Public Health Symposium

Thursday, April 10, 2014
1:00 pm - 4:30 pm
The Pyle Center
702 Langdon
Madison, Wisconsin
Public Health in Practice
An Overview of the Master of Public Health and the Wisconsin Population Health Service Fellowship Program

Founded in 2005, and first accredited by the Council on Education for Public Health (CEPH) in 2009, the University of Wisconsin-Madison (UW-Madison) Master of Public Health Program is an interdisciplinary degree program that provides professional preparation in public health concepts and methods to health professionals and students. The degree provides a practice-oriented program for individuals to foster the expansion and enhancement of a competent public health workforce that is able to advance the well-being of the citizens of Wisconsin and persons beyond state borders.

The MPH program embraces an interdisciplinary educational philosophy and bridges the diverse schools and departments of the UW-Madison campus with faculty and students from disciplines such as medicine, pharmacy, veterinary medicine, law, business, social work, public affairs, urban planning, and nursing. With a focus on service learning, the MPH program builds on the "Wisconsin Idea," a century-old aspiration that the benefits of the University extend not only to Wisconsin's residents, but beyond the state borders. The MPH program integrates public health practitioners and contemporary public health issues facing Wisconsin's communities into its teaching, research, and service activities. Close connections with the community through the Wisconsin Department of Health Services, the City of Milwaukee Health Department, and other health care and not-for-profit agencies enable students to apply their skills in real world settings. Graduates of the MPH Program gain knowledge, skills, and insights that are responsive to the core functions of public health.

Students in the MPH Program must complete 42 credits, including 26 credits of required courses. There are six required 3-credit courses, two required 1-credit seminars and a 6-credit, 400-hour field experience. Students complete one 3-credit methods course and 13 credits of elective coursework from a list of over 70 interdisciplinary electives across the University campus. Students complete a Capstone Project, which serves as a culmination of didactic and experiential learning, by writing a scholarly paper and delivering a presentation at one of two semi-annual Public Health Symposia.

MPH Staff
Lisa Allman
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Sarah Davis
Lori DiPrete-Brown
Barbara Duerst
Maureen Durkin
Mark Edgar
Corinne Engelmann
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Elizabeth Feder
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Donna Friedsam
Meg Gaines
Ron Gagnon
Cindy Haq
Marilyn Haynes Brokopp
Mary Hayney
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Marty Kanarek
Paul Kelleher
KyungMann Kim

Special Thanks to...

Henry Anderson
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Kurt Sladky
Karen Solheim
Lisa Steinleuk
Geof Swain
Chet Thomas
Amy Trentham-Dietz
James Vergeront
Mark Wegner
Bobbi Wolfe
Susan Yackee
Susan Zahner
The Wisconsin Population Health Services Fellowship Program

The primary goal of the Wisconsin Population Health Fellowship Program is to develop the next generation of public health officials and administrators skilled in planning, implementation, and evaluation of public health programs.

The Wisconsin Population Health Services Fellowship Program provides an extension of the student’s public health service and training. The two-year fellowship program, targeted to those who have completed masters programs, preferably in public health and allied sciences, provides applicants with practical field assignments in community based, non-profit, governmental and health service organizations.

Fellowship Staff

Marion Ceraso
Tom Oliver
Geof Swain
Jim Vergeront
Lesley Wolf
1:00 pm  Introduction & Overview
1:10 pm  Stephanie Veazie - Examining Trends in Social and Economic Factors in Wisconsin as They Relate to Racial Disparities in Birth Outcomes
1:30 pm  Emily Jaehnig - Wisconsin Active Schools to Increase Minutes of Daily Physical Activity by Students
1:50 pm  Megan Riley - Trends and Racial Disparities in Hospitalizations with HIV in Wisconsin in the Post-HAART Era
2:10 pm  Lindsay Menard - From Inexperienced to Competent: Developing and Implementing a Performance Management and Quality Improvement System at the La Crosse County Health Department
2:30 pm  BREAK
2:50 pm  Erica LeCounte - Direct Assistance for Dads (DAD) Project: Program Evaluation Plan
3:10 pm  Carly Hood - Increasing Capacity to Promote Health Equity: Using Evaluation to Inform a Professional Development Curriculum
3:30 pm  Christina Hanna - Health Care Navigation for Post-Incarcerated Individuals Living with HIV
Phia Xiong

