

Arnold School of Public Health

Institute for Partnerships to Eliminate Health Disparities

Department of Health Services Policy and Management

University of South Carolina

Poster Session & Abstracts

100 Years of Health Disparities:
Is There the Will to Improve the
Health Status of All?

FRIDAY

April

1
2016

Part of the 9th Annual
James E. Clyburn
Health Disparities Lecture

USC Alumni Center
Columbia, SC

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This year's Poster Session and Abstracts booklet will showcase health disparities research and practice being conducted by faculty, postdoctoral research fellows, staff, and students at the University of South Carolina, as well as members from other academic institutions, local community-based agencies, and the SC Department of Health and Environmental Control. The 9th Annual James E. Clyburn Health Disparities Lecture Poster Session is an opportunity for individuals to share their health disparities research and practice with others and address this year's theme: *"100 Years of Health Disparities: Is There the Will to Improve the Health Status of All?"*

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Poster Session Abstracts

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P01. An Ecological Analysis of Food Outlet Density and Prevalence of Type II Diabetes in South Carolina Counties

Dana M. AlHasan, Jan Marie Eberth

Background

Studies suggest that the built environment with high numbers of fast food restaurants and convenience stores and low numbers of super stores and grocery stores are related to obesity, type II diabetes mellitus, and other chronic diseases. Since few studies assess the relationship between the built environment and prevalence of diabetes at the county level, this study aims to examine fast food restaurant density, convenience store density, super store density, and grocery store density and prevalence of type II diabetes mellitus among counties in South Carolina.

Methods

Pearson's correlation between four types of food outlet densities- fast food restaurants, convenience stores, super stores, and grocery stores- and prevalence of type II diabetes were computed. The relationship between each of these food outlet densities were mapped with prevalence of type II diabetes, and OLS regression analysis was completed adjusting for county-level rates of obesity, physical inactivity, density of recreation facilities, unemployment, households with no car and limited access to stores, education, and race.

Results

We showed a significant, negative relationship between fast food restaurant density and prevalence of type II diabetes, and a significant, positive relationship between convenience store density and prevalence of type II diabetes. In adjusted analysis, the food outlet densities (of any type) was not associated with prevalence of type II diabetes.

Conclusions

This ecological analysis showed no associations between fast food restaurants, convenience stores, super stores, or grocery stores densities and the prevalence of type II diabetes. Consideration of environmental, social, and cultural determinants as well as individual behaviors is needed in future research.

P02. Which Tobacco Product Warning Imagery is Most Effective? A Longitudinal Assessment of Smokers in Australia, Canada, and Mexico

Dien Anshari, MS, Kamala Swayampakala, PhD, David Hammond, PhD, Ron Borland, PhD, Hua-Hie Yong, PhD, James F. Thrasher, PhD

Background

This study examined temporal changes in smokers' responses to pictorial health warning (PHW) with different types of imagery (i.e., symbolic representations of risk; personal suffering from smoking; graphic depictions of bodily harm) on cigarette packs under natural conditions of exposure.

Methods

Adult smokers from online panels in Australia (AU; n=4,006), Canada (CA; n=4,002) and Mexico (MX; n=4,006) were surveyed quarterly after new PHWs were implemented in each country. Participants were shown specific PHWs on packs in their country and asked about: negative emotions (i.e., fear; disgust; worry about smoking risks); PHW believability; attention to the PHW in the prior month; interpersonal communication about the PHW in the prior month; and motivation to quit because of the PHW. Temporal changes and differences by imagery type were analyzed using country-specific generalized estimating equations models.

Results

Across countries, assessment of the main effects of time on PHW responses indicated no changes over time except for increasing attention to PHWs in CA (OR=1.17, $p<0.001$) and MX (OR=1.33, $p<0.001$), and decreasing interpersonal communication in CA (OR=0.85, $p<0.001$) and AU (OR=0.84, $p=0.002$). Symbolic PHWs were rated significantly lower than suffering PHWs for all outcomes in CA (the only country with symbolic PHWs). Graphic PHWs were rated higher than suffering PHWs for negative emotions (all countries), interpersonal communication (CA), and quit motivation (AU). Suffering PHWs were rated higher than graphic PHWs for credibility (all countries), attention (CA & MX), interpersonal communication (AU & MX), and quit motivation (MX). Statistically significant interactions indicated that graphic PHWs showed greater increase than suffering PHWs for ratings of negative emotion (AU) and believability (AU & CA); graphic PHWs showed greater decline than suffering PHWs for interpersonal communication in CA, whereas the reverse was true in AU.

Conclusions

PHWs with diverse graphic and suffering imagery appear effective in inhibiting wear out for different key pathways of PHW effects.

P03. Trends in Health Disparity Priority Areas in South Carolina

Jacqlyn Atkins, Betsy Barton, Chelsea Lynes, Charity Breneman, Andrew Fogner, Robert Coaxum, Susannah Small, Khosrow Heidari

Introduction

In November 2000, President Bill Clinton signed the Minority Health and Health Disparities Research and Education Act of 2000 (Public Law 106-525). Since then South Carolina (SC) has made some progress in various priority areas. This study will focus on the six following priority areas over the past fifteen years: Infant mortality, stroke, heart disease, diabetes, HIV and cancer.

Method

Because of SC's population composition, race was categorization in whites (69.2%), African Americans or blacks (28.5%) and other (2.3%). Since less than 6% of SC population was estimated to be Hispanic (2014 United States Census), there was insufficient data to examine ethnicity separately. We used piecewise regression analysis to study health outcome trends among race and sex subpopulations. Our data sources included vital records, BRFSS and claim files.

Results

The gap in heart disease mortality between blacks and whites has been persistent over time. Infant mortality trends have been downward but the gap between black and white has remained unchanged. The stroke mortality rate remains worse among black males despite higher hospitalization rates. Most heart disease deaths occurred among black males followed by white males, the black females and lastly white females. However, coronary heart diseases are more prevalent among whites than blacks. Approximately one in six African-Americans has diabetes, compared to one in nine white adults. In 2014, for every one white male, there were eight black male mortalities due to HIV. There are more blacks living with HIV than whites in SC. Females in SC have already met the Healthy People 2020 objective for cancer mortality.

