

Pacific Global Health Conference



ABSTRACT BOOKLET

October 8-10, 2012 | Ala Moana Hotel | Honolulu, Hawai'i

Table of Contents

KEYNOTE PRESENTATIONS.....	3
WORKSHOPS.....	9
INVITED SESSIONS.....	16
ORAL PRESENTATIONS.....	29
MIXED PLATE PRESENTATIONS.....	100
POSTER PRESENTATIONS.....	116
AUTHOR INDEX.....	149



Keynote Presentations

- 5 THE AFFORDABLE CARE ACT AND THE ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITY**
Speaker: P. Pontemayor, MPH¹
Responsive Panel: Adewale Troutman, MD, MPH, MA², Hardy Spoehr³, Coral Andrews, FACHE, MBA, RN⁴, Arielle Buyum, MPH, CPH⁵
¹Asian & Pacific Islander American Health Forum
²American Public Health Association
³Papa Ola Lokahi
⁴Hawaii Health Connector
⁵Pacific Islands Primary Care Association & A.B. Consulting
- 6 HEALTH EQUITY, HUMAN RIGHTS AND SOCIAL JUSTICE**
A. Troutman, MD, MPH, MA
American Public Health Association
- 7 THE COMMUNICATION REVOLUTION AND HEALTH INEQUALITIES IN THE 21ST CENTURY: PROMISES AND PITFALLS**
K. Viswanath, PhD
Harvard University
- 8 IMPROVING IMPACT UTILIZING THE NEW SCIENCE IN BEHAVIOR CHANGE**
D. Jenkins, MD
SurfAid International

THE AFFORDABLE CARE ACT AND THE ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITY

Speaker: P. Pontemayor, MPH¹

Responsive Panel: A. Troutman, MD, MPH, MA², H. Spoehr³, C. Andrews, FACHE, MBA, RN⁴, A. Buyum, MPH, CPH⁵

¹Asian & Pacific Islander American Health Forum

²American Public Health Association

³Papa Ola Lokahi

⁴Hawaii Health Connector

⁵Pacific Islands Primary Care Association & A.B. Consulting

In March 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act (ACA), the largest overhaul of the health care system in our nation's history. Health care reform lowers the cost of health care, increases the number of health care providers, holds health insurance companies accountable, improves the quality of health care and extends health coverage to those previously uninsured. While the Asian American, Native Hawaiian and Pacific Islander population represented the largest rate of growth in population over the last decade many communities are unaware of the benefits of the ACA. This session will provide a national overview of how the ACA affects the AA and NHPI community and outlines some challenges that policymakers must address throughout implementation.

Learning Objectives:

1. Identify how the Affordable Care Act impacts the AA and NHPI population on a national level.
2. Become aware of some of the major issues affecting the AA and NHPI population and health care.
3. Gain an understanding of the major components of the Affordable Care Act that are in place or will be in place.

HEALTH EQUITY, HUMAN RIGHTS AND SOCIAL JUSTICE

A. Troutman, MD, MPH, MA

American Public Health Association

Community and individual health are multidimensional. The existence of dramatic inequities is now well-known among communities of color as is the association with poverty and socio-economic status. This talk will discuss these factors and social determinants of health as a driver of Health Equity based on Social Justice and the right to health.

Learning objective:

1. Understand the principles of Social Justice and right to health as a function for community health.

THE COMMUNICATION REVOLUTION AND HEALTH INEQUALITIES IN THE 21ST CENTURY: PROMISES AND PITFALLS

K. Viswanath, PhD
Harvard University

The radical and transformative developments in Information and Communication Technologies (ICTs) offer unprecedented opportunities to enhance population and individual health. At the same time, given the current context in which these technologies are being deployed and used -- inequities that characterize health AND communications across different social groups -- race and ethnicity, social class, and nations raises important questions for public health research, policy and practice.

This presentation will characterize communication inequalities, link them to health inequalities and offer exemplar solutions to address the inequalities.

Learning Objectives:

1. Understand communication inequalities, and be able to link them to health inequalities.
2. Recognize exemplar communications solutions to address health inequalities

IMPROVING IMPACT UTILIZING THE NEW SCIENCE IN BEHAVIOR CHANGE

D. Jenkins, MD
SurfAid International

The session includes a brief introduction to the founding of SurfAid International and how it leads to the need for cost effective behavior change models. Overarching comments on how new neuroscience is helping to improve models of change leads the detailed description of behavior change. Using examples from the field, a specific and practical model of behavior change is then presented in its various parts. This includes tapping both the emotional and rational sides of the brain and improving the social and physical environment for change.

Finally, reference material and the models framework will be provided for participants to follow up.

Learning Objectives:

1. Improve the design of and hence the results of public health initiatives by having a deeper understanding of behavior change.



Workshops

- 11 LEADERSHIP AND MANAGEMENT OF PUBLIC HEALTH PROGRAMS**
Chair: J. Oxendine, MPH, MBA¹
Panel: M. Bengiamin, PhD², G. Cuboni, MD³, D. Cassady, DrPH⁴, V. Yontz, RN-BC, MPH, PhD⁵
¹UC Berkeley School of Public Health
²Callifornia State University – Fresno
³Pacific Island Health Officers’ Association
⁴University of California – Davis
⁵Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
- 12 PREVENTING SUICIDE IN PACIFIC ISLANDERS**
N. Kern, MPH¹, K. Rhoads Merriam, MSW², D. Rehuher, BA³, C. Alik, BS⁴
¹Injury Prevention and Control Section, Hawaii State Department of Health
²Hawai’i Adult Mental Health Division, Hawaii State Department of Health
³Department of Psychiatry, John A. Burns School of Medicine, University of Hawaii
⁴Micronesian Health Advisory Coalition
- 13 SUBSTANCE USE, MEDIA & YOUTH**
T. A. Wills, PhD, R. Knight, MPH
Assistants: C. Nobel-Tabiolo, BS, B. Juan, MPH
Cancer Research Center, John A. Burns School of Medicine, University of Hawaii
- 14 LEGISLATIVE PROCESS & ADVOCATING FOR PUBLIC HEALTH POLICY CHANGE – A THREE-PART PANEL**
Chairs: J. Yamauchi, MA¹, C. Chun, JD²
¹Coalition for a Tobacco-Free Hawaii
²American Cancer Society Cancer Action Network, Inc.
- 15 MEASURING RACE AND ETHNICITY IN HEALTH DISPARITIES RESEARCH: AN INTERACTIVE WORKSHOP FOR PUBLIC HEALTH PROFESSIONALS**
E. McFarlane, PhD, MPH¹, T. Sentell, PhD², D.J. Jorgensen, MPH³, H. J. Ahn, PhD⁴
¹Johns Hopkins University School of Medicine & Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
²Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
³Healthy Beginnings Hawaii, University of Hawaii
⁴John A. Burns School of Medicine, University of Hawaii

LEADERSHIP AND MANAGEMENT OF PUBLIC HEALTH PROGRAMS

Chair: J. Oxendine, MPH, MBA¹

Panel: M. Bengiamin, PhD², G. Cuboni, MD³, D. Cassady, DrPH⁴, V. Yontz, RN-BC, MPH, PhD⁵

¹UC Berkeley School of Public Health

²Callifornia State University – Fresno

³Pacific Island Health Officers' Association

⁴University of California – Davis

⁵Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

This workshop will explain and showcase various program management and leadership approaches. Different tested techniques and methods will be shared that have worked well to enhance the performance of public health professionals. The workshop will be organized around a program management framework of five major phases: 1) assessment, 2) plan 2) implement, 3) monitor, 4) evaluation, and 5) refinement with the use of good leadership to guide any project or program to have successful impact.

Learning Objective:

1. Review good program management methods and leadership attributes that have been applied to maximize workforce performance.

PREVENTING SUICIDE IN PACIFIC ISLANDERS

N. Kern, MPH¹, K. Rhoads Merriam, MSW², D. Rehuher, BA³, C. Alik, BS⁴

¹Injury Prevention and Control Section, Hawaii State Department of Health

²Hawai'i Adult Mental Health Division, Hawaii State Department of Health

³Department of Psychiatry, John A. Burns School of Medicine, University of Hawaii

⁴Micronesian Health Advisory Coalition

Research demonstrates that young Pacific Islanders are twice as likely as the rest of the population to have depression, anxiety issues or to attempt suicide. Mental health issues within any population are strongly linked to risk for suicide, often because individuals at risk do not have access to health care professionals who could potentially assist them to address their mental health challenges, or because the stigma of suicide and suicide risk within the community prevents them from seeking help.

Pacific Islanders particularly may be concerned about negatively affecting their social network if they attempt to access assistance for depression, anxiety, or other mental health issues they may be confronting.

This session will consider specific issues surrounding suicide in Pacific Islander communities, including social-cultural practices and health disparities that may affect the suicide rate among these populations. Also addressed will be recognizing warning signs, the role of the family, how to talk about suicide, and accessing resources for Pacific Islander communities.

We will present an overview of the education and training necessary in support of prevention, intervention, and postvention work, currently being done throughout our communities in Hawaii. We will articulate the sustainable efforts it takes working collaboratively that provides the educational and training programs, public awareness, networking and resources, and knowledge of and access to community resources.

Discussion among those present will be encouraged so that participants can consider collectively how to address the challenge of suicide in their communities.

Learning Objectives:

1. Increased their knowledge and awareness of the challenges of suicide risk among Pacific islanders.
2. Increased their understanding re: developing a sustainable suicide prevention system for their Pacific Islander community.
3. Learned how to identify and access suicide prevention, intervention, and postvention resources for their Pacific Islander community.

SUBSTANCE USE, MEDIA & YOUTH

T. A. Wills, PhD, R. Knight, MPH

Assistants: C. Nobel-Tabiolo, BS, B. Juan, MPH

Cancer Research Center, John A. Burns School of Medicine, University of Hawaii

The first hour of the session will be discussing our findings on research gathered in the adolescents here in Hawaii. Dr. Thomas A. Wills will discuss the resiliency factors that have been examined. Rebecca Knight and research associates will discuss school-based research. In addition, we will discuss a few of our measures that may be able to be applied in to other public health issues.

Learning Objectives:

1. Understand protective factors that may prevent Hawaii youth from using tobacco, alcohol and marijuana
2. Engage students in schools to participate in surveys and focus groups
3. Comprehend difficulties when preparing to work in public schools
4. Apply standardized measures to evaluate other public health issues in schools

LEGISLATIVE PROCESS & ADVOCATING FOR PUBLIC HEALTH POLICY

CHANGE – A THREE-PART PANEL

Chairs: J. Yamauchi, MA¹, C. Chun, JD²

¹Coalition for a Tobacco-Free Hawaii

²American Cancer Society Cancer Action Network, Inc.

Panel #1

J. Yamauchi, MA¹, C. Chun, JD², M. Espinda, MEd³

¹Coalition for a Tobacco-Free Hawaii

²American Cancer Society Cancer Action Network, Inc.

³Queen's Health Systems

Panel #2

J. Lipsher, MPH¹, C. Taniguchi², D. Weisman³

¹Chronic Disease Management & Control Branch, Hawaii State Department of Health

²Hawaii Bicycling League

³American Heart Association

Panel #3

Senator R. Baker¹, Representative Chris Lee²

¹State Senate

²State Representative

This three-hour training will include three panels of speakers and one practical exercise.

The first panel will provide an overview of the legislative process and basics of legislative advocacy and what it takes to organize and run a successful legislative advocacy campaign.

The second panel will highlight some successful and current public health campaigns.

The final panel will include two legislators and a lobbyist who will provide insightful information on the keys to successful advocacy campaigns.

A practical exercise will also be done with participants to give them a better idea of what's needed for a successful campaign.

By the end of this workshop participants will understand how a bill becomes a law, how to effectively communicate with legislators, and what the steps in organizing an advocacy campaign are.

Learning Objectives:

1. Understand the legislative process
2. Understand how grassroots advocacy can influence policy decisions

MEASURING RACE AND ETHNICITY IN HEALTH DISPARITIES RESEARCH: AN INTERACTIVE WORKSHOP FOR PUBLIC HEALTH PROFESSIONALS

E. McFarlane, PhD, MPH¹, T. Sentell, PhD², D.J. Jorgensen, MPH³, H. J. Ahn, PhD⁴

¹Johns Hopkins University School of Medicine & Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

²Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

³Healthy Beginnings Hawaii, University of Hawaii

⁴John A. Burns School of Medicine, University of Hawaii

Researchers, health care delivery organizations, and clinicians are challenged to address health disparities. In order to better understand causes, plan research, design interventions and develop health policy to address disparities, it is essential to understand and measure the multi-faceted components of health disparities.

Accurately capturing race and ethnicity is vital to this process, but the measurement of race/ethnicity can be complex, particularly across diverse populations. Also, to fully understand population-level disparities, it is important to consider how existing population-level surveys currently capture and measure race/ethnicity and how the ways of classifying race/ethnicity across different surveys compare to one another and to any proposed survey.

Designed for public health professionals working in research and program evaluation, this 60-90 minute, interactive workshop will explore the complexity of measuring race/ethnicity across diverse communities. This workshop was created based on insights from experience designing and implementing the National Children's Study Disparities Project across diverse communities and from measuring population-level racial/ethnic disparities in Hawaii and in the mainland US.

Particular areas of focus will include: (1) the complexity of measurement of mixed-race individuals, (2) the importance of country of origin for Asians, Pacific Islanders, and Latinos, (3) the mapping of these issues onto current Office of Management and Budget and Health and Human Services standards, (4) methods of standardization for racial/ethnic comparison groups across multiple sites, and (5) population-level racial/ethnic categorization in national and Hawaii state health surveys.

Hands-on experiences will illuminate the difficulty and importance of addressing these issues for our understanding of health disparities. We will consider these issues from a study-design and analysis perspective (recruitment, screening, comparability of comparison groups, sample size constraints, etc.) as well as based on data gathered from participants about their own experiences and preferences from in-depth cognitive interviews.

Learning Objectives:

1. Identify at least three variables of importance in measuring race/ethnicity to characterize and address health disparities.
2. Identify race/ethnicity measurement decisions that map to current OMB and HHS standards, facilitate comparison across multiple study sites, and influence racial/ethnic categorization in national and Hawaii state health surveys.



Invited Sessions

- 19 HEALTH AND HEALTH SERVICES IMPACT OF COMPACT MIGRATION-FINDING SOLUTIONS – A THREE PART PANEL**
Chair: A.M. Durand, MD, MPH
- 21 CANCER COUNCIL OF THE PACIFIC ISLANDS: BUILDING CAPACITY FOR COMMUNITY-BASED CANCER PREVENTION, CONTROL AND EVALUATION IN THE USAPI**
Chair: Ellen Buenconsejo-Lum, MD¹
Panel: N. Tolenoa², V. Tofaeono³
¹Department of Family Medicine and Community Health, John A. Burns School of Medicine, University of Hawaii
²Kosrae State Department of Health Services, Kosrae, FSM; CCPI Board member
³American Samoa Department of Health; CCPI Board member; USAPI Health Leadership Council Vice-Councilor
- 22 TRENDS IN MENTAL HEALTH TRANSFORMATION**
Chair: CAPT Jon Perez, PhD¹
Panelist: S. Balcom, MA², K. Krahn, MSM², S. Chun-Lum, MBA², D. Sato, MSW, LCSW³, K. McCutchan-Tupua⁴
¹US Substance Abuse and Mental Health Services Administration
²Adult Mental Health Division, Hawai‘i State Department of Health
³Kalihi-Palama Health Center
⁴Pacific Behavioral Health Collaborating Council
- 24 PERFORMANCE IMPROVEMENT, NATIONAL PUBLIC HEALTH IMPROVEMENT INITIATIVE, AND PUBLIC HEALTH ACCREDITATION OF HEALTH DEPARTMENTS**
Chair: K. Bender, PhD, RN, FAAN¹
Panel: M. Durand, MD, MPH², R. Ford, MPH³
¹Public Health Accreditation Board
²Pacific Island Health Officers’ Association
³Northwest Portland Area Indian Health Board
- 25 COMMUNITY-ACADEMIC PARTNERSHIPS TO ADDRESS OBESITY DISPARITIES IN HAWAII AND THE PACIFIC**
Chair: Keawe‘aimoku Kaholokula, PhD¹
Panel: Marjorie Mau, MD¹; Rachel Novotny, PhD, RD²; May Okihiro, MD³
¹Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii
²Department of Human Nutrition, Food and Animal Sciences, College of Tropical Agriculture and Human Resources, University of Hawaii
³Department of Pediatrics, John A. Burns School of Medicine, University of Hawaii & Waianae Coast Comprehensive Health Center

- 26 COLLECTIVE IMPACT - CALPACT'S SUPER-REGION WIDE EFFORTS TO ADDRESS PUBLIC HEALTH WORKFORCE DEVELOPMENT**
Chair: Jeffrey Oxendine, MPH, MBA¹
Panel: Diana Cassady, DrPH², Marlene Bengiamin, PhD³, Giuseppe Cuboni, MD⁴, V. Yontz, RN-BC, MPH, PhD⁵
¹University of California – Berkely
²University of California – Davis
³California State University – Fresno
⁴PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION
⁵Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
- 27 HEALTH COMMUNICATION AND DISPARITIES**
K. Viswanath, PhD
Harvard University
- 27 SOCIAL MARKETING FOR PUBLIC HEALTH**
P. Haro, MPH
Social Marketing Hawaii

HEALTH AND HEALTH SERVICES IMPACT OF COMPACT MIGRATION- FINDING

SOLUTIONS – A THREE PART PANEL

Chair: A.M. Durand, MD, MPH

PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION

Part I: Compact Impact and its Implications

Panel: N. Palafox, MD, MPH¹, D. Shek, MA, JD², J. Peter, MA³

¹Department of Family and Community Medicine, John A. Burns School of Medicine, University of Hawaii

²Medical-Legal Partnership for Children in Hawai'i

³College of Micronesia–FSM

This is an exposition of issues and critique of the current dominant narrative around compact impact.

Learning Objectives:

1. Describe the History of US Micronesia and the US Freely Associated States
2. Define the Compact of Free Association
3. Define the Compact Impact
4. Describe the Implications of the Compact Impact
5. Describe Basic Health Hawaii and its legal implications

Part II: Compact Impact- Toward Solutions

Panel: L. J. Fuddy, MPH¹, L. Unpingco DeNorcey, MPH², P. Yoshioka, MBA³, I. Sound-Kikku⁴, C. Alik⁵

¹Hawaii State Department of Health

²Guam Department of Public Health and Social Services, Guam Community Health Center

³The Queen's Health Systems

⁴Kokua Kalihi Valley Comprehensive Family Services

⁵Micronesian Health Advisory Coalition

This is a panel survey of positive efforts to address the issue of compact impact by those who have been working in this area, and a guided discussion about ways forward, with panelists representing US-affiliated Pacific islands jurisdictions, Hawaii health leaders, Micronesian advocacy groups, community health center leaders, and Hawaii hospitals. Constructive dialog among panelists and with members of the audience will be encouraged. We hope to model a change in tone and focus of discussions related to compact impact, to create an environment of careful listening and thoughtful understanding that makes way for solutions, and to bring the audience into this environment.

Learning Objectives:

1. Understand the impact of Compact migration on health and health services of migrant and host communities, from various important perspectives

2. Identify effective and promising solutions that have already been instituted to address the health implications of Compact migration
3. Identify needed “next steps” and mechanisms for taking them
4. Encourage constructive communication among those who are working to address the health implications of Compact migration

Part III: Compact Impact Solutions Case Study: NCD Policy Response in the USAPI

Panel: M. Epp¹, L. Unpingco DeNorcey, MPH², P. Yoshioka, MBA³, I. Sound-Kikku⁴, C. Alik⁵, L. J. Fuddy, MPH⁶

¹Pacific Island Health Officers’ Association

²Guam Community Health Center

³The Queen’s Health Systems

⁴Kokua Kalihi Valley Comprehensive Family Services

⁵Micronesia Health Advisory Coalition

⁶Hawaii State Department of Health

This is an in depth look at a major, innovative initiative by health leaders in the US-affiliated Pacific islands to address, at its source, one of the principal drivers of migration for tertiary health care.

Learning Objectives:

1. Understand the impact of Compact migration on health and health services of migrant and host communities, from various important perspectives
2. Identify effective and promising solutions that have already been instituted to address the health implications of Compact migration
3. Identify needed “next steps” and mechanisms for taking them
4. Encourage constructive communication among those who are working to address the health implications of Compact migration

CANCER COUNCIL OF THE PACIFIC ISLANDS: BUILDING CAPACITY FOR COMMUNITY-BASED CANCER PREVENTION, CONTROL AND EVALUATION IN THE USAPI

Chair: Ellen Buenconsejo-Lum, MD¹

Panel: N. Tolenoa², V. Tofaeono³

¹Department of Family Medicine and Community Health, John A. Burns School of Medicine, University of Hawaii

²Kosrae State Department of Health Services, Kosrae, FSM; CCPI Board member

³American Samoa Department of Health; CCPI Board member; USAPI Health Leadership Council Vice-Councilor

Cancer remains a leading cause of morbidity, mortality and health care expenditure in each of the USAPI jurisdictions. The most prevalent cancers are preventable and/or able to be detected early; they also share common risk factors with other non-communicable diseases (NCD). Since 1999, USAPI regional health leaders have been working to systematically address control of cancer and its major risk factors. Key partners were engaged and external resources obtained to form the Cancer Council of the Pacific Islands (CCPI) in 2002. Utilizing the CDC National Comprehensive Cancer Control (CCC) program's framework as a base, the CCPI and their partners adapted tools and leveraged resources to build and strengthen CCC programs and community organizations in each USAPI jurisdiction and the region as a whole. A regional cancer framework that is well coordinated with local and other regional NCD efforts is critical to utilize scarce resources more efficiently, develop coordinated health workforce efforts, utilize economies of scale and build local and regional capacity in community-based program planning, evaluation and surveillance.

Regional and jurisdiction CCC planning began in 2004. In 2007, all jurisdictions received CDC implementation funding for the jurisdiction plans. Additional resources were leveraged for development of a Regional Cancer Registry and a Center of Excellence in the Elimination of Disparities in breast and cervical cancer and related risk factors. Over the past five years, capacity has been built across multiple sectors and levels working in partnership with the CCC programs based in the Departments and Ministries of Health. The session will highlight a few key accomplishments, lessons learned and next steps needed to address cancer control and the larger issue of controlling the NCD Epidemic in the USAPI.

Learning Objectives:

1. Describe the evolution of comprehensive cancer control efforts in the USAPI.
2. State at least 5 accomplishments or changes seen across multiple levels of the socioecological model of health.
3. Describe at least three key lessons learned for successful collaborative work.
4. List at least three key collaborators and resources needed to reduce disparities in non-communicable disease and cancer indicators in the USAPI.

TRENDS IN MENTAL HEALTH TRANSFORMATION

Chair: CAPT Jon Perez, PhD

Region IX, US Substance Abuse and Mental Health Services Administration (SAMHSA)

Part I: Mental Health Transformation in Hawai‘i

Panel: S. Balcom, MA, S. Chun-Lum, MBA

Adult Mental Health Division, Hawai‘i State Department of Health

Hawai‘i has been the beneficiary of two Mental Health Transformation grants; one to encourage fundamental change in the service delivery system, and the second to bring awareness to the prevalence of trauma in the lives of those experiencing severe and persistent mental illness and develop a trauma-informed system of care for the people of Hawai‘i. This session will explore the work conducted as part of the initial Mental Health Transformation grant and the legacy projects that will continue beyond the life of the grant, as well as provide an over-view of current grant efforts to address trauma in the consumer population and build a trauma-informed system of care.

Learning Objectives:

1. Identify two or more ways the Mental Health System in Hawai‘i has benefited from the MHT SIG grant.
2. Describe the prevalence of trauma among individuals with severe and persistent mental illness.
3. Identify steps Hawai‘i is undertaking to build a more trauma-informed system of care.

Part II: Primary and Behavioral Health Care Integration

Panel: K. Krahn, MSM¹, D. Sato MSW, LCSW²

¹Adult Mental Health Division, Hawai‘i State Department of Health

²Kalihi-Palama Health Center

People with severe and persistent mental illnesses (SPMI) have morbidity and mortality rates that are significantly higher than those of the general population. Increasing interest in this issue within the mental health community in recent years, coupled with the Affordable Care Act’s health care reform initiatives, have provided both the impetus and framework for implementing and evaluating programs that integrate primary and behavioral health care with the goal of improving the overall health status of people with SPMI. Hawai‘i’s Primary and Behavioral Health Care Integration Initiative (PBHCII) is the first integration program in Hawai‘i that will utilize a collaborative Integrated Care Management Team, comprised of primary care staff employed by a private, non-profit, federally qualified health center and behavioral health staff employed by the State, to embed primary care services in two state-operated community mental health centers. Adult consumers with SPMI who elect to participate in the PBHCII will soon have access to a comprehensive and culturally-informed service array delivered in a manner consistent with patient-centered medical home, health home and chronic care model standards and expectations. It is expected, based upon past research and evaluation efforts, that providing access to culturally and linguistically sensitive, integrated, comprehensive, collaborative care will substantially improve the quality and health outcomes of care for those served.

Learning Objectives:

1. Explain why there is a profound disparity in life expectancy for adults with serious and persistent mental illness (SPMI),
2. Identify two or more factors to account for the high incidence of co-morbid, chronic medical conditions for adults with SPMI.
3. Describe how the integration model presented could be an effective approach for improving health outcomes for adults with SPMI.

Part III: Mental Health Workforce Development in the USAPI; Master Trainer Development Program**Panel: K. M. McCutchan-Tupua¹ and Jon Perez, PhD²**

¹Pacific Behavioral Health Collaborating Council (PBHCC)

²Region IX, US Substance Abuse and Mental Health Services Administration (SAMHSA)

The PBHCC is the behavioral health coordinating body for the U.S. Affiliated Pacific Islands, and is responsible for a wide range of behavioral health services across the region. It is also a critical program and initiative development group. SAMHSA and PBHCC have a long relationship of mutual support which was recently enhanced by the assignment of a SAMHSA Regional Administrator whose region includes the Pacific, as well as development of a master trainer program which is currently underway in the region. The master trainer program is training trainers in each of the PBHCC programs to develop sustained behavioral health training across a range of topics, developed and delivered by and for PBHCC members themselves.

Learning Objectives;

1. Identify roles of SAMHSA Regional Administrator for HHS Region IX.
2. Identify key partnerships between SAMHSA and the Pacific region.
3. Identify 2 aims of the USAPI Master Trainer Program.

PERFORMANCE IMPROVEMENT, NATIONAL PUBLIC HEALTH IMPROVEMENT INITIATIVE, AND PUBLIC HEALTH ACCREDITATION OF HEALTH DEPARTMENTS

Chair: K. Bender, PhD, RN, FAAN¹

Panel: M. Durand, MD, MPH², R. Ford, MPH³

¹Public Health Accreditation Board

²Pacific Island Health Officers' Association

³Northwest Portland Area Indian Health Board

This session will focus on the recent national movement for state, local, tribal, and territorial health departments to achieve accreditation through a voluntary process. Participants will learn about the process administered by the Public Health Accreditation Board and will receive an update on the status of health departments going through the accreditation process. A discussion about the connection between the National Public Health Improvement Initiative (NPHII) and public health accreditation will also be included. The session will be both didactic and interactive in nature. Participants will have an opportunity to ask questions and engage in dialogue with the panelists.

Learning Objectives:

1. Describe public health accreditation and PHAB's accreditation process
2. Discuss examples of the NPHII initiatives as they relate to the Pacific Islands
3. Discuss examples of the NPHII initiatives as they relate to Tribal public health

COMMUNITY-ACADEMIC PARTNERSHIPS TO ADDRESS OBESITY DISPARITIES IN HAWAII AND THE PACIFIC

Chair: Keawe‘aimoku Kaholokula, PhD¹

Panel: Marjorie Mau, MD¹; Rachel Novotny, PhD, RD²; May Okihiro, MD³

¹Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii

²Department of Human Nutrition, Food and Animal Sciences, College of Tropical Agriculture and Human Resources, University of Hawaii

³Department of Pediatrics, John A. Burns School of Medicine, University of Hawaii & Waianae Coast Comprehensive Health Center

In Hawaii and the larger Pacific, obesity is truly an epidemic in which it affects 50 to 70% of Pacific Islanders to include Native Hawaiians, Samoans, Marshallese, and Chuukese. As a result, the consequences of obesity, such as diabetes and heart disease, are also disproportionately higher in Pacific Islanders, with onset of these diseases starting at a much younger age than people of other ethnic groups. To address obesity disparities in both Pacific Islander adults and children, several public health programs and community, work and school based interventions are being developed and tested. This panel of scientists and clinicians, who represent community-academic partnerships, will present current research, public health, and clinic-based projects underway to curb the obesity epidemic in Hawaii and other parts of the Pacific. Several projects will be highlighted and discussed: 1) The PILI ‘Ohana Project, 2) Partners in Care, 3) the Children Healthy Living Project (CHL), 4) Pacific Kids DASH for Health (PacDASH), 5) Hawaii Initiative for Childhood Obesity Research and Education (HICORE), and 6) the Hawaii Youth Metabolic Study. The initial findings of these projects and their lessons learned will be shared, with a focus on their public health policy implications. Learning objective: The participant will be able to identify effective intervention strategies to addressing obesity in Native Hawaiians and Pacific Islanders

Learning Objective:

1. Identify promising intervention strategies to addressing obesity in Native Hawaiians and Pacific Islanders

COLLECTIVE IMPACT - CALPACT'S SUPER-REGION WIDE EFFORTS TO ADDRESS PUBLIC HEALTH WORKFORCE DEVELOPMENT

Chair: Jeffrey Oxendine, MPH, MBA¹

Panel: Diana Cassady, DrPH², Marlene Bengiamin, PhD³, Giuseppe Cuboni, MD⁴, V. Yontz, RN-BC, MPH, PhD⁵

¹University of California – Berkely

²University of California – Davis

³California State University – Fresno

⁴Pacific Island Health Officers' Association

⁵Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

The California Pacific Public Health Training Center (CALPACT) is dedicated to addressing the growing need for a highly trained public health workforce capable of responding to current and future public health challenges. This HRSA funded collaboration between the School of Public Health at UC Berkeley, the Office of Public Health Studies at University of Hawai'i Manoa, the Department of Public Health Sciences at UC Davis, and the Central Valley Health Policy Institute at Cal State University-Fresno is uniquely poised to expand and deepen the public health education and training of the health workforce in under-served rural and urban areas in Northern and Central California, Hawai'i, and the United States Associated Pacific Islands (USAPI). Each of the partner institutions offers significant strengths and brings a variety of perspectives to addressing the varied public health challenges in the super-region. CALPACT leverages and builds on those strengths and creates synergy among the partners to meet to achieve CALPACT's goals. CALPACT will offer a panel discussion on lessons learned as we address workforce development in our super-region.

CALPACT- Pacific Islands/Hawaii has developed an Associate of Sciences Degree in Public Health Program at Palau Community College which is primarily directed at upgrading the current public health workforce in Palau and have provided continuing public health training to health workers.

UC Berkeley CALPACT provides both online and face-to-face trainings on an array of topics, with a particular emphasis on the use of New Media in public health, leadership development, and promoting cultural competency.

UC Davis' educational effort uses online tutorials that can be accessed from anywhere the user has an internet connection.

CVHPI offers webinars to highlight new findings and how communities can use these findings and provides a model for engaging in equity debates.

Learning Objective:

1. To learn from the shared experience of CALPACT on workforce development in the Pacific Islands.

HEALTH COMMUNICATION AND DISPARITIES

K. Viswanath, PhD

Harvard University

This session will offer public health practitioners in the Pacific real world examples and hands-on activities to support the development of effective health risk communications to reduce tobacco use in the Pacific. The session will offer case studies and exemplars on the development of tobacco risk communications for the Pacific using the WHO Framework Convention on Tobacco Control.

Learning Objectives:

1. Recognize the effect of communications inequalities in tobacco control
2. Understand how to integrate the WHO Framework Convention on Tobacco Control into tobacco risk communications.
3. Be able to develop effective tobacco risk communications strategies for use in the Pacific

SOCIAL MARKETING FOR PUBLIC HEALTH

P. Haro, MPH

Social Marketing Hawaii

This session will provide an overview on how to use social marketing to plan programs aimed at improving health-related behaviors. Participants will learn about the basic concepts of social marketing and what it takes to create a research-based communications campaign.

Social marketing, not to be confused with social media, is the evidence-based systematic application of commercial marketing techniques to influence voluntary behavior of a target population for their own, their family's or their community's benefit. Social marketing has been described by the CDC as a tool to "influence the behavior of individuals or the behavior of policymakers and influential persons for policy and environmental changes."

