the Malcolm Ellington Professor of Health Disparities Research and Associate Dean of the College of Pharmacy, and Co-Director for the Center for Minority Health and Health Disparities, Research and Education.*

8:00 AM - 9:30 AM
OPENING & GENERAL SESSION I
Rhythms Ballroom

Opening Remarks
Kathleen B. Kennedy, PharmD

Greetings
Kevin U. Stephens, Sr., MD, JD

Welcome
Norman C. Francis, JD

Keynote Presentation
Leading Change in Managing Care:
The Role of the Change Agent
The Honorable
Donna M. Christian-Christensen, MD

Closing
Kathleen B. Kennedy, PharmD

The Honorable
Donna M. Christian-Christensen, *MD is the United States Virgin Islands Delegate to Congress, Second Vice-Chair of the Congressional Black Caucus, and chairs the Congressional Black Caucus' Health Braintrust.*

Norman C. Francis, *JD is president at Xavier University of Louisiana in New Orleans, Louisiana.*

Kathleen B. Kennedy*, PharmD is the Malcolm Ellington Professor of Health Disparities Research and Associate Dean of the College of Pharmacy, and Co-Director for the Center for Minority Health and Health Disparities, Research and Education.*

Kevin U. Stephens, Sr., *MD, JD is director of the City of New Orleans Health Department in New Orleans, Louisiana.*

10:00 AM - 11:30 AM
BREAKOUT A
Connecting Community Resources to Improve Health Outcomes
Rhythms I

Moderator
William R. Kirchain, PharmD, CDE

The Xavier College of Pharmacy Diabetes Training Project
Gabrielle Johnson, PharmD

Clinics and Community Pharmacies
Philomene B. Allain, RPh

– Notes –

Philomene B. Allain, *RPh is a pharmacist at Walgreens in New Orleans, Louisiana.*

Gabrielle Johnson*, PharmD is a pharmacist and clinical coordinator at RiteAid Pharmacy in Westwego, Louisiana.*

William R. Kirchain*, PharmD, CDE is the Wilbur and Mildred Robichaux Endowed Professor of Pharmacy Practice and Director of Pharmacist Care with Xavier Wellness Connection at Xavier University of Louisiana in New Orleans.*

10:00 AM - 11:30 AM
BREAKOUT B
Utilizing Integrated Disciplines to Improve Health Outcomes in Community Environments
Rhythms II

Moderator
Conchetta W. Fulton, RPh, PharmD

Integrating a Multidisciplinary Approach in an Academic Setting
Sharon L. Youmans, PharmD, MPH

The Jackson Heart Study
Sharon B. Wyatt, RN, CANP, PhD, FAAN

– Notes –

Conchetta W. Fulton, *RPh, PharmD is Clinical Associate Professor in the Xavier University of Louisiana College of Pharmacy, Director of the Ambulatory Care Pharmacy Practice Residency Program, and Interim Chair for the Division of Clinical and Administrative Sciences, all at Xavier University of Louisiana College of Pharmacy.*

Sharon B. Wyatt*, RN, CANP, PhD, FAAN is the Harriet G. Williamson Professor of Nephrology Nursing, Professor of Nursing at the University of Mississippi Medical Center School of Nursing, and Co-PI of the Examination Center for the landmark Jackson Heart Study.*

Sharon L. Youmans, *PharmD, MPH is Associate Professor of Clinical Pharmacy, Associate Dean for Diversity, and Vice Chair for Educational Affairs in the Department of Clinical Pharmacy at the UCSF School of Pharmacy.*

10:00 AM - 11:30 AM
BREAKOUT C
Utilizing Technology to Improve Outcomes in Diverse Populations
Rhythms III

Moderator
Janel Bailey-Wheeler, PharmD

Community Physicians' Network (CPN)
Priscilla E. Igho-Pemu, MD, MS

Using an Information Technology-Supported Patient-Centered Intervention to Reduce Disparities
John H. Holmes, PhD

– Notes –

Janel Bailey-Wheeler, *PharmD is Clinical Assistant Professor in the Division of Clinical and Administrative Sciences and the Director of the PGY-1 Community Pharmacy Residency Program at the Xavier University of Louisiana College of Pharmacy.*

John H. Holmes*, PhD is Assistant Professor of Medical Informatics in Biostatistics and Epidemiology at the Hospital of the University of Pennsylvania, Senior Fellow of the Leonard Davis Institute of Health Economics in the Wharton School, and Senior Scholar, Center for Clinical Epidemiology and Biostatistics at the University of Pennsylvania School of Medicine.*

Priscilla E. Igho-Pemu*, MD, MS is Assistant Professor of Medicine, Director of Clinical Trials, Associate Director of the Community Physicians' Network in the Department of Medicine and Clinical Research Center at Morehouse School of Medicine in Atlanta, Georgia.*

Dr. Pemu receives grant/research support from Microsoft.

11:45 AM - 1:15 PM
LUNCHEON
Expanding the Role of Pharmacists and Nurses to Improve Patient Satisfaction, Decrease Cost, and Improve Patient Outcomes in the Diabetic Patient: Is this Really a Question of Parity?
Waterbury Ballroom

Moderator
Leonard Jack, Jr., PhD, MSc, CHES

NCMHD Highlights
John Ruffin, PhD

Keynote Presentation
James R. Gavin, III, MD, PhD

– Notes –

James R. Gavin, III, *MD, PhD is clinical professor of medicine at Emory University School of Medicine in Atlanta, Georgia, Clinical Professor of Medicine at the Indiana University School of Medicine in Indianapolis, Indiana, and Chief Executive Officer/ Chief Medical Officer of Healing Our Village, Inc.*

Dr. Gavin is a consultant for Eli Lilly, Daichi Sankyo, GlaxoSmithKline, Elixir, and Bristol-Myers Squibb. Gavin is listed on the speakers' bureau for Novo Nordisk and Eli Lilly. Further, Gavin is Director for Amylin Pharmaceuticals.

Leonard Jack, Jr., *PhD, MSc, CHES is Director, Center for Minority Health, Health Disparities, Research and Education, Endowed Chair of Minority Health, and Professor in the Division of Clinical and Administrative Sciences, College of Pharmacy at Xavier University of Louisiana.*

John Ruffin*, PhD is the Director of the National Center on Minority Health and Health Disparities, National Institutes of Health, U.S. Department of Health and Human Services.*

1:30 PM - 3:00 PM
GENERAL SESSION II
Describing and Researching Health Disparities: The Role of Communities & Partnerships
Rhythms Ballroom

Moderator
David L. Stewart, MD, MPH

Community-Based Participatory Research
Claudia R. Baquet, MD, MPH

Health Services Research
C. Daniel Mullins, PhD

– Notes –

Claudia R. Baquet, *MD, MPH is Associate Dean Policy and Planning, Professor of Medicine, Professor of Epidemiology and Preventive Medicine, and Director of Center for Health Disparities, University of Maryland School of Medicine, University of Maryland Baltimore.*

C. Daniel Mullins*, PhD is Professor within the Pharmaceutical Health Services Research Department at the University of Maryland School of Pharmacy. He is the Principal Investigator of a NIH/NIA sponsored grant on "Response to Medicare Reimbursement Policy Change by Minority and All ESRD Patients" and the lead economist on an NIH/NHLBI grant with Elijah T. Saunders, MD.*

David L. Stewart*, MD, MPH is Associate Professor and Chairman, Department of Family and Community Medicine at the University of Maryland, School of Medicine in Baltimore, Maryland.*

3:15 PM - 4:45 PM
BREAKOUT D
Community-Based Models in Diabetes and Cancer
Rhythms I

Moderator
Cheryl Taylor, PhD, MN, RN

Implementing the Diabetes Education Empowerment Program (DEEP)
Amparo Castillo, MD, MS

Using Community-Based Learning as a Tool to Address Disparities
Folakemi T. Odedina, PhD

– Notes –

Amparo Castillo, *MD, MS is the Director of Training for the Center of Excellence for the Elimination of Disparities (CEED), established in collaboration with the Chicago Department of Public Health and funding from CDC under the REACH-US national initiative at the University of Illinois in Chicago.*

Folakemi T. Odedina*, PhD is Professor & Director of Research, Program Director, Center for Minority Prostate Cancer at Florida A&M University, Tallahassee Fla.; Member & Visiting Faculty, H. Lee Moffitt Cancer Center, Tampa Fla.; Adjunct Clinical Faculty, University of Florida in Gainesville, Fla., and Visiting Professor; M.D. Anderson Cancer Center in Houston Texas.*

Cheryl Taylor, PhD, MN, RN, *is Director, Office of Research; Interim Chair - Graduate Nursing Programs; and Associate Professor at Southern University A&M College, School of Nursing in Baton Rouge, Louisiana. Dr. Taylor is also Chairperson, Health Commission, Congress of National Black Churches in New Orleans Louisiana.*

3:15 PM - 4:45 PM
BREAKOUT E
Strategies for Enhancing Patient/Provider Communication
Rhythms II

Moderator
Lenore T. Coleman, PharmD, CDE, FASHP

Intercultural Disposition and Communication Competence
Mitra Assemi, PharmD

Patient/Provider Connectivity: Leading the Revolution of Healthcare Delivery
Howard S. Gordon, MD

– Notes –

Mitra Assemi, *PharmD is Program Director at the University of California-San Francisco, Fresno Pharmacy Education Program (PEP) and Associate Professor of Clinical Pharmacy, UCSF School of Pharmacy in Fresno, California.*

Lenore T. Coleman*, PharmD, CDE, FASHP is Chairman of the Board and Co-Founder for Healing Our Village in Baltimore, Maryland; Associate Professor at the Xavier University of Louisiana College of Pharmacy in New Orleans, Louisiana; and Research Fellow at the Center of Excellence, Howard University School of Pharmacy in Washington, D.C.*

Dr. Coleman receives grant/research support from AstraZeneca and is a consultant and on the speakers' bureau for Bayer Healthcare.

Howard S. Gordon*, MD is a staff physician at the Jesse Brown VA and Associate Professor at University of Illinois at Chicago College of Medicine.*

3:15 PM - 4:45 PM
BREAKOUT F
Talking about Men's Health: Helping Men Live Longer and Healthier Lives
Rhythms III

Moderator
Leonard Jack Jr., PhD, MSc, CHES

The Maryland Cardio-Vascular Men's Health Program (MVP): An Overview
Fadia T. Shaya, PhD, MPH

Utilizing Qualitative Research to Identify Health Perceptions among African-American Men with Diabetes
Scharalda G. Jeanfreau, DNS, FNP-BC

– Notes –

Leonard Jack, Jr., *PhD, MSc, CHES is Director, Center for Minority Health, Health Disparities, Research and Education, Endowed Chair of Minority Health, and Professor in the Division of Clinical and Administrative Sciences, College of Pharmacy at Xavier University of Louisiana.*

Scharalda G. Jeanfreau*, DNS, FNP-BC is Assistant Professor at the Louisiana State University Health Science Center School of Nursing and a Family Nurse Practitioner at Daughters of Charity Services in New Orleans, Louisiana.*

Fadia T. Shaya, *PhD, MPH is Associate Professor, in Outcomes Research at the University of Maryland School of Pharmacy, and in Epidemiology and Preventive Medicine at the University of Maryland School of Medicine. She is also Associate Director for the Center on Drugs and Public Policy in the Department of Pharmaceutical Health Services Research at the University of Maryland in Baltimore, Maryland.*

Earnest Alexander Jr., *PharmD, FCCM is the President-Elect for the Association of Black Health-System Pharmacists. He is also Clinical Manager for Tampa General Hospital's Department of Pharmacy Services. Dr. Alexander also holds faculty appointments as Clinical Assistant Professor with the Florida A & M University College of Pharmacy, the University of Florida College of Pharmacy, and the University of South Florida Division of Clinical Pharmacy.*

Jeanne Charleston*, MSN, RN, PhD is a Research Associate for the School of Nursing and General Internal Medicine as well as the Bloomberg School of Public Health, Department of Epidemiology at the Johns Hopkins University. In addition, she is Project Director/Director of Clinical Research Operations at the Johns Hopkins University - ProHealth (Office for Research in Health Promotion and Disease Prevention) in Baltimore, Maryland and Consultant/Project Director of Church C.H.A.M.P., with the University of Maryland in Baltimore, Maryland.*

David L. Stewart*, MD, MPH is Associate Professor and Chairman, Department of Family and Community Medicine at the University of Maryland, School of Medicine in Baltimore, Maryland.*

8:00 AM - 9:30 AM
GENERAL SESSION III
Qualitative and Quantitative Measures that May Affect Health Outcomes

Rhythms Ballroom

Moderator
Earnest Alexander, Jr., PharmD, FCCM

Practice-Based Research Networks
David L. Stewart, MD, MPH

Effective Clinical Trials Management
Jeanne Charleston, MS, RN

– Notes –

10:00 AM - 11:00 AM
BREAKOUT G
Systems Access to Improve Health Outcomes
Rhythms I

Moderator
Joia A. Crear-Perry, MD, FACOG

Harlem Healthy Living: A Hospital, Business, and Community Partnership
John M. Palmer, PhD

Medication Access to Contribute Improved Outcomes
Luis M. Salmun, MD

– Notes –

Joia A. Crear-Perry, *MD, FACOG is Director of Clinical Services, City of New Orleans Health Department. She is also a private practice Obstetrician/Gynecologist in New Orleans, Louisiana and Director/ Founder Medical Reserve Corp for Region One under the Office of the U.S. Surgeon General.*

Luis M. Salmun*, MD is Vice President and National Practice Leader for the Immunology and Pulmonary Therapeutic Resource Centers (TRCs) with Medco Health Solutions in Franklin Lakes, New Jersey.*