Conclusion

Although SC has made some progress in narrowing health disparity gaps, many challenges remain to be overcome. Outcomes such as stroke, heart disease and diabetes have been declining statewide and nationally, but premature deaths among blacks continue to be cause for concern.

P04. South Carolina's Racial Pattern in Causes of Death over Time

Breneman, CB, Barton, B, Coaxum, R, Fogner, A, Heidari, K

Objective

Examine changes in patterns of the 10 leading causes of death between 1999 and 2014 in South Carolina for each race and sex sub-population.

Methods

Age-adjusted death rates were calculated using state-level data from vital records for each race/sex group (white females, white males, black females, and black males).

Results

Between 1999 and 2014, heart disease and cancer have remained the top two leading causes of death for all race/sex groups. Alzheimer's disease is one emergent disease that has moved up the ranks from sixth to fourth place in white females and from ninth to seventh place in white males. Among blacks, Alzheimer's disease was not in the top 10 for 1999. However, in 2014, Alzheimer's disease was the fifth and ninth leading cause of death among black females and males, respectively. Comparison of age-adjusted death rates revealed that white females and males have a higher death rate for Alzheimer's disease than their respective counterparts (45.0 vs. 33.9 per 100,000 among females, and 29.6 vs. 25.0 per 100,000 among males, respectively). In contrast, death rates for heart disease and cancer were much higher among blacks as compared to whites.

Discussion

Since age is a risk factor for Alzheimer's disease, differences in average life expectancy between whites and blacks may partly explain why Alzheimer's disease was not in the 10 leading causes of death among blacks in 1999. The gradual improvement of life expectancy among all race/sex groups since 1999 has led to Alzheimer's disease becoming a more prominent leading cause of death.

P05. Advocating Tobacco Control among Vulnerable Populations in South Carolina

Tony Brown, MPH, Michael Byrd, PhD, Ronnie Horner, PhD, Breana Lipscomb, MPH

Background

Advocacy can be a major driving force in developing public health policies and laws when a framework is created to implement action plans. More importantly, advocacy efforts can give underserved populations a voice. In South Carolina, pregnant women who smoke are more likely to be adolescents (aged 14-19) and have low income. This project develops an advocacy council for the March of Dimes to enhance lobbying efforts to improve tobacco control laws on behalf of disadvantaged women and children.

Methods

We used a public health advocacy framework to create an advocacy council. The following steps were implemented: Define the health problem for disadvantaged pregnant women in South Carolina; develop mission and a purpose for the advocacy council; analyze and assess the legislative bill and track its course in the general assembly; construct a review system to monitor the council's effectiveness and cohesiveness; develop an action plan to approach policymakers and other stakeholders.

Results

The council developed an action plan that was given to the general assembly to encourage the incorporation of a review committee for maternal/child health outcomes particularly for disadvantaged populations. The Maternal Morbidity and Mortality Review Committee bill will require the Department of Health and Environment Control to maintain a committee tasked with making recommendations directly to the general assembly for this underserved population in regards to tobacco control laws. The bill subsequently passed by the Senate in 2016 and was ratified by the governor of South Carolina.

Conclusion

The advocacy advisory council developed an action plan to improve tobacco control laws by way of the review committee. These are initial steps in improving health outcomes in South Carolina. The Maternal Morbidity and Mortality Review Committee will be able to further elucidate health issues and provide potential solutions for adolescent mothers who smoke in South Carolina.

P06. Disparities in elevated blood lead levels (EBLLs) in children of South Carolina (SC): 2010-2014

Harley T. Davis, MSPH, PhD, Chelsea Lynes, MSPH

Exposure to lead, mainly from historic use of lead-based paints and leaded gasoline, continues to be a public health issue. This is especially important for children due to their susceptibility to both lead exposure and the associated negative health outcomes. We examined disparities in elevated blood lead levels (EBLLs) of children in South Carolina (SC) from 2010-2014 at the individual and United States (US) Census 2010 block group levels. The percent of EBLLs (≥ 5 $\mu\text{g}/\text{dL}$; from all first test records) in children (≤ 10 years of age) for tests dated 2010 to 2014 was calculated for each US Census 2010 block group in SC. Demographics of children with EBLLs were compared to non-EBLLs, and block group demographics were also compared for those with and without EBLLs. EBLLs have been decreasing over time (from 7.2% of first test records in 2010 to 3.0% in 2014). While race information was unknown for the majority (47.5%) of children in the data set ($n=94,760$), 55.1% of children with an EBLL identified as non-Hispanic black compared to 32.0% identified as non-Hispanic white ($p<0.0001$). A higher percentage of children with EBLLs were male (54.3%) as compared to female (45.7%; $p<0.0001$). At the US Census block group level, the percent of EBLLs was significantly associated with higher block group populations of non-Hispanic blacks, individuals below the poverty line, individuals renting their homes, and individuals with less than a high school diploma; percent of EBLLs was also significantly associated with less income and older homes (all $p<0.0001$). While testing is not universal in SC, racial disparities were noted in EBLLs for this period at both the individual and block group level. Examination of potential environmental injustice issues is suggested, as is focused education for these at risk populations to reduce exposure and the potential for negative health outcomes.

P07. The South Carolina Healthy Brain Research Network: Eliminating Disparities and Promoting Cognitive Health through Education and Empowerment

Daniela B. Friedman, PhD, Sara Wilcox, PhD, Sue E. Levkoff, ScD, Rebecca H. Hunter, MEd, Andrea Gibson, BS Weizhou Tang, MSW, Kristie Kannaley

Alzheimer's disease is the sixth leading cause of death among U.S. adults, although a recent report suggests that Alzheimer's-related deaths are vastly underreported and the death rate may be more comparable to that of cardiovascular disease and cancer. With the increasing age of our population, death rates from Alzheimer's disease and related dementias will continue to rise. In September 2014, the University of South Carolina received funding from the Centers for Disease Control and Prevention (CDC) Healthy Aging Program to establish the South Carolina Healthy Brain Research Network (SC-HBRN) Collaborating Center. The goal of the SC-HBRN is to advance the public health and aging agenda by making a major contribution to CDC's Healthy Brain Initiative and working with other funded HBRNs to develop and implement actions in The Public Health Road Map for State and National Partnerships, 2013–2018 that focus on education and empowerment. The work of the SC-HBRN also aligns with The National Plan to Address Alzheimer's Disease. Working in collaboration with state and community partners, the SC-HBRN has three aims: 1) establish a research agenda concerning cognitive health and healthy aging, 2) advance research in the areas of cognitive health and healthy aging with diverse populations, and 3) support training of graduate scholars. SC-HBRN activities thus far have included analyzing data from national survey research on perceptions and communication about Alzheimer's disease and planning a forum that highlighted current research on Alzheimer's disease and provided opportunities for education and collaboration among diverse audiences. The network has also partnered with the Puerto Rico Department of Health to evaluate an educational intervention and social media presence for a program entitled, Un Café por el Alzheimer (A Coffee for Alzheimer). The SC-HBRN will continue to promote initiatives that are innovative and culturally appropriate in order to improve cognitive health perceptions, awareness, and outcomes for all.

