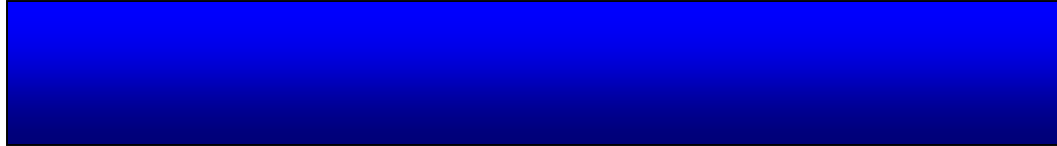


Pacific Global Health Conference

JUNE 15-17, 2005

Hawaii Convention Center, Honolulu, Hawaii



Sponsored by:



Papa Ola Lokahi
Nana I Ka Pono Na Ma



*Hawaii Chamber of
Commerce Foundation*



The Office on Women's Health

In the U.S. Department of Health & Human Services

Major Conference Objectives:

- Increase the knowledge and skills of public health practitioners working in and serving Hawaii and other Pacific Island nations
- Increase participants' knowledge and utilization of evidence-based public health programs that are culturally relevant and appropriate for Pacific Island populations and environments
- Increase knowledge about the forces of globalization and how this phenomena impacts the health of people living in Hawaii and other Pacific Island nations and territories
- Increase information exchange through both structured dialogue sessions and informal networking opportunities for participants
- Increase awareness of training programs and opportunities for public health workforce development

Conference Outcome:

Over 500 participants attended the 2005 Pacific Global Health Conference. This unprecedented turnout makes it the largest U.S.-based conference focused specifically on health issues of critical importance to Pacific Island environments. Through our partner sponsorships the conference planning committee was able to provide over 100 registration scholarships to health professionals from countries and territories outside of Hawaii, as well as for the Hawaiian Islands outside of Oahu. The PGHC was also planned to coincide with other regional meetings and conferences, which provided greater opportunities for participation and networking among health professionals from around the region. A two day pre-conference workshop on Evidence-based Public Health was also offered for chronic disease program managers working in the U.S.-related Pacific Island jurisdictions.

The conference program included over 90 plenary, panel and oral presentations. The 2005 PGHC also offered CE credits for the first time through collaboration with the American Public Health Association's Continuing Professional Education Unit. This report provides a complete listing of the conference presentations, along with complete abstracts, abstract authors, and links to powerpoint presentations that were made available to the planning committee.

Continuing Education Credits:

The Hawaii Public Health Association offered the following CE credits in partnership with the American Public Health Association Continuing Professional Education Unit.

CME

The American Public Health Association (APHA) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. APHA takes responsibility for the content, quality and scientific integrity of this CME activity.

CNE

The American Public Health Association (APHA)/Public Health Nursing Section is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center.

CHES

The American Public Health Association (APHA) is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc.

Policy on Faculty and Sponsor Disclosure

It is the policy of APHA that the faculty and sponsor disclose real or apparent conflicts of interest relating to the topics of this educational activity, and also disclose discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). Each presenter was required to provide a written disclosure statement to the HPHA and a verbal disclosure statement was read prior to each presentation at the 2005 Pacific Global Health Conference.

Biographies for Plenary Speakers

Chiyome L. Fukino, MD

Director of Health, Hawaii State Department of Health

Dr. Fukino has been the Director of the Hawaii State Department of Health (DOH) since December 2002. Prior to taking the helm of the DOH, Dr. Fukino had been in private practice since 1985, specializing in internal medicine. She was member of the medical staff at Leahi Hospital, board member of the Queen's Medical Center and the medical director of the Queen's Physician Group from 1996 to 1999. She received her undergraduate degree in psychology from Brandeis University and her medical degree from the John A. Burns School of Medicine at the University of Hawaii.

Patricia D. Mail, MPH, PhD, CHES

President-Elect, American Public Health Association

Dr. Mail is a graduate of the Yale School of Public Health, and holds degrees in physical education (Arizona, Smith College), cultural anthropology (Arizona) and community health (Maryland). She served as a commissioned officer in the U.S. Public Health Service for 27 years, working with American Indians in the Southwest and Pacific Northwest. A 39-year member of the American Public Health Association, she has served in various Section and Caucus capacities, as a member of the Executive Board, and currently as President-Elect of APHA.

Sandra S. Pierantozzi, BEd, AS

Former Vice President, Republic of Palau

Sandra Sumang Pierantozzi is the first Palauan woman to have been elected Senator, serving in the Fifth Palau National Congress as chairman of the Senate Committee on Health, as well as Floor Leader of the Senate. She was then elected Vice President of the Republic of Palau where she concurrently held the position of Minister of Health for her term of four years. In her position as Vice President and Minister of Health, she served as Palau's representative to the World Health Organization, the Western Pacific Regional Organization of WHO, the United Nations General Assembly, the UNICEF, and the Pacific Islands Forum Leaders. She is also a businesswoman in Palau and continues to contribute to the betterment of life in Palau and the Pacific region.

Camara Phyllis Jones, MD, MPH, PhD

Research Director, (Social Determinants of Health), Division of Adult and Community Health, CDC

Dr. Jones is a family physician and epidemiologist whose work focuses on the impacts of racism on the health and wellbeing of the nation. Dr. Jones was Assistant Professor at the Harvard School of Public Health in the Department of Health and Social Behavior, the Department of Epidemiology, and the Division of Public Health Practice from 1994-2000 and currently serves on the Board of Directors of the National Black Women's Health Project, the Executive Board of the American Public Health Association, and the Board of Directors of the American College of Epidemiology.

Sitaleki Finau, MD

Director, Public Health & Primary Care, Fiji School of Medicine

Dr. Finau attended the University of Queensland, Brisbane, Australia, graduating in 1975 from the School of Medicine, and the University of Otago, New Zealand with a Postgraduate Diploma of Community Health in 1981. Since 1994, he has been a registered public health specialist in New Zealand, Australia and the Pacific. He has since worked as Senior District Medical Officer and Public Health Specialist with the Remote Health Services and the Royal Australian Flying Doctors in Central Australia and as senior lecturer at the University of Auckland Medical school. He now serves as Professor of Public Health at Fiji School of Medicine.

Julie Moreno, Office of Minority Health, U.S. Department of Health and Human Services (Bio pending)

Mufi Hannemann

Mayor, City and County of Honolulu

Mufi Hannemann is a former White House Fellow and United States Representative to the Secretariat of the Pacific Community, and has the distinction of serving in the administrations of presidents Reagan, Carter, Clinton and Bush. Prior to serving as the Director of the Hawaii State Department of Business, Economic Development and Tourism, he was Vice President of Corporate Development, Marketing and Public Affairs for C. Brewer and Company. He represented his home district of Aiea/Pearl City in the Honolulu City Council from 1995 to 2000, including serving as Council Chair. Mayor Hannemann currently serves on numerous non-profit boards and organizations.

KEYNOTE ADDRESS ON WEDNESDAY, JUNE 15, 2005

Public Health for the 21st Century

Dr. Patricia Mail, President-Elect, American Public Health Association

[\[Link to text provided\]](#)

WORKFORCE TRAINING AND DEVELOPMENT

Wednesday, June 15, 10:00 a.m. – 12:00 p.m., Rm. 317A

Moderator: Lee Buenconsejo-Lum, Pacific Association for Clinical Training, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Presentation Title: Evidence-based public health: putting science into practice

Abstract Authors: R. Brownson, E. Baker, T. Leet, K. Gillespie, Saint Louis University School of Public Health, St. Louis, Missouri

Abstract Text: *Issues:* Developing effective programs and policies in chronic disease prevention requires specific skills, including the application of principles of scientific reasoning and systematic uses of data and information systems.

Description: Recognizing the importance of cultivating a more systematic approach to the practice of public health, the Saint Louis University Prevention Research Center has developed a training course to increase the capacity of public health practitioners to find and use existing information and assessment tools in their daily work. Evidence-based public health is a process that engages key stakeholders in “the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems and appropriate use of behavior science theory and program planning models.” *Lessons learned:* Course evaluations completed by course participants from 2001-04 have shown very high levels of satisfaction with the course and with the instructors. Nearly all participants (94%) have said that they expect to use their new skills in their daily work. Several universities and state health departments have initiated similar training courses for their personnel, indicating a recognized need for such courses. *Recommendations:* To effectively deliver evidence-based programs, new and better training models are needed—this course represents one such model. We now need to understand how to best disseminate these evidence-based approaches with a focus on the unique needs of the Pacific region.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

- 1) Define evidence-based public health;
- 2) Describe how scientific evidence is used to select public health programs or policies;
- 3) Provide examples of successful EBPH programs and how these principles apply in the Pacific region.

Presentation Title: AHEC training in the Pacific - PANEL

Abstract Author: Kelley Withy, MD, John A Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Panelists: Dr. Kelley Withy, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii; Dr. Greg Dever, Ministry of Health, Hospital and Clinical Services, Koror, Palau; Dr. Sitaleki Finau, School of Public Health and Primary Care, Fiji School of Medicine, Suva, Fiji; L. Tamag, AHEC, Colonia, Yap, Federated States of Micronesia; Dr. Faye Untalan, Division of Public Health, Commonwealth of the Northern Mariana Islands

Abstract Text: *Issues:* To meet the need for more primary care and public health providers in the Pacific, six countries have collaborated to develop training programs in Micronesia. *Description:* In 2001, the Republic of Palau Ministry of Health, Palau Community College collaborated with the University of Hawaii, University of Auckland Faculty of Medicine and the Fiji School of Medicine, School of Public Health & Primary Care to develop the Palau Area Health Education Center (AHEC) to provide public health and primary care training for health care workers. *Lessons learned:* Since its inception, the Palau AHEC has coordinated 37 postgraduate and undergraduate courses in Public Health for 139 physicians, nurses, health administrators, and environmental health workers in Palau, Yap State, and the Republic of the Marshall Islands. The most effective training methods turned out to be initial face to face training followed by distance learning. One outcome of the training program is that the Palau AHEC students collaborated with the Palau Ministry of Health to plan and implement a comprehensive community health survey of all 4,376 households in Palau to assess health indicators. Other partnership activities have expanded bioemergency training, pharmacy training and continuing education in the region. *Recommendations:* Lessons learned at the Palau AHEC have been utilized to expand AHEC programs to Yap State and the Commonwealth of the Northern Mariana Islands to address primary care and public health training needs using local resources, regional colleges and portable programs for educating health professionals.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify collaborative public health training opportunities in Micronesia
2. Understand how to adapt distance learning technologies for training needs in different areas
3. Be aware of potential collaborators for developing public health infrastructure locally

Public health in medical education: an oxymoronic Pacific pair

Abstract Author: S. Finau, Professor of Public Health, School of Public Health and Primary Care, Fiji School of Medicine, Suva, Fiji

Abstract Text: *Issues:* Teaching Public Health at a School for doctors is an oxymoron. A cursory look at the organizational cultural and profile of two schools for doctors will expose the contradiction of public health education versus medical training. *Description:* This paper will examine staffing, course distribution, course content and student assessment at the Auckland and Fiji School of Medicine. *Lessons Learned:* If the priority health needs of the Pacific communities are recognized and politically accepted, the configuration of medical schools should be much more different than the existing model. Subsequently health resources for human development, including those for medical education, would favor public health education. *Recommendations:* The recent experiences at Auckland and Fiji are used as case-in points to illustrate and discuss the oxymoronic situation. The analysis will identify strategies for public health to claim its rightful place in resolving health challenges of Pacificans, pacifically.

Strengthening management training capacity in the Pacific

Abstract Authors: M. Malison, L. Duenas, and M. Pangelinan, Office of Global Health, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Abstract Text: *Issues:* The shortage of management skills among health professionals in the Pacific Islands is an important barrier to the effective and efficient delivery of health services. *Description:* CDC's Sustainable Management Development Program (SMDP) and the University of Guam (UoG) have established a regional public health management training program called Health Leaders Achieving Today-Tomorrow's

Excellence (HLATTE). Through HLATTE, UoG is providing management skills to public health personnel throughout the Western Pacific. UoG faculty are trained by SMDP in Atlanta, and then assisted in teaching others on Guam and other islands in themes such as planning, priority setting, problem-solving, and team building. Local workshop participants are required to complete applied learning projects that address real management problems in the workplace, reinforce classroom learning, and demonstrate tangible impact of the training. *Lessons Learned:* To date, four cohorts of health personnel have been trained - three on Guam and one in the Northern Mariana Islands. Projects completed have addressed reducing waiting time in clinics, improving medication compliance among diabetics, reducing the prevalence of TB among immigrant workers, and improving immunization rates among children. Through HLATTE, UoG has demonstrated its capacity to serve as a regional training resource. *Recommendations:* UoG needs to expand its marketing efforts to other islands and develop a business plan and strategy for how HLATTE will become self-sufficient after CDC funding ends.

Learning Objectives: Upon completion of this presentation, participants will be able to:

1. Explain how a lack of management capacity contributes to poor outcomes despite highly effective public health interventions
2. Identify six core competency areas for public health managers
3. Summarize the CDC/SMDP strategy for sustainable public health management development

The public health certificate in MCH leadership

Abstract Authors: G. Baruffi*, C. Hardy*, C. Waslien*, S. Uyehara**, D. Krupitsky*;

*John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii;

**Women Infant and Children (WIC) Program, Hawaii State Department of Health, Honolulu, Hawaii

Abstract Text: *Issues:* Obesity in the U.S. has become an epidemic. Fifty percent women 25-55 years of age are overweight or obese. Excessive weight gain during pregnancy is a likely contributor to obesity in women. African-American women retain more of excessive prenatal weight gain than Caucasians or Hispanics. Little is known of prenatal excessive weight gain and retention in Asian and Pacific Island (API) women. *Description:* To study pregnancy weight gain and retention in a racially mixed, predominantly API population, records for first post-partum (PP) visit of 5,863 women attending the Hawaii WIC Program for 1997-1998 were examined. Weight gain during pregnancy was self-reported. WIC staff measured weight and height PP. *Lessons learned:* By six months PP women had retained on the average more than 9 pounds of weight gained during pregnancy. Asian and Filipino women reported the lowest mean pregnancy weight gain (29.1 lb and 30.0 lb respectively) and the lowest PP weight retention (9.6 lb and 11.0 lb respectively). Samoans and Hawaiians reported the largest weight gain (37.3 lb and 34.1 lb respectively) and PP weight retention (17.5 lb and 12.3 lb respectively). After adjusting for pre-pregnancy BMI, weight gain during pregnancy, PP days, and age, Black and Hawaiian women did not differ from Caucasians in weight retention. All other ethnic groups retained more and Samoans retained the most. *Recommendations:* In this sample of API women there was almost 2/3 lb adjusted PP weight retention for each pound of weight gained during pregnancy. These findings will be useful for developing culturally sensitive counseling to promote appropriate weight gain during pregnancy and PP weight loss.

Learning Objectives: Upon completion of this presentation participants will be able to:

1. Describe ethnic differences in prenatal weight gain
2. Identify ethnic differences in PP weight retention

3. Describe the major risk for PP weight retention

TOBACCO CONTROL: PART A

Wednesday, June 15, 10:00 a.m. – 12:00 p.m., Rm. 319 A/B

Moderator: Clifford Chang: Pacific Islands Primary Care Association, Honolulu, Hawaii

From one epidemic to another: tobacco use and chronic disease – PANEL

Abstract Author: K. Siener, Office of Smoking and Health, U.S. Centers for Disease Control and Prevention

Panelists: Dr. Annette David, Department of Mental Health and Substance Abuse, Guam; Dr. Caleb Otto, Senator, Palau; Karen Siener, U.S. Centers for Disease Control and Prevention; Joseph Villagomez, Mental Health and Social Services, Saipan, Mariana Islands

Abstract Text: *Issues:* The Pacific has some of the highest rates of chronic disease in the world. In large part, this can be attributed to unhealthy lifestyles, particularly tobacco use. Identifying practical strategies to address the dual epidemic of tobacco use and chronic disease is a health priority for the Pacific. *Description:* The panel will present the alarmingly high rates of tobacco use in the Pacific, how tobacco use exacerbates diabetes and other debilitating diseases, and what WHO and countries in the Pacific region are doing to confront the problem. Panelists will share their expertise regarding programs and policies, and what WHO recommends all countries and jurisdictions do to protect the public from the harm of tobacco. *Lessons learned:* Resources and recommendations are available from the U.S. government and WHO. However, having a template and resources are not enough. Garnering political will, finding champions, and establishing local infrastructure and capacity are critical. CNMI provides an example of what can be accomplished with sound strategies and commitment. *Recommendations:* Recommendations include advocating for policy change, working across chronic disease divisions, and remodeling social norms in favor of tobacco-free lifestyles.

Learning Objectives:

Upon completion of this presentation participants can:

1. Describe the burden of tobacco use in the Pacific.
2. Know what the WHO treaty means to the Pacific and what CDC and WHO recommend communities do to decrease tobacco use.
3. Describe strategies that worked in the Pacific and determine which ones are most appropriate for them.
4. Identify 1-3 items they can do to integrate tobacco control messages into their public health programs.

Developing a burden of disease from tobacco report for Fiji

Abstract Author: H. Stanton, Public Health Programme, Secretariat of the Pacific Community, Noumea, New Caledonia

Abstract Text: *Issue:* From 2003-2004 the Secretariat of the Pacific Community worked in collaboration with the University of Queensland, the Fiji School of Medicine and the Ministry of Health Fiji to produce a report on the burden of disease caused by tobacco. *Description:* Using the best available national health care and demographic data, researchers at the University of Queensland used the WHO methodology for determining the burden of disease. *Lessons learned:* The report provides data on both morbidity and disability adjusted life years (DALY's) for the year 2000. This is the first occasion on which burden of disease calculations have been made of a low middle income country in the Pacific. *Recommendations:* The presentation will recommend

greater collaboration between countries and agencies on the development of burden of disease data, and seek to apply it to a range of non-communicable disease areas for the Pacific islands.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify the process for development of a burden of disease report
2. List the deaths from tobacco compared with other causes of death; and
3. Assess the importance of tobacco control measures within the Pacific context.

Building organizational capacity to evaluate tobacco prevention and control programs

Abstract Authors: T. Wong, M. Casey, Hawaii Outcomes Institute, Honolulu, Hawaii

Abstract Text: *Issues:* There is a need for project managers and evaluation consultants to jointly implement a program evaluation plan. This collaborative effort will build the organization's capacity to evaluate its performance. This presentation will elaborate on the failures and successes achieved in building the evaluation capacities of organizations involved in tobacco prevention and control. *Descriptions:* In 2001, Hawaii's master tobacco settlement made provisions to fund tobacco cessation and prevention programs. This created an opportunity for organizations to submit grant proposals and improve public access to tobacco control programs. The Hawaii Outcomes Institute received a contract to assist the community grantees in evaluation design, outcomes development, and data management and analysis. *Lessons Learned:* This involves the importance of organizational assessment in defining the evaluation capacities of each grantee, including the examination of the grantee's evaluation approach and data management procedures, as well as the collaboration between the evaluator, data analyst, and project manager.

Recommendation: To build internal evaluation capacity, the evaluation consultant and project manager requires program knowledge and planning skills. There is a need for joint project management and evaluation training. This will give greater appreciation for the divergent roles and skills sets possessed by the evaluator and project manager.

Learning Objectives: Upon completion of this presentation, participants will:

1. Recognize how joint efforts between project managers and evaluation consultants build successful relationships.
2. Realize that there are no quick solutions to building internal evaluation capacities.
3. Have better knowledge and respect for the individual profession, craft, and tools used to evaluate project activities and outcomes

REGIONAL LABORATORY ACTIVITIES

Wednesday, June 15, 10:00 a.m.–11:00 p.m., Rm. 317B

Moderator: Ron Balajadia, Pacific Islands Health Officers Association, Honolulu, Hawaii

Overview of regional laboratory activities

Abstract Author: V. Uluiviti, Pacific Islands Health Officers Association, Regional Public Health Laboratory, Guam Department of Public Health & Social Services, Mangilao Guam

Abstract text: *Issues:* Providing core public health laboratory services for outbreak-prone diseases for the level 1 (hospital) laboratories in the US-affiliated Pacific Islands (USAPI) was an initiative that involved the setting up of a laboratory network between the USAPI laboratories and level 2 laboratories (public health laboratories) in Guam,

Hawaii and California, as well as level 3 (reference) laboratories in Australia and New Caledonia. This initiative also highlighted the importance of safe and effective shipping practices to and from the USAPI laboratories. *Description:* Subsequent to the 2000 LabNet initiative of the Pacific Public Health Surveillance Network (PPHSN), the Pacific Islands Health Officers Association (PIHOA) board of directors in 2003, endorsed the initiative of ensuring the availability of core public health laboratory services to all USAPI which includes American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Palau, Federated States of Micronesia and the Republic of Marshall Islands. This resulted in the implementation of regional laboratory activities funded by PIHOA in 2004. A few highlights of these activities were the setting up of the Guam Public Health Laboratory as the level 2 laboratory for the USAPI, the hiring of the new regional laboratory coordinator based in Guam and the first ever USAPI LabNet meeting held in Guam in February 2005. *Lessons learned:* The L1 to L2 testing at the Guam Public Health Laboratory is in progress with standard protocols and procedures now in place to effectively facilitate the process. All USAPI laboratories have trained and certified shippers for infectious and diagnostic specimens and re-certification training are held every 2 years. The PIHOA Reimbursable fund can be accessed by the USAPI laboratories in case of emergencies for shipping, purchase of test kits or services for the specified target diseases namely dengue, influenza, leptospirosis, measles, rubella, HIV, gonorrhoea, chlamydia, typhoid, cholera and tuberculosis. *Recommendations:* To continue to provide technical support, advice, training and available resources to USAPI so as to help contribute to effective regional public health laboratory services to the northern Pacific region. The continuation and consistency of providing shipping training to USAPI laboratory professionals is essential in ensuring safe and timely shipping of specimens from the L1 to L2/L3 laboratories.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Describe the regional laboratory services available for USAPIs;
2. Understand the challenges of biological specimen shipping;
3. Increase awareness regarding Salmonella surveillance in the USAPIs

Development of biological shipping training modules and reference tools for the U.S.-affiliated Pacific Islands

Abstract Authors: S. Vindigni, S. Banerji, K. McCall, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Abstract Text: *Issues:* Shipping biological specimens from Pacific Island labs is a process with many details and steps. Adherence to the correct procedures is essential to maintain public health programs. *Description:* The authors developed 4 products, each serving a different purpose but aiming to make the shipping process clearer while strengthening public health programs. In addition to a text copy, a printed flowchart, displaying the procedural steps, has been designed as a wall poster for display in the lab. CD-ROM-based training has been developed covering procedures using objectives, scenarios and self-checks. Reference tools are on the same CD-ROM allowing users to easily locate and print information. The modules and reference tools present the shipping process in a clear and concise, yet comprehensive manner that provides the most benefit. *Lessons learned:* An evaluation tool for these products was developed to assess the needs of the U.S.-affiliated Pacific Island countries. The authors feel that with the development of these products, important information is now provided in a way promoting adherence. With some modification, these products can be applied to all regions of the world involved in shipping. *Recommendations:* The best method to enhance the shipping process is to better train and update lab workers performing the

shipping exercises. Therefore, the best recommendation would be continued promotion of these products to the target population in collaboration with technical support from Pacific Island partners.