John M. Palmer, *PhD is the Executive Director of Harlem Hospital Center and the Renaissance Health Care Network in New York City. He is also the Chief Operating Officer for the Generations+ Northern Manhattan Network.*

10:00 AM - 11:00 AM
BREAKOUT H
Qualitative Methods to Improve Health Disparities Outcomes
Rhythms II

Moderator
Sandra L. Robinson, MD, MPH

Qualitative Methods: Focus Groups
Shiraz I. Mishra, MBBS, PhD

– Notes –

Shiraz I. Mishra, *MBBS, PhD is Associate Professor in the Department of Family and Community Medicine at the University of Maryland School of Medicine (UMSOM). In addition, he is Deputy Director for Evaluation and Outcomes for the University of Maryland Statewide Health Network at the UMSOM's Office of Policy and Planning in Baltimore, Maryland.*

Sandra L. Robinson*, MD, MPH is Deputy Director for the City of New Orleans Department of Health and a practicing pediatrician in New Orleans, Louisiana.*

10:00 AM - 11:00 AM
BREAKOUT I
Achieving Cultural and Linguistic Competence: Conceptional Frameworks and the Evidence
Rhythms III

Moderator
Kermit G. Payne

Frameworks for Achieving Cultural and Linguistic Competence
Tawara Goode, MA

– Notes –

Kermit G. Payne, *is President and CEO of The 1Joshua Group, LLC, a a consulting firm providing marketing, public relations, meeting, and association management to healthcare, education, and entertainment industries in domestic and international marketplaces in Atlanta, Georgia.*

Tawara Goode*, MA is Director, National Center for Cultural Competence; Associate Director for the Georgetown University Center for Child & Human Development at the University Center for Excellence in Developmental Disabilities; and Assistant Professor in the Department of Pediatrics, Georgetown University Medical Center in Washington, D.C.*

11:15 AM - 12:15 PM
GENERAL SESSION IV
& CLOSING
A New Dimension:
What is the State of Health Disparities?
An Examination of Next Steps
Rhythms Ballroom

Moderator
Kathleen B. Kennedy, PharmD

Keynote Presentation
Valerie Montgomery Rice, MD

– Notes –

***Kathleen B. Kennedy**, PharmD is the Malcolm Ellington Professor of Health Disparities Research and Associate Dean of the College of Pharmacy, and Co-Director for the Center for Minority Health and Health Disparities, Research and Education.*

***Valerie Montgomery Rice**, MD is Senior VP for Health Affairs & Dean, School of Medicine at Meharry Medical College in Nashville, Tennessee.*

Dr. Rice serves as Committee Chair for the Wal-Mart Health Insights Panel in the capacity of Committee Chair

ABSTRACT LEGEND

Posters Presented in the
Waterbury Ballroom and Lagniappe

Abstract Review Committee*

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Kaiser Permanente

**All reviewers indicated that they have no financial or other relationships to disclose with manufacturer(s) of any commercial product(s) or provider(s) of any commercial service(s) discussed in this educational activity.*

1.0 DISEASE PROCESS AND DISPARITIES

1.2.1
CARVE IN VS. CARVE OUT MODELS OF NURSE-DIRECTED DIABETES CARE IN ETHNIC MINORITIES

M Blanco-Castellanos, RN; P Duran, BS; MB Davidson, MD
Department of Medicine, Charles Drew University

PURPOSE – To determine if a carve in model of care was as effective as a carve out model.

BACKGROUND – In our carve out model, patients were removed from their primary care setting and the nurse who followed treatment algorithms was supervised by an endocrinologist. This approach is not generalizable because care is fragmented and there are too few endocrinologists.

METHOD – The nurse was placed into the Family Medicine Clinic (carve in model) where she followed the same algorithms but was supervised entirely by primary care physicians who referred patients with A1C levels >8.0% to her. Presently, the nurse is following 184 patients in the carve in model, 63 of whom have completed one year. These outcome measures are compared with the 367 randomly selected patients followed for one year in the carve out model in the following table:

	A1C (% ± SD)	At A1C Goal (<7.0%)	At LDL Goal (<100 mg/dl)	At TG Goal (<150 mg/dl)	At Systolic BP Goal (<130 mm Hg)	At Diastolic BP Goal (<80 mm Hg)
Carve Out						
Baseline	8.8 ± 2.5	28%	50%	NA	*	*
Final	7.0 ± 1.3	60%	82%	NA	*	*
Carve In						
Baseline	10.9 ± 2.8	0%	44%	59%	43%	70%
Final	7.0 ± 0.9	52%	90%	84%	68%	98%

*Primary care physicians treated blood pressure.

CONCLUSION – If these initially promising results end up comparable to the carve out model, carve in models of nurse-directed diabetes care could markedly improve outcome measures in diabetic patients on a wide scale basis, particularly in minority populations.

1.2.2
EFFECTIVENESS OF PARISH NURSE BASED INTERVENTION FOR DIABETES AND HEART DISEASE

EG Jackson, RN[1]; DF Sarpong, PhD[2]; and C Dove[3]
1 - Abundant Living Community Organization (ALCO); 2 - Jackson State University; and 3 - Shelby County Department of Health, TN

Type 2 diabetes mellitus (T2DM) is an important contributor to most manifestations of cardiovascular disease including coronary heart disease, cerebrovascular accident and heart failure. Greater than 50% of the 14.4-15.2 million Americans with type 2 diabetes are over 60 years of age. The prevalence of diabetes in U.S. is approximately 8%. Addressing modifiable risk factors such weight, high blood glucose, hypertension, smoking, physical inactivity and diet is known to be effective primary and secondary prevention methods.

OBJECTIVE – To assess the effectiveness of type 2 diabetes prevention in a community setting through the parish nurse model of health education and promotion.

METHODS – Health screenings were conducted on a coalition of churches and screening data was collected and housed in a database. A Pre- and Post-test design was utilized in this study. Descriptive statistics was used to describe the study sample; trend analysis and analysis of variance were performed.

RESULTS – Though there was no significant reduction (but trend to significance) in blood glucose, body mass index and the mean diabetes sore; however there were significant reductions in the blood pressures ($p<0.01$) and the lipids ($p<001$).

CONCLUSION – There is evidence of effectiveness of the prevention program and its continuation will have significant and positive impact on diabetes and heart disease.

1.2.3
CHURCH BASED SCREENING FOR TYPE 2 DIABETES

EG Jackson, RN[1]; DF Sarpong, PhD[2]; and C Dove[3]
1 - Abundant Living Community Organization (ALCO); 2 - Jackson State University; and 3 - Shelby County Department of Health, TN

Type 2 diabetes mellitus (T2DM) is an important contributor to most manifestations of cardiovascular disease including coronary heart disease, cerebrovascular accident and heart failure. Greater than 50% of the 14.4-15.2 million Americans with type 2 diabetes are over 60 years of age. The prevalence of diabetes in U.S. is approximately 8%, however, 24.2% of persons with diabetes are unaware.

OBJECTIVE – To assess the prevalence of diabetes and knowledge of risk factors in a community setting through the parish nurse model of health education and promotion.

METHODS – Health screenings were conducted on a coalition of churches and screening data was collected and housed in a database. Participants of the projected received screening test findings and were counseled on the risk factors for diabetes and heart disease. Data on two churches is presented in this study. Descriptive statistics and trend analysis was performed.

RESULTS – Approximately 66% of participants were women and the mean (standard deviation) age was 45.6 (20.3) years. About 13% of the participants had diabetes and 36.7% had a family history of diabetes.

CONCLUSION – Initial knowledge of risk factors for diabetes and the risk profile of the participants suggest that the parish nurse model as a vehicle for increasing awareness of risk factor for diabetes and its prevention is very promising.

1.2.4
UTILIZATION OF ALTERNATIVE MEDICINE (AM) IN TREATMENT OF HYPERTENSION AND DIABETES

DF Sarpong, PhD[1] and J Green[2]
1 - Jackson State University; and 2 - Tougaloo College, Jackson Heart Study Scholar

Use of Complementary and Alternative Medicine (CAM) for prevention and treatment of chronic diseases such as hypertension and diabetes is steadily growing. Studies support that the use of CAM is in combination with traditional medicine (Food and Drug Administration approved biologics). CAM uses are likely to be females. Herbs, plants, garlic and teas few examples of substances that fall under the alternative medicine component of CAM. Green tea consumption is associated with reduced cardiovascular mortality in some epidemiological studies. Complementary therapies are widely used by people with diabetes for the condition itself, for diabetes-related complications or for non-diabetes related problems. Some studies have shown that CAM users were more likely to arrive at the hospital with unstable angina than heart attack and to have a history of depression and high blood pressure.

Objective - To catalog the various substances under the umbrella of alternative medicines that are used by persons with diabetes and hypertension.

METHOD – A systematic review was conducted to aid the identification and cataloging of alternative medicines used for the prevention and/or treatment of hypertension and diabetes.

RESULTS – Over 44 plants, excluding teas and dietary supplements, were reported for the treatment/prevention of hypertension and/or diabetes.

CONCLUSION – The increasing prevalence of alternative medicine, which is unregulated, has a major health implication especially in the area of drug-herb or drug-plant interaction.

1.2.5
LAY KNOWLEDGE OF TYPE 2 DIABETES AMONG LOWER SES AFRICAN AMERICANS IN NEW ORLEANS

CA Faircloth, PhD; JR Brunet; SM Foster, MPH; MS Irving
Xavier University of Louisiana

PURPOSE – Part of a larger research project on self-management of Type 2 Diabetes among lower SES African Americans in the New Orleans area post-Katrina, funded by the Center for Minority Health and Health Disparities at Xavier University College of Pharmacy, lay knowledge of chronic illness by patients is seen as vitally important in effective treatment of conditions, especially as it relates to health disparities. Our primary objective was to identify the self-knowledge that lower SES African Americans had of Type 2 Diabetes as a condition through various components of the condition such as causality, lifestyle, treatment management, access to health care in the New Orleans area, symptomology, and their "first experience" with the condition.

DESIGN METHODS – Using basic qualitative methodology of open-ended, semi-structured interviews, 12 subjects were interviewed. This is roughly half of the 25 subjects targeted. Research subjects were accessed through a local health clinic upon referral by a physician and interviewed on-site. IRB approval was obtained through Xavier University of Louisiana. All data was coded using the NVio qualitative data analysis software program.

RESULTS
Causality – Subjects tended to identify heredity as the only causal mechanism for Type 2 Diabetes. By doing this, it removed moral responsibility from them for the condition. This finding is in opposition to most research in this area.
Treatment management – Overwhelmingly, subjects suggested an overall schema of poor treatment management. This includes the intersection of medication and lifestyle.
Symptomology – Subjects displayed an overall lack of recognition of early symptoms of Type 2 Diabetes. However, they learned more about the disease and symptoms after initial diagnosis from both medical practitioners and "lay experts" (family and friends).

DISCUSSION – As a qualitative research project, it is not hypothesis-driven, but rather more question-driven. As mentioned above, while the overall focus of the research is on self-management of illness, an important component of illness management strategies is lay knowledge of the condition. Thus, a central question of the research must be, what lay knowledge do lower SES African Americans in New Orleans possess of Type 2 Diabetes, how do they acquire this knowledge, is it accurate/complete as compared to the biomedical and "expert" model, and what are the ramifications of this knowledge?

The primarily limitation of the research at this point is the small sample size. Most qualitative scholars agree that 20 to 25 respondents are needed for an adequate sample size.

1.2.6
IDENTIFYING ADOLESCENTS AT RISK FOR TYPE 2 DIABETES IN UNDERSERVED COMMUNITIES

EM Vivian, PharmD, BCPS, CDE
University of Wisconsin

PURPOSE – To determine if community based screening and recruitment is effective in identifying ethnic minority adolescents at high risk for type 2 diabetes.

METHODS – Seventy adolescents (63% African American, 34% Latino, and 3% white) between the ages of 10-18 with 2 or more factors for type 2 diabetes were screened at local community centers in the Madison, WI. Capillary blood glucose, blood pressure, and body mass index (BMI) were assessed during the screenings. A lifestyle questionnaire was also administered to the subjects and their parents.

RESULTS – Forty three percent of subjects had a random blood glucose level > 100 mg/dL. While 54% of the subjects were overweight (BMI > 85th percentile) and 34% were obese (BMI > 95th percentile), only 18% of parents reported that they felt their child was overweight or obese. Eighty-six percent of subjects reported watching television 2 or more hours daily and 31% reported consuming fast food more than 2 times a week. Overweight children were 5.8 time more likely to fight over portion sizes as normal weight children. There was a positive correlation found between time spent watching television and BMI (Pearson Correlation: 0.30) as well as blood glucose level (Pearson Correlation: 0.29).

CONCLUSIONS – This preliminary data demonstrates that the community screenings are effective in identifying adolescents at risk for type 2 diabetes. In addition, the results from the lifestyle questionnaire indicate that adolescents and their parents could benefit from an intervention designed to promote a healthy lifestyle.

1.2.7
DIABETES AWARENESS AND PREVENTION - Student Presentation

P McLin
Lane College, Jackson, TN

1.3.1
LOW BIRTH WEIGHT IS ASSOCIATED WITH LOWER LARGE ARTERY COMPLIANCE IN ASYMPTOMATIC YOUNG ADULTS: THE BOGALUSA HEART STUDY

AR Bhuiyan[1]; W Chen[2]; SR Srinivasan[2]; M J Azevedo[1]; GS Berenson[2]
1 - Epidemiology, Jackson State University, Jackson, MS; 2 - Epidemiology, Tulane University, New Orleans, LA

PURPOSE – Low birth weight, an indictor of intrauterine growth restriction, is associated with adult cardiovascular (CV) disease. Impaired arterial compliance is also an independent predictor of early vascular damage and related CV outcome. However, information is scant regarding the influence of birth weight on arterial compliance. This study assessed the hypothesis that low birth weight is related to impaired arterial compliance.