**Understanding Where Limited English Proficiency Hmong Patients Go to Seek Medical Information**

**ABSTRACT**
It is estimated that 21.4 million Americans have limited English proficiency (LEP), defined as speaking English “less than well”. Persons with LEP are less likely to understand the healthcare system and will likely need assistance from someone who is proficient in English in getting care. In a study with 323 older Hmong adults, 86% of the adults spoke English less than well. Since the biggest group of Asian minority in Wisconsin is the Hmong, it is important to investigate the decision making process of LEP Hmong patients in getting medical care. The objective of this study was to understand who LEP Hmong patients go to, to discuss medical care options. A total of eleven interviews were completed (n = 6 Hmong female; interviews, n = 5 Hmong male interviews) with ages ranging from 34 to 70 years. Hmong males and females were recruited from the UW Health clinic sites. Interviews were conducted in Hmong using semi-structured questions. All interviews were audio taped, transcribed, translated, and coded using content analysis. Preliminary results showed similarities and differences in health decision-making between Hmong males and females participants. Similarly, Hmong male and female participants do not consult with anyone for minor health checkups and issues. However, the difference between their health care decisions is with surgery and/or cancer treatments. Hmong female participants will consult with their husbands, children, and parents before going to get care. In contrast, Hmong male participants will consult with their wives and children along with close and trusted male friends from the community. Conclusion: As the Hmong communities assimilate to American culture and have more nuclear families; the role of clan leaders in health care decisions are diminishing. Immediate family members play important roles in the care seeking process of LEP Hmong patients. This is useful information for healthcare providers to take into consideration when working with the Hmong Community.

**BIOGRAPHICAL SKETCH**
Phia Xiong is a second year MPH student concentrating in health disparities and epidemiology. For the past two years, Phia has worked as part of the Surveillance and Outbreak Support Team at the Wisconsin Division of Public Health furthering her knowledge of infectious disease epidemiology. She is also currently involved in a cancer pilot research study looking at barriers preventing limited English speaking patients from seeking cancer screening.
Exchanging Trends in Social and Economic Factors in Wisconsin as They Relate to Racial Disparities in Birth Outcomes

ABSTRACT

In Wisconsin, African Americans have consistently worse birth outcomes than whites. From 2008-2010, babies born to black mothers were 2.7 times more likely to die in their first year of life than babies born to white mothers. Black babies were also 2.2 times more likely to have low birth weight and 1.7 times more likely to be born premature than white babies. A range of social and economic factors contribute to the perpetuation of these disparities over time. The LifeCourse Initiative for Healthy Families (LIHF) is one initiative that is currently working to reduce disparities in birth outcomes through a variety of strategies, including addressing social and economic inequities between blacks and whites. This capstone project reviews research on three social and economic factors: unemployment, social capital and segregation. When data are available, this project examines historical trends in these factors by race in Wisconsin. The primary goal of this project is to provide background information on how these factors have changed over time, and to assess their potential influence on infant mortality in order to contextualize any change that results from the LIHF project.

BIOGRAPHICAL SKETCH

Stephanie Veazie plans to work for an international aid organization, non-profit or NGO, after graduation, to help promote women’s health and human rights internationally. She is especially interested in the intersection of health disparities, maternal and child health and economic development. Stephanie plans to work abroad in an under-resourced community for one to two years to get further experience in how to plan, implement and evaluate programs that improve women’s health.

Coordinated Scheduling in General Surgery Clinics

ABSTRACT

In 2012, the UW Health Ambulatory Clinic Operations department in partnership with their access subgroup and other key stakeholders, approved an enterprise wide project which would seek to coordinate scheduling between all general surgery clinics. Completion of this project is expected to facilitate easier patient scheduling, improved patient access and higher provider efficiency. This project addresses the UW Health strategic plan goals of integration as well as other components of the IHI Triple Aim. This project was tracked through the seven major steps, identified by the Quality Safety and Innovation department. These steps included: preparation, introduction, understanding of the current state, planning of the future state, building in Cadence, transition, and go live. The task force carrying out the project consisted of the director of surgery, clinic managers at multiple sites, the lead project manager, one patient scheduler, one triage nurse and a student task force leader. The expected results from implementation of a new coordinated scheduling workflow would address three core facets of the IHI Triple Aim. The clinic should expect to observe more patient and family focused care by improving patient satisfaction through simpler scheduling. Additionally they should observe a more integrated system between clinics and higher efficiency of providers, leading to lower costs. Other sites that have undergone the same process also observed an increase from approximately 70 patients seen in less than 30 days to approximately 140 new patients. It is evident that systems engineering concepts and models such as the SEIPS Work System can be applied to health care issues to address components of the IHI triple aim. This workflow, once implemented, will improve integration, efficiency, and ease of scheduling from the patient perspective.