Funding Source

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Acknowledgements

We would like to thank local and state partners of the SC-HBRN and the other funded HBRN centers.

P08. Strategies for Prioritizing Funding: An index to Identify Counties with the Highest Need

Nell Fuller, Jennifer Duffy, Doug Taylor, Tyiesha Short

South Carolina has made extraordinary progress reducing teen birth rates since 1992. There has been a 61% decline from 1992-2104 among 15-19 year olds and a remarkable 77% decline among African American girls ages 15-17. Despite this success, there remain substantial health disparities among the 46 counties. In an effort to better direct funding and resources to effective teen pregnancy prevention programming and strategies in the areas of greatest need, the SC Campaign to Prevent Teen Pregnancy has developed an index to rank counties that considers not just teen birth rate but other socio-economic and health indicators that affect health outcomes. The index includes 8 variables for each county in South Carolina: percentage of children in poverty, high school dropout percentage, infant mortality rate, teen birth rate, percentage of repeat pregnancies, teen chlamydia rate, teen gonorrhea rate, and teen HIV prevalence rate. Points were assigned to each county based on quartile calculations within each of the variables and then combined across each county to produce an index score. The 14 counties in the top 25% of index scores were labeled as “high burden” and 12 counties in the bottom 25% were labeled as “low burden.” The middle 50% of county index scores were labeled as moderate burden counties. The poster presentation will give an overview of how the variables were selected, the methodology for assigning points, and a visual presentation of how the counties are currently ranked. In addition, implications of these rankings and their use for determining distribution of resources will be discussed.

P09. Implementing and Disseminating a Lay Health-Delivered Prevention Program in Faith-Based Settings to Address Health Disparities

Andrea Gibson, BS, Heather M. Brandt, PhD, CHES, Asa Revels, PhD(c), Lisa C. Davis, MEd, Camille Peay, MA, Jacqueline Talley, Cassandra Wineglass, PhD, Ruby F. Drayton, MBA, Venice Haynes, MSPH, Samira Khan, MSW, James R. Hébert, ScD

Social and behavioral determinants contribute to health disparities among African-Americans (AAs). Cancer disparities among AAs in the Southeastern United States are some of the most extreme in the United States. Using community-based participatory research approaches, the purpose of Dissemination and Implementation of a Diet and Activity Community Trial In Churches (DIDACTIC) is to implement an evidence-based diet and physical activity intervention called Healthy Eating and Active Living in the Spirit (HEALS), which consists of 12 weekly sessions and nine monthly booster sessions over a one-year period. In November 2014, a systematic training process began for 10 mentors who then trained 38 members of the church education team from 11 AA churches to disseminate the HEALS program to 400 participants. Implementing a lay health-delivered program allows prevention programs to be culturally- and contextually-appropriate in the AA church, therefore establishing a pipeline for sustainability by increasing individual capacity and agency for delivery.

P10. Predictors of Group Climate for African American Women with Breast Cancer

Pearman D. Hayne, PhD(c), MPH, RN; Swann Arp Adams, PhD; Sue P. Heiney, PhD, RN, FAAN

Background

African American (AA) women with breast cancer (BrCA) have an increased breast cancer mortality rate, poor quality of life, and few supportive interventions. AA women with BrCa need culturally sensitive interventions such as therapeutic groups. A critical component of a therapeutic group is group climate, i.e. the perceived social environment. However, it is not known how group members' attributes affect group climate.

Purpose

The purpose of this analysis was to determine the relationships of anxiety, social desirability, and demographics with perceptions of group climate within a group intervention for AA breast cancer survivors.

Methods

The data for secondary data analysis stemmed from STORY (Sisters Tell Others and Revive Yourself) – a randomized controlled trial to deliver a therapeutic support group via teleconference for AA women with BrCa. Our sample (n = 28) consisted of women in the intervention arm who completed group climate evaluations at two time points. We used the data gathered from the Profile of Mood States-Brief, Marlowe-Crowne Social Desirability Scale, and Group Climate Questionnaire. We used univariable linear regression to identify which variables were associated with engagement, one component of group climate.

Results

Social desirability was significantly associated with engagement during the seventh session ($\beta=0.24$, $p = 0.01$). Patient demographics and tension-anxiety were not significant.

Discussion & Conclusion

We believe that the social desirability trait may have influenced women to report higher levels of group climate by the seventh session. This influence may be related to the "strength hypothesis," which posits AA women feel cultural pressures to portray themselves as resilient during stress. This may have caused women to inflate their responses to the group climate items. We believe group leaders should compare the participants' reports of group climate with social desirability scores. Group leaders may need to confront discrepancies in order to maintain intervention fidelity.

P11. Building Community Capacity through Grant Writing Training and Technical Assistance to Address Health Disparities

Venice Haynes, MSPH, Heather M. Brandt, PhD, CHES, Andrea Gibson, BS, Lisa Davis, MBA, Camille Peay, MA, Jaqueline Talley, Cassandra Wineglass, PhD, John Ureda, DrPH, James R. Hébert, ScD

As part of a community-based participatory research project, a grant writing series was developed, implemented, and evaluated to enhance the capacity of community partners to sustain the delivery of evidence-based interventions and to engage in future research and programming to address health disparities. Its goal was to enhance capacity among community health leaders to sustain programming to address health disparities. Beginning in July 2015, community leaders participated in five monthly sessions of approximately 2 hours each and an average of 23 community members participated in each of the five sessions. Session topics focused on developing effective methods for grant writing and understanding how grant writing supports the sustainability of health promotion programs. Specific topics included preparing for submission, collaborating for success, finding funding, writing the proposal, and learning from funders. Participants developed sample applications to practice what had been learned and received technical assistance. Session evaluations have indicated an increased knowledge of grant writing and high levels of satisfaction with the content of the grant writing series. Analysis of pre and post tests from the overall series is currently in progress and a six-month follow-up on grant submissions and funding will also be obtained. We anticipate that community leaders will be equipped to submit a grant application after completing the series and will have increased their capacity for program sustainability and addressing health disparities in their communities.