METHODS – The study cohort consisted of 624 black and white subjects (29 % black, 43 % male) aged 25-44 years enrolled in the Bogalusa Heart Study. Birth weight and gestational age information on the study cohort were obtained from the Louisiana State birth certificates. Arterial compliance was assessed in terms of large artery compliance and small artery compliance by noninvasive radial artery pressure pulse contour analysis.

RESULTS – White versus black subjects had higher birth weight (3.407 kg vs. 3.085 kg, $p<0.0001$) and higher large artery (15.5 mL/mmHg×10 vs. 14.4 mL/mmHg×10, $p=0.002$) and small artery (6.62 mL/mmHg×100 vs. 5.53 mL/mmHg×100, $p<0.0001$) compliances. In bivariate analysis, adjusting for race, gender and age, birth weight was associated positively with both large (correlation coefficients: $r=0, 21$, $p<0.0001$) and small artery compliances ($r=0.15$, $p<0.001$). However, in a multivariate regression model, adjusting for race, gender, age, body surface area, mean arterial pressure, triglycerides/HDL cholesterol ratio, HOMA-IR and smoking, birth weight was independently and positively associated with only large artery compliance ($p=0.006$).

CONCLUSIONS – These results suggest that low birth weight is adversely associated with CV risk in young adult life through early vascular damage.

KEY WORDS - Birth weight, young adult, arterial compliance

1.3.2
THE ECG ABNORMALITIES IN UNDERSERVED AFRICAN-AMERICAN POSTPARTUM WOMEN

MS Sarac, PhD; M Tennyson, DSN; J Zamjahn, PhD; D St Germain, DNP
Xavier University of Louisiana, College of Pharmacy (MSS), LSUHSC, School of Nursing (MT, DSG), LSUHSC, School of Allied Health (JZ), New Orleans, LA

PURPOSE – The goal of this study is to investigate risk factors, which predispose to acquired long QT syndrome (ALQTS), in the population of medically underserved African American postpartum women.

DESIGN / METHODS – This is an observational, cross-sectional clinical study. Electrocardiograph (ECG) recordings, followed by a questionnaire, are performed at six-week postpartum visits in the population of African American medically underserved women. The study protocol was approved by the Institutional Review Board (IRB) and all participants were consented before entering the study.

RESULTS / EXPECTED RESULTS – ECG findings in the postpartum period of underserved African American women (n=5) showed several cases of bradyarrhythmias. The mean (±SEM) QTC interval was 386.9 ± 4.7 milliseconds (ms).

DISCUSSION / CONCLUSION – Prevention strategies are traditionally focused on the prenatal and delivery periods, yet a recent analysis concluded that the postpartum period is also critical. Women typically are scheduled for one post partum visit at six weeks (additional visits are scheduled earlier if indicated, e.g. hypertension, post Cesarean Section), which is being severely neglected by our study population of African American medically underserved women (17/22 subjects or 77% no shows). A larger sample size is needed to assess the risk of prolonged QT and to determine cause(s) for the observed bradycardia.

1.4.2
MAMMOGRAPHY ADHERENCE: THE ROLE OF DISCRIMINATION AND MENTAL HEALTH

FA AROSEMENA, MPH; MY Lichtveld, MD, MPH; G Giarratano, PhD; A Brown, MS; S Franz, MPH; MA Sandberg; and M Proctor
Tulane University, School of Public Health and Tropical Medicine, Department of Environmental Health Sciences (FAA, MYL, SF, MAS, MP); Louisiana State University Health Sciences Center, School of Nursing (GG, AB)

PURPOSE – Explore relationships between perceived discrimination, mental health functioning, race, geographic area, and SES; and identify which of these variables play important roles in mammography adherence.

METHODS – Pilot data collected from focus groups that included standardized measures of perceived discrimination and mental health functioning were analyzed for African-American and White un-/under-insured women non-adherent to mammography (UWNAM) living in urban and rural areas.

RESULTS – Study subjects [n=52, 57.1% African-American and 42.9% White] between the ages of 41 and 75 had not received a mammogram within the past 2 years. 57% of total subjects, African-American and White UWNAM, reported below the U.S. general population norm for adequate mental health functioning. In exploring the differences associated with perceived discrimination among African-American versus White women, preliminary findings demonstrate a significant difference in scores [p=.00], African-American women [M=3.42, SD=.57] report greater perceived discrimination than their White counterparts [M=2.31, SD=.57]. Among African-American women non-adherent to mammography the relationship between perceived discrimination and mental health functioning was investigated and there was a strong correlation [r=.44, n=21, p<.05], with high levels of perceived discrimination associated with worse mental health. There was no significant difference in mental health functioning across race. These results were independent of SES and geographic area.

CONCLUSIONS – Perceived discrimination and mental health functioning appear to play a significant role in mammography adherence among African-American women. Future research should identify additional domains of health related quality of life so that health interventions can reflect cultural competency, appropriately address the burdens of cancer, and influence healthcare policies.

1.4.3
HURRICANE KATRINA RELATED DEMISE OF A PROGRAM WHICH PROVIDED FREE BREAST AND CERVICAL CANCER SCREENING TO LOW INCOME, MINORITY WOMEN

C. CARTER, DNS
Louisiana State University Health Sciences Center

PURPOSE – To describe the Partners in Health Program: a community health program which used African-American and Hispanic Community Lay Health Educators (CLHEs) and partnerships among faith-based, private, public, and academic networks to facilitate cancer screening and education for an average of 1,500 participants per year.

OBJECTIVES: Describe the role of public, private, faith based and academic partnerships in community health program development. Discuss the closure of a Faith based New Orleans program which provided free cancer screening to low income, Minority Women.

GOAL: Illuminate the effect of the program closure on breast and cervical cancer screening among Minority Women in the New Orleans area post Hurricane Katrina.

DESIGN METHODS – A Pre-test/Post-test design was used to collect data. Participants completed questionnaires on demographic data, risk factors and early detection practices for breast and cervical cancer at the clinics and during presentations.

RESULTS – An average of 21 presentations per month were conducted. Participant responses were summed up using an SPSS data file. Findings over a three year period indicated an annual 20% gain in participants, a 65% increase in breast and cervical health knowledge from pre to post test and that 85% of the participants practiced breast self-exams at one and twelve months.

1.4.4
BREAST CANCER AWARENESS - Student Presentation

AK Brown
Lane College, Jackson, TN

2.0 HEALTH MAINTENANCE / PREVENTION

2.1.1
PEOPLE UNITED TO SUSTAIN HEALTH: A COMMUNITY-BASED RESEARCH MODEL

BM Kennedy, PhD; BB McGee, PhD; CM Champagne, PhD; T Crawford, MS; DW Harsha, PhD; RL Newton, Jr, PhD; GS Johnson, PhD; W Johnson, PhD; N Markward, PhD; Valerie Richardson, MPA; E Murphy, PhD; R Allen, PhD; C Johnson, BS; BM Sellers, PhD; and ML Bogle, PhD for the Lower Mississippi Delta Nutrition Intervention Research Initiative.
From the Pennington Biomedical Research Center (BMK, CMC, DWH, RLN, WJ, NW, RA); from the Southern University and A&M College (BBM, GSJ, VR, CJ); from the LSU AgCenter Research & Extension (TC, EM), and from the USDA, Agricultural Research Service (BMS, MLB).

PURPOSE – The Lower Mississippi Delta is an agricultural region where surveys of residents have demonstrated high levels of obesity and a substantial proportion of the poor rely heavily on convenience stores for food purchases. People United to Sustain Health (PUSH) extends prior research conducted by the Pennington Biomedical Research Center as part of the Delta NIRI (Nutrition Intervention Research Initiative) collaboration to address healthy weight and food choices in the Franklin Parish community. The Franklin NIRI group and an innovative fruit and vegetable delivery medium, the "Rolling Store" along with a nutrition education and physical activity program, were utilized to prevent weight gain in residents of Franklin Parish. The study was based on the hypothesis that ready access to fruits and vegetables and information relative to health benefits, recipes, and healthy cooking preparation strategies may lead to a direct improvement of diet quality and an adoption of healthy eating habits.

DESIGN METHODS – Two groups consisting of forty seven adults (23 control, 24 treatment) were randomly assigned to 1) control—6 months of family coping lessons followed by 6 months of treatment, or 2) treatment–6 months of classes on healthy eating and physical activity taught by a peer educator, plus weekly visits to the "Rolling Store" followed by 6 months of control condition.

RESULTS – Statistical tests were used to compare the amount of change observed in each group during the second six months of the study. The results indicate that treated individuals lost significantly more weight ($p<0.006$) than controls.

CONCLUSION – Participants maintained and achieved weight loss.

Supported by USDA, ARS Project # 6251-53000-003-00D.

2.2.1
WHICH COLLEGE STUDENTS ARE AT HIGHER HEALTH RISK?

Marcia Magnus, PhD
Florida International University

An electronic health risk appraisal was used to determine which socio-demographic factors were associated with higher health risk among college students at an urban state university. Students' real age was assessed as the primary indicator of health risk. Real age represents the physiological age o f the body based on lifestyle choices and this is often different to chronological age. Approximately 26% of 576 students were more than 5 years older than their chronological age, 29.8% were 0 to 5 years older, 29.8% were 0 to 5 years younger and 14.1% were more than 5 years younger. Students who were male, Black and non-nutrition majors had significantly higher positive real age differentials: their bodies were more likely to be more than 5 years older than their chronological age. Students with significantly lower negative real differential—those whose real age was lower than their chronological age—were female and nutrition majors. Students were significantly more likely to report that they were "very motivated" if they were female (88.6%), compared with male (66.7%). These data suggest that when health disparities are assessed at the level of real age differential and motivation to make lifestyle changes, male Black college students are at highest health risk and they are more likely to be "not that motivated" to make lifestyle changes than their peers.

Keywords: risk reduction, Black male college students

2.2.2
THE POWER OF PARTNERSHIP TO PREVENT CHILDHOOD OBESITY

Jenné Johns, MPH
Summit Health Institute for Research and Education, Inc (SHIRE)

PURPOSE – Ward 8 is a unique community located in the District of Columbia (DC), with the highest poverty rates among African American's. In 2007, DC ranked highest in childhood obesity rates across the nation. Ward 8 youth were most obese compared to youth in other wards in DC. To address the growing trend in childhood obesity, SHIRE convened the Childhood Obesity Prevention Collaborative. The Collaborative seeks to help build, accelerate and sustain a healthy living movement that halts and reverses childhood obesity trends and promotes healthy living.

DESIGN METHODS – The Collaborative started in 2006 with 33 members and has now grown to over 100. It is the most extensive of its kind in DC with representation from every health related profession. The collaborative serves as a local think tank knowledgeable about obesity prevention and local solutions.

RESULTS

- Increase in staff, sales, and fresh produce purchases at a local Farmers Market.
- 35 Teen Health Educators were trained to be peer advocates in healthy eating and active living.
- Successfully conducted community consultations to solicit policy recommendations that will be offered to the DC State Obesity Plan.

CONCLUSIONS

- Successful collaboratives takes time. Partners must learn to decrease silos to develop programs while empowering the community.
- Speaking the same language, building trust, and remaining consistent is key to developing true community partnerships.
- Engaging concerned stakeholders is critical to reducing local obesity disparities!

2.2.3
LAY DOWN THE LOVE HANDLES

A Okolo; L Geddes; P McCarroll, MS
Fisk University

PURPOSE – The primary purpose of this study is to assess the knowledge of college students on the importance of cardiovascular fitness and to encourage participants to become more active. This project will also educate students about proper nutrition, body mass index, diet, cardiovascular disease and exercise.

DESIGN METHODS – The initial phase of the project will begin with recruitment of participants, establishment of relationships with community partners that will assist in the facilitation of the program and planning of a kick-off event. At the beginning and end of the program participants will receive Pre and Post Assessments. Participants will as well be given dietary and workout charts and a consultation with a nutritionist. Once the project has completed, pre and post surveys and eating and workout charts will be analyzed and incentives will be distributed to participants.

EXPECTED OUTCOMES – As a result of participation in the program participants will acquire healthy eating habits and develop an understanding of the importance of regular exercise and proper diet in maintaining cardiovascular fitness

DISCUSSION – Engaging students in six weeks of aerobic exercise with a certified trainer and providing seminars on nutrition has helped to educate and illustrate the importance of healthy living and ultimately aid in the reduction of risk associated with heart disease.

2.2.4
PSYCHOLOGICAL AND SOCIAL DISCRIMINATION - Student Presentation

D Cooper
Lane College

2.2.5
STARTING RIGHT: A PEDIATRIC OBESITY INITIATIVE IN THE SOUTH BRONX

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PURPOSE – An estimated 50% of pediatric patients age 2-19 at the South Bronx Health Center for Children and Families (SBHCCF), are overweight or obese. Starting Right is a multidisciplinary pediatric obesity program focused on creating innovative, culturally appropriate methods of engaging with this mostly Latino and African American inner city community around obesity and healthy lifestyles.

METHODS – Efforts include screening for overweight/obesity and associated health risk factors; family-centered counseling by a bilingual nutritionist in the primary care setting; group prenatal and well-baby care; a health and fitness group for overweight and obese youth; bilingual health education materials; and community partnerships and legislative advocacy.