BIOGRAPHICAL SKETCH

Melissa Roitstein attended the University of Wisconsin-Madison. She majored in the history of science medicine and technology and also spent time studying the basic sciences. After college Melissa enrolled in the MPH program and developed an interest in health care quality and safety. Melissa took advantage of the certificate program in patient safety and spent the past academic year taking courses in health systems engineering, health care quality and safety, to fulfill the requirements of this certificate. Melissa’s fieldwork has focused on a process improvement project within the department of surgery here at UW Health that aims to improve patient scheduling. Melissa works in the department of surgery currently as a student analyst. She plans to begin a career in hospital quality and safety upon graduating from the MPH program.
Trouble in Mind: Informed Consent and Cognitive Dysfunction After Surgery

ABSTRACT
The practice of medical informed consent is intended to protect the surgical patient’s right “to determine what shall be done with his own body” and to ensure that treatment decisions reflect a balance of expertise and personal values. Physicians must disclose the risks, benefits, and alternatives of a proposed procedure, so that the patient can make an “intelligent decision” about whether to pursue treatment. The doctrine of informed consent, and guidelines for its practice, are shaped by many stakeholders, including courts, state and federal legislatures, hospitals, and regulatory agencies. Yet, the appropriate scope of risk disclosure for surgical interventions remains ambiguous, particularly when the risks are newly discovered. Post-Operative Cognitive Dysfunction (POCD), an increasingly recognized sequela of surgery and anesthesia, is characterized by a decline in patients’ capacity for learning, memory, and problem-solving. This leads to loss of independence, reduced quality of life, and increased mortality, particularly in patients aged 60 or older. With over a 10% incidence in older adults one year after surgery, the socioeconomic and public health implications of POCD are profound. However, because thorough investigation into POCD began only during the late 20th Century, it is not currently part of the informed consent discussion for patients considering surgery. The object of this Capstone Project is to examine current methods of informing patients about surgical procedures and to evaluate emerging, institution-level standards and techniques for obtaining and documenting consent. Particular attention is given to newly discovered risks, with POCD as a test case for discussing how the informed consent process might be transformed to better equip patients for sound decision-making when considering treatment options.

BIOGRAPHICAL SKETCH
Kendra Hogan received her BS in biology from the University of Wisconsin - Madison in 2004, and her MS in plant molecular biology and developmental genetics from the University of California - San Diego in 2007. She then worked as a scientist for a biotechnology company for two years before matriculating at the UW Law School and graduating in 2012. Kendra is a part-time student and currently employed at the UW Office of Industrial Partnerships where she develops and negotiates sponsored research agreements on behalf of campus faculty. Upon completion of her MPH, she hopes to work in clinical and translational research policy and administration.

Wisconsin Active Schools to Increase Minutes of Daily Physical Activity by Students

ABSTRACT
Today in the United States more than one third of children and adolescents are overweight or obese. Many factors including poor nutrition and lack of physical activity have led to this increase in childhood obesity. Almost one in four children does not participate in any free-time physical activity and participation in physical activity has been shown to decline as young people age. Children spend the majority of their days at school and in before and after school programs, as well as having to travel to and from school; therefore it makes sense for schools to have the resources and policies to maximize children’s health and to encourage healthy behaviors that carry over into adulthood. Building on the success of the original Wisconsin Active Schools Initiative (2010-2012), the Wisconsin Department of Health Services has earned a five year grant from the CDC to support 15 school districts across the state in their efforts to improve physical activity levels among students. Schools were surveyed to establish baseline data of estimated average number of minutes engaged in physical activity, current school and district level policies influencing physical activity and the type of technical assistance they anticipate needing in order to roll out evidence-based physical activity strategies. The analyzed data from this initial survey, along with an updated toolkit for schools and accompanying videos will aid in the success of this project and allow for follow-up and comparison as the project continues.