Learning Objectives:

1. Define social marketing and its applicability to public health.
2. Identify the broad outlines needed to develop a social marketing campaign.
3. Identify the resources available for social marketing



Oral Presentations

- 37 **‘ĀINA-BASED HEALTH PROGRAMS: A PLACE TO GROW COMMUNITY-ENGAGED PERFORMATIVE RESEARCHERS**
K. Burke, MPH¹, P. Freitas MFA¹, A. Sy, DrPH²
¹Kōkua Kalihi Valley Comprehensive Family Services
²Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
- 38 **A COLLABORATIVE APPROACH TO ADAPT STANFORD’S DIABETE SELF-MANAGEMENT PROGRAM**
M. Tomioka, MS¹, V. Ah Cook, MPH², M. Compton, MPH³, K. Wertin, MPH², K. Braun, DrPH¹
¹Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
²Diabetes Prevention and Control Program, Hawaii State Department of Health
³Kokua Kalihi Valley Comprehensive Family Services Elder Care Program
- 39 **A FOLLOW-UP ASSESSMENT OF THE PACIFIC REGIONAL CANCER COALITION: RESULTS AND IMPLICATIONS OF A REGIONAL COALITION TO INTEGRATE CANCER AND CHRONIC DISEASE PREVENTION IN THE PACIFIC**
A. Sy, DrPH¹, A. Lim, MA¹, J. Hedson, MBBS MMed (Surg)², L. Buenconsejo-Lum, MD¹, N. Palafox, MD¹
¹University of Hawaii, ²Pohnpei Department of Health Services
- 40 **ACCEPTABILITY OF ACCELEROMETERS TO MEASURE THE PHYSICAL ACTIVITY OF PRESCHOOL CHILDREN IN THE CHILDREN’S HEALTHY LIVING PROGRAM (CHL) IN HAWAII**
K. McGlone, PhD, MSEP, CHES
 University of Hawaii
- 41 **ADAPTING STANFORD’S CHRONIC DISEASE SELF-MANAGEMENT PROGRAM TO HAWAII’S MULTICULTURAL POPULATION**
M. Tomioka, MS
 Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
- 42 **ADDRESSING HAWAII'S PHYSICIAN SHORTAGE BY STARTING A SECOND MEDICAL SCHOOL BASED IN WAIANAЕ**
Students of R. Custodio, MD, MPH
 Waianae Coast Comprehensive Health Center
- 43 **BRIEF TOBACCO INTERVENTION TRAINING FOR NURSING STUDENTS**
M. Groff, BSN, RN & K. Bautista, BSN, RN
 University of Hawaii Hilo
- 44 **BUILDING CAPACITY THROUGH CULTURALLY COMPETENT CHRONIC DISEASE TRAININGS FOR COMMUNITY HEALTH WORKERS**
M. Trask-Batti, BA, M. Look, MBA, C. Moleta, BA
 Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii
- 45 **BULLYING AND ITS CORRELATES AMONG HIGH SCHOOL STUDENTS IN HAWAII**
J. Sugimoto-Matsuda, MS¹, D. Hayes, MD², E. Hishinuma, PhD¹, J. Ng-Osorio, MPH¹
¹University of Hawaii
²Hawaii State Department of Health
- 46 **CARING THE PACIFIC WAY: IMPLEMENTING APPROPRIATE PALLIATIVE CARE IN THE US AFFILIATED PACIFIC ISLANDS**

J. Kojiane, MPH¹, R. Seitz, MD², P. Nishimoto, DNS, MPH, FAAN², L. Jonas, MD³

¹University of Hawaii Cancer Center, Pacific CEED

²Kokua Mau

³Kosrae Department of Health

47 CHILDREN’S HEALTHY LIVING PROGRAM (CHL) FOR REMOTE UNDERSERVED MINORITY POPULATIONS OF THE PACIFIC REGION

R. Novotny, PhD, RD

Department of Human Nutrition, Food and Animal Sciences, College of Tropical Agriculture and Human Resources, University of Hawaii

48 CLIMATE CHANGE EDUCATION AS ‘PREVENTATIVE MEDICINE’ IN THE PACIFIC ISLANDS

E. Allen, PhD

PREL

49 COLLEGE WOMEN’S PERCEPTIONS OF HPV VACCINES AND THEIR PERCEIVED BARRIERS TO ADOPTION OF VACCINATION

L. Yoda, PhD, A. Katz, MD, PhD, D. Nahl, PhD, D. Streveler, PhD, R. Busse, M.D. and M. Crosby, PhD
University of Hawai‘i

50 CULTURALLY TAILORED INTERVENTIONS TO PREVENT OR CONTROL CHRONIC DISEASE TARGETING KOREAN AMERICANS: A SYSTEMATIC REVIEW

H-H. Heo, MA

Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

51 DESIGNING CULTURALLY RELEVANT SERVICES FOR ASIAN AND PACIFIC ISLANDER YOUTH

J. Clark, MPH

Hawaii Youth Services Network

52 DEVELOPING A 21ST CENTURY NURSING WORKFORCE TO ADDRESS THE COMPLEX HEALTH NEEDS IN THE US-AFFILIATED PACIFIC ISLANDS

Chair: CAPT C. Wasem, MN, RN¹

Panel: R. Alik, RN, MSN² & K. Qureshi, RN, DNSc, CEN, APHN-BC³

¹Office of Pacific Health, U.S. Department of Health and Human Services, Region IX Office of the Regional Health Administrator

²College of the Marshall Islands; Micronesian Health Care Outreach Program – Hawaii; AlohaCare

³School of Nursing and Dental Hygiene, University of Hawaii

DISEASE DETECTIVES: RECRUITMENT TOOL AND PROMOTIONAL EVENT

S. Gon, MPH, MLS

Department of Medical Technology, John A Burns School of Medicine, University of Hawaii

53 DISEASE DETECTIVES: RECRUITMENT TOOL AND PROMOTIONAL EVENT
S. Gon, MPH, MLS

Department of Medical Technology, John A Burns School of Medicine, University of Hawaii

54 E.B.T. = EAT BETTER TODAY

B. Brody

Get Fit Kauai, the Nutrition and Physical Activity Coalition of Kauai County

- 55 ELIMINATING CHRONIC HEPATITIS B DISPARITIES AMONG ASIAN PACIFIC ISLANDERS: A MODEL FOR TRANSFORMING PUBLIC HEALTH IN THE PACIFIC**
A. Manuzak, MD, MPH, PhD
Hawaii State Department of Health & Hawaii Pacific University
- 56 FACTORS RELATED TO SUICIDAL IDEATION AMONG COLLEGE STUDENTS ON GUAM**
M-S. Ran, MD, PhD
Division of Health Sciences, School of Nursing and Health Sciences, University of Guam
- 57 FEDERAL SUPPORT FOR MULTICULTURAL HEALTH IN THE US-ASSOCIATED PACIFIC ISLANDS**
CAPT J. Walmsley, REHS, BS
U.S. Department of Health and Human Services, Office of the Assistant Secretary of Health
- 58 GUAM'S COMMUNITY OUTREACH PROJECT TO REDUCE TOBACCO USE DISPARITIES AMONG MICRONESIAN YOUTH: PARTICIPATORY RESEARCH FOR ACTION**
A. M. David, MD, MPH¹, A. Mummert, MPA, BA¹, J. Silbanuz¹, D. Asor², S. Rupley³
¹University of Guam Cancer Research Center
²University of Guam Chuukese Student Organization
³Youth for Youth Live Guam
- 59 HAWAII COUNTY TOBACCO CONTROL POLICIES - NEW HORIZONS FOR HEALTH**
S. Ancheta, BA
Coalition for a Tobacco-Free Hawai'i, East Hawai'i
- 60 HAWAII'S CARING COMMUNITIES INITIATIVE: USING A YOUTH AND COMMUNITY MOBILIZATION MODEL TO PREVENT YOUTH SUICIDE**
K. Bifulco, BA¹, S. Wilcox², J. Chung-Do, DrPH¹, J. Sugimoto-Matsuda, MS¹, Deborah Goebert, DrPH¹
¹Department of Psychiatry, John A. Burns School of Medicine, University of Hawaii
²BRAVEHEART
- 61 HAWAII'S ROLE IN THE NEW NATIONAL HIV/AIDS STRATEGY**
P. Whiticar, MA
STD & AIDS Prevention Branch, Hawaii State Department of Health
- 62 HEALTHCARE TRANSFORMATION IN HAWAII**
B. Giesting, MS
Office of Healthcare Transformation, Office of the Governor
- 63 HIV/AIDS AT 30 YEARS: IMPACT ON GERIATRIC POPULATION**
A. Manuzak, MD, PhD, MPH & T. Mar, BSN, RN
Hawaii Pacific University
- 64 HULA & HEALTH: PERSPECTIVES OF KUMU HULA**
M. Look, MBA¹, A. Carvahlo, BA²
¹Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii
²Health Science Center, University of Texas
- 65 INNOVATIVE BREASTFEEDING PROMOTION IMPACTS ISLAND HEALTH DISPARITIES**
K. Olson, BA, MCH, IBCLC, CD & H. Tataki, AA
Family Support Hawaii

- 66 **JABSOM'S INITIATIVES IN THE DEVELOPMENT OF HEALTH WORKFORCE IN THE PACIFIC – A REVIEW OF PROGRAMS**
S. Izutsu, PhD¹ and Gregory Dever, MD²
¹John A. Burns School of Medicine, University of Hawaii,
²Pacific Island Health Officers' Association
- 67 **KE OLA PONO - CULTURALLY-BASED HIV CARE SERVICES FOR NATIVE HAWAIIANS**
T. Kajimura, MPH, K. Abordo, BA, M. Orton, PD
 Life Foundation
- 68 **MEASLES, MUMPS, AND RUBELLA VACCINATION COVERAGE AND TIMELINESS IN CHILDREN, AMERICAN SAMOA, 2008-2009**
S. Gray, MPH¹, R. Seither, MPH², Y. Masunu-Faleafaga, BSN³
¹Centers for Disease Control and Prevention
 Carter Consulting
²Centers for Disease Control and Prevention
³American Samoa Government Department of Health
- 69 **MEASURING VACCINATION IN U.S.-AFFILIATED ISLAND JURISDICTIONS: LESSONS LEARNED AND RESULTS**
R. Seither, MPH¹, J. Stanley, MPH¹, S. Gray, MPH¹, L. Helgenberger, MPH²
¹Centers for Disease Control and Prevention
²Federated States of Micronesia Immunization Program
- 70 **PATIENT CENTERED HEALTH CARE HOME LEARNNG COLLABORATIVE**
R. Hirokawa, DrPH & C. Vocalan, RN, BSN
 Hawaii Primary Care Association
- 71 **PATIENT NAVIGATION TRAINING IN THE REPUBLIC OF THE MARSHALL ISLANDS**
R Fernandes, MD, MPH¹, S. Riklon, MD², J. R. Langidrik, MPH³, S. Williams, MD⁴, N. Kabua⁵, R. Nazareth, AS⁶, A. Wen, MD¹, K. Masaki, MD¹.
¹The Pacific Islands Geriatric Education Center and the John A. Hartford Foundation Center of Excellence in Geriatrics, Department of Geriatric Medicine, John A. Burns School of Medicine, University of Hawaii.
²Department of Family Medicine and Community Health, John A. Burns School of Medicine, University of Hawaii.
³Ministry of Health, Majuro, Republic of the Marshall Islands.
⁴Division of Geriatric Medicine, Department of Medicine, University of Chicago Medical Center.
⁵National Comprehensive Cancer Control Program, Ministry of Health, Republic of the Marshall Islands.
⁶Kokua Kalihi Valley Comprehensive Family Services, Honolulu, Hawaii.
- 72 **PRENATAL STRESSFUL LIFE EVENTS ASSOCIATED WITH BED SHARING IN HAWAII – DATA FROM THE HAWAII PREGNANCY RISK ASSESSMENT MONITORING SYSTEM, 2009-2010**
J. Elia, MPH¹ & E. Roberson, MPH²
¹Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
²Hawaii State Department of Health
- 73 **PRESCRIPTION DRUG USE DURING PREGNANCY IN HAWAII – DATA FROM THE HAWAII PREGNANCY RISK ASSESSMENT MONITORING SYSTEM, 2009-2010**
E. Roberson, MPH
 University of Hawaii & Hawaii State Department of Health
- 74 **PREVENTING VIOLENCE AGAINST WOMEN IN THE MARSHALL ISLANDS**
S. Evensen, MPH
 PREL

- 75 REACHING OUT TO THE CHUUKESSE COMMUNITY IN GUAM**
V. Aguon, BS¹, B. Schumann, BSN, MPA¹, F. Kepwe², M. Otoko²
¹STD/HIV Program, Guam Department of Public Health and Social Services
²Guam Chuuk Love Life Center
- 76 REDUCING TOBACCO USE PREVALENCE IN THE WESTERN PACIFIC BY 10% IN 2014: CAN WE DO IT?**
A. M. David, MD, MPH¹, S. Mercado, MD, MBA², J. Rarick, MPH²
¹University of Guam Cancer Research Center
²World Health Organization Western Pacific Regional Office, Tobacco Free Initiative
- 77 RELATING CHILDHOOD HEALTH BEHAVIORS AND ADOLESCENT ACADEMICS IN HAWAI'I**
K. Amato, BS and C. Nigg, PhD
 Department of Public Health Sciences, John A. Burns School of Medicine, University of Hawaii
- 78 ROLE OF SOCIAL MEDIA AND THE TRANSFORMATION OF HEALTH COMMUNICATION ON PUBLIC HEALTH**
Chair: I. Chik, BS
Panel: K. Bifulco, BA , Z. Fu, MD, M. McGurk, BA, T. Smith, BA
 Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
- 79 SCREENING AND MANAGEMENT OF ABDOMINAL AORTIC ANEURYSM IN HIGH-RISK POPULATIONS**
B. Paet, RN, BSN & A. Manuzak, MD, PhD, MPH
 Hawaii Pacific University
- 80 SEE HOW THEY RUN: PHYSICAL ACTIVITY AMONG HAWAI'I PRESCHOOLERS IN THE CHILDREN'S HEALTHY LIVING (CHL) PROGRAM**
R. Ettienne-Gittens, PhD, MS, RD¹, N. Black, MS², C. Nigg, PhD³, K. McGlone, PhD, CHES², Y. Su, PhD, MS², R. Novotny, PhD, MS, RD²
¹University of Hawaii Cancer Center
²Department of Human Nutrition, Food, and Animal Sciences, University of Hawaii
³Department of Public Health Sciences, John A. Burns School of Medicine, University of Hawaii
- 81 SEXUAL RISK BEHAVIORS AND HIV TESTING AMONG MEN WHO HAVE SEX WITH MEN, GUAM 2007 – 2008**
V. Aguon, BS¹, B. Schumann, BSN, MPA¹, E. Malladad¹, C. K. Wan², PhD, D. Voetsch, PhD², W. Chow, BS², E. Adriatico, BSN¹, J. Cate, BS¹
¹STD/HIV Program, Guam Department of Public Health and Social Services
²U.S. Centers for Disease Control and Prevention
- 82 STEPS TO CREATING A "SAFE ROUTES TO SCHOOL" PROGRAM**
B. Brody
 Get Fit Kauai, the Nutrition and Physical Activity Coalition of Kauai County
- 83 STI SCREENING IN A MULTICULTURAL COMMUNITY HEALTH CENTER IN HAWAII**
D. Segal Matsunaga, MPH¹, **S. Selifis¹**, L. DeVilbiss, MD, MPH¹, M. VC Lee, MS²
¹Kokua Kalihi Valley Comprehensive Health Center
²Hawaii STD Prevention Program, Hawaii State Department of Health

- 84 THE COMMUNITY HEALTH WORKER AS "EMPOWERMENT AGENT": APPLYING THE TEACH FOR HEALTH MODEL OF COMMUNITY DEVELOPMENT**
K.Coontz, MPH¹, N. Hawthorne, MPH¹, S. Nunn, RN, MSc,² A. Cullen³, Z. Herridge-Meyer, BA², Y. Teitel, BA¹
¹University of California – San Francisco, Teach for Health International
²Teach for Health International
³University of California – Berkeley
- 85 THE DEVELOPMENT OF THE CHILDREN’S HEALTHY LIVING FOR REMOTE UNDERSERVED POPULATIONS IN THE PACIFIC REGION PROGRAM (CHL) COMMUNITY-BASED APPROACH TO IDENTIFY AND PRIORITIZE POSSIBLE ENVIRONMENTAL INTERVENTIONS TO PREVENT YOUNG CHILD OBESITY**
M. Fialkowski, PhD, MS, RD
 University of Hawaii
- 86 THE PACIFIC CENTER OF EXCELLENCE IN THE ELIMINATION OF DISPARITIES: EVALUATION AND RESULTS OF A 5 YEAR PROJECT TO REDUCE CANCER DISPARITIES IN THE US AFFILIATED PACIFIC ISLANDS**
A. Sy, DrPH, A. R. Pandi, PhD, A. Lim, MA, L. Buenconsejo-Lum, MD, N. Palafox, MD, J.M. Daye, MA
 University of Hawaii
- 87 TIMELINESS OF CHILDHOOD VACCINATIONS IN YAP STATE, FEDERATED STATES OF MICRONESIA (FSM)**
J. Stanley, MPH¹, R. Seither, MPH¹, L. A. Helgenberger, MPH²
¹Centers for Disease Control and Prevention
²Federated States of Micronesia Immunization Program
- 88 TOBACCO SURVEILLANCE AND MONITORING: CHALLENGES AND OPPORTUNITIES IN THE WESTERN PACIFIC ISLANDS**
D. Richard, MPH
 World Health Organization & Simon Fraser University
- 89 TRADITIONAL AND CUSTOMARY PRACTICES OF MEA `AI PONO**
K. Molitau, BA¹, **R.K. Domingo²**, S. McGuinness, BA³
¹Kumu Hula, Na Hanona Kulike `O Pi`ilani
²Papahana Kuaola
³Nutrition & Physical Activity Coalition of Maui County
- 90 TRAINING AN INDIGENOUS WORKFORCE TO PREVENT CHILDHOOD OBESITY: A COMPONENT OF THE CHILDREN’S HEALTHY LIVING PROGRAM FOR REMOTE UNDERSERVED MINORITY POPULATIONS IN THE PACIFIC REGION (CHL)**
J. Leslie, DrPH, RD
 University of Hawaii
- 91 TRAINING ON GERIATRICS AND CAREGIVING IN PALAU**
R. Fernandes, MD, MPH¹, S. Osarch, DCHMS², C. Bell, MD¹;; B. Flynn, MD, MPH¹, L. Nguyen, MD¹, M. Abad, RN³, A. Wen, MD¹, K. Masaki, MD¹
¹The Pacific Islands Geriatric Education Center and the John A. Hartford Foundation Center of Excellence in Geriatrics, Department of Geriatric Medicine, John A. Burns School of Medicine, University of Hawaii.
²Homebound Program, Belau National Hospital, Ministry of Health, Koror, Palau.
³Public Health Nursing, Hawaii State Department of Health

- 92 **UNDERGRADUATE PUBLIC HEALTH DEGREE DEVELOPMENT: WORKFORCE DEVELOPMENT IN HAWAII AND THE PACIFIC**
Chair: Nancy S. Partika, RN, MPH¹
Panel: Mark Tomita, PhD, RN, MCHES², Patricia O'Hagan, PhD³, Gregory Dever, MD⁴, Berlin Kafoa, PhD⁵
¹Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
²Health Science, Hawaii Pacific University
³Health Academic Programs, Kapi`olani Community College
⁴Pacific Island Health Officers' Association
⁵Nursing and Health Sciences, Fiji National University College of Medicine
- 93 **UNIVERSITY OF GUAM (UOG)/UNIVERSITY OF HAWAII CANCER CENTER (UHCC) PARTNERSHIP: GROWING MINORITY SCIENTISTS AND RESEARCH CAPACITY THROUGH A PARTNERSHIP TO ADVANCE CANCER HEALTH EQUITY**
H. Robinett, MPH¹, H.J.D. Whippy, PhD², C-W Vogel, MD, PhD¹, J. Peterson, PhD²,
¹University of Hawaii Cancer Center
²University of Guam
- 94 **UPDATE ON STDS: NATIONAL AND HAWAII PERSPECTIVE**
A. Katz, MD, PhD¹, A. Komeya², MPH, M. Kiaha, BS², M. Lee, MS²
¹Department of Public Health Sciences, John A. Burns School of Medicine, University of Hawaii
²Hawaii State Department of Health
- 95 **USING DATA ON THE SOCIAL DETERMINANTS OF HEALTH TO ENGAGE COMMUNITIES IN THE CHRONIC DISEASE STRATEGIC PLANNING PROCESS**
A. Pobutsky, MD, PhD, G. Kishaba, BS, B. Nett, MPH, E. Bradbury, MPH, MSW
Hawaii State Department of Health
- 96 **UTILIZING EARNED MEDIA, EDUCATION AND NETWORKING TO ADVOCATE FOR COMPLETE STREETS**
S. McGuinness, BA, CSAC¹ & J. Maddock, PhD²
¹Nutrition & Physical Activity Coalition of Maui County
²Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
- 97 **VALIDATING SELF-REPORTED HISTORY OF CHRONIC CONDITIONS AMONG ARECA (BETEL) NUT CHEWERS IN GUAM**
Y.C. Paulino, PhD¹, R. Novotny, PhD, MS, RD², E.L. Hurwitz, PhD², M.J. Miller, EdD, MS, BS¹, L.R. Wilkens, DrPH, MS², K. Murphy, DPE, MEd¹
¹University of Guam
²University of Hawaii
- 98 **WAIMĀNALO FOOD SYSTEMS PROJECT**
L. K. Dierks, MEd, C. Donohoe-Mather, MAS, RD, IBCLC, H. Hansen-Smith, BA
Hawaii State Department of Health
- 99 **WHAT YOU DON'T KNOW CAN HURT YOU: PROVIDING EFFECTIVE SERVICES TO LGBT YOUTH**
N. Kern, MPH¹ & R. Bidwell, MD²
¹Hawaii State Department of Health
²John A. Burns School of Medicine, University of Hawaii & Kapiolani Medical Center

‘ĀINA-BASED HEALTH PROGRAMS: A PLACE TO GROW COMMUNITY-ENGAGED PERFORMATIVE RESEARCHERS

K. Burke, MPH¹, P. Freitas MFA¹, A. Sy, DrPH²

¹Kōkua Kalihi Valley Comprehensive Family Services

²Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

Introduction: ‘Āina-based, or land-based health programs such as Ho‘oulu ‘Āina Nature Preserve, a program of federally qualified community health center, Kōkua Kalihi Valley Comprehensive Family Services (KKV), are ideal spaces of learning for students to explore how community centered research may be used to help underserved communities thrive. ‘Āina-based health programs provide experiential learning opportunities for students by facilitating opportunities for them to build personal connections with the community and to allow students to be intellectually, philosophically, emotionally and/or spiritually transformed by their research engagement.

Program/Research Design: “Community-engaged performative research” (CEPR) is based on community-based participatory research (CBPR) focusing on research through collective community action. Through their collective connection to Ho‘oulu ‘Āina, a public health masters student, her committee chair, and her community and organizational partner at KKV provide stories of personal transformation that led to the creation of a CEPR conceptual model.

Results: A “Ripple Model for Growing Community-Engaged Performative Researchers” outlines ways to enhance a key principle of CBPR--cultural safety, or safe community-engagement-- through effective communication, reciprocity and relationship building. This model proposes ways for community-engaged researchers to use research to promote the healing, and the reconciliation and the alleviation of suffering for communities that have been historically marginalized by unethical research practices.

Impact: ‘Āina-based health programs as community-based training sites along with the inclusion of CEPR may provide new opportunities for experiential CBPR education. The “Ripple Model for Growing Community-Engaged Performative Researchers” can be used for students’ reflection on their own research field practice and as a conceptual model on how ‘Āina-based health programs may be utilized for community-based learning assignments for students’ classes, internships and practicum.

Learning Objectives:

1. Participants will be able to use the “Ripple Model for Growing Community-Engaged Performative Researchers” to reflect on their own research field practice.
2. Participants will learn a new perspective on how ‘Āina-based health programs may be utilized for students’ community-based learning assignments for classes, internships and practicum

A COLLABORATIVE APPROACH TO ADAPT STANFORD'S DIABETE SELF-MANAGEMENT PROGRAM

M. Tomioka, MS¹, V. Ah Cook, MPH², M. Compton, MPH³, K. Wertin, MPH², K. Braun, DrPH¹

¹Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

²Diabetes Prevention and Control Program, Hawaii State Department of Health

³Kokua Kalihi Valley Comprehensive Family Services Elder Care Program

Diabetes is the fifth leading cause of death in Hawaii. However, distinct socioeconomic and ethnic disparities in prevalence of diabetes, self-management behaviors, and diabetes-related complications exist. Diabetes disproportionately affects Native Hawaiians, Filipinos, and residents with low educational attainment or low household income. To reduce these disparities, a collaborative partnership among the Hawaii State Department of Health, Kokua Kalihi Valley Community Health Center (KKV), and the University of Hawaii has adapted the evidence-based Stanford's Diabetes Self-Management Program (DSMP) and is offering it to Kalihi residents. DSMP is designed to empower people with type 2 diabetes to take control of their diabetes-related symptoms, stress, and emotional issues. Participants attend six weekly two-hour sessions, facilitated by two trained leaders. By the end of the 6-week session, it is expected that participants will feel better, have better control over the symptoms of their diabetes, and be better able to talk to their physicians. This project monitors fidelity of delivery of DSMP and tracks participants' attendance, satisfaction, and 6-month outcomes. The 6-month outcomes will include data on participant health status, health behaviors, self-efficacy, and clinical measures (i.e. BMI, blood cholesterol, and HgA1c). To date, two DSMP workshops (n=37) have been completed at KKV (100% completion) with high fidelity. We will serve 100 participants by July. Based on the satisfaction survey, all 37 participants joined because they have diabetes and wanted to learn about self-management. Participants were very satisfied with DSMP and the leaders (mean=9.97, SD = 0.17), willing to use skills learned from DSMP (mean=9.83, SD = 0.38), and confident that they could manage their diabetes (mean= 9.86, SD = 0.35). The first 6-month follow-up will be conducted at the end of August (n=37) and follow-up data on health behaviors, self-efficacy, and clinical measures will be shared at the conference.

Learning Objectives:

1. Discuss the ethnic disparities in prevalence of diabetes in Hawaii and the importance of embedding an evidence-based diabetes self-management program
2. Describe the impact of the Stanford's diabetes self-management program, including clinical measures

A FOLLOW-UP ASSESSMENT OF THE PACIFIC REGIONAL CANCER COALITION: RESULTS AND IMPLICATIONS OF A REGIONAL COALITION TO INTEGRATE CANCER AND CHRONIC DISEASE PREVENTION IN THE PACIFIC

A. Sy, DrPH¹, A. Lim, MA¹, J. Hedson, MBBS MMed (Surg)², L. Buenconsejo-Lum, MD¹, N. Palafox, MD¹

¹University of Hawaii, ²Pohnpei Department of Health Services

Introduction: Cancer burden in the resource-limited, geographically expansive, culturally-unique 10 US Affiliated Pacific Island (USAPI) jurisdictions is among the highest in the world. The Pacific Regional Cancer Coalition (PRCC) provides regional leadership in the USAPI to implement the CDC Regional Comprehensive Control Plan. The Pacific Center of Excellence in the Elimination of Disparities addresses cancer disparities, conducts evaluation in the USAPI, and partners with the PRCC for its coalition evaluation.

Program/Research Design: In Spring 2010, PRCC Self (internal) and Partner (external) Assessments were conducted to document coalition functioning, regional and national partnerships, sustainability, and the role of regionalism in integrating all chronic disease prevention and control in the Pacific. Follow up PRCC Assessments in Spring 2012 will examine changes in outcomes from the Spring 2010 assessments and partnership linkages. Self-administered questionnaires and key informant interviews with PRCC members (N=30), and representatives from regional and national partner organizations (N=40) will be conducted. Validated multi item measures using 5 point scales on coalition and partnership characteristics will be used. Inferential statistics will analyze significant changes in partnership measures from the initial assessment. Network analysis to identify the strength of collaborations will be conducted.

Results: The initial assessment indicated that internal coalition measures (satisfaction, communication, respect) were rated more highly than external partnership measures (resource sharing, regionalism, use of findings). The follow up assessment will report on changes on these measures. Results of the network analysis will inform collaborations between organizations addressing cancer and chronic disease in the Pacific.

Impact: PRCC member and external partnership satisfaction, and changes in satisfaction will be explained. What has worked to support the PRCC's regional collaborations in the USAPI on cancer prevention programming may be applied to how other regional entities may also work together to integrate all chronic disease prevention and control efforts in the Pacific.

Learning Objectives:

1. Identify one factor related to satisfaction with the PRCC.
2. Participants will describe partnership factors related to sustainability of cancer prevention and control initiatives in the Pacific from PRCC members and regional and national partners.
3. Participants will identify one strategy on how regionalism may be fostered to address chronic disease prevention in the Pacific region

ACCEPTABILITY OF ACCELEROMETERS TO MEASURE THE PHYSICAL ACTIVITY OF PRESCHOOL CHILDREN IN THE CHILDREN'S HEALTHY LIVING PROGRAM (CHL) IN HAWAII

K. McGlone, PhD, MSEPH, CHES

University of Hawaii

Introduction: Physical activity (PA) is an important determinant of health. Inactivity is a risk factor as more children are becoming overweight and developing Type II diabetes. Since behavioral patterns are established early in life, programs to increase PA in children are important. An objective measure of PA is necessary to establish program impact. This study examined the acceptability of accelerometry as a measure of PA in young children.

Research Design: Three Oahu Head Start centers were selected based on proportion of Hawaiian ancestry. Fifty-one preschool children enrolled in the CHL Physical Activity Pilot from these centers. Thirty children were Native Hawaiian or Pacific Islander. Children wore an accelerometer for two one-week periods with at least one week in between without the device. Staff placed accelerometers on children's wrists at Head Start. Parents completed several survey forms about their children's experience with the accelerometer.

Results: Fifty-one children wore accelerometers in week 1, and 47 in week 2. Ninety-three percent of parents indicated their children were neutral or happy wearing the accelerometer. Thirty-three percent took the accelerometer off at some point during week 1 and 40% in week 2. Almost 20% of children stopped wearing it before the end of study week 1, and 26% in week 2. Ethnic differences in acceptability and factors affecting its early removal were discussed. Qualitative data suggested improvements to the use of accelerometry for young children.

Impact: Accelerometers are a feasible means to objectively measure physical activity in preschoolers. Acceptance of accelerometers could be further improved by using sturdy and more comfortable wristbands. Also, by placing accelerometers on children early in the week, staff could re-attach accelerometers already removed and support children and parents at preschool.

Learning Objective:

1. Learn about accelerometers as a method to measure physical activity in young children and factors to improve their acceptance.

ADAPTING STANFORD'S CHRONIC DISEASE SELF-MANAGEMENT PROGRAM TO HAWAII'S MULTICULTURAL POPULATION

M. Tomioka, MS

Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

Older adults are most likely have increased risk factors for chronic illnesses and fewer resources to help manage their health conditions, especially in minority populations with high social need. Dedicated to increasing access to health promotion programs among Hawaii seniors with chronic conditions, the Hawaii Healthy Aging Partnership (HHAP) has adapted two evidence-based programs to Hawaii. One is Stanford's Chronic Disease Self-Management Program (CDSMP), which has been proven to increase patients' ability to manage distress and communicate with physicians. We present how we adapted and replicated CDSMP in Asian and Pacific Islander (API) communities. First, we used the "track changes" tool to deconstruct CDSMP into its various components (e.g., recruitment and staffing) and the "adaptation traffic light" to identify allowable modifications to the original program. We offered excellent training, and monitored local leaders' fidelity of delivery of CDSMP. Finally, we tracked participants' attendance, satisfaction, and 6-month outcomes to see if CDSMP participants in Hawaii were realizing expected benefits of the program. Between July 2007 and February 2010, 584 older adults completed a CDSMP workshop. Baseline and 6-month data were available for 422 (72%), including 53 Caucasians, 177 Asians, and 194 Pacific Islanders. All 3 groups realized significant decreases in social and role activity limitations and significant increases in communication with physicians. Asians and Pacific Islanders also realized significant increases in self-rated health and time spent engaging in stretching/strengthening exercise. Asians also reported significant reductions in health distress and self-reported physician visits and increases in time spent in aerobic exercise, ability to cope with symptoms, and self-efficacy. HHAP's experience suggests that CDSMP can be modified for increased cultural appropriateness for API communities while maintaining the key components responsible for behavior change.

Learning Objectives:

1. Increase awareness and understanding of the importance of attending to cultural factors in implementing evidence-based interventions
2. Apply tools to understand and adapt an evidence-based intervention for a community
3. Describe the impact of the CDSMP on APIs

ADDRESSING HAWAII'S PHYSICIAN SHORTAGE BY STARTING A SECOND MEDICAL SCHOOL BASED IN WAIANAE

R. Custodio, MD, MPH

Waianae Coast Comprehensive Health Center

Waianae Coast Comprehensive Health Center (WCCHC) is part of an exciting new Physician workforce initiative with A.T. Still University (ATSU) School of Osteopathic Medicine in Arizona. The school is dedicated to training future doctors who will go into primary care and treat those living in underserved communities. WCCHC is one of 11 “Hub Sites” around the country where the medical students will learn. The first year of medical school is spent at ATSU in Arizona. Years two, three and four are at the hub sites so the medical students will learn and train with health center doctors and staff, while taking care of members of the community who they will hopefully serve in the future. This training differs from traditional medical schools because it is Presentation-Based (vs. Problem Based) Community-Based and Rural-Outpatient Based (vs. Hospital Based). One initiative that all the students experience “Reaching Down and Pulling Up.” Throughout their second year they are required to go into Elementary Schools and High Schools and to talk to the students about a career in medicine. Third and Fourth year Students from the Waianae Community Campus have a very rich exposure to medical practices in rural and underserved areas. There are neighbor island rotations in Hilo, Kona, Hamakua, Kamuela, Molokai and Kauai. Foreign experiences include American Samoa, Nepal, New Zealand, Tibet, Bourdain, France and Gobon, Africa. So does a Presentation-Based, Community Based and Outpatient-Based Medical School have an influence on Medical Student’s choice of residency? Our first class of 107 graduated (9 from Hawaii) last June 2011 with 85% of the class going into Primary Care Residencies. More recently, our 2012 graduating class this year has a 100% Primary Care Residency Match rate.