Learning objectives: Upon completion of this presentation, participants will be able to:

1. Identify the challenges labs experience in transporting biological samples to U.S. reference labs.
2. Explain the differences in shipping processes between an infectious substance and diagnostic specimen.
3. Summarize the benefits of each of the 4 products discussed in this presentation.

Laboratory-based salmonella surveillance in Fiji: a model for food borne disease surveillance in Pacific Island countries

Abstract Authors: J.R. Dunn*, S. Saketa*, J. Pryor**, W. Delai**, E. Buadromo**, K. Kishore**, S. Sanjappa**, S. Singh**, S. Iddings*, T. Chiller*, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia; **Fiji School of Medicine, Suva, Fiji.

Abstract Text: *Issues:* Most Pacific Island Countries do not perform laboratory-based foodborne disease surveillance. To enhance foodborne disease surveillance in Fiji, the Salmonella Surveillance Project (SSP) was developed. *Description:* The SSP conducts laboratory-based surveillance of non-typhoid Salmonella infections through Divisional laboratories. Partners include epidemiologists, microbiologists and environmental health personnel from the Fiji Ministry of Health, Fiji School of Medicine, World Health Organization, and Centers for Disease Control and Prevention. To facilitate reporting, standardized case report forms are used. Non-typhoid Salmonella isolates are forwarded to a central laboratory for serotyping and susceptibility testing. *Lessons learned:* In 2004, forty-two non-typhoid Salmonella infections were reported. Challenges included a dispersed population, minimal infrastructure, and limited resources for centralized laboratory-based surveillance. The SSP used international partnerships to successfully implement laboratory-based surveillance. *Recommendations:* Continuation of the SSP in Fiji is essential to describe the burden of salmonellosis, detect outbreaks, and conduct epidemiology studies. The authors recommend that Pacific Island Countries consider similar partnerships to implement laboratory-based foodborne disease surveillance.

Learning Objectives:

1. Upon completion of this presentation, participants will be able to list advantages of laboratory-based surveillance.
2. Upon completion of this presentation, participants will be able to describe challenges to implementation of foodborne disease surveillance in the Pacific.
3. Upon completion of this presentation, participants will be able to discuss the role of international partnerships in the development of the SSP.

COMMUNICABLE DISEASE CONTROL, PART A: TUBERCULOSIS

Wednesday, June 15, 11:00 a.m. – 12:00 p.m., Rm. 317B

Moderator: Bart Aronoff, Disease Outbreak Control Division, Hawaii State Department of Health, Honolulu, Hawaii

Tuberculosis control program development in the U.S.-affiliated Pacific jurisdictions

Abstract Authors: A. Heetderks, S. Banerji, Z. Taylor, Division of TB Elimination, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Abstract Text: *Issues:* Significantly higher rates of TB in this region than compared with closest US state (Hawaii) and US mainland coupled with geographical and resource access challenges creates an environment which is not found anywhere in the US

mainland. *Description:* Through intensive onsite technical assistance along with continuous remote assistance from Atlanta, the authors have been able to improve the delivery of core TB control services for the US Pacific health jurisdictions. *Lessons learned:* Commitment of resources, coordination with several partners, and the collaboration and support of local staff has enabled capacity development in key areas of TB program development of the U.S. Pacific health jurisdictions. *Recommendations:* CDC will continue to build on successes and utilize this approach as a model to replicate in other U.S. Pacific health jurisdictions.

Learning Objectives:

1. Upon completion of this presentation, participants will be able to identify five challenges impacting effective TB program development in the US Pacific.
2. Upon completion of this presentation, participants will be able to distinguish between a WHO TB program model and a CDC model.
3. Upon completion of this presentation, participants will be able to summarize CDC's plan to improve TB control in the US Pacific health jurisdictions.

Tuberculosis resistance pattern in the CNMI – Past, Present and Future

Abstract Authors: R. Brostrom, P. Untalan, J. Hofschneider; Division of Public Health, Saipan, Northern Mariana Islands

Abstract text: Resistant isolates of tuberculosis (TB) have increased dramatically in the mainland U.S. and across the world. Both clinical and public health efforts are greatly increased when resistant isolates are found. In the last 5 years, CNMI has diagnosed and treated more than 120 culture positive cases, and many of these have been found to be resistant to one or more commonly used TB medications. Three cases of MDR-TB have been diagnosed and treated. This presentation evaluates the results of susceptibility testing for all available cases in the CNMI. This presentation includes susceptibility patterns for the four major categories of populations in the CNMI: TB from CNMI Chamorros and Carolinians, TB from Filipino contract workers in the CNMI, TB from Chinese contract workers in the CNMI, and TB from Other Pacific Islanders in the CNMI. The results are viewed in a longitudinal fashion, allowing for analysis of potential trends in susceptibility of TB isolates. Future study will include an evaluation of the effectiveness of therapy in cases where the resistance pattern is unknown or unavailable.

Learning Objectives: Upon completion of this presentation, participants will be able to:

1. Identify the Public Health implications of rising levels of resistant tuberculosis in a Pacific population.
2. Explain the importance of a 100% DOT Program in preventing resistant strains of TB in the Pacific.
3. Interpret TB resistance data for meaningful long-term Public Health planning.

Tuberculosis in Hawaii, 2003

Abstract Authors: J.S. Wing*, D.T. Thai**, S. Jacobson**, *U.S. Centers for Disease Control and Prevention, Atlanta, Georgia; **TB Control Program, Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: **[Background]:** Hawaii's tuberculosis rate (9.3/100,000 in 2003) has generally been nearly two-times the national TB rate (5.1/100,000 in 2003) and the highest state incident rate for eight of the past ten years in the US. In 2003, 82% of TB cases in Hawaii were Asian, 11% were Hawaiian/Pacific Islander, and 4% identified themselves as White. Over 80% of the TB cases were foreign-born. Immigrants from the Philippines accounted for nearly 51% of all TB cases in 2003 in Hawaii, 8% were from territories of the Compact of Free Association (COFA, defined as the Republic of

the Marshall Islands, Federated States of Micronesia, and Palau), 6% were from Korea, and 4% were from Vietnam. COFA has resulted in an influx of persons from the RMI, FSM, and Palau with unrestricted travel to the U.S., and no formal medical examination or TB clearance. From 1999-2003, there were 65 TB cases from the Pacific Islands reported in Hawaii; 50 of these cases originated from COFA nations. Often, foreign-born patients present with advanced TB disease, language and cultural barriers, and difficulty with completion of therapy (there may be large extended families/contacts, patients may move without completing TB medications), rendering them partially treated and possibly still infectious. Several case studies (contact investigation, targeted testing) will be presented to discuss issues encountered by Pacific Islanders who are diagnosed and treated for TB in Hawaii.

Issues: TB is the most common infection in the world, and one-third of the world is estimated to be infected with TB. Hawaii continues to have a high TB rate, at two times the US national rate. In this abstract we will describe the trends in TB surveillance in Hawaii, describe some cases from the Pacific jurisdictions, some of the issues, and possible solutions to improve TB control in the Pacific. *Description:* Surveillance data from the Hawaii TB Control Program and clinical data from the Hawaii DOH TB Clinic will be used to illustrate trends, describe TB cases in Hawaii and those originating from other areas, including the Pacific. From these case studies, issues and possible solutions to improve TB control in the Pacific can be discussed. *Lessons learned:* As these problems continue to evolve, it is becoming evident that Improved co-management of cases (including better communication), better understanding of TB and LTBI by patients and their families, better health education for the Communities impacted will help decrease morbidity and mortality of this common disease. *Recommendations:* There are several approaches to improve the infrastructure, care and understanding of TB in Hawaii, including: better coordination in Hawaii and its partners in the Pacific, develop more targeted health education materials that are language-specific and culturally appropriate.

Learning Objectives: Upon completion of this presentation, participants will be able to:

1. Summarize the trends of TB cases reported in Hawaii
2. Summarize TB cases originating from other Pacific jurisdictions in Hawaii
3. Identify some of the recommendations to improve TB control in the Pacific

WOMEN'S HEALTH

Wednesday, June 15, 10:00 a.m. – 12:00 p.m., Rm 318 A/B

Moderator: Loretta Fuddy, Family Health Service Division, Hawaii State Department of Health, Honolulu, Hawaii

Results from the breast and cervical cancer early detection programs in the Pacific Islands – PANEL

Abstract Author: S. White, Division of Cancer Prevention and Control, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Panelist: Yorah Demei, Breast and Cervical Cancer Early Detection Program (BCCEDP) Palau Ministry of Health, Koror, Palau; Cynthia Naval, BCCED, Guam Department of Health & Social Services, Mangilao, Guam; Susan White, Division of Cancer Prevention and Control, U.S. Centers for Disease Control and Prevention; Moira Wright, BCCED, American Samoa Department of Health, Pago Pago, American Samoa

An introduction to CDC's WISEWOMAN program, a culturally tailored intervention program aimed at reducing cardiovascular disease risk among low-income women

Abstract Author: J. Will, C. Sanders*, O. Khavjou**, *Division of Nutrition and Physical Activity, U.S. Centers for Control Disease and Prevention, Atlanta, Georgia; **RTI International; Health, Social and Economics Research; Research Triangle Park, North Carolina

Abstract text: *Issues:* This presentation provides an overview of the WISEWOMAN program, including a description of its culturally adapted interventions and their impact on participants. *Description:* WISEWOMAN is a CDC-funded program that provides low-income uninsured women aged 40-64 years with chronic disease risk factor screenings, lifestyle interventions, and referral services in an effort to prevent coronary heart disease (CHD) and improve health. The program serves a diverse population of white and minority women, including African Americans, Hispanics, American Indians, and Alaska Natives. Interventions are tailored to participants' economic limitations, reading level, and cultural influences. *Lessons learned:* By providing culturally appropriate lifestyle interventions, WISEWOMAN presents a cost-effective strategy for improving cardiovascular health of at-risk low-income women. Our estimates indicate that the program significantly reduces systolic and diastolic blood pressure, total cholesterol, and 10-year risk of CHD and extends life at a cost of \$4,000 per life year gained.

Recommendations: A program, such as WISEWOMAN, that incorporates multifaceted culturally appropriate interventions should be considered as a cost-effective approach to reducing CHD risk among low income women of diverse backgrounds.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify the importance of implementing programs like WISEWOMAN.
2. Describe how WISEWOMAN interventions are tailored to meet the needs of culturally diverse populations.
3. Describe the methodology used for the cost-effectiveness evaluation of the WISEWOMAN program.

A model for providing care: Community Center of Excellence in Women's Health

Abstract Author: Z. Brees-Saunders, M. Hla, Kokua Kalihi Valley Comprehensive Family Services, Honolulu Hawaii

Abstract text: *Issues:* The National Community Center of Excellence in Women's Health Program strives to address the problem of fragmentation in traditional women's health services in a multicultural environment through providing comprehensive, seamless care to women across their life span and strengthening linkages between health and social service agencies. *Description:* The Community Center of Excellence in Women's Health model combines coordinated clinical care, public education and outreach, disease prevention, research and technical assistance to provide comprehensive defragmented health care for women. Kokua Kalihi Valley was designated a Community Center of Excellence in 2002, providing culturally appropriate services to the women of Kalihi Valley through implementation of the national program model. *Lessons Learned:* Through implementation, key lessons have included the importance of empowerment through the provision of defragmented services and programming and meeting the linguistic and cultural needs of all clients while also considering their age and degree of acculturation when providing services or designing programming. *Recommendations:* Kokua Kalihi Valley aims to build a sustainable program where select components are permanently integrated within all areas of service and to remain a technical resource for other organizations in the provision of

comprehensive and holistic health services.

Learning Objectives:

1. Upon completion of this presentation, participants will be able to describe the Community Center of Excellence in Women's Health model of services
2. Upon completion of this presentation, participants will be to identify issues and challenges faced in providing care to a multi-ethnic and multi-lingual community.
3. Upon completion of this presentation, participants will be able to summarize the key components of comprehensive and holistic women's health assessment in providing community based clinical care.

END OF LIFE CARE AND CARE FOR THE ELDERLY

Wednesday, June 15, 10:00 a.m. – 12:00 p.m. Rm. 321A

Moderator: Jeanette Kojane, Peoplechart, Honolulu Hawaii

Disability status of U.S. Pacific Islanders: Census 2000

Abstract Author: S. Panapasa, University of Michigan

Abstract text: *Issues:* Pacific Islander populations in the US have been identified as suffering from some of the highest health problems in the country. Concerns over obesity, poverty, teenage pregnancy and related issues have been cited but largely unstudied due to a lack of information regarding these groups. These critical gaps in understanding the well-being of NHPs across the life course have impaired our ability to understand the well-being of this subpopulation and develop relevant programs and policies to better serve their unmet health needs. *Description:* Using the newly released disability data from 2000 US Census Public Use Microsamples (PUMS) this paper examines the association of select demographic, socioeconomic and household information for NHPs with disability. The objective of this study is to better understand the limitations and living conditions of disabled NHPI and provide baseline information on their disability status. The results of the project will be used to measure healthy expectancy and inform future research on disability among NHPI. *Recommendations:* It is recommended that with population aging the risk of disability and chronic illness will increase and much work is needed to better understand the social, economic and health costs on NHPI families and their communities, and whether the needs of the disabled are being met.

Learning Objectives

Upon completion of this presentation, participants will be able to:

1. Integrate the information into their own research,
2. Develop new questions on NHPI disability and
3. Compare disability outcomes across different Pacific Islander groups.

Building infrastructure to improve end-of-life care - PANEL

Abstract Authors: K.L. Braun, A. Zir, H. Karel, Center on Aging, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Most Americans want to die peacefully and pain-free at home. However, most Americans die in institutions, in pain, and without regard to their wishes. *Description:* Three EOL projects will be discussed: Kokua Mau Coalition. With funding from Robert Wood Johnson and others, Kokua Mau coalesced and activated community innovators. In 3 years, coalition membership grew to 350; 17,000 individuals attended educational events; policy changes were facilitated; and increases were seen in advance directive completion rates and hospice utilization. Today, members continue to develop and implement new programs to improve EOL care. ECHO – Enhancing Care for

Hawaii Ohana. With funding from the Administration on Aging, the authors developed 5 booklets on EOL care. Testing with 600 caregivers suggests that the booklets are helpful in stimulating EOL planning, increasing understanding of the dying process, and comforting caregivers. ACORN – Appropriate Care for Residents of Nursing Homes. With funding from HMSA Foundation, the authors developed an 8-session, interactive, in-service curriculum for nursing home workers. Tested in 11 nursing homes, participants answered 85% of post- items correctly. They especially appreciated the opportunity to talk about their experiences and how to apply new knowledge.

Lessons learned: Although it will take years to affect comprehensive and sustained improvements to EOL care, community coalitions and educational programs can facilitate change on individual, organizational, and policy levels. *Recommendations:* More work is needed to train individuals, change organizations, and effect policy in ways that will improve EOL care.

Learning Objectives:

1. Upon completion of this presentation, participants will:
2. Understand how community coalitions can improve EOL care.
3. Identify three reasons why individuals should plan for the EOL.
Know about training tools to help improve care.

Bring me beyond vulnerability: elderly care of Maori, by Maori

Abstract Author: M. Kepa, P. Reynolds, R. Walker, Pae o te Māramatanga/The National Institute of Research Excellence for Maori Development and Advancement, University of Auckland, New Zealand.

Abstract Text: *Issues:* Recently, two Indigenous Maori health organizations in the Gisborne region of New Zealand told stories of the “vulnerability” of elderly Maori people. One person expressed concern about a man dying in his own home unbeknown to his family and the agency. This is shocking to even hardened Maori social workers. Care of the elderly is seen as a highly important cultural value, and most tribes view their small populations of elderly men and women as important cultural resources and sources of wisdom, cultural continuity and hope. The provider indicated that social isolation is a growing problem amongst Maori. If a community can not care for its most vulnerable members then the community has arguably lost the capacity and capability to care for itself. *Description:* This project focuses on "vulnerable" elderly Maori. The term "vulnerable" is conceptualized broadly as including elderly Maori who can no longer care for themselves. *Lessons Learned:* While some may experience 'diminished responsibility' through physical and mental illness some people are living alone in impoverished and isolated conditions, often too proud to succumb to being cared for, some may be already institutionalized, even on a day-care basis. Others are living with a son or daughter but have lost their economic independence and ability to interact with others outside their immediate family.

Learning Objectives:

Upon completion of the presentation, participants will:

1. Understand Maori protocols for bringing people together for the project funded by Pae o te Maramatanga.
2. Understand the Preliminary Consultation process.
3. Be able to identify 3 Maori cultural protocols kanohi kitea (seeing your face), whamere (immediate family) and wha;naungatanga (extended families)

Health Aging Project partnership

Abstract Authors: T. Tom*, L. Pang**, Hawaii State Executive Office on Aging, Honolulu, Hawaii; Maui District Health Office, Hawaii State Department of Health, Kahului, Maui

Abstract text: *Issue:* Though Hawaii's older adults are blessed with longevity, there are a growing number and percentage who do not pursue the benefits of healthy lifestyle practices such as physical activity and good nutrition. The result of this trend is increases in chronic conditions, leading to rising healthcare costs for both individuals and the government. Improving the health status of Hawaii's kupuna is a shared responsibility. *Description:* The Healthy Aging Project is a partnership aimed at improving the health status of kupuna through evidence-based programming at the community level. The partners acknowledge that in order to ensure long-term sustainability this venture must be community driven and owned, inclusive, built upon existing assets. The partnership is unique in that it offers a supportive environment for evidence-based research, is inter-agency, and does not have a monetary resource base. *Lessons Learned:* Local communities need the "tools" to successfully design, implement, and evaluate health promotion programs. Identifying professional development needs towards this goal and offering trainings in communities is essential to ensuring a sustained partnership. The community must be involved every step of the way. They play an essential role in developing successful health promotion programs. *Recommendations:* Continue to offer "tools" to level the playing field in geographical communities. Continue to encourage and lend support to outcomes development and measurement be focused on when evaluating success of programs. Include the community in program design and evaluation.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify at least three partners that are part of the Healthy Aging Project.
2. Summarize the main steps taken to form the partnership and the strategies used to sustain it.
3. Explain the overall goal of the partnership.

VIOLENCE PREVENTION IN HAWAII

Wednesday, June 15, 10:00 a.m. – 12:00 p.m., Rm. 321B

Moderator: Michelle Hoover, Center for Violence Prevention, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Ending Violence: a 2004 status report on violence prevention in Hawaii

Abstract Authors: N. Marker*, J. Inazu*, T. Argoud**, D. Galanis**, D. Goebert***, * Social Science Research Institute, University of Hawaii Honolulu, Hawaii; **Injury Prevention Program, Hawaii State Department of Health; Honolulu, Hawaii; ***Department of Psychiatry, University of Hawaii, Honolulu Hawaii

Abstract text: *Issues:* Few states have produced a comprehensive report on how well they are doing in addressing violence prevention. This report serves as a foundation for strengthening prevention efforts in Hawaii, using the framework of the World Health Organization's (WHO) World Report on Violence and Health. *Description:* The Hawai'i report covers statewide data on: 1) rates of violence, and 2) violence prevention policies and programs. The statistics show that, compared to the nation, Hawaii has low rates of reported violence except for suicides, suicide attempts by youth and reports of youth feeling unsafe to go to school. The analysis reflects how well Hawai'i measures up to each of the WHO recommendations. Examples are provided to illustrate Hawai'i's

current status in violence prevention and “next steps” for policy-makers, researchers, and practitioners. *Lessons Learned:* The original intent was to develop a violence prevention report card for Hawaii. After two years of data and information gathering, it was determined that there few evidence-based policies and interventions in addition to insufficient data and information to grade how Hawaii is doing in addressing the primary prevention of violence. Many of the data sources that are used to describe violence are not reliable and often misleading. Reliable data needs to be provided as a basis for sound research and effective interventions. *Recommendations:* The information and findings in the report are intended to be disseminated and discussed widely to increase knowledge and understanding of the problem of violence, using a common framework to address what needs to be done to prevent it.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Compare reliable rates of violence in Hawaii with US rates,
2. Describe how the WHO framework can be used to understand the problem of violence and to develop strategies to address it, and
3. Provide examples of current efforts to apply the recommendations in the report.

Preventing youth violence among Filipino, Hawaiian, and Samoan Youth – PANEL

Abstract Authors: S. Nishimura, E. Wegner, O. Garcia-Santiago P. Fiaui, D. Mayeda, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issue:* Youth violence prevention research and community mobilization in Hawaii. *Description:* Youth violence has become a public health issue of growing significance over the past decade. As part of the 2000 Centers for Disease Control & Prevention’s nationwide youth violence prevention initiative, the University of Hawaii Department of Psychiatry established the Asian/Pacific Islander Youth Violence Prevention Center. The aims of the Asian/Pacific Islander Youth Violence Prevention Center include conducting risk and protective factor research on youth violence prevention; assisting community-based organizations and residents in community mobilization efforts to reduce and prevent youth violence; and disseminating research findings on youth violence prevention. *Lessons Learned:* How participatory research can be utilized to engage Asian and Pacific Islander communities in efforts to prevent interpersonal youth violence. *Recommendations:* Next steps to be taken in this research endeavor include focus on one Hawaii community to further address interpersonal youth violence prevention, using more extensive community partnerships to develop the research-mobilization plan.