BIOGRAPHICAL SKETCH
Emily Jaehnig graduated from the University of Wisconsin-Madison in 2005 with a BA in Spanish and a Certificate in Global Cultures. She continued at UW and earned her Master’s degree in Physical Therapy in 2007. She has worked in both long-term care for developmentally disabled as well as inpatient acute care in the hospital setting. Her immediate plans upon completing her MPH are to continue serving her community as a Physical Therapist at Meriter Hospital.
Trends and Racial Disparities in Hospitalizations with HIV in Wisconsin in the Post-HAART Era

ABSTRACT
Human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) is a disease that was identified over thirty years ago and has become a major public health issue. People living with HIV or AIDS (PLWHA) have unique health risks and concerns. Hospitalizations among PLWHA are 50-300% higher than in comparable age and sex strata in the general population. The Wisconsin Hospital Association manages comprehensive data sets including information on all inpatient hospitalizations in Wisconsin. This study examined hospitalization data where at least one of the diagnosis codes indicated the presence of HIV infection in order to characterize trends over time, with a focus on racial disparities. Hospitalizations with HIV in Wisconsin rose to a peak in 1995, after which they dropped, likely due to the advent of highly-active antiretroviral therapy (HAART). Hospitalizations have plateaued since around the year 2000, despite the increase in prevalence of HIV in Wisconsin. Regression analyses on hospitalization data from four years (1995, 2000, 2005, and 2010) were conducted to test which factors were associated with number of hospitalizations and in-hospital mortality. Sex, age, and race/ethnicity were significantly associated with the number of hospitalizations in a year, indicating the presence of disparities in the prevalence and effects of HIV. In contrast, factors that influenced in-hospital mortality were age and year of hospitalization, reflecting the improvement of treatment over the past 15 years.

BIOGRAPHICAL SKETCH
Megan Riley received her BS in Medical Microbiology and Immunology from the University of Wisconsin—Madison in 2011. She is currently a second year student in the MPH program. Upon completion of her degree, she hopes to work in infectious disease epidemiology.

Mariela Quesada Centeno

Public Health in the Epicenter of Food Systems: Fostering Integrated Models of Outreach Practices to Latinos

ABSTRACT
Linkages between public health and food systems are not always aligned effectively. Some reasons for this disconnection are attributed to the complexity of both fields, insufficient knowledge sharing among disciplines, and the compartmentalization of research and outreach in areas involving health and food access interventions. In recent years, both fields have recognized the need to look at issues of food supply and health disparities in a holistic way, especially when working with underserved populations. Since food is as essential as air and water, interventions or programs aimed to tackle these issues have to move beyond their own expertise, and work with other fields involved in the creation of sustainable communities. For this paper, five academic fields were identified as possible core partners: 1) public health, 2) planning, 3) food policy, 4) sustainable agriculture, and 5) sociology. Importance will be given to public health as a profession capable of bridging across fields and bonding with communities. Concepts reviewed in this paper are: food security definition and data for the U.S. and Wisconsin, the role of ethnicity and health outcomes, increasing percentage of Latinos in the population, and data on farmers of color and their participation in local agriculture. In addition, special focus is given to approaches looking at small scale agriculture as a tool to increase food access and consumption of healthier foods, and as a possible means to increase the number of minority farmers in local communities. In addition, an outline to develop more effective programs aimed to work with minority populations, particularly with Latinos, is presented. Quantitative data will be obtained from federal and state databases, and qualitative information will be obtained by interviewing multiple stakeholders and professionals in the diverse fields.

BIOGRAPHICAL SKETCH
Mariela Quesada Centeno is planning to pursue a career in food systems, focusing on the creation of mechanisms to counteract the outcomes related to food insecurity, poverty, ill health, and poor dietary intake. In addition she strives to work for the improvement of culturally appropriate and healthy food access strategies, including access of information, educational outlets, food literacy, and agricultural practices for the preservation of foodways. Mariela views education of minority and low income communities and farmers as an effective path to help reduce the hunger gaps in our communities. Hence she will look to engage in activities that help these individuals to gain opportunities to produce and market healthy foods to their community, and to increase awareness of the health and economical benefits of fostering stronger local food systems.
Managing Religion and Morality within the Abortion Decision: Data from Qualitative Interviews with Women Obtaining Abortions in the U.S.