Learning Objective

1. The audience will have a better understanding of Hawaii’s Physician shortage and one strategy to address it.

BRIEF TOBACCO INTERVENTION TRAINING FOR NURSING STUDENTS

M. Groff, BSN, RN & K. Bautista, BSN, RN
University of Hawaii Hilo

Introduction: It has been posited that nurses are the largest group of healthcare providers, thus they have an extended reach into the population of tobacco users. For our nursing collaborative project, we partnered with the Coalition for a Tobacco-Free Hawaii. Our program was to determine if brief tobacco intervention and training has a place in the University of Hawaii at Hilo (UHH) Bachelor of Science in Nursing (BSN) curriculum.

Program/Research Design: We utilized a mixed method of qualitative and quantitative data in forms of questionnaires, Likert-scale surveys, and pre & post-tests regarding tobacco cessation knowledge, needs, determination, and desire. Step one; a focus group consisting of ten junior class BSN students and two senior class BSN students was created. Step two; the focus group made attempts performing brief tobacco interventions (without any formal training) during their clinical practicums. The feedback and results, along with brief narratives were then evaluated. Results determined that the focus group participants felt lost and unqualified initiating and engaging their clients in discussions concerning tobacco cessation. Step three; the focus group participated in a brief tobacco intervention certification and training pilot class utilizing a State of Hawaii Department of Health certified trainer. Step four; the focus group returned to their clinical practicums and initiated brief tobacco interventions.

Results and Impact: The results were impressive. Within one week post training the majority of the focus group participants had performed brief tobacco interventions. It was determined that the students, even if unsuccessful in gaining patient cooperation, felt much more confident initiating the interventions now having the skills (and tools) needed. Upon submitting the results and subsequent findings the training had on the participating students, the UHH BSN Faculty, by a unanimous vote, decided that brief tobacco intervention training would be adopted into the BSN curriculum commencing Spring 2013.

Learning Objective:

1. Understand the impact and importance of brief tobacco intervention training for healthcare workers, especially nursing students.

BUILDING CAPACITY THROUGH CULTURALLY COMPETENT CHRONIC DISEASE TRAININGS FOR COMMUNITY HEALTH WORKERS

M. Trask-Batti, BA, M. Look, MBA, C. Moleta, BA

Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii

Introduction: Native Hawaiians and Other Pacific Islanders (NAOPI) are among the highest-risk U.S. populations affected by cardiometabolic diseases. Some have suggested that these health disparities exist among NAOPI because of the population's lower socioeconomic status and lasting impacts of societal marginalization. Nationally, the utilization of Community Health Workers (CHWs) has been an effective approach to improving chronic disease management among minority populations. CHWs are frontline public health workers who have a close understanding of the community they served. Furthermore, CHWs act as liaisons between the health-services system and the community, which has been shown to increase patient access, quality outcomes and cultural competency among delivery systems. Currently in Hawai'i, there are few trainings that provide CHWs with culturally relevant and community-based information regarding cardiometabolic disease.

Program/Research Design: To address this need, the Department of Native Hawaiian Health, through a CBPR process, developed introductory courses for CHWs primarily working with NHOPI populations. The culturally relevant trainings focus on cardiovascular disease, diabetes, and kidney disease. In order to evaluate the effectiveness of the training to increase knowledge gained by CHWs, knowledge test were given pre/post-seminar and 6-months post-seminar.

Results: Significant improvements have been observed among participants when comparing pre-seminar knowledge test scores with both post-seminar and 6-months-post-seminar scores, suggesting knowledge retention. To date, 42 classes have been taught to over 600 individuals across the state and continental U.S., implying that there continues to be a need and desire for CHW trainings.

Impact:

Through outreach and community education, CHWs build both individual and community capacity by increasing patient health knowledge and self-sufficiency. As health care reform begins to take shape, the pressure to further integrated CHWs into community health teams has increased. It is of vital importance that CHWs receive culturally and community appropriate trainings to properly serve minority and especially, high-risk populations.

Learning Objectives:

1. Understand the importance of building community individual, community and workforce capacity in Native Hawaiian and Other Pacific Islander (NHOPI) communities.
2. Understand how a culturally-relevant and community-based educational approach to train CHW's is meaningful and effective.

BULLYING AND ITS CORRELATES AMONG HIGH SCHOOL STUDENTS IN HAWAII

J. Sugimoto-Matsuda, MS¹, D. Hayes, MD², E. Hishinuma, PhD¹, J. Ng-Osorio, MPH¹

¹University of Hawaii

²Hawaii State Department of Health

Introduction: Bullying can result in physical injury, social and emotional distress, and even death. Approximately 30% of youth in the US are involved in bullying. Bullying behavior has been associated with other forms of antisocial behavior, such as vandalism, shoplifting, skipping and dropping out of school, fighting, and substance use. Just within the past several years, the exponential increase in the use of and access to technology has added much complexity to the identification and prevention of bullying.

Research Design: The Centers for Disease Control and Prevention's Youth Risk Behavior Survey (YRBS) is the leading nationally representative survey that directly asks youth about bullying at their school. This study utilizes a quantitative design to conduct secondary data analysis using Hawai'i YRBS data. The scope of bullying attitudes and behaviors among high school youth in Hawai'i were be ascertained, as well as risk and protective factors significantly associated with bullying.

Results: During the 2007 and 2009 YRBS, 54.8% and 51.2% of Hawai'i high school students strongly agreed or agreed that bullying and harassment were problems at their school, respectively. In addition, cyber-bullying was assessed by asking if student had been bullied on the internet or via email during 12 months before the survey. There was a significant increase from 2007 (23.8%) to 2009 (31.8%). Associations of with other behaviors, such as suicidality and substance use, were also explored.

Impact: These data confirm that bullying is a severe public health issue in Hawai'i. In addition, these findings provide further benefit to bullying prevention efforts by finding associated health behaviors that may help to inform interventions and policymaking. This study may also contribute to prevention efforts of other behaviors with similar risk or protective factors.

Learning Objective:

1. Describe the scope of bullying and cyber-bullying in Hawaii, including examples of risk and protective factors.

CARING THE PACIFIC WAY: IMPLEMENTING APPROPRIATE PALLIATIVE CARE IN THE US AFFILIATED PACIFIC ISLANDS

J. Koijane, MPH¹, R. Seitz, MD², P. Nishimoto, DNS, MPH, FAAN², L. Jonas, MD³

¹University of Hawaii Cancer Center, Pacific CEED

²Kokua Mau

³Kosrae Department of Health

Significance: In the US Affiliated Pacific Islands (USAPI) cancer is often diagnosed late and treatment options are few. Traditional practices of caring for loved ones support home-based care. To improve traditional practices, strengthen community programs and better educate the medical community, a culturally relevant self-instructional, palliative care curriculum was developed by the USAPI Comprehensive Cancer Control Programs collaborating with the Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED) and is one of Pacific CEED's initiatives to implement USAPI regional and jurisdictional cancer plans and practice standards.

Methods: A train-the-trainer workshop to pilot the curriculum was held in Kosrae, Federated States of Micronesia (FSM), organized by FSM cancer leadership, Pacific CEED and Kokua Mau, Hawaii's Hospice and Palliative Care Organization, inviting participants with clinical experience with the goal to establish palliative care programs upon returning home. Trainers presented the eight modules in two-hour sessions, followed by state-specific discussions on adaptations to make the curriculum relevant, including adding data, cultural references, and resources.

Results: The curriculum was well-received with participants reporting increased competency, especially in pain management and communication. Few changes were required, and all will teach in English instead of local language to increase staff language competence. State-specific action plans prioritize staff training and systems development.

Implications: Palliative Care, a cross-cutting issue for the seriously ill, is a collaboration point for chronic disease consolidation efforts. The resource-limited USAPI with strong family and community ties could provide palliative care in medical settings and develop the community's capacity for homecare. A week long training was held in Guam in June 2012, building on the experiences in FSM but adapting to the Guam situation. There is also interest from the Republic of the Marshall Islands and American Samoa to teach the curriculum.

Learning Objectives:

1. Describe the process of creating a culturally and resource appropriate palliative care curriculum for the United States Affiliated Pacific Islands (USAPI).
2. Analyze the results of a train-the-trainer workshop to pilot the USAPI Palliative Care Curriculum
3. Describe the proposed components of an Action Plan to implement palliative care programs in the USAPI.

CHILDREN’S HEALTHY LIVING PROGRAM (CHL) FOR REMOTE UNDERSERVED MINORITY POPULATIONS OF THE PACIFIC REGION

R. Novotny, PhD, RD

Department of Human Nutrition, Food and Animal Sciences, College of Tropical Agriculture and Human Resources, University of Hawaii

Introduction: Rates of early childhood overweight and obesity in the US Affiliated Pacific Region are reaching disproportionately high levels. The few published data show that in the Commonwealth of the Northern Mariana Islands (CNMI), overweight plus obesity rates were 26% among 2-6 year olds and among preschoolers in American Samoa and Alaska at 37% and 40%, respectively. In 5-8 year olds in Hawaii, Pacific Islander 5-8 year olds were 2.6 times more likely to be overweight or obese compared to Whites. **Program Design:** Researchers from US-affiliated Pacific academic institutions formed CHL to develop a common vision and a multi-level strategy to prevent early childhood (ages 2- 8 years) overweight and obesity and improve health in Alaska, American Samoa, CNMI, the Freely Associated States of Micronesia, Guam, and Hawaii. Local Advisory Committees have been formed across these jurisdictions and an External Advisory Board is in place to provide guidance.

Results: CHL researchers are developing and testing a community-based program designed to improve the food and physical activity environment of 4 communities in each of 5 CHL jurisdictions as a strategy for child obesity prevention strategy for the Pacific Region. Accompanying the program is the enhancement of existing educational programs in the region for child obesity prevention and the provision of academic degree training. A system is in development to aggregate nutrition, physical activity, and obesity related data of the region that will provide information to the public, and incur policy change.

Impact: The CHL program seeks alignment and collaboration from partners with shared vision and goals throughout the Pacific Region, for sustainable changes to prevent obesity and future non-communicable disease, and to improve health in the remote underserved minority populations of the US Affiliated Pacific.

Learning Objective:

1. To describe the vision and strategy of the Children’s Healthy Living Program for Remote Underserved Minority Populations of the Pacific (CHL) to prevent child obesity.

CLIMATE CHANGE EDUCATION AS ‘PREVENTATIVE MEDICINE’ IN THE PACIFIC ISLANDS

E. Allen, PhD

PREL

Introduction: Impacts of climate change on Pacific islands include damage to natural ecosystems, manmade infrastructure systems, and human cultural systems. Degradation in any of these systems can have adverse consequences for human health. Preparing regional populations to recognize, mitigate, and adapt to the impacts of changing climates thus can be considered ‘preventative medicine’ that increases the resiliency of individuals and communities to cope effectively with and adjust productively to such alterations in their environments.

Program/Research Design: The Pacific islands Climate Education Partnership (PCEP: <http://pcep.dsp.wested.org/>) is a National Science Foundation funded collaborative network of Pacific Island communities and organizations responding to the impacts of climate change, and committed to enhancing climate education in the Pacific Island region. The PCEP works by fostering communication, dialogs, and mutual learning among diverse ways of knowing about climate and climate change, including traditional Indigenous wisdom, modern scientific knowledge and technological advances, and local empirical knowledge. The PCEP strives to enhance the knowledge and skills of students and a broad range of Pacific island citizens towards: (i) advancing a broadly shared understanding of climate change, (ii) highlighting and honoring traditional Pacific Island values of identification with and respect for the environment, and (iii) enabling and facilitating community-based and evidence-informed decisions on adapting to climate change impacts and mitigating their extent.

Results and Impact: Over the past two years, the PCEP has created the infrastructure for such a ‘preventative medicine’ campaign that includes: 1. A K-14 climate change science education framework. 2. Processes to facilitate the adaptation of curriculum resources to the Pacific region’s cultures. 3. A Pacific-island-focused, web-based, climate change education and information platform. 4. Active participation of local stakeholder communities in climate education planning. 5. A comprehensive Pacific climate change education strategic plan and evaluation.

Learning Objective:

1. Understand, appreciate, and apply the direct linkage of climate change education to improved community and individual health.

COLLEGE WOMEN'S PERCEPTIONS OF HPV VACCINES AND THEIR PERCEIVED BARRIERS TO ADOPTION OF VACCINATION

L. Yoda, PhD, A. Katz, MD, PhD, D. Nahl, PhD, D. Streveler, PhD, R. Busse, M.D. and M. Crosby, PhD
University of Hawai'i

Introduction: Globally, cervical cancer is the 3rd most common cancer and the 4th leading cause of cancer death among women. Human papillomavirus (HPV) infection has been established as a necessary cause of cervical cancer. In 2006, the first HPV vaccine (Gardasil®) was approved by the FDA for use by females 9--26 years of age, and was recommended for routine administration to females 11-26 years of age by the CDC in 2007; however, adoption rates continue to be low. This study was developed to investigate factors involved in HPV vaccine adoption decision-making.

Research Design: College women were recruited and asked to complete an anonymous online survey which assessed HPV-related knowledge, cues to action, self-efficacy, perceived susceptibility and severity, perceived barriers and benefits, pertinent information related to vaccine-uptake decision-making, reasons for non-vaccination and feelings toward HPV vaccines.

Results: 357 women completed the survey: 192 (53.8%) received the HPV vaccine, 7.3% never heard of the vaccine, 9.0% never thought about getting vaccinated, 15.1% were undecided, 8.4% did not want to be vaccinated, and 6.4% were not vaccinated but wanted to be vaccinated. Age, number of partners in the past year, cues to action, susceptibility, perceived barriers, and attitude were identified as significant predictors for HPV vaccine adoption. The most pertinent factors affecting vaccine decisions were perceived vaccine effectiveness, side effects, health care providers' recommendation, and cost of vaccine.

Impact: Findings of the present study will be instrumental in designing a comprehensive yet targeted health promotion strategy in order to motivate young women to engage in more self-protective behavior and adopt HPV vaccination.

Learning objectives:

1. Understand the need for health communication campaigns to promote HPV vaccine adoption.
2. Describe the five (5) stages of unvaccinated women and reasons for HPV vaccine non-adoption.

CULTURALLY TAILORED INTERVENTIONS TO PREVENT OR CONTROL CHRONIC DISEASE TARGETING KOREAN AMERICANS: A SYSTEMATIC REVIEW

H-H. Heo, MA

Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

Background: The number of US residents of Korean ancestry is growing, but little is known about how to develop culturally appropriate and effective intervention programs for Korean American immigrants.

Objective: We conducted a systematic literature review to investigate: 1) theoretical frameworks and strategies employed by interventions targeting Korean Americans; 2) cultural factors considered by these interventions; and 3) the extent of their success in engaging Korean participants and improving their health.

Methods: PubMed, PsycInfo, and Web of Science were searched to identify primary research articles evaluating interventions to prevent or control chronic disease, tailored to Korean Americans, and published from 1980 through 2011.

Results: All included studies were published since 2000, reflecting the relatively recent establishment of intervention research with Korean Americans. Of 238 articles, we identified 21 articles describing 16 unique interventions related to cancer (10), hypertension (2), diabetes (1) mental health (1), tobacco cessation (1), and general health (1). All programs delivered linguistically appropriate messages and education. The more successful interventions also provided or coordinated social support from culturally relevant and well-trained lay health workers, counselors, or family members during an intervention and/or follow-up period. Integration of Korean Americans' cultural values and beliefs in the development of interventions also appears essential.

Conclusions: Culturally matched and linguistically appropriate messages and education may not be enough to prevent or control chronic disease among immigrant Korean Americans. Culturally sensitive and committed social support should be provided to catalyze the behavioral changes and sustain the effect of the interventions.

Learning Objectives:

1. List two reasons why programs should be tailored to their target groups.
2. Describe effective components of culturally tailored intervention programs among Korean Americans.

DESIGNING CULTURALLY RELEVANT SERVICES FOR ASIAN AND PACIFIC ISLANDER YOUTH

J. Clark, MPH

Hawaii Youth Services Network

Introduction: Asians and Pacific Islanders are often overlooked in health planning and delivery. There are few programs and materials designed for these populations, yet Asians are the fastest growing racial group in the U.S. and Pacific Islanders are disproportionately affected by many health issues.

Program Design: HYSN has been recognized nationally for its work in adapting teen pregnancy and STI programs/materials for use with Asian and Pacific Islander youth, including the award winning video, You Cannot Get HIV Ladatt. We have provided training designed to increase cultural competency, particularly with Micronesians. HYSN has worked with the Micronesian Youth Services Network and the public school system in the Northern Mariana Islands to train educators and youth workers on evidence-based approaches to teen pregnancy and STI prevention.

The session will address:

- Diversity among Asian/Pacific Island cultures;
- Health/educational disparities;
- Guidelines for culturally relevant programming;
- Adaptation while maintaining fidelity to core elements.

Results: More than 4,000 Hawaii and Northern Mariana Islands students have demonstrated significant gains in knowledge attitudes and skills related to reducing the risk of pregnancy and STIs. Evaluation of our HIV video showed that students were more engaged, interested and likely to sustain gains over time. Participants in cultural awareness and competency trainings stated that they feel more confident and prepared to work with Micronesians and other ethnic minorities. HYSN received the CDC's Horizon Award for Excellence in Health Education for its work in adapting teen pregnancy programs for Asian and Pacific Islander youth.

Impact: Culturally appropriate program design and implementation has many benefits including:

- Increased enrollment and sustained participation in health screening and other preventive care;
- Increased likelihood of making healthy lifestyle choices and reducing health risk factors;
- Better adherence to treatment protocols;
- Improved relationships between health practitioners and consumers.

Learning Objectives:

1. Understand influences on usage of health services by Asian and Pacific Islanders;
2. Recognize how their own culture and values affect the way they work with people from other cultures;
3. Learn principles on how to adapt and deliver effective programs to diverse groups.

DEVELOPING A 21ST CENTURY NURSING WORKFORCE TO ADDRESS THE COMPLEX HEALTH NEEDS IN THE US-AFFILIATED PACIFIC ISLANDS

Chair: CAPT C. Wasem, MN, RN¹

Panel: R. Alik, RN, MSN² & K. Qureshi, RN, DNSc, CEN, APHN-BC³

¹Office of Pacific Health, U.S. Department of Health and Human Services, Region IX Office of the Regional Health Administrator

²College of the Marshall Islands; Micronesia Health Care Outreach Program – Hawaii; AlohaCare

³School of Nursing and Dental Hygiene, University of Hawaii

The session will focus on nursing workforce issues in the US Affiliated Pacific Islands relative to population needs, education resources and future needs.

Nurses in the U.S. Affiliated Pacific Islands (USAPI) care for individuals, families and communities with extremely complex health needs. However, access to nursing career pathways that facilitate seamless progression from one educational level to the next (LPN to AD/RN, AD/RN to BSN and BSN to Master's and Doctoral nursing programs) to acquire the skills and knowledge needed to address these complex health needs and serve as nursing faculty, has been lacking in most jurisdictions. For example, in several jurisdictions, the majority of nurses have only had the opportunity for training as licensed practical nurses.

To develop a nursing workforce capable of addressing the health problems in the Region, the Pacific Island Network of Nursing Education Directors (PINNED), comprised of the nursing program directors of the six community college nursing programs and the University of Guam, have partnered with foundations and key stakeholder groups such as PIHOA, APNLC, AHECs and the University of Hawaii-Manoa, to develop and implement strategies that focus on increasing the number of local nursing faculty and preceptors; strengthening nursing programs, including curricula, through processes of evaluation and quality improvement; developing student support initiatives informed by data to foster student success; working with the University of Guam to develop an on-line BSN completion program that will be Pacific-specific and provide the leadership, management, advanced clinical and public health skills and knowledge needed to address complex health problems; and working with the University of Hawaii-Manoa School of Nursing and Dental Hygiene to facilitate entry into master's and doctoral nursing programs.

This session will feature three panelists involved with nursing education in the Pacific who will discuss USAPI nursing workforce and education issues and steps underway to develop the 21st century USAPI nursing workforce.

Learning Objectives:

1. Describe the complex health needs of the USAPI jurisdictions which should guide nursing education
2. Describe the current initiatives to strengthen nursing and nursing education in the USAPI to prepare the 21st century USAPI nurse.
3. Identify whether you or your organization has a resource that could support these initiatives.

DISEASE DETECTIVES: RECRUITMENT TOOL AND PROMOTIONAL EVENT

S. Gon, MPH, MLS

Department of Medical Technology, John A Burns School of Medicine, University of Hawaii

Ask the general adult public to describe public health and you might hear responses like clean water and vaccinations; teens will typically give blank stares. Promoting careers in public health is a "tough sell" because the public is not familiar with professionals in public health. How do we stress to teens the importance of public health and the equally important task of preparing the next generation of public health professionals? For the past eight years, the non-profit Hawaii State Science Olympiad (HSSO) in collaboration with the international-level Science Olympiad has organized annual competitive events in science, math, engineering and technology.

Among HSSO events are those addressing critical thinking and biosciences including Disease Detectives. Six months before the annual competition, students and their teachers review learning objectives for this event. Competitors then train in teams of two and compete in either Middle School or High School Divisions. Although both divisions are expected to learn the same public health concepts, the complexity of questions differ. During the event, competitors review a case scenario, use basic formulas to calculate incidence, prevalence, and attack rates, or sensitivity and specificity, and are asked to think critically to answer basic public health questions regarding their case scenario.

Disease Detectives has expanded to host increasing numbers of participants each year and has evolved into a recruitment tool to highlight the variety of professionals involved in disease investigation. It also stresses the importance of public health's mission to prevent illness, injury, and promote wellness. The power of competition is a strong motivator for participants and directs students to exciting career possibilities in public health.

Learning Objective:

1. Describe how Disease Detectives is presented to the teen audience in order to make the skills challenge relevant to disease investigation.

E.B.T. = EAT BETTER TODAY

B. Brody

Get Fit Kauai, the Nutrition and Physical Activity Coalition of Kauai County

To provide greater community access to fresh and healthy locally grown produce, an EBT (Electronic Benefits Transfer) farmers' market program was established on Kauai in September 2011. Through this program, Supplemental Nutrition Assistance Program (SNAP) beneficiaries can purchase produce and other approved food items at farmers' market sites in Lihue, Kapaa, Koloa, and Kauai Community College. At these markets SNAP shoppers present their EBT cards to an EBT Market Manager who provides them with wooden tokens for the dollar amount they want to spend. These tokens are then presented to farmers who are certified and trained to be EBT Vendors. Over 85 farmers are certified EBT vendors on Kauai.

From September 2011 to March 2012, the EBT program collected over \$20,000 in market sales. Eight hundred and fifty transactions were processed, and more than 345 SNAP beneficiaries who participated identified as first time shoppers to a farmers' market. During February 2012 market sales increased dramatically when a 2 for 1 promotion was offered, and EBT shoppers received a \$1 matching coupon for every dollar spent, with a limit of \$5 dollars per shopper per day. The EBT program on Kauai has been promoted through newspaper, radio, and other media as the "Eat Better Today" program. This program is operated by the Kauai Independent Food Bank in partnership with Get Fit Kauai, Kauai County of Economic Development, the Kauai Farm Bureau, and Kauai Community College.

Learning Objective:

1. Understand the process of implementing EBT at farmers' markets and methods to overcome roadblocks along the way.

ELIMINATING CHRONIC HEPATITIS B DISPARITIES AMONG ASIAN PACIFIC ISLANDERS: A MODEL FOR TRANSFORMING PUBLIC HEALTH IN THE PACIFIC

A. Manuzak, MD, MPH, PhD

Hawaii State Department of Health & Hawaii Pacific University

The number of chronic Hepatitis B Virus (HBV) carriers in the United States is increasing as a result of immigration from regions where hepatitis B is endemic. There were 2 million chronic HBV cases in the U.S., in which 50% to 70% of them were immigrants from foreign countries. Migration of population has changed HBV prevalence in the U.S., particularly in Hawaii, a state with a large population of Asian and Pacific Islanders (API) and immigrants from countries where HBV is endemic, including China, Taiwan, the Philippines, Vietnam, and the Pacific Islands. In an effort to lessen health disparities caused by HBV, the Centers for Disease Control and Prevention has recommended to screen and identify all foreign born persons from endemic countries for hepatitis B infection, with the purpose of further management. This study is conducted to test the relationship between prevalence of infection and susceptibility to HBV, as well as vaccination compliance rates among screened participants, and country of birth. A purposeful sample of 1,501 participants were from the Hawaii 3ForLife program, a community-based public health program that offers free hepatitis B screening and vaccination. Chi-squared analysis was used to test the study hypotheses related to the relationships between birth status (foreign born versus United States born) and HBV infected, immune, and susceptible status as well as with vaccination compliance. Significant associations were found between birth status and HBV infection, HBV susceptibility, and compliance in completing vaccination. The overall prevalence of HBV infection in the sample was 5.8%; for HBV susceptibility, it was 52%. Approximately 40% of those who were HBV susceptible completed the hepatitis B vaccinations. Public health intervention programs such as Hawaii 3ForLife support efforts to reduce health disparities among API, to promote healthy communities, and ultimately to transform public health in the Pacific.

Learning Objectives:

1. Describe the health inequity of hepatitis B among API
2. Identify best practice of chronic hepatitis B management through community public health intervention program of screening and vaccination.

FACTORS RELATED TO SUICIDAL IDEATION AMONG COLLEGE STUDENTS ON GUAM

M-S. Ran, MD, PhD

Division of Health Sciences, School of Nursing and Health Sciences, University of Guam

Introduction: It is not clear about the risk and protective factors related to suicidal ideation among college students in Guam. The aim of this study was to explore the risk and protective factors of suicidal ideation among college students in Guam.

Methods: The data of 207 college students at University of Guam were collected in 2009.

Results: The results of this study indicated that the rate of suicidal ideation and suicide attempts was 10.2% and 8.2% respectively. In multivariate logistic regression analyses, previous suicide attempts, shorter period of living in Guam, high scores on cultural difference and negative affect, and low scores on family meaning were identified as independent predictors of suicidal ideation.

Discussion: Suicidal behavior is common among college students in Guam. The risk and protective factors for suicidal ideation should be considered in planning campus suicide prevention programs. The results of this study should also be helpful for college students' services.

Learning Objectives:

1. At the completion of this presentation, participants will be able to learn the suicidal behavior among college students
2. At the completion of this presentation, participants will be able to learn how to prevent the suicidal behavior among college students

FEDERAL SUPPORT FOR MULTICULTURAL HEALTH IN THE US-ASSOCIATED PACIFIC ISLANDS

CAPT J. Walmsley, REHS, BS

U.S. Department of Health and Human Services, Office of the Assistant Secretary of Health

This session will describe the mission and objectives of the HHS Office of Minority Health (OMH) and the Office of Minority Health Resource Center (OMHRC) as they relate to Hawaii and the US-Associated Pacific Islands (USAPI). Both of these entities have an array of activities, including work with the National Partnership for Action to End Health Disparities (NPA), that support health in Hawaii and the USAPI. The NPA will be highlighted and the Regional Health Equity Council for Region IX that was created by the NPA will be described. The OMH competitive special grants that Hawaii and the USAPI are periodically eligible to apply for will be described, and the training and grants that are available through the OMHRC will be explained. OMH, in conjunction with the Region IX Office on Women's Health, is currently compiling a catalog of Pacific "promising practices" for the prevention of non-communicable diseases and this will be briefed upon. Also described will be HHS Region IX's extensive participation in activities conducted by the White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI) and the HHS Native Hawaiian and Pacific Islander Workgroup.

Learning Objectives:

1. Understand the mission and objectives of the HHS Office of Minority Health as they relate to Hawaii and the US-Associated Pacific Islands.
2. Know how to access online information on the National Partnership for Action to End Health Disparities, including info on the Regional Health Equity Councils and involvement of Hawaii and the US-Associated Pacific Islands to date.
3. Understand the functions of the HHS Office of Minority Health Resource Center and the regular training activities it conducts in Hawaii and the US-Associated Pacific Islands.

GUAM'S COMMUNITY OUTREACH PROJECT TO REDUCE TOBACCO USE DISPARITIES AMONG MICRONESIAN YOUTH: PARTICIPATORY RESEARCH FOR ACTION

A. M. David, MD, MPH¹, A. Mummert, MPA, BA¹, J. Silbanuz¹, D. Asor², S. Rupley³

¹University of Guam Cancer Research Center

²University of Guam Chuukese Student Organization

³Youth for Youth Live Guam

Introduction: Significant disparities in cancer rates and mortality among Chamorro and other Micronesian islanders in Guam are mirrored by disparately high rates of tobacco use, even among youth. Despite overall declines in youth smoking, data disaggregated by ethnicity reveals significantly higher consumption by Chamorro and other Micronesian youth, for both smoking and smokeless tobacco, and rising rates for smokeless tobacco use.

Program/Research Design: We initiated an ongoing community consultation process that engaged youth in research on determinants of tobacco use among Chamorro and other Micronesian youth. Utilizing a community-based participatory approach, and a mixed methods design, our research team comprised of community volunteers and youth researchers identified a typology of factors influencing youth tobacco consumption and created a matrix of priority policy and program actions to address these factors.

Results: The data desk review confirmed that significant declines in youth smoking occurred during or shortly after the promulgation of tobacco control policies and laws. The focus group research highlighted differences in perceptions between youth tobacco users and non-users; tobacco users emphasized the tobacco tax increase as the key factor that prompted them to stop smoking, while non-users suggested education and alternative after-school activities. The mapping study demonstrated significant clustering of point-of-sale advertising in areas with higher percentages of Chamorro residents.

Impact: Data collected from the baseline desk review, focus group research and tobacco advertising mapping study and Photovoice were disseminated at annual community workshops, and presented at legislative public hearings. The data was used to support a second tobacco tax increase (with a portion of tax revenues earmarked for the cancer registry and cancer trust fund), the ban on smoking in vehicles with children under 18 years, and the ban on sales of candy cigarettes.

Community-based participatory research is a feasible approach for mobilizing key stakeholders to take action towards reducing disparities in tobacco consumption.

Learning Objectives:

1. Describe the key principles behind community-based participatory research
2. Identify at least 1 community-based participatory research method with utility for tobacco control research

HAWAI`I COUNTY TOBACCO CONTROL POLICIES - NEW HORIZONS FOR HEALTH

S. Ancheta, BA

Coalition for a Tobacco-Free Hawai`i, East Hawai`i

Introduction: The Coalition for a Tobacco-Free Hawai`i (CTFH) has been working for several years to pass and implement strong tobacco control policies at the state and county level. Hawaii County (HC) now has the strongest local ordinances in Hawaii to reduce exposure to secondhand smoke. Smoking is now prohibited in vehicles with minors and all tobacco products are prohibited at county parks, beaches and recreational facilities.

CTFH will present strategies used for the passage and implementation of the ordinances and discuss the challenges faced with compliance and enforcement. Early evaluation of these policies will be presented.

Program Design: The passage and implementation of the policies was a collaborative effort of a champion County Council member, youth advocates, and a comprehensive grass roots campaign organized by CTFH partners. The presentation will cover: • Grass roots advocacy and calls to action • Creating partnerships • Message development • Public education campaign (including signage)

Results: CTFH documented a decrease in tobacco use at beaches before and after the ordinance using beach clean ups. Results will also be shared from public opinion phone surveys conducted in 2011 and 2012 to measure support/attitudes towards both ordinances.

Since these ordinances are new, many of the results are not yet know. Challenges with enforcement and next steps to increase compliance will also be discussed.

Impact: The passage and implementation of cutting edge tobacco control policies in HC has had a large impact on our state. Other counties are now pressing for similar policies and collectively, the passage of these policies has created new partnerships with HC departments that increase the awareness and protection of public health as a whole.

Learning Objectives:

1. Describe the process of passing and implementing progressive tobacco control policies at the county level.
2. Discuss the challenges of implementing and enforcing these policies.

HAWAII'S CARING COMMUNITIES INITIATIVE: USING A YOUTH AND COMMUNITY MOBILIZATION MODEL TO PREVENT YOUTH SUICIDE

K. Bifulco, BA¹, S. Wilcox², J. Chung-Do, DrPH¹, J. Sugimoto-Matsuda, MS¹, Deborah Goebert, DrPH¹

¹Department of Psychiatry, John A. Burns School of Medicine, University of Hawaii

²BRAVEHEART

Hawaii's Caring Communities Initiative (HCCI) uses an innovative youth and community mobilization model to collaborate with youth-serving and community health organizations. Youth and community members are trained to develop community awareness projects that incorporate evidenced-based practices while ensuring that these projects are culturally relevant and meet the unique needs of the specific community. HCCI utilizes Communities that Care, an evidence-based prevention system that employs a public health model by helping communities set the foundation for introducing interventions, reducing risk factors, and increasing protective factors. This framework was applied to promote suicide prevention advocacy among youth and increase public awareness and community-based support for youth suicide prevention.

Methods: Trainings and community awareness projects were evaluated using a mixed-methods design. Quantitative pre and post surveys were utilized to assess growth in knowledge and skills. Qualitative focus groups and interviews were conducted to evaluate the processes used to develop, coordinate, and implement community awareness projects. Numbers of people reached through the awareness activities, at-risk youth identified, and new collaborative relationships were measured.