RESULTS – Evaluation of a screening algorithm has shown improvement in rates of screening for obesity and Type 2 diabetes. Qualitative research using focus groups has explored parents' and adolescent patients' attitudes regarding obesity and identified key barriers to change, including personal, family, school, and environmental factors. Results from the health and fitness group have shown healthy behavior changes reported by youth and their parents, as well as a statistically significant decrease in BMI z-score.

DISCUSSION/CONCLUSION – Inner city minority youth face unique challenges in combating obesity. Community-based primary care providers can play an important role by developing multidisciplinary interventions that address these barriers. Whenever possible, a culturally appropriate approach that engages the entire family and emphasizes healthy lifestyle behaviors should be used to treat overweight and obesity in children. Community partnerships and advocacy efforts should focus on increasing resources and education to help families prevent and/or overcome obesity.

3.0 HEALTH SERVICES / POLICY

3.1.5
STUDENT AND FACULTY HEALTH DISPARITIES RESEARCH CAPACITY BUILDING AT A HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU)

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PURPOSE – To explore the effectiveness of education and training strategies designed to increase representation of rural minority students in research and training that address economic, educational and health disparities.

METHODS – The Health Disparities Scholars Research and Training Network utilized a pipeline approach to deliver a series of enrichment seminars aimed to enhance students and faculty capacity to conduct research that reduces health disparities among racial/ethnic and economically disadvantaged populations.

RESULTS – The study discussed and examined innovative techniques for recruiting and retaining student and faculty participants, assessing student/faculty research capacity and implementing enrichment seminars that equip student/faculty at an Historically Black College and University (HBCU) with the necessary knowledge and skills to conduct rural and minority health disparities research.

DISCUSSION – The results of the evaluation will identify students and faculty: (1) health disparities research interests, (2) barriers to conducting health disparities research (3) accessibility of technical and grant-writing assistance for students and faculty at HBCU's, and (4) structural and institutional factors that inhibit and/or promote student/faculty engagement in health disparities research activities.

3.2.1
HEALTHCARE FACILITY AVAILABILITY IN SHELBY COUNTY, TN

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PURPOSE – The Agency for Healthcare Research and Quality (AHRQ) has identified the study of ambulatory care sensitive conditions (ACSCs) as a priority to help understand the performance of the safety net component of the healthcare system which serves vulnerable and low-income populations. We examine the relationship between health care facility availability and hospitalization rates for diabetes and heart disease in Shelby County, Tennessee.

DESIGN METHODS – We use zip code data obtained from various sources to construct an empirical regression model to analyze the relationship between health care facility availability and diabetes and heart disease hospitalization rates for 2004 in Shelby County, Tennessee.

RESULTS – In the diabetes hospitalization regression model, two variables were significant: percentage black (0.021) and median annual household income (0.020). Health care facility variables reached a level of near significance. The number of physician practices (0.090), the number of hospitals (0.078), and the number of pharmacies (0.102) were below or near the margin of the .10 significance level. In the heart failure hospitalization regression model, median age (0.003) and median annual household income (0.001) were both significant, but the number of pharmacies, hospitals, and physician practices were not.

CONCLUSION – We found that the analysis of small areas in Shelby County reveals a near significant effect of the role of the number of pharmacies, physician practices, and hospitals in explaining variation in diabetes hospitalization, but not heart disease hospitalization for the year 2004.

3.2.2
THE PATIENT SAFETY AND CLINICAL PHARMACY SERVICES COLLABORATIVE

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From the Health Resources and Services Administration (KP); American Pharmacists Association, Pharmacy Services Support Center (LS, ZG, SR); Food and Drug Administration, Office of Women's Health (SP)

PURPOSE – To describe the Health Resources and Services Administration (HRSA) Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) and partnership with the FDA Office of Women's Health.

DESCRIPTION – HRSA has organized the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC). The primary goal of the collaborative is to ensure that patient care delivered by safety-net organizations becomes the safest and best in the nation. Improved patient-centered care will result by improving health outcomes, reducing harm and injury through enhancements in medication management, strong leadership, information management, and continuity of care. The FDA Office of Women's Health has partnered in this work by making available health education materials that promote patient safety, health care quality, and improve health outcomes.

PROCESS – Using the Institute of Healthcare Improvement "collaborative care model," safety-net communities select multidisciplinary teams of frontline healthcare providers to participate in intensive series of Learning Sessions and Action Periods. Drawing from the experience of practitioners at high performing organizations, these teams work together and utilize resources, including the FDA educational publications to rapidly learn, adapt, redesign, test, implement, track, and refine their patient ambulatory care safety and pharmacy services to achieve established Collaborative goals.

CONCLUSION – At the conclusion of year one, we will show improvements in patient safety and health outcomes through the integration of clinical pharmacy services into the primary health care system.

3.2.3
HEALTH LITERACY AND AMBULATORY PHARMACY PRACTICE

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DESCRIPTION OF THE ISSUE – Health Literacy is related to health disparities and should be considered in today's health services research agenda. The Institute of Medicine defines Health Literacy (HL) as "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." Research has indicated that most Americans have challenges in the area of HL. Limited research has been conducted on the scope of HL practices employed by front-line health care provider organizations, such as outpatient pharmacies.

KEY UNDERLYING FACTORS – The current health care system in the United States is very difficult for patients with limited HL to navigate. The Institute of Medicine has indicated that health care providers must redesign health care delivery systems in order to meet the needs of low-literate individuals. With greater responsibility for health management shifting from the physician to the patient, there is an increased demand for pharmacists to provide medication and other health-related information to patients.

FUTURE RECOMMENDATIONS – There is a paucity of research investigations describing the HL attributes and competencies in outpatient pharmacy settings as well as patient perspectives on their health information needs from their pharmacist. The Pharmacy Health Literacy Tool, developed by the Agency for Healthcare Research and Quality, provides a working framework for HL research in the areas of written materials, verbal communication and sensitivity of HL in outpatient pharmacy settings. The development of intervention(s) to test improved health literacy outcomes in outpatient pharmacy settings are needed.

3.2.4
DEVELOPING A MODEL ARTICULATION AGREEMENT - A STRATEGY TO INCREASE HEALTH PROFESSIONS WORKFORCE DIVERSITY

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PURPOSE – To provide a model for the development of a formal articulation agreement that increases the admission, matriculation, and graduation of under-represented students from a health professions education institution (HPEI). In 2006 the non-white population of California had grown to approximately 57% and over the next 25 years the state's population will grow by 12 million people. This growth in population will be 75% Latino and 17% Asian.

METHODS – An articulation agreement was developed that included the colleges of Pharmacy, Osteopathic Medicine, and Allied Health from Western University of Health Sciences (a graduate health professions university) and California State University Los Angeles (CSULA). The California State University system is the largest, most diverse, university system in the country.

RESULTS – With the articulation agreement in place, students will be identified during the final term of their second year at CSULA by academic counselors based on strength in foundation science courses. Those identified will be invited to apply to the HPEI, followed by an interview. Successful applicants will be admitted to the early assurance pipeline program. The agreement provides for pipeline students to have access to mentoring, financial support, academic support, psychological support, and professional HPEI campus opportunities while matriculating. Students who meet GPA requirements, complete their prerequisites, and earn a baccalaureate are guaranteed admission to the HPEI.

CONCLUSION – Articulation agreements to create links between diverse feeder institutions and a HPEI are an important way to increase health professions workforce diversity and narrow the gap in health disparities.

3.2.5
PATIENT AND PROVIDER BENEFITS OF COLLABORATION WITH PHARMACY SERVICES IN THE FAMILY PRACTICE SETTING

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University of Florida & Shands Eastside Community Practice

PURPOSE – Many primary care physicians are now entering into a collaborative practice with a pharmacy service. This service offers patients and providers on site drug expert opinion, allowing for increased attention to patient medication issues.

DESIGN METHODS – The pharmacy service at the UF & Shands Eastside Community Practice in Gainesville, FL provides the following services: several pharmacist-managed clinics (primarily diabetes, hypertension, hyperlipidemia and anticoagulation), pharmacotherapy consultation and drug information. A pharmacy residency director, an ambulatory care pharmacy resident and three PharmD students work directly with physicians, nurse practitioners, nurses, and social workers to form an interdisciplinary health care team. Family practice providers utilize pharmacy service through consultations during regular physician visits and pharmacy referrals. Pharmacy also handles all incoming patient medication concerns and questions, prior-authorizations, and prescription refill requests. The pharmacy service averages 75 one-hour patient visits per month and 40 refills, prior authorizations, and/or medication questions per day.

RESULTS – Pharmacy services in the family practice setting allow for more intense counseling on medications while providers are able to focus on patients' other health concerns. These services lead to increased compliance, increased tolerance to medications, decreased incidence of drug interactions, optimized dosing, reduced medication costs and decreased numbers of adverse events.

CONCLUSIONS – Increasing utilization of pharmacy services in the family practice setting allows for pharmacists and providers to form a trusted relationship that broadens each practitioner's knowledge while providing enhanced care for patients.

3.2.6
A HEALTHCARE PROGRAM FOR PREVENTION OF CARDIOVASCULAR RISK FACTORS AND HEALTH DISPARITIY - A MODEL FOR A PARISH (COUNTY) - WIDE PROGRAM

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PURPOSE – Health disparities occur between ethnic, racial, and income groups, resulting in adverse health outcomes. Environment also plays a key role in health disparities. Prevention of health disparities requires both individual and societal efforts to focus less on any specific health problem, but more on reducing the overall burden of disease. In this regard, cardiovascular (CV) risk factors in childhood produce a lifetime burden on the CV system. Prevention needs to address behaviors and lifestyles associated with CV risk that develop in childhood, with race-sex differences.

METHOD – We developed a prevention program which utilizes the substructure of a rural community, Parish (County), that can be a model for other areas. All aspects of educating school children- the classroom, physical activity, cafeteria, teachers and parents with community involvement are used. The overall program encourages cooperation of parents, schools, physicians, and businesses throughout the Parish. Understanding that racial and social contrasts influence the development of heart disease, there is need to improve lifestyles and behaviors in early life. The program addresses nutrition, physical activity, tobacco, alcohol and drug use, and social problems like dropouts, violent behavior and teenage pregnancy. An initial accomplishment is entry into all elementary schools, representing approximately 7000 children.

RESULTS – Early results show reduction of obesity, increased physical activity, improved decision making, and healthy attitudes that can reduce and prevent disparity.

CONCLUSIONS – This public health model is inexpensive since it uses already researched materials, "Health Ahead/Heart Smart". Health education should be implemented broadly to eliminate disparities in health.

3.2.7
IMPACT OF NURSE CARE MANAGEMENT WITH INSULIN ALGORITHMS ON DIABETES OUTCOMES

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Daughters of Charity Health Services of New Orleans

PURPOSE – To demonstrate the impact of dedicated nurse care management on glycosylated hemoglobin (HbA1c) values of patients with diabetes in a community health center

DESIGN METHODS – A retrospective analysis was done of HbA1c values of all active patients with diabetes attending Daughters of Charity Health Center at Metairie. HbA1c data was extracted from the EHS electronic medical record database in the form of monthly reports beginning in April of 2007 (N=278) through November of 2008 (N=361). The outcomes of the nurse care management intervention using medication algorithms (standing physician orders) for insulin titration were compared to a statistical process control chart from the prior 12 months.

RESULTS – During the 12 months prior to the intervention, the clinic utilized an electronic medical record system with an integrated disease registry, system-generated patient reminder letters, system alerts for providers and staff and patient education. Prior to dedicated nurse care management, an average of 22.3 % of active patients with diabetes had HbA1c levels > 9% (95% CI, 20.3% to 24.3%). Eight months after the dedicated care management intervention with insulin algorithms was implemented, an average of 17.9% of active patients with diabetes had HbA1c values > 9% (95% CI, 15.3% to 20.3%). This is equivalent to a 19.6% decrease in the population of patients with HbA1c values >9%.

CONCLUSION – These results indicate the statistically significant benefit of nurse care management with insulin algorithms over other disease state management interventions, particularly for those patients at highest risk of diabetes complications.

3.2.8
CULTURAL COMPETENCY: APPROACHES TO IMPROVE HEALTHY BEHAVIORS

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PURPOSE – Unintentional injury is a major public health issue in minority and low income communities. Studies have also shown that there are racial differences in the use of seat belts for children and that a driver who is restrained is three times more likely to restrain a child than one who is not restrained. The CARES project at Tennessee State University developed and implemented culturally sensitive methods to reduce the disparity of injury for minority and low-income children.

DESIGN METHODS – Following guidelines developed by the Middle Tennessee Child Passenger Safety Center (MTCPSC), observers monitored car seat usage at selected Head Start sites. The main objectives of the observations were to examine child restraint and seat belt use based upon variables and demographic characteristics of both driver and passenger(s).

RESULTS – Of the 170 restrained children, 82.9% were with drivers who were not restrained compared to 17.1% who were with a driver who was restrained. Caucasian male drivers (36%) were unrestrained 87% of the time compared to African American male drivers (44%) who were unrestrained 79% of the time. African American female drivers (24%) were unrestrained 75% of the time compared to Caucasian female drivers (71%) who were unrestrained 58%.

CONCLUSION – The inconsistency of behaviors for adults and their willingness to put themselves at increased risk of injury but not their children is definitely a concern and worth further investigation among this population.

3.2.9
HELPING PATIENTS UNDERSTAND: IMPLEMENTING A HEALTH LITERACY INITIATIVE

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PURPOSE – To discuss the effectiveness of implementing an initiative to increase awareness in both patient/family and staff populations related to the prevalence and effects of low health literacy.

METHODS – All ILSUPH staff were required to attend a Health Literacy Education session in late 2007 to increase their awareness of the problem and impact of low health literacy. In conjunction with this training, in 2008, ILSUPH implemented the Partnership for Clear Health Communication Ask Me 3. Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores, which reflect patient perception of hospital experience, were monitored, and visibly improved in most areas.