ABSTRACT

Abortion is proscribed by most major religious denominations in the United States, and most women in the U.S. claim a religious affiliation, yet religiously-affiliated women obtain abortions at similar rates to women without an affiliation. Previous research has linked religiosity with general anti-abortion attitudes, but little work has been done regarding how this potential conflict is managed and experienced by individuals. We describe the strategies employed by women obtaining abortions to cope with their religious and moral conflicts surrounding the decision. These data come from 49 in-depth interviews with women obtaining abortions at three U.S. clinics. Major themes that emerged during these discussions included personal exceptionalism, willingness to face God’s judgment, a belief that religious doctrines were incorrect in condemning abortion, and questioning of personal religious identity. When viewed through the lens of the Social Ecological Model of behavior, these data inform the growing body of research describing and measuring abortion stigma.

BIOGRAPHICAL SKETCH

Michele Coleman will graduate in May 2014 with a dual Master degree in Public Health and Public Affairs from the University of Wisconsin-Madison. Her passion in life is improving women’s health in all facets, ranging from guaranteeing access to quality health services, to advocating for comprehensive sexual education, to researching effective family planning programs. Her ambitious future career goals include acquiring clinical training, preferably as an obstetrician and gynecologist, to fulfill her desire to work directly with and empower women about their health. After finishing her formal education, Michele hopes to work at the intersection of public health, public policy, and clinical care in order to advance women’s health domestically and abroad.

From Inexperienced to Competent: Developing and Implementing a Performance Management and Quality Improvement System at the La Crosse County Health Department

ABSTRACT

Earning accreditation by the Public Health Accreditation Board (PHAB) has been a goal of the La Crosse County Health Department since 2010. In preparing for accreditation, the La Crosse County Health Department completed a readiness assessment and discovered their four weaknesses in preparing for accreditation were promoting strategies to improve access to healthcare services, maintaining a competent public health workforce, evaluating and continuously improving processes, programs, and interventions, and contributing to and applying evidence-based programs and services. As a result of the readiness assessment, Lindsay assisted the health department in developing and implementing a performance management system. The presentation will provide audience members with a basic understanding of the components of a performance management system, highlight the results of a quality improvement project, and present lessons learned by a local health department in developing and implementing a performance management system.

BIOGRAPHICAL SKETCH

Lindsay Menard is a second year Fellow with the Wisconsin Population Health Service Fellowship program and is placed at the La Crosse County Health Department. Lindsay received her Master of Public Health degree in Health Policy and Administration from the University of Illinois at Chicago in 2012. Throughout the past two years Lindsay helped the La Crosse County Health Department advance in their accreditation journey, developed and implemented a performance management system, chaired the Quality Improvement (QI) Committee, facilitated the strategic plan updating process, guided the effort to update the community health assessment, researched the most prevalent health disparities influencing the health outcomes of La Crosse county residents, aided in coalition and partnership development, and became a co-leader of the Wisconsin Population Health Association’s Health Impact Assessment (HIA) Section. Lindsay is driven to develop and implement policies and programs that will systematically improve the quality of life for all populations while advancing health equity. Lindsay one day aims to be a local health officer in western Wisconsin.
**ABSTRACT**
The purpose of this research was to examine trends in low birth weight and unintended pregnancy by maternal characteristics in the U.S. HHS Region V states. It sought to explore the association between low birth weight and pregnancy intention and to consider policies that could potentially lower these trends. Low birth weight (LBW) data for each state were gathered using the Centers for Disease Control and Prevention (CDC) online query system, WONDER. Unintended pregnancy, maternal characteristics and LBW (associated with intention) data were collected using the CDC’s Pregnancy Risk Assessment Monitoring System (PRAMS) online query system, CPONDER V2.0. Low birth weight data for each state were stratified by maternal age and maternal race/ethnicity. Identical strata parameters were applied in both WONDER and CPONDER to ensure comparability of data. The history of related legislation was gathered from each state’s legislative records. It was found that younger women and black women have higher percentages of LBW babies than older and white women do, respectively. Based on gathered data and a review of the literature, LBW outcomes are associated with unintended pregnancy. Racial and ethnic minorities and younger women have higher rates of unintended pregnancies. Current research indicates policies may influence pregnancy intention and birth outcome trends. Mothers with certain characteristics have higher rates of both LBW and unintended pregnancy. To decrease unintended pregnancy and ultimately reduce poor birth outcomes for all women, evidence-based policies such as family planning program funding and comprehensive sexuality education should be passed and enacted at the state level.