Results from the first community to implement their projects indicated that 78% of youth involved new little to nothing about youth suicide prevention. At the end of the project, 89% knew how to get help for themselves or someone they knew. Qualitative findings also demonstrated effectiveness.

Findings suggest that projects led by the community and youth that fit the needs and resources of the specific community are effective in increasing knowledge and decreasing stigma around mental health issues. By collaborating with youth and community health organizations, community awareness on youth suicide prevention is enhanced, more community members and youth are trained and empowered, and more at-risk youth are identified and referred. This presentation provides an innovative and collaborative model that frames youth suicide prevention as a collective effort.

Learning Objective:

1. Discuss how youth leaders and community partnerships empower at-risk communities to increase public awareness of suicide and to practice suicide prevention.

HAWAII'S ROLE IN THE NEW NATIONAL HIV/AIDS STRATEGY

P. Whiticar, MA

STD & AIDS Prevention Branch, Hawaii State Department of Health

Introduction: In 2010 the first ever National HIV/AIDS Strategy (NHAS) was released. It has the major objectives of reducing new HIV infections, linking HIV positive persons with care and treatment and reducing disparities. Federal public health funding agencies have reallocated resources to the most heavily impacted jurisdictions. Hawaii, as a low medium incidence state is losing considerable funding. This paper will explore how Hawaii plans to vigorously participate in NHAS to meet the unique HIV related needs and circumstances of our state.

Program Design: Hawaii is now focusing on high impact HIV prevention (HIP) activities for the highest risk populations and in geographic areas with the highest burden of disease. Biomedical interventions are increasingly replacing those based on behavioral change. The focus is increasingly on “test and treat,” as successful treatment significantly improves patient health and dramatically reduces the risk of transmission to others.

Results: DOH and community providers are re-conceptualizing delivery of a new continuum of HIV services as prevention and care become integrated. Data is being used in new ways to monitor HIV diagnosis, linkage to care and successful treatment. Some lower risk populations and geographic areas are receiving fewer resources. Maintaining overall HIV capacity is increasingly problematic.

Impact: There is increasing demand for services for HIV positive persons particularly for partner services, medical care, drug assistance and support services. DOH and community have to collaborate in new ways to maintain the most critical services statewide. The program will have to maintain a focus on the unique circumstances of Hawaii in a broader context of diminishing resources, rapidly evolving biomedical interventions and in an uncertain national health care policy environment. The presentation will explore the potential opportunities and impact of these factors and the Affordable Care Act for HIV services in Hawaii.

Learning Objective:

1. Identify the objectives of the National HIV/AIDS Strategy and the benefits and challenges for Hawaii as we develop a programmatic response.

HEALTHCARE TRANSFORMATION IN HAWAII

B. Giesting, MS

Office of Healthcare Transformation, Office of the Governor

Introduction: Hawai'i's unique island geography, racial and ethnic diversity, aging population, and high cost of living create challenges to delivering high-quality care for all residents. The State's innovative Prepaid Healthcare Act created the only employer-mandated insurance coverage in the United States, but gaps in access, affordability, and quality remain.

By the end of the presentation, the participant will be able to describe the four major areas of Hawai'i's healthcare system transformation efforts and their relevance to the goals of improving healthcare value, quality of care, and population health.

Program Design: The Healthcare Transformation "Roadmap" for Hawai'i has four components: Delivery System Reform – Includes initiatives to incentivize patient-centered care, community care coordination, and structures to build interdependencies across the whole of the healthcare system.

Payment System Reform – Includes initiatives to reward outcomes and performance, and support the delivery system as we want to transform it. Health Information Technology (HIT) – Includes initiatives to expand the meaningful use of electronic health records, accelerate the exchange of information among patients, providers, and insurers, and build the capacity to use data more effectively to improve quality and cost-effectiveness. Healthcare Policy and Purchasing – Includes initiatives to increase the consistency between the policy we, the government, set to improve population health and the services we purchase, such as Medicaid and state employee coverage.

Results: This healthcare transformation effort is intended to affect not just state policy and purchasing, but to enhance healthcare for the entire population. Proposed changes are based on evidence-based practices, and ongoing applied research into evolutionary healthcare transformation is contemplated in the planning process.

Impact: Through legislative action, stakeholder participation, and community engagement, Hawai'i's healthcare transformation efforts will ensure a sustainable, reliable, and high-quality healthcare system for all Hawai'i residents.

Learning Objective:

1. Describe the four major areas of Hawai'i's healthcare system transformation efforts and their relevance to the goals of improving healthcare value, quality of care, and population health.

HIV/AIDS AT 30 YEARS: IMPACT ON GERIATRIC POPULATION

A. Manuzak, MD, PhD, MPH & T. Mar, BSN, RN
Hawaii Pacific University

It is 30 years since the first case of Human immunodeficiency virus (HIV) was detected and there is still no cure for this epidemic. Advances in retroviral treatment have reduced the mortality rate up to 40% than prior to the introduction of Highly Active Antiretroviral Therapy (HAART) in 1995. Despite these declining trends, the CDC noted that in 2007, new infections for the cohort greater than 50 year old accounted for 16.8% from all newly diagnosed HIV infection of nearly 50,000 people. The prevalence of HIV in the older population is increasing due to people aging with HIV as well as new diagnosis later in life. Newly infected older persons are particularly susceptible to late/missed detection and poor treatment outcomes for several reasons: Recommendation by the CDC for routine HIV testing for persons aged 13 to 65, which omits a large proportion of older people, CDC guidelines guide Physician practice but literature also suggests that Medical Practitioners are reluctant to discuss topics of sex with their older patients, Geriatrics are also engaging in sex more frequently due to promotion of sex enhancing drugs and with less regard for protection and consequences due to lack of education. This paper will discuss the natural history, social, and environmental factors that contribute to the increasing HIV infections among geriatric population. In addition, the interventions of the advanced practice nurse in terms of the three levels of prevention will be described.

Learning Objectives:

1. Recognize that older persons who newly contract HIV are more likely to be exposed to poor health outcome.
2. List several reasons for the increase in newly diagnosed of HIV among older population cohorts.
3. Call to CDC to change the recommendation for HIV testing to including all age groups.

HULA & HEALTH: PERSPECTIVES OF KUMU HULA

M. Look, MBA¹, A. Carvahlo, BA²

¹Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii

²Health Science Center, University of Texas

Introduction: Hula, a dance form of the indigenous people of Hawai'i, is a cultural practice that has global popularity attracting men and women of all ages. While hula contains many benefits well suited for health interventions such as delivering moderate physical activity, in addition to creating social support, mental engagement, and self-efficacy, it is rarely used as part of health programs for chronic disease.

Kumu hula (experts and educators of hula) are recognized as guardians and educators of the hula traditions and esteemed as cultural resources. Key informant interviews were conducted with 6 kumu hula for their perspective about the utilization of this cultural practice as a basis for a health intervention.

Research Design: Kumu hula participated in structured interviews for 60-90 minutes, which were then transcribed and analyzed using a thematic approach. Interview questions assessed cultural appropriateness, cultural integrity, and recommendations for health intervention design.

Results: The six kumu hula interviewed were all well respected for their experience and cultural knowledge. They included men and women from different geographic location (5 of the 7 main islands in Hawai'i), and hula lineage. Five general domains were determined from the context of the questions and responses of participants. Repeating themes emerged, among the strongest benefit identified was the multidimensional nature of hula and its effect on health could be physical, emotional, social, and spiritual. There were consistencies among the kumu in their recommendations about using hula for health objectives.

Impact: The insights and advice informed the development of a cardiac rehabilitation program based on hula and a hula and heart health program for poorly managed hypertension. The kumu hula recommendations can be applied in the design of other health activities, and interventions.

Learning Objective:

1. Identify at least three health benefits gained from participation in the cultural practice of hula.

INNOVATIVE BREASTFEEDING PROMOTION IMPACTS ISLAND HEALTH DISPARITIES

K. Olson, BA, MCH, IBCLC, CD & H. Tataki, AA
Family Support Hawaii

Introduction: Though breastfeeding provides substantial health advantages, only one in five Hawaii infants meet current recommendations for exclusive breastfeeding. Babies whose mothers are poor, young, or Native Hawaiian are even less likely to avoid health risks associated with formula-feeding. Session participants consider socio-economic disparities in breastfeeding rates, discuss common barriers to breastfeeding success, and identify partnerships that enhance breastfeeding support in local communities. We examine cost-effective measures to improve breastfeeding outcomes among families at greatest risk of health disparities.

Design: After considering research on what truly boosts breastfeeding rates for families in Hawaii and the Pacific, we will glean insights from one rural island community's efforts to extend comprehensive and tailored breastfeeding support to families in greatest need. Since 2007, an innovative community partnership has promoted extended and exclusive breastfeeding among families on Hawaii Island. By training community health workers, early childhood and perinatal outreach staff, and local mothers to provide early and intensive breastfeeding support to families, this partnership addresses many challenges that lead to early weaning. We will also consider the impact of replacing conventional promotion materials from infant formula manufacturers with culturally-tailored infant feeding resources for birthing families.

Results: This session will enhance understanding of breastfeeding rates, related health disparities, and the efficacy of culturally-attuned interventions to increase breastfeeding in a rural island community. Anecdotes from participants in Early Head Start, WIC and Healthy Start programs highlight barriers, reveal creative solutions, and celebrate maternal persistence and cultural traditions protective of breastfeeding.

Impact: The collaborative effort to promote and protect breastfeeding among Hawaii Island mothers has strengthened natural and institutional supports for breastfeeding, yielded concrete improvements in breastfeeding rates, and enhanced public health workforce capacity through the innovative use of lay health workers. Lessons from this island community may apply to breastfeeding promotion efforts elsewhere in the Pacific.

Learning Objective:

1. Identify health promotion strategies that address disparities in breastfeeding rates.

JABSOM'S INITIATIVES IN THE DEVELOPMENT OF HEALTH WORKFORCE IN THE PACIFIC – A REVIEW OF PROGRAMS

S. Izutsu, PhD¹ and Gregory Dever, MD²

¹John A. Burns School of Medicine, University of Hawaii
Pacific Island Health Officers' Association

Introduction: For four decades the John A. Burns School of Medicine (JABSOM) has answered calls for the development of health manpower in the Pacific and Asia.

Completed Programs: Regional Medical Program (1965-76): the development of manpower and facilities to provide up-to-date health/medical information and practices from the research laboratories to the patients' bedsides in heart disease, cancer, and stroke.

MEDEX (1972-73): The development and training of physician extenders for the Western Pacific and American Samoa.

MOTP (1986-96): A 5-year medical school in Phonpei graduated 69 Micronesian and Samoans as physicians to practice in Micronesia. (Gregory Dever, M.D.)

Current Programs: Okinawa Chubu Hospital in Okinawa: Since 1967, more than 800 physicians have graduated from an American type Residency program. A feature of the program is the assignment of trained physicians on the sparsely populated surrounding islands. (Satoru Izutsu, Ph.D.)

Step-Up Program: JABSOM's Pacific STEP-UP is a Short-Term Education Program for Underrepresented Persons funded by NIDDK/NIH to provide biomedical research training opportunities for high school students from Hawaii, Guam, CNMI, Am. Samoa, FSM, RMI and Republic of Palau. Research capacity building/strengthening in the establishment of molecular biology laboratories are also provided. (George Hui, Ph.D.)

AHEC Programs: The Hawaii Pacific Basin Area Health Education Center (HPB AHEC) has nine centers across the Pacific; five in Hawaii and four in Palau, CNMI and YAP and American Samoa. The programs serve to increase qualified health professionals by improving science education, encouraging students to pursue health careers, organizing training opportunities in rural areas, recruiting providers to serve in rural/underserved populations and providing continuing education to providers. Over 5,750 individuals are served per year. (Kelley Withy, M.D., Ph.D.)

Learning Objective: Through the descriptions of the experiences of initiating and executing health manpower development programs in the Pacific and Asia, the presenters will review the challenges and opportunities for the future.

KE OLA PONO - CULTURALLY-BASED HIV CARE SERVICES FOR NATIVE HAWAIIANS

T. Kajimura, MPH, K. Abordo, BA, M. Orton, PD
Life Foundation

Objective: The Life Foundation's Ke Ola Pono program is a culturally-based, comprehensive HIV case management program for Native Hawaiians living with HIV and in need of support to access and remain in treatment. Through this program, Native Hawaiian participants increase engagement in care and overcome stigma and shame by learning how to incorporate Native Hawaiian values and practices that complement their western medical care.

Program Design: The Ke Ola Pono program is broken down into four categories of activity:

1. The Hui, a planning group of clients that generates ideas for engaging and serving Native Hawaiian Clients.
2. Events – quarterly events that create a supportive, educational environment for cultural activities, program updates and health and wellness information.
3. Medical Case Management – Each Native Hawaiian client is assigned to one of Life Foundation's two Native Hawaiian Case Managers, who serve each client in accordance with unwritten cultural protocols.
4. Supportive Services – referral for housing and food assistance, transportation, dental care, financial counseling, vision care, mental health and substance abuse treatment services, public benefits.

Results: As a result of this one-year program, 71 Native Hawaiians living with HIV received culturally-based case management services. Monthly Hui meetings were held with an average attendance of 6 members. Four events were held with an average of 35 attendees. 69% of program participants are making good or better progress on their individual service plan goals.

Impact: Engagement in care services for HIV-positive Native Hawaiians can be improved by providing culturally-based services connecting Native Hawaiians with their ancestry, cultural pride and self-esteem. The Life Foundation plans to continue the Ke Ola Pono program and further adapt it to the needs of Native Hawaiian clients. Lessons learned from this program can help other organizations design and implement culturally-based care programs.

Learning Objectives:

1. Demonstrate an understanding of how the incorporation of relevant cultural values and practices in service delivery increases the engagement of Native Hawaiians living with HIV in their own care.

MEASLES, MUMPS, AND RUBELLA VACCINATION COVERAGE AND TIMELINESS IN CHILDREN, AMERICAN SAMOA, 2008-2009

S. Gray, MPH¹, R. Seither, MPH¹, Y. Masunu-Faleafaga, BSN²

¹Centers for Disease Control and Prevention, ²American Samoa Government Department of Health

Introduction: MMR vaccination reduced the incidence and severity of measles, mumps, and rubella in American Samoa, yet a mumps outbreak occurred in 2008. Information from the 2008-2009 territory-wide household immunization survey estimated MMR coverage and timeliness.

Research Design: We assessed MMR coverage in children 19-35 months and 6 years. Data were collected using a population based household survey with systematic random sampling. Household shotcard and medical record data determined vaccination status. We calculated coverage estimates, age at recommended doses, and proportion of no-dose-children.

Results: Among 498 children with vaccination data, 303 were 19-35 months, 195 were 6 years. Among children 19-35 months, 92.6% had received one dose of MMR; 87.6% of those were at the recommended 12-15 months, 1.5% received an invalid early dose, 10.9% received a late dose. Among children 6 years, 83.8% received the recommended two doses; 96.7% of which were at the recommended 4-6 years, 3.3% had an invalid dose. Among 6-year-olds with at least one dose, 84.3% received that first dose at 12-15 months; 2.4% received an invalid dose, 13.3% were late. About 7% of children in each group had received no MMR doses.

Impact: MMR vaccination coverage was 92.6% among children 19-35 months, but dropped to 83.8% for children 6 years. A percentage of children were unvaccinated or under-vaccinated, remaining susceptible and increasing the potential for transmission to others, sustaining an outbreak. Estimated herd immunity threshold for measles is 93-95%, so vaccination levels must remain high and under-vaccination be addressed. Most children received doses at the recommended age, but some received invalid or late doses, possibly affecting immunity. This is baseline data for the schedule modification, recommending the first dose remain, but the second change to 15 months rather than 4-6 years.

Learning Objectives:

1. Discuss 2008-2009 American Samoa MMR vaccination coverage.
2. Discuss herd immunity threshold and number of susceptibles needed to sustain an outbreak.
3. Understand the MMR vaccine schedule.
4. Discuss the logic for the schedule modification.

MEASURING VACCINATION IN U.S.-AFFILIATED ISLAND JURISDICTIONS: LESSONS LEARNED AND RESULTS

R. Seither, MPH¹, J. Stanley, MPH¹, S. Gray, MPH¹, L. Helgenberger, MPH²

¹Centers for Disease Control and Prevention

²Federated States of Micronesia Immunization Program

Introduction: Vaccine-preventable diseases, such as hepatitis B, measles, mumps, pertussis, and varicella, continue to be a threat to US-affiliated island jurisdictions. **Research Design:** To assess vaccination coverage among young children in US-affiliated island jurisdictions, CDC worked with island immunization programs to conduct population-based household surveys. Demographic data were collected during household interviews. With consent, vaccination data were abstracted from available household-retained shotcards, medical charts, log books, and registries. Estimates of coverage for recommended childhood vaccinations were calculated. Methods varied based on geography, available census data and maps, linguistic diversity, status of immunization registry, and local factors that could affect data collection or vaccination coverage. Coverage was calculated for the vaccine series : 4:3:1:3:3 (4 Diphtheria, tetanus and acellular pertussis [DTaP], 3 Polio, 1 measles, mumps and rubella [MMR], 3 Haemophilus influenzae type b [Hib], and 3 hepatitis B [HepB])

Results: Methods and results varied by jurisdiction. Variations included questionnaire content, format, and language; vaccination schedules; outcome measures; sampling methods; interview staff composition and deployment; and availability and accuracy of data. The most reliable sources of vaccination data were shotcard, medical chart, or a combination of sources. Coverage of 4:3:1:3:3 series at 19–35 months varied: 80% (Commonwealth of the Northern Mariana Islands [CNMI], combination, 2005), 35% (Chuuk, chart, 2007-08), 64% (Kosrae, chart, 2006), 43% (Pohnpei, chart, 2006), 80% (Yap, chart, 2006-08), 74% (Puerto Rico [PR], combination, 2006), 55% (Guam, shotcard, 2007), 75% (American Samoa [AS], combination, 2008-09).

Impact: Depending on the jurisdiction, different sources were required to determine coverage estimates. Adjustment to local needs was critical to the success of the population-based household surveys. These estimates serve as baselines for monitoring local immunization programs, guiding program planning and improvement.

Learning Objectives:

1. Describe estimates of vaccination coverage among children in US-Affiliated island jurisdictions.
2. Explain CDC's methods of assessing vaccination coverage.
3. Discuss how the data collected and methods used were adjusted to meet the different jurisdictions' needs.
4. Explore lessons learned from these surveys and identify next steps for meeting assessment needs in these jurisdictions.

PATIENT CENTERED HEALTH CARE HOME LEARNING COLLABORATIVE

R. Hirokawa, DrPH & C. Vocalan, RN, BSN
Hawaii Primary Care Association

Hawaii's Community Health Centers (CHC) and the Hawaii Primary Care Association (HPCA) have been working toward Patient Centered Health Care Home (PCHCH) transformation since 2008, when CHCs first identified PCHCH as a strategic area of focus. A PCHCH pilot was consequently initiated because of the need to contain and control the rising costs of primary care service delivery, the growing number of high risk, vulnerable patients receiving health care at CHCs, and the growing body of evidence demonstrating that the PCHCH approach to primary care is necessary, especially when managing patients with complex chronic conditions. The purpose of the PCHCH pilot was to demonstrate the feasibility and utility of embedding the PCHCH model of care delivery into the CHC setting while preserving the unique qualities of each site. The pilot was driven by these core values: (1) patient-driven and family-centered, (2) barrier-free access to care, (3) team-based care delivery, and (4) integrated and holistic care. The expected outcomes of the pilot project were aligned with the Triple Aim concept and include (1) improved clinical outcomes, (2) improved patient and provider experience, and (3) enhanced efficiency (reduced cost).

In 2011, four CHCs and the HPCA embarked on the pilot project to implement PCHCH transformation with a focus on depression and/or diabetes. The HPCA supporting their efforts by guiding the CHCs toward PCHCH transformation through workforce development/training and workflow redesign activities around core components of the PCHCH. Workforce development/training and knowledge transfer to health center staff was accomplished through a unique blending of consultants, HPCA trainers, and seasoned CHC staff. Together, the CHCs have made a commitment to a new way of delivering care, a true transformation, with the recognition that each CHC may have their own unique qualities that define their health care home.

Learning Objective:

Gained an understanding of the unique strategies employed by this pilot to guide and train CHC staff on becoming a patient centered health care home.

PATIENT NAVIGATION TRAINING IN THE REPUBLIC OF THE MARSHALL ISLANDS

R Fernandes, MD, MPH¹, S. Riklon, MD², J. R. Langidrik, MPH³, S. Williams, MD⁴, N. Kabua⁵, R. Nazareth, AS⁶, A. Wen, MD¹, K. Masaki, MD¹.

¹The Pacific Islands Geriatric Education Center and the John A. Hartford Foundation Center of Excellence in Geriatrics, Department of Geriatric Medicine, John A. Burns School of Medicine, University of Hawaii.

²Department of Family Medicine and Community Health, John A. Burns School of Medicine, University of Hawaii.

³Ministry of Health, Majuro, Republic of the Marshall Islands.

⁴Division of Geriatric Medicine, Department of Medicine, University of Chicago Medical Center.

⁵National Comprehensive Cancer Control Program, Ministry of Health, Republic of the Marshall Islands.

⁶Kokua Kalihi Valley Comprehensive Family Services, Honolulu, Hawaii.

Introduction: The burden of cancer and non communicable diseases is increasing in the Republic of Marshall Islands (RMI). There is a need to build workforce capacity in RMI to provide navigation services to persons with cancer, terminal illness, and other chronic advanced diseases.

Research Design: The objective of this study was to create a culturally appropriate navigation curriculum for RMI and to train lay volunteers from non-governmental and faith-based organizations as navigators. RMI Ministry of Health in partnership with the John A Burns School of Medicine, Department of Geriatric Medicine, University of Hawaii conducted a 5 day Navigation Training Workshop from 26 – 30 March, 2012. To assess changes in attitudes and knowledge, we compared pre- and post- values from the questionnaires using paired t-tests.

Results: Thirty-five trainers completed the workshop, majority were women. The 40-hour curriculum was focused on the following: Day 1 – Cancer 101; Day 2 – Palliative Care 101; Day 3 – Caregiving 101; Day 4 – Navigation 101; Day 5 – Setting up a navigation program. Materials were translated into Marshallese and interpreters were provided at the workshop. This workshop was well attended and associated with high satisfaction (mean score 4.8, based on a Likert scale of 1 to 5). Attitudes and skills on patient navigation showed trends towards improvement ($p=0.06$), knowledge on cancer prevention ($p=0.01$) also improved after attending the workshop.

Impact: Following the training the Ministry of Health will hire a navigator coordinator to ensure that the zone volunteers are each matched to 1-2 patients. The participants came up with their vision for the proposed navigation program “Drijo im ukoj” which is a call to work together in advancing mutual affairs and is an essential principle upon which Marshallese communities revolve. The navigators will reduce barriers and improve access to care for persons with cancer and other terminal illness.

Learning Objectives:

1. Explain some of the challenges to cancer screening in RMI.
2. Develop a deeper understanding of the Marshallese culture.
3. Understand training initiatives and curriculum on patient navigation.

PRENATAL STRESSFUL LIFE EVENTS ASSOCIATED WITH BED SHARING IN HAWAII – DATA FROM THE HAWAII PREGNANCY RISK ASSESSMENT MONITORING SYSTEM, 2009-2010

J. Elia, MPH¹ & E. Roberson, MPH²

¹Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

²Hawaii State Department of Health

Introduction: The American Academy of Pediatrics recommends against bed sharing due to possible increased infant risk. Maternal stressors during pregnancy have been associated with negative birth outcomes. Data from the Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS) were used to examine potential associations between prenatal stressors and bed sharing.

Research Design: Hawaii PRAMS data from 3180 respondents were weighted to represent all pregnancies resulting in live birth in Hawaii in 2009-2010. Logistic regression was used to examine relationships among stressors and bed sharing, controlling for significant covariates. Bed sharing was defined as baby “always” or “often” sleeping in the same bed as someone else. Stressors were categorized: partner-related, traumatic, financial, and emotional. Final model covariates included: infant sleep position, sleep environment risk, race/ethnicity, age, county, breastfeeding duration, and delivery insurance.

Results: Overall, 33.9% (95%CI: 31.8-36.0) of infants always (20.7%; 95%CI: 19.0-22.6) or often (13.2%; 95%CI: 11.7-14.8) bed shared. Half (95%CI: 47.8-52.3) of recently-pregnant women experienced at least one financial stressor, 30.0% (95%CI: 27.9-32.1) experienced an emotional stressor, 28.6% (95%CI: 26.7-30.7) experienced a partner-related stressor, and 16.9% (95%CI: 15.3-18.6) experienced a traumatic stressor. Bed sharing was most prevalent among mothers <20 years (44.4%; 95%CI: 36.6-52.5), in Maui County (44.3%; 95%CI: 41.0-47.7), and among Filipinos (43.3%; 95%CI: 38.1-48.6). Multivariate logistic regression found that partner-related ($p=.005$) and financial ($p=.017$) stressors were significantly related to bed sharing; traumatic ($p=.068$) and emotional ($p=.136$) stressors were not. For mothers with one partner-related stressor, bed sharing aOR=1.49 (95%CI: 1.13-1.96; ref: no stressors); for two or more stressors, aOR=1.66 (95%CI: 1.07-2.55). For mothers with one financial stressor, bed sharing aOR=1.45 (95%CI: 1.12-1.87; ref: no stressors); for two stressors, aOR=1.48 (95%CI: 1.03-2.11).

Impact: Though not recommended, bed sharing is common in Hawaii. Improved understanding of which factors influence bed sharing should inform safe sleep education and interventions in Hawaii.

Learning Objectives:

1. Describe the prevalence of bed sharing and maternal stressors in Hawaii.
2. Identify maternal stressor categories and other factors associated with bed sharing in Hawaii.

PRESCRIPTION DRUG USE DURING PREGNANCY IN HAWAII – DATA FROM THE HAWAII PREGNANCY RISK ASSESSMENT MONITORING SYSTEM, 2009-2010

E. Roberson, MPH

University of Hawaii & Hawaii State Department of Health

Introduction: There are relatively few population-based studies on perinatal prescription drug use. The Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS) survey provides detailed data on maternal experiences before, during and immediately after pregnancy in Hawaii.

Program/Research Design: Hawaii PRAMS data from 3180 respondents were used to estimate prevalence of prescription drug use during pregnancy. Data were weighted to be representative of all pregnancies resulting in live births in Hawaii in 2009 and 2010. Vitamins and supplements were excluded from the analysis. Logistic regression was used to estimate adjusted associations of demographic, clinical and behavioral factors with prescription drug use during pregnancy. The final model included pre-pregnancy chronic disease diagnosis, pregnancy-related medical problem, type of insurance used for delivery, education, nativity, alcohol use during pregnancy, age, race/ethnicity and household income.

Results: Of recently-pregnant women in Hawaii, 18.3% (95%CI: 16.6-20.1) reported using prescription drugs during their most recent pregnancy. The most commonly-reported medication types taken during pregnancy were anti-infectives (4.2%; 95%CI: 3.4-5.1), asthma/allergy (3.4%; 95%CI: 2.7-4.3), gastrointestinal (3.3%; 95%CI: 2.5-4.2) and pain relievers (3.2%; 95%CI: 2.5-4.2). Prevalence was highest among women who had a pre-pregnancy chronic disease diagnosis (36.8%; 95%CI: 32.2-41.6), paid for their delivery with TRICARE (36.2%; 95%CI: 30.2-42.6) and were Caucasian (28.6%; 95%CI: 24.5-33.1). Factors most strongly associated with prescription drug use during pregnancy in the multivariable model were pre-pregnancy chronic disease diagnosis (aOR 3.7; 95%CI: 2.8-5.0), paying for delivery with TRICARE vs. private insurance (aOR 2.6; 95%CI: 1.8-3.9) and pregnancy-related medical problem (aOR 2.6; 95%CI: 2.0-3.4).

Impact: Medication use among pregnant women is increasingly common. Potential risks and benefits to mother and fetus should be explored during prenatal care so that women are informed and empowered to make the best decisions for themselves and their babies.

Learning Objectives:

1. Describe the prevalence of prescription drug use among women during pregnancy in Hawaii.
2. Identify the risk factors most strongly associated with prescription drug use during pregnancy in Hawaii.

PREVENTING VIOLENCE AGAINST WOMEN IN THE MARSHALL ISLANDS

S. Evensen, MPH

PREL

Introduction: Domestic violence is a widespread issue in the Republic of the Marshall Islands (RMI). In 2003, a national survey revealed that 87% of women interviewed had been abused at least ten times in the last two years. In response, the Women United Together Marshall Islands (WUTMI) launched the “Initiative for a Better Response to Address Violence Everywhere” (iBRAVE) project, which was funded by the United Nations Trust Fund in 2010. WUTMI is a chartered nongovernment women’s organization serving the RMI.

Objectives include: 1) increased public awareness about the high prevalence of domestic violence and the need to reduce and prevent it; 2) the adoption and implementation of multi-sectoral national action plans; and 3) the adoption and enforcement of national laws to address and punish domestic violence.

The iBRAVE campaign targets women and men, also garnering support from traditional leaders, church leaders and legislators to support policy and legislation. It includes an awareness and education component for first responders (police and health care providers), and the development and implementation of response protocols.

Results and Impact: During the first year of the three-year project, over 14,000 awareness materials were distributed among the major atolls. After the first year of the project, approximately 70% of a random population survey (n=150) had heard of the campaign message. Whether they had heard the campaign or not, 74% believed that domestic violence is an important concern that needed to be addressed. In September last year, the project succeeded in lobbying for and passing the Domestic Violence Prevention and Protection Act (DVPPA).

Discussion: Challenges encountered include dealing with resistance to this effort, such as the sentiment: “it’s our culture to control our women,” the complexity of enforcement and follow up, and the lack of infrastructure to deal with offenders and victims. (e.g. counseling, shelters).

Learning Objective:

1. Understand the challenges encountered and strategies used to successfully enact legislation to protect women against violence, in the context of a small island nation.

REACHING OUT TO THE CHUUKESE COMMUNITY IN GUAM

V. Aguon, BS¹, B. Schumann, BSN, MPA¹, F. Kepwe², M. Otoko²

¹STD/HIV Program, Guam Department of Public Health and Social Services

²Guam Chuuk Love Life Center

Introduction: The Chuukese population are highly impacted by Sexually Transmitted Diseases and HIV infection among the Federated States of Micronesians living in Guam. Through focus groups, health promotional materials were translated and developed by Chuukese Outreach Team.

Program Research/Design: The Guam Department of Public Health and Social Services STD/HIV Program recruited Chuukese speaking outreach workers to establish an STD/HIV Outreach Program targeting Chuukese youth living in Guam. During 2011, 2 Chuukese outworkers conducted a focus group sessions to at least 10 Chuukese youth in collaboration with a trained Behavior Communications Consultant.

Results: As a result of the focus group sessions, a pamphlet was designed and developed by Chuukese youth. An outreach center was also establish and named by the youth, "LOVELIFE Center." The venue provides a meeting space for Chuukese Youth, testing for sexual diseases and HIV testing, condom pick ups, information and offers a weekly teen clinic. Other youth activities are also offered.

Impact: Chuukese youth are empowered by their Chuukese mentors to reach out to other youth and recruiting them to participate in Chuukese outreach activities with the end goal of improving the overall quality of their health.

Learning Objective:

1. Learn the essential components to develop a successful Chuuk Outreach Program.

REDUCING TOBACCO USE PREVALENCE IN THE WESTERN PACIFIC BY 10% IN 2014: CAN WE DO IT?

A. M. David, MD, MPH¹, S. Mercado, MD, MBA², J. Rarick, MPH²

¹University of Guam Cancer Research Center

²World Health Organization Western Pacific Regional Office, Tobacco Free Initiative

In 1994, Lopez et. al. developed a model of the tobacco epidemic with four stages defined by the consumption patterns among adults in the population and smoking-attributable mortality. This model used data from developed countries, and could not always be applied to developing countries.

In 2012, Thun, et. al. published a modified version of model to expand its applicability to developing countries. In the revised model, the different stages are described separately for males and females in a population. The revised model also emphasizes smoking-attributable mortality in middle age (35-69 years) rather than smoking-attributed proportion of all deaths.

The Tobacco Free Initiative, World Health Organization Western Pacific Regional Office (TFI, WHO-WPRO) applied existing data to categorize its 36 Member States and Areas using the modified stages of the tobacco epidemic. A typology of the tobacco epidemic in the Region is presented, and priority areas of action are identified to achieve the Regional target of a 10% reduction from baseline of tobacco use prevalence for adults and youth. Meeting this regional target will require strategic implementation of the WHO International Framework Convention on Tobacco Control (FCTC). In countries with suboptimal resources and capacity, prioritization of key tobacco control interventions is essential.

The WHO WPRO approach provides guidance for countries in the prioritization process. The model also highlights the critical importance of tobacco control as a fundamental element to mitigate the growing burden of non-communicable diseases in the Region.

Learning Objectives:

1. Accurately determine the stage of the tobacco epidemic of various countries in the Pacific;
2. Identify priority areas for strategic action in tobacco control, given the stage of the tobacco epidemic, per country.