RESULTS – Program was overwhelmingly positive as many staff worked to improve communication with staff. Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores, which reflect patient perception of hospital experience, were monitored, and visibly improved in most areas.

CONCLUSIONS – The results demonstrate that increasing staff awareness of low health literacy and ways to improve health communication improves patient perception of health communication. These findings highlight the need for interventions to increase staff and patient/family awareness of the need for clearer health communication.

3.2.10
SCHOOL-BASED HEALTH CENTERS PENETRATION AMONG CHILDREN AND ADOLESCENTS IN NEED

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PURPOSE – School-based health centers (SBHCs) provide services in public schools where enrollment is disproportionately represented by students from ethnic minority groups and financially disadvantaged families. School Health Connection (SHC) has worked to replace and expand SBHCs in four Metro area parishes; contributing toward opening nine new SBHCs since 2006. The purpose of this study is to assess the percentage of public school students eligible for free/reduced lunch who receive SBHC services in the Metro area public schools.

METHODS – Data on school enrollment, percentage of students receiving free/reduced lunch, and services provided by SBHCs were compiled by parish and aggregated for the GNO area. School data for the 2007-2008 academic year was obtained from the Louisiana Department of Education. To determine the number of vulnerable students that could benefit from SBHCs, the number of schools meeting SHC criteria for a SBHC was calculated.

RESULTS – A total 72,922 students were enrolled in eligible schools, the largest number in Jefferson and Orleans parishes; 9,750 students attend schools with a SBHC. Overall 13% of students in need have access to a SHC SBHCs. The highest percentage is in St. Bernard parish (33%), followed by Jefferson (14%) and Orleans (10%).

CONCLUSIONS – Because of the population of St. Bernard Parish, the SBHC is making a significant impact on vulnerable students receiving health services. The data clearly indicates that more SBHCs are needed in Orleans and Jefferson Parishes to reach students who might otherwise have very limited access to preventive and primary care services.

3.2.11
IMPROVING MEDICATION USE THROUGH COMMUNITY PHARMACY PARTNERSHIPS

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University of Mississippi School of Pharmacy

PURPOSE – To implement community-based pharmacy services to improve medication use for a disadvantaged population in an underserved region. A secondary goal of the project is to improve the utilization of information systems through implementation of Electronic Health Record technology (EHR).

METHODS – Medication Therapy Management (MTM) interventions are provided by pharmacists in three Mississippi Delta counties. These targeted counties have a large racial and ethnic minority population with significant risk factors for poor disease outcomes, and disparities in access to quality health care services. Pharmacists will provide one of two levels of service: 1) generalized MTM services, which address adherence and appropriate use of all medications; or 2) specialized, disease-specific MTM services in asthma and diabetes, which include patient education on self-management and recommendations to PCPs.

EXPECTED RESULTS – To develop partnerships between the University of Mississippi School of Pharmacy, the University of Mississippi Medical Center Electronic Health Records Initiative, local community pharmacists, local PCPs, public health sector, and the community. Clinical and economic outcomes will be evaluated for service coverage decisions and policy development. This presentation will describe results of these collaborations, barriers encountered, incentives for partnerships, and successful communication strategies.

DISCUSSION/CONCLUSION – Pharmacists are uniquely trained to provide direct patient services that improve medication use and promote chronic disease management. Community pharmacists are accessible and successful implementation of a pharmacy MTM model in an underserved region would provide a strategy to improve access to care, chronic disease management, and improvement of public health in rural areas throughout the United States.

3.2.12
A PHARMACIST-IMPLEMENTED, DATABASE DRIVEN DIABETES CLINIC IN A RESOURCE CONSTRAINED INTERNATIONAL SETTING

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Purdue University (SAF, SP); Moi Teaching and Referral Hosptial (MA, SP)

PURPOSE – Describe a pharmacist-implemented, database driven diabetes clinic in a resource constrained international setting.

DESIGN – Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya and The Academic Model Providing Access to Healthcare (AMPATH) provide access to inpatient hospital services as well as many outpatient clinics.

The diabetes clinic at MTRH has more than 1500 patients enrolled. The clinical pharmacy staff, in collaboration with physicians and pharmacy technicians, recently implemented a new database driven diabetes clinic. Pharmacy technicians collect patients' medical and socioeconomic data at the initial and follow-up visits. The pharmacy staff and physicians collaborate at patient appointments to make treatment decisions based on data collected. Also, a small number of patients have been given home glucometers. Their data is recorded over the telephone by a pharmacy technician and relayed to a physician. The physician uses the data to make clinical decisions. All of the data is entered by the pharmacy technicians into a database and will soon be used to guide treatment decisions and track outcomes of the home-based glucometer program.

DISCUSSION – Pharmacists, technicians, and students have joined to establish a care-focused database to help organize care and identify areas of need. These data provide a proactive approach to diabetes care, which allows for physicians and pharmacists to collaborate to provide the best care possible for patients with diabetes in a resource-constrained setting.

3.2.13
HEALTH PROMOTION PRACTICES TO EXTEND WORKABILITY IN AGING POPULATION

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PURPOSE – Growth of older age population, financial concerns and health care costs in United States has required both workers and employers to explore different approaches in an effort to sustain and prolong workability, productivity and health of employees. A multigenerational study is being conducted to ascertain what health promotion practices are being utilized by working population to extend and improve their workability.

METHODOLOGY – A questionnaire based survey has been carried out among the working adult population with random data collection methods in United States, comprising of parameters as age groups, gender, financial classifications and objectives, educational and social conditions, health status, work category and behavior; healthcare preferences and health promotion practices.

EXPECTED RESULTS – Parameters are evaluated with statistical construal to develop corresponding health behavior assessments. Role of health promotion practices, prevention strategies, and healthcare services is compared with the selection of work, various age groups and work outcomes.

DISCUSSION – An investigation of the activities, that individuals choose to use throughout their work-life in an attempt to stay healthy and fit, can reveal significant elements that can enhance work behavior as well as extend workability. This subjective workability study comprised of index based estimation in relation to health status, job requirements, social and psychological factors While the results of this study will identify beneficial health practice that are appropriate and available so as to prolong workability, additional studies could lead to the improvement and institutionalization of such health and fitness practices.

3.2.14
ASSESSMENT OF PUBLIC'S COMPREHENSION OF MEDICATION AUXILIARY LABELS

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PURPOSE – To assess the public's comprehension of preprinted medication auxiliary labels and provide education to participants. Medication labels vary in content, color, icons, and print size which can be a challenge to read and interpret. Health literacy has been shown to be a better predictor of one's health status than: age, income, employment, ethnicity, or education level.

METHODS – Data was collected from mall walkers at Glenwood Health Source. Participants (n= 50) answered questions regarding demographics and pharmacy/prescription interactions. Participants were interviewed and asked to interpret auxiliary label instructions and illustrations on seven preprinted auxiliary labels. A Rapid Estimate of Adult Literacy in Medicine (REALM) test was given to assess literacy.

RESULTS – Overall, 80% of participants were over the age of 61 with an equal distribution of males and females. Of the participants, 93% had a high school diploma or equivalent with 29% of those earning a college degree. The average prescription fills per month was 4 with a median of 3. Patient's comprehension of the labels was approximately 56%; answers were scored as follows: correct = 2 points, partially correct = 1 point, incorrect = 0 points. The REALM test identified 69% of patients had a >9th grade reading level, 27% had 7-8 grade reading level, and 4% had a 4-6 grade reading level.

CONCLUSIONS – The results indicate that face-to-face patient counseling should be performed in addition to explanation of preprinted cautionary labels. Preliminary results show literacy level may not be a true predictor of medical comprehensibility.

3.3.1
BRIDGING GAPS IN CULTURALLY APPROPRIATE ASTHMA CARE IN AN INNER-CITY COMMUNITY

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PURPOSE – To implement an effective intervention, using the principles of Community Based Participatory Research, to reduce the burden of asthma through the delivery of culturally relevant care coordination.

METHODS – 4 community based organizations were engaged to recruit and co-train bilingual Community Health Workers (CHWs), who serve as the single point of contact for program participants. Caregivers of children ages 0-18 with a diagnosis of asthma were recruited from hospital and community settings and were offered culturally relevant asthma education, home environmental assessments, on-going support, and linkages to clinical and social resources. Caregivers were interviewed at baseline, 6 months, and 12 months. Descriptive statistics were used to assess caregiver self-efficacy and impact of the program on asthma morbidity.

RESULTS – Between 2006 and 2008, CHWs enrolled more than 200 families. Preliminary results show that after 6 months in the program, 83% of families reduced their frequency of visits to the emergency department, 73% reduced their frequency of hospitalizations, and 83% reduced their frequency of asthma-related school absences. In addition, 85% of caregivers reported feeling in control of their child's asthma.

CONCLUSIONS – A hospital-community partnership model with bilingual community health workers is an effective approach to address health disparities in a largely foreign-born, Latino community. The simplicity and flexibility of this model combined with the strength of hospital-community ties, suggest that this model can be applied to other chronic diseases and to other communities.

3.3.3
PHARMACOTHERAPEUTIC DISPARITIES: DEMONSTRATING RACIAL, ETHNIC AND SEX VARIATIONS IN DRUG TREATMENT

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PURPOSE – Health disparities perpetuate social inequities and result in negative health outcomes. Despite a national research agenda targeted at reducing or eliminating health disparities, little research or attention has been placed specifically on pharmacy's role in reducing health disparities, particularly identifying, quantifying, and rectifying disparities related to or caused by disparate treatments with pharmaceuticals, what the authors have termed "pharmacotherapeutic disparities."

METHODS – A literature review was performed to examine research articles published between 1990 and June 2008 that investigated racial/ethnic and/or sex disparities in use of drugs for the management or treatment of disease states or medical conditions in the U.S.

RESULTS – The search identified 311 research articles that investigated pharmacotherapeutic disparities. Seventy-seven percent of all included articles demonstrated statistically significant disparities in drug treatment across race, ethnicity and sex. The most frequent type of disparity was differences in the receipt of prescription drugs; however, documented disparities occurred related to differences in the drugs prescribed, differences in drug dosing or administration, and differences in wait time to receipt of a drug. Documented outcomes associated with these observed pharmacotherapeutic disparities included increased rates of hospitalization, decreased attainment rates of therapeutic goals (i.e., LDL-C or blood pressure goals), and decreased rates of survival.

CONCLUSION – Pharmacotherapeutic disparities present a necessary area for additional comprehensive health disparities research in order to reduce negative outcomes experienced disproportionately by minority populations.

3.3.4
PROMOTING CHANGE THROUGH WIN-WIN PARTNERSHIPS AND RESULT-DRIVEN OUTCOMES

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Meharry Medical College, Nashville, Tennessee

PURPOSE – To demonstrate how HBCUs work to improve the health and wellness of communities in four regions of Tennessee; highlight the integration of service learning within the parameters of each campus and the impact on promoting change on campus and within communities; and to describe the collegial and community relationships and benefits to each stakeholder in developing and implementing health and wellness activities.

METHODS – Four private historically black colleges and universities (HBCUs) were contracted by Meharry Medical College to promote change in overall knowledge, attitudes and behaviors. Collegiate students were recruited and trained using service learning philosophy as a precept to develop health and wellness projects. The catalyst for these projects were based on Tennessee's leading health disparities that include HIV-AIDS, heart disease and related conditions, diabetes, cancer and infant mortality. Student health ambassadors (SHAs) and their designated community partner shared resources to strategize and develop basic interventions designed to stimulate change.

RESULTS – More than 123 collegiate students have been trained in health services research and their work has impacted more than 10,000 individuals to date. There are at least 289 local, state and national partners that can access trained SHAs to provide invaluable sweat equity to continue health disparity work.

CONCLUSIONS – As the project completes its third year, the evidence suggests that the MMC HBCU Wellness Project is a critically vital and significant health and wellness change agent and yields unlimited benefits to external stakeholders pursuing analogous goals with limited resources.

3.3.6
THE EFFECT OF PATIENT RACE ON PATIENT-PROVIDER COMMUNICATION WITH PEDIATRIC ASTHMA PATIENTS

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PURPOSE – To examine the relationship between a patient's race and patient-provider communication regarding asthma symptoms, asthma-related quality of life, and control medication adherence with pediatric asthma patients

METHODS – This will be a secondary analysis of data collected as part of a larger, related study. Patient enrollment began in 2006. Forty physicians at 6 pediatric/general practice clinics in North Carolina agreed to participate in the study. On the day of a previously scheduled visit, patients (children 8-16 yrs old already diagnosed with asthma) and their parents were enrolled in the study. A research assistant set up a tape recorder in the examination room to record the verbal communication between the physician, patient and parent. The patient and parent also completed questionnaires after the visit with the research assistant. The audiotapes are being transcribed, and a coding instrument has been developed to apply to the transcripts for additional analysis regarding the above areas of asthma management. In addition to qualitative analysis, bivariate and multivariate logistic regression models will be run to determine whether patient race is associated with a likelihood of these issues being discussed during a visit.

RESULTS – Patient enrollment is ongoing, with 279 patients currently enrolled. Final enrollment is expected to be 300 patients. Preliminary analysis suggests a racially diverse sample, with 149 white patients, and 130 patients who identify as part of a minority group, 68% of whom are African-American. Data analysis is currently ongoing and is expected to be complete later this year.

3.3.7
USE OF TELE-MENTAL HEALTH SOLUTION AFTER HURRICANES KATRINA AND RITA

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From the Regional Coordinating Center for Hurricane Response at Morehouse School of Medicine (AVB, TJK, KMB, AHN); EXCELth, Inc (YAD)

PURPOSE – To describe a telehealth solution initiated at a federally qualified health community to address mental health needs in the primary care setting after Hurricanes Katrina and Rita.