**BIOGRAPHICAL SKETCH**
Natasa Stjepanovic is a second-year MPH student with interests in maternal and child health, epidemiology, health policy, and health systems. She hopes to pursue a career centered on eliminating health disparities and improving population health.

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**ABSTRACT**
The Direct Assistance for Dads (DAD) Project, located at the City of Milwaukee Health Department (MHD), is a home visiting program designed specifically to serve expectant and parenting fathers and men serving in a father role in the city of Milwaukee. The overarching goal of the program is to positively impact infant mortality, improve birth outcomes, and strengthen African-American families and communities by strengthening father involvement in their child(ren)’s and partner’s lives. This program is important because African-American infants in Milwaukee are nearly three times more likely to die in their first year of life compared to white infants. Research has shown that the risk of adverse birth outcomes is higher for babies born to African-American women whose fathers were absent during the prenatal period compared to babies born to African-American women whose fathers were present during the prenatal period. The DAD Project will serve fathers living in predominantly African-American zip codes with high infant mortality rates. These zip codes include: 53204, 53205, 53206, 53209, 53210, 53212, 53216, 53218, 53223, 53225, and 53233. Some of the measureable outcomes that the DAD project is designed to achieve include: increased father involvement in their child(ren)’s and partner’s lives; improved health and well-being of fathers; supportive access by fathers to preventative and mental health treatment; increased number of co-parenting households; and decreased maternal stress and depression. A variety of surveys, data systems, and forms have been created to track how well the program is doing in these areas.

**BIOGRAPHICAL SKETCH**
Erica S. LeCounte, MPH, is a second year Wisconsin Population Health Service Fellow placed in Milwaukee, Wisconsin at the City of Milwaukee Health Department (MHD) and the Center for Urban Population Health (CUPH). Throughout her fellowship, Ms. LeCounte has been involved in a variety of projects that include planning and conducting program evaluations for MHD’s maternal and child home visiting programs. After completing her fellowship, Ms. LeCounte would like to secure permanent employment as an epidemiologist or program evaluator in the area of maternal and child health. Ms. LeCounte is an MPH graduate of the University of Illinois at Chicago’s Maternal and Child Health Epidemiology Program.
**Christa Fields**

**Willingness to Participate in Biomarker Research Among African Americans**

**ABSTRACT**

Biomarker research relies upon the collection of bodily fluids such as blood, saliva, tissue, or cerebrospinal fluid to provide an understanding of physiological processes associated with health status or disease risk. It is particularly important to engage minorities and medically underserved populations in these studies since these groups bear a disproportionate burden of chronic disease and disability. This study examined the responses of 26 African American respondents to determine: 1) their willingness to participate in studies that request a saliva and/or blood sample and 2) whether their willingness differed based on type of sample. Face-to-face interviews were conducted with the respondents, who were evenly stratified by age (25-45, 46-64, and 65 and older), education level (high school or less, some college, and master’s or above), and gender. Interviews were analyzed using direct content analysis to identify emergent themes. To insure reliability, the analysis was conducted separately by two researchers. Study results indicate that respondents reported few facilitators and more barriers when talking about providing blood samples, and more facilitators and few barriers in regard to a saliva sample. An important theme that emerged concerning both types of samples was that over half of participants were favorable toward participating in biomarker research if it would benefit themselves, a family member, or others. Specific barriers and facilitators will be presented.

**BIOGRAPHICAL SKETCH**

Christa Fields is a second year student in the MPH program. She graduated from Spelman College in 2011 with a BA in Music with a concentration in bio-medical sciences. As an undergraduate student, Ms. Fields spent her summer months in the UW Carbone Cancer Center conducting research on geographic cancer disparities. Her work at UWCCC led her to study public health. While in the MPH program, Ms. Fields developed her interests in health disparities and health policy working with phenomenal community organizations -Walnut Way Conservation Corp. and Covering Kids & Families (CKF). In the future, Ms. Fields plans to devote her work to translational and outcomes research in health and healthcare, with the aim of improving lives for socially marginalized groups.