RELATING CHILDHOOD HEALTH BEHAVIORS AND ADOLESCENT ACADEMICS IN HAWAI'I

K. Amato, BS and C. Nigg, PhD

Department of Public Health Sciences, John A. Burns School of Medicine, University of Hawaii

Introduction: Youth in Hawai'i have a low prevalence of healthy behaviors related to physical activity (PA), fruit and vegetable consumption (FVC), and leisure time sedentary behavior not related to homework (SB). Research shows that these behaviors track into adolescence. Although less investigated, some evidence suggests that PA, FVC, and SB are related to academic outcomes in adolescence. Therefore, this longitudinal cohort study determined if childhood PA, FVC, and SB predict adolescent academic outcomes (i.e. average school grade and absentee days due to illness).

Research Design: Three cohorts of students (grades 4-6) from A+ afterschool programs in the state of Hawai'i completed baseline (2004-2006) and five-year follow-up surveys (2009-2011).

Results: At follow-up, participants (n=334) were 14.76 (SD=.87) years old; 55.1% female; 53% Asian, 19.8% Native Hawaiian or other Pacific Islander, 15.3% White, and 11.9% other. Regressions (controlled for ethnicity and gender) revealed that PA, FVC, and SB predicted adolescent school grades ($F(7,289)=7.68$, $r^2=.16$, $p<.05$). Standardized betas were in the hypothesized direction for SB (beta=-0.19, $p<0.05$), but in the opposite direction for FVC (beta=-0.19, $p<0.05$) and non-significant for PA. Adolescent absentee days due to illness were not predicted by PA, FVC, and SB ($F(3,294)=1.092$, $r^2=.01$, n.s.).

Impact: Higher childhood SB is related to lower school grades, which has direct intervention implications. Surprisingly, higher FVC is related to lower school grades. The mechanism for this is unclear and warrants investigation, but may be related to an overall higher intake of calories and related obesity. The lack of relationship of childhood health behaviors with absentee days may be due to the long follow-up period.

Learning Objective: Describe the relationship between childhood health behaviors and related adolescent outcomes among children in Hawaii

Acknowledgements: This project was funded by the Hawai'i Medical Service Association, an Independent Licensee of the Blue Cross and Blue Shield Association. Special thanks to Angela Atkins, Marina Johler, Kyaw Lin Tun, and Clémence Belleudy for their contribution.

ROLE OF SOCIAL MEDIA AND THE TRANSFORMATION OF HEALTH COMMUNICATION ON PUBLIC HEALTH

Chair: I. Chik, BS

Panel: K. Bifulco, BA , Z. Fu, MD, M. McGurk, BA, T. Smith, BA

Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

This panel, presented by MPH students, provides an overview of different areas of social media and its impact on public health communication and practice. Each generation of public health professionals has access to different tools and faces new challenges as they strive for health promotion and disease prevention. Especially now, social media and other forms of electronic health communications have a much larger role in disseminating information. The number of people who have mobile phones, computers, social media devices, and access to the internet is growing and this brings with it a new set of advantages and challenges. Reaching large populations while being efficient and practical is a cornerstone of public health. Today's healthcare workforce needs to be cognizant of changes in the way people deliver and receive information in this new social media environment.

Consider the following: for Facebook, the average day produces 2 billion posts being commented on and "liked", and 250 million photos being uploaded. Recycled cell phones provide tens of thousands of people access to information and support who could not afford it. Smartphone health applications and tele-health promotes personal responsibility and greater access to healthcare providers. These are a few social media examples and how these growing forms of communication can work with the field of public health. At the end of this presentation, participants will be able to describe how social media is being used to further the field of public health.

Learning Objective:

1. Identify growing forms of social media and health communication in public health practice today and provide specific examples

SCREENING AND MANAGEMENT OF ABDOMINAL AORTIC ANEURYSM IN HIGH- RISK POPULATIONS

B. Paet, RN, BSN & A. Manuzak, MD, PhD, MPH
Hawaii Pacific University

Abdominal aneurysm (AA) is a dilation or ballooning of the large artery such as aorta, which carries blood from the heart through the chest and abdomen. AA that is located in the abdomen is called Abdominal Aortic Aneurysm (AAA). The main cause of AAA is atherosclerosis, an increase of plaque build-up inside an artery in at-risk individuals with history of smoking, high cholesterol, high blood pressure, and obesity. Smoking is the most strongly associated risk factor for AAA, and an important factor to be considered in previously undiagnosed AAA cases. Ruptures of AAA are fatal in 90% of cases. AAA is the 17th leading cause of death in the United States. The occurrences of AAA are more common in male and in individuals 65 years and older. According to CDC, the male and female comparisons of AAA are: 1.3% / 0% for 45-54 years; and 12.5% / 5.2% for 75-84 years. The incidence of AAA is increased with long-term tobacco use, uncontrolled hypertension, high cholesterol, and family inheritance. Many AAA have been detected on accident during a routine screening. A one-time screening in males over the age of 65 and associated risk factors can prevent mortality from AAA rupture. The purpose of this paper is to provide information on the relationship between AAA in high-risk populations through a one-time screening. Many research studies have been done to examine the relationship with smoking high cholesterol, hypertension, and family inheritance related to the development of AAA. However, these research studies have left gaps in their results about reducing mortality by smoking cessation and managing high cholesterol and hypertension. Educating the high-risk population on smoking cessation and managing cholesterol and blood pressure by weight reduction and pharmacological methods can reduce mortality in society.

Learning Objectives:

1. Audience will learn preventative measures for AAA rupture in high-risk populations.
2. Learn the importance of one-time screening ultrasound in high-risk populations.

SEE HOW THEY RUN: PHYSICAL ACTIVITY AMONG HAWAI'I PRESCHOOLERS IN THE CHILDREN'S HEALTHY LIVING (CHL) PROGRAM

R. Ettienne-Gittens, PhD, MS, RD¹, N. Black, MS², C. Nigg, PhD³, K. McGlone, PhD, CHES², Y. Su, PhD, MS², R. Novotny, PhD, MS, RD²

¹University of Hawaii Cancer Center

²Department of Human Nutrition, Food, and Animal Sciences, University of Hawaii

³ Department of Public Health Sciences, John A. Burns School of Medicine, University of Hawaii

Introduction:

Increasing overweight and obesity rates among children are a major public health concern both nationally and in Hawai'i. Over the past three decades, obesity prevalence has doubled among 2 to 5 year old children. Physical activity (PA) is important to children's immediate social, mental, and physical health. Geography and climate influence opportunities for PA in Hawai'i. Understanding the usual types, locations, and intensities of PA may be important to promoting PA among Hawai'i children.

Program/Research Design:

The CHL program is a collaboration between remote Pacific states and other U.S. jurisdictions, including Hawai'i and Alaska. This pilot of the CHL program included three sites on Oahu. Parents completed logs of their child's PA for three days, recording activities, when and where they took place, and intensity levels. One PA log corresponded to a 24 hour period of parental observation.

Results:

Forty-nine children participated, of whom 60% were boys. Mean age was 3.57± 0.54 years. 46% of the children were Native Hawaiian all of mixed ethnicity; while 14% were Other Pacific Islander, all of mixed ethnicity. Mean BMI percentile was 61.35± 33.15. Sleeping was the most common activity, followed by school and watching TV. Reported physical activities associated with living in Hawai'i included swimming, walking at the beach, and playing in the sand.

Impact:

Although preschool children in Hawai'i may have the geographic advantage over children in the continental U.S. regarding opportunities for daily PA, Hawai'i children (by proxy report) are mainly engaging in sedentary activities. These results suggest that greater intervention efforts should target decreasing sedentary behaviors and promoting PA for children in Hawai'i as young as 3 years. Interventions should focus on incorporating PA while using the natural resources available on the island.

Learning Objectives:

1. Discuss strategies for increasing physical activity in Hawai'i preschoolers.
2. Discover novel ways of incorporating outdoor physical activity practices into current interventions targeting preschool Hawai'i children.

SEXUAL RISK BEHAVIORS AND HIV TESTING AMONG MEN WHO HAVE SEX WITH MEN, GUAM 2007 – 2008

V. Aguon, BS¹, B. Schumann, BSN, MPA¹, E. Malladad¹, C. K. Wan², PhD, D. Voetsch, PhD², W. Chow, BS², E. Adriatico, BSN¹, J. Cate, BS¹

¹STD/HIV Program, Guam Department of Public Health and Social Services

²U.S. Centers for Disease Control and Prevention

Introduction: Guam, a small island and U.S. territory located in the western Pacific Ocean has a population of 160,285. An international travel hub for Asia Pacific region, HIV prevalence is low. Since 1985, 53% of the 233 HIV cases in Guam are recorded as men who have sex with men (MSM).

Program /Research Design: Guam Department of Public Health and Social Services conducted a survey of MSM in 2007-2008. Respondent-driven sampling was used for enrollment. Eligibility criteria: 16 years or older, male or transgender person (TG), sex with a man past 5 years, surveyed in-person and offered an HIV test.

Results: 211 MSM surveyed: 200 (89%) were men and 11 (5.5%) were TG. Overall, 80 (38%) reported two or more concurrent sex partners, 35 (17%) reported having had group sex in the past 12 months. 98 (48%) MSM reported traveling from Guam in the past 12 months, of whom 57 (59%) reported having had sex with someone other than a sex partner from Guam. Outside of Guam, the median number of sex partners was two (range 1 – 20 sex partners); 53 (93%) MSM reported that the most recent sex partner outside Guam was male and 25 (44%) reported condom use with most recent partner. 208 heard of sexually transmitted diseases (STDs), 25 (12%) reported been diagnosed with an STD, 6 (3%) had been HIV diagnosed. Overall, 150 (71%) MSM reported tested for HIV and 82 (39%) reported been tested past 12 months. 125 (59%) of MSM offered an HIV test, 37 (30%) tested; all results were negative.

Program Impact: HIV-associated risk behaviors is high among MSM in Guam. 27% of MSM reported had sex off island, increases opportunity for HIV infection and other STDs. MSM prevention messages in Guam and nearby Pacific Island nations are needed.

Learning Objective:

1. Identify sexual risk behaviors that will lead to improve program services

STEPS TO CREATING A “SAFE ROUTES TO SCHOOL” PROGRAM

B. Brody

Get Fit Kauai, the Nutrition and Physical Activity Coalition of Kauai County

Since its inception in the fall of 2009, the Get Fit Kauai Safe Routes to School program has hosted nearly 13 Walk to School Days at 5 different elementary schools and participated in educational opportunities for parents, community members, school staff and administration to learn about the Safe Routes to School program. Of the 5 schools that have participated in the Walk to School days, 4 have on-going Safe Routes to School programs being conducted at their school including: Kapa’a, Kalaheo, Kilauea, and St. Catherine’s. Engineering plans have also been created for 7 of the 9 elementary schools on the island with some projects slated to break ground this summer. The success of the walk to school days and increasing awareness about the Safe Routes to School program has increased the need for funding. A sustainable funding source is vital to the maintenance of the Safe Routes to School program on Kauai. HB2626 was initially drafted by Representative Derek Kawakami and designed to establish a Safe Routes to School fund through fine-based legislation. Since then HB 2626 HD-2, as it became known as, has passed through numerous committees to find its way to the governor’s desk. Upon signing the legislation, the governor will establish a special fund for Safe Routes to School programs. The establishment of funds through sustainable fine-based legislation will allow the Safe Routes to School program to progress and expand on Kauai with the hopeful result that more kids will be able to safely walk or bike to school on a regular basis.

Learning Objectives:

1. Understand the 5 E’s and necessary steps needed to implement a successful Safe Routes to School program.
2. Learn ways to engage stakeholders and government officials as well as program sustainability.

STI SCREENING IN A MULTICULTURAL COMMUNITY HEALTH CENTER IN HAWAII

D. Segal Matsunaga, MPH¹, S. Selifis¹, L. DeVilbiss, MD, MPH¹, M. VC Lee, MS²

¹Kokua Kalihi Valley Comprehensive Health Center

²Hawaii STD Prevention Program, Hawaii State Department of Health

Introduction: Kokua Kalihi Valley (KKV), a community health center in urban Honolulu Hawaii, serves a low income community of Asian and Pacific Islanders (API), including a growing number of migrants from Chuuk in the Federated States of Micronesia. KKV's Chlamydia (CT) and Gonorrhea (GC) positivity rates are among the highest in the state of Hawaii. In 2010 the CT positivity rate for women at KKV was 17.3%. Other Hawaii community health centers have rates between 3% and 10% while the public STD Clinic rate is 10.2%. KKV's GC positivity rate of 3.0% is second highest in the state, with only a prison reporting a higher rate. KKV's CT positivity rate for women age 26 and over was 13.7%, highest in the state, with the DOH STD Clinic reporting 6.1%.

Program: In 2011, KKV initiated a pilot project to routinely offer all eligible clients of the Family Planning (FP) Walk-In Clinic free Chlamydia (CT) and Gonorrhea (GC) testing. Bilingual, bicultural health educators offered the tests along with education, counseling and condoms. Routine offer of HIV testing was added in early 2012.

Results: Preliminary results from the first six months: 98% of eligible clients offered CT & GC tests and 89% accepted; CT positivity rate: 15.9%. While 27% of these clients were Chuukese, 55% of those testing positive were from this ethnic group. For Samoan: 26% clients/28% positive tests; Filipino: 27% clients/17% positive tests; Hawaiian: 8% clients/7% positive tests. 91% of those 26 and over with positive test results were Chuukese.

Impact: KKV's STI positivity rate indicates this program is cost effective and successfully reaches high risk groups. Providers should consider national guidelines for STI screening tailored with local data to meet the needs of Hawaii's API and migrant Pacific Islander communities.

Learning Objective:

1. Describe one cost effective and culturally tailored approach to STI screening

THE COMMUNITY HEALTH WORKER AS "EMPOWERMENT AGENT": APPLYING THE TEACH FOR HEALTH MODEL OF COMMUNITY DEVELOPMENT

K.Coontz, MPH¹, N. Hawthorne, MPH¹, S. Nunn, RN, MSc,² A. Cullen³, Z. Herridge-Meyer, BA², Y. Teitel, BA¹

¹University of California – San Francisco, Teach for Health International

²Teach for Health International

³University of California – Berkeley

Introduction: Community Health Worker (CHW) programs run by government and non-profits worldwide are upheld as prime examples of community empowerment. Literature review of CINAHL, PubMed and MeSH databases in the last decade showed few programs with significant participation in program planning by CHWs and no programs that operationally defined and measured “empowerment”.

Program Design: Teach For Health (TFH) works in 31 rural, low-income villages with 100 health promoters in central Nicaragua. These remote mountainous coffee-farming villages are effectively “islands” with distinct health challenges, necessitating village-specific responses. TFH trains a self-governing network of CHWs in leadership and program planning. TFH prepares CHWs to facilitate a process of community diagnosis and action planning to identify and address village health challenges. TFH targets changes in specific domains of empowerment.

Results: In 2.5 years, TFH has built an effective regional infrastructure for health promotion, linking local firefighters, clinics and CHWs, and providing capacity building training. In addition to core health promotion activities including health education and first aid, over 60% of CHWs have completed self-designed legacy projects such as waste management, respiratory health campaigns and many others. Moving forward, TFH is launching the Microgrant Empowerment Initiative to provide small escalating competitive grants coupled with training to catalyze community-designed project generation. This will train CHWs to seek and obtain their own resources, with the goal of becoming sustainably self-governed and funded by the end of TFH’s 5-year involvement. Impact TFH’s model recontextualizes the role of community health workers from employee to facilitator and the role of the community from development recipient to director. The program seeks to demonstrate an alternative cost-effective, empowering model of community development particularly relevant to rural Pacific Island communities. TFH was founded by University of Hawai’i public health graduates, and plans to apply lessons learned in Pacific communities in the future.

Learning Objective:

1. Define and analyze 2 contrasting development approaches (the predominant model and an alternative approach) toward the training and utilization of volunteer Community Health Workers in rural, low-income areas of service.

THE DEVELOPMENT OF THE CHILDREN’S HEALTHY LIVING FOR REMOTE UNDERSERVED POPULATIONS IN THE PACIFIC REGION PROGRAM (CHL) COMMUNITY-BASED APPROACH TO IDENTIFY AND PRIORITIZE POSSIBLE ENVIRONMENTAL INTERVENTIONS TO PREVENT YOUNG CHILD OBESITY

M. Fialkowski, PhD, MS, RD
University of Hawaii

Introduction: For primary prevention of chronic disease, researchers from Pacific US-affiliated academic institutions formed the Children’s Healthy Living Program (CHL) for remote underserved minority populations of the Pacific Region. One goal of the program is to use a community-based environmentally-focused intervention approach aimed at six behavioral objectives to prevent early childhood (ages 2- 8 years) obesity and improve health.

Program/Research Design: Four communities in each of five CHL jurisdictions (Alaska, American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Hawaii) were selected to participate in the randomized controlled intervention. Using the Analysis Grid for Elements Linked to Obesity Model, CHL researchers developed a community engagement process to identify, prioritize, and strategize potential environmental interventions focused on six evidence-based CHL behavioral targets (improving fruit, vegetable, and water intake, increasing physical activity and sleep, and decreasing screen time and intake of sugar sweetened beverages).

Results: A multi-faceted approach was used by CHL Research Teams across the Pacific to engage selected communities. Members of these communities with an interest in preventing childhood obesity, including community leaders, parents and pre-school teachers, were identified and engaged through the CHL Key Informant and Partnership Process (CHL-KIPP). The CHL-KIPP focused on one-on-one key informant interviews. Community meetings were also held at multiple stages in the engagement process, using a positive deviance approach, to engage community members in focused discussion on identifying and prioritizing key strategies to improve the six evidence-based CHL behavioral targets within the community.

Impact: Findings from the CHL-KIPP and the community meetings included common and culturally-specific themes, strategies and activities which will guide the subsequent evidence based CHL intervention program. The CHL program continues to seek alignment and collaboration from community partners to ensure sustainable environmental changes to improve health behavior and prevent childhood obesity.

Learning Objective:

1. To describe the community engagement process of the Children’s Healthy Living Program (CHL) for remote underserved populations in the Pacific to prevent childhood obesity

THE PACIFIC CENTER OF EXCELLENCE IN THE ELIMINATION OF DISPARITIES: EVALUATION AND RESULTS OF A 5 YEAR PROJECT TO REDUCE CANCER DISPARITIES IN THE US AFFILIATED PACIFIC ISLANDS

A. Sy, DrPH, A. R. Pandi, PhD, A. Lim, MA, L. Buenconsejo-Lum, MD, N. Palafox, MD, J.M. Daye, MA
University of Hawaii

Introduction: Cancer burden in the resource-limited, geographically expansive, culturally-unique 10 US Affiliated Pacific Island (USAPI) jurisdictions is among the highest in the world. Since 2007 the Department of Family and Community Health, University of Hawaii collaborates with ten USAPI jurisdictions to implement the Pacific Center of Excellence in the Elimination of Disparities (CEED). A partnership model at the regional, jurisdiction, and community levels involves the Pacific Regional Cancer Coalition (PRCC), CDC Comprehensive Cancer Control (CCC) coalitions in each jurisdiction, and Pacific CEED projects respectively. Results on Pacific CEED as a partnership approach, and its ability to support community projects and to meet cancer prevention objectives at the three levels of implementation will be reported.

Program/Research Design: Quantitative and qualitative methods guide process and outcome evaluations. Initial and follow up PRCC partnership evaluations were conducted in Spring 2010 and 2012, respectively. Descriptive statistics of performance indicators from an online ReportPortal are calculated to document progress toward cancer prevention objectives. Content analysis of Promising Practices Evaluation Reports submitted by community projects are conducted.

Results: At the regional level, the PRCC indicates satisfaction with regional partnerships. At the jurisdiction and community levels, partnerships through each jurisdiction CCC coalition and within communities through Pacific CEED projects are key in implementing community projects. At the jurisdiction level, performance measures related to partnership objectives were met or exceeded while measures related to data and evaluation were partially met.

Impact: Pacific CEED innovatively applies partnerships between and across the USAPI region, jurisdictions, and communities while unique community approaches address cancer prevention within USAPI jurisdictions.

Pacific CEED projects provide examples to adapt, replicate, evaluate, and disseminate culturally appropriate cancer prevention and control projects for Pacific Islanders at the community level. Future focus on data utilization and evaluation capacity to address chronic disease prevention in the USAPI is recommended.

Learning Objectives:

1. Identify one outcome each achieved on partnerships, Pacific CEED community projects, and performance measures.
2. Describe one qualitative or quantitative evaluation method used for the Pacific CEED evaluation.
3. Apply a recommendation to future efforts for chronic disease prevention in the USAPI.

TIMELINESS OF CHILDHOOD VACCINATIONS IN YAP STATE, FEDERATED STATES OF MICRONESIA (FSM)

J. Stanley, MPH¹, R. Seither, MPH¹, L. A. Helgenberger, MPH²

¹Centers for Disease Control and Prevention

²Federated States of Micronesia Immunization Program

Introduction: Vaccine-preventable diseases still cause childhood morbidity in the United States and US-affiliated jurisdictions, including FSM. Assessing timeliness of vaccination allows immunization programs to determine whether children are vulnerable to disease due to delays in vaccination.

Research Design: Coverage was assessed using data collected by population-based household surveys of FSM conducted from 2006 to 2008. The number of doses required and recommended age for timely completion for 19 to 35-month-olds was based on the FSM national schedule. Vaccination dates were collected from shot cards and public health records. We measured coverage among 19 to 35-month-olds for the following vaccines: 4 doses of diphtheria, tetanus, and acellular pertussis (DTaP), 4 doses of polio, 1 and 2 doses of measles, mumps and rubella (MMR), 3 doses of hepatitis B (HepB), and 3 doses of *Haemophilus influenzae* type b (Hib). Each vaccine was assessed using two measures of up-to-date status. The first counted all doses administered. The second, measuring timeliness of completion, excluded doses administered after the recommended age for the final dose.

Results: In Yap Proper, coverage counting all administered doses ranged from a high of 99.2% (1MMR and 3HepB) to a low of 93.6% (4 DTaP). Timely coverage estimates were lower than estimates counting all doses by at least 34 percentage points. Up-to-date coverage at the recommended age of completion ranged from 61.6% (3 HepB) to 22.4% (4 DTaP). Estimates for Yap Neighboring Islands will be included pending further analysis.

Impact: Vaccination coverage estimates decreased when the timeliness of vaccine administration was considered. In Yap Proper, the drop in coverage rates after excluding late doses showed that most children received all recommended doses but not until after the recommended age. Estimates measuring timely completion of vaccination schedules are essential for detecting delays in vaccination that leave children vulnerable to disease.

Learning Objectives:

5. Describe vaccination coverage in Yap State, Federated States of Micronesia.
6. Explain the impact of vaccination timeliness on vaccination coverage estimates.
7. Discuss what can be learned about target populations from measures of timeliness of vaccine administration.

TOBACCO SURVEILLANCE AND MONITORING: CHALLENGES AND OPPORTUNITIES IN THE WESTERN PACIFIC ISLANDS

D. Richard, MPH

World Health Organization & Simon Fraser University

Non-communicable Disease (NCDs) and their associated risk factors pose a significant threat to public health worldwide. Strengthening monitoring systems is central to the management of this rising global epidemic. Consequently, the absence of a strong surveillance system for NCDs, including comparable data on tobacco, impedes a country's ability to respond to the rapidly increasing epidemic. Therefore, it is crucial that all countries actively monitor the associated risk factors, their trends and impact. With tobacco consumption as a major contributor to the burden of NCDs, sufficient evidence is necessary to guide the development, implementation and evaluation of nationally appropriate tobacco control activities. Ultimately, monitoring and surveillance activities are the building blocks for all other aspects of tobacco control and need to be given first priority in national strategies. Thus, in order to manage, monitor, and understand the dynamics and trends of the growing tobacco epidemic, an effective surveillance system and appropriate survey instruments are critical. Only with recent, representative and periodic data for both youth and adults that address the key indicators of tobacco control will countries effectively implement the WHO MPOWER measures and successfully meet the FCTC requirements to reduce tobacco use prevalence and curb the epidemic.

In the Pacific region, NCDs are contributing to the majority of deaths and disease burden, of which tobacco is arguably the most important preventable risk factor. An analytical review of the level of tobacco monitoring and surveillance implementation in the Pacific Island countries (PICs) was conducted based on data published in the 2011 WHO Report on the Global Tobacco Epidemic.

This review found that tobacco monitoring activities in the PICs are largely lacking, especially for adults. This paper further assessed opportunities and challenges to strengthen tobacco surveillance in the PICs and offered recommendations to achieve effective and sustainable tobacco surveillance and monitoring activities.

Learning Objective:

1. Explore the use of tobacco monitoring and surveillance as the building blocks to achieve progress in the implementation of the FCTC and meet the regional and global prevalence targets. A case study of the status of tobacco monitoring and surveillance in the Pacific Island countries (PICs) was done to identify opportunities and challenges to strengthen such activities in the PICs.

TRADITIONAL AND CUSTOMARY PRACTICES OF MEA `AI PONO

K. Molitau, BA¹, R.K. Domingo², S. McGuinness, BA³

¹Kumu Hula, Na Hanona Kulike `O Pi`ilani

²Papahana Kuaola

³Nutrition & Physical Activity Coalition of Maui County

Introduction: The life expectancy of Native Hawaiians is the lowest of all major ethnic groups in Hawai`i. The high prevalence and mortality rates from chronic diseases and death point to risk factors such as obesity and overweight, sedentary lifestyle, and others. Many of these risk factors can be addressed through promotion of healthy behaviors and nutrition education.

Program/Research Design: Native Hawaiian organized groups such as hula halau have protocol in place that allow for kumu to set standards of behavior. The Mea `Ai Pono program was developed specifically to work with halau, clubs and organizations to provide interactive education about 1) the importance of Hawaiian foods and their importance to the Hawaiian lifestyle; 2) proper protocols of chant that are introduced for the foods being prepared; and 3) how to utilize the Hawaiian way of life to improve eating habits for better health. Twenty-four demonstrations/workshops were provided, reaching more than 1,100 individuals.

Results: Over the course of the 11-month program, there was a shift in behavior, with an increase in consumption of fresh fruits and vegetables and a decrease in desserts in food offerings at social events. Additional, longer-term studies need to be conducted. **Impact** Addressing the cultural and spiritual significance of foods consumed, along with the importance of those foods, and proper protocol utilized in the preparation and consumption of foods, are important components of an educational program. The ability to work with established Native Hawaiian organizations was of extreme benefit and reached the target audiences.

Learning Objective:

1. Understand the elements of a nutrition education program based on a strong Native Hawaiian cultural, physical and spiritual foundation.

TRAINING AN INDIGENOUS WORKFORCE TO PREVENT CHILDHOOD OBESITY: A COMPONENT OF THE CHILDREN'S HEALTHY LIVING PROGRAM FOR REMOTE UNDERSERVED MINORITY POPULATIONS IN THE PACIFIC REGION (CHL)

J. Leslie, DrPH, RD
University of Hawaii

Introduction: The CHL program is a partnership among academic institutions in the US-Affiliated Pacific. The goal of CHL is to build social/cultural, physical/built, and political/economic environments that will promote active play and healthy eating patterns to prevent childhood obesity in the Pacific Region. One component of the program is to train current and future professionals and paraprofessionals in the region as a child obesity prevention workforce.

Program Design: Two training programs are being developed: 1) an academic program designed to provide 22 promising undergraduate or graduate students from the Pacific region with financial aid to attend selected university degree programs that will prepare them for careers focused on preventing childhood obesity in their home jurisdiction; and 2) a practical, non-degree, outreach training/education program to strengthen the capacity of the existing workforce at the local level.

Results: Applicants from seven of the eight CHL jurisdictions (Alaska, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Hawaii, Republic of Palau, Republic of the Marshall Islands) have been accepted into the academic program for fall 2012. These trainees were selected based on academic and professional potential, community experiences, and their desire to work in the field of childhood obesity prevention in their home jurisdictions after graduation. CHL leaders in the trainee's jurisdiction were empowered to evaluate the applicants and make final decisions on who would be accepted.

Impact: The CHL training programs will help to build local workforce capacity and sustainability throughout the Pacific to help prevent childhood obesity within indigenous, remote populations.

Learning Objective:

1. Cite the two CHL training program components.

TRAINING ON GERIATRICS AND CAREGIVING IN PALAU

R. Fernandes, MD, MPH¹, S. Osarch, DCHMS², C. Bell, MD¹;; B. Flynn, MD, MPH¹, L. Nguyen, MD¹, M. Abad, RN³, A. Wen, MD¹, K. Masaki, MD¹

¹The Pacific Islands Geriatric Education Center and the John A. Hartford Foundation Center of Excellence in Geriatrics, Department of Geriatric Medicine, John A. Burns School of Medicine, University of Hawaii.

²Homebound Program, Belau National Hospital, Ministry of Health, Koror, Palau.

³Public Health Nursing, Hawaii State Department of Health

Introduction: Aging has been an important population trend of the 20th century, with most elderly people living in developing countries. The Pacific Islands Geriatric Education Center has a mission to promote training in geriatric education in the Pacific Islands to improve healthcare to the elderly and homebound. **Research Design:** The objective of this study was to assess geriatric and homebound capacity and challenges in Palau, and to conduct training in geriatrics to improve services and health care for the elderly. Jurisdiction specific needs assessment was conducted in June 2010 to assess geriatric and homebound capacity. Training and education of family caregivers was identified as a top priority. The Palauan culture of family caring for seniors is presently threatened by caregiver burnout. A family caregiver train-the-trainer 5-day workshop was subsequently conducted in February 2011. To assess changes in knowledge and confidence to teach, we compared pre- and post- values from the questionnaires using paired t-tests.

Results: Forty-four trainers from Palau Ministry of Health, non-governmental and faith-based organizations, including 12 from other jurisdictions, attended the workshop. Competence was significantly improved in all geriatric syndromes after attending the workshop. Topics such as dealing with difficult behaviors, gait and transfer training, caregiver stress relief and resources for caregivers had statistically significant ($p < .0001$) improvements in scores.

Impact: Nearly all of the long-term care in Palau is provided by families. The culture of Palau honors and respects their elderly population. The trainers are committed to initiate and run caregiver support groups on their respective islands after the workshop. With the empowerment of caregivers, we envision a stronger family and stronger nation.

Learning Objectives:

1. Explain some of the challenges to long-term care in Palau.
2. Develop a deeper understanding of the Palauan culture.
3. Discuss the curriculum and key elements of family caregiver train-the-trainer workshop.

UNDERGRADUATE PUBLIC HEALTH DEGREE DEVELOPMENT: WORKFORCE DEVELOPMENT IN HAWAII AND THE PACIFIC

Chair: Nancy S. Partika, RN, MPH¹

Panel: Mark Tomita, PhD, RN, MCHES², Patricia O'Hagan, PhD³, Gregory Dever, MD⁴, Berlin Kafoa, PhD⁵

¹Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

²Health Science, Hawaii Pacific University

³Health Academic Programs, Kapi`olani Community College

⁴Pacific Island Health Officers' Association

⁵Nursing and Health Sciences, Fiji National University College of Medicine

Format:

An informal panel discussion is proposed, with five higher education/workforce panelists from Hawaii and the USAPI, discussing the rapidly-growing trend nationally and globally of undergraduate (certificate, AD and BA/BS) Public Health degree programs.

Panel items for discussion: a brief overview of each undergraduate training program, its students and the program's focus/goals; the core elements of the Public Health curriculum offered, what these undergraduate- Public Health-trained students are capable of doing, once they get their degrees, and where the panel sees future opportunities to expand the undergraduate education of students interested in public health, based on local, national and global Public Health workforce projections, student needs, and potential opportunities for educational and cross-collaboration.

Learning Objectives:

1. Describe 2-3 differences in programs serving undergraduate students in Hawaii and the USAPI
2. Identify 2 key areas for future development of undergraduate PH degree development

UNIVERSITY OF GUAM (UOG)/UNIVERSITY OF HAWAII CANCER CENTER (UHCC) PARTNERSHIP: GROWING MINORITY SCIENTISTS AND RESEARCH CAPACITY THROUGH A PARTNERSHIP TO ADVANCE CANCER HEALTH EQUITY

H. Robinett, MPH¹, H.J.D. Whippy, PhD², C-W Vogel, MD, PhD¹, J. Peterson, PhD²,
¹University of Hawaii Cancer Center
²University of Guam

Introduction: Americans of Pacific Islander ancestry are highly underrepresented among cancer researchers and cancer health care professionals. Critical to reducing cancer health disparities (CHD) and effectively delivering cancer health advances in Hawaii, Guam, and the neighboring US-associated Pacific Islands (USAPI) is research designed and conducted by, for and with Pacific Islanders.

Program/Research Design: A partnership between the UOG and the UHCC provides graduate level student education and training, as well as faculty development at UOG, thus growing the number of minority scientists in cancer research. Funding supports investigator-initiated research and programs, which provide learning opportunities for students supported by the partnership. Master's students explore issues affecting cancer health and health outcomes unique to the Pacific region through cancer health disparities curriculum developed by UOG.

Results: Many master's students have benefitted from the partnership, including several UOG graduates now enrolled in PhD programs at US universities. 3 PhD students at UHCC are currently receiving mentorship and graduate student assistantships. All student scholars are involved in cancer research at both partner institutions. A cancer health disparities track was established by the UOG's Micronesian Studies Program and is now sustained by UOG. Approximately 20 peer-reviewed publications have resulted from the partnership since its inception, and a growing body of faculty investigators at UOG and UHCC is participating in the partnership.

Impact: The partnership has increased research capacity at the UOG and among minority students attending the partnering institutions, and increased research involvement, expertise, and resources at UHCC and UOG to address research priorities and cancer health disparities in Guam, Hawai'i, and the USAPI. Pacific Islanders are seeking training and education opportunities in cancer research. Some changes and capacity increases are sustainable, and have already been made permanent.