DESIGN METHODS – Patient encounters were examined from March 1, 2007 through December 31, 2008. Patient encounters were tracked by health center staff using Microsoft Windows SharePoint Services. Descriptive data recorded included patient age, gender, education level, appointment type (new vs. follow up), diagnosis, and treatment plan. Basic frequencies were calculated for the data reported.

RESULTS – Fifty-eight patients were seen in the telehealth clinic. The most prevalent diagnoses included major depressive disorder, generalized anxiety disorder, post traumatic stress disorder, bipolar disorder, attention deficit hyperactive disorder, intermittent explosive disorder, psychotic disorder, and schizophrenia. Females represented 67% (39) of patients, and 33% (19) were male. The mean age of patients was 34 years. There were 291 follow up encounters scheduled. Two hundred and fourteen encounters resulted in the patient being seen. There were 53 encounters in which the patient did not present for the appointment, and 14 appointments that were cancelled by the clinic. There were 8 appointments cancelled by the patient, and 2 appointments that were rescheduled due to technology failure.

CONCLUSION – A telehealth solution can be used to mitigate post-hurricane behavioral healthcare disparities in response to both reduced provider availability and increased service need. These behavioral health services may be integrated into the primary care setting, using the primary care physician as a referral basis and in-house behavioral health staff for support.

3.3.8
THE MISSISSIPPI INSTITUTE FOR IMPROVEMENT OF GEOGRAPHIC MINORITY HEALTH (MIGMH)

SR ABRAM, PhD; C Arthur, PhD, MPH; T Sanders, MBA/MHA; S Hart-Hester, PhD; W Rudman, PhD; B Booker, MS; F Wallace, MS; and WA Jones, MD
The University of Mississippi Medical Center

PURPOSE – Mississippi has the unenviable label of leading the nation in racial/ethnic health care disparities (HCD). The MIGMH seeks to address and eradicate the many significant HCD faced by rural and disadvantaged minority populations in the state of Mississippi. Our goals include increasing: (1) awareness of health care issues, (2) access to quality health care, and (3) the number of available health care professionals, (4) documenting improved health outcomes and (5) developing models that can be replicated across the state and throughout the nation to effectively address HCD in rural/minority populations.

DESIGN/METHODS – Consisting of three programmatic cores (Health Services, Education/Awareness, and the Center for Health Information and Patient Safety [CHIPS]) and one administrative core, the MIGMH achieves its goals through partnering with over 40 organizations throughout the state. These separate entities work together cohesively serving as a hub for program development, information dissemination and research on eliminating HCD statewide.

RESULTS/EXPECTED RESULTS – Within 28 months of existence, the MIGMH has made significant strides towards its goal of helping Mississippi become the state that Mississippians want too see. The MIGMH's role in building capacity and enhancing communication through translational research and educational efforts has the ability to affect both the health and economic outcomes of the state.

CONCLUSION – It is expected that models associated with the MIGMH will become instrumental in the battle to eliminate HCD nationally.

3.3.9
DECREASING RACIAL AND ETHNIC HEALTH DISPARITIES THROUGH A NATIONALLY UNIQUE WEB SITE

NJ Goodwin, M.D., C Burgess
Health Power for Minorities

A nationally unique consumer focused web site was launched in 2003to improve multicultural/minority health literacy nationally, thus decreasing national racial and ethnic health disparities, and the digital divide. This service oriented site, located at www.healthpowerforminorities.org, provides authoritative, user-friendly, culturally relevant and credible health information and promotion services for disease prevention, early detection and control. The site is listed by Google as No. 1 and No. 2 for "Health information for minorities" and "Health information for multicultural populations" among more than 3 million sites, combined; and in the 'Top 5' sites for "Minority health Information" among more than 93 million sites.

The conceptual framework for the web site, founded by Norma J. Goodwin, M.D., Founder, President and CEO of Health Power for Minorities (Health Power), focuses on: (a) Simultaneously reflecting the diversity, and commonalities regarding health related needs among African-Americans, Hispanics, Asian Pacific Islanders, and American Indians; (b) Promoting and facilitating disease prevention, early detection and control; (c) Defining and promoting health as the combination of physical, mental and spiritual health; (d) Ensuring credible messages and messengers; (e) Facilitating information exchange and collaboration among selected public, non-profit and private sector 'minority' and 'non-minority' organizations; (f) Ensuring consistent quality control; (g) Regularly evaluating user traffic/activity levels, interest areas, and questions/feedback, and making indicated site modifications; and (h) Facilitating user to site and user to user interaction (networking).

Key web site features are described, and the necessity for Health Power's change from non-profit to for-profit status in order to achieve its web site related purposes.

3.3.10
TRAINING NURSING STUDENTS FOR HEALTH DISPARITY RESEARCH IN THE US VIRGIN ISLANDS

EM Ramsay-Johnson, EdD
NCMHD Caribbean Exploratory Research Center of Excellence, University of the Virgin Islands

THE PROBLEM – The elimination of health disparities in the United States Virgin Islands (USVI) is a major goal of Healthy Virgin Islands 2010: Improving Health For All, the territory's response to the nation's health initiatives. However, there is a dearth of research that has focused on health disparities in the USVI.

MODEL FOR PROBLEM RESOLUTION – A Training and Empowerment Model was used with three cohorts of junior nursing students at the University of the Virgin Islands to increase capacity for, and promote commitment to, research as the means to reducing health disparities in the USVI.

TRAINING
Training included:
- Frameworks for evidence-based nursing practice
- The importance of health disparities research
- Human participant protection, and
- Practice in data collection with interview schedules used in exploratory studies funded by the university's Caribbean Exploratory Research Center.

EMPOWERMENT
Empowerment strategies included:
- Use of student suggestions for modifying data collection tools,
- Employment of students as Research Assistants for Center-supported exploratory studies,
- Inclusion of poster presentations of student research and health promotion projects at the Center's annual Health Disparities Institutes,
- Citation of students as authors in a refereed publication promoted empowerment and further socialization for the role of researcher in health disparities, and
- Opportunities for networking with nurse researchers at national professional meetings.

CONCLUSION – Post-graduation commentaries indicate that students envision themselves as future researchers in health disparities. This suggests that these professional nurses have been imbued with the centrality of research to the future reduction of health disparities in the USVI.

3.3.12
INFANT MORTALITY: A PREVENTABLE DISPARITY - FOCUSING ON PRENATAL CARE (Student Presentation)

A Nellum
Lane College

3.3.13
RAISING AWARENESS AND SAVING LIVES - INFANT MORTALITY (Student Presentation)

P Fisher
Lane College

4.0 SOCIAL DETERMINANTS OF HEALTH

4.1.1
ADDRESSING HEALTH CARE DISPARITIES IN DELIVERING POISON CENTER SERVICES TO SPANISH SPEAKERS IN TEXAS

CL Villarreal, MA; MC Fernández, MD
South Texas Poison Center, Division of Emergency Medicine, Department of Surgery, University of Texas Health Science Center at San Antonio

PURPOSE – To better describe underutilization of poison (control) center services by the Spanish-speaking population, this study examines the correlation between calls received from Spanish-speaking callers by the Texas Poison Center Network (TPCN) and total calls received. Data will be used to help regional centers better serve regional callers whose primary language is Spanish.

METHODS – TPCN call data was evaluated from 2001-2008 to determine the number of calls received from Spanish speakers by each regional poison center. All Spanish language calls were examined to determine the degree of correspondence between the region from where calls originated versus the region at which the calls were handled.

RESULTS – Over an eight-year period, the network received 2,607,151 calls. Of these, only 29,151 (1.12%) handled in Spanish, originating from all six regions; Texas Panhandle (671), Central Texas (1,951), North Texas (5,226), West Texas (6,602), South Texas (6,939), and Southeast Texas (6,951). Of all Spanish-language calls, the South Texas and West Texas Poison Center handled 83.34%.

CONCLUSIONS – This evaluation of TPCN Spanish calls demonstrates a major language-based disparity in the utilization of poison center services. Since only 1% of calls are generated from the Spanish-speaking population, this evaluation provides the foundation for greater efforts to be used towards educating this community on the services provided by poison centers. To more effectively provide regionalized care to this population, call volume must be reflected in adequate bilingual call-taker staffing.

4.1.2
BEING GREEN: AN ANALYSIS OF ATTITUDES AND BEHAVIORS AS INDICATORS OF THE LEVEL OF ENVIRONMENTAL CONSCIOUSNESS

D Alexander; R Wingfield, PhD
Fisk University (DA, RW)

PURPOSE – To increase student and community participation in environmentally sustainable practices thereby improving the physical and mental health of the student population at Fisk University and the local community.

DESIGN METHODS – The project will accomplish the above mentioned goals through a series of initiatives that reinforce the importance of environmental stewardship such as a pre/post assessment of knowledge of environmental issues, a recycling program, a movie/discussion nights on environmentalism and health in the Black community, an environmentally-themed trivia game night, and disseminated information via workshops, forums, brochures, and handouts on different environmental issues and ways people can save energy and resources.

EXPECTED OUTCOMES: As a result of the project it is expected that there will be an increased appreciation for the preservation of the environment and the impact that the quality of the environment can have on the health of the community, an increased participation in the environmentalist movement, and increased amount of materials recycled by Fisk University and the local community.

DISCUSSION – By establishing a recycling program on Fisk University's campus, the project will address a problem of low interest and display that the environment should be of everyone's concern. This will be a low-cost way for students to show that they have the ability to decrease their carbon and waste footprint, as well as improve their physical and mental health.

4.2.1
REAL MEN WAIT...IF NOT STRAP IT UP (Student Presentation)

R Chatman
Lane College

4.2.2
THE CLERGY: A VALUABLE RESOURCE FOR CHURCH MEMBERS WITH ALCOHOL PROBLEMS

BF Hatchett PhD ACSW
University of Arkansas at Pine Bluff

The role of minister or pastor is pivotal in the development and operation of church-based programs and in the delivery of services. They can initiate changes and can equip the officers and members so that families troubled by substance abuse issues can find a climate of acceptance, understanding and recovery in the local congregation. Members of the clergy can also serve as referral resources to members of the mental health professionals for assistance with alcohol and other substance abuse problems. The focus of this poster will be on the role of the clergy in providing assistance for members of their congregation with substance abuse problems. Implications and recommendations for collaborations and specific resources are also included that may increase the awareness of these issues and that may increase the effectiveness of service to those needing it.

4.2.3
THE EMOTIONAL AND SOCIAL EFFECTS OF ALCOHOL (Student Presentation)

N Brown
Lane College

4.3.2
IMPROVING SCHOOL HEALTH NURSES' CONFIDENCE IN RECOGNIZING POST-DISASTER BEHAVIORAL HEALTH SYMPTOMS

MM BROUSSARD, MPH; CM Kudla, MPH; SE Kohler, MPH
Louisiana Public Health Institute, School Health Connection Program

PURPOSE – To train school health nurses (SHNs) to recognize, provide early intervention and treatment, and effectively refer students who are experiencing post-disaster depression, anxiety, and traumatic stress and to measure retention of knowledge and confidence gained from the training.

METHODS – At the training, SHNs participated in pre- and post-test surveys containing sections pertaining to demographics, current knowledge of the training materials, and current confidence levels with training materials. If the participant agreed, a similar follow-up survey was conducted 3 – 5 months after the initial training by either email or telephone.

RESULTS – Over the 4 trainings, there was a total of 72 SHN participants representing more than 60 schools in Orleans, Jefferson, Plaquemines, and St. Bernard parishes. From pre- to post-tests, knowledge average increased from 83.1% to 88.6% and self-reported confidence levels increased to "very confident" by an average of 26.3%. 30 nurses participated in the follow-up survey and an average or 87.0% still reported being confident with training material.

CONCLUSIONS – The SHNs pre-test knowledge scores illustrated that they already possessed some of the knowledge presented in the training. However the remarkable increase in confidence shows the effectiveness of the training. By increasing their confidence, SHNs were better equipped to effectively treat students.

4.3.3
HIV/AIDS AWARENESS (Student Presentation)

B Humphery
Lane College

5.1 COMMUNITY-BASED PROGRAM

5.1.1
STEP U.P. TO HEALTH

J Greene; T Richards; JJ Walker, BS; K Wyche-Etheridge, MD,MPH; W Isenhour, BS; K Belton, BA, MBA; H Kelly
Fisk University (JG, TR, JJW); Metropolitan (Nashville) Public Health Department (KWE, WI); National Step Show Alliance, (KB); Metropolitan (Nashville) Department of Parks and Recreation, (HK)

PURPOSE – This program brings public health, higher education, private non profits, and parks together to create a fun, and culturally relevant program to reduce childhood obesity, and subsequent risk for diabetes in African American youth.

DESIGN METHODS – 300 youth voluntarily joined step teams at 15 Nashville community centers. Each youth was required to show proof of a recent physical exam before starting the program. Once on a team, the students participate in step practice 3- 4 times per week, 20 minutes of subject relevant health education prior to practice, as well Body Mass Indices, fitness profiles, academic grades, and baseline health knowledge are collected. All measures are repeated at 6 and 12 months. Teams that are in good academic standing have the opportunity to compete locally and nationally in youth step shows.

EXPECTED OUTCOMES – Preliminary results show an improvement in multiple components of the fitness evaluation, improved school performance, and increase knowledge over baseline.

DISCUSSION – Collaborative community based partnerships provide an enhanced ability to impact greater long term change by improving access to the community and by providing the community more encounters with a broader variety of perspectives, services, and opportunities to address their needs.