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**Carly Hood**

**Increasing Capacity to Promote Health Equity: Using Evaluation to Inform a Professional Development Curriculum**

**ABSTRACT**

Literature continues to show that 40% of health outcomes are driven by social and economic factors and 10% by our physical environment. That means that nearly half of health outcomes are a result of what we call the social determinants of health (SDoH). Strategies State Health Departments use to address the root causes of poor health outcomes are unclear. In 2012 an assessment was conducted to determine what Bureau of Community Health Promotion programs at the WI Division of Public Health are working on to promote health equity. Several commonalities resulted from the two surveys (n=62) and key informant interviews (n=8), including the desire for a better understanding of the approaches other programs were taking, moderate comfort in discussing/working on health disparity issues, and the desire for professional development in health equity. From these recurring themes a health equity curriculum was designed and implemented. Building on NACCHO’s “Roots of Health Inequity” 5 module online curriculum, the course introduces and expands upon the SDoH. Throughout 2013 staff met bi-monthly to watch videos, complete activities, participate in discussions, and hear presentations from community organizations involved in health equity work. Post program evaluation (n=25) reveals: increased confidence in discussing health equity, better understanding of the role of public health in combatting health inequities, communications with partners now including a health equity/disparities focus, and health equity language more present in program strategic plans/guiding documents. The assessment and professional development curriculum explored in this presentation better equips Wisconsin public health professionals with the tools, knowledge and resources to use in exploring new health disparity issues and creating health equity focused program priorities.

**BIOGRAPHICAL SKETCH**

Carly Hood received her Master of Public Affairs from the Robert M. LaFollette School of Public Affairs and her Master of Public Health from the University of Wisconsin-Madison School of Medicine & Public Health. Carly's public health experience includes conducting a policy review of the Wisconsin food environment, designing, implementing and evaluating public health workforce development on the social determinants of health, and providing health equity technical assistance and resource development to statewide partners. Carly is a Population Health Service Fellow through the UW Population Health Institute placed with the Wisconsin Division Public Health, Wisconsin Center for Health Equity, and Health First Wisconsin.
James Lehman

Improving Orientation and Training for Wisconsin's Local Boards of Health

ABSTRACT
Through their advisory and regulatory actions, boards of health protect and promote public health by ensuring that health departments have the people, skills, policies, resources, and relationships necessary to deliver essential public health services. Local boards of health include appointed or elected community members from diverse personal and professional backgrounds. The Wisconsin Center for Public Health Education and Training (WiCPHET), Wisconsin Association of Local Health Departments and Boards (WALHDAB), and Wisconsin Division of Public Health (DPH) have partnered to improve orientation and training practices for local board of health members. In order to better understand current training procedures and their relationship to the decision-making and activities of local boards of health, a survey was designed and sent to local health officers. Existing training materials are being collected and analyzed in the context of public health statutes, priorities, and emerging needs. Ongoing key informant interviews and focus groups inform the development of efficient, high-quality training methods. These activities comprise a needs assessment that will guide the creation of prototypical training materials and recommendations for optimal instructional techniques.

BIOGRAPHICAL SKETCH
Christina R. Hanna, MPH, is a Wisconsin Population Health Service Fellow within the Wisconsin Department of Health Services, Division of Public Health, AIDS/HIV Program and has held this position since July 2012. She is currently partnering with the Department of Public Instruction on the implementation of the In School Pregnancy/Parenting Interventions, Resources, and Education (InSPIRE) grant and with the Wisconsin Alliance for Women’s Health on the dissemination of the evaluation results of the Wisconsin Adolescent Health Care Communication Program. Christina has also held multiple roles in the implementation and evaluation of the HRSA-funded Special Projects of National Significance grant. She received her MPH in Health Behavior and Health Education from the University of Michigan in 2012.

Christina Hanna

Health Care Navigation for Post-Incarcerated Individuals Living with HIV

ABSTRACT
The standard of care for HIV-positive inmates in Wisconsin state prisons is to have their medical care coordinated through the UW Hospital and Clinics. Prior to release, a discharge planner links the inmate to community-based medical care but is unable to follow the client beyond their first post-release medical visit. As part of a new four-year federal grant, inmates are being offered a patient navigator upon release. The navigator provides clients with short-term, intensive case management services, including linkage to medical care and social services. Linkage to medical care and housing, as well as patient advocacy, is especially important for the inmate, who faces multiple challenges upon release. Based on high acceptance rates from post-incarcerated individuals during the pilot phase of the initiative and preliminary outcomes data, the role of patient navigators appears to be a promising service for re-engaging post-incarcerated individuals into HIV medical care and other services.

BIOGRAPHICAL SKETCH
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