Learning objectives:

Upon completion of this panel presentation, participants will be able to:

1. Explain the association between youth alcohol use and suicide indicators in Hawaii.
2. Identify the relationships between school attitudes and youth violence among Filipino, Hawaiian, and Samoan youth.
3. Summarize the risk and protective factors that impact adolescents in Hawaii who represent ethnic groups over-represented in the juvenile justice system, namely Samoan youth.
4. Describe the community mobilization strategies to reduce youth violence with Asian/Pacific Islander communities.

CROSSROADS – AN ANTI-TOBACCO PLAY FOR YOUTH
Wednesday, June 15, 12:00 – 1:30 p.m., Rm. 316 A/B/C



HAWAII COMMUNITY
FOUNDATION

**Sponsored by the Hawaii Tobacco Prevention and Control
Trust Fund of the Hawaii Community Foundation**

Description:

Crossroads, a new anti-tobacco play for youth, made its successful debut in December 2004 and has now been seen by almost five hundred middle school students, in grades ranging from six to eight, at five separate public and private schools across the island of Oahu. *Crossroads* is the touching story about a young boy growing up in Hawaii who must decide whether or not to try his first cigarette. Throughout the play, he is influenced by the people around him, including his family and best friend, about which path to take. The drama deals with peer pressure, family, friends, and the difficulties we all face when we find ourselves standing at a crossroads, about to make an important decision. Included within the drama are a couple of humorous audience-participation segments that engage and entertain as well as educate the audience about the dangers of smoking.

Dramatic presentations of this nature are a very effective way of health education messages, and programs across Hawaii and the Pacific have successfully implemented a number of health theater interventions. While many anti-tobacco presentations within the schools present just the facts and statistics, *Crossroads* reaches students by showing what happens to real and everyday people who face choices about using tobacco on a regular basis. Students relate to the characters and situations, and recognize themselves and other children they know as they face similar struggles.

Along with the theatrical drama, a multimedia element is included within the production. Images and information appear on a screen throughout various points in the drama, supplementing the onstage on-stage drama and enhancing the experience of watching the show. This has worked very well with students who might be disinclined engage in a live theatrical performance. It is an exciting way to incorporate a television and movie-going experience into a live-action production.

Interesting and likeable characters are brought to life by a talented cast of veteran stage performers, who pull the audience into the story and keep them riveted up until the final bows. At the 2002 Global Public Health Conference, Kalihi-Palama Health Center presented its STD and pregnancy prevention play *It Can Happen to You* to conference attendees. The opportunity to present this new health drama to health professionals from across the Pacific at the 2006 Pacific Global Health Conference would be a privilege and an honor. *Crossroads* runs for approximately an hour, and is produced by the Kalihi-Palama Health Center and The Cancer Information Service-Pacific. The cost of performing the play is approximately \$1600, which covers the actors' and director's salaries for two rehearsals and one performance. Please call the director, **For more information please contact Karen Loebl, Kalihi-Palama Health Educator, at (808) 791-6324 or e-mail: kloebl@healthhawaii.org**

PLENARY SESSION ON WEDNESDAY, JUNE 15, 1:30 – 2:30 p.m.

Pacific Islanders Contributions to Health

Ms. Sandra Pierantozzi, Immediate Past-President of the Pacific Islands Health Officers Association, Former Vice-President , Republic of Belau

[\[link to text provided\]](#)

WORKFORCE TRAINING AND DEVELOPMENT

Wednesday, June 15, 2:30 – 4:30 p.m., Rm. 317A

Moderator: Lee Buenconsejo-Lum, Pacific Association for Clinical Training, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Development, implementation and results of Hawaii health workforce needs assessments

Abstract Authors: Kelley Withy *, Lloyd Y. Asato **

Josh K. Hekekoa **, R. Palama Lee ***; *John A. Burns School of Medicine, University of Hawaii; **Office of Rural Health, Hawaii State Department of Health; ***Native Hawaiian Health Services Program of Papa Ola Lokahi, Honolulu, Hawaii

Abstract text: *Issues:* The health workforce needs within the state of Hawaii are not well defined, and are constantly changing. However the barriers to an adequate health workforce are relatively constant. *Description:* The Hawaii Department of Health/Hawaii State Office of Rural Health, the Hawaii Primary Care Office, the Native Hawaiian Health Scholarship Program, and the Hawaii Area Health Education Center have partnered to develop an ongoing assessment tool to identify state health workforce needs. The survey is a living document developed with broad based input, and has been utilized twice via email and telephone surveys to give a picture of the needs in rural and underserved areas of Hawaii. *Lessons Learned:* Thirteen out of forty one agencies responded to the initial email and phone survey. Results indicate that the greatest need for health care professionals in Hawaii is for nurses, technicians, administrators and therapists. The most common barriers described by respondents include low salary, geographic isolation, lack of resources, high cost of living, and low moral. Suggestions for improvement of the situation as described by respondents will be discussed.

Recommendations: Low compliance rate limited the accuracy of the data, however methods to improve cooperation will be discussed. It is anticipated that support for the survey will grow and the results will be of immediate benefit in filling unfilled positions.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Describe the issues related to development and implementation of a workforce assessment
2. Know existing health workforce needs in Hawaii
3. Be aware of existing health workforce reports
4. Understand a number of barriers to recruitment and retention of rural healthcare professionals

Shriners Hospitals tele-applications

Abstract Authors: C. Ono, J. Lindsey, Shriners Hospital, Honolulu, Hawaii

Abstract text: *Issues:* Access to specialty care is limited in the Pacific Basin. Traveling medical teams provide limited access. Patients otherwise must travel off-island.

Description: The Shriners Hospital for Children in Hawaii is a philanthropic organization that provides free pediatric orthopaedic surgery and burn care. This hospital traditionally

has an outreach team that travels on an annual or semi-annual basis to the Commonwealth of the Northern Marianas Islands, Guam, Palau, the Federated States of Micronesia, American Samoa, Samoa, Fiji, and the Marshall Islands. The team works collaboratively with the public health and primary care services of these areas in identifying children who require specialty services. Children are brought to Honolulu for surgical care and rehabilitation. The Shriners Hospital provides episodic specialty care and relies on the primary care providers or the local surgeons to provide interim care between the outreach visits. Lessons learned: In 1998 the Weinberg Foundation provided funding for a telemedicine program with real-time videoconferencing. The program has grown and now has regularly scheduled clinics with dedicated personnel and resources. Remote sites have gained increased access to specialty care. Coordination of care has improved. Educational opportunities have increased. The Shriners program is described as a prototypical real-time video-conferencing program. The authors describe their experience over the past 7 years. Technical issues have become less of a problem with equipment improvements and network maturation. Current challenges now relate to care provider comfort with relating to this new way of gaining access to specialty care.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Describe one example of to improve access to specialized medical care.
2. Outline challenges and obstacles overcome and encountered by telemedicine.
3. Describe the critical elements required for a telemedicine program's success.

Addressing oral health disparities of American Indian/Alaska Native children: developing and deploying a new member of the dental team – a pediatric oral health therapist

Abstract Author: D.A. Nash*, W. R. Willard*, R. Nagel**, * Division of Pediatric Dentistry, College of Dentistry, University of Kentucky; **Alaska Native Tribal Health Consortium, Division of Community Health Services, Anchorage, Alaska

Abstract text: *Issues:* American Indian and Alaska Native children are disproportionately affected by oral disease in comparison to the general population of American children. Additionally, they have limited access to professional oral health care. The Indian Health Service (IHS) and American Indian/Alaska Native (AI/AN) Tribal leaders face a significant problem in ensuring care for the oral health of these children. *Description:* This paper discusses the development and deployment of a new allied oral health professional, a pediatric oral health therapist. *Lessons learned:* Such a practitioner can effectively extend the ability of dentists to provide for children not receiving care, and to help the address the significant oral health disparities existing in AI/AN children. The IHS has a distinguished history of training allied health professionals to provide care. As a consequence, the Service is uniquely positioned to undertake, in cooperation with the Tribal leadership, the development and deployment of pediatric oral health therapists.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Describe the scope of practice of Dental Therapists, the history of this profession throughout the world, the U.S. experience in trying to develop this type of allied health extender, and the Alaska Dental Therapy program.
2. Compare the scope of practice of Dental Therapists to other oral health providers and evaluate their value in providing services for underserved and vulnerable populations.

Public health competencies: a model for public health workforce development

Abstract Authors: C. A. Sorensen, E.W. Prince, Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: *Issue:* Only 20 percent of the nation's estimated 500,000 public health professionals have the formal education and training needed to effectively perform assigned tasks and respond to public health threats. The Healthy People 2010 initiative calls for increasing "...the number of state and local health agencies that provide continuing education and training to their employees to improve performance of the essential public health services." *Description:* The Council on Linkages between Academia and Public Health Practice identified 68 public health core competencies that have their foundation in the essential public health services framework. The competencies translate into methodologies that improve performance enabling skills, knowledge, behaviors and attitudes of public health workers; with a focus on job tasks and measurable outcomes rather than general knowledge. The Hawaii State Dept. of Health's Informatics Project used these competencies to assess the job skill needs of the current workforce through the identification of deficient analytical skills, and to guide the development of public health skills-building interventions. *Lessons learned:* The Informatics Project found the public health competencies to be a constructive, practical, and useful model for providing continuing education to established health department workforces, particularly where limited access to training resources is an issue.

Recommendations: Public health competencies will continue to be the foundation of the Hawaii Department of Health's workforce development efforts.

Learning Objectives:

Upon completion of this presentation, participants will be able to -

1. Identify specific public health competencies
2. Design a needs assessment based on public health competencies
3. Design a locally relevant workforce training program

Public health workforce development: the Hawaii State Department of Health data management training experience

Abstract Authors: O.V. Geling*, D. Belen**, J. Maddock*, E.Prince***, C. A. Sorensen***; *Department of Public Health Sciences and Epidemiology, University of Hawaii, Honolulu, Hawaii; **Hawaii Outcomes Institute, Honolulu, Hawaii; ***Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: *Issues:* Many public health professionals lack adequate training in data use. *Description:* To enhance Hawaii's public health workforce, Informatics Project Team at the Hawaii DOH initiated the Data Management Training program, and partnered with the Hawaii Outcomes Institute and Department of Public Health Sciences and Epidemiology at the University of Hawaii to develop and implement the training curricula. Specific objectives were: develop curricula addressing core public health/informatics competencies; deliver training to Hawaii DOH public health staff; evaluate effectiveness of the training initiative in enhancing public health/informatics competencies and in improving work practices. Six modules were developed. Each module was offered six sessions. 129 staff, representing all DOH Divisions and Branches, attended at least one module; most attended multiple modules. Comprehensive evaluation demonstrated significant increases in knowledge and confidence to apply new skills. *Lessons learned:* The training proved to be an effective tool in enhancing core competencies of Hawaii's public health workforce. Participants rated highly the overall effectiveness of the training and strongly recommended it be continued and expanded. *Recommendations:* Continue post-training evaluation to assess effectiveness of the training in changing job related practices. Conduct a broad

needs assessment to define future training needs.

Learning objectives:

Upon completion of this presentation, participants will be able to:

1. Describe needs and barriers for public health/informatics training;
2. Describe Data Management Training opportunities available at the Hawaii DOH;
3. Describe curricula options for continued public health education.

TOBACCO CONTROL, PART B

Wednesday, June 15, 2:30 - 4:30 p.m., Rm. 319A

Moderator: Elizabeth Tam, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Assessing cessation needs and capacity in support of comprehensive tobacco control

Abstract Authors: H. Lee*, T. L. St. John**, D. Mitschke***, M. Reyes****, H. Robinett***, T. Tamai**; **Cancer Research Center of Hawaii, University of Hawaii; **Tobacco Prevention & Control Program, Hawaii State Department of Health; National Cancer Institute's Cancer Information Service, Pacific Region, Honolulu, Hawaii;****Coalition for a Tobacco Free Hawaii, Honolulu, Hawaii

Abstract text: *Issues/Description:* In support of comprehensive tobacco control planning and infrastructure development, HI tobacco control stakeholders are conducting an assessment to identify/prioritize cessation needs across the state. The project includes a review of smoking prevalence/cessation data, and development of a survey instrument to gather standard information from treatment providers, including utilization rates, data collection systems, and training requirements. Policy related questions are to be presented to program administrators, and key informants will be polled regarding their perceived need for services tailored to diverse populations. In-person interviews begin 2/1, and results will be available by 4/30/05. *Lessons Learned:* Approximately 58% of HI's 165,100 adult smokers are interested in quitting. While overall interest in cessation assistance is lower compared to levels observed elsewhere, surveys indicate a preference for nicotine replacement therapy (43%), with few smokers interested in counseling or telephone helpline assistance. Key findings from the in-person interviews will also be presented. *Recommendations:* Needs assessment findings and recommendations will guide planners in their efforts to prioritize short to long term projects in support of a comprehensive tobacco control program. This project will contribute to the development of a more coordinated and well-integrated cessation system - one that incorporates HI's new quitline. In addition, data generated from this assessment will help set direction for an integrated action plan to influence public health policies, culturally relevant program development, and resource allocation.

Learning Objectives:

Upon completion of this presentations attendees will be able to:

1. Describe the two-step data collection/analysis process;
2. Identify 3 challenges encountered in implementing the project;
3. Describe possible approaches to adapting this project in other PI jurisdictions.

Tobacco treatment in a low-income Asian and Pacific Islander community

Abstract Authors: H-R Lee, M-S Kim, S-S Im & M Choe, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Despite improvements in the overall health of the general population over the past decade, there are significant health disparities across diverse

populations. An important first step for developing health promotion programs is the documentation of the prevalence of health risk behaviors among the target population. Yet, there is no data on many minority populations due to the lack of adequate sample sizes in major national health surveys. This paper describes the process through which a large-scale health promotion needs assessment was conducted with Korean immigrant population in Hawaii. *Description:* Funded by the Master Settlement Agreement money, the Korean Health Promotion (KHealth) project aims to establish a minimum infrastructure for health promotion for Korean immigrants in Hawaii. As a first step, the KHealth project mobilized the Korean community and successfully completed a needs assessment to document the prevalence of health risk behaviors among Korean immigrants in Hawaii. *Lessons learned:* Data from the needs assessment established that Koreans in Hawaii are at a greater risk compared to the national average in areas such as smoking, drinking, and access to health care. *Recommendations:* It is a challenge to address the health needs of a minority population due to limited resources and inadequate infrastructure. An important component of such an infrastructure is acquisition of scientific data. While there are many challenges to acquiring such data, the KHealth project demonstrate that it can be achieved through carefully planned community mobilization.

Learning Objectives:

Upon completion of this presentation, participants will learn:

1. About the importance of acquiring health risk behavior data for minority populations;
2. How a large-scale needs assessment can be conducted for a minority population through community mobilization;
3. The prevalence of health risk behaviors among Korean immigrants in Hawaii.

Integration of tobacco cessation intervention into perinatal care

Abstract Authors: M. Hla, J. Minder, P. Uehara, Kokua Kalihi Valley, Honolulu, Hawaii

Abstract text: *Issues:* Kokua Kalihi Valley (KKV) serves high risk, low-income Asian and Pacific Islander (API) women in the Kalihi Valley. Over 30% of women smoke when they enter for prenatal care, and many relapse during postpartum after quitting during pregnancy. KKV has integrated tobacco cessation into perinatal care in 1996 and expanded to WIC services in 2001. *Description:* Evidence based Guidelines for Smoking Cessation from the Agency for Health Care Policy and Research states that patient education, if provided routinely to smokers by trained health care providers, can significantly change smoking behavior. Based on this model KKV trained bicultural perinatal case managers, nutritionists and nutrition aides to provide brief tobacco cessation intervention as part of routine perinatal and WIC services. During the past three years, 245 pregnant women went through brief intervention. Sixty five women (26%) had already quit when they entered for care. Of 101 women who desired to quit, 20% quit during pregnancy. Thirteen percent (8/63) who quit during pregnancy were smoke-free throughout 6 months postpartum. *Lessons Learned:* Heavy tobacco users may need intensive counseling. However, referral to tobacco cessation support groups for counseling and support was not very successful. A high number of women are lost to follow up at 6 months postpartum. *Recommendations:* KKV plans to increase the intensity of tobacco cessation intervention by training the WIC nutritionists to become tobacco cessation specialists. Postpartum follow up system needs to be strengthened for relapse prevention. Referrals to comprehensive tobacco cessation including pharmacotherapy should be promoted especially for postpartum women.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. explain how community based tobacco cessation services can be integrated into comprehensive perinatal care and outcomes in an API community

Evaluating Guam's Great American Smokeout: a community partnership advocating smoke free policy

Abstract Authors: R.L. Workman*, M. Liberatore*, C.M. Balajadia**, A.M. David***, M.B. Ehlert*, and L. Martinez*; University of Guam, Mangilao, Guam;

American Cancer Society, Guam Unit, Hatgana, Guam; *Mental Health and Substance Abuse, PEACE Project, Hatgana, Guam

Abstract text: *Issues:* Adult smoking rates on Guam continue to increase (from 31.2 percent 2001 to 34.2 percent 2003). A Coalition For A Tobacco Free Guam initiated a dialogue on smoke free policy with island stakeholders. However, because Guam's economy is dependent on Asian tourism, many believe smoke free advocacy will be resisted by Asian-Pacific Islander customers and employees. *Description:* Pre-post data were collected from 91 employees in five businesses who joined the 2004 Great American Smokeout: 2 resort hotels, 2 restaurants and a newspaper. The restaurants went "smoke-free" for the day. Pre-smokeout data were collected from 76 customer groups, and 134 customer groups completed surveys on the smoke-free day. *Lessons Learned:* Support for smoke-free policy was high among all respondents. Two-thirds of smokers tried to stop. Restaurant data documented two-thirds of customer groups were made up of non-smokers regardless of smoke free policy. This finding, plus additional sales data from one restaurant suggested the one-day smoke-free trials had no impact on business. *Recommendations:* Tobacco prevention programs partnering with local businesses in Pacific Island states can conduct low cost evaluation studies as one way to initiate evidence-based dialogue among community stakeholders to find smoke free policy solutions good for business and health.

Learning Objectives:

Upon completion of the presentation, participants will be able to:

1. Describe an evaluation methodology for developing partnership between local business and tobacco control programs.
2. Identify strengths and weaknesses of evaluation as an advocacy strategy for health policy development in a Pacific Island community.
3. Summarize smoking behavior patterns on Guam

Results from a Guam health professional survey: assessing knowledge, attitudes, and practices

Abstract Authors: M. Ehlert*, A. David**, T. Pacheco,* R. Workman*, C. Albright***, M. Liberatore*; *University of Guam, Mangilao, Guam; **Mental Health and Substance Abuse, PEACE Project, Hatgana, Guam; ***Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* The reported smoking rates on Guam were the highest of all states and jurisdictions in the United States, continuing an upward trend (31.2 in 2001 to 34.2 in 2003). Interested community members organized to collect reliable data that could guide reduction efforts. Data driven tobacco use reduction programs that fit within a comprehensive tobacco control strategy are most successful. *Description:* International agencies are developing a comprehensive tobacco surveillance system. Guam participates in some of these programs but lacks data on its health professionals. Numerous studies show that health care providers can have a pronounced impact on smoking reduction (see Asma et al., 2004). To remedy this data vacuum, the authors developed and surveyed Guam-based health professionals to assess what Guam health professionals believe about tobacco use and what they do in practice. *Lessons Learned:*

The authors reviewed other health professional survey instruments and developed an instrument suitable for Guam-based professionals. The instrument assessed the professionals' tobacco history, knowledge and attitudes about tobacco, clinical practices, and worksite practices. Initially data were collected from dentists, nurses, and physicians at monthly professional meetings and annual conferences. Others were contacted at clinics and contact via professional membership lists. *Recommendations:* The authors anticipate using the results to guide activities to reduce the incidence of tobacco use on Guam. The experience of Guam might help other island communities in developing their programs.

Learning Objectives:

Upon completion, participants will be able to:

1. Evaluate the commitment of Guam-based health professionals toward tobacco cessation;
2. Identify the current practices on Guam;
3. Assess whether the experiences of Guam researchers will help their community.

TOBACCO CONTROL, PART C

Wednesday, June 15, 2:30 - 3:30 p.m., Rm. 319B

Moderator: Deborah Zysman, Coalition for a Tobacco Free Hawaii, Honolulu, Hawaii

How Kauai took on R.J. Reynolds to protect its island image

Abstract Authors: J Hunt, C Roessler, T Symons, Kauai District Health Office, and Tobacco Free Kauai, Lihue, Kauai

Abstract text: *Issues:* The R.J. Reynolds Company took Kauai's name and cultural icons to market their candy flavored cigarettes – Kauai Kolada. *Description:* When the July issue of Sports Illustrated hit the stands, the Tobacco-Free Kauai coalition began to receive calls from angry Kauai residents about an advertisement for Camel Kauai Kolada flavored cigarettes. A quick scramble to find a copy brought a wave of rage at seeing our good name, usually associated with a healthy, healing place, being used to market a product that kills. The ad also featured a "hula girl" image that was insulting to the Hawaiian culture. The Coalition brought the ad to our mayor's office, to our County Council office, and to the Kauai Visitors Bureau. Word was put out on Global Link asking for assistance. The state coalition was contacted. They brought to the table a media consultant, the Heart, Lung and Cancer societies, the Governor's Office, the Department of Health, and the grassroots community. The stage was set for a nationwide venting of outrage. Letters were sent by the mayor, council, visitor bureau and governor to the R.J. Reynolds company expressing outrage. The governor publicly called the ad "disgusting". The story was picked up by the Associated Press and it ran in over 50 papers across the country. The story was also used in the lobbying efforts to pass FDA regulation of the tobacco companies. *Lessons learned:* The outrage of a tiny group on a tiny island in the middle of the Pacific ended a marketing campaign and brought the issue to the halls of Congress. *Recommendations:* Form your alliances and networks early so that you are able to respond quickly and effectively when the need arises.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Describe how well organized, effective coalitions, grassroots, and media campaigns can neutralize or even turn tobacco advertising to the advantage of the movement and the local community.