5.1.2
EFFICACY OF A MULTIDISCIPLINARY COMMUNITY-BASED EXERCISE PROGRAM

B Wilder, DSN; PW Grandjean, PhD; J Schuessler, DSN
From Auburn University School of Nursing (BW, JS) and the Department of Kinesiology (PWG)

The Auburn University School of Nursing developed an on-going multidisciplinary exercise program in a medically under-served community in the housing authority. This exercise program was developed with women being the target population. PURPOSE – Our purpose is to characterize the health improvements observed after six months of participation in this community-based exercise program.

METHODS – Twenty-five Black women (59 ±-11 yrs of age) enrolled in two cohorts corresponding to the program's first and second year of operation. Initially, all women underwent a physician screening and physiological assessment (height, weight, body composition, blood profile, pulmonary function, musculoskeletal evaluation, standardized treadmill test with continuous monitoring of ECG and blood pressure) in order to establish an individualized exercise program. All women exercised according to their own capabilities and completed the same assessment again at six months to determine progress and adjust their exercise regimens. All physiological data were analyzed using 2 (group) by 2 (time) ANOVAs repeated for time. Significance was accepted at the $p < 0.05$ level.

RESULTS – The average exercise time during the standardized maximal treadmill test improved 14% and estimated cardiovascular fitness increased by 20% after six months of exercise ($p<0.000I$). Heart rate and rate-pressure product measured during recovery from the treadmill test were reduced 8% and 12%, respectively {$p<0.008$}. The second cohort also experienced an average 7-lb weight reduction, 2% reduction in body fat, and decreases in the total cholesterol/HDL-cholesterol ratio (10%) and triglyceride concentrations (14%) - $P<0.03$ for all. CONCLUSIONS – These results are consistent with health improvements observed with regularly-practiced exercise and demonstrate the success of a community-based exercise program for the under-served.

5.1.3
TOBACCO-RELATED PARTNERSHIPS THAT ELIMINATE HEALTH DISPARITIES

TR Moore, MSHCM; MA Perry, MPA
Louisiana Public Health Institute (TRM), Louisiana Department of Health & Hospitals (MAP)

PURPOSE – To illustrate the effective statewide models/approaches/partnerships built in Louisiana that addresses tobacco-related health disparities

METHODS – Data analysis using the following data sources: Behavior Risk Factor Surveillance System, Youth Tobacco Survey (YTS), Adult Tobacco Survey (ATS), Core Alcohol & Drug Survey. Analysis focused on tobacco usage rates among disparate populations. Those populations include: African Americans, LGBT, Native Americans, Rural communities, Low SES, Women, Service Industry Employees, Musicians and Youth (11-17and18-24 college students and straight to work).

RESULTS – The combined state's tobacco programs have built statewide partnerships to eliminate tobacco-related health disparities in each of the nine (9) public health regions. At the community level, these disparate populations are engaged in building awareness of tobacco use and development of advocacy plans to combat the issue. Community members are engaged through a two-fold approach – cessation (TCP) and policy & advocacy (TFL)

CONCLUSIONS – The Louisiana Tobacco-Related Health Disparities Coalition and several partnerships have been created throughout Louisiana to address and eliminate tobacco-related health disparities. All these programs have been successfully implemented and continue working toward their goals and objectives. The collaborative efforts of The Louisiana Campaign for Tobacco-Free Living (TFL) and the Louisiana Tobacco Control Program (LTCP) illustrate the core values and strategies of the Louisiana Public Health Institute (LPHI) and the Louisiana Department of Health Hospitals (DHH) to build solid partnerships and increase the effectiveness of efforts to eliminate health disparities.

5.1.4
A CASE STUDY: LOUISIANA PUBLIC HEALTH INSTITUTE

TR Moore, MSHCM; JA Dickherber, MPH
Louisiana Public Health Institute

PURPOSE – To provide a case study of how the Louisiana Public Health Institute (LPHI) promotes initiatives to reduce health disparities through community and statewide programs.

METHODS – Programmatic overview of the following LPHI core programs that identify & eliminate health disparities: Louisiana Community AIDS Partnership, Primary Care Access and Stabilization Grant (PCASG), Behavioral Health Action Network, School Health Connection, and The Louisiana Campaign for Tobacco-Free Living (TFL).

RESULTS – LPHI programs address health disparities in the following ways:
Louisiana Community AIDS Partnership program promotes and seeks to improve the health and quality of life for those infected with or affected by HIV/AIDS in Louisiana.
PCASG program is designed to meet the increasing demand for healthcare services in the New Orleans Metropolitan area and decrease reliance on emergency room usage for primary care services for patients with Medicaid, people without insurance, or those who are underinsured.
TFL program seek efforts to eliminate health disparities through community capacity and mobilization of its community program grantees (identified disparate populations), partnership with the Communities of Color Network and participation in the Louisiana Tobacco-Related Health Disparities Coalition.
School Health Connection program seeks to improve the overall health of students and school communities.
Behavioral Health Action Network program seeks to eliminate health disparities through service capacity building and strengthening the number of mental health providers.

CONCLUSIONS – LPHI's community and statewide programs are designed to address and eliminate health disparities in Louisiana.

5.1.5
EDUCATING OLDER AMERICANS: USE OF NATIONAL HEALTH OBSERVANCE PROGRAMS AT AN ASSISTED LIVING FACILITY

JB Wheeler, PharmD
Xavier University of Louisiana College of Pharmacy

PURPOSE – According to the 2006 U.S. Census Bureau, approximately 37 million people age 65 and over live in the United States. Most of the adults in this population take at least one or more prescription medication daily and have at least three chronic medical conditions. Therefore, a clear understanding of the various medical conditions is important. This project was conducted to determine if monthly health education programs presented by 4th year doctor of pharmacy students in the Advanced Practice Professional Experience (APPE) Ambulatory Care Rotation increased assisted living facility residents' understanding of medical conditions.

METHODS – As a requirement of the rotation, students deliver a program based on a national health observance topic to residents of an assisted living facility. The students are responsible for developing a 30-minute oral presentation, 10-question post-test and a written reflection paper. The residents complete an evaluation at the end of the presentation.

RESULTS – Over a three year period, approximately 480 residents have attended the programs with topics ranging from Stroke Awareness to Thyroid Disorders. The majority of the residents in attendance are female, Caucasian, and 80 years and older. Using a 5-point Likert scale, residents repeatedly, strongly agree that the information presented increased their knowledge of the health condition presented.

CONCLUSION – The results indicate that presenting education programs based on the national health observances to older Americans living in an assisted living facility help to increase their understanding of the medical condition. Additional studies are needed to determine if this translates into improved health.

5.1.6
HEALTH PROMOTION INNOVATIONS: AN HBCU TEACHES ITSELF AND THE COMMUNITY

G Beckley, MSW, DSW; CR Arthur
Families First, Rust College (GB); Mississippi Institute for Geographic and Minority Health, University of Mississippi Medical School (CRA)

PURPOSE – The purpose of the Rust College Health Literacy Campaign is to: (a) to improve the quality of health and healthcare for minorities and rural disadvantaged in Mississippi; (b) encourage student participation in health literacy campaigns, (c) stimulate health career interest though service learning and expanded learning experiences.

DESIGN METHODS – Rust College is private, which allows to adaptable and responsive change, making it an ideal environment for collaboration and innovation. The "Rust College Health Literacy Project" is funded by the Mississippi Institute for Geographic Minority Health of the University of Mississippi Medical Center. The project uses an ecological framework and diffusion of innovation model to recruit, develop and train faculty, students, and the community regarding health issues including diabetes and cardiovascular disease. The Rust College Health Literacy Campaign operates on several levels: individual students, student groups, classroom, faculty groups, students and faculty interactions, student-mentorship learning and at the community level. Training levels include: (1) faculty-faculty, (2) faculty-student, (3) student-provider/mentor, (4) student-student, (5) student-community.

Faculty development training for curricular infusion of health topics included representatives from the Departments of English, History, Social Work, and Psychology. Course syllabi have been modified and service learning experiences have been incorporated into the experiences of selected courses. Student leaders have been identified for longitudinal experiences and their skills have been further developed through extended service learning experiences that included "train-the-trainer" workshops and community presentations on chronic illness prevention/intervention. Students' experiences have been further expanded through mentoring relationships with community providers and opportunities to make presentations to peers and community organizations. A university website includes a pre-post test that can be used for self-assessment of knowledge.

RESULTS/EXPECTED RESULTS – Over 100 students have participated in the Rust College Health Literacy Campaign. Students have developed, convened, and participated in health fairs, health screenings, and presentations to community organizations. Diffusion of innovation has occurred; new courses have been approved and old courses have been modified.

DISCUSSION/CONCLUSION – The Rust College Health Literacy Campaign operates on several levels: individual students, student groups, classroom, faculty groups, students and faculty interactions, student-mentorship learning and at the community level. Each aspect of the project focuses on communicating health information, student leadership to emerge and students who are now in the third year of the program are exploring expanded career options through the program.

5.1.7
CHURCH-BASED HEALTH FAIRS: A MODEL FOR ADDRESSING HEALTH DISPARITIES AMONG RURAL AFRICAN AMERICANS IN NORTH CAROLINA

SJ Bratcher-Porter, PhD, RN, CS
Fayetteville State University

BACKGROUND – Health disparities of the United States population have become a major focus since the publication of Healthy People 2000. Of particular concern are health disparities among African Americans in the rural areas. In spite of increase focus and attempts to disseminate health information, the incidence of many health problems appear to be steadily increasing. To meet this need, it is important that health professionals explore creative and effective ways to disseminate health information to the minority population. One such means of involving local communities is through health fairs in African American churches.

PURPOSE – The purpose of this community-based research project was to develop a model for conducting a church-based health fair geared toward rural African Americans.

METHODS – A community-based participatory model was used. Participants were female African American pastors from 10 churches in a rural county in eastern North Carolina. Data were collected via focus groups. Questions focused on their views about health disparities, needs of their members to improve health promotion and early detection, and ideas about using a health fair to reach them.

FINDINGS – The ministers understood that a health disparities gap does exist for minorities, and reported that these disparities and related issues were evident in their own members. They viewed health fairs as a good way to reach members and preferred several mini fairs culminating into a larger health fair at their annual conference. Based on ideas presented by the ministers a process model will be presented. Health fairs have high potential for reaching rural minorities through their churches. Development and testing of a process model for health fairs can be the basis for materials that could be made available to churches throughout the South.

5.2 RESEARCH

5.2.1
REAL TALK

J Bazelais; T Smith, MA
Fisk University

PURPOSE – The purpose of this study is to effectively increase knowledge and lower the rate of STD (Sexually Transmitted Diseases) contractions, with particular stress on HIV/AIDS, in African Americans (AA) at Nashville colleges as well as in the community of Nashville itself.

DESIGN METHODS – The Real Talk Program (RTP) is an interactive, multi-media series of programs that aims to create comfortable environments where students can communicate problem solving strategies, assess relevant risks, and model low risk behaviors through participation in and exposure to a series of video recorded group discussions on health related behavioral topics, a mini soap opera, taped interviews, and a newsletter series and non-media opportunities where students can engage in social, recreational activities that reinforce low risk behavior.

EXPECTED OUTCOMES – The following details the expected outcomes of the project.
1) High levels of HIV knowledge will be negatively correlated with high levels of HIV Risk Behavior in an AA college student population.
2) Levels of HIV risk behavior in an AA college population will be significantly different for the following subgroups: males vs. females, students with higher levels of education vs. students with lower levels of education; and urban vs. suburban/rural place of origin.

DISCUSSION – Electronic media, such as videos and reality shows, are vital carriers of culturally relevant information for the target population and present viable opportunities to create interventions that incorporate their use when targeting college age students.

5.2.2
CHILD PASSENGER SAFETY (Student Presentation)
J Jarrett-Jamison
Lane College

5.2.3
ORAL HEALTH IMPORTANCE FOR AFRICAN-AMERICAN ADULTS (Student Presentation)
M Hart
Lane College

5.2.5
A PATIENT CENTERED APPROACH TO ACHIEVING GLYCEMIC CONTROL
CM Brock, PharmD, CDE; LM Mihm, PharmD; DJ Mihm, PhD
Xavier University of Louisiana College of Pharmacy

PURPOSE – To determine whether an intervention using the SidebySide program improves medication adherence and glycemic control.

DESIGN METHODS – Preliminary data was collected at Algiers Community Health Clinic to establish baseline information regarding literacy, medication adherence, patient health beliefs, and diabetes knowledge. The level of literacy was assessed using the Rapid Estimate of Literacy in Medicine (REALM) test. Modified surveys for diabetes such as the Given Health Belief Model, the Morisky Medication Adherence Scale, and the Diabetes Knowledge Test were also given.

RESULTS – The study population consisted of 74% females and 81% African-American. Eleven out of thirty-one patients had a literacy score of ninth grade and above. A large percent of the patients (~ 90%) perceived the importance of controlling diabetes, and understood the severity of the disease. Patients in this study who were taking oral medications only exhibited a large range of scores (from 7% to 93%) on the 14-item Diabetes Knowledge Test (DKT). Their mean score was 48% and their median score was 49%. The patients taking both oral medications and insulin had a tighter range (26% to 57%) on the expanded 23-item DKT.

DISCUSSION – Most of the patients at Algiers Community Health Clinic recognized the importance of managing their diabetes. The majority of patients read below the ninth grade level. The oral medications only patients exhibited a more varied range of diabetes knowledge than did the patients on oral medications with insulin, although their knowledge seemed to be more consistent.