Learning Objective:

1. To describe the resources available at UOG and UHCC to support minority students interested in careers in cancer research.

UPDATE ON STDS: NATIONAL AND HAWAII PERSPECTIVE

A. Katz, MD, PhD¹, A. Komeya², MPH, M. Kiaha, BS², M. Lee, MS²

¹Department of Public Health Sciences, John A. Burns School of Medicine, University of Hawaii

²Hawaii State Department of Health

Introduction: Hawaii is unique among states in the United States with respect to the occurrence of sexually transmitted diseases (STDs). We were one of the first states to introduce chlamydia screening for female family planning clinic patients statewide, and according to the most recent Healthcare Effectiveness Data and Information Set (HEDIS) report card, Hawaii had the highest chlamydia screening rate among states in the United States. This is a double edged sword: the more testing one does, the more cases one identifies, as most cases of chlamydia are asymptomatic. With respect to gonorrhea, Hawaii was selected as a sentinel site for national isolate surveillance as it is recognized by the CDC as a “port of import” for antimicrobial resistant strains entering the US. Hawaii was one of the first states to report penicillin resistant gonorrhea in the 1970s and high level resistance to fluoroquinolones in 1991. Multidrug resistant gonorrhea with decreased susceptibility to cefixime was reported in 2001, and in 2011 Hawaii reported the first gonococcal isolate in the US with high level resistance to azithromycin.

Research Design: Using surveillance data on reportable STDs, descriptive temporal trends will be presented for national and state data collected on chlamydia, gonorrhea, and syphilis.

Results: Chlamydia rates have been consistently higher in Hawaii compared to the country as a whole. This is in large part due to the Hawaii State Department of Health’s dedicated commitment to offering statewide chlamydia screening to female family planning clinic patients. Gonorrhea and syphilis rates have consistently been lower than that seen nationally.

Impact: Aggressive STD screening, including chlamydia screening of family planning clinic patients and culture based gonococcal screening with antimicrobial susceptibility testing, appropriate and early treatment of STDs, vigilant surveillance and aggressive partner notification activities have kept Hawaii on the leading edge of STD control nationally.

Learning Objective:

1. Identify temporal trends in chlamydia, gonorrhea, and syphilis occurrence in Hawaii and the United States.

USING DATA ON THE SOCIAL DETERMINANTS OF HEALTH TO ENGAGE COMMUNITIES IN THE CHRONIC DISEASE STRATEGIC PLANNING PROCESS

A. Pobutsky, MD, PhD, G. Kishaba, BS, B. Nett, MPH, E. Bradbury, MPH, MSW
Hawaii State Department of Health

Introduction: This presentation will describe how the Chronic Disease Management and Control Branch (CDMCB) at the Hawaii Department of Health (DOH) is using data on the social determinants of health to engage communities in a coordinated chronic disease strategic planning process.

Project Summary: Data on chronic disease and risk factor disparities was developed into a *Chronic Disease Burden Report: Social Determinants of Health*. This report illustrates how disparities are present across all chronic diseases and risk factors, which suggests the need for a coordinated effort across all chronic disease and risk factor programs. The report was initially presented at several Chronic Disease Summits with wide scale community participation. The focus of the Summits was to increase awareness of the social determinants of chronic disease. Key informant interviews were conducted with participants from the Summits to inform the strategic planning process along with subsequent town hall meetings. Town Hall meetings were performed on all islands throughout the state to engage communities on how to address chronic disease related disparities and the social determinants of health. The current strategic plan framework is a compendium of these community-based efforts.

Results: Recommendations from Summit participants were presented to the Director of Health. A multi-disciplinary team was established within the DOH to address health equity and many of the Summit recommendations were adopted by the Office of Health Equity and incorporated into the Department's overarching strategic plan. The CDMCB developed a functional strategic framework that is linked to national and state priorities, aligned with DOH strategic vision, and incorporates feedback and promising practices from the local communities.

Impact: The CDMCB now has a viable planning framework to base its future coalition, work group development and activities, to ensure that chronic disease disparities and the social determinants of health are addressed in a coordinated way.

Learning Objectives:

1. Understand how disparities are apparent across all chronic diseases/risk factors in Hawaii.
2. Understand how to use disparities data to engage community stakeholders in strategic planning.
3. Identify promising practices to address disparities and social determinants of health.

UTILIZING EARNED MEDIA, EDUCATION AND NETWORKING TO ADVOCATE FOR COMPLETE STREETS

S. McGuinness, BA, CSAC¹ & J. Maddock, PhD²

¹Nutrition & Physical Activity Coalition of Maui County

²Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

Introduction: Complete Streets policies ensure that future developments provide accommodations for all users--pedestrians, bicyclists, transit and the automobile. Complete Streets are a critical step in creating active living communities where physical activity is incorporated into residents' daily lives. This presentation will share strategies developed and utilized by the Nutrition & Physical Activity Coalition of Maui County for the adoption of a Complete Streets resolution in Maui County.

Program/Research Design: Successful tobacco-control legislation in Hawaii was utilized as a model for the development of Complete Streets advocacy efforts. Communities and policymakers must understand the importance of public health issues--in this case the importance of community design as it relates to active living and the relationship with overweight and obesity and chronic diseases--before embracing and advocating for changes in their communities.

Results: Outreach and educational efforts were successful. Twenty-seven presentations, meetings, walking audits and site visits were conducted in a seven-month period. More than 50 radio and television segments were aired and dozens of print and online announcements distributed. Community members advocated for the adoption of a Complete Streets resolution. A resolution was adopted by the Maui County Council in April, 2012.

Impact: Policymakers and residents of Maui County support Complete Streets concepts. A Complete Streets task force will be formed to develop policies. The Nutrition and Physical Activity Coalition of Maui County was successful in its education and outreach efforts and has a base of supporters to assist in the adoption of Complete Streets' policies.

Learning Objective:

1. Know how to utilize education, earned media and outreach for policy adoption.

VALIDATING SELF-REPORTED HISTORY OF CHRONIC CONDITIONS AMONG ARECA (BETEL) NUT CHEWERS IN GUAM

Y.C. Paulino, PhD¹, R. Novotny, PhD, MS, RD², E.L. Hurwitz, PhD², M.J. Miller, EdD, MS, BS¹, L.R. Wilkens, DrPH, MS², K. Murphy, DPE, MEd¹

¹University of Guam

²University of Hawaii

Introduction:

The National Cancer Institute U54 University of Guam/Cancer Center of Hawaii Partnership has supported a pilot study on areca (betel) nut chewing and chronic disease, including the conditions of oral precancer, Type 2 diabetes, cardiovascular disease and hypertension among areca nut chewers in Guam.

Research Design:

Oral pre-cancer conditions were directly assessed by a dental team. The other conditions were self-reported. The objective of this section of the pilot study was to validate the self-reported conditions. During the interview the participants were asked the question “Has a medical doctor ever told you that you had/have...,” which elicited information on diabetes, heart attack, stroke, and hypertension. The participants with self-reported conditions provided consent for the researchers to validate their responses. A copy of the consent, along with a cover letter, was sent to the corresponding physician/clinic.

Results:

Of the 137 participants recruited, 48 (35%) reported having a history of at least one of the aforementioned conditions. Eleven participants could not remember the physician or clinic that provided the diagnosis. Despite numerous follow-up attempts, only 11 of the 37 validation forms sent to the physician or clinic were returned. All the conditions (17 total) on the returned forms were confirmed, and two additional unreported conditions were identified by the physician/clinic. The majority (72%) of the validated forms came from the Community Health Center.

Impact:

These findings suggest that self-reported data on chronic conditions collected in this population are valid, but may be underestimated. The response from the Community Health Center shows great promise for a cooperative and mutually beneficial relationship to be developed and nurtured, especially as we begin to work with the uninsured and underinsured communities in Guam. Additional work is needed to explore ways to improve communication with private health care providers, to ultimately improve the health of the population.

Learning Objectives:

1. Describe the process of validating self-reported chronic conditions in an areca (betel) nut chewing population.

WAIMĀNALO FOOD SYSTEMS PROJECT

Centers for Disease Control and Prevention

The Tobacco Settlement Special Fund

Healthy Hawai'i Initiative

Hawai'i State Department of Health

L. K. Dierks, MEd, C. Donohoe-Mather, MAS, RD, IBCLC, H. Hansen-Smith, BA

Hawaii State Department of Health

Introduction: The State Department of Health, Tobacco Settlement Project, Healthy Hawai'i Initiative (HHI) supports policy, systems, and environmental changes to prevent chronic disease through good nutrition, increased physical activity, and freedom from tobacco use. HHI identified and is working with a local community on an intervention to improve nutrition as part of a cooperative agreement with the Centers for Disease Control and Prevention (CDC).

Program Design: The Waimānalo community was selected based upon its state ranking for key health indicators including: obesity, diabetes, physical activity, education, and poverty, and also perceived community readiness.

Stakeholder interviews identified barriers and opportunities. A community team came together to brainstorm and prioritize ideas. Three projects were identified: backyard aquaponics, raised bed gardening, and website development.

The projects were designed to enhance sustainable food production while incorporating traditional Native Hawaiian cultural values. These values include the importance of the *ahupua'a* system (living mountain to sea) and *mālama* (to care for).

Results: Thirty-four Waimānalo families have built and maintained a backyard aquaponic system. Bucket gardening has been taught to 115 adults and 277 Waimānalo students and youth. A web site was developed with community resources and recipes that has had over 100 hits.

Impact: Waimānalo residents, families, community leaders, and health practitioners learned how to grow food sustainably while expanding their knowledge of the local food system and traditional Native Hawaiian cultural values. Participants share knowledge with others through a “learn to teach” model.

This project enhanced community self-reliance, cultural understanding, and helped strengthen families. Opportunities were identified to improve families' economic development via selling excess food produced.

As a pilot project, pieces of this intervention could be easily tailored for similar communities. Success stories and lessons learned from these projects will be shared.

Learning Objectives:

1. Describe 3 ways to involve community members in improving their nutritional and health status.
2. Identify the importance of including Native Hawaiian cultural values when working with a Native Hawaiian community.
3. Apply concepts from this intervention to projects in other communities.

WHAT YOU DON'T KNOW CAN HURT YOU: PROVIDING EFFECTIVE SERVICES TO LGBT YOUTH

N. Kern, MPH¹ & R. Bidwell, MD²

¹Hawaii State Department of Health

²John A. Burns School of Medicine, University of Hawaii & Kapiolani Medical Center

Introduction: Research shows that lesbian, gay, bisexual and transgender (LGBT) youth experience increased rates of violence, substance use and suicidal behaviors. It also shows they often do not receive the services they require, contributing to their high rates of health compromise.

Program/Research Design: During 2010-2011, several individuals experienced in collaboration and advocacy on behalf of LGBT youth met to plan a conference to equip Hawaii's youth service providers with tools to better serve this population. On October 20, 2011, 200 social service, health, education and juvenile justice professionals assembled in Honolulu to address approaches to providing culturally-appropriate services for LGBT youth. Topics included human sexuality and views on effective practices from LGBT clients and experienced agencies. Participants completed evaluations detailing current capacities, perceived difficulties, and present needs related to serving LGBT youth.

Results: Evaluations indicated that most attendees believed their programs served LGBT youth (89%) and had policies/procedures supportive of them (71%). Fewer reported resources for serving these youth (29%) or regular staff trainings (30%). Frequently cited agency needs included enhanced training (33%), access to resources (20%), and increased community collaboration (19%). Identified difficulties included lack of resources (17%), religious opposition and stigma (16%), lack of policies (14%), and lack of knowledge of how to provide culturally-sensitive services to these youths (11%).

Impact: This conference was a catalyst for increased understanding, collaboration and partnership among agencies and institutions serving LGBT youth. Candid discussions of barriers and opportunities and the dissemination of diverse tools to address the needs of LGBT youth was an empowering experience. This is evidenced by the subsequent initiation of trainings and development of policies/procedures by several agencies represented at the conference and by the planning of a conference on LGBT youth in June 2012 on Kauai, inspired by the initial gathering in Honolulu.

Learning Objectives:

1. 90% of participants will have attained increased knowledge and awareness about LGBT needs and rights.
2. Name at least 3 strategies/steps that can be taken to enhance the safety and well-being of LGBT youth at agencies providing health, educational, justice, and social services in Hawaii to this population.



Mixed Plate Presentations

- 103 “BUT THERE’S A GOAT ON THE SET”: YOUTH INVOLVEMENT IN CREATING CULTURALLY APPROPRIATE VIDEOS**
J. F. Clark, MPH¹ & R. Olague²
¹Hawaii Youth Services Network
²Hawaii Student Television
- 104 “SO SMART SO SAFE” PSA**
V. Aguon¹, B. P. Schumann, BSN, MPA¹, A. Munoz²
¹STD/HIV Program, Bureau of Communicable Disease Control
Guam Department of Public Health and Social Services
²FYI FILMS & Co Dependent Media
- 105 CLEAR THE SMOKE PHOTO PROJECT**
P. Haro, MPH
Hawaii Tobacco Prevention and Control Trust Fund Project Team
- 106 FOOD DIARY**
P. Budhiraja, MS MPH. Artist & D. Forsberg, Photographer/ Filmmaker
- 107 FROM THE GROUND UP**
L. Smith & S. Garzon
Honolulu Printmakers
- 108 GOD’S COUNTRY WAIMANALO
FROM THE MOUNTAINS TO THE SEA, KEEPING OUR COUNTRY COUNTRY**
I. Ho-Lastimosa
God’s Country Waimanalo
- 109 ‘O KA HA O KA ‘ĀINA KE OLA O KE PO‘E
THE BREATH OF THE LAND IS THE LIFE OF THE PEOPLE**
J. Hagihara, BA & C. de Venecia, MURP
Department of Urban and Regional Planning, University of Hawaii
- 110 LIVE PONO – A CHILD’S STORY OF THE EFFECTS OF SECOND HAND SMOKE**
H. Kaimikaua Hao, HM7
Coalition for a Tobacco-Free Hawaii
- 111 MULTI-MEDIA EVALUATION FOR YOUTH SUBSTANCE USE PREVENTION ON MOLOKAI**
W. Lee¹, S. Helm, PhD², D. Emhoff³
¹Hoaloha
²University of Hawaii
³Visionary Related Media
- 112 NCD RISK FACTORS STEP REPORT 2007 (CHUUK)**
K. Lippwe, MA
FSM Department of Health and Social Affairs

113 OPERATION "OUT OF SIGHT, OUT OF MIND": YOUTH-LED ACTION TO REDUCE STOREFRONT TOBACCO MARKETING IN HAWAII

N. Sutton, BA¹, K. Koga, MPH², M. Chong¹, A. Arkin¹

¹REAL: Hawaii Youth Movement Exposing the Tobacco Industry

² Tobacco Prevention and Education Program

114 THE BE A JERK: VOICES OF OUR KEIKI PROJECT

M. Tomita, PhD

Hawaii Pacific University

115 YOUTH XCHANGE VIDEOS

J. Ryan, MPH

Healthy Hawaii Initiative, Hawaii State Department of Health

“BUT THERE’S A GOAT ON THE SET”: YOUTH INVOLVEMENT IN CREATING CULTURALLY APPROPRIATE VIDEOS

J. F. Clark, MPH¹ & R. Olague²

¹Hawaii Youth Services Network

²Hawaii Student Television

Project & Workshop Description: Hawaii’s ethnic distribution is very different than any other state. Half of the population is Asian and 15% are Native Hawaiian. Hawaii has the largest percentage of residents of mixed race of any U.S. state and 72% of the state’s children are classified as minority. Hawaii’s ethnic mix and island geography have created a unique culture, and materials developed for other cultures are often not effective there. When Hawaii’s teens view these materials, they see young people who do not look or speak like they do, in unfamiliar settings and they do not feel that the content is relevant to their lives. Similarly, materials developed for mainstream teens may be less effective with runaway and homeless youth or other youth who have experienced grief and trauma.

Hawaii Youth Services Network has adapted evidence-based teen pregnancy and STI prevention curricula for use in Native Hawaiian and Pacific Islander populations, and has worked with Hawaii Student Television to create a locally-produced, culturally competent HIV prevention video titled, *You Cannot Get HIV Ladatt*.

Medium: The award winning video, *You Cannot Get HIV Ladatt*, will be shown and used as an example of culturally adapted, youth-driven video production. Copies of the video will be made available to participants upon request.

The objectives related to the production and dissemination of the video include:

1. Create and disseminate an HIV prevention video that is culturally relevant for Asian and Pacific Islander youth, and addresses the risk and protective factors that are specific to Hawaii youth.
2. Utilize a positive youth development approach by involving youth in significant roles in video production.

Presenters will discuss the challenges of:

1. Making adaptations to while ensuring that key elements essential to effectiveness are not lost;
2. Working with youth to create professional quality video;
3. Creating educational videos that young people actually want to watch;
4. Establishing partnerships among non-profits working in very different environments.
5. Evaluating the effectiveness and appropriateness of adapted materials.

Learning Objectives for the Workshop:

1. Describe a process for adapting educational materials and curricula for use with ethnic and cultural minorities.
2. Explain why adaptation may increase effectiveness of programs among teens from ethnic and cultural minorities.
3. Discuss strategies for and benefits of involving youth in all aspects of video production.

Awards received by HYSN and HSTV for *You Cannot Get HIV Ladatt* and teen pregnancy prevention curriculum adaptation include:

US Centers for Disease Control, Horizon Award for Excellence in Health Education - 2008

MarCom Awards – 2008 Platinum Winner

Creativity Annual Awards

AEGIS Video and Film Production Awards – 2008 Finalist

Bette Takahashi Service Award, Planned Parenthood of Hawaii - 2009

“SO SMART SO SAFE” PSA

V. Aguon¹, B. P. Schumann, BSN, MPA¹, A. Munoz²

¹STD/HIV Program, Bureau of Communicable Disease Control

Guam Department of Public Health and Social Services

²FYI FILMS & Co Dependent Media

Medium: Music Video

The “So Smart So Safe” PSA is a music video production with spoken word demonstrated how youth and young adults on Guam speak their minds on STD and HIV prevention, promoted awareness, and adopted safer sex behaviors and healthier lifestyles. By showcasing their talents through song, dance and poetry, this project engaged Guam’s youth and young adults to take a proactive approach by participating in a vital public health project that extended to community partnerships and support. The PSA has been publicized through a number of media outlets and has been showcased at three film festivals in 2011: Los Angeles Asia Pacific Film Festival, Guam International Film Festival, and won “Best PSA” at the Urban MediaMakers Film Festival in Duluth, GA.

The PSA strengthened the Public Information Prutehi Hao Campaign through the innovative use of social media technology. By embedding the PSA in the Prutehi Hao website (www.prutehihao.org) and through Facebook (FB), individuals were also able to access information on the importance of STD/HIV testing, condom use and knowing their STD/HIV status. Website visitors were given the opportunity to learn information about STD/HIV Program services, location of services and contact information through this innovative strategy using social media, FB and film production. To increase visibility, the PSA was aired on television, radio and theater. Prutehi Hao print advertisements such as posters, postcards, banners and T-Shirts were also distributed.

Evaluation/outcomes captured:

The PSA So Safe So Smart video strengthened the Guam Department of Public Health and Social Services STD/HIV Program’s Public Information “Prutehi Hao” or “Protect Yourself” Campaign. As a result, the website recorded a total of 4,114 visitors during 2011 and will be used as a baseline for future social marketing campaigns to promote STD/HIV Program Services such testing, condom use and linkage to treatment for HIV positive individuals.

Sponsors of the project: Guam Department of Public Health and Social Services, PBS Guam, Films by Youth Inside (FYI), Expressions Studio, Rotary Club of Guam Sunrise Chapter, Pacific Islands Club, Delta Airlines, Synergy Studios, Cup & Saucer, Island Grip, GUAHAN Project, Department of Youth Affairs

CLEAR THE SMOKE PHOTO PROJECT

P. Haro, MPH

Hawaii Tobacco Prevention and Control Trust Fund Project Team

Medium: The 2011 Clear the Smoke Photo Project was created to raise awareness about the effects of tobacco on Hawaii's people through the lens of photography. Hawaii residents ages 18 and older were invited to submit digital photos that visually addressed how tobacco has affected Hawaii's communities, as well as the photographers' personally and their circle of family and friends. The photos were on display at an exhibit at TheARTS at Marks Garage in Downtown Honolulu from January 20 through February 4, 2012. An on-line gallery is also available at www.clearthesmoke.org/photoproject and a traveling exhibit sponsored by the Hawaii Department of Health's Tobacco Prevention and Education Program will provide for the exhibit to be shown in different venues across the state.

Project Description: Tobacco use is a serious public health issue in Hawaii. The Clear the Smoke campaign wanted to raise community awareness about the dangers of tobacco and put a face on tobacco use through the medium of photography. Everyday folks-smokers and non-smokers-throughout Hawaii shared their experiences and photographed how tobacco affected their lives, their loved ones, or their community. The exhibit reflects the top images that were submitted for the Clear the Smoke Photo Project.

Sponsors: The Clear the Smoke campaign is funded by the Hawaii Tobacco Prevention and Control Trust Fund. The Hawaii Department of Health will fund and coordinate the arrangements for the traveling exhibit to be displayed in communities throughout the state.

Evaluation/Project Outcomes: The photo contest was judged by a panel and three winners were recognized and awarded cash prizes at a reception. The exhibit has a total of 29 photographs. Several hundred people have currently viewed the Clear the Smoke Photo Project.

FOOD DIARY

P. Budhiraja, MS MPH. Artist & D. Forsberg, Photographer/ Filmmaker

Medium: Photography exhibit

The Food Diary project is a photo self-portrait in the form of a visual food journal. Hand picked participants were asked to photograph every single food item they ate for a period of 4 weeks or longer. They were also asked to write about their food choices and thoughts about eating. The final product is an art exhibit of food photographs representing each participant. The bigger picture is a personal journey of our relationship to food. Presenting food photos from each participant together creates a visual portrait of different cultures of food and eating habits.

The broader public health applications for this project seem limitless. Ideally a pilot project like this can be reproduced in different communities with age, ethnic, cultural, and socioeconomic contrasts and comparisons. Future projects can include nutritional education and cultural food conversations. In a world of spiraling obesity statistics and a culture of fast food, any discussion of food is a healthy exercise. We hope to continue this concept to answer the questions: Does photographing and recording daily food have a direct relationship to long term healthier eating? Does the visual food diary help participants reassess their food choices and adopt a healthier diet?

Presentation:

Food Diary/ Self Portraits will be presented as a photo-art exhibit including excerpts of participants' written journals. Additionally, the project author will discuss both the art and health concepts of the pilot and future directions.

This project was supported by Breathing Color.

FROM THE GROUND UP

L. Smith & S. Garzon
Honolulu Printmakers

Medium: Printmaking exhibit

PRINTBIG: From the Ground Up is an oversize printmaking project of the Honolulu Printmakers. 12 solo artists and artist teams carved 4' x 8' woodcuts about growing local. The large scale prints were printed with a pavement roller on Saturday August 4, 2012 in the driveway of the Honolulu Museum of Art School (Linekona), across from Thomas Square, Honolulu. These relief prints celebrate food, taro, aloha, healthy diets, farms and farmers, land, kalo, and the human condition in the islands.

Objectives:

For the artists this is a chance to make more than just a big print. Through their giant prints the participating artists will speak emphatically to their community about food as an expression of who we are as a society and as individuals.

For the community PrintBig is an opportunity to think about Eat Right, Eat Local. And to realize the role of food in our islands. This community project seeks to break down the barriers between the printshop, the art space, and the public by taking printmaking out onto the streets for everyone.

Target audience

PrintBig is targeting a young adult audience. The spectacle aspect of a steamroller printing 4' x 8' woodcuts popularizes a fine arts process. The sheer scale of these prints emphatically delivers a message about the role of food in our islands. PrintBig also targets public school children with an adjunct classroom printmaking activity, displaying prints at Waialae Elementary School and its popular school garden program.

Project Sponsors: Honolulu Printmakers; Honolulu Museum of Art; Alan Levy Construction Company; Waialae Elementary School

GOD'S COUNTRY WAIMANALO

FROM THE MOUNTAINS TO THE SEA, KEEPING OUR COUNTRY COUNTRY

I. Ho-Lastimosa

God's Country Waimanalo

Medium: Presentation on Gardening Project

God's Country Waimanalo Youth Program encourages our children to keep up with the new, but respect, learn, and remember where they came from. Our program is rooted in cultural preservation, community partnerships, and connects the Hawaiian culture to other aspects of health and wellness.

The *Ma Ka Hana Ka 'Ike* project facilitated a year-long collective learning process in aquaponics for families. The process included the establishment of backyard systems for twenty households, ongoing technical assistance, trainings, workshops, meetings, and we are in the process of designing an interactive blog for sharing. The project goals were for participants to deepen their understanding of aquaponics, including use and function of various systems, upkeep, operation and maintenance, for participating families to succeed in growing food at home to nourish their families and achieve greater self-reliance, and to strengthen relationships within and between families where food, knowledge, and empowerment is shared.

God's Country Waimānalo has been successful in its many efforts to share the importance of food safety and sustainability throughout the past five years. These efforts have brought together individuals with vast knowledge of food cultivation and those with little or no experience. The journey has been educational, exciting, involved and empowering.

It is our belief that overall wellness (mental, physical, emotional, relational, and cultural) is addressed through the natural support of family and community coming together and engaging in sustainability and food production activities as a part of daily life. Promoting a lifestyle of self-determination, affirmation of traditional and indigenous cultural practices, positive relationships with family and community members, and physical activity, all of which have strong connections to health and well-being across the generations.

Partners/Sponsors: Partners from the University of Hawai'i College of Tropical Agriculture and Human Resources are key collaborators providing resource material, technical assistance and training opportunities related to system operation and maintenance. Funding from this project was received from the Department of Health's Healthy Hawaii Initiative.

Please visit this link to view media

MAKAHANAKAIKE.WEEBLY.COM

**‘O KA HA O KA ‘ĀINA KE OLA O KE PO‘E
THE BREATH OF THE LAND IS THE LIFE OF THE PEOPLE**

J. Hagihara, BA & C. de Venecia, MURP

Department of Urban and Regional Planning, University of Hawaii

Medium: Film

Film Description: Set just a short drive from urban Honolulu in the back of Kalihi Valley, Ho‘oulu Āina is a 100-acre nature reserve and a land base for health. Being part of a community health center, Ho‘oulu Āina is guided by the idea that the health of individuals and the community is inextricably linked to the natural environment. The film weaves together several stories of the connections that people have to this place, the work they do, and the benefits they receive. From an 84 year-old battling cancer, to a mother and daughter dealing with the loss of a loved one, Ho‘oulu Āina provides opportunities for physical, mental, and cultural healing. The film may be of particular interest to public health practitioners exploring the significance of a human-environment connection, but ultimately it is aimed at anyone interested in the health of their community and their natural surroundings.

Sponsors: Kokua Kalihi Valley and Ho‘oulu Āina, Globalization Research Center, R3 Image, The Department of Urban and Regional Planning at the University of Hawaii at Mānoa

LIVE PONO – A CHILD’S STORY OF THE EFFECTS OF SECOND HAND SMOKE

H. Kaimikaua Hao, HM7

Coalition for a Tobacco-Free Hawaii

Medium: Storytelling

Description: Storytelling is a universal form of communicating cultural values, beliefs and traditions. It also is a vehicle to pass information from one generation to the next. We have chosen to tell a story of the effects of second hand smoke on a child through words and illustrations.

Author: Heidi is the Community Coordinator in Molokai for the Coalition. Along with her daughter Kaluhea, and her daughter in law Mikilani, they wrote the story about her son Jarom. It is his story and the effects that second hand smoke had on him while he was a young boy. Jarom is also the illustrator for the book.

Results: We are confident that as we share the story with our lawmakers, educators and families we can be a vital part in a campaign to make policy changes regarding second hand smoke in cars and homes.

Summary: As we share and educate our story we can change policies regarding smoking in cars and homes not only in Maui County, but statewide.

Objectives: Through this medium we are able to convey the following objectives:

1. A child’s perspective of the situation which is oft times overlooked.
2. Statistics and information on the dangers of second hand smoke.
3. A snapshot of the effects on the families of smokers.
4. A need to protect children from second hand smoke.
5. A need for policy changes regarding second hand smoke in cars and homes.

Project Sponsor: Coalition for a Tobacco Free Hawaii.

MULTI-MEDIA EVALUATION FOR YOUTH SUBSTANCE USE PREVENTION ON MOLOKAI

W. Lee¹, S. Helm, PhD², D. Emhoff³

¹Hoaloha

²University of Hawaii

³Visionary Related Media

Medium: A 26-minute video will be shown which documents signature events and activities of Ku I Ka Malu, and serves as an evaluation too. The video includes youth-produced PSAs created as part of Ku I Ka Malu. Powerpoint slides also will be used.

Project Description: Youth substance use is a serious and persistent public health problem among youth nationally, in the State of Hawai'i, and particularly among rural Native Hawaiian youth. Ku I Ka Malu was established as a community-school-university collaboration to prevent youth substance use on the rural island of Molokai, where the school aged population is approximately 80% Native Hawaiian.

Target Audience: The collaborative includes adult representatives from community-based organizations, the schools, Maui Police Department, and University of Hawai'i. Ku I Ka Malu also uses a youth leadership approach so youth are collaborative members too. Prevention activities target middle and high school aged youth.

Duration: Ku I Ka Malu was established in 2009, and is an outgrowth of a number of long-time youth substance use prevention and treatment activities on Molokai.

Sponsors: Ku I Ka Malu has received funding support from Maui County as part of the State of Hawai'i SPF-SIG grant.

Objectives: Ku I Ka Malu has 2 main objectives:

1. Creating and sustaining the collaborative
2. For the purpose of preventing youth substance use.

NCD RISK FACTORS STEP REPORT 2007 (CHUUK)

K. Lippwe, MA

FSM Department of Health and Social Affairs

This presentation provides a general overview of the WHO STEP-Wise approach, how the survey is conducted, the methodology and the survey results. NCD is a leading cause of hospitalization, referrals and mortality in the Federated States of Micronesia (FSM). The problem is not showing signs of improving, and is still on the rise. In order to address the problems of NCDs, quantitative and qualitative data are needed to identify the risk factors that contribute to the greater problems. The WHO STEP is an internationally recognized tool for surveillance and data collection, and has been widely accepted and used in the Pacific island countries. It is standardized for data comparison between countries that use the STEP-Wise approach. Finally, this presentation will offer some recommendations for the way forward in improving NCDs for Chuuk.

Learning Objectives:

1. Describe the methodology used to carry out the WHO STEP Survey in Chuuk;
2. Identify NCD risk factors based on STEP survey data for tobacco use, betel nut use, alcohol use, fruit and vegetable intake, and physical activity.
3. Compare Chuuk STEP data with STEP data from Pohnpei State, FSM and the Republic of the Marshall Islands.

OPERATION "OUT OF SIGHT, OUT OF MIND": YOUTH-LED ACTION TO REDUCE STOREFRONT TOBACCO MARKETING IN HAWAII

N. Sutton, BA¹, K. Koga, MPH², M. Chong¹, A. Arkin¹

¹REAL: Hawaii Youth Movement Exposing the Tobacco Industry

² Tobacco Prevention and Education Program

Medium: A 30-second Public Service Announcement was developed for the public education campaign by REAL youth and aired in various venues including television and movie theaters from mid- fall 2011 through May 2012.

Description of project: Tobacco companies have a strong presence in Hawaii's communities through storefront promotion. While tobacco companies claim they're not targeting youth directly, studies have shown that storefront tobacco promotion effectively captures the attention of youth and encourages tobacco uptake. In order to better understand the extent of tobacco promotion in Hawaii's retail environment REAL: Hawaii Youth Movement Exposing the Tobacco Industry partnered with health researchers and community stakeholders to conduct a statewide investigation of storefront tobacco marketing. The results of the survey were used to develop a public education campaign and build a base of supporters to work toward policy change.

Sponsors of the project: Prevention and Control, University of Hawaii Cancer Center, Tobacco Prevention Education Program, Hawaii State Department of Health, REAL: Hawaii Youth Movement Exposing the Tobacco Industry, University of Hawaii Cancer Center, Office of Public Health Studies, University of Hawaii, Coalition for a Tobacco Free Hawaii. Funding for the educational campaign obtained through the American Recovery and Reinvestment Act of 2009.

Results/Outcomes: Survey results showed a strong presence of storefront marketing from rural to urban communities throughout Hawaii. Results showed that 62% of stores had tobacco products located at the eye-level of children and 57% of stores had tobacco ads at the eye-level of children. When compared to a previous study conducted in 2002, data showed increases in stores with point-of-purchase tobacco ads from 73% (2002) to 90% (2009). There were also increases from 24% (2002) to 44% (2009) in the number of stores displaying tobacco products close to other products that appeal to youth (i.e. chips, candy, ice cream, toys). Youth created a community report to disseminate their findings to lawmakers and the general public. Youth built a portable storefront display that was featured at several community events to educate the public on the issue, resulting in more than 1,000 supporters. Youth action also earned media attention including news stories and letters to the editor. Federal funding was obtained to develop and launch an educational campaign called "Out of Sight, Out of Mind". The goals of this campaign include increasing enforcement of existing outdoor signage laws and developing a base of supporters to take action toward stronger restrictions on storefront marketing that align and comply with the Family Smoking Prevention Tobacco Control Act of 2009. The "Out of Sight, Out of Mind" campaign includes public service announcements (PSAs), outreach to lawmakers and community members, and training and mobilization of youth advocates. In 2011 a statewide resolution was introduced by Hawaii Legislators to reduce the harm of tobacco caused by the display and sale of tobacco products and in 2012 there were two bills that were introduced to address this issue.