P12. Medicare is Not a Fix: Delayed or Forgone Health Care among Older Adults

Karen M. Jones, MSPH, Janice C. Probst, PhD

Introduction

When the cost of medical care becomes too great, families may delay or postpone needed medical care or reduce other household expenses. The delay of medical care may result in greater health complications, resulting in more advanced treatment.

Methods

The 2011–2013 National Health Interview Survey (NHIS) asked adults about their experiences during the past 12 months, “Has [person] delayed seeking medical care because of worry about cost” and “Was there any time when [person] needed any of the following, but did not get it because [person] couldn’t afford it: prescription medicines, mental health care or counseling, dental care (including checkups), eyeglasses, to see a specialist, or follow-up care?” The analysis focused on adults 65 years and older who responded to either of the two questions (n = 20,307). We explored the relationship between delayed or forgone care and select factors using Andersen’s Behavioral Model of Health Services Use. Study limitations include absence of detailed information regarding costs and health outcomes caused by delaying or forgoing care.

Results

Among older adults, 11.4% reported delayed or forgone health care due to costs, and among those, 30.7% were worried about the cost of care. Most adults had either Medicare and supplemental insurance (49.6%) or Medicare only (43.6%). Adults with Medicare and Medicaid (aOR=1.23, p=0.0317) were more likely to delay or forgo care. Health status, poverty level, and worry about medical costs were strongly associated with delayed or forgone care.

Conclusions

While only a small proportion of older adults delayed or forwent health care due to costs, those who delayed or forgone care were more vulnerable given the combination of poor health and reduced resources. Clinicians need to discuss costs of medications and other therapies with patients; community planners need to address the need for financial assistance even among a well-insured population.

P13. Social Vulnerability and its Relationship with Health Outcomes in South Carolina

Sazid S. Khan, Jan M. Eberth, Christopher T. Emrich

This study was conducted to determine whether there is a correlation between social vulnerability and health outcomes across South Carolina. Examining the association between social vulnerability and health outcomes county-by-county will allow us to test the validity of the traditional social disparities-health paradigm and identify related outliers, where counties can have good health despite having high social vulnerability and vice versa. In this ecological study, county-level clinical care and health behavior rankings were obtained using the 2014 Robert Wood Johnson Foundation County Health Rankings. County social vulnerability was assessed using the current version of the Social Vulnerability Index (SoVI), designed by the Hazards and Vulnerability Research Institute at the University of South Carolina. Choropleth maps and statistical correlation tests were run to explore relationships across SC counties. Pearson's correlation and Spearman's r-rank correlation tests showed positive correlation between clinical care and social vulnerability ($r=0.55$; $r=0.62$) and positive correlation between health behavior and social vulnerability ($r=0.45$; $r=0.50$). The results across the state were generally consistent with the social disparities-health paradigm. However, there were a few outliers identified (i.e., McCormick and Berkeley Counties). A moderately strong correlation was found between clinical care and social vulnerability, and health behavior and social vulnerability. Continued exploration of geographic variation to test the traditional social disparities-health paradigm can be useful for identifying county "bright spots" where health indicators exceed expected values in highly vulnerable places. These results can be value to public health professionals planning health behavior and healthcare capacity-related interventions to reach targeted geographic areas.

P14. Cigarette Point-of-sale Related Factors and School Smoking Tolerance: Associations with Smoking Positive Expectancies and Behavior among Mexican Adolescents

Amira Osman, James F. Thrasher, Erika N. Abad-Vivero, Nancy L. Fleischer

Objective

To examine the association between school-level point-of-sale (PoS) marketing and smoking outcomes among adolescents in Mexico and whether school-level smoking tolerance moderates these associations.

Methods

Data from tobacco retail establishments around schools were linked to a cross-sectional survey of students (n=10,124), aged 11-16, from 60 secondary schools randomly selected from Mexico City, Guadalajara, and Monterrey. School-level indicators of PoS marketing exposure included density of tobacco retail outlets within 300 meters around schools, percent of students who reported that purchasing cigarettes from kiosks or street vendors was easy; and percent of students who reported exposure to single cigarette sales around school. School-level smoking tolerance was measured as the percent of students who reported seeing teachers smoke on school premises, categorized into tertiles. Outcomes were: susceptibility to smoking (among never-smokers); positive smoking expectancies; and current cigarette use. Main effect multilevel linear and logistic regression models were estimated regressing each outcome on school-level variables while adjusting for confounders. Then, an interaction term between each PoS marketing variable and smoking tolerance was added to each model.

Results

In main effect models, greater exposure to single cigarette sales was positively associated with all outcomes. Greater ease of purchasing cigarettes from street vendors was positively associated with current cigarette use. Results from interaction models indicated that greater school-level outlet density was associated with more positive smoking expectancies, higher odds of smoking susceptibility, and current cigarette use, but only amongst students from schools with high smoking tolerance. Similarly, greater ease of purchasing cigarettes from street vendors, but not from kiosks, was associated with more positive smoking expectancies and higher odds of current cigarette use, only amongst students from schools with high smoking tolerance.

Discussion

Policies should more effectively prohibit smoking in schools and restrict youth access to tobacco products and PoS tobacco marketing around schools.

P15. Employment During Adolescence: Individual and School Level Effects on Tobacco use in Mexico

Amira Osman, James F. Thrasher, Rosaura Perez-Hernandez, James D. Sargent

Objective

To examine the association between employment and school prevalence of employment and tobacco use among Mexican secondary school students.