Reducing youth access to tobacco products: 10 years experience in Hawaii

Authors: A.D. Jarrette, D.L. O’Riordan, E. Wilson, K. Glanz, Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Eighty-nine percent of adult smokers start before the age of 19. Limiting youth access to tobacco products is one strategy to reduce the number of smokers. The Synar amendment requires states to: 1) conduct inspections of retail outlets that sell tobacco products and 2) enforce state laws regarding the sale of tobacco products to minors. *Description:* The Cancer Research Center of Hawaii has worked with Hawaii State Department of Health and the county police departments, to monitor and reduce youth access to tobacco over the past 10 years. Annual Synar inspections are undertaken using a stratified (by county) systematic random sample of outlets. Youth volunteers (15-17 years of age) accompanied by project staff attempt to purchase cigarettes at retail outlets without identification. Since 1997, enforcement operations have been conducted using a similar protocol, but with undercover police or FDA inspectors. Volunteers have been required to use identification during surveillance operations since 2000. *Lessons Learned:* Hawaii has been successful in reducing noncompliance rates to one of the lowest in the nation, through enforcement, merchant education and community awareness. Non-compliance rates for the annual Synar inspections have decreased from 44.5% in 1996 to 5.2% in 2004. Sales rates during enforcement operations have decreased from 27% in 2000 to 15.8% in 2004. *Recommendations:* Future efforts should focus on licensure of outlets and removal of licenses for those vendors who sell to minors.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Describe strategies and procedures adopted in Hawaii to reduce youth access to tobacco products;
2. Differentiate between the annual Synar inspections and ongoing enforcement operations that are administered state-wide;
3. Understand the importance of the need to enforce state laws regarding tobacco sales to minors.

Tobacco control through youth advocacy and empowerment: REAL efforts in Hawaii

Abstract Authors: N. Sutton, P. Haro Arvizu, K.B. Lunde, D.L. O’Riordan
Cancer Research Center of Hawaii, University of Hawaii, Honolulu Hawaii

Abstract text: *Issues:* Anti-industry approaches to tobacco prevention are an effective alternative to typical approaches focusing on negative health consequences. Youth-led prevention and outreach are essential components of a comprehensive tobacco control program. *Description:* The purpose of the REAL movement is to expose the manipulative tactics used by the tobacco industry to that target Hawaii’s youth. This is accomplished through a range of youth-designed activities (e.g.: street marketing, advocacy events, trainings, rallies) for teens 13-19 years old. To evaluate REAL’s efficacy a telephone survey was conducted. *Lessons learned:* REAL members represent the cultural diversity within Hawaii. Almost 54% of the members joined within the last year because they believe in REAL’s cause (96.3%) and want to make a difference (93.0%). Over 50% of the members identified to be somewhat to very active in the past year. Active members were more confident in their ability to advocate against tobacco within their community and purported stronger attitudes against the manipulative strategies of the tobacco industry. Although some members were smokers (5.6%), the prevalence was well below the state average for this age group. REAL was identified by a large proportion of members (77.3%) as being instrumental in reducing personal

tobacco use. *Recommendations:* Youth advocacy and empowerment models can work in culturally diverse communities. Effective youth led programs such as REAL require dynamic and flexible leadership from adult facilitators, while ongoing training and skill acquisition is essential component for youth.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify the key components of a youth empowerment approach to tobacco control;
2. Learn how to recruit and sustain teen leaders;
3. Integrate youth empowerment into their public health initiatives.

COMMUNICABLE DISEASE CONTROL, PART B: STD/AIDS/HIV

Wednesday, June 15, 2:30-4:00 p.m., Rm. 317B

Moderator: Lorrin Pang, Maui District Health Office, Hawaii State Department of Health, Kahului, Maui

Integration: comprehensive HIV prevention counseling

Abstract Authors: M. Santa Maria, B. White, H. Lusk, STD/AIDS Prevention Branch, Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: *Issues:* The Centers for Disease Control and Prevention are encouraging increased integration of services in HIV prevention programs. Clients of HIV counseling and testing benefit from having other issues addressed simultaneously including other sexually transmitted infections, viral hepatitis infections as well as prevention messages for people living with HIV and their partners. *Description:* The STD/AIDS Prevention Branch is using current resources to comprehensively integrate services through cross training of staff, adapting system processes and infrastructure, modifying job descriptions and contracts, and quality assurance. *Lessons Learned:* In many Pacific communities, including Hawaii, HIV services, viral hepatitis services, STD services and prevention for people living with HIV are often provided by the same staff. Training for integrated services maximizes resources and offers budget savings. Client-centered culturally appropriate approaches to integration of services may look very different in communities across the Pacific. Barriers include: training personnel, restructuring organizations, sharing resources, and resistance of staff to changes in the current structure of services according to disease rather than a client centered manner. *Recommendations:* Clients are better served by integrated HIV counseling and testing services at public health departments and community-based organizations. Agency capacity can be increased by integrating STDs, viral hepatitis and prevention for people living with HIV into training, structures, protocols and contracts.

Learning Objectives:

Upon completion participants will be able to:

1. Define integration and describe levels of integration;
2. Define how to integrate related topics into client-centered HIV prevention counseling and list components of a fully integrated HIV counseling and testing session;
3. List ways to assure quality and evaluate effectiveness of integrated programs

Rapid Assessment Response and Evaluation – The West Oahu RARE project; a look at the risk behaviors and factors that put Native Hawaiian “ice” users at risk for HIV and other related diseases.

Abstract Authors: K. Nunes*, C. Kualii**; *Papa Ola Lokahi, Honolulu, Hawaii; **The National Native American AIDS Prevention Center, Oakland, CA)

Abstract text: *Description:* With the support of the Office of Minority Health RARE Project, the National Native American AIDS Prevention Center, and Papa Ola Lokahi, a team of investigators from the Wai`anae Coast community, conducted a qualitative evaluation project titled, the West O`ahu RARE Project. This project specifically focusing on the Nanakuli`Ahupua`a and applied the RARE methodology which combines a multiple scientific method, and direct observation, interviews, surveys and ethnography to gather information of the behaviors that can put Native Hawaiian "ice" users at risk for HIV and other related diseases. The purpose of this project was to assess the unmet needs in HIV prevention/intervention services to this population, and to identify areas of concern for future policy and program development. The presenters will share how the project was tailored, adapted and implemented in a predominate Native Hawaiian community, and how through the process of a community advisory group, recommendations were made, and an action plan was developed to address the unmet HIV prevention needs of the Native Hawaiian "ice" using population.

Learning Objectives:

Upon the completion of the presentation, participants will be able to :

1. Describe how a rapid assessment and evaluation can be implemented in Pacific Island communities with emergent health crises such as; hidden or hard-to-reach populations and exploring emerging trends i.e., patterns of substance use, sharing infected needles, commercial sex, and unprotected sex.
2. Identify possible health issues within their own communities that the RARE methodology could apply.

The state of sexual health in Hawaii

Abstract Authors: S.S. Ramirez, M.V. Lee, A.R. Katz, A.M. Cadorna, N.L. Chun, R.G. Ohye, P.M. Whitticar, STD/AIDS Prevention Branch, Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: *Issues:* In 2003, Hawaii ranked third highest in chlamydial infection rates in the US. Chlamydia, the most common reportable sexually transmitted disease (STD), may indicate sexual risk-taking behaviors (SRTB). Recent studies show crystal methamphetamine (CM) may act to increase sexual drive and SRTB. The authors examined attributes of SRTB including CM use among patients diagnosed with chlamydia. *Description:* Patients diagnosed with chlamydia at the STD Clinic on Oahu from January 1 to December 31, 2003 were interviewed. Demographics such as gender, race, and age; sexual practices including condom use, sexual orientation, and HIV status; and social history including use of alcohol and illicit drugs were collected. All information elicited from interviews covered the patient's recent history two months prior to diagnosis of chlamydia. *Lessons Learned:* Of those diagnosed with chlamydia trachomatis, 65% (357/552) were male, 56% were Asian/Pacific Islanders, and 70% were 25 years old and under. Of the 88% (488/552) of cases interviewed: 28% never used condoms, 8% had sex with someone of the same sex, 26% never tested for HIV, 46% had sex under the influence of alcohol, and 23% of patients and/or their partners used non-injection drugs (NID). CM was one of the commonly used NID. Data suggests that the population at-risk is 25 years old and under, mostly heterosexual, who may engage in alcohol and/or NID use. *Recommendations:* Providers should elicit the name and locating information of sex partners of patients diagnosed with STDs for medical management referral. DOH should continue to assess the role of alcohol and CM use in STD transmission, identify the barriers to HIV testing, and continue to encourage STD/HIV screening.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Identify populations at risk for chlamydial infection;
2. List three sexual risk-taking behaviors contributing to infection with chlamydia.

WOMEN'S HEALTH

Wednesday, June 15, 2:30 – 4:00 p.m., Rm. 318A/B

Moderator: Nancy Partika, Healthy Mothers, Healthy Babies, Honolulu, Hawaii

Ethnic differences in weight retention after pregnancy in Hawaii

Abstract Authors: G. Baruffi, C. Hardy, C. Waslien, S. Uyehara, D. Krupitsky, Department of Public Health Sciences and Epidemiology, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issue:* Obesity in the U.S. has become an epidemic. Fifty percent women 25-55 years of age are overweight or obese. Excessive weight gain during pregnancy is a likely contributor to obesity in women. African-American women retain more of excessive prenatal weight gain than Caucasians or Hispanics. Little is known of prenatal excessive weight gain and retention in Asian and Pacific Island (API) women.

Description: To study pregnancy weight gain and retention in a racially mixed, predominantly API population, records for first post-partum (PP) visit of 5,863 women attending the Hawaii WIC Program for 1997-1998 were examined. Weight gain during pregnancy was self-reported. WIC staff measured weight and height PP. *Lessons learned:* By six months PP women had retained on the average more than 9 pounds of weight gained during pregnancy. Asian and Filipino women reported the lowest mean pregnancy weight gain (29.1 lb and 30.0 lb respectively) and the lowest PP weight retention (9.6 lb and 11.0 lb respectively). Samoans and Hawaiians reported the largest weight gain (37.3 lb and 34.1 lb respectively) and PP weight retention (17.5 lb and 12.3 lb respectively). After adjusting for pre-pregnancy BMI, weight gain during pregnancy, PP days, and age, Black and Hawaiian women did not differ from Caucasians in weight retention. All other ethnic groups retained more and Samoans retained the most. *Recommendations:* In this sample of API women there was almost 2/3 lb adjusted PP weight retention for each pound of weight gained during pregnancy. These findings will be useful for developing culturally sensitive counseling to promote appropriate weight gain during pregnancy and PP weight loss.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Describe ethnic differences in prenatal weight gain;
2. Identify ethnic differences in PP weight retention;
3. Describe the major risk for PP weight retention

Breast pump program evaluation in Hawaii

Abstract Authors: V. Espinueva*, C Prince*, S. Uyehara**, C. Simmons**, R. Li*, L. Grummer-Strawn**, Division of Reproductive Health, U.S. Centers for Disease Control and Prevention, Atlanta, GA and ** Family Health Services Division, Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: *Issues:* The overall breastfeeding goal of the Hawaii Women, Infant, and Children (WIC) Services Branch is to assist mothers maintain breastfeeding until their infants are 6 months of age. The Breast Pump Program Evaluation examined the impact of electric breast pumps on breastfeeding duration rates of women returning to work or school. *Description:* A randomized clinical trial was conducted to compare the

breastfeeding duration rates of women participating in Hawaii WIC who were issued electric breast pumps with women who were given standard manual breast pumps. The study participants were followed for one year and given a short survey on breastfeeding practices when the infant was 6 months of age and again at one year. *Lessons Learned:* Surveys were collected from 246 women providing a response rate of 88%.

Approximately 74% of the women breastfed for at least 6 months and 31% breastfed for 12 months or more. There was no significant difference in breastfeeding duration at 6 months and at 12 months between the women with electric or manual pumps. Age, ethnicity, and marital status did not influence breastfeeding duration. However, among women who had some college education, women who received an electric pump were more likely to breastfeed for 12 months than those who received a manual pump ($p = .04$). *Recommendations:* Electric pump seems to prolong breastfeeding duration only among Hawaii WIC women with higher education. Researchers should continue to identify the factors that affect the effectiveness of various breast pumps to help mothers reach their breastfeeding goals.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Determine the effectiveness of an electric breast pump loan program;
2. identify factors related to breastfeeding duration;
3. recognize the importance of evaluating the WIC breast pump loan program

DISASTER RISK MANAGEMENT

Wednesday, June 15, 2:30 – 4:30 p.m., Rm. 321B

Moderator: F.M. Burkle, Center for Biosecurity, Disaster & Conflict Research, Asia-Pacific Institute for Tropical Medicine & Infectious Diseases, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

The 9th Festival of Pacific Arts: Mass gathering or planned disaster? PANEL

Abstract Author: S. J. Kuartei, Bureau of Public Health, Ministry of Health, Koror, Palau

Abstract text: *Issues:* The Republic of Palau is a small and isolated island country with limited emergency capacity and healthcare resources. Palau entomologically harbors the vectors for Dengue Fever, Lymphatic Filariasis, Leptospirosis, and more recently Scrub Typhus. On July 22-31, 2004, 4,000 people came to Palau to attend the 9th Pacific Festival of Arts. *Description:* The ten day gala prompted the Ministry of Health to approach the event as not just a mass gathering event, but a “planned” disaster. Strict measures on food and water safety, waste management, vector control, and epidemiological surveillance were applied for early detect and response. An incident command structure was used to monitor and coordinate these activities. A communication system comprised of radios, uniforms, colored coded health information system, and regional communication networks were used to reach regional islands.

Lessons Learned: Managing the event as a “planned disaster” using mobile clinic systems and country liaisons prevented over utilization of emergency services. Strict environmental health guidelines controlled the number of food borne related encounters. There were no major injuries and heat prostration among the participants or the workers. Surveillance, warning systems, and the local media provided timely information to the public regarding potential risks posed by the occasion.

Recommendations: Incident command structure, communication systems, and ongoing environmental health measures coupled with surveillance program should be drilled and

exercise as normal practices in small islands.

Learning Objectives:

Upon the completion of this presentation, participants will be able to:

1. Analyze the usefulness of information and methods applied in small islands;
2. Explain the value of employing surveillance in disaster management;
3. Analyze the incident command structure effectiveness in prevention, not just in managing and mitigating disasters.

Public health emergency operational plans in small island countries

Abstract Author: P. Marumoto, Bureau of Public Health Services, Ministry of Health, Koror, Palau

Abstract text: *Issues:* Developments of public health emergency operational plans in small island countries have proven that response efforts must be multi-partnerships to provide organized and effective responses in time of emergencies or disaster events. *Description:* On April 8, 2004, Typhoon Sudal with wind velocity of 125 mph devastated Yap State, Federated States of Micronesia (FSM). The Republic of Palau public health team quickly responded to the disaster. Development of a low tech "Environmental Health Package" of Water Quality education, Toilet installation, Environmental Sanitation, Solid Waste Management, and Vector Control Education and Chemical Application proved effective as a mitigating tool for response. Using household bleach to treat individual water sources proved effective while awaiting aid.

Lessons learned: Palau's experience justified the importance of public health emergency operational plans in small island countries. Traditional leadership must play equal partnership in designing and mobilizing public health interventions. Partnerships must be established with other agencies to perform needed services to accomplish public health interventions prior to an emergency event. Legislated and promulgated emergency acts must be in place to provide guidelines in responding to disasters. *Recommendations:* Mental health response plans must be an integral part of any public health emergency operational plans to provide crisis interventions but also to strengthen community resilience.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Evaluate the effectiveness of having a public health emergency operational plan.
2. Differentiate the importance of traditional communication strategies in executing public health emergency interventions;
3. Recognize the importance of community participation in planning in order to establish community ownership and effective partnerships.

Community-based mobilization for West Nile virus prevention efforts

Abstract Authors: C. J. McKnight, C. Kakimoto, D. Lane, D. Manguchei, and S. Ramirez, Bioterrorism Preparedness Program, Kauai District Health Office, Lihue, Hawaii

Abstract text: *Issues:* To date Kauai and other Hawaiian islands remain free of West Nile Virus (WNV) while the emerging disease continues to spread throughout the continental US. *Description:* In August 2004, the Kauai District Health Office in coordination with the State of Hawaii Department of Health began a campaign to educate the public on WNV and seek assistance in the collection of dead birds for testing. Through combined efforts with county agencies and local media, messages were delivered about mosquito elimination tips, personal protection for residents, and dead bird surveillance. Public service announcements were aired on popular radio

stations and presentations were given to various community groups. Over a four month period, 43 birds were submitted to the Kauai Vector Control Branch from the public, of which 27 were tested by laboratory analysis for the presence of WNV. No bird or human specimens on Kauai tested positive for the virus. *Lessons learned:* The radio and community-access television station are effective means to disseminate health information to the public. Kauai residents that participated in surveillance of dead birds were helpful to Health Department goals, submitting a substantial percentage of carcasses (63%) that were suitable for testing and not excluded due to decomposition.

Recommendations: West Nile virus prevention efforts should continue as long as the risk of invasion from North America persists. This program is useful in educating the public and enhances the routine mosquito and birds testing overseen by the Vector Control Section.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Identify key strategies for reaching out to the public about mosquito-borne viruses;
2. Learn how county health departments can get community members involved in prevention efforts, and reduce the impact of a potential invasion of WNV.

NUCLEAR TESTING IN THE PACIFIC

Wednesday, June 16, 2:30 – 4:00 p.m., Rm. 321A

Moderator: Neal A. Palafox, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Impact of U.S. Thermo-Nuclear Weapons testing in the Pacific, the path forward – INVITED PANEL

Panelists:

James Plasman, Chairman Nuclear Claims Tribunal

Holly Barker PHD Senior Advisor to the Ministry of Foreign Affairs, RMI Embassy Washington DC

Wilfred Alik, Marshallese Physician, Majuro, Marshall Islands,

Arthy Nena Director of Health, Kosrae, Federated States of Micronesia

Neal A. Palafox, John A. Burns School of Medicine , University of Hawaii, Honolulu, Hawaii

Abstract Author: N. Palafox, John A. Burns School of Medicine , University of Hawaii, Honolulu, Hawaii

Abstract text:

Issues: The US Pacific Nuclear Testing program has caused cancer, thyroid illness, radiation burns, and miscarriages in the people of the Marshall Islands. Marshallese lived and ate in radiation contaminated environments which resulted in adverse health consequences through destruction of culture, alienation from land and undermining traditional lifestyles. Kosraeans and other Micronesians received significant doses of radiation exposure through the cleanup of the nuclear debris, and the fallout reached as far as Guam. The RMI and Pacific health systems do not have the health infrastructure to adequately handle the health consequences of nuclear testing. Further compensation and medical programs are now under debate through the Changed Circumstance Petition to US Congress. Understanding the implications of the Nuclear Testing Program from a standpoint of health effects and US policy is central to achieving adequate health programs and social justice. *Description:* The panelist are experts in the nuclear testing

history, nuclear claims, health effects, and radiation health programs in the Republic of the Marshall Islands. Judge Plasman speaks to the structure and issues of the nuclear claims tribunal and the basis for the Changed Circumstance Petition to US Congress, Wilfred Alik speaks to the history and medical effects of the nuclear testing, Holly Barker relates the story of Marshallese subjects who were studied without consent and the destruction of the cultural fabric, Arthy Nena speaks to the concerns of the Kosraeans who participated in the cleanup of nuclear waste, and Neal Palafox speaks about the new NCI and National Academy of Science reports that explain the evidence based health effects of the nuclear testing. Lessons learned: According to 2004-2005 data from the NCI and National Academy of Sciences, the USNWTP in the RMI is associated with significantly more radiation related illness in the RMI and Pacific than originally described. In order to develop the medical expertise and capabilities to deal with the specific and Global health problems of the USNWTP, the Changed Circumstance Petition should be understood and supported. *Recommendations:* Further studies should be carried out to understand the extent of the health effects from nuclear testing in the Pacific. Appropriate healthcare is needed now, and can be realized through supporting the Changed Circumstance document in the US Congress.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Understand the health and cultural impacts of U.S. nuclear weapons testing in the Pacific;
2. Understand the existing political processes that address compensation for the damage caused by the nuclear weapons testing program;
3. Understand the dilemmas and challenges in arriving at a just and equitable compensation;
4. Understand the legacy of nuclear testing in the Pacific

On-going impact of nuclear testing in the Pacific

Abstract Author: S. Yamada, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Across the Pacific Islands a frequently asked question is, what were the health effects of the nuclear testing programs? Many suggest that cancer and other diseases in Micronesia has been caused by nuclear testing. The 50-year commemoration of the March 1, 1954 Bravo thermonuclear test rekindled interest in these issues. *Description:* The author will examine the history of nuclear testing in the U.S.-associated Pacific and what is known about radiogenic diseases as a consequence of nuclear weapon usage from Hiroshima/Nagasaki, the Nevada Test Site, and from the Bravo test to suggest future directions for research and social justice. *Lessons Learned:* Given the sheer megatonnage of testing that the U.S. conducted in the Pacific, it appears plausible that excess cancer would have occurred in areas of Micronesia other than the Marshall Islands. An excess of pregnancy and birth abnormalities among radiation-exposed women would have been expected. Second generation effects have not been demonstrated in the Hiroshima/Nagasaki cohort. While diseases such as diabetes and hepatitis are not considered to be radiogenic diseases, the social and cultural effects of nuclear testing specifically, and the strategic uses to which Micronesia has been put, have had a role in the social production of disease. *Recommendations:* A movement for social justice needs to become familiar with the historical precedents. Further research and documentation is needed in these areas.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Enumerate historical precedents for evaluating the health effects of nuclear testing;

2. Compare and contrast the characteristics of the radiation burden imposed in the various settings;
3. Evaluate the likelihood that radiogenic diseases have occurred in various areas of the Pacific.

PLENARY SESSION ON THURSDAY, JUNE 16, 8:30 – 9:30 a.m.