5.3 WOMEN'S HEALTH

5.3.1
THE EFFECTS OF BUDDY SUPPORT ON PHYSICAL ACTIVITY IN AFRICAN-AMERICAN WOMEN
PA Hogue, PhD, PA-C; TR Jordan, PhD
University of Toledo

PURPOSE - The purpose of this study was to determine the effectiveness of an intervention utilizing buddy support to increase physical activity in African American women.

METHODS - The study was a pretest/post-test, quasi-experimental design conducted at two churches in Toledo, Ohio. One church served as the intervention group and one served as the comparison group. The intervention group was required to enlist a "buddy" to provide social support for physical activity. Both groups completed data collection measures at pretest and post-test: 1) social support for exercise survey (SSES), 2) rapid assessment of physical activity survey (RAPA), 3) body weight and height, 4) diastolic and systolic blood pressure and, 5) a six-minute walk test.

RESULTS - The intervention group RAPA I and family social support scores increased. Wilcoxon signed rank test analysis indicated the increase in RAPA I scores was statistically significant (95% CI = 0.2 to 0.9; T = 30; n = 28; p = .01). At study end, 61% of the intervention group and 44% of the comparison group was in the "active" range. Paired t test analysis indicated the increase in family social support scores was statistically significant (95% CI = 0 to 5.9; t = 2.06957; df = 27; p = .05).

CONCLUSIONS – Regular physical activity is associated with many health benefits. The disparity in physical activity between African American women and others is especially noticeable when examining rates. The findings from the current study support the development of physical activity interventions in African American women.

5.3.2
PAMPER ME WELL
J Durden; JJ Walker, BS; K Wyche-Etheridge, MD, MPH
Fisk University (JD, JJW); Metropolitan (Nashville) Public Health Department (KWE)

PURPOSE – Pamper Me Well (PMW) is a program that aims to address the health of women in the preconception period by providing skills and knowledge needed to make behavioral changes which can increase their chances of having a positive birth outcome in the future. PMW has several key components: Tailored Health and wellness education, fellowship with other women, and the opportunity to learn about and partake in self preservation. The project targets AA women with at least some college education.

DESIGN METHODS – The program works as follows: Host women are identified each month. The host invites 10-14 of her friends, and colleagues, to a 2-3 hour event held in her home. The event consists of pampering, health/wellness education and woman to woman fellowship. Services provided include hand massages, facials, foot soaks, and skin and hair care information.

Each woman completes a preconception health assessment and a pretest. While enjoying spa services, the women receive education on preconception health, based on needs identified on the assessment and pretest. An exit survey, commitment card, and post test are completed, and an incentive item awarded.

EXPECTED OUTCOMES – 100% of the women have admitted to increasing their knowledge as well as vowing to change a health behavior to improve their potential future birth outcomes

DISCUSSION – Spa parties provide an innovative way to deliver health education couched in a popular venue for the target population.

5.3.3
LOVE IS BLIND: DOMESTIC VIOLENCE AWARENESS (Student Presentation)

A McCoy
Lane College

5.3.5
THE RELATIONSHIP OF DIS-EASE TO DISEASE IN BLACK WOMEN

LD PATRICK, JD; S Glover, MEd; C Teasdelle, PhD
From Medical Network for Education and Research, Inc. (LDP); Metro Black Health (SG, CT)

PURPOSE – To explore contributing factors of health disparities in the middle class by examining the relationship between dis-ease (difficulty, hardship, conflict) in middle income black women, who have no access to care issues, and the onset of disease.

DESIGN METHODS – Two online focus groups (healthy and unhealthy) were facilitated with African American females between the ages of 30 and 45 with an average annual income of 50,000.00. The groups were conducted using web conferencing and teleconference software. Participants (n=12) answered questions regarding their experiences with dis-ease, it's impact in their lives, the main contributors of dis-ease, and the correlation between dis-ease and disease.

RESULTS – Major contributors to dis-ease are career and finances, the stress of co-workers, conflicts and expectations, and a death in the family. Participants believed their dis-ease was an ongoing, constant struggle that occurred on a daily basis. Many have noted that this dis-ease has caused some short-term if not long-term physical disease.

CONCLUSION – Factors beyond access to health care contribute to health disparities in the middle income black female population. Based on the findings, black women on average are experiencing some type of dis-ease on an ongoing and almost regular basis. This research introduces a possible correlation between dis-ease and the high prevalence of diseases that disproportionately effect black women. Integration of a stress assessment tool in conjunction with the medical history assessment during regular check-ups could help providers identify the proper source of disease and prescribe the most efficacious treatment.

5.4 MEN'S HEALTH

5.4.1
SAVE OUR SONS: AN INNOVATIVE DIABETES AND OBESITY PREVENTION PROGRAM FOR AFRICAN-AMERICAN MEN

B Webster-Patterson, BS; M Ferrer, BA; F Wright, BS
Community Voices: Healthcare for the Underserved of Morehouse School of Medicine (BWP); Lorain County Urban League (FW, MF)

PURPOSE – Develop a gender and culturally appropriate national, replicable health education curriculum model to reduce diabetes and obesity in African-American men and boys that included connection to a primary health care home.

DESIGN METHODS – African American men between the ages of 18-66 engaged in a 6-week curriculum program designed specifically for African-American men that was mediated through community intervention activities. Sessions included fitness activities such as swimming, tennis and gym-based instruction as well as mental health, yoga, and meditation workshops. All participants were assessed for physical, mental, and oral health needs and assigned to health care providers for follow up, as appropriate.

RESULTS – During the six-week intervention, participants dramatically improved their knowledge of curriculum topics, increased exercise levels (98% exceeded goal of 150 min/week), decreased obesity and overweight status by 7%, decreased hypertension by 23%, increased physician attainment by three fold, increased health insurance enrollment by more than 58%, and increased local media attention about African-American men's health by fourfold. Ninety-five percent (n=42) of program participants completed the intervention program.

CONCLUSION – Developed by corporate, academic, and community partners, a community-based model using community health workers is an effective tool to improve African-American men's health behaviors and health status, as well as connect participants with healthcare services.

5.4.2
STRENGTHENING THE TRANSLATION OF HEALTH RISKS AND INTERVENTIONS: MEN SURVIVING THROUGH EDUCATION (STRIVE)

CA Georges, EdD, RN; KG Payne, BFA; MR Moore, MS, CPHA
National Black Nurses Foundation (CAG, KGP); City of St. Louis Department of Health (MRM)

PURPOSE – American males experience a higher mortality rate for every one of the top 10 leading causes of death. Men are more likely to die of heart disease, are more likely to be uninsured, may lead less healthy lifestyles, and engage in more risk-taking behaviors. STRIVE (Strengthening the Translation of Health Risks and InterVEntions), a men's health and wellness program, is developed to address disease management and health related issues within the male population through consumer and professionally focused educational and informational programs.

DESIGN METHODS – STRIVE, presented in Atlanta, Georgia (July 2007) and St Louis, Missouri (2008), includes three didactic presentations and four small work groups. Pre and post program questionnaires were administered to attendees to measure informational and behavioral factors.

RESULTS

- All but one participant thought the program significantly raised awareness of health issues
- Over 85% thought the program raised awareness about the role of family history as a risk factor for disease
- Over 85% will change behaviors as a result of the STRIVE program;
- Over 85% will seek out new resources to improve their health
- All of the respondents will share information learned from the STRIVE program with other men

CONCLUSIONS

- Community based programs targeting men are useful in discussing improvement in disease outcomes.
- Men are open to behavioral modification when presented with useful information specific to their gender.
- Men are willing to share information with other men when credible resources are identified.

PRESENTER INDEX

POSTER PRESENTER INDEX

National Center on Minority Health and Health Disparities

Mission
The mission of the National Center on Minority Health and Health Disparities (NCMHD) is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort NCMHD will conduct and support basic, clinical, social, and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities.

Vision
The NCMHD envisions an America in which all populations will have an equal opportunity to live long, healthy and productive lives.

While the diversity of the American population is one of the Nation's greatest assets, one of its greatest challenges is reducing the profound disparity in health status of America's racial and ethnic minorities, Appalachian residents, and other health disparity populations, compared to the population as a whole. And although some of the causes of disparate health outcomes, such as differences in access to care, are beyond the scope of biomedical and bio-behavioral research, the National Institutes of Health (NIH) can play a vital role in addressing and easing health disparities involving cancer, diabetes, infant mortality, AIDS, cardiovascular illnesses, and many other diseases. Accordingly, the NIH has made health disparities a priority.

The NIH is also seeking to improve the visibility of minority health disparities research and other health disparities research as well as expand the role of such research in learning why some groups have disproportionately high rates of disease. Toward that end, new legislation authorized the establishment of the National Center on Minority Health and Health Disparities (NCMHD) within the NIH. In addition to awarding grants and contracts independently, the Center continues the legacy of the former NIH Office of Research on Minority Health in partnering with the NIH Institutes and Centers to support programs of health disparities research with a focus on basic and clinical research, training, and the dissemination of health information. In particular, the NCMHD will serve as the focal point for coordinating and focusing the minority health disparities research and other health disparities research programs at the NIH into a national health research agenda. The specific goals and purposes of the Center include the following:

- To assist in the development of an integrated national health research agenda, across disciplines, that reflects the current and emerging health needs of racial and ethnic minorities and other health disparity groups.
- To promote and facilitate the creation of a robust minority health research environment with sustained funding for a wide breadth of studies-- basic, clinical, and population research; studies on the influences of health processes; and research on the societal, cultural, and environmental dimensions of health--all aimed at identifying potential risk factors for disparate health outcomes.
- To promote, assist, and support research capacity building activities in the minority and medically underserved communities, focusing on research infrastructure development, faculty career development, and increasing the number of underrepresented minority students and students from health disparity groups with an interest in careers in biomedical and bio-behavioral research.

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Xavier University of Louisiana College of Pharmacy

College of Pharmacy History

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

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

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

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

The College of Pharmacy is physically located on the beautiful campus of Xavier University, not far from downtown New Orleans. In 1993, the three–story, 24,000 square foot facility was expanded by the addition of 30,000 square feet that included additional state-of-the-art modular laboratory facilities and office space for the Pharmacy faculty.

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

Deans of Xavier College of Pharmacy

Gasper R. Bosetta, O.D., Ph.G, LL.B.
1927-1928

Lawrence F. Ferring, Ph.C., M.S., LL.D.
1928-1964

Charles J. Kelly, Ph.C., M.S., LL.D.
1964-1973

Duane L. Aldous, B.S., Ph.D.
1973-1979

Warren P. McKenna, B.S.
1979-1982

Marcellus Grace, B.S., M.S., Ph.D.
1983-1999

Robert L. Thomas, Pharm.D. (Interim)
1999-2000

Wayne T. Harris, B.S., M.S., Ph.D.
2001-Present

XAVIER UNIVERSITY'S COLLEGE OF PHARMACY

Center for Minority Health & Health Disparities

The Center for Minority Health and Health Disparities Research and Education (CMHDRE) at Xavier University of Louisiana began on January 14, 2002 with the endowment award from the National Center for Minority Health and Health Disparities (NCMHD) of the National Institutes of Health (NIH). This award was used to establish the Xavier Pharmacy Endowment for Minority Health. Subsequent proposals were submitted to NCMHD in order to increase the corpus of the fund resulting in the current total of approximately $29.2 Million.

The mission of the Center is to provide the infrastructure that is required to conduct research and provide clinical experiential training and community outreach aimed at eliminating health disparities. The Xavier Pharmacy Endowment for Minority Health is used to support the activities of the CMHDRE in the College of Pharmacy.

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

1. To provide an environment to support and strengthen the research interest and activities of current and new faculty members related to health disparities with a specific focus on diabetes and cancer.

2. To develop student-oriented programs to support student research and promote post-graduate education.

3. To integrate health promotion, education, and disease prevention into primary care services.

ABC
Association of Black Cardiologists, Inc.

Since its inception in 1974, the ABC has been the preeminent association dedicated to eliminating disparities in cardiovascular care and outcomes in African Americans and other high-risk populations.

- The rate of death from cardiovascular disease is 67% higher in African American women; 46% higher in African American men
- African American men and women between the ages of 25 and 54 have twice the coronary deaths
- Up to 7 times the death rates of end stage renal disease
- Stroke mortality is 93% higher for African American men; 71% higher for women
- African Americans have a 2-3 fold greater prevalence of severe hypertension resulting in four times the rate of death.

ABC's membership covers a diverse background of professions interested in the care of patients with or at risk for cardiovascular diseases, including physicians and other members of the care team (physician assistants, registered nurses, nurse practitioners and other nursing professionals, pharmacists, researchers). Membership is also open to postgraduate students and industry representatives from pharmaceutical and diagnostic/research biomedical companies.

The goals of the ABC include serving members' educational needs, promoting and presenting current research, monitoring and addressing prevailing specialty training and workforce issues; as well as advocating for members and the patients they care for, addressing professional practice concerns, facilitating communication among members, and providing vehicles in which members can address other issues of common concern.

To carry out its mission effectively, the ABC relies on the generous support of its membership. With this support, the ABC can better promote optimal care of patients; maintain global alliances with prominent health care organizations; publish leading scientific updates; and influence state and federal health policy. It is our pleasure to extend this invitation to you to become an active member of the Association of Black Cardiologists, Inc. (ABC).

Your decision to join the ABC demonstrates your interest in an organization that addresses the needs of the physician, the healthcare team, patients and the profession. Discover the many opportunities by joining today!

ABC Mission

We believe that good health is the cornerstone of progress. We are firm in our resolve to make exemplary health care accessible and affordable to all in need, dedicated to lowering the high rate of cardiovascular disease in minority populations and committed to advocacy and diversity. We are guided by high ethics in all transactions and strive for excellence in our training and skills.

800-753-9222 (Toll-Free)

www.abcardio.org

www.xula.edu

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