Methods

Cross sectional survey of school students from Mexico (n=60 schools, n=9727 students), aged 11-15. Students were asked whether they work (employed vs. 0=not employed). For each school we determined employment prevalence as the percentage of all students who work. Multilevel logistic regression models were estimated to 1) compare characteristics of employed and unemployed students and 2) to examine the association between employment at the individual and school levels and susceptibility to and use of cigarettes, purchase of single cigarettes, and ever use of e-cigarettes.

Results

Across schools, the prevalence of employed students ranged from 3.5% to 35%. Older age, male, lower parent education, lower grades, and having friends and family members who smoke were significantly associated with increased likelihood of being employed. Employment was associated with increased likelihood of smoking conventional cigarettes (OR=1.39, 95% CI 1.15, 1.66) and buying single cigarettes (OR=1.37, 95% CI 1.16, 1.61), but was unassociated with susceptibility to smoking or use of e-cigarettes, net of the other risk factors. Adding school level employment prevalence to the above model indicated additional increased likelihood of buying single cigarettes (OR=1.19, for each 10% increase in school employment prevalence, 95% CI 1.03, 1.39), but no association with susceptibility to and use of conventional cigarette or use of e-cigarettes.

Conclusions

Employment has an independent effect on ability to buy and use of conventional cigarettes among adolescents. School prevalence of employed adolescents has an independent effect on ability to buy single cigarettes above and beyond that of employment at the individual level. Educational practitioners and policy makers should target schools with higher prevalence of employed students with interventions that counter the effect of employment on access to and use of cigarettes.

P16. Strategies for Recruitment of African American Men for a Computerized Prostate Cancer Education Program

Otis L. Owens, MPH, PhD, Daniela B. Friedman, MSc, PhD, James R. Hébert, MSPH, ScD

Background

African Americans (AAs) are significantly more likely to die from prostate cancer (PrCA) than other racial groups. However, AAs have the lowest participation in National Cancer Institute-sponsored cancer prevention and treatment trials. They are also underrepresented in large clinical trials that have led to the most current PrCA screening recommendations issued by organizations such as the United States Preventive Services Task Force and the American Cancer Society. Several methods have been implemented for enhancing recruitment of AAs in clinical trials and general research, with mixed success. Therefore, it is critical to identify culturally appropriate and effective strategies for recruiting AAs, particularly to PrCA-related research.

Methods

Using components of Vesey's framework, a model for recruiting and retaining AAs in research, we aimed to recruit 500 AA men, aged 40+ without a history of PrCA from a large city in South Carolina. These men were asked to participate in the evaluation of a computerized prostate cancer education program. Some recruitment strategies included working with community-based and medical organizations, distributing study information through local media, and word-of-mouth.

Results

Recruitment efforts yielded 375 AA men between the ages of 40 and 77. There were multiple strategies for recruitment. The most effective strategies included (1) identifying trusted opinion leaders within community-based, faith-based, and fraternal organizations (e.g., Masons) (2) working with clinical and academic partners to identify eligible members of their existing networks and (3) promoting word of mouth communication.

Conclusions

Using multiple culturally appropriate methods can enhance the recruitment of AAs. However, it is important to consistently engage organizations familiar with communities of AAs throughout the course of the research to augment ongoing recruitment efforts.

P17. A Geospatial and Qualitative Examination of USC's Tobacco-Free Campus Policy

Sarah Powell, Dr. Jan Eberth

Background

This project analyzes the tobacco-free policy implemented by USC in the Spring 2014 semester. Since the policy was implemented students have reported continued smoking.

Methods

This project collects observational data on spots where smoking was still observed. The time frame for observation was from September 30, 2015 to March 4, 2016. ArcGIS Collector was used to collect geospatial data anonymously on smoking violations observed on campus by volunteers. There were five volunteers and I that collected data.

Along with geospatial data, quantitative data was collected on a campus wide tobacco free survey. The survey collects data regarding thoughts and opinions on the current policy.

Results

Our survey showed that 22.96% of USC faculty, staff, and students did not understand the tobacco free policy implemented on January 1, 2014. Additionally, 69.6% of the USC community felt unprepared to approach a smoking violator. Data collection on smoking patterns observed on campus continues. Our preliminary data shows that smoking on campus remains prevalent, particularly in the center of campus. Volunteers have reported smoking by a variety of persons, including contract workers, staff, and other unidentifiable persons.

Discussion

Smoking continues to be observed on USC campus. This could be because of the lack of confidence students/faculty/staff feel towards confronting violators.

Conclusion

Research has revealed the lack confidence USC community members feel when enforcing the tobacco-free policy. In order to strengthen the policy further research is needed to determine the best plan of action.

P18. Following Title X Guidelines for Unintended Pregnancies in South Carolina

Linda Robinson, APRN-BC, Kathryn Luchok, PhD, Shannon Staley, LMSW

Background

Approximately 51% of 6.6 million US pregnancies are unintended (mistimed/unwanted). For South Carolina, the rate is 56%. Disparities exist, with Latinas having the twice the rate as Caucasian women, and African American women having a rate three times higher than their Caucasian counterparts. Low income women have higher rates; these women often use Title X family planning services. Title X programs have required guidelines regarding unintended pregnancies, giving unbiased information on three options: adoption, parenting, or termination, and referrals upon request. In practice, there appears to be confusion about what providers can and cannot say in Title X programs.

Objective

To develop a training program on the Title X guidelines, providing clear explanations and tools to help health providers offer full options counseling within the bounds of Title X.

Methods

The training program was client-focused, promoted active listening, and culturally appropriate messaging, teaching ways to do options counseling, and a simple acronym--women must ACT when faced with an unintended pregnancy—Adoption, Carry and Parent or Terminate. They were given a one-page protocol with Title X rules, plus a resource list for referrals. 102 participants were trained and did post-test surveys across 8 sites; a subset (33) completed follow-up surveys.

Results

Over 90% of post-test surveys were positive about the training. In follow-up, over 80% reported continued enthusiasm for training content. Participants improved their ability to provide non-biased options counseling and referrals. The state office reworked their directives to comply with Title X guidelines.

Conclusion

Trainings were warranted as several participants thought it was illegal to mention termination as an option. Trainings helped the state with Title X compliance and fulfilled their grant objective of a more competent workforce. This workforce can now more adequately and sensitively address the needs for all women with unintended pregnancies in the state, including women of color who experience this at higher rates. This training program can be replicated in other states.