Naming and Measuring the Impacts of Racism on Health

Dr. Camara Phyllis Jones, Research Director, Social Determinants of Health, Division of Adult and Community Health, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia. [\[link to powerpoint presentation\]](#)

Learning objectives:

Upon completion of this presentation, participants will be able to:

1. Critique “race” as a rough proxy for socioeconomic status, culture, and genes but a precise measure of the social classification of people in our “race”-conscious society
2. Provide a global definition of racism
3. Conceptualize racism on three levels (institutionalized, personally-mediated, and internalized) and give examples of the deleterious impacts of each of these levels of racism on health
4. Describe measures of racism that have been developed by the Measures of Racism Working Group at the Centers

PLENARY SESSION ON THURSDAY, JUNE 16, 9:30 – 10:00 a.m.

The Health of Pacificans: Issues in Priority Setting for Healthcare

Dr. Sitaleki A. Finau, Professor of Public Health, School of Public Health and Primary Care, Fiji School of Medicine, Private Mail Bag, Suva [\[link to powerpoint presentation, Link to paper provided\]](#)

Abstract: Priority setting for Healthcare is a challenge in any situation or condition. The primacy of other demands, even within the ministries of diseases, ensures that health is the poor cousin. The special conditions of Pacificans, in their native and newly acquired habitats, have reduce resilience and increased vulnerability to the extent that health status and risk have become security issues to neighboring developed countries.

This paper will identify priority health, not just disease, issues of Pacificans and address the setting of priority for healthcare of Pacificans by pacificans.

The strategy for priority setting must be empowering and sustainable without inappropriate means justifying the end. This means that forces such as globalization, democracy, assimilation, imperialism, educational buccaneering, and migration would take their rightful place among the health issues of the century. So how can so few Pacificans set priorities in such an El Nino climate and design appropriate, effective healthcare against the tide? The answer floats in the mechanisms of priority setting with a sinking premonition.

PLENARY SESSION ON THURSDAY, JUNE 16, 10:00 – 10:30 a.m.

Addressing Health Disparities in Native Hawaiians and Other Pacific Islanders

Ms. Julie Moreno [\[No text provided to date\]](#)

SOCIAL DETERMINANTS OF HEALTH

Thursday, June 16, 10:45 – 12:00 p.m., Rm 317A

Moderator: Robert Hirokawa, Diabetes Control Program, Hawaii State Department of Health, Honolulu, Hawaii

Community level correlates of overweight among public school students entering kindergarten in Hawaii

Abstract Authors: A. Pobutsky*, F. Reyes-Salvail*, L. Rosen*, G. Baruffi**, B. Wood*, B. Yamashita*, R. Hirokawa*, S. Yuen** and L. Zou**; *Hawaii State Department of Health, Honolulu, Hawaii; **University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* The number of overweight children in the U.S. has doubled in the past 20-30 years, with similar patterns occurring throughout the world. The health problems that overweight or obese children and youth develop are similar to problems of overweight or obese adults (e.g. chronic diseases such as type 2 diabetes and cardiovascular diseases). *Description:* Numerous studies of Pacific populations have illustrated that the problems of dietary related chronic diseases, especially diabetes and obesity, are also pervasive for Pacific Islanders (e.g. Native Hawaiians, Samoans and Micronesians). While recent studies point to a significant problem of childhood and youth overweight in Hawaii, the lack of additional population based information on childhood obesity was the driving force behind the current study. *Lessons Learned:* Descriptive data on height and weight taken from the required school immunization forms for 9,804 children entering public schools in 2002-2003 were analyzed to calculate BMI (body mass index) scores. The results illustrate that almost one-third of the children entering public schools in Hawaii are either overweight ($\geq 95^{\text{th}}$ percentile) or at risk for overweight (between the $\geq 85^{\text{th}}$ to $< 95^{\text{th}}$ percentiles). There were some notable differences with the different school complexes, as different school complexes reflect the ethnic and other social characteristics of the communities of which they are a part. Rural communities on Oahu and Oahu's Neighbor island communities are more likely to have kindergarteners entering schools overweight or at risk for overweight.

Recommendations: Community level indicators summarized at the school complex level were used to examine community level correlates associated with overweight and at risk for overweight (e.g. ethnicity, income, occupation, education, poverty, immigration and unsafe neighborhoods were examined). The initial results of logistic regression models show that communities with higher proportions in poverty were more likely to have children entering public schools overweight or at risk for overweight.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Describe the extent of the childhood obesity problem in Hawaii;
2. Name some of the social determinants for overweight in Hawaii

Hawaii's differentials in weight control practices and body mass index

Abstract Authors: F. Salvail, C. Cabot, Hawaii State Department of Health

Abstract text: *Issues:* It is reported that overweight and obesity is at an epidemic proportion. The State of Hawaii is not spared of this epidemic. About half of the state adult population is overweight. Being overweight is associated with the presence of chronic disease(s) later on in life if not at an earlier age. Many factors contribute to overweight but most of the factors can be controlled such as health lifestyles or behaviors that jeopardizes health. *Description:* Data from the Hawaii Behavioral Risk Factor Surveillance System was used to examine body mass index and weight control practices by ethnicity and also by gender over a period of seven years. An age

adjustment was used to account for differences in age structure of the ethnic groups. The ethnic groups considered are the Whites, Hawaiians, which also include part Hawaiians, Filipino and Japanese. There are other groups but due to small numbers were group into 'Others'. Bi-variate analysis was performed with $\alpha=5\%$ as the significance criterion. *Lessons Learned:* Results indicate that high proportions of Hawaiians are significantly overweight compared to the rest of the ethnic groups. In addition, larger proportions of Hawaiians are at least trying to control or maintain their weight by either eating fewer high calorie/high fat foods and or increasing physical activity. However, when values were cross checked with exercise and nutrition variables, a different result emerged. This was true for all the ethnic groups. Not all those who reported increasing physical activity or consuming fewer high calorie foods were actually engaged in physical activity or consumed five or more servings of fruits and vegetables. *Recommendations:* These differences have to be further investigated to arrive at a sound conclusion. Gender differences exist. Finally, there is a need to engaged health professionals to give advice on weight. Only about a quarter of the overweight adults indicated that they were given advice.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify differences in body mass index and weight control practices by ethnicity in Hawaii;
2. Gain an understanding of gender differences that exist in weight control practices;
3. Names at least two barriers that may exist towards weight control

Health promotion needs assessment for Korean immigrants in Hawaii

Abstract Authors: H-R. Lee, M-S Kim, S-S. Im, M. Choe, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Despite improvements in the overall health of the general population over the past decade, there are significant health disparities across diverse populations. An important first step for developing health promotion programs is the documentation of the prevalence of health risk behaviors among the target population. Yet, there is no data on many minority populations due to the lack of adequate sample sizes in major national health surveys. This paper describes the process through which a large-scale health promotion needs assessment was conducted with Korean immigrant population in Hawaii. *Description:* Funded by the Master Settlement Agreement money, the Korean Health Promotion (KHealth) project aims to establish a minimum infrastructure for health promotion for Korean immigrants in Hawaii. As a first step, the KHealth project mobilized the Korean community and successfully completed a needs assessment to document the prevalence of health risk behaviors among Korean immigrants in Hawaii. *Lessons Learned:* Data from the needs assessment established that Koreans in Hawaii are at a greater risk compared to the national average in areas such as smoking, drinking, and access to health care. *Recommendations:* It is a challenge to address the health needs of a minority population due to limited resources and inadequate infrastructure. An important component of such an infrastructure is acquisition of scientific data. While there are many challenges to acquiring such data, the KHealth project demonstrate that it can be achieved through carefully planned community mobilization.

Learning Objectives:

Upon completion of this presentation, participants will be able to

1. Describe the importance of acquiring health risk behavior data for minority populations,

2. Describe how a large-scale needs assessment can be conducted for a minority population through community mobilization;
3. Identify the prevalence of health risk behaviors among Korean immigrants in Hawaii.

Healthy Hawaii 2010: quantifying progress toward national objectives

Abstract Authors: J. LeClair, M. Hofmann, Hawaii Outcomes Institute, Honolulu, Hawaii

Abstract text: *Issues:* To stay focused on Hawaii's public health challenges and help target priorities for public health policy, the health status of the state should be continuously examined and quantified in a consistent way. Healthy People 2010 (HP2010) national objectives were used to quantify the progress of key health indicators for the state of Hawaii, using updated methods for measuring HP2010 progress released by the Centers for Disease Control and Prevention. *Description:* Using Hawaii Department of Health incidence and prevalence data from the Hawaii Outcomes Institute's Community Health Profiles project, the authors measured progress by comparing community health outcomes to HP2010 objectives, concentrating on target attainment for indicators not meeting objectives. Year 2000 data was used as a baseline, while year 2002 data was used as a more recent data point. *Lessons Learned:* Outcome rates, differences between the baseline and more recent rates, and percent of progress achieved toward HP2010 goals was quantified and presented for 3 key health indicators not currently meeting national objectives. The methods presented enable public health programs in Hawaii and the Pacific region to quantify progress made toward public health objectives. *Recommendations:* Through further enhancement of the methodology and annual collection of public health data, progress measurement will result in an annually updated profile of progress toward HP2010 objectives for the state of Hawaii.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Demonstrate a current methodological framework for quantifying progress made toward documented public health objectives;
2. Compare incidence and prevalence rates among various breakdowns of the data;
3. Interpret Hawaii's progress made toward HP2010 goals for 3 community health indicators

WOMEN'S HEALTH

Thursday, June 16, 10:45 – 12:00 p.m., Rm. 317B

Moderator: Kari Wheeling, Healthy Mothers, Healthy Babies, Honolulu, Hawaii

Can we prevent child deaths? The Hawaii Child Death Review (CDR) system experience - PANEL

Abstract Authors and Panelists: M. Kamau*, T. Covington**, O. Geling***, *Hawaii State Department of Health, Honolulu, Hawaii; **National MCH Center for Child Death Review, Okemos, Michigan; ***University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Most child mortality data derives from death certificates. Death certificates though lack information necessary to assess child death risk factors and preventability. To better understand why children die and to prevent child deaths, many States, including Hawaii, have established CDR systems. *Description:* CDR teams were established originally to identify and to prevent child deaths caused by abuse/neglect. However, many States, including Hawaii, have opted for a broader death review process that addresses all preventable child deaths from a public health perspective. This presentation will describe CDR system nationally and in Hawaii; and

provide findings based on 1997-2000 Hawaii child deaths reviewed by local CDR teams. Child death risk factors will be presented with an emphasis on CDR findings on preventable risk factors/ circumstances (sleep patterns; family history of substance abuse and child abuse/neglect, etc). *Lessons Learned:* CDR teams nationally and in Hawaii have contributed significantly to the knowledge about child deaths and related risk factors/circumstances. CDR data consistently shows that at least half of child deaths are preventable. Additionally, CDR process increases collaboration among agencies, communities, and stakeholders of children's health. Recommendations: Utilize improvements in CDR surveillance process to understand risk factors of child deaths and utilize evidence-based strategies to prevent child deaths.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Describe CDR process in the U.S. and Hawaii;
2. Describe how CDR data can complement data from death/birth certificates;
3. Describe types of CDR data and how it can be used in designing effective child death prevention strategies.

Adequacy of prenatal care: comparison of prenatal care utilization among selected Pacific Island women

Abstract Authors: A. Techur-Pedro*, A. Katz**, J. Grove**, P. Holck**, G. Baruffi**;
*Hawaii Outcomes Institute, Honolulu, Hawaii; **Department of Public Health Science and Epidemiology, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Low birth weight is one of the leading causes of infant mortality. Important factors are maternal characteristics such as biological (age, race, and/or stature), socioeconomic (level of education, income, employment), and environmental factors (family support, married or unmarried, access to medical care). No recent studies have compared risks factors associated with poor birth outcome among the US affiliated Pacific Islands. *Description:* This cross-sectional study compares selected maternal risks factors and prenatal care utilization associated with low birth weight among live born infants of selected Pacific Islanders in Palau and other Pacific Islanders in Hawaii. *Lessons Learned:* Low birth weight rate in Palau is slightly higher than low birth weight rate in Hawaii particularly among Pacific Islanders. No factors including measures of prenatal care services received seemed significantly more associated with low birth weight among the Pacific Islanders in Palau and in Hawaii. *Recommendation:* Current measures of prenatal care services received do not adequately assess impact on birth outcome. Developing measures that integrate qualitative measures of adequacy of prenatal care received is needed.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. compare three maternal characteristics that were associated with poor birth outcome among the Pacific Island women in Palau and in Hawaii.

COMMUNITY HEALTH EDUCATION / HEALTH PROMOTION

Thursday, June 16, 10:45 a.m. – 12:00 p.m., Rm. 319A/B

Moderator: Wendy Nihoa, Comprehensive Cancer Control Program, Hawaii State Department of Health, Honolulu, Hawaii

Primary care development in small Pacific communities

Abstract Author: S. J. Kuartei, Bureau of Public Health, Ministry of Health, Koror Palau

Abstract text: *Issues:* Traditional cultures in the Pacific possess the structural and conceptual platform that primary health care can and should utilize, in order for the

Pacific Island communities to meet the challenge of transitioning health indicators. Western medicine has diluted and destroyed the platform of traditional medicine for which health could be sought in the Pacific. *Description:* Transitioning health indicators in moving cultures and misplaced concept of health with a backdrop of globalization and blurring borders demand “new” approaches in the development of primary health care in the Pacific. The “new” approaches require that health be “communitized” or handed back as a domain owned by the community rather than health systems. *Lessons Learned:* ‘Communitization” is a four pronged process that involves facility development, program design and implementation, service provision and evaluation, and human resource development. These processes demand comprehensive community assessments to provide information to implement new approaches for health reforms.

Recommendations: Primary health care system development in the Pacific must articulate the concept of health, define health, clarifies the vision, formulate the model of care, and evaluate delivery services. Community orientation, focus, and ownership must be the cornerstone of the “communitizing” process. Integrating psychosocial and spiritual health in the development of primary health care provides consistency with the traditional culture platform of the Pacific communities.

Learning Objectives:

Upon the completion of this presentation, participants will be able to:

1. Evaluate tangible strategies on how to approach the development of primary health care;
2. Differentiate that the biomedical model alone is not sufficient in the evolution of primary health care development and especially in traditional cultures.

Changing local public health priorities: The epidemic of diabetes and syndrome X in the CNMI

Abstract Authors: R. Brostrom, CNMI Division of Public Health, Saipan, Commonwealth of the Northern Mariana Islands

Abstract text: *Issues:* The true prevalence of a chronic disease cannot be accurately determined using traditional hospital-records based methods. *Description:* Before 2001, the rate of diabetes among CNMI's local population was estimated at 10%. CNMI Department of Public Health undertook a novel project to measure diabetes, hypertension, and obesity in an entire island village of more than 1200 residents. All residents, from newborn to age 86 participated in the evaluation. *Lessons Learned:* The results of this cross-sectional study were astounding and helped to reshape the Public Health priorities in the CNMI. Only two other populations have demonstrated a higher incidence of Type II Diabetes worldwide. This presentation quickly reviews the data from the study, and then evaluates the local changes that were made to focus Public Health priorities towards increased chronic disease prevention efforts in the CNMI. CNMI Division of Public Health requested and received a substantial increase in local funding for the Diabetes Prevention and Control Program. *Recommendations:* CNMI Public Health has recommended further expansion of outreach efforts for the Diabetes Prevention and Control Program in the CNMI.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify shortcomings with current estimates of chronic disease in the Pacific;
2. Explain the importance of accurate public health data for setting local health priorities;
3. Evaluate the impact of a high rate of diabetes on the fragile health care systems in the Pacific

Diabetes in Native Hawaiians and Pacific people in Hawaii

Authors: J. Furubayashi, M. Look, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii, Honolulu Hawaii

Abstract text: *Issues:* There is significant disparity in the prevalence of diabetes in Native Hawaiians and Pacific People (Pacific Islanders and Filipinos) in comparison with other ethnic groups in Hawaii. *Description:* The Outreach and Information Dissemination core of the Hawaii EXPORT (Excellence in Partnerships for Community Outreach, Research on Health Disparities, and Training) Center reviewed the status of diabetes in Native Hawaiians and Pacific People in Hawaii. Prevalence, risk factor, medical complication, and economic impact data was examined. *Lessons Learned:* Native Hawaiians and Pacific People have significantly higher prevalence rates of type 2 diabetes in comparison with other ethnic groups in Hawaii. Native Hawaiians and Pacific People also have higher prevalence rates for the risk factors and complications associated with diabetes, such as obesity and end stage renal disease, respectively. The high prevalence of diabetes impacts both the social and economic status of these groups.

The reasons for these disparities are complex and not clearly understood. Literature suggests that genetics, acculturation, lifestyle, cultural beliefs, socioeconomic status, and insurance status may be related. *Recommendations:* There is a disparate level of diabetes data specific to Native Hawaiians and Pacific People. To have a better understanding of the scope of the problem of diabetes in Hawaii, future research should collect diabetes data specific to the various age, ethnic, and socioeconomic groups throughout the state.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Summarize the status of diabetes in Native Hawaiian and Pacific People in Hawaii;
2. Identify areas of need for future diabetes research in Hawaii.

CDC FUNDING IN PUBLIC HEALTH PREPAREDNESS AND EMERGENCY RESPONSE IN THE PACIFIC - MINI-WORKSHOP

Thursday, June 16, 10:45 a.m. – 12:00 p.m.

Abstract Author and Presenter: J. L. Gilbert, Office of terrorism Preparedness and Emergency Response, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Abstract text:

Issues: The CDC Cooperative Agreement provides annual federal funding to Hawaii, American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Federated States of Micronesia, the Marshall Islands and the Republic of Palau to develop programs in response to terrorism, public health threats and emergencies.

Description: This presentation will explain the requirements for receiving funds, instructions on preparing a successful application and requesting technical assistance from CDC. *Lessons learned:* Although this funding has been available for several years, there is considerable variance in how the Pacific jurisdictions use it to improve public health infrastructure. There is also a significant difference among the jurisdictions in understanding how to access the technical assistance available from CDC.

Recommendations: The Pacific jurisdictions will submit successful applications for federal funding to build program infrastructure for public health preparedness for terrorism, public health threats and emergencies and will receive appropriate CDC technical assistance.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify the requirements for requesting funding;
2. Describe the components of a successful application for funding;
3. Identify the CDC technical assistance available to prepare a successful application

METHAMPHETAMINE USE AND SEXUAL BEHAVIOR – MINI-WORKSHOP

Thursday, June 16, 10:45 a.m. – 12:00 p.m.

Presenter: M. Santa Maria, STD/AIDS Prevention Branch, Hawaii State Department of Health, Honolulu, Hawaii

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Increase their understanding of methamphetamine use and its effects on sexual behaviors in various communities in Hawaii;
2. Share harm reduction/prevention strategies for methamphetamine using clients to reduce or eliminate the risk of transmission of HIV/HEP/STI's;
3. Create a network of providers and users to be used as a community resource

SOCIAL DETERMINANTS OF HEALTH

Thursday, June 16, 1:00 – 4:00 p.m., Rm. 317A

Moderator: Betty Wood, Preventive Health and Health Services Block Grant Office, Hawaii State Department of Health, Honolulu, Hawaii

Cultural trauma and obesity

Abstract Authors: B. Cook*, K. Withy**; *Ka Maluhia Learning Center, Hilo Hawaii; **Hawaii Area Health Education Center, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* The literature frequently ties concerns of weight to lifestyle choices. Why is there such a consistent rate of obesity noted across the disenfranchised populations of the world? Do features related to social history explain some of these commonalities? *Description:* This workshop will present data outlining shared health challenges confronting disenfranchised populations from the United States and the Pacific. For three years a community consortium has worked to express a theoretical paradigm describing the confrontation between cultural health and physical well-being. This workshop will advocate for research in cultural well-being and health and potential public policy changes and program interventions. The authors will summarize common challenges facing disenfranchised populations and factors impacting lifestyle choices. The current working description of Cultural Trauma Syndrome will be presented. Workshop participants will be asked to contrast their experiences of particular communities of concern with the information presented.

Lessons Learned: Traumatic cultural change appears to lead populations to similar declines in health and well being. The psycho-social link between culture and health is not well-defined or well-established.

Recommendations: Additional research/intervention programs on this topic are needed to improve the operation of current initiatives, and for the design of future efforts.

Learning Objectives:

Upon completion of this workshop presentation, participants will be able to:

1. Distinguish between programs that have a cultural component from programs that use culture to provide a remedial element;
2. Summarize the five characteristics of Cultural Trauma Syndrome;

3. Formulate strategies for using culture as a portion of their public health initiatives

Ethnic by gender differences in cigarette smoking among Asian and Pacific Islanders:

Abstract Author: J.K. Kaholokula*, K.L. Braun*, S. Kanaiaupuni**, A. Grandinetti*, H.K. Chang***; (*Imi Hale Program and University of Hawaii, Honolulu, Hawaii; **PASE, Kamehameha Schools, Honolulu, Hawaii; ***PBRC, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii)

Abstract text: *Issues:* Ethnic-by-gender differences in the initiation and cessation of cigarette smoking have not been well studied among Native Hawaiians, Filipinos, and Japanese. Most cross-ethnic examinations of smoking mistakenly lump all Asian American and Pacific Islander (API) men and women together. Understanding gender-ethnic differences has important implications for the design of tobacco prevention and cessation programs targeting specific APIs. *Description:* This study examined ethnic-by-gender interactions in predicting the likelihood of having initiated and quit cigarette smoking among 1,158 people of Native Hawaiian, Filipino, Japanese, and Caucasian ancestries. Logistic regression analyses were used to adjust for sociodemographic and psychosocial factors and medical conditions that could bias any observed ethnicity-by-gender differences. *Lessons Learned:* Significant ethnic-by-gender differences were found. Caucasian women were more likely to have initiated smoking compared to women of the other three ethnic groups examined, and Native Hawaiian women were more likely to have initiated smoking compared to Japanese and Filipino women. No significant ethnic differences in smoking initiation were observed for men. No significant ethnic-by-gender differences were observed in predicting the likelihood of quitting smoking. *Recommendations:* Our findings suggest tailoring cessation programs with specific attention to cultural factors associated with differences in cigarette smoking initiation for different ethnic-gender groups.