Conclusions /Lessons Learnt: Youth are important partners in addressing storefront tobacco promotion because it affects the well-being of their generation. Their action on this issue has resulted in community education and public support for change. Storefront tobacco promotion is a complicated and controversial issue because of commercial speech protections under the US Constitution. REAL youth advocates continue to ask for policy change that will protect them from the influence of this form of marketing. Ultimately stronger restrictions on storefront tobacco promotion can reduce the number of youth who initiate tobacco use in Hawaii.

THE BE A JERK: VOICES OF OUR KEIKI PROJECT

M. Tomita, PhD

Hawaii Pacific University

Medium: Art & Poetry

The *Be a Jerk* program is an award winning anti-alcohol program of the City and County of Honolulu. In Spring 2012, the *Be a Jerk: Voices of our Keiki Project* was implemented in the Castle Complex, Windward Oahu, to change health policy to protect youth from the dangers of underage drinking. The program is based on the Communities Mobilizing for Change on Alcohol (CMCA) model where a community organizing approach is used to change the environment in which our keiki live.

The two aims of the project were to:

1. Reinforce community norms that underage drinking is unacceptable
2. Attempt to shape health policy by having keiki express their views of underage drinking through art and poetry to public officials.

Their works were published in a book, and distributed to public officials. Results of this project will be presented.

YOUTH XCHANGE VIDEOS

J. Ryan, MPH

Healthy Hawaii Initiative, Hawaii State Department of Health

Medium: Videos

For the past four years, the Hawaii State Department of Health’s Healthy Hawaii Initiative (DOH HHI) has been a sponsor of the ‘Ōlelo Youth Xchange video contest. Youth Xchange is a statewide student video competition that encourages dialogue among Hawai’i’s students on community issues. More than a contest, Youth Xchange creates a way to engage, educate and empower students, providing them with a compelling voice for positive change and community well being.

HHI sponsors the Youth Xchange category titled “Start.Living.Healthy” and each year the topic area alternates between physical activity and nutrition. During school year 2011-12, the HHI category challenged students with the question, “Are You Buying What They Are Selling?” Youth are often the targets of junk food marketing, so we wanted to provide students with an opportunity to critically analyze media influences and talk back with their own counter-ads.

The top three Youth Xchange finalists for elementary, middle, and high school were invited to attend an awards banquet at Ihilani Resort and their videos will be posted online at ‘ŌleloNet and the DOH website. The first place winners were: “Filet-O-Fat” – Webling Elementary School, “Curse of the Crinkling” – Chiefess Kamakahahei Middle School, and “Intervention” – James Campbell High School. The total viewing time for these three videos is approximately 6 minutes.



Poster Presentations

- 120 BUILD IT AND THEY WILL (EVENTUALLY) COME TO KNOW VEGGIES!**
A. Washburn, RN, BSN & C. Inda
 Waianae Coast Comprehensive Health Center
- 121 BULLYING PREVENTION: CREATING SAFE SCHOOLS IN THE PACIFIC**
M. Bellhouse-King, BA
 PREL
- 122 COMMUNITY-BASED LEAD TRAINING AND OUTREACH IN MISSISSIPPI**
A. Mitra, MD, MPH, DrPH¹, E. Ahua, PhD², J. Downey, BS³
¹University of Southern Mississippi
²Department of Community Health Sciences, The University of Southern Mississippi
³Housing Alternatives in Hattiesburg
- 123 CULTURAL TRAUMA IN INDIGENOUS PEOPLE: A REVIEW OF THE EMPIRICAL LITERATURE**
C. Townsend, MPH
 Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
- 124 DIABETES RISK FACTORS AND THE LIKELIHOOD OF MODIFYING LIFESTYLE BEHAVIOURS AMONG COLLEGE STUDENTS**
A. Medina, BSN, RN, M. Ran, MD, PhD, A. J. Mendez, PhD, RN, T. Cruz, MSN, RN, Y. J. Ha, BSN, RN, M. Ordonez, BSN, RN, E. Moreno, BSN, RN, R. Aguilar, BSN, RN, I. Espiritu, BSN, RN
 School of Nursing & Health Sciences, University of Guam
- 125 DOES SLOTH BEGET SLOTH? A LONGITUDINAL COHORT TRIAL INVESTIGATING THE EFFECT OF CHILDHOOD SEDENTARY BEHAVIORS ON ADOLESCENCE**
C. Nigg, PhD, & K. Amato, BS
 Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
- 126 ENGAGING THE WAIMĀNALO COMMUNITY TO CO-DEVELOP RESEARCH QUESTIONS: MA KA HANA KA 'IKE AQUAPONICS PROJECT**
M.R. Dela Cruz, MPH¹, I. Ho-Lastimosa², J. Domingo, MPH¹, L. Choy, MPH¹, J. Chung-Do, DrPH¹
¹Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
²God's Country Waimanalo
- 127 EPIDEMIOLOGY OF PALLIATIVE MEDICINE AS IT PERTAINS TO ADVANCED CANCER**
K. Bathen, RN, BSN, OCN¹ & A. Manuzak, MD, MPH, PhD²
¹Straub Clinic & Hospital
²Hawaii State Department of Health
- 128 ER STRESS AND AUTOPHAGY INDUCED IN PRO-INFLAMMATORY MAST CELLS EXPOSED TO STIMULI ASSOCIATED WITH A POSITIVE ENERGY BALANCE**
J. M. Balajadia, MS¹, H. Turner, PhD², L. Shimoda, BS²
¹University of Hawaii & Chaminade University
²Chaminade University

- 129 EVALUATING COALITION MEMBERS' PERCEPTIONS OF ADVOCACY EFFORTS**
L. Choy, MPH¹, B. Brody², S. McGuinness, BA³, J. Drisko⁴, K. Richards, MPH⁵, J. Maddock, PhD¹
¹Healthy Hawaii Initiative, University of Hawaii
²Get Fit Kauai
³Nutrition & Physical Activity Coalition of Maui County
⁴Parametrix Group, LLC
⁵Hawaii State Department of Health
- 130 FIDELITY MONITORING SYSTEM IMPLEMENTATION FOR HOME VISITING PROGRAMS IN HAWAII: PROCESS AND OUTCOMES**
D. Yoshimoto, PhD¹, T. Robertson, MEd², M. Haraguchi, BBA², R. G. Arndt, MSW³, A. Kahili⁴,
D. Berdorf, MPhil¹, D. Chinen, BA¹, E. McFarlane¹
¹Johns Hopkins University
²Hawaii State Department of Health
³Child & Family Services
⁴YWCA Hilo
- 131 HANSEN'S DISEASE IN HAWAII**
M. Fuimaono, RN, MSN
Hawaii Pacific University
- 132 HEALTH AND CULTURAL PERSPECTIVE OF TEEN PREGNANCY**
M. Kim, RN, BSN
Hawaii Pacific University
- 133 HEALTH INFORMATION OUTREACH STRATEGIES**
J. Barnwell, AMLS
PREL
- 134 HUMAN LEPTOSPIROSIS: ENDEMIC HAWAIIAN DISEASE**
E. O'Neil, RN, BSN, CNRN, A. Manuzak, MD, MPH, PhD
Hawaii Pacific University
- 135 IMPLEMENTING SMOKE-FREE POLICIES IN PUBLIC HOUSING**
J. Yamauchi, MA¹ & M.R. Dela Cruz, MPH²
¹Coalition for a Tobacco-Free Hawaii
²Imi Hale
- 136 INDIAN DAMMING OF TRANS-BOUNDARY RIVERS AND FLOW-ON HEALTH CONCERNS IN BANGLADESH**
D. Canyon, PhD, MPH, DBA, FACTM & M. Alam, MPH
Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
- 137 LEARNING TO SPEAK HEPATITIS: IN-LANGUAGE INTRA-VENTIONS FOR HAWAII'S PACIFIC ISLANDER COMMUNITIES**
T. Pham, BS
Hawaii State Department of Health, STD/AIDS Prevention Branch
- 138 NUTRITION AND PHYSICAL EDUCATION POLICY AND PRACTICE IN PACIFIC REGION SECONDARY SCHOOLS**
M. Wilson, PhD & M. Bellhouse-King, BA
PREL

- 139 **PATTERNS OF ED SERVICE UTILIZATION IN A MEDICAID MANAGED CARE POPULATION**
M. Hofmann, PhD, K. Wong, MPH, L. Yoda, PhD
AlohaCare
- 140 **PROVIDING WORKFORCE TRAINING TO RURAL PUBLIC HEALTH PROFESSIONALS**
D. Cassady, DrPH & C. Saetern, BA
Department of Public Health Sciences, University of California – Davis
- 141 **RISK FACTORS FOR CVD IN WOMEN, PRIMARY CARE PREVENTION**
K. Filbeck, RN, BSN
Hawaii Pacific University
- 142 **TELEHEALTH SYSTEMS AND POLICIES: A COMPARISON OF ALASKA, ARIZONA, CALIFORNIA AND HAWAII**
M. Hitosugi-Levesque, MA
John A. Burns School of Medicine, University of Hawaii
- 143 **THE MANOA ALCOHOL PROJECT: A DATA DRIVEN SOCIAL NORMS INITIATIVE DESIGNED TO PROVIDE ALCOHOL USE EDUCATION FOR THE CAMPUS COMMUNITY**
K. Scholly, PhD, L. Kehl, MSW, MPH, LSW
University Health Services, University of Hawaii
- 144 **THIRD LEADING CAUSE OF DEATH, SECOND LEADING CAUSE OF DISABILITY: THE BURDEN OF COPD IN HAWAII**
V. F. Chang, JD, F. Reyes-Salvail, MSc, R. Hertz, MA, E. Bradbury, MPH, MSW
State of Hawaii Department of Health and Hawaii COPD Coalition
- 145 **TUBERCULOSIS AMONG FOREIGN-BORN POPULATIONS IN HAWAII**
D.M. Shon, MSc, A. Manuzak, MD, MPH, PhD
Hawaii Pacific University
- 146 **USING FORMATIVE RESEARCH TO DEVELOP A MASS MEDIA CAMPAIGN TO REDUCE CONSUMPTION OF SUGAR SWEETENED BEVERAGES AMONG TEENAGERS IN HAWAII**
B. Sinclair, MPH¹, K. Richards, MPH¹, J. Maddock, PhD², L. Kanagusuku, BA²
¹Healthy Hawaii Initiative, Hawaii State Department of Health
²Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii
- 147 **WHAT IS THE BEST RECOMMENDATION TO ACHIEVE INFORMED DECISION MAKING WITH REGARDS TO PROSTATE CANCER SCREENING**
J. Sinnott, BSN, CCRN
Hawaii Pacific University
(Will not be presenting)
- 148 **WHAT'S ON YOUR CHILD'S SCHOOL LUNCH TRAY: FOOD PREFERENCES AND CONSUMPTION PATTERNS OF ELEMENTARY SCHOOL STUDENTS**
R. Rodericks, MSPH¹, H. Hee Heo, MA¹, S. Lee, MPH¹, C. Mullins, MS, MCHES¹, J. Ryan, MPH², A. Horiuchi², G. Owens², J. Maddock, PhD¹
¹University of Hawaii
²Hawaii State Department of Education

BUILD IT AND THEY WILL (EVENTUALLY) COME TO KNOW VEGGIES!

A. Washburn, RN, BSN & C. Inda
Waianae Coast Comprehensive Health Center

Introduction: Farmers' markets are popping up like mushrooms all over the country: currently there are over 7000 markets nationwide. However, it has been estimated that about 25% of new markets close after the first year, and markets located in rural, low-income communities fare even worse. How to nurture these fledgling markets in the areas where they are needed the most? In June, 2008, the Wai`anae Coast Comprehensive Health Center (WCCHC) opened the Wai`anae Farmers' Market (WFM), which sputtered along for quite a while before catching on. Today, WCCHC owns and operates three EBT-capable farmers' markets along the Leeward Coast, helping to make healthy food available to over 1,500 customers and their families each week. Here is a brief overview of the lessons we have learned along our way...

Program/Research Design: Keep it real: WFM became only the second farmers' market in the entire state to accept EBT cards from SNAP recipients. We heftily advertise our EBT-capability, work with vendors to help certify them to accept alternate forms of payment such as Senior Farmers' Market Nutrition Program coupons, and are hoping to implement a 2 for 1 EBT coupon program soon to boost EBT sales. Keep it connected: we form and maintain meaningful partnerships (for example, local high schools provide a market venue), and talk story regularly with vendors and customers (in addition to regular market surveys). Keep it flexible: we respond to the community's voice with action - WFM's multiple site moves and the inclusion of cultural activities are examples of this.

Results: WFM's customer base has quadrupled over the past few years, providing more community residents with fresh, local produce and providing economic viability to local farmers and producers.

Impact: Keep it real, connected, and flexible...and keep it going towards health for all communities.

Learning Objective:

1. Identify at least three practical ways to initiate and sustain a farmers' market venture in a rural, low-income community.

BULLYING PREVENTION: CREATING SAFE SCHOOLS IN THE PACIFIC

M. Bellhouse-King, BA

PREL

Introduction: Bullying is a significant issue for the physical and psychological health of children, which, if left unaddressed, can lead to low-self esteem, truancy, drop out, and suicide. Studies report that 160,000 students nationwide are absent from school daily for fear of being bullied. Preventing bullying is the responsibility of every member of the educational community, including administrators, teachers, counselors, support staff, parents, and students. Workshops on bullying prevention provide a critical opportunity to open up dialogue on the subject, build awareness, disseminate preventative knowledge and skills, and promote equality.

Program/Research Design: PREL's bullying prevention initiative has provided training across the Pacific, with the core program implementation occurring in partnership with the Commonwealth of the Northern Marianas Public School System (CNMI PSS). Over 250 participants from across the Mariana Islands (Saipan, Rota and Tinian) have been involved in the bullying prevention workshops, which focused on two high need areas identified by the CNMI PSS; bullying on the basis of perceived sexual orientation and cyberbullying. The PREL/CNMI PSS bullying prevention initiative brings together counselors with students, parents, teachers, and principals through group work and community forums. Through these activities participants recognize warning signs, learn how to intervene effectively, and develop skills to prevent bullying while working to evaluate their school, create a vision and develop an action plan to address bullying. The program's approach is to create training and resources that are not only research-based and accessible, but also contextualized and relevant for Pacific island communities.

Results and Impact: Program outcomes indicate that critical components to the long-term sustainability of safe climates in schools and the community include: Garnering institutional support, securing necessary resources, providing professional development opportunities, fostering partnerships and involving a diversity of stakeholders throughout program implementation.

COMMUNITY-BASED LEAD TRAINING AND OUTREACH IN MISSISSIPPI

A. Mitra, MD, MPH, DrPH¹, E. Ahua, PhD², J. Downey, BS³

¹University of Southern Mississippi

²Department of Community Health Sciences, The University of Southern Mississippi

³Housing Alternatives in Hattiesburg

Introduction: This project aimed to provide training on lead poisoning and to support infrastructure development for the sustainability of the program.

Research Design: A community-based participatory research, having partnership with community groups and services for low-income residents, city officials, remodelers, contractors, do-it-yourself workers, and realtors. The outcome measures were developed based on suggestions from the community advisory board, including representatives from State Health Department, the City of Hattiesburg, Head Start Programs, churches, and others.

Results: Lead prevention materials were distributed to 1,027 participants in 10 health fairs and seven community events. Group training included 118 realtors for HUD's online lead-based paint visual assessment, 28 attendees for two-hour lead-safe work practices for homeowners, 36 inspectors, contractors and DIY workers for an eight-hour intensive lead-safe work practice training, and 109 home-buyers for classroom lectures on lead prevention. In addition, 277 kindergarten students were presented songs, stories and the "Lead Away" video from Sesame Street. After training, the top three sources of lead identified by home-buyers were: peeling paint (87%), soil (74%), and car batteries (46%). The top three identified preventive behaviors included: washing child's hands (74%), washing child's toy's (46%) and making home repairs (54%). The posttest knowledge scores of the participants were significantly higher than the pretest scores (8.8 ± 1.8 vs. 4.1 ± 3.4 , $p < 0.05$). Of the realtors, 95% mentioned that they are likely to use the information obtained from the training.

Impact: The program was successful in improving awareness of lead poisoning prevention among residents of low-income neighborhoods, realtors, homeowners, contractors and other workers. The program staff helped the City Officials in training and updating a list of trained manpower on lead poisoning. The homebuyer education materials developed by the project are now available to such training in the state.

CULTURAL TRAUMA IN INDIGENOUS PEOPLE: A REVIEW OF THE EMPIRICAL LITERATURE

C. Townsend, MPH

Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

Cultural trauma, i.e. violence, displacement, deprivation, and loss of culture, effects those generations that experience the trauma firsthand, as well as subsequent generations. From this perspective, the poor health status of indigenous populations is viewed as the result of the accumulation of disease and social distress across generations. The colonization of the indigenous populations of North America, Hawai`i, New Zealand, and Australia is an example of cultural trauma. The purpose of this systematic literature review is to identify literature that empirically studies cultural trauma in these indigenous populations, and to assess the current literature on cultural and historical trauma.

A primary search was done in Cambridge Scientific Abstracts. The initial 383 references were reviewed. Articles that were duplicates, not in English, on populations outside New Zealand, Australia, Hawai`i, and North America, not containing empirical data, and irrelevant were excluded.

Fourteen articles were included in this review: 3 exploratory studies, 7 other empirical studies, 1 scale development and 3 intervention studies. Research showed that indigenous people view colonization as a cause of cultural trauma and poor health (physical and mental), substance abuse, and poor socioeconomic conditions. Significant limitations in the current research were found. The majority of the articles used only qualitative data, few studies included a validated measure of cultural trauma, and only one of the intervention studies included an impact evaluation.

This review highlights several limitations in the current empirical literature on cultural trauma, including a heavy reliance on qualitative data, lack of objective measures, few intervention studies, and an under representation of Native Hawaiians and Maori. Public health professionals must address cultural trauma as a major social determinant of health for many indigenous populations. Future research goals can include greater use of quantitative methods, intervention development and testing and developing and advocating for policy solutions.

DIABETES RISK FACTORS AND THE LIKELIHOOD OF MODIFYING LIFESTYLE BEHAVIOURS AMONG COLLEGE STUDENTS

A. Medina, BSN, RN, M. Ran, MD, PhD, A. J. Mendez, PhD, RN, T. Cruz, MSN, RN, Y. J. Ha, BSN, RN, M. Ordonez, BSN, RN, E. Moreno, BSN, RN, R. Aguilar, BSN, RN, I. Espiritu, BSN, RN
School of Nursing & Health Sciences, University of Guam

Introduction: The young adult population shows the fastest increasing rate of obesity and adult-onset diabetes mellitus in the United States and on Guam. Is there a correlation between perceived susceptibility and the likelihood of modifying lifestyle behaviours to curb this rapidly disseminating rate among college students? The objective of this study is to explore the risk factors associated with type-2 diabetes mellitus, and the correlation between perceived susceptibility and the likelihood of modifying lifestyle behaviours toward its prevention on Guam.

Methods: A cross-sectional survey was conducted with a sample size of 195 participants ages 18 years and above from the University of Guam. **Results:** Among all the 195 participants, 58% were poorly aware of the risk factors for type-2 diabetes mellitus. There were no significant differences in awareness of diabetic risk factors between male and female students. 33% of the participants believed that they might be likely to acquire diabetes sometime later in their life. Those participants who perceived themselves as being at risk for acquiring type-2 diabetes mellitus were only slightly aware of the risk factors, and were not likely to modify their lifestyle behaviours to reduce the risk of acquiring type-2 diabetes mellitus.

Conclusions: There was no significant relationship between a perceived susceptibility to diabetes and the likelihood of modifying lifestyle behaviours to reduce the risk of acquiring type-2 diabetes sometime later in life. Diabetes education should be a crucial step in the primary prevention of type-2 diabetes in the college student population.

Learning Objective:

1. Understand the risk factors of an increasing rate of type-2 diabetes mellitus in the young adult population, as well as ways to decrease their risk at the primary level of prevention.

DOES SLOTH BEGET SLOTH? A LONGITUDINAL COHORT TRIAL INVESTIGATING THE EFFECT OF CHILDHOOD SEDENTARY BEHAVIORS ON ADOLESCENCE

C. Nigg, PhD, & K. Amato, BS

Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

Sedentary behavior (SB) is related to chronic diseases such as obesity, diabetes, certain types of cancers and heart disease. There is evidence that SB is learned early in life and tracks into adolescence. However, limited research exists addressing this question in Hawaii. Therefore, the purpose is to investigate if childhood SB tracks into adolescence and influences adolescent BMI. **Methods:** Participants were 3 cohorts (2004-2006) of students (grades 4-6) who attended A+ afterschool programs in the state of Hawaii who completed 5-year follow-up surveys (2009-2011). Sedentary measurements were hours per day spent watching TV, playing videogames, and using the internet not for homework. Self-report height and weight informed age and gender specific BMI percentile. **Results:** At follow-up, participants (N=334) were: 14.76 (SD=.87) years old; 55.1% female; 53% Asian, 19.8% Native Hawaiian or other Pacific Islander, 15.3% White, and 11.9% other. Average baseline SB was 3.85 hours/day (SD=2.85). At follow-up, average SB and BMI percentile were 3.09 hours/day (SD=1.98) and 60.93 (SD=28.75). Regressions revealed that children's SB was not related to adolescent SB ($F(1,328)=1.41$, n.s.) and was marginally related to adolescent BMI percentile ($F(1,319)=3.14$, $p=0.08$). **Impact:** The fact that only leisure time SB was measured should be considered when interpreting these results. Childhood SB was not found to be related to adolescent SB indicating other potential factors (stress, peer pressure, academic commitments, etc.). BMI percentile was shown to be marginally influenced by SB in childhood. Taking this into context of other health behaviors like nutrition and physical activity shows the importance of childhood health behaviors.

Acknowledgements: This project was funded by the Hawaii Medical Service Association, an Independent Licensee of the Blue Cross and Blue Shield Association. Thanks to Angela Atkins, Marina Johler, and Kyaw Lin Tun for their contribution.

Learning Objective:

1. Describe the impact of childhood sedentary behaviors on adolescence

ENGAGING THE WAIMĀNALO COMMUNITY TO CO-DEVELOP RESEARCH QUESTIONS: *MA KA HANA KA 'IKE* AQUAPONICS PROJECT

M.R. Dela Cruz, MPH¹, I. Ho-Lastimosa², J. Domingo, MPH¹, L. Choy, MPH¹, J. Chung-Do, DrPH¹

¹Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

²God's Country Waimanalo

Introduction: As part of University of Hawai'i's Department of Public Health Sciences' PH 704 Class, Community-Based Participatory Research (CBPR), a team of three students partnered with God's Country Waimānalo to apply CBPR principles to an aquaponics project, Ma Ka Hana Ka 'Ike. The community partner, represented by the Executive Director, wanted to engage 'ohana (families) who were interested in aquaponics systems in the formulation of their own research questions.

Program Design:

The students shared information about the CBPR process with five families interested in aquaponics and helped facilitate the process of prioritizing research questions. The 'ohana agreed upon three main questions: How will aquaponics improve family relationships? How will aquaponics encourage a healthier family diet and better health? How will aquaponics affect the family's grocery bill? Two separate focus groups, one with 3 parents and one with 4 keiki (children), were then conducted to better understand these research questions and begin to identify possible measurements.

Results:

The focus group participants stated that aquaponics involves children, bring the 'ohana closer together, help improve family health and diet, address barriers to healthier eating, and strengthen the community. They also emphasized that the project requires a commitment through assembly of their own systems and assisting future 'ohana interested in a system. The findings were shared with the community at the Ma Ka Hana Ka 'Ike kick-off event and at a Waimānalo Neighborhood Board meeting. The findings will be used to help design data collection tools and further engage the community in aquaponics.

Impact:

Public Health students learned that the Waimānalo community welcomed CBPR and was interested in engaging in research. Students gained a deeper understanding of the close-knit community of Waimānalo and how aquaponics can serve as a tool for cultivating sustainability, empowering community, and reinforcing Native Hawaiian values.

EPIDEMIOLOGY OF PALLIATIVE MEDICINE AS IT PERTAINS TO ADVANCED CANCER

K. Bathen, RN, BSN, OCN¹ & A. Manuzak, MD, MPH, PhD²

¹Straub Clinic & Hospital

²Hawaii State Department of Health

Individuals with advanced cancer are putting a strain on the already overburdened medical system and seldom are presented the option of palliative medicine. Palliative medicine focuses on alleviating symptoms and managing pain at *any* stage of an individual's disease. Quality and quantity of life can be improved via palliative medicine for individuals who suffer from chronic diseases, such as advanced cancer. The purpose of this paper is to explore, through literature review, how patients receiving palliative care report having a better quality of life, live longer, and thus significantly decrease their financial burden on the medical system. Recommendations to increase palliative care referrals include developing educational programs targeted at primary care providers to help them gain a better understanding of what palliative medicine is and how it can help their patients. Additional recommendations include addressing lack of policy requiring palliative intervention as well as addressing the lack of insurance reimbursements for palliative medicine. Greater recognition of the need to ensure comfort and promote dignity needs to be reflected in the growing universal promotion of palliative care.

ER STRESS AND AUTOPHAGY INDUCED IN PRO - INFLAMMATORY MAST CELLS EXPOSED TO STIMULI ASSOCIATED WITH A POSITIVE ENERGY BALANCE

J. M. Balajadia, MS¹, H. Turner, PhD², L. Shimoda, BS²

¹University of Hawaii & Chaminade University

²Chaminade University

Introduction: Over the past two decades there has been an increase in the incidence of obesity and metabolic diseases due to sedentary lifestyles, high caloric intake, genetics and environmental factors. Studies have shown that obesity is linked with various types of cancers, which poses a huge health burden to the United States.

Program/Research Design: The mast cell is an immunocyte that promotes inflammation, anaphylaxis and tissue repair. In the context of a solid tumor, the mast cell promotes angiogenesis and hyperplasia. We have shown that when mast cells are exposed to metabolic stimuli, such as insulin, their pro-inflammatory function is altered.

Results: In the current study, we hypothesized that as in other cells exposed to stimuli associated with a positive energy balance, mast cells may exhibit hallmarks of E.R. stress and autophagy.

Using western blot, immunofluorescence analysis, and confocal microscopy our data show that autophagy is present in the mast cells when exposed to insulin and lipogenic stimuli for 6 days.

Impact: These data highlight a possible mechanistic link between metabolic status and the function of mast cells that promote tumorigenesis.

Learning Objective:

1. Increase their understanding of the link between metabolism, inflammation, and tumorigenesis.

EVALUATING COALITION MEMBERS' PERCEPTIONS OF ADVOCACY EFFORTS

L. Choy, MPH¹, B. Brody², S. McGuinness, BA³, J. Drisko⁴, K. Richards, MPH⁵, J. Maddock, PhD¹

¹Healthy Hawaii Initiative, University of Hawaii

²Get Fit Kauai

³Nutrition & Physical Activity Coalition of Maui County

⁴Parametrix Group, LLC

⁵Hawaii State Department of Health

Introduction: Complete Streets policies help to ensure that roads are safe, accessible, and healthy for all users. Complete Streets resolutions were recently passed in Kauai County (September 2010) and Maui County (April 2012). The Nutrition and Physical Activity Coalitions of these counties were instrumental in passing these resolutions. This presentation describes one aspect of how coalition advocacy efforts were evaluated. **Program/Research Design** An online survey was sent to all coalition members in mid-2011 and mid-2012 to gauge coalition functioning and satisfaction. One section asked coalition members if they were aware of policy priorities, perceived progress being made on progress priorities, were informed of advocacy opportunities, and actively supported policy and advocacy efforts.

Results: Coalition members were highly aware of policy priorities and agreed that the coalitions were able to make progress on those priorities. The majority of respondents also indicated that they were informed of advocacy opportunities and have been involved in supporting advocacy and policy efforts. Furthermore, qualitative responses indicated that members viewed Complete Streets resolutions as a significant coalition accomplishment. There were also a few suggestions of ways to improve coalition advocacy efforts, such as utilizing earned media opportunities and collaborating with other organizations.

Impact: The involvement of coalition members is critical to advocating for policy changes. The results of the evaluation surveys suggest that the Nutrition and Physical Activity Coalitions were successful in informing members of Complete Streets policy targets and garnering their support to advocate for the passage of county resolutions. The survey findings are congruent with process evaluation that tracked how many members provided testimony and earned media. In addition to process documentation, assessing perceptions of coalition members should be considered in a comprehensive evaluation of policy change.

FIDELITY MONITORING SYSTEM IMPLEMENTATION FOR HOME VISITING PROGRAMS IN HAWAII: PROCESS AND OUTCOMES

D. Yoshimoto, PhD¹, T. Robertson, MEd², M. Haraguchi, BBA², R. G. Arndt, MSW³, A. Kahili⁴, D. Berdorf, MPhil¹, D. Chinen, BA¹, E. McFarlane¹

¹Johns Hopkins University

²Hawaii State Department of Health

³Child & Family Services

⁴YWCA Hilo

Introduction: Home visiting and family strengthening programs operate in all 50 states and reach and estimated 500,000 families annually. Home visiting is an effective intervention method for reducing the incidence of child abuse and neglect. Home visiting programs are diverse and share a need to assure fidelity of implementation. Therefore, this study aimed to develop and implement a fidelity monitoring system for supervisors and home visitors in the Healthy Start Program in Hawaii.

Program/Research Design: Through a collaborative process that included input from all levels of service providers, the Home Visiting Rating Scale (HOVRS-A) was selected and adapted to serve as a tool to monitor fidelity of home visiting practices. This adapted scale, the Home Visiting Rating Scale for the Hawaii Nurturing Program (HOVRS Hawaii NP) was then used to assist supervisors and home visitors in ensuring effective home visit interactions and served as a primary tool of the fidelity monitoring system.

Results: Pre- and post-implementation processes and outcomes of the HOVRS Hawaii NP will be presented, including best practices and lessons learned. Preliminary results indicate that after initial implementation of the HOVRS Hawaii NP there was improved feedback and discussion of home visit experiences among supervisors and home visiting team members. Feedback was focused on specific areas for improvement, such as home visitors' responsiveness to families, actions to build rapport, facilitation of positive parent-child interaction and fidelity to the NP curriculum. We explore the relationship between home visitor fidelity and parent and child outcomes as measured by the NCAST and Adult-Adolescent Parenting Inventory.

Impact: Fidelity to program models improves family outcomes. Home visiting programs must consider visit quality and fidelity across a range of program activities to achieve intended outcomes.

Learning Objectives:

1. Gain understanding of the importance of fidelity monitoring to support attainment of program outcomes.
2. Learn how to develop fidelity monitoring practices.

HANSEN'S DISEASE IN HAWAII

M. Fuimaono, RN, MSN
Hawaii Pacific University

Hawaii has a long history of Hansen's disease; it all began in 1835 on the island of Kauai with the discovery of the first case. In 1865, Kalaupapa was created as a place to send people who contracted Hansen's disease. Kalaupapa was a virtual prison, surrounded by high cliffs and only accessible by boat. A lot has changed since the days of Kalaupapa. However Hawaii still has the largest population of individuals living with Hansen's disease in the United States. According to Hansen's disease Community Program, which provides care for Hansen's disease cases in Hawaii, in 2012 the Hansen's disease cases are 118 cases, in Oahu, 20 cases in Maui, 55 cases in Kona, 14 cases in Hilo, 1 case in Kauai, 1 case in Lanai and 17 cases in Kalaupapa. This paper will discuss a historical look at Hansen's disease in Hawaii. Hansen's disease is treatable. Early detection and treatment will prevent Hansen's disease patients from further sequale. Although the transmission rate of Hansen's disease is low, the stigma associated with contracting the disease brings unfounded fear for a great number of people. Increasing awareness and providing education can help to decrease stigma in the medical community and in the general public. This paper will also discuss available treatment, prevention and control of Hansen's disease.

Learning Objectives:

1. Provide basic understanding of the history of Hansen's disease in Hawaii
2. Identify modes of transmission for Hansen's disease
3. Know early signs and symptoms
4. Learn current diagnostic testing and treatment

HEALTH AND CULTURAL PERSPECTIVE OF TEEN PREGNANCY

M. Kim, RN. BSN

Hawaii Pacific University

Teen pregnancy has been considered as one of the critical social issues in the community for many years. Even though the teen birth rate in the U.S. has declined gradually since early 1990s, the rate is still the highest compare to other developed countries. In 2005, the teen pregnancy rate, in the U.S. was 70 per 1,000 girls aged 15-19 years. Hawaii has similar rate compare to national data. Teen pregnancy is an issue to be focused on, closely evaluated and discussed due to many negative consequences. Teen mothers are more likely to be poor, remain single, drop out of school, rely on welfare, and have more health problems than adult mothers. The teen mothers' babies are far more likely to grow up in poverty and have high risk of complicated health problems such as low birth weight, acute infections, sudden infant death syndrome (SIDS), and high mortality rate. Overall, these negative impacts are costly to the family, community and nation. This paper presents the problems and impact of teen pregnancy, social and behavioral risks factors. A current hypothesis of the lack of birth control use and sex education for teens will be discussed, and the interventions of advanced practice nurse for teen pregnancy in terms of the three levels of prevention will be illustrated.