P19. Into The Thick Of Opioids – Is Obesity Related to Receipt of An Opioid Prescription?

Matt Yuen, MPH, Janice Probst, PhD

Background

Research has shown obese patients are more likely to complain of back and abdominal pain; both complaints are associated with higher rates of opioid prescriptions.

Objective

Analyzing if patient body mass index (BMI) is associated with the likelihood of receipt of an opioid prescription.

Methods

We conducted a cross-sectional analysis of physician office visits using the nationally representative National Ambulatory Medical Care Surveys (NAMCS), 2005-2010. Opioids were identified from the National Institute of Drug Abuse and cross referenced with the National Center for Health Statistics drug database. The study population was defined as non-cancer outpatient visits by an adult (n=47,659). The study population was grouped by BMI classes (normal, overweight, severe obese, and morbidly obese) set by the Centers of Disease and Control. The dependent variable was receipt of an opioid prescription. All analyses done compared patients that did and did not receive an opioid prescription by BMI class.

Results

Visits by morbidly obese patients were more likely to result in an opioid prescription; other BMI groups did not differ from normal (Normal – 7.4%, Overweight – 7.3%, Severe Obesity – 7.8%, Morbidly Obese – 9.3%; $p > .0001$). In the multivariable analysis, visits by morbidly obese patients (OR: 1.22; 95%CI 1.22-1.22) had higher odds of receiving an opioid prescription than visits by normal weight patients. On the other hand, the odds of opioid prescribing were lower for visits by obese (OR: 0.98; 95%CI 0.98-0.98) and overweight (OR: 0.95; 95%CI. 0.95- 0.95) patients.

Conclusions

The relationship between BMI and opioids is complex, but it would appear that morbidly obese patients are more likely to receive these medications, even after controlling for pain and other patient characteristics. More research is needed to determine whether this is due to differential patient health or physician bias.

P20. Who Said What: Patient Complaints Leading To an Opioid Prescription

Matt Yuen, MPH, Janice Probst, PhD

Background

It is estimated that 39% of all opioids are prescribed at emergency departments (ED).

Objective

We sought the complaints and factors associated with an actual opioid prescription.

Methods

We conducted weighted cross-sectional analysis of the nationally representative 2007-2010 National Hospital Ambulatory Medical Care Survey (NHAMCS)-ED visits for adult patients. The most commonly abused opioids were identified from the National Institute of Drug Abuse. All patient visit complaints associated with an opioid prescription were determined. Regardless of whether an opioid prescription was given, any patient visit with such complaints was defined as the study population (n=104,110). Final analysis compared visits that did and did not receive an opioid prescription.

Results

Top complaints that resulted in an opioid prescription were injury (16.2%), abdominal pain (11.8%), and back pain (9.8%). Among different races, Caucasians received the most opioid prescriptions (67.6%) while African Americans received less (18.5%). Compared to torso pain, visits for mouth related complaints had higher odds of receiving an opioid prescription (OR: 2.744; 95%CI 2.739-2.749), individuals aged 36-50 years versus those over 65 years (OR: 2.506; 95%CI 2.503-2.509), African Americans (OR: 0.804; 95%CI .803-.805) were less likely to receive and opioid than Caucasians. A non-metropolitan visit was less likely to receive an opioid than its urban equivalent (OR: 0.956; 95%CI 0.955-0.957).

Conclusions

Prior research has examined the diagnosis leading to an opioid prescription. However, no research has been done on the complaints of the patient leading to an opioid prescription. More research is needed to determine where opioid use is most likely and appropriate.

List of Poster Session Abstracts Submitted

Presenter	Title
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*Madison M. DeMello	Association of Energy Expenditure and Body Composition on Metabolic Markers under Weight Stable Conditions
Ronit Elk	Developing A Culturally Tailored Palliative Care Program with Guidance from Rural African American and White Community Members: A Program By the Community, for the Community
Daniela B. Friedman, PhD	The South Carolina Cancer Prevention and Control Research Network: Reducing Cancer Disparities through Dissemination and Implementation Science
Eric J. Junious, MSW	Health Policy Development for the Protection of Planned Parenthood
Chelsea Lynes, MSPH	Disparities in Non-respondents Versus Respondents to the Children's Health Assessment Survey
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*Kinjal Pandya, B.S	Knowledge of Sexually Transmitted Diseases Predicts Risky Sexual Behavior
*Sally Singleton	Taking the Weight off Our Troops: Systematic Review of Obesity-related Interventions in the Military

*Denotes student abstract admission

Why Do Physicians Become Involved with Aesthetic Services Market? Implications for Availability and Access to Physician Services

Tzu hua Chen

Medical care market has been going through significant changes affecting the behavior of patients as well as physicians. With the development of national health insurance programs, bundled payments, etc., physicians found themselves working many hours to achieve their target income. Improved technology, better health status of population and increasing income has expanded the demand for medical aesthetic services. In Taiwan, many physicians are now opting for becoming involved in aesthetic service market rather than playing the traditional role of physicians. Working in the medical aesthetic market appears to be more flexible with lower work-intensity than working in the hospital. To understand the preference of physicians for these non-traditional roles, this study analyzed data collected from 202 medical aesthetic physicians in Taiwan. The questionnaires collected information on job choices, quality of work life, job achievement, and professional value. The results indicate that aesthetic physicians assign a high value on individual independence in professional career. Income earned in this unregulated field is also higher than working as a primary care or specialist physician. Medical aesthetic physicians are highly entrepreneurial type who likes to develop their own medical careers and business. Given this trend of physician involvement in aesthetic medical industry, it is important that Government of Taiwan define the boundary of medical aesthetic – discouraging physicians to combine traditional medical care with the aesthetic services. In addition, National Health Insurance program should carefully evaluate physician reimbursement system to ensure that physicians remain active in the provision of medical care services. Combining medical care services with aesthetic care may also affect quality of medical care services in addition to lowering the availability of clinical services in a community.