Learning Objective:

Upon completion of this presentation, participants will be able to:

1. Explain the importance of disaggregating API groups when examining health behaviors;
2. Compare ethnic-by-gender differences in the prevalence of cigarette smoking among APIs;
3. Understand the need to improve tobacco use prevention programs for APIs

Race and ethnicity data – developing a common language for public health surveillance in Hawaii

Abstract Authors: C.A. Sorensen, E. Prince, B. Wood, Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: *Issue:* Race and ethnicity information are central to public health surveillance activities and programs. A challenge is that race and ethnicity data are often not standardized in terms of how they are defined or reported. The lack of data conformity results in lost opportunities to provide more complete information for public health planning, program development, and policy. *Description:* To accommodate the integration of Dept. of Health race and ethnicity data from disparate data sets, a sample of data sets were analyzed. Results showed that the Department does not employ a standardized method to define, collect, or report out race and ethnicity data. *Lessons Learned:* A model was designed that allows for program-level data to be collected to continue to support community based planning, yet also provides a process to cluster discrete ethnicity data using a set of standards while ensuring that individual ethnic groups are exclusive to a single aggregated racial group. *Recommendation:* A second

key issue regarding of race and ethnicity data is how the terms are conceptualized. The biological basis of race has no scientific basis as these terms are a product of social and political history. The role of life factors (e.g., nativity, language competency) are being raised as having importance in characterizing the public health of population groups. Health disparities requires that race and ethnicity data continue to be collected, however these data should be regarded are clues to be mined and not ends in themselves.

Learning objectives:

Upon completion of this presentation, participants will be able to:

1. Explain the importance of data standardization;
2. Adapt the model to local needs;
3. Integrate life factors in analyzing the health of discrete ethnic groups

Association of Mental and Physical Health, SF-12© Scores, with Self-Reported Chronic Health Conditions in the Hawaiian population

Abstract Authors: K. K. Baker*, A. Onaka, B. Horiuchi, J. Dannemiller, Office of Health Status Monitoring, Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: *Issues:* The SF-12© (Quality Metric) survey questions asked through the Hawaii Health Survey (HHS) provide measures of mental and physical health. Previous studies with the HHS have shown an association of SF-12© scores with food security and obesity. However, the scores have not been compared to other measures of chronic health conditions such as: prevalence of asthma, arthritis, diabetes, high blood cholesterol, and hypertension. The HHS implemented in 1968 (telephone survey since 1996) by the Hawaii Department of Health, Office of Health Status Monitoring, is modeled after the National Health Interview Survey. The survey gathers information on ethnicity, chronic health conditions, SF-12©, and many other variables on people living in households in Hawaii. With the standardization of variables among years and combination of data from more than one year, larger sample sizes allow more comparisons among variables.

Description: The present report (1998 to 2004 data) describes the variability of mental and physical health scores in relation to selected chronic health conditions for the adult population of Hawaii, specifically Hawaiians. SAS and SUDAAN programs were used for analysis of data. *Lessons learned:* SF-12© summary scores display a complicated pattern when compared to prevalence of chronic health conditions. The pattern can vary by ethnic group and age. *Recommendations:* Examine variables, other than health, in relation to the SF-12© survey information.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Recognize that mental and physical health measures can have a complicated pattern when compared to other health variables;
2. Describe general patterns of mental and physical health scores in relation to other health variables;
3. Recognize the value of using summary scores of mental and physical health

COMMUNITY HEALTH EDUCATION / HEALTH PROMOTION

Thursday, June 16, 1:00 – 4:00 p.m., Rm. 319A/B

Moderator: Kim Birnie, Papa Ola Lokahi, Honolulu, Hawaii

One size does not fit all: best practices in non-communicable disease (NCD) prevention for the Pacific

Abstract Author: N. Aitaoto, Papa Ola Lokahi, Honolulu, Hawaii

Abstract text:

Issues:

1. The 3 leading causes of death in the Pacific are NCDs.
2. Lack of NCD Prevention and Control programs designed specifically for the Pacific.
3. Need to share Best Practices and Lessons Learned

Description: Presenters from the Pacific will speak to their agency's NCD Prevention and Control programs and how they modified the best practice models from other communities to fit their own community. Presenters will also share successes and lessons learned.

Lessons Learned:

1. Cultural Awareness
 - Programs should be culturally relevant
 - Programs should be flexible to accommodate difference in the stages of community readiness.
 - Face-to-Face meetings are important to building relationships
2. Working in Pacific Communities
 - Listen to the community – they know their problems and they know the solutions
 - The community should be involved from the early planning stages to ensure commitment and “buy-in”.
 - Obtain permission from leaders at the various levels in the community and villages.
 - Partner with pre-existing community groups and networks.
3. Long term success
 - Preparation phase is critical
 - Provide continual technical assistance and resources
 - Incorporate local concept and language.
 - Identify local community champions.

Recommendations: Seek ways to share and support best practices in NCD prevention and control in the Pacific.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify three ways to modify best practices from other communities.
2. Identify the process used for working with Pacific Island communities.
3. Apply the knowledge shared to address NCD concerns in their communities.

Hear our words: indigenous voices in research and publishing

Abstract Authors: J.U. Tsark*, S. Kana'iaupuni**; *Papa Ola Lokahi, Honolulu, Hawaii; **Kamehameha Schools – PASE, Honolulu, Hawaii

Abstract text:

Issue: Questions to Consider:

1. Why should we care about the historical paucity of indigenous publications?

2. What venues exist for indigenous research and researchers in academic and scientific publications? - How can we create space and forum for articulation and advancement of indigenous theories, methodologies, and perspectives?
3. What support do indigenous researchers receive for development of publishable research theories and ideas? - What are effective ways to support the development, submission and dissemination of literature on indigenous research?

Description: Presenters will speak to their agency's efforts to support the publication and dissemination of indigenous research which will address training, mentorship, blending publishing and community goals, finding appropriate publishing venues and dissemination.

Lessons Learned:

1. Capacity Building:
 - Provide training in writing scientific papers
 - Provide support and mentorship for new authors
2. Involve Communities
 - Consider the benefits and harms of published information
 - Obtain permission from the leaders/gatekeepers
3. Find appropriate forums for publishing
 - Where will the information be most accessible for the appropriate audience?
 - Incorporate local concepts and language
 - Create your own publishing opportunities

Recommendations: Seek ways to support the publication of indigenous research by indigenous researchers. Support publishing processes that nurture new authors. Advance strategies to increase the diversity of voices in academic and scientific publications.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify four different ways to support publications by indigenous researchers;
2. Identify the process used for publishing a journal of indigenous research;
3. Identify other methods to increase the visibility and volume of the indigenous voices

Promoting health outreach in the Pacific region – PANEL

Abstract Authors and Panelists: S. Baxendale, S. Evensen, H. Heine, F. Liu, Pacific Resources for Education and Learning, Honolulu Hawaii

Abstract text: *Issues:* This presentation focuses on 3 complementary approaches to improving health literacy outreach in the Pacific region that involves training, capacity building, resource development, and dissemination. *Description:* The World Health Organization: Distance Learning Project developed user-friendly hybrid online/CD-based courses about the prevention and treatment of Diabetes, HIV/AIDS, TB, and Mosquito Borne Diseases for healthcare professionals. This session will explore challenges in delivering those courses in small island communities with a wide variety of telecommunication infrastructures. The National Library of Medicine: Republic of the Marshall Islands Healthy Information Outreach Project involves the creation of a Consortium of community agencies and other key leaders to address the health needs of communities. *Lessons Learned:* A survey determined priority issues in lifestyle, personal hygiene and family management. The Consortium will develop or adapt health education materials to address priority issues and will explore effective delivery mechanisms to accommodate the oral tradition of the culture. *Recommendations:* The National Library of Medicine: HIV/AIDS Prevention in the Pacific Project's goal is to improve education and access to quality HIV/ AIDS-related health information in the remote and underserved multicultural communities in the Pacific. The project targets

librarians, educators, and community health workers on skill building in search for online HIV/AIDS prevention information. A variety of culturally appropriate materials will be produced and distributed via community-based partners.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify various strategies to increase health literacy and health outreach;
2. Identify challenges in planning for and providing health information;
3. Increase cultural awareness about providing services in the Pacific Region

Community health education using video teleconferencing

Abstract Authors: N. Moore*, K. Withy, Hawaii Area Health Education Center, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii (*Located at Hilo, Hawaii)

Abstract text: *Issues:* Individuals in rural areas have poor health indicators, lower health literacy, and less access to health information than their urban counterparts. Using existing distance learning modalities, it is possible to provide health education to rural areas across the region. *Description:* Ke Anuenue AHEC and Hawai'i/Pacific Basin AHEC have collaborated with communities across Hawaii, the Republic of the Marshall Islands and the Commonwealth of the Northern Mariana Islands to deliver health education on a weekly basis using video teleconferencing over different networks. The program is named E Ninau Aku I Ke Kauka and a sampling of topics covered includes: How to Read Food Labels; Organ Donation; Teen Pregnancy; Cervical Cancer; Highway Safety; Diabetic Foot Care; Nutrition to Prevent Diabetes Damage; Chronic Renal Failure; Diabetic Medication Information; Melanoma; Alzheimer's; The different distance learning modalities will be discussed, as will the format for deciding topics. *Lessons Learned:* Initially it was difficult to interest community members in using the technology provided, however local champions and an incentive program increased participation. Currently 5 rural sites regularly participate in the sessions, but more are expected to join in the future. Participants report significant behavior change as a result of the sessions and have become actively involved in the topics covered. *Recommendations:* The authors promote distance learning for health education and hope to include additional sites in the ongoing E Ninau Aku I Ke Kauka program.

Learning Objectives:

By the end of the session, participants will be able to:

1. Be aware of new resources for community health education.
2. Learn how to use existing distance learning modalities for participation in E Ninau sessions.
3. Learn how to develop local community health education programs.

Developing educational materials for native peoples – PANEL

Abstract Authors and Panelists: L. Santos, N. Aitaoto, R. Kuhaulua, M. Kulukulualani, J. Lee, Papa Ola Lokai, Honolulu, Hawaii

Abstract text: *Issues:*

1. Low cancer screening rates and high cancer incidence and mortality rates.
 2. Lack of culturally relevant cancer education materials.
 3. Need to increase cancer screening KAP to effectuate cancer screening behaviors.
 4. Development of inappropriate materials outside the communities without input from communities or knowledge of the indigenous beliefs, customs and practices.
- Description:* Panelists will speak to their projects on developing culturally relevant cancer education materials for Native Hawaiians and Pacific Islanders, which will include shared

community experiences, differing application models, learner verification and complementary research designs and methods.

Lessons Learned:

1. Cultural Awareness
 - Materials should be culturally relevant
 - Training should be flexible
 - Face-to-face meetings are important
2. Working in Pacific Communities
 - Listen to the community
 - Involve the community
 - Obtain permission from the leaders/gatekeepers
 - Partner with existing community groups and networks
3. Training and Technical Assistance
 - Planning and preparation is critical
 - Incorporate local concepts and language
 - Go directly to the community
4. Building Capacity in the Pacific
 - Invest in the community for long term sustainability
 - Use the experiential learning approach of the host culture

Recommendations: Establish a recognized and accepted process for the development of culturally appropriate and relevant materials that provides equitable benefit sharing and empowerment.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify the four key steps to developing culturally relevant education materials.
2. Define CBPR principles applicable to the development of health education materials.
3. Apply the knowledge shared to address communities' health issues and concerns.

Cancer & survivorship – needs of California's Pacific Islander community

Abstract Author: J. Young, A. Wong, Asian & Pacific Islander American Health Forum, San Francisco, California

Abstract text: *Issues:* Cancer is the leading cause of death among Pacific Islanders, and there is limited understanding of the needs of Pacific Islander cancer patients and survivors. The lack of information makes it difficult for organizations to provide appropriate cancer support services. In response, the focus groups were conducted to better understand the barriers, availability, and access to culturally and linguistically appropriate cancer survivorship/support programs. The recommendations and information gathered will assist in the development of future programs designed for Pacific Islanders living with cancer. *Description:* Through the Pacific Islanders Cancer Educational Forum project, funded by the Lance Armstrong Foundation, focus groups were conducted in California. The Asian and Pacific Islander American Health Forum partnered with Pacific Islander community based organizations throughout the project. Focus group participants were asked questions about the support services available, challenges and barriers to care, and their recommendation to improving cancer care.

Lessons Learned: The Focus Group findings will reveal the critical issues around cancer specific to Pacific Islanders and provide a better understanding of how to work with Pacific Islander Communities around cancer survivorship. *Recommendations:* The results and findings will be shared with the community to assist in improving cancer programs for Pacific Islanders. During the second year of the project, educational forums will be held to provide information to Pacific Islander communities.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Identify pressing cancer and survivorship issues for Pacific Islander Communities;
2. Describe the recommendations to improve and increase access to cancer services;
3. Identify challenges, barriers, and gaps within the Pacific Islander communities and the issue of cancer and survivorship

THE COMPACT OF FREE ASSOCIATION IMPACT ON THE HEALTH OF THE FREELY ASSOCIATED STATES, HAWAII AND GUAM – INVITED PANEL

Thursday, June 16, 1:00 – 4:00 p.m., Rm. 318A/B

Moderator: Neal Palafox, Department of Family Medicine and Community Health, John Burns School of Medicine, University of Hawaii, Honolulu Hawaii

Panelists:

W. Bodde Jr., Former U.S. Ambassador to the Republic of the Marshall Islands

B. Giestings, Executive Director, Hawaii Primary Health Care Association, Honolulu, Hawaii

R. Wada, Director Compact Implementation Office, Department of Interior, Honolulu, Hawaii

G. Dever, Director of Clinical Services, Ministry of Health, Republic of Belau

N. Nena, Secretary of Health, Federated States of Micronesia

N. Palafox, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Abstract Author: N. Palafox, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* COFA is a major determinant on the level of health care services that will be available in the FAS. Understanding the level of health funding through the Compact will create a framework for local health policy, jurisdiction and regional health planning. Understanding the implications of the COFA from a standpoint of disparity and equity, is central to achieving social justice.. *Description:* The panelists are experts in Pacific Health Policy, COFA, and health services of the US Pacific. Former US Ambassador Bodde speaks to the history, intent and politics of COFA and its unintended consequences. Roylinne Wada describes the funding sources and issues of accountability, Beth Giestuing describes the CINOACT Impact on Hawaii, Nena Nena speaks to the difficulties and barriers with COMPACT implementation in the FSM, Gregory Dever talks about the Belau health system and learning from the present Compact in the FSM and RMI, and Neal Palafox speaks to regional and global implications for health planning, development and disparities. *Lessons learned:* COFA is a political settlement and is not meant to systematically address health care needs in the COFA states. It does not intend to bring a US level of Health Care to the Pacific or resolve health disparities in the region. The design of the COFA, and lack of understanding of its intent has lead to unintended consequences including f high expectations of US levels of health care, dependency, and lack of administrative infrastructure to deal with the Compact implementation. There will be a direct impact on Hawaii, Guam, and the CNMI as shortfalls of healthcare services in the FSM and RMI has resulted in citizens of these jurisdictions seeking more healthcare services elsewhere. The entire US Pacific region, and the continental US are vulnerable to adverse social and economic effects from relatively low levels of health sector funding in the COFA. *Recommendations:* The people of the RMI and FSM should align their health system operations and expectations to sustainable funding level. The Republic of Belau whose negotiations are upcoming, will learn from the Compact experiences in the FAS. There is much regional and jurisdiction health planning and health policy development

that must take place to address attainable levels of health funding.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Describe the impact of the Compact of Free Association on the Freely Associated States, Hawaii, Guam and CNMI
2. Discuss the successes and failures in health and education during Compact 1
3. State at least one implication of the funding levels policies on health and education from Compact 2
4. Plan forward in health and education within the context of Compact 2

U.S. military decolonization and its health impacts: Micronesian migrants in Hawaii

Abstract Author: A. Pobutsky, Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: The rapid health transition associated with prior U.S. military activities, monetary aid and 'development' in the Federated States of Micronesia has led to an explosion of chronic diseases such as obesity, diabetes, heart disease, and radiation induced and lifestyle associated cancers, along with infectious diseases such as tuberculosis, STD's and Hansen's. This rapid (and incomplete) health transition in Micronesia has resulted in demographic changes including high fertility and out-migration, nutritional changes whereby obesity and malnourishment co-exist, and epidemiological changes whereby both chronic and infectious diseases are present. The lack of resources and insufficient health infrastructure resulting from deliberate U.S. 'decolonization' is evidenced by the Compacts of Free Association which are fueling these trends, including out-migration and off-island medical referrals. From an epidemiological perspective, Micronesia is not only a springboard for communicable disease spread to Hawaii from Asia, it is also one recent example of the effects of military colonialism and Americanization on both lifestyles and quality of life. The impact of this migration includes health costs to the State of Hawaii and challenges for the Department of Health (DOH) to garner resources and culturally appropriate means to alleviate the burden of disease among Micronesians. The DOH is using internal cooperation among diverse programs and establishing community based partnerships to assess the health needs and resources of Micronesian migrants. U.S. policy and monetary efforts are needed to alleviate some of the health infrastructural problems in Micronesia, and/or provided additional reimbursement to the State of Hawaii which is acting as one 'health catchment area' for Micronesians.

Learning Objectives:

1. Understand the epidemiology of health problems in Micronesia and among migrants in Hawaii;
2. Describe how the Hawaii Department of Health is using internal cooperation among diverse programs and is establishing community-based partnerships to assess the health needs and resources of Micronesian migrants to mitigate the problems

MEDICARE MODERNIZATION ACT OF 2003

What you need to know about the new prescription drug benefit

Thursday, June 16, 1:00 – 2:00 p.m./, Rm. 321A

Invited Presenter: Mary Rydell, Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, Honolulu, Hawaii

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Have a clear understanding if the important decisions awaiting every Medicare beneficiary;

2. Know the key dates for automatic enrollment for those persons eligible for Medicare and Medicaid, facilitated enrollment, and cut-off for open enrollment;
3. Understand where to go for publications and additional information

COLLABORATIONS / PARTNERSHIPS IN RESEARCH & HEALTH

Thursday, June 16, 1:00 – 3:00 p.m., Rm. 321B

Moderator: Paula Higuchi, National Cancer Institute's Cancer Information Service – Pacific Region, Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

The Ulu Network: Developing and academic-community collaboration for addressing diabetes

Abstract Authors: M. Look, J. Ng-Osorio, K. Nee, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii, Honolulu Hawaii

Abstract text: *Issues:* There is significant disparity in the prevalence of diabetes mellitus in Native Hawaiians and Pacific Peoples in comparison with other ethnic groups in Hawaii. *Description:* The Ulu Network was established three years ago as a community coalition of over 20 health care organizations across Hawaii. The coalition includes: the University of Hawaii, John A. Burns School of Medicine, all federally funded community health centers, and the Native Hawaiian Healthcare Systems. The Ulu Network is part of a research, training, and education initiative to address diabetes in Native Hawaiians and Pacific Peoples funded through the National Institutes of Health (NIH), National Center of Minority Health and Health Disparities. The NIH funding established a Hawaii EXPORT Center with six core areas. The Outreach and Information Dissemination core area spearheaded the development of the Ulu Network. This coalition was built in three key phases: 1) relationship building through “talk story” and site visits, 2) identification, planning and prioritization of activities, 3) implementation of activities. Two key activities were identified as an initial focus: community health worker training about diabetes and funding of evidence-based diabetes information dissemination projects. *Lessons Learned:* Coalition building with Pacific communities require significant front-end commitment, flexibility, and most importantly trust. *Recommendations:* By 2007, community health worker diabetes training will be customized for Native Hawaiians and Pacific People and be available statewide. In addition, twelve evidence-based information dissemination projects will be established. *Learning Objectives:*

Upon completion of this presentation, participants will be able to:

1. Identify the key phases and activities required to successfully establish a collaborative partnership for Native Hawaiians and Pacific People

Tuberculosis in the CNMI: Public and private partnerships protecting public health

Abstract Authors: R. Brostrom, S. Schorr, P. Untalan, J. Hofschneider, CNMI Division of Public Health, Saipan, Commonwealth of the Northern Mariana Islands

Abstract text: More than 500 cases of TB have been diagnosed since an Alien Worker Health Program was initiated in 1997. The novel program represents a unique partnership between the public healthcare system and the private clinics in the CNMI. This presentation reviews the overall TB program, including an evaluation of the source of TB infections in the CNMI, including the four major categories of populations in the CNMI: TB from CNMI Chamorros and Carolinians, TB from Filipino contract workers in the CNMI, TB from Chinese contract workers in the CNMI, and TB from Other Pacific Islanders in the CNMI. The slide presentation reviews population sources, evaluates case-finding methodology, and reviews the treatment success rates of the CNMI's

unique Alien Worker Health Program. Future recommendations include a study of cost-effectiveness for this program, which costs CNMI employers more than \$1 million annually.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify opportunities for Public Health and private medical systems to work together to solve an important local healthcare issue.
2. Evaluate the unique burden of tuberculosis in the CNMI.
2. Explain the importance of a 100% DOT Program in successfully treating TB in the Pacific.