Learning Objectives:

1. Provide a better understanding of teen pregnancy prevention
2. Increase awareness in the need of teen pregnancy prevention in Hawaii

HEALTH INFORMATION OUTREACH STRATEGIES

J. Barnwell, AMLS

PREL

Introduction: The availability of reliable sources of health information is critical to ensuring that individuals acquire 21st century information literacy skills. Through a variety of projects, PREL has worked to expand awareness of health information, provided training in selected National Library of Medicine resources, EBSCOHost databases, and OvidSP, and developed the Pacific Digital Library (PDL) to include regional reports from the US-affiliated Pacific islands.

Program/Research Design: PREL strives to enhance the knowledge and skills of librarians, students, health personnel, and a broad range of Pacific island citizens in the area of health information literacy. One ongoing project is specifically designed to include important health information resources from the Pacific islands region. The Pacific Digital Library (PDL: <http://pacifidigitallibrary.org>) is an Institute of Museum and Library Services (IMLS) and National Network of Libraries of Medicine (NN/LM) funded collaborative network of Pacific Island librarians and organizations facilitated by PREL who are responding to the lack of access to regional health information. The PDL is one resource among many which PREL emphasizes in training workshops that provide hands-on learning opportunities.

Results/Impact: Increased awareness of reliable sources of health information, and improved access to a range of resources has resulted in improved health literacy. PREL is currently piloting the use of iPads to improve health literacy outcomes further.

Learning Objective:

1. Identify a variety of effective strategies for improving 21st century skills and increasing health literacy.

HUMAN LEPTOSPIROSIS: ENDEMIC HAWAIIAN DISEASE

E. O’Neil, RN, BSN, CNRN, A. Manuzak, MD, MPH, PhD
Hawaii Pacific University

Endemic to Hawaii, leptospirosis is a notable reemerging zoonotic disease globally. Critical to address, this disease creates a high burden to society with associated detrimental effects to the population. Hawaii led the nation in reported annual incidence rates through 1995 when the disease was eliminated from the United State’s list of nationally notifiable diseases. Although it remains a reportable disease to the Department of Health in Hawaii, it is vastly underreported globally. Diagnostic barriers include the non-specific, self-limiting, febrile symptoms that clinically present during early disease manifestation. Prevention and early identification of this illness can protect the public from associated mortality and morbidity, while decreasing the socio-economic costs from related hospitalization, rehabilitation, and years of potential life lost. Lack of global surveillance and reporting has made statistics regarding leptospirosis’ prevalence, incidence, mortality, morbidity, and socio-economic burden difficult to assess. Recognizing this, a literature review, case data evaluations, and descriptive epidemiology, were used to evaluate the current burden of the disease, the implications for the community, and preventative measures within Hawaii. Of the estimated 100 to 200 cases annual cases identified within the United States, 50% of those occur within Hawaii. The incidence rate for leptospirosis over the ten years studied was 1.63 per 100,000 people. Difficult to diagnosis, only confirmed cases were included in the evaluation. Suspected cases would increase the incidence rate to 2.85 per 100,000 people. Identification of case clusters appear in the data and suggest environmental causes. Compared on a global scale, Hawaii is considered moderately afflicted with leptospirosis. Given the potential fatal course of this disease and high cost to society, continued surveillance and increased preventative measures through public awareness and education, will protect the indigenous population from unnecessary exposure.

Learning Objectives:

1. Understand the current level of awareness in the medical community and general public
2. Learn how to reduce the risk of contracting leptospirosis from known exposure sites.

IMPLEMENTING SMOKE-FREE POLICIES IN PUBLIC HOUSING

J. Yamauchi, MA¹ & M.R. Dela Cruz, MPH²

¹Coalition for a Tobacco-Free Hawaii

²‘Imi Hale

Introduction: Across the country public housing authorities have been adopting smoke-free policies in public housing. Between 2000 - 2010, over 200 public housing authorities in 27 states have implemented these policies. In Hawai‘i, we have no smoke-free options for our residents in public housing. In response to this growing trend, the Coalition for a Tobacco-Free Hawaii (Coalition) created a smoke-free housing council (council) to address this need.

Program Design: The smoke-free council is comprised of members from American Lung Association, Department of Health, Hawai‘i COPD Coalition, and ‘Imi Hale. A state plan was developed for the Hawaii Public Housing Authority (HPHA) executive director. HPHA decided to implement a smoke-free policy in public housing. The council created a six-month educational plan that involved developing educational materials, training resident managers, tenant association presidents, and a public health speaker bureau that will address educational issues including: dangers of second hand smoke, cessation resources, quit kit distribution, and HPHA staff support. The public health speaker bureau will conduct presentations at 84 public housing sites. A community advisory board consisting of various members of the public housing community was formed to review the action plan, educational materials and provide feedback.

Results: At the time of this submission, the smoke-free policy has not yet been implemented. However, several outcome measures were identified to gauge the results of the policy, including: monitoring the number of Quitline calls, tracking heart attack and asthma admissions, and surveying resident managers to assess implementation and enforcement efforts.

Impact : There are many disparate populations living in public housing (low economic status, lower educational levels, and high numbers of immigrants). It is estimated that approximately 30% of the adults living in public housing smoke. This smoke-free housing policy is expected to lower smoking rates in disparate populations and protect non-smokers from second-hand smoke.

Learning objectives:

1. Learn how to create a plan to implement smoke-free policies
2. Understand how a policy change can affect smoking rates

INDIAN DAMMING OF TRANS-BOUNDARY RIVERS AND FLOW-ON HEALTH CONCERNS IN BANGLADESH

D. Canyon, PhD, MPH, DBA, FACTM & M. Alam, MPH

Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

Dams are an essential form of national infrastructure for utilizing river power, flow stabilization, agriculture and other development purposes. However, trans-boundary rivers present difficulties because any construction upstream may impact downstream nations. Bangladesh is situated on the alluvial plain of one of the largest deltas in the world, the Ganges-Brahmaputra-Meghna delta. The country's socio-economic wellbeing largely depends on the rivers that flow from the surrounding neighboring country India. The 'Farakka' dam that India constructed on the Ganges near to the Bangladesh border has resulted serious transboundary, environmental and ecological damage over the past four decades. The adversities include reduced flow of fresh water, increased salinity in the soil, wet surface and ground water, intrusion of salt water inland, arsenic contamination, loss of agricultural production, impeded navigation, and destruction of biodiversity in the coastal zone. The situation is becoming challenging as India implements the Rivers Linking Project, which will divert water flow from Brahmaputra and Meghna rivers exposing Bangladesh to severe water scarcity. Furthermore, there will be an increased threat of flood, drought, and earthquake as some dams are proposed to be constructed in a seismic zone. Therefore, millions of people in Bangladesh are at high risk of environmental disaster as well as the subsequent, related adverse health outcomes.

LEARNING TO SPEAK HEPATITIS: IN-LANGUAGE INTRA-VENTIONS FOR HAWAII'S PACIFIC ISLANDER COMMUNITIES

T. Pham, BS

Hawaii State Department of Health, STD/AIDS Prevention Branch

Introduction:

Hawaii has the highest rate of liver cancer in the US, and the leading cause of liver cancer is hepatitis B. The Department of Health estimates that 1-3 % (or, up to 40800 people) of the population of Hawaii are currently infected with hepatitis B. Although the people who are most at risk for chronic hepatitis B are foreign-born Asians and Pacific Islanders, there are little to no culturally appropriate, in-language written materials for many Pacific Islander communities, especially Chuukese and Marshallese. With the help of the Kaiser Foundation and Hep Free Hawaii, the Department of Health Adult Viral Hepatitis Prevention Program started a project in 2012 to fill this gap.

Program/Research Design:

This is currently an ongoing project that uses the model of community-driven “intra-vention” (as opposed to “intervention”). Rather than merely translating existing hepatitis materials, the Adult Viral Hepatitis Prevention Coordinator used existing and new community partnerships to obtain community feedback and input for the creation of new hepatitis educational materials. Through in-language knowledge surveys and follow-up talking circles facilitated by community members, this model not only provides tailored and appropriate written materials but also initiates community involvement and discussion regarding hepatitis B.

Results:

By the time of the conference in October 2012, the project is expected to have created materials to distribute within each community. These will be available in hard copy and digital form so that the materials will be available beyond the project period. The talking circles will also provide community ideas for other effective and creative forms of education such as radio PSAs, bus ads, t-shirts, etc.

Impact:

In 2012, over 5000 written and digital copies of the materials will be distributed within at-risk Pacific Islander communities.

NUTRITION AND PHYSICAL EDUCATION POLICY AND PRACTICE IN PACIFIC REGION SECONDARY SCHOOLS

M. Wilson, PhD & M. Bellhouse-King, BA
PREL

Introduction: Recent World Health Organization (WHO) data reveal that 7 of the 10 countries with the highest prevalence of overweight people are Pacific Island nations, and the WHO cautions that children in these nation-states are at increased risk of developing Type 2 diabetes and other noncommunicable diseases. Increasing concerns about health issues and dietary considerations in the Pacific Region reveal a need to study education programs that disseminate information about health, physical activity, and nutrition.

Program/Research Design: This report describes the percentage of secondary schools that have adopted policies and practices for student wellness, physical education, food service, and nutrition education across seven jurisdictions in the Pacific Region (Hawaii, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia (Pohnpei, Kosrae, Chuuk, and Yap), and the Republic of Palau) Policies include providing professional development for lead health education teachers, developing strategies to promote healthy eating, forming a health council, and providing or prohibiting certain foods. Practices include requiring nutrition and physical education courses, and assessing physical activity or nutrition, and encouraging family and community involvement in health topics.

Results and Impact: The most common nutrition and physical education policies in secondary schools in the seven Pacific Region jurisdictions are physical education curriculum standards (six jurisdictions), student wellness policies (five jurisdictions) and school food policy (five jurisdictions). Fewer than half the jurisdictions have nutrition education curriculum standards, provide nutrient content for school meals to students and parents, or require physical education in every grade. Only one jurisdiction, Hawaii, has a nutrition or health advisory council. Across the Pacific Region, 83 percent of secondary schools oversee or coordinate school health and safety programs.

PATTERNS OF ED SERVICE UTILIZATION IN A MEDICAID MANAGED CARE POPULATION

M. Hofmann, PhD, K. Wong, MPH, L. Yoda, PhD
AlohaCare

Introduction: The U.S. emergency department (ED) visit rates have increased steadily in the last decade, with most of the increase attributed to Medicaid and the uninsured. In 2010, there was an estimated 66.7 million people enrolled in Medicaid, 22% of the U.S. population. A better understanding of ED service utilization patterns among Medicaid beneficiaries is necessary to develop intervention strategies to reduce unnecessary ED utilization.

Research Design: A retrospective, descriptive analysis examined 3 years of ED visits by Hawaii Medicaid managed care members using AlohaCare's facility claims data. ED service utilization by patient characteristics (e.g., ethnicity, age, sex, and island of residence), time-of-day, and day-of-the-week was analyzed.

Results: Overall, respiratory infections, abdominal pain, and fever were the most common reasons to visit the ED. Medicaid members residing on the island of Molokai had the highest ED visit rates; those residing on Lanai, the lowest. Hawaiian Natives had the greatest proportion of ED visits (31.7%), followed by White Non-Hispanics (24.2%), then Other Pacific Islanders (22.7%). Day-of-the-week ED visit patterns were consistent across the 3-year period. 30.1% of ED visits took place on weekends. Weekdays, most ED visits occurred between normal business hours, 8 AM and 6 PM (53.1%), followed by the period 6 PM through 8 PM, after which there was a rapid drop-off in visits.

Impact: These results suggest that extending access to primary or "urgent" care settings for the Medicaid population beyond normal business hours could help reduce costly ED use at tertiary facilities, especially visits of lower urgency. A better insight into the variation in ED use by island of residence and ethnicity will also help in developing interventions to reduce ED use.

PROVIDING WORKFORCE TRAINING TO RURAL PUBLIC HEALTH PROFESSIONALS

D. Cassady, DrPH & C. Saetern, BA

Department of Public Health Sciences, University of California – Davis

HRSA funds a network of Public Health Training Centers (PHTC) across the United States to provide ongoing workforce development to working professionals. The University of California, Davis, is part of a four-campus PHTC called CALPACT, which serves Hawaii, the Pacific Islands, and northern California. CALPACT-UC Davis serves a large geographic region covering 65,000 square miles and 33 counties in northern California. In order to reach public health professionals working throughout this large area, CALPACT-UCD hosts a mix of distance education opportunities and face-to-face training meetings: Public Health Grand Rounds lecture series delivered via webinar and archived; online tutorials that can be accessed at any time; and, face to face regional training meetings. Content is determined by a survey of users, unsolicited user feedback, and national workforce competencies. Topics of interest range from project management and budgeting skills, to updates on the impact of the Affordable Care Act, and emerging concerns such as influenza and new practices in evidence-based public health. Results will be presented from 300 audience members comparing audience satisfaction with various modes of delivery, user profiles by profession and type of workplace (e.g., clinic vs. public health department), and by geographic region (rural vs. urban). Conclusions will review recommendations to improve outreach and participation in order to better serve this region.

RISK FACTORS FOR CVD IN WOMEN, PRIMARY CARE PREVENTION

K. Filbeck, RN, BSN

Hawaii Pacific University

Issue: Healthy People 2020 have identified risk factors for cardiovascular disease in women, and what preventive action needs to be in place. Understanding how primary care prevention can have an impact on the overall mortality and morbidity rate is imperative for practitioners today. In men, cardiovascular diseases (CVD) increase steadily by the age of 35 years and reach a plateau by the 7th decade of life, whereas in women few years after menopause, the incidence of CVD progressively increases, becoming the leading cause of mortality and morbidity.

Description: Over the past four decades, dietary and smoking habits, treatment of hypertension and dyslipidemia, outpatient treatments, and early inpatient treatment for acute CVD events have improved substantially. Yet some areas of prevention are not as successful. Currently in the United States, the prevalence of obesity and diabetes continues to increase, the knowledge gained is not always integrated successfully into community and clinical practice, and health disparities have not been significantly reduced for various racial and ethnic groups and individuals with low socioeconomic status.

Recommendations: Clinicians who currently implement such interventions for women patients can be guided by the general findings of what has worked in tobacco interventions, what works in research findings that particularly address women and these behaviors, and what has been recommended for similar individual interventions in nonclinical settings. Primary care providers can help reduce mortality and morbidity rates of CVD by implementing physical activity interventions in to their practice. This paper will provide ways to incorporate this behavioral change for reducing risk factors in women, and reduce the overall mortality and morbidity rates in women.

Learning Objective:

1. This presentation will look at ways to incorporate this behavioral change for reducing risk factors in women into practice, and reduce the overall mortality and morbidity rates in women.

TELEHEALTH SYSTEMS AND POLICIES: A COMPARISON OF ALASKA, ARIZONA, CALIFORNIA AND HAWAI'I

M. Hitosugi-Levesque, MA, T. Sentell, PhD, & J.Maddock, PhD
John A. Burns School of Medicine, University of Hawaii

Hawai'i faces several rural health care access issues because of its geographic isolation and health professional shortages, especially in mental and behavioral health. The use of technology through telehealth has potential to address these access barriers. There are several initiatives to use telehealth in Hawai'i, but efforts are fragmented and many are unsustainably grant-dependent. Other states with similar health care access and professional shortage issues have successfully developed statewide and comprehensive telehealth systems with varying degrees of legislative involvement. Alaska, Arizona and California are three state telehealth systems models that offer lessons for Hawai'i in advancing telehealth systems, especially in rural areas.

The comprehensiveness of these four state telehealth systems and policies are analyzed in the following topics: Medicaid Coverage Policies, Telepsychiatry Services and Insurance Coverage, Telehealth Legislation, Comprehensiveness of Telehealth Systems, and Feasibility for Hawai'i's Adoption of the Most Comprehensive Telehealth Policies. Information for this comparison was gathered from general literature search, telehealth organization websites, state online legislative archives, and the American Telemedicine Association's state-by-state policy website.

Recommendations were created for advancing telehealth in Hawai'i according to the feasibility of adopting the other states' most comprehensive policies of the following: Medicaid Coverage, Availability and Coverage of Telehealth and Telepsychiatry Services, Mention of Telehealth in the State Legislation, Funding Sustainability, and Partnerships and Statewide Organization for Telehealth Coordination and Advancement.

Telehealth efforts in Hawai'i are not insignificant. Current and previous projects demonstrate telehealth's potential in solving rural area health disparities related to impaired access to providers in Hawai'i. However, telehealth efforts are in need of revitalization, unified organization, and coordination for a more comprehensive telehealth system across the state of Hawai'i. Telehealth systems and policies in Alaska, Arizona and California offer potential solutions.

Learning Objective:

1. Identify and compare key policies, or lack there of, that contribute to telehealth systems advancement in the states of Alaska, Arizona, California, and Hawai'i.

THE MANOA ALCOHOL PROJECT: A DATA DRIVEN SOCIAL NORMS INITIATIVE DESIGNED TO PROVIDE ALCOHOL USE EDUCATION FOR THE CAMPUS COMMUNITY

K. Scholly, PhD, L. Kehl, MSW, MPH, LSW
University Health Services, University of Hawaii

Introduction: Social norms theory predicts that many of our health behaviors are influenced by how our peers behave, but beliefs about others' behaviors are often incorrect. As a result, these widely-held misperceptions can actually increase high-risk health behaviors within a community. Social norms theory also proposes that when information regarding actual peer norms is disseminated to correct these misperceptions, it can lead to a decrease in risky health behaviors.

Program Design: The Manoa Alcohol Project (MAP) a program at the University of Hawaii at Manoa (UHM) with a mission to provide responsible drinking and accurate alcohol use norms to help students maintain a healthy lifestyle and achieve college success. MAP incorporates social norms marketing techniques in a seven-step process which includes: Planning and Environmental Advocacy, Baseline Data, Message Development, Market Plan, Pilot Test and Refine Materials, Implement Campaign and Evaluation.

Results/ Impact: Each year thousands of UHM students are positively impacted by the MAP program and the success of MAP is measured both quantitatively and qualitatively. Annual surveys are conducted to determine students' level of exposure to the campaign. Ongoing student driven focus groups are also conducted to further evaluate and enhance the MAP campaign. MAP's eye-catching social norms marketing posters and creative use of media has contributed to the program's success, which has resulted in grant funding and recognition from the National Social Norms Resource Center.

Learning Objective:

1. Participants will learn how to design and implement a social norms/social marketing campaign to reinforce healthy behaviors, reduce high-risk behaviors and support environmental change within a campus community.

THIRD LEADING CAUSE OF DEATH, SECOND LEADING CAUSE OF DISABILITY: THE BURDEN OF COPD IN HAWAII

V. F. Chang, JD, F. Reyes-Salvail, MSc, R. Hertz, MA, E. Bradbury, MPH, MSW
State of Hawaii Department of Health and Hawaii COPD Coalition

Three years of BRFSS data were combined and stratified by COPD status controlling for three age groups, namely 18-44, 45-64 and 65 plus. Income, number of adults, life satisfaction, general health, physical, mental, and poor health, activity limitations and equipment use, co-morbidities (e.g. asthma, angina, heart attack, stroke, diabetes, smoking, alcohol consumption and exercise and BMI were analyzed.

COPD prevalence for adults nearly doubled for each succeeding age group examined, as expected, as did the proportion of adults with co-morbidities.

Across all age groups, adults reporting asthma was higher among those with COPD compared to without COPD. Angina, heart attack, stroke and diabetes prevalence were statistically significantly higher only among those COPD adults age 45 and older.

Revealing findings include that adults with COPD aged 45-64 were more likely to live alone than those without COPD (18.5% vs. 10.5%). Also, these adults were more likely to live in low income households (less than \$35,000 annual incomes) than those without COPD (42.5% vs. 20.0%). Also, being unable to see a doctor in the twelve months prior to the survey due to cost, was proportionately greater for COPD sufferers compared to those without COPD (12.5% vs. 6.4%), despite health insurance coverage.

Conclusion: These findings highlight that the permanent, systemic, and disabling impacts of COPD significantly increase the likelihood that sufferers will become isolated, inactive, and impoverished in the prime income years of 45-64 and that these problems will intensify as seniors, including being less able to get medical care, even with insurance.

Learning Objectives:

1. List five characteristics common to many COPD patients with chronic obstructive pulmonary disease in Hawaii which complicate care and quality of life.
2. Recognize chronic obstructive pulmonary disease as major factor in poverty and reduced access to medical care.

TUBERCULOSIS AMONG FOREIGN-BORN POPULATIONS IN HAWAII

D.M. Shon, MSc, A. Manuzak, MD, MPH, PhD
Hawaii Pacific University

Tuberculosis (TB) is a second leading cause of death among communicable diseases. The causative agent of TB is *Mycobacterium tuberculosis*. The transmission of TB is airborne and affects mostly lungs and disseminates to other systemic body parts. Pulmonary TB is more commonly seen than extra-pulmonary TB. In 2010, the United States reported 11,181 TB cases, at a case rate of 3.6 per 100,000 persons. Approximately 60% of the cases were foreign-born population. In 2009, Hawai'i reported a total of 117 TB cases and about 70% of that total TB case were foreign-born population. Comparing to the national data, Hawaii TB rates among foreign-born populations are higher. The high TB rates among foreign-born populations contribute to an increase the overall TB cases in Hawaii. This paper will discuss the risk factors that contribute to the high TB cases among foreign-born persons through cultural, social, and ethnic considerations. In order to eliminate TB in Hawaii, it is pertinent to review the effectiveness of TB control strategies. Recommendation on the culturally appropriate strategy for foreign born population will also be discussed.

Learning objectives:

1. Summarize the trends of tuberculosis reported among foreign-born populations in Hawaii.
2. Identify the risk factors cause the high TB rates among foreign-born populations in Hawaii.
3. Identify effective strategies to control tuberculosis among foreign-born populations in Hawaii.

USING FORMATIVE RESEARCH TO DEVELOP A MASS MEDIA CAMPAIGN TO REDUCE CONSUMPTION OF SUGAR SWEETENED BEVERAGES AMONG TEENAGERS IN HAWAII

B. Sinclair, MPH¹, K. Richards, MPH¹, J. Maddock, PhD², L. Kanagusuku, BA²

¹Healthy Hawaii Initiative, Hawaii State Department of Health

²Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii

Introduction: Obesity is a serious public health concern in Hawaii and the United States. Sugar sweetened beverages (SSBs) are a major contributor of excess calories and provide no essential nutrients. Hawaii's middle and high school students consume more SSBs than other age group. Mass media is an effective strategy to reach teenagers, however little is known about teenage behaviors and beliefs around SSBs. Reducing consumption among teenagers through mass media health education could help prevent future cases of obesity.

Program/Research Design: Intercept surveys, focus groups, and random digit dial telephone surveys were used to assess knowledge, attitudes, and behaviors around SSBs. Intercept surveys were conducted with 63 Native Hawaiian middle school students at a school health event. To choose campaign messages and explore channels for reaching teenagers, four focus groups were conducted among 12-18 year olds. A telephone survey will also be administered to 600 teenagers ages 12-18 to obtain data on consumption and behavior.

Results: Intercept survey results indicated that 69% of Native Hawaiian middle school students surveyed consumed SSBs regularly. Healthier options were not as popular; only 36% of students were able to identify sugar-free beverages. Most students were aware of the amount of sugar in soda and its potential to cause weight gain. Focus groups revealed that teenagers had an emotional response to negative ads depicting the amount of fat and sugar in SSBs, and stressed their preference for ads containing facts, statistics and recommendations.

Impact: Survey findings will be used to develop a mass media campaign to change SSB knowledge, attitudes and behavior among teenagers in Hawaii. The campaign may prevent future cases of obesity in Hawaii and serve as a model for other states.

Learning Objective:

1. To develop an understanding of teenage behaviors and beliefs around sugar-sweetened beverages and learn how the collection of this information will be used in the development of a mass media campaign in Hawaii.

WHAT IS THE BEST RECOMMENDATION TO ACHIEVE INFORMED DECISION MAKING WITH REGARDS TO PROSTATE CANCER SCREENING

(Will not be presenting)

J. Sinnott, BSN, CCRN
Hawaii Pacific University

Prostate Cancer and Screening Controversy

Prostate cancer is the number one cancer diagnosed in men in the United States and is the second leading cause of cancer death in men. One in six men will be diagnosed with prostate cancer (PCA) in their lifetime and up to 3% will die. The main method of screening for prostate cancer is performing the Prostate Specific Antigen (PSA) test on a patient's blood sample. Screening for PCA remains controversial since the release of the results of two studies, the Prostate, Lung, Colorectal, and Ovarian cancer study [PLCO] and the European Randomized Screening for Prostate Cancer [ERSPC] study. Both studies expressed which lack disagreement that PSA screening significantly reduces prostate cancer mortality. The studies do agree that the PSA test has an extremely high rate of false positives, resulting in over-detection and over-treatment of a cancer that may not have caused symptoms in the man's lifetime. The known harms of PCA treatment are pain, anxiety, impotence, incontinence, infection, and death. Key organizations are calling for a policy of informed decision making. Informed decision-making calls for the patient to be fully informed of treatments, options, risks, and benefits of each, and to choose among alternatives. The challenge for primary care providers is to discuss prostate cancer and screening in a time challenged environment. Research shows that these discussions are not happening. The purpose of this presentation is to gain an understanding of the methods being used to convey important information on prostate cancer screening and to determine what is the best way to assist patients in making fully informed medical decisions.

Learning objectives:

1. Participants will be able to verbalize the current state of prostate cancer screening.
2. Participants will be able to verbalize methods to achieve Informed Decision Making

WHAT'S ON YOUR CHILD'S SCHOOL LUNCH TRAY: FOOD PREFERENCES AND CONSUMPTION PATTERNS OF ELEMENTARY SCHOOL STUDENTS

R. Rodericks, MSPH¹, H. Hee Heo, MA¹, S. Lee, MPH¹, C. Mullins, MS, MCHES¹, J. Ryan, MPH², A. Horiuchi², G. Owens², J. Maddock, PhD¹

¹University of Hawaii

²Hawaii State Department of Education

Introduction:

The school food environment has received increasing attention as an important setting to address childhood nutrition. As part of the Healthy Hawaii Initiative Model Schools 2013 Program, one elementary school in the Honolulu School District was chosen for evaluation. The goal was to determine what food items students selected when given the option, and to identify food items that generated the greatest amount of waste.

Program/Research Design:

Three methods were used to analyze food preferences and consumption on two school days in April 2012: (1) observations using handheld counters, (2) weight in grams and (3) digital photography. Two lunch periods were observed each day.

A total of 317 lunch trays (grades 3-5) were observed to determine students' food preferences. This involved tracking specific food types that students selected. An additional 366 trays (grades K-2) were also evaluated to measure food intake. After students finished eating, trays were placed on digital scales while photographs were taken of each tray.

Results:

Every student selected the entrée. Fruit and bread were the next most frequently selected items (~80%). As expected, vegetables were selected the least, although more students chose the vegetable on Day 2 (corn/green beans-59.7%) than on Day 1 (salad-53.2%). Approximately 51% of students selected fat free chocolate milk over 1% white milk. When assessing plate waste, 161 grams of food were discarded on each tray on average (~49.5%).

Impact:

The results will be shared with school personnel to assist in better understanding the nutritional habits and preferences of their students. This study indicates that students in grades 3-5 were less likely to select vegetables than fruit or bread and students in grades K-2 discarded about half of their food. Therefore, even though healthy meals are being served in school cafeterias, students are not necessarily consuming this food.

Author Index

KELI'I ABORDO	67
VINCE AGUON	75, 81, 104
HYEONG AHN	15
CARMINA ALIK	12, 19, 20
RENSELY ALIK	52
ETHAN ALLEN	48
KATIE AMATO	77
SALLY ANCHETA	59
CORAL ANDREWS	5
ABE ARKIN	113
ROSALYN BAKER	14
JANUARIA BALAJADIA	128
STEVE BALCOM	22
JANE BARNWELL	133
KRISTIN BATHEN	127
MATTHEW BELLHOUSE-KING	121
KAYE BENDER	24
MARLENE BENGIAMIN	11, 26
ROBERT BIDWELL	99
KRISTINA BIFULCO	60, 78
BEV BRODY	54, 82
PRATISHA BUDHIRAJA	106
LEE BUENCONSEJO-LUM	21
KATHERINE BURKE	37
ARIELLE BUYUM	5
DEON CANYON	136
DIANA CASSADY	11, 26, 140
VALERIE CHANG	144
IVAN CHIK	78
MELISSA CHONG	113

LEHUA CHOY	129
CORY CHUN	14
SHARLENE CHUN-LUM	22
JUDITH CLARK.....	51, 103
KRIS COONTZ	84
GIUSEPPE CUBONI	11, 26
RICARDO CUSTODIO	43
ANNETTE DAVID	58, 76
MAY ROSE DELA CRUZ	126
GREGORY DEVER	66, 92
LEIMOMI DIERKS	98
ROBERT K. DOMINGO	89
CAROLYN DONOHOE-MATHER	98
MARK DURAND	19, 24
JENNIFER ELIA	72
DAN EMHOFF	111
MICHAEL EPP	20
MALIA ESPINDA	15
REYNOLETTE ETTIENNE-GITTENS	80
SONJA EVENEN	74
RITABELLE FERNANDES	71, 91
MARIE FIALKOWSKI	85
KATHERINE FILBECK	141
RACHEL FORD.....	4, 24
PUNI FREITAS	37
ZI FU	78
LORETTA FUDDY	19, 20
MAE FUIMAONO	131
BETH GIESTING	62
SHERI GON	52
STEPHANI GRAY.....	68
MARK GROFF	43
JOHN HAGIHARA	109
PEDRO HARO	28, 105
SUSANA HELM	111

HYUN-HEE HEO	50
ROBERT HIROKAWA	70
MARINA HITOSUGI-LEVESQUE	142
ILIMA HO-LASTIMOSA	108, 126
MICHAEL HOFMANN	139
SATORU IZUTSU	66
DAVID JENKINS	8
DOROTHY JORGENSEN	15
BERLIN KAFOA	92
KEAWE KAHOLOKULA	25
HEIDI KAIMIKAUA HAO	110
TRISHA KAJIMURA	67
ALAN KATZ	94
NANCY KERN	12, 99
MINHYUN KIM	132
GREG KISHABA	95
REBECCA KNIGHT	13
KATHLEEN KOGA	113
JEANNETTE KOIJANE	46
KAREN KRAHN	22
CHRIS LEE	14
WAYDE LEE	111
JODI LESLIE	90
KIPIER LIPPWE	112
JULIAN LIPSHER	14
MELE LOOK	64
AUGUSTINA MANUZAK	55, 63
MAJORIE MAU	25
KATHRYN MCCUTCHAN-TUPUA	23
ELIZABETH MCFARLANE	15
KATALINA MCGLONE	40
SANDRA MCGUINNESS	96
MEGHAN MCGURK	78
ADRIAN MEDINA	124
AMAL MITRA	122

KUMU KAPONO`AIKAULIKEIKEAO MOLITAU	89
BLYTHE NETT	95
CLAUDIO NIGG	125
RACHEL NOVOTNY	25, 47
PATRICIA O'HAGAN	92
ELIZABETH O'NEIL	134
MAY OKIHIRO	25
KRISTA OLSON	65
ROBERT K. OLAGUE	103
MALULANI ORTON	67
JEFF OXENDINE	11, 26
BRINDY PAET	79
NEAL PALAFOX	19
NANCY PARTIKA	92
YVETTE PAULINO	97
JON PEREZ	22, 23
JOJO PETER	19
THADDEUS PHAN	137
ANN POBUTSKY	95
PAULO PONTEMAYOR	5
KRISTINE QURESHI	55
MAO-SHENG RAN	56
DAVIS REHUHER	12
KATHLEEN RHODES MERRIAM	12
DANIELLE RICHARD	88
EMILY ROBERSON	73
HALI ROBINETT	93
REBEKAH RODERICKS	148
JENNIFER RYAN	115
FLORENTINA REYES-SAVAIL	144
DARRIN SATO	22
KRISTEN SCHOLLY	143
DORIS SEGAL MATSUNAGA	83
RANEE SEITHER	69
SELYNDA SELIFIS	83

TETINE SENTELL	15
DINAK SHEK	19, 20
DONG MI SHON	145
BRONWYN SINCLAIR	146
JONATHAN SINNOTT	147
TAMARA SMITH	78
INNOCENTA SOUND-KIKKU	19, 20
HARDY SPOEHR	5
JENNIFER STANLEY	87
JEANELLE SUGIMOTO-MATSUDA	45
NICOLE SUTTON	113
ANGELA SY	39, 86
CHAD TANIGUCHI	14
VA'A TOFAEONO	21
NENA TOLENOA	21
MICHIYO TOMIOKA	3, 38, 41
MARK TOMITA	92, 114
CLAIRE TOWNSEND	123
MILILANI TRASK-BATTI	44
ADEWALE TROUTMAN	5, 6
LINDA UNPINGCO DENORCEY	19, 20
VISH VISWANATH	7, 27
JOHN WALMSLEY	57
CATHY WASEM	52
ANUENUE WASHBURN	120
DON WEISMAN	14
HELEN WHIPPY	93
PETER WHITICAR	61
THOMAS WILLS	13
MELLY WILSON	138
JESSICA YAMAUCHI	10, 135
LISA YODA	49
VALERIE YONTZ	11, 26
DAN YOSHIMOTO	130
PAULA YOSHIOKA	21