Association of Energy Expenditure and Body Composition on Metabolic Markers under Weight Stable Conditions

Madison M. DeMello, Clemens Drenowatz, Steven N. Blair, Gregory A. Hand

Currently, within the United States 68% of all adults are classified as either overweight or obese. Limited success is shown through weight loss programs, as many interventions are challenging to maintain. The purpose of this study identifies the association of energy expenditure and body composition on metabolic markers under weight stable conditions during an aerobic intervention. 64 previously sedentary males (63%) and females with an average age of 31.4 ± 7.3 and BMI of 27.7 ± 2.7 kg/m² successfully completed a 6-month exercise intervention and all measurement assessments. Participants were randomized into an exercise or non-exercise control group in which both groups were required to maintain their weight ($\pm 3\%$ of baseline). During baseline, 3-months and 6-months, participants were given an accelerometer to measure energy expenditure, completed a fasted blood draw and received a total body DXA scan in which FM and FFM were measured. Linear regression models were run for all 6-month blood markers. Each model included changes for energy expenditure (total daily, MVPA and vigorous) based on LLM in addition to slope changes in body composition (FM and FFM). Every model was analyzed separately for sex and adjusted for age and baseline values. Within the model, EE showed no significant changes between sexes. However, significance was seen with changes in fat mass to increase total cholesterol (.31, $p < .05$) and LDL-C (.34, $p < .01$) in males, and triglycerides (.30, $p < .05$) and VLDL-C (.30, $p < .05$) in females. Improvements were detected within blood lipids without weight loss during an exercise intervention. However, it is critical to state that by increasing physical activity, alterations in body composition are possible, even without weight loss. Changes in FM showed significant changes in cholesterol levels in males and females separately, highlighting the importance of routine physical activity without the necessity of a decrease in body weight.

Developing a Culturally Tailored Palliative Care Program with Guidance from Rural African American and White Community Members: A Program By the Community, for the Community

Ronit Elk, Joshua Hauser, Laura Reparaz, Cynthia Coburn-Smith, Suzanne Hardeman, Connie Duke, Linda Emanuel, Sue Levkoff

Background

A culturally appropriate model of end of life care that takes into consideration the diverse cultural preferences of rural, terminally ill African Americans (AA) and Whites (W) is lacking.

Objectives

To develop a culturally tailored palliative care (PC) program with the guidance of AA and W community members that will meet the common and unique needs of rural elders at end of life. The goal of this second phase of a three-phase study is to gather input from AA and W community members into a future PC program.

Methods

In the tradition of Community Based Participatory Research (CBPR) a Community Advisory Group (CAG) of community leaders and family members who had recently lost a loved one was formed. The CAG met monthly for a year with the research team and systematically reviewed the qualitative thematic results of the end of life care preferences of AA and W caregivers who had participated in focus groups in Phase 1. Based on these preferences, CAG made recommendations for a PC program that would meet the common and unique needs of their communities.

Results

Recommendations that were common to both groups include: physician should elicit whether family wants to hear about prognosis and treatment and discuss these with compassion and consideration. Recommendations that were unique to AA group include: Physician should respect and state that God or a higher power, and not the physician, determines when the patient will pass. Physician should recognize and appreciate family's determination to care for loved one at home. Family's pastor is central and his involvement is preferred to that of hospice chaplain.

Conclusion

Developing a culturally tailored PC program in collaboration with the community is feasible and builds trust and ownership. Acceptability of program will be hospital-tested program in Phase 3.

The South Carolina Cancer Prevention and Control Research Network: Reducing Cancer Disparities through Dissemination and Implementation Science

Daniela B. Friedman, PhD, Heather M. Brandt, PhD, CHES, Swann Arp Adams, PhD, Abraham H. Wandersman, PhD, Vicki M. Young, PhD, John R. Ureda, DrPH, Sue P. Heiney, PhD, RN, FAAN, Cathy L. Melvin, PhD, MPH, Thomas G. Hurley, MS, Seul Ki Choi, MPH, Jessica S. Seel, BA, Dayna A. Campbell, MS, Kandice L. Smith, DBA, and James R. Hébert, ScD

Cancer-related health disparities in South Carolina are among the largest in the nation. The South Carolina Cancer Prevention and Control Research Network (SC-CPCRN) is one of eight Centers for Disease Control and Prevention and National Cancer Institute-funded Cancer Prevention and Control Research Network (CPCRN) centers working to reduce cancer-related health disparities among underserved populations. SC-CPCRN investigators are conducting partner-engaged dissemination and implementation research focused on colorectal cancer screening and HPV vaccination. Key partners are federally qualified health centers (FQHCs), the South Carolina Primary Health Care Association, the South Carolina Cancer Alliance, and other academic, community, and faith-based partners. The SC-CPCRN has three specific aims: (1) disseminate, implement, and evaluate multi-level public health interventions to address cancer-related health disparities; (2) engage community and clinical partners and stakeholders in research, training, and technical assistance to increase the cancer prevention and control evidence base and translate effective interventions into practice, and; (3) increase participation in cancer prevention and control behaviors, such as cancer screening, physical activity, and access to and consumption of healthful foods among high-risk populations. The SC-CPCRN is currently implementing the Community Health Intervention Program to award mini-grants to community-based organizations in South Carolina conducting evidence-based programs and interventions to increase colorectal cancer screening in partnership with FQHCs.

Health Policy Development for the Protection of Planned Parenthood

Eric J. Junious, MSW, Gennetta G. Mitchell, D.C

Millions of Americans are on opposite sides over reproductive rights of women, this has been and continues to divide the United States. The case of *Roe v. Wade*, 410 U.S. 113 (1973), is a landmark decision handed down by the United States Supreme Court on the issue of abortion. This case was decided simultaneously with another case, *Doe v. Bolton*, the Court ruled 7–2 that a right to privacy under the due process clause of the 14th Amendment extended to a woman's decision to have an abortion. Additionally, the court decided that this right must be balanced against the state's two legitimate interests in governing abortions: protecting women's health and protecting the sanctity of human life. Lastly, what is typically absent from the debate is other need-based programs offered by Planned Parenthood and the implications of defunding a critical program that affects so many.

Research Question

Does the position of South Carolina state statute violate the right of safeguarding of health or privacy? And is this the template that is the new driving force to eradicate Planned Parenthood in South Carolina?

Objectives

- 1) What are perceptions of services provided by Planned Parenthood?
- 2) What are the ancillary problems that women who are disenfranchised face regarding reproductive healthcare?
- 3) What are the policy implications that reinforce structural inequality?