Collaborative partnerships for health improvement – the Turning Point Initiative

Abstract Authors: B Berkowitz, B Nicola, University of Washington School of Public Health and Community Medicine; Seattle, Washington

Abstract text: *Issues:* The use of collaborative partnerships as demonstrated in the Turning Point Initiative improves the public health infrastructure leading to better population health. *Description:* 21 states and 43 communities have created collaborative partnerships and public health improvement plans to improve population health status as part of the Turning Point Initiative. The Robert Wood Johnson Foundation then funded states to implement one public health improvement goal. States have worked jointly as part of five National Excellence Collaboratives and have produced policy recommendations and practice improvement tools in: Public Health Statute Modernization; Performance Management; Leadership Development; Information Technology; and Social Marketing. *Lessons learned:* Ten states developed goals in their public health improvement plans focused on increasing local public health capacity; three states focused on data system improvement; five states on education, training, and technical assistance; two states on elimination of health disparities. Five National Excellence Collaboratives produced literature searches, practice tools, background papers, policy recommendations, and training curricula for improved public health practice. *Recommendations:* Major systems change in states and communities can be facilitated with collaborative multi-sector planning for improved health.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Illustrate the use of cross sector partnerships to bring about effective public health systems change;
2. Describe specific products of the Turning Point National Excellence Collaboratives and uses in addressing public health issues;
3. Describe specific case examples used by Turning Point states in implementing partnerships for public health systems change

Using a participatory research approach for coalition building in a Pacific Island community

Abstract Authors: R. Workman, M. Liberatore, C. Balajadia**, P. Barcinas, K. Cruz, A. David*, M. Ehlert, L. Martinez, J. Quinata, E. Santos***; University of Guam, Mangilao Guam; *Department of Mental Health & Substance Abuse, Hatgana, Guam; American Cancer Society, Guam Unit, Hatgana Guam; ***Guam Department of Public Health and Social Services, Mangilao, Guam

Abstract text: *Issue:* The movement to establish smoke-free policy on Guam began in the early 1990s with the Guam Advocates for Smoking Prevention (GASP). GASP evolved into the Coalition for a Tobacco-free Guam during the 1990s, but struggled to become a comprehensive tobacco-control organization. *Description:* To address this

gap, the University of Guam created a Tobacco-control Research Advisory Group (TAG) as part of its Cancer Research Center. TAG is comprised of public and private sector organizations integral to tobacco-control. TAG's research promotes systematic methods toward local evidence in analyzing tobacco control. After a preparatory work year, TAG sponsored a community forum. Existing data on the prevalence of tobacco use and the effectiveness of current tobacco control interventions was shared with community stakeholders. Tobacco control research priorities were developed to guide policy and program development for reducing tobacco use on Guam. *Lessons Learned:* TAG's work grounded community efforts to create tobacco-free environments, including a resolution to become a smoke-free campus at the University of Guam, and a legislative resolution to ban smoking in all restaurants on Guam. TAG's coordinated effort made Guam's evidence base on tobacco-related issues more salient through a participatory process. *Recommendations:* A clearer foundation for tobacco-control research and policy priorities and needs supports future directions in tobacco control in this Pacific Island Community. TAG can serve as a model for other Pacific Island communities. *Learning Objectives:*

Upon completion of this presentation, participants will be able to:

1. Identify important performance indicators;
2. List potential tobacco-control research;
3. Integrate collaborative research relationships into tobacco control efforts

CHLAMYDIA PARTNER MANAGEMENT FOR THE BUSY CLINICIAN – WORKSHOP

Thursday, June 16, 1:00 – 4:00 p.m., Rm. 325B

Presenter: Denise Tafoya, California STD/AIDS Prevention Center, Long Beach, California

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Discuss key motivators to facilitate a discussion of sex partners;
2. Describe the “coaching” process for client referral of sex partners;
3. Describe at least two strategies to assist patients to refer partners for examination and treatment of Chlamydia

PLENARY SESSION ON FRIDAY, JUNE 17, 8:30 – 9:15 a.m.

**Guest Speaker: The Honorable Mufi Hannemann
Mayor of the City and County of Honolulu**

GLOBALIZATION AND HEALTH

Friday, June 17, 9:30 – 10:30 a.m., Rm. 317A

Moderator: Hali Robinett, National Cancer Institute's Cancer Information Service, Pacific Region, Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

Globalization, inequality and health

Abstract Authors: D. Neubauer, L.A. Mullroney, Globalization Research Network, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Most researchers agree that the generalized phenomenon known as “globalization”—the restructuring of the global economy and the full range of produced affects that result—reflects a process that took off in earnest in the 1960's and in the subsequent forty or so years has extended in one way or

another throughout the world. The impacts of globalization on health have been well studied. It is now commonplace, for example, (if alarming!) to both reflect on and organize in anticipation of pandemics that may spread with incredible rapidity through the circuits of global exchange with potentially devastating effects.

Equally, the negative health impacts of the increasingly divided world of global haves and have nots is the substance of accepted research to the point that the fact itself has become a datum in the policy development agenda. *Description:*

This paper is an effort to now “take stock” of the generalized notion of globalization and health, to assess where we are in this relationship, and based on what we know of the current dynamics of globalization to suggest where we need to go. This assessment will lead to a set of proposals about what needs to be further researched and what issues need to find their way onto policy agendas, judged in terms of some probable consequences of their not so finding their way. In short, this paper seeks to outline what the next round of globalization will look like and suggest some of the consequences for global public health. *Lessons Learned:* Having accomplished this much, the paper will then turn directly to implications for the Pacific region as a site of globalization.

Recommendations: The paper is macro and speculative, albeit organized around well-established data and contemporary theory. Its purpose is to assist in providing an appreciation of globalizations dynamics, their impacts and possible future dimensions.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Identify three impacts of globalization that are strongly associated with economic injustice;
2. Describe two mechanisms by which economic injustice determines health status;
3. Identify some of the major pandemics that could potentially spread with incredible rapidity through the circuits of global exchange with potentially devastating effects

Potential population health impacts from the Pacific Island countries trade agreement

Abstract Author: H. Stanton, Secretariat for the Pacific Community, Noumea, New Caledonia

Abstract text: In April 2005 Pacific Island Trade Ministers are required to make a decision on whether to include or exclude tobacco and alcohol from the Pacific Island Countries Trade Agreement. Over the last decade public health advocates have become increasingly concerned that free trade agreements provide greater access to goods that are inherently harmful to the objectives of public health. The Secretariat of the Pacific Community worked in collaboration with the several leading agencies to produce a report for the Pacific Islands Forum Secretariat and Ministers of Trade and Health. The report reviewed the current status of tobacco and alcohol use in the Pacific islands and makes recommendations concerning the position that governments need to take if they are to protect the public health interests of populations, communities and individuals.

The presentation will recommend greater awareness of the multisectoral impact of

decisions on trade in products that give rise to differing but serious health risks and the continued exclusion of alcohol and tobacco from the PICTA agreement. In addition, where trade is liberalized, then countries must retain an ability to keep product prices high through appropriately high levels of consumer price indexed tax measures.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Explain the nature of the Pacific Island Countries Trade Agreement;
2. Evaluate the current levels of tobacco and alcohol use in the Pacific and distinguish the reasons, including public health, for separating tobacco and alcohol from other products within free trade or liberalized trade agreements; and
3. Assess the importance of these decisions within the Pacific Island context

MEDICARE MODERNIZATION ACT OF 2003 – Repeat Presentation

What you need to know about the new prescription drug benefit

Friday, June 17, 1:00 – 2:00 p.m./, Rm. 321A

Invited Presenter: Mary Rydell, Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, Honolulu, Hawaii

Learning Objectives:

Upon completion of this presentation, participants will be able to:

4. Have a clear understanding if the important decisions awaiting every Medicare beneficiary;
5. Know the key dates for automatic enrollment for those persons eligible for Medicare and Medicaid, facilitated enrollment, and cut-off for open enrollment;
6. Understand where to go for publications and additional information

COMMUNITY HEALTH EDUCATION / HEALTH PROMOTION

Friday, June 17, 9:30 – 11:30 a.m., Rm. 318A

Moderator: Nina Agbayani, Association of Asian Pacific Community Health Organizations, Oakland, California

Ancient therapies for modern ailments – Kiribati Island Republic (Republic of Kiribati) pre-experimental pre and post study on impact of juice-fast therapy – noni & coconut juice on chronic disease

Abstract Author: R. Kirimaua, Pasifika Health Reform Ministry, Honolulu, Hawaii

Abstract text: *Issues:* Assess impact of Juice-Fast therapy on Risk Factors of Chronic Diseases (cancer, heart disease, diabetes & obesity). *Description:* About a hundred locals with at least one chronic disease mentioned above, participated in the pre screening [blood pressure, fasting glucose, cholesterol (HDL), BMI, and hip/waist ratio]. Sixty-two out of initial pre screening participants participated in the program including post screening. Program: a minimum of 7 days (boiled water with fresh, ripe noni juice & young coconut) an hour of daily physical exercise (walking & low impact exercise), and attendance to all health lectures. *Lessons Learned:* Juice-fast therapy using noni & young coconut significantly reduced participants' weight, diastolic, blood sugar, and BMI. All participants felt much better about their health. Participants had better understanding of importance of using natural remedies (usage of noni & coconut and as well as eating & drinking local healthful foods & drinks). *Recommendations:* Next phase: do a follow-up and train community health workers on how to run the program in strategic locations throughout the Republic.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Utilize this study as a stepping stone into more innovative and creative strategies on how to reduce the prevalence of chronic diseases in the Pacific using locally grown and/or available plants, etc.
2. Adopt the idea and modify it in their island communities and help locals understand that western medications are not the last and only resource in dealing with chronic diseases.
3. Help indigenous people understand that the way their ancestors lived, including their dietary habits, are antidotes to chronic diseases, which are taking a drastic toll in the Pacific island communities.

Alcohol epidemiology in Hawaii: Effects throughout the life span – PANEL

Abstract Authors and Panelists: D. Goebert, J. Onoye, S. Baker, S. Nishimura
Department of Psychiatry, John A. Burns School of Medicine, University of Hawaii,
Honolulu, Hawaii

Abstract text: *Issues:* Most studies including ethnicity have aggregated Native Hawaiians and other representative ethnic groups of the Pacific region into the Asian/Pacific Islander category. However, recent studies indicate that alcohol use may vary as a function of ethnicity. *Description:* This symposium presents the epidemiology of alcohol use in adolescence, pregnancy, and adulthood in Hawaii through research findings on (a) alcohol use, violence, and ethnocultural identity among adolescents, (b) alcohol use and stress among pregnant women, (c) alcohol treatment utilization and preferences and (d) alcohol and drug use diagnoses. *Lessons Learned:* Preliminary analyses indicate that Pacific Islanders are more likely than Asian youths to endorse alcohol use, with drinking behavior related to violence indicators. While no ethnic differences in alcohol use were found, Pacific Islander women show higher rates of stress and anxiety during the 1st trimester compared to Asian women and Caucasian women, with alcohol use correlated with mental health. Several trends in treatment use and preference by ethnicity were identified such as the use of family treatment, complementary medicine, prayer and marital counseling. Caucasians are more likely to meet criteria for alcohol dependence than Native Hawaiians or Asian Americans. *Recommendations:* These findings have implications for improving alcohol prevention and interventions and for future research in risk and protective factors among Asian American and Pacific Islander subgroups.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Compare prevalence rates for alcohol abuse in adolescence, during pregnancy, and in adulthood for Native Hawaiians to Asians and Caucasians in Hawaii;
2. Describe the relationship between ethnicity and alcohol use throughout lifespan;
3. Provide examples of implications for prevention and treatment services

Development of a food system program to improve healthy food options in Hawaii

Abstract Authors: E. Daniggelis*, V. Ramirez*, N. Davison*, J. Gittelsohn**, R. Novotny*; *University of Hawaii, Honolulu, Hawaii; Johns Hopkins School of Public Health, Baltimore, Maryland

Abstract text: *Issues:* Obesity, diabetes and related chronic diseases are diet-related health problems with high rates in Native Hawaiians and Pacific Islanders. The Healthy Foods Hawaii project addresses key components of the food system (producers, distributors, retailers, consumers) to increase availability and affordability of healthy food options to local communities, and to promote them to consumers. Formative research, conducted in two rural low income communities in Hawai'i, included in-depth interviews with storeowners, distributors, food producers, community leaders and members; and a

food source survey. *Description:* Participatory community workshops were held to share the formative research findings and to design intervention materials and activities. Participants identified potential target foods and prioritized foods they considered most unhealthy for adults and children. A list of healthier alternatives was generated, identifying specific healthy food behavior changes, and developing messages to promote these modifications. Various channels of media dissemination were discussed. The Healthy Foods Hawaii intervention, beginning summer 2005, will be carried out on the islands of Oahu and Hawaii. It will have six phases, each promoting specific foods and behaviors, with key messages, and using a variety of materials/approaches: cooking demonstrations, taste tests, recipes, posters, fliers and shelf labels. Networking and collaboration among local stores, producers and distributors will be facilitated.

Learning Objectives:

Upon completion of the presentation, participants will be able to:

1. Identify approaches used to design a culturally appropriate intervention incorporating multiple components of the food system;
2. Explain how the project addresses sustainability;
3. List three food-related behaviors and messages promoting healthy changes.

Incorporating adult learning theory into a cancer education curriculum for Guam

Abstract Author: J. Rarick, National Cancer Institute's Cancer Information Service, Pacific Region, Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* The application of evidence-based strategies to reduce the burden of cancer in Pacific islands is hampered by several factors, including a lack of health resources, barriers to access of health services, and health beliefs/practices that prevent or delay utilization of recommended cancer screening/detection modalities. Didactic lecture formats for cancer education do not make allowance for the incorporation of local knowledge and experience that is critical for problem solving on the key issues for reducing cancer risk and increasing survivorship. *Description:* An advisory Group on Guam has worked in collaboration with the Cancer Information Service Pacific Region to adapt an adult education curriculum called cancer 101 for use on Guam. The Advisory group has developed a pilot Training of Trainers that uses the principles of adult learning theory to create a more culturally appropriate problem solving educational model that incorporates community knowledge into specific action plans for cancer control.

Lessons Learned: This model is better able to nurture new behavioral skills by allowing for two way transfer of information, and allows for cultural and socio-ecological exchange within the educational context. It has shown potential for engaging communities in developing solutions to specific cancer problems and allows for a two way flow of information between health educators and community members

Recommendations: This educational model may be used for general cancer education and to engage communities in cancer control planning activities

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify the 3 guiding principles of cancer education in a community setting;
2. Name the 4 major components of the adult learning cycle;
3. Describe 2 ways that adults may learn differently, and suggest appropriate examples of training approaches for each case

**EFFORTS TO IMPROVE COORDINATION AT THE REGIONAL, COUNTRY
AND GRANTOR LEVELS - INVITED PANEL**

Friday, June 17, 10:30 – 11:30 a.m., Rm 316A/B/C

Moderator: Kristen McCall, Office of Global Health, U. S. Centers for Disease Control and Prevention, Atlanta, Georgia

Panelists:

C. Naval, Guam Department of Public Health and Social Services, Mangilao, Guam

S. Ostroff, U.S. Department of Health and Human Services, Honolulu, Hawaii

Lourdes Pangelinan, Secretariat of the Pacific Community, Noumea, New Caledonia

J. Walmsley, Office of Public Health and Science, U.S. Department of Health and Human Services, San Francisco, California

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Enumerate several examples of difficulties resulting from the multiplicity of grantors and assistance sources operating in the Pacific;
2. Generate several potential options to address these difficulties;
3. List the options agreed upon in the session as most important to pursue

POSTER PRESENTATIONS

The ocean medicine foundation – bringing the promise of medical informatics to the islands

Abstract Author: A. Newman, Ocean Medicine Foundation, Palo Alto, California

Abstract text: *Issues:* The Ocean Medicine Foundation is a nonprofit organization dedicated to improving health outcomes for unserved and underserved individuals on islands throughout the world. Residents of islands around the world have lower standards of living, shorter life expectancies and more chronic illness than their counterparts in developed nations. They are also more subject to environmental disasters and epidemics, poor levels of nutrition, and minimal medical care. Healthcare providers on islands lack current medical information and supplies, and frequently need training on newer methods of diagnosis and therapy. *Description:* The Ocean Medicine Foundation uses the tools of medical informatics to directly impact the practices of medical care and public health by island health care providers. Support by the foundation includes access to electronic libraries and internet search engines to help doctors/providers stay abreast of current treatment plans and guidelines for therapy in areas where current libraries or books do not exist. Training on program use and an epidemic database which enables health providers to share early information about disease outbreaks is also included. The foundation works in public health and ocean science to improve understanding of the leading causes of morbidity, mortality and most common medical problems for men, women and children on each island and to provide links to available sources of world data online *Lessons learned:* There is very high physician acceptance about bringing computerized information to the point of care.

Learning Objectives

Upon completion of this presentation, participants will be able to:

1. Access the services offered by the foundation;
2. Will have seen examples of data available from each of the library sources;
3. Will have an action plan to reach partner medical schools and health departments or ministries of science to solve more difficult problems

Lifestyle and health characteristics of Samoan women in Hawaii

Abstract Authors: V. Vijayadeva, R. Novotny, YG. Daida, J. Grove, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Women who enter prenatal care late (after the first 12 weeks of pregnancy) or not at all are at greater risk of developing undetected complications of pregnancy. *Description:* Using data from Hawaii's Pregnancy Risk Assessment Monitoring System 2000 to 2002 birth cohort, this study examined whether lack of insurance prior to pregnancy was a significant barrier to women accessing first trimester prenatal care. A linear regression model adjusting for pregnancy intendedness, maternal age, race, education, marital status, poverty and place of residence estimated the independent impact of lack of insurance on delay of entry into prenatal care.

Lessons learned: Uninsured women started prenatal care an average of 19 days later than women with insurance ($p < 0.001$). Women with less than a high school education started care nearly 14 days later than women with more than 12 years of schooling ($p < 0.001$). Women living in Honolulu County tended to start prenatal care earlier than their counterparts in Hawaii, Kauai, and Maui Counties (11, 19, & 22 days respectively) ($p < 0.001$). *Recommendations:* Efforts should be made to educate women about QUEST eligibility. Access to insurance coverage was not the only barrier to early entrance into prenatal care therefore public health should address the other barriers to care too.

Recommendations: Further analysis will examine relationships between lifestyle pattern and reference values of health to develop recommendations focused on Samoan women.

Learning objective:

1. Upon completion of this presentation, participants will be able to identify and assess the lifestyle and health characteristics of Samoan women in Hawaii

Impact of lack of Insurance on early entry into prenatal care in Hawaii

Abstract Authors: N Quadri*, C Prince*, L Song*, R Schwalberg**, L Fuddy*; Family Health Services Division, Hawaii State Department of Health, Honolulu, Hawaii; **Health Systems Research, Inc., Portland, Maine.

Abstract text: *Issues:* Women who enter prenatal care late (after the first 12 weeks of pregnancy) or not at all are at greater risk of developing undetected complications of pregnancy. *Description:* Using data from Hawaii's Pregnancy Risk Assessment Monitoring System 2000 to 2002 birth cohort, this study examined whether lack of insurance prior to pregnancy was a significant barrier to women accessing first trimester prenatal care. A linear regression model adjusting for pregnancy intendedness, maternal age, race, education, marital status, poverty and place of residence estimated the independent impact of lack of insurance on delay of entry into prenatal care.

Lessons learned: Uninsured women started prenatal care an average of 19 days later than women with insurance ($p < 0.001$). Women with less than a high school education started care nearly 14 days later than women with more than 12 years of schooling ($p < 0.001$). Women living in Honolulu County tended to start prenatal care earlier than their counterparts in Hawaii, Kauai, and Maui Counties (11, 19, & 22 days respectively) ($p < 0.001$). *Recommendations:* Efforts should be made to educate women about QUEST eligibility. Access to insurance coverage was not the only barrier to early entrance into prenatal care therefore public health should address the other barriers to care too.

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Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify critical barriers to accessing prenatal care for pregnant women in the US Pacific region;
2. Recognize other barriers so that outreach and education of women regarding access to care and to insurance coverage can be done;
3. Develop programs and policies to better meet the needs of pregnant women in the US Pacific region re: accessing appropriate prenatal care

Perceptions of multi-ethnic Asian and Pacific Islander youth regarding tobacco use initiation

Abstract Authors: D. Mitschke*, D. S. Matsunaga**, K. Loebel**, D. Kim**, H. Robinett*; (*National Cancer Institute's Cancer Information Service, Pacific Region, Cancer Research Center, University of Hawaii, Honolulu, Hawaii; **Kalihi-Palama Health Center, Honolulu, Hawaii

Abstract text: *Issue:* This qualitative study explored risk and protective factors associated with tobacco use initiation among middle school youth.

Description: Focus groups were conducted with Native Hawaiian, Pacific Islander, and Filipino middle school students to explore attitudes and perceptions about tobacco use initiation. The results of the focus groups were used to create a youth-focused tobacco prevention drama for multi-ethnic students. *Lessons Learned:* Focus group discussions were analyzed and compared with survey results to extract common themes regarding tobacco use initiation among participants. Themes from the focus groups include: coping with stress and peer pressure; influence of family members in decisions about smoking; immediate and long-term health consequences of tobacco use; developing refusal skills; and developing skills to help family members and friends toward tobacco cessation. *Recommendations:* Results from the focus groups were utilized to guide the development of a youth tobacco prevention play, which will be performed for multi-ethnic middle school students across the state of Hawaii in 2005.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Identify risk factors leading to tobacco use initiation among youth;
2. Identify protective factors that serve to help youth resist tobacco;
3. Assess culture and its relationship to youth tobacco use.

A comparison of birthweight outcomes between U.S. and foreign born Asian Indian, Chinese, Filipino, and Japanese Mothers

Abstract Authors: D. Hayes*, S. Lukacs**, K. Schoendorf**; *National Center for Health Statistics, Hyattsville, Maryland; **U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Abstract text: *Issue:* The US Asian population consists of subgroups with different age distributions, socioeconomic status, and cultural practices. This study examined the birthweight of Asian Indian, Chinese, Filipino, and Japanese infants to evaluate the heterogeneity of the US Asian population. *Methods:* 313,981 singleton births from the 1998-2001 US Natality files were analyzed by maternal nativity for very low birthweight (VLBW, <1500g) and moderately low birthweight (MLBW, 1500-2499g). Multiple logistic regression was used to control for maternal age, marital status, education, and parity. *Results:* Overall, Chinese mothers had the lowest rates of VLBW (0.5%) and MLBW (3.5%). Filipino mothers had the highest rate of VLBW (1.1%). Asian Indians had the highest rate of MLBW (6.9%). Each Asian subgroup had higher rates of VLBW and MLBW among US born compared to foreign born mothers. After controlling for maternal characteristics, the higher rate of VLBW among infants of US born mothers remained significant only for Japanese infants (adjusted OR 1.69). Nativity differences in MLBW persisted only for Chinese infants (adjusted OR 1.50). *Lessons Learned:* This study shows how birthweight varies by Asian subgroup and by maternal nativity. The difficulty of defining a population by race adds to the difficulty of examining disparities in birth outcomes. *Recommendations:* Further research identifying reasons for differences in the effect of nativity on birthweight could help reduce disparities and improve the health of the global community.

Learning Objectives:

1. Upon completion of this presentation, participants will be able to compare birth outcomes among 4 Asian subgroups in the US.
2. Upon completion, they will be able to explain how maternal nativity may influence birth outcomes for race subgroups.
3. Upon completion, they will be able to discuss the difficulty of defining a population solely based on race.