Community-Based Participatory Research is the best means to engage and acquire meaningful data through interviews that inform policy makers from the perspective of the population. With rising usage rates of abortion, the process should be regulated for clinics or providers that adhere to federal standards regarding abortion, the procedure, and the process of counseling before and after. Lastly, does this overshadow the larger conversation about low socio-economic status and the communities that would be affected by the defunding of Planned Parenthood?

Disparities in Non-respondents Versus Respondents to the Children's Health Assessment Survey

Chelsea Lynes, MSPH; Khosrow Heidari, MA, MS, MS; Harley T. Davis, MSPH, PhD

The Children's Health Assessment Survey (CHAS) is a call-back survey to the South Carolina (SC) Behavioral Risk Factor Surveillance System (BRFSS) and has been administered annually in SC since 2012. CHAS captures information provided by a parent/guardian regarding their child's health. During a BRFSS interview, respondents are asked if they have children under the age of 18 living with them and are willing to participate in the CHAS survey. Then, one of their children is randomly selected. If they say no to being called back for CHAS, they are labelled as "active no." If they say yes to being called back but never complete a CHAS interview, they are "passive no." If they say yes to being called back and complete a CHAS interview, they are "active yes." The goal of this study was to examine disparities in demographics (age group, education level, income level, race/ethnicity, marital status, type of relationship to child) of the three categories of respondents using chi-square tests. BRFSS and CHAS data were obtained for 2012-2014, of which 7,517 individuals were eligible to participate in CHAS. Approximately 13.0% were "active no"; 41.5% were "passive no"; 45.5% were "active yes". We found that disparities existed between the respondent groups (p-values = <0.0001). In general, the "passive no" group differed the most. They were more likely to be younger, less educated, of lower income, never married/partnered, and the parent of the child; additionally, they were less likely to be non-Hispanic White. Identifying disparities is important because they may introduce bias into survey results. Population based surveillance results assist with public health policies and funding allocation; thus, lower response by one group may render them overlooked by targeted public health interventions. Oversampling of disparate groups is one way to ensure results of surveys are representative of the entire population.

Mapping and Assessing the Health and Social Resiliency of Flood-affected Community-dwelling Elderly across Interpersonal and Organizational Networks: Implications for Health Disparities Research

Spencer Moore, Ana Teixeira, Maggi Miller, Claire Miller, Marian Botchway, Melinda Forthofer

Background

In October 2015, the South Carolina Midlands experienced historic levels of rainfall and flooding, displacing families and damaging livelihoods. Having access to social resources is critical for relief and recovery from such disasters, but some groups and populations do not have equal access to those resources. For example, pre-existing health conditions and limited economic and social connections may all constrain the capacity of elderly adults to access social and institutional resources. Over the course of the disaster cycle, such factors can amplify existing health and social disparities.

Aims

Using a multilevel framework and social network analysis methods, our research will document the various types of resources that flood-affected elderly adults were able to access through (i) inter-personal social networks and (ii) governmental and civil society organizations. Our poster session will highlight the application of social network methods to study social capital disparities in disaster contexts and how such disparities may deepen over the disaster cycle. The poster session will include a presentation of the project's conceptual underpinnings and the instruments used to collect inter-personal and - organizational network data. In addition, we will present a few case examples of how these data appear and can be used to guide research on the emergence or intensification of health disparities during disasters.

Implications

By mapping the multilevel networks involved in the October 2015 relief and recovery activities, our project will identify the key social channels in which informational, material, and expressive resources are provided to disaster-affected elderly adults. This knowledge can aid in the development of policies and programs to reduce those social and health disparities that may develop among elderly adults and other vulnerable populations during disasters.

Knowledge of Sexually Transmitted Diseases Predicts Risky Sexual Behavior

Kinjal Pandya, BS, Brittany Brayboy, BA, James R. Hebert, ScD, Cheryl A. Armstead, PhD
Godwin Mbamalu, PhD

The purpose of this study was to examine whether knowledge of sexually transmitted diseases (STIs) predicted risky sexual health behaviors in college students. Data was collected using the undergraduate psychology research participant pool. Participants were 452 undergraduate at the University of South Carolina. Knowledge of sexually transmitted disease were measured by one item which read "How well informed do you consider yourself to be about sexually transmitted diseases or infections?" Risky sexual health behavior was measured by an item which read "Have you ever had sexual intercourse while intoxicated?" Results showed a significant negative relationship between knowledge of STIs and risky sexual behavior. Specifically, more knowledge of STIs was negatively related to having had sexual intercourse while intoxicated ($B = -.055$, $SE = .026$, $p < .05$). These results highlight the importance of psychoeducation of STIs in reducing risky sexual behaviors in college students.

Taking the Weight off Our Troops: Systematic Review of Obesity-related Interventions in the Military

Sally Singleton, Tisha Felder, PhD, MSW, Julia Houston, MSW

Background

Obesity is a serious health concern in the United States. The prevalence of obesity is increasing among the general U.S. population and among members of the U.S. military. Increased rates of obesity in the military population could potentially impact operational effectiveness and threaten national security. Addressing obesity and related risk factors in this population is imperative. This systematic review describes peer-reviewed, obesity-related intervention studies that target active military and veteran populations.

Methods

We conducted an electronic search in PubMed, Web of Science, Military and Government Collection, PsycINFO, and PILOTS scientific databases for studies published between 2000 and 2015. For inclusion in the review, studies were: 1) published in English, b) peer-reviewed, and c) a primary investigation of an obesity-related (e.g., weight loss, binge eating, etc.) intervention. The search yielded 688 articles, of which five met eligibility criteria. We compared military or veteran group characteristics, intervention design, treatment modality, efficacy and outcomes of the interventions for each study.

Results

Across studies, 48% to 71% (range) of participants were European American and 22.1% to 46% were African American. All studies were theory-based. Two used behavioral theories (Transtheoretical Model of Change, Social Cognitive Theory) and three used Cognitive Behavior Theory. Two of the five studies used multidisciplinary teams (e.g., psychologists, physicians, registered dietitians) to implement interventions. Specialized knowledge of multidisciplinary intervention studies demonstrated greater weight reductions (10-14 lbs) compared to studies that did not use team-based approaches.



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