Pennsylvania learning content management system

Abstract Authors: L. Mactavish, L. Cameron, Pennsylvania Department of Health, Harrisburg, Pennsylvania

Abstract text: The Pennsylvania Department of Health is committed to preparing the Nation's public health workforce. The Department implemented an Internet-based workforce-training and information-sharing tool, the Learning Content Management System, which houses topics such as incidents of bioterrorism, outbreaks of infectious disease, and other public health emergencies. The administrators realize these preparedness efforts cannot be successful without the cooperation and information sharing among partners. This training system provides the medium to educate and disseminate information to the public health workforce regarding critical preparedness issues and at no cost. End users include anyone involved in preparing-for or responding-to an emergency. Authorized users have unlimited access and view content from National and State experts, as well as complete training and share information at home or the workplace. Additional features include an e-Library, conferencing, file exchange, chat area, the ability to generate reports and print certificates for accreditation purposes. As a result of Pennsylvania's implementation of the System, the benefits to the U.S. Pacific region are obvious. The public health workforce has access to free and easy to use training programs, which ultimately reduces training costs that arise from training fees, travel time and lost hours in the office. This complements classroom learning; communication, training and information sharing can be enhanced. Pennsylvania is an advocate of expanding these innovative methods of distance learning and information sharing. The administrators are ready to pursue any partnering initiatives.

Upon completion of this presentation, participants will be able to:

1. Describe the functions of the Learning Content Management System and how it may be incorporated into existing training programs;
2. Discuss the benefits, limitations, and complexities of using the Internet to deploy education, training and information to a statewide public health workforce;
3. Discuss the process of rapid development of web based education and information materials that emphasize the use of current in house subject matter experts and educators over external education content development vendors.

Meeting public health continuing education needs: the Pacific Public Health Training Center

Abstract Authors: M. Prelip*, J. Casken**, K. Chickering*, D. Dyjack***, J. Oxendine****, J. McDonnell*, and R. Seidman*****; Prelip; *University of California at Los Angeles; **University of Hawaii; ***Loma Linda University, Los Angeles, California; ****University of California at Berkeley; *****San Diego State University, San Diego California

Abstract text: This presentation summarizes the existing and ongoing training activities in Hawaii and California provided by the Pacific Public Health Training Center (PPHTC). The PPHTC is a combined effort of the UCLA, UC Berkeley, San Diego State University, Loma Linda University, and the University of Hawaii. As one of 14 PHTCs nationwide funded by the Health Resources and Services Administration, the PPHTC has offered training by its faculty and community partners to public health professionals since 2001. The Center's goal is to develop and support public health training opportunities that are consistent with Health People 2010 objectives. The primary focus for training is to work with the existing public health workforces to strengthen their understanding of public health issues and to improve their performance in core public health functions and delivery of essential services. The PPHTC offered a total of 64 training sessions to 4535

individuals in 2004. This presentation describes the types of training provided by the PPHTC, highlighting those that have already occurred in Hawaii. The PPHTC has offered a number of face-to-face trainings on such topics as Proposal Writing, Childhood Obesity, Core Functions of Public Health, Cultural Competence, and Foodborne Illness. There is also a growing inventory of online courses available, including a 12-part course on Public Health Principles. The presentation will conclude with a discussion of lessons learned for providing effective training to public health professionals, a description of future training, and details on how interested public health organizations and professionals may arrange for training by the PPHTC in these and other topics.

Variations in incidence of hormonal cancers among Filipino women in Hawaii by birthplace

Abstract Authors: J.F.Yamamoto, L.R. Wilkens, C. Yoshizawa, L.N. Kolonel, Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Early studies demonstrated that cancer rates among Filipinos in Hawaii differed from those in the Philippines. However, no comparisons were made between different generations of Filipinos in Hawaii. *Description:* In this study, the authors compared cancer incidence rates between first and second generation Filipino women in Hawaii. Incidence rates for cancers of the breast, endometrium, ovary, cervix and thyroid were computed over three time periods, 1975-1982, 1983-1990 and 1991-2000. Cancer counts came from the Hawaii Tumor Registry. The rates were given per 100,000 women and age-adjusted to the World Standard Population. *Lessons Learned:* Breast cancer rates for first and second generation Filipino women, respectively, were as follows: 29 and 37 (1975-1982;p=0.4); 52 and 58 (1983-1990;p=0.5); 60 and 126 (1991-2000; p<0.001). Uterine and ovarian cancer showed a similar pattern with higher rates in the second generation women for all three time periods. Cervical cancer rates were higher for second generation women for the last two time periods. Thyroid cancer rates were significantly increased for first over second generation women for the first two time periods (24 and 12, p=0.05; 33 and 15, p<0.01), but nearly equal in the final time period (24 and 26, p=0.6). The disparities in cancer incidence by migration status are likely due to changes in environmental exposures and access to cancer screening for cancers of the breast and cervix. Further studies to identify changes in exposures and explore genetic susceptibility factors related to the high risk of thyroid cancer in Filipino women are needed.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Compare cancer incidence for Filipino women who were born in Hawaii versus those who migrated from the Philippines;
2. Assess the implications of the results of this comparison;
3. Formulate new hypotheses concerning the source of these disparities.

Does the submission of written documentation accurately predict the success of a physical activity program?

Abstract Authors: M.Inada, C.Nigg, J.Battista, J.Chang, M.Yamashita, R.Chung, Department of Public Health Sciences, University of Hawaii, Honolulu, Hawaii

Abstract text: Authors followed 13 A+ after school sites trained in the Fun 5 physical activity program who agreed to implement the program and complete written documentation on these activities. Over a 6 month period authors compared the submission of the required written documentation, a monthly Group Activity Leader Log Sheet and Personal Best Day Form, and the amount of time students were physically active during an A+ after school session. Physical activity data was collected by trained

individuals using the System of Observation for Fitness Instruction Time (SOFIT) during site visits. Authors found a correlation between submitting written documentation and exhibiting a 5% or greater increase in student physical activity during the A+ after school session. However, effects found were small. Upon completion of this presentation participants will be able to form ideas on the usefulness of requiring their program's participants to complete written documentation. They will have more information to help address the issue of weighing the efforts of programs supervisors to manage and program participants to complete written documentation and it's ability to help foster the success of a program.

Diet and weight patterns of Chinese, Japanese, Korean and White adults in LA County and Hawaii

Abstract Authors: S.K. Lee, L.R. Wilkens, J.F. Yamamoto, R. Novotny, B.E. Henderson, L.N. Kolonel, Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

Abstract text: *Issues:* Obesity varies across ethnic groups, but the underlying causes are largely unknown. This study compares weight and diet between 3 Asian ethnic groups and whites in Hawaii and Los Angeles. *Description:* Random samples of adults, aged 40-84, residing in HI and LA, and of the ethnicities of interest were selected from driver's license files. A mailed questionnaire, sent in 1988, asked about weight, height, diet, and other lifestyle factors. This was a pilot study for the Multiethnic Cohort. Here data are presented on 2408 men and women from four ethnic groups: Koreans (n=259), Chinese (n=474), Japanese (n=942), and whites (n=733). This is one of the first reports for Koreans living in the U.S. *Lessons learned:* The body mass index was similar between the Asian groups, but was higher among Whites: the age-adjusted mean for Koreans, Chinese, Japanese, and whites respectively was 24.2, 24.1, 24.7 and 25.9 (men) and 23.2, 22.6, 23.1 and 24.8 (women). Whites had the highest consumption of calories as well as contribution of calories from fat and saturated fat. Korean men and women respectively had the lowest calories (1780, 1508), % calories from fat (29.7, 28.4), and % calories from saturated fat (9.0, 8.3). However, Koreans had the highest percentage of fat from saturated fat among the Asian groups (30.6, 29.1).

Recommendations: Further analyses will examine relationships between length of residence in the US, physical activity, dietary intake and obesity among 3 Asian ethnic groups and Whites.

Learning objective:

Upon completion of this presentation, participants will be able to:

1. Evaluate the level of obesity across Asian and white ethnic groups;
2. Evaluate the variation in diets across groups;
3. Formulate hypotheses related to the differences in weight

Characteristics contributing to an enduring prostate cancer support group in an Asian and Pacific Islander community

Abstract Authors: D.S. Matsunaga*, C.C. Gotay**, *Kalihi-Palama Health Center, Honolulu, Hawaii; **Cancer Research Center of Hawaii, University of Hawaii, Honolulu Hawaii

Abstract text: *Issues:* While many cancer survivors address cancer-related concerns through contact with fellow patients in support groups, few reports have focused on the experience of Asians and Pacific Islanders. *Description:* This presentation summarizes results of semi-structured interviews with 24 participants in a well-established prostate cancer support group in Hawaii, most of whom were of Asian or Pacific ancestry.

Lessons learned: The men described the benefits of group participation to include

camaraderie, receiving information, enhancing their coping ability, and being able to discuss medical experiences. Interviewees attributed the success of the group to peer leadership, participation of peer-professionals, and widespread member participation in a variety of activities. The support group contributed to the larger community through specific events for wives and other family members, interactions outside the meetings, and tailoring of activities to reflect multicultural preferences for communication. The experiences of members of this support group contrast with others reported in the literature. Distinct features of this group may stem from the values and norms of its close-knit, multi-ethnic, predominantly API community. *Recommendations:* The findings imply that for prostate support groups, one size does not fit all men and communities, and tailoring support groups to the intended participants is critical.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. List three factors contributing to the success of the prostate cancer support group described in this presentation;
2. Describe two ways in which this group differed from other men's cancer support groups reported in the literature;
3. Identify lessons learned from the experience of this group that may be applicable to a cultural or community group with which the participant is familiar.

Quantifying Health Disparities in Hawaii

Abstract Authors: J. LeClair, M. Hofman, Hawaii Outcomes Institute, Honolulu, Hawaii

Abstract text: *Issues:* One of the main goals of the Healthy People 2010 (HP2010) initiative is to eliminate health disparities among population subgroups. To help focus these efforts, the existence and extent of disparities between population groups in the state of Hawaii should be brought to the attention of the public health community.

Description: Using disparity measurement guidelines released by the Centers for Disease Control and Prevention, the authors calculated absolute and relative rate differences and percentages in incidence and prevalence rates among population groups to highlight disparities among these groups. *Lessons Learned:* Health disparities in subgroups of the population for three key community health indicators appearing in the Hawaii Outcome Institute's Community Health Profile project were measured and presented relative to the subgroup with the most favorable rate as a reference. Year 2002 data from the Hawaii Department of Health was used. *Recommendations:* Health disparity measurement among selected groups should also include tracking progress over time in eliminating the disparity. Alternative techniques for measuring and tracking the progress of disparity elimination should be explored and applied to a greater extent of the community outcomes appearing in the Community Health Profile project.

Learning Objectives:

At the conclusion of the presentation, the participants will be able to:

1. Explain the details of one current methodology for the quantification of health disparities;
2. Identify a subset of existing health disparities in the state of Hawaii.
3. Assess the extent to which these disparities exist for the community outcomes presented.

Top 10 causes of death: final data for 2000 to 2002 in Hawaii

Abstract Authors: A. Techur-Pedro, Hawaii Outcomes Institute, Honolulu, Hawaii

Abstract text: *Issues:* This report summarizes the final 2000-2002 data on Hawaii State top 10 leading causes of death and death rates according to demographic and medical characteristics such as age, sex, race/ethnicity, and Hawaii State residency status.

Trends including infant and maternal mortality are described.

Description: This report presents descriptive tabulations of information collected by Vital Statistics, a Hawaii State Department of Health Office of Health Status Monitoring division. *Lessons learned:* By age groups, the important increase in death rate was noted for those less than 1 year old. However, the 10 leading causes of death in the last 3 years have remained about the same. Heart disease continued to be the leading cause of death and malignant neoplasm remained the second leading cause of death in Hawaii with lung cancer and colorectal cancer as the leading and second leading cancer specific cause of death. Some of the death rates have continued to meet the Healthy People 2010 goal.

Recommendations: Although heart disease and malignant neoplasm were the top leading causes of death for the period of 2000-2002 together and by individual years, each cause-specific death rate have been decreasing over the last three years. The increase in the overall age-adjusted death rate for the State of Hawaii is mostly associated with the increasing pattern of death in those less than 1 year old. Moreover, other age-adjusted death rates of causes of death increased or remained the same such as unintentional injury death, suicide, and septicemia.

Learning Objectives:

Upon completion of this poster presentation, the participant will be able to:

1. List at least three of the top 10 leading causes of death in Hawaii that has met the Healthy People 2010 goal.

Advancing oral health by educating California's youth

Abstract Authors: I. Han, J. Horng, UCLA School of Dentistry, Los Angeles, California

Abstract text: Asian Dental Care (ADC) celebrates its 30th anniversary in 2005 as a student-based organization serving thousands of children from Chinatown and other underserved communities in the Los Angeles area. ADC is been dedicated to overcoming the barriers of access to care for children by providing continuous care and reinforcements of proper oral hygiene education throughout their development. Unfortunately, tooth decay remains as one of the most prevalent diseases affecting disadvantaged and minority children. The main goal of ADC is to raise the standard of health in the socioeconomically disadvantaged populations of Asian descent. Quality dental care, including cleanings, oral exams, fillings, stainless steel crowns, and pulpotomies, is provided by UCLA dental students at the Venice Dental Clinic for our pediatric patients. ADC links the resources of UCLA with the needs of the community by holding elementary school visits and community health fairs. A partnership between ADC and the community enables us to host health fairs where oral screenings and hygiene instructions are given and oral health is emphasized. In addition, comprehensive dental treatment is provided at the Venice Dental Center monthly at a low cost. Continuation of the program for the past 30 years has ensured that necessary care, including recalls, is provided to the active and rotating patient pool. Through early intervention by education and dental treatment, ADC's vision is to reduce the impact of oral disease and increase the importance of oral hygiene in the underserved communities. ADC recognizes that maintaining optimal oral health is integral to the overall health status of a patient. ADC has become a reliable mainstay for the Asian community and the primary dental care and education provider for children in the Los Angeles area. Together ADC and the community can help eliminate health disparities, and thus increase quality and years of healthy life.

Overweight/obesity and self-reported general health: are Polynesians at higher risk?

Abstract Authors: M. Ochner*, F. Reyes-Salvail**, E. Ford, R. Jiles; *Behavioral Surveillance Branch, Division of Adult and Community Health, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia; **Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: *Issue:* Examining the association between overweight/obesity and general health status among Polynesians compared to non-Polynesians in Hawaii. Overweight and obese individuals have documented poorer health-related quality of life than those with a normal body mass index in the general US population. The objectives of this study were to examine the relationship between fair/poor general health status among overweight and obese Polynesian individuals compared to overweight and obese individuals of all other races in Hawaii and also to look at this relationship by gender. Using pooled data from the 2001-2003 Hawaii Behavioral Risk Factor Surveillance System, the authors examined predictors of fair/poor health status with logistic regression. Bivariate analyses indicated that Polynesians (n=2,143) were significantly more obese than non-Polynesians (38% vs. 13%; p<0.05). After age-adjustment these overweight Polynesians were more likely than other overweight individuals to report having fair/poor health status (14% vs. 10%; p<0.05). Among Polynesians, respondents who were diabetic (OR 3.97; 95% CI 2.58-6.12), physically inactive (OR 1.72; 95% CI 1.18-2.05), and less educated (less than HS, OR 3.77; 95% CI 1.95-7.30) had elevated odds of reporting fair/poor health. Despite Polynesians being significantly more obese than the rest of the population, their weight, age, and smoking status did not elevate their odds for fair/poor health unlike non-Polynesians. These findings show a major health risk among an underserved and under-recognized Polynesian population in the US. Culturally-specific health interventions should target this group in Hawaii and the rest of the US.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Describe the overweight /obesity prevalence among Polynesians compared to other races in Hawaii;
2. Identify risk factors for having fair/poor general health among Polynesians
3. Evaluate the relationship between overweight/obesity status and general health among Polynesians compared to other races.

Aloha on empty: an analysis of the health and wellbeing of multiracial Native Hawaiians

Abstract Authors: S. Kana'iaupuni*, N. Malone*, J. Tsark**, Kamehameha Schools, Honolulu Hawaii, Papa Ola Lokahi, Honolulu, Hawaii

Abstract text: *Issues:* The national buzz surrounding U.S. health disparities recognizes grave inequities in mortality, morbidity, and overall wellbeing by race and ethnicity. In this paper, we examine health disparities with particular attention to differences in health status and wellbeing by multi-racial composition. Among our hypotheses is the expectation that multi-racial combinations associated with the darker skin color and phenotype of Pacific peoples are correlated with poorer health outcomes.

Description: Our study is based on analyses of a unique source of data on Native Hawaiians, an indigenous minority group of the United States. We examine the data for evidence of the hypothesis that multi-racial combinations associated with the darker skin color and phenotype of Pacific peoples are correlated with poorer health outcomes and

test whether these differences in wellbeing are explained by socioeconomic attributes or by the use of traditional and Native Hawaiian healing practices and medicines.

Lessons Learned: Preliminary findings from analyses conducted thus far suggest greater wellbeing for lighter Native Hawaiians in several key health outcomes as assessed by multiracial comparisons between White-Native Hawaiians and Pacific Islander- and Filipino-Native Hawaiians. We argue that these findings are consistent with prior research documenting mortality differentials for part-Hawaiians and full-blooded Native Hawaiians. *Recommendations:* Based on our analyses, our study will set our some key policy issues and implications that are critical to address national race/ethnic health disparities, with specific application to the state of Hawaii, and to the case of indigenous Hawaiians.

Learning Objectives:

Upon completion of this presentation, participants will be able to:

1. Examine how phenotype is theoretically linked to differentials in health status and overall wellbeing;
2. Test this theory via an analysis of differential health outcomes by multiracial combinations for Native Hawaiians, who comprise the largest share of Pacific Islanders in the United States;
3. Be able to assess some implications of the findings for their day-to-day work or experiences

Prevention of prematurity: ten times healthier babies project

Abstract Author: V. Beck, West Kauai Medical Center, Waimea, Hawaii

Abstract text: *Issues:* Participation in prenatal care reduces prematurity.

Description: West Kauai Medical Center utilized a March of Dimes community grant to improve outreach to rural, high risk women. A multi-track outreach project increased participation in prenatal care. Emphasis was on entry to care by ten weeks, completing at least ten prenatal visits, and prenatal vitamin use. Three preterm births were prevented.

Lessons Learned: Cultural competence requires penetrating women's networks and adapting the format for accessibility. Women find value in health care appointments, when they are validated and feel that their community appreciates how challenging it is to be pregnant. Communities can learn that it is in their interest to prevent prematurity beyond the dramatic physical and social costs to the family. The high costs of preterm birth justify investing in relatively low cost prenatal care enhancement programs

Recommendations: Health maintenance organizations should invest in face to face, personal contact educational efforts, as women learn best in the oral tradition. Health care providers need support from the entire community to fulfill on their mission. Key first visits should be allocated sufficient time and support staff to make the initiating visits more pleasurable for women. Even low literacy women understand the value of books, and share them with others, making information available in the community.

Learning Objectives:

Upon completion of this presentation participants will be able to:

1. Identify the value of informal learning situations for pregnant women in preventing prematurity:
2. Assess their own communities for three new resources for distributing health education.
3. Recognize the ability of women to improve the management and outcomes of their health care, when they are provided with sufficient reinforcement and information in a format that is familiar and they can understand

Women of Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI) who come to Hawaii to give birth: user perspective on quality of care

Abstract Authors: L. Arakaki, S. Anderson, L. Yoda, Kalihi-Palama Health Center, Honolulu, Hawaii

Abstract text: *Issue:* Community Health Centers in Hawaii report a rising number of women coming to give birth in Hawaii. Most of these women enter into prenatal care late, often in their last trimester. Infant mortality rates in FSM and RMI are greater than that of the State of Hawaii. *Description:* Perceptions of birth outcomes in FSM and RMI were collected from patients seeking prenatal care in a community health center in Hawaii. Prenatal care and birth outcome data from FSM, RMI and Hawaii were collected and analyzed. FSM and RMI comprise of many islands with diverse culture, language, and beliefs. This study explores differences in birth outcomes and prenatal care services received by Pacific Islanders in FSM, RMI and Hawaii. *Lessons learned:* Pregnant women perceive prenatal care in Hawaii is superior to care in FSM and RMI. A significant difference between FSM, RMI and Hawaii prenatal care services was that Hawaii provided comprehensive screening and treatment for Sexually Transmitted Disease (STD) during pregnancy. Barriers prevented STD screening and treatment in FSM and RMI prenatal care services, which may have contributed to higher infant mortality rates. *Recommendations:* Further studies on knowledge, attitudes and practices of FSM and RMI women and prenatal care providers regarding barriers to prenatal care system improvements. Collaboration with FSM and RMI health care providers to advocate for STD screening and treatment in prenatal care.

Learning objectives:

Upon completion of this presentation, participants will be able to:

1. Explain why FSM and RMI women come to Hawaii to receive prenatal care;
2. Differentiate birth outcomes of Pacific Islanders;
3. Formulate the prenatal care needs for Islanders who come to Hawaii

Kulia Na Mamo: Social determinants of HIV risk and HIV prevention needs among Mahuwahine

Abstract Authors: L. A. Ellingson*, A. Hawelu**; *California State University, Chico, Chico, California; **Kulia Na Mamo, Honolulu, Hawaii

Abstract text: The purpose of this study was to explore the social determinants of HIV risk, current efforts toward harm reduction, HIV prevention needs, and community assets among Hawaii's Mahuwahine (Native Hawaiian or Polynesian male-to-female transgendered persons). Sixty-five personal or focus group interviews were conducted and 128 anonymous surveys completed providing information about sexual and drug use risk behaviors, participants' efforts towards reducing the likelihood of HIV infection, perceived impact of HIV on themselves and their community, and specific HIV prevention needs. Findings include 1) heightened HIV risk via participation in sex work industry, prevalent drug use, inconsistent condom use, and unprotected anal and oral sex; 2) the need for culturally competent Mahuwahine HIV prevention and treatment services; and 3) strong sub-cultural community cohesion. Implications include utilizing current assets to expand HIV prevention education focusing on younger Mahuwahine! , including further development of and maintenance of target agency's employment/career development program to provide alternatives to survival on sex industry work and drug dealing; creation and support of culturally-oriented community building events, and creation and support of Mahuwahine transitional housing for homelessness and addiction recovery.