



CENTER FOR

PUBLIC HEALTH PRACTICE

Public Health Practice Experience
Poster Presentation Session

Abstracts

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OBESITY IN AMERICA: ANALYSIS OF THE ROLE OF HEALTH PLANS IN ADDRESSING OBESITY (CHILDHOOD OBESITY) IN AMERICA

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Introduction

The United States has experienced an unprecedented rise in its resident's body weight. Forty years ago 4 out of every 10 Americans were overweight or obese but today, two of every three Americans need to loose weight or something of that sort (Harvard Men's health watch 2006). Obesity is known to be the underlying cause for so many chronic diseases and premature death. Although health plans generally follow Medicare policy, acknowledgement of ICD-9 code for reimbursement for obesity and its associated services by private payers has been lagging. However, health plans are initiating efforts to help address what has become a health problem in the United States. This research analyze the role of health plans in addressing the increasing rate of obesity in Americans before actuarial revisions are made by private payers to establish payment for obesity and its related diagnoses.

Method

The study reviews literature on obesity in America to know the extent of the epidemic. It then analyzes the challenges obesity poses to the healthcare industry and the nation as a whole now and in the future. It also highlights and assesses the effectiveness of some of the obesity prevention initiatives by health plans particularly BlueCross BlueShield of Texas in addressing obesity especially childhood obesity.

Results

Results so far indicate that health plans have acknowledged the challenges obesity poses to the nation's health, and have played and continue to play significant roles in the fight against obesity. However, much more needs to be done in funding, and in initiatives in obesity prevention programs. Actuarial revisions are also needed to support prevention rather than the emphasis on diseases only.

Conclusion

Findings so far suggest that prevention is the best option, and health plans need to collaborate and come out with a comprehensive program to curb this epidemic.

AIDS OUTREACH CENTER

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Introduction/Background

HIV and AIDS are viruses and chronic diseases that are becoming more widespread globally. The Aids Outreach Center offices were located in both the 76104 area code and surrounding areas which include the downtown area of Fort Worth, Texas, specifically in the hospital district and the Arlington, Texas area code of 76011. The reasons for this outbreak range from drug use to irresponsible sexual behavior to lack of education about the disease and its transmission.

Methods

In both of the catering areas, needs of the patients with HIV/AIDS were stratified on a System Acuity Scale Charting Tool from Medical/Clinical, Mental Health, Legal, Medication Adherence and many more. To measure the needs of the patients in an accurate manner the acuity scale was accessed. This scale allowed for one to give a score to each area of need based on the notes of caseworkers and their evaluations. The scores ranged from 1= no immediate need of case manager services to 4= crisis level of need. The higher the scores at the end of evaluations, the more the client would be encouraged to be seen on a regular basis for various services.

Results

It was found that patients initially entering the Aids Outreach Center had higher scores on the acuity test and were in more need of immediate services, which proves reasonable as new patients lacked education on their newfound personal needs. Over time as re-certifications were done annually, the scores became lower equating a decreased immediate need in services.

Conclusions

Caseworkers were able to use skills to identify needs and delegate patients to the proper services that were offered by the Aids Outreach Center. This acuity scale proved to be effective for both patients and the organization.

REVISION AND STANDARDIZATION OF PRODUCT DATA INFORMATION FOR MULTICHEM GROUP

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Introduction/Background

In the chemical industry, having updated and standardized product data is vital. Keeping this type of streamlined product data information allows for accurate hazard assessment for occupational and environmental health, quick emergency response, and can assist with efficiently and effectively distributing information to various departments within the organization. MultiChem Group blends and supplies over 1500 chemical products, samples and kits across the world. Until very recently all of the product data information was available in various electronic and hard copy formats. As MultiChem has rapidly expanded in the last few years, the lack of consistency in storing and communicating product data created unnecessary communication delays and errors.

Methods

To help improve efficiency, MultiChem decided to implement a cloud network database by early 2010. This required massive product information revision and data entry into centralized databases. Revision involved updating Material Safety and Data Sheets (MSDS) according to current rules and regulations of American National Standards Institute (ANSI) and Occupational Health and Safety Administration (OSHA).

Results

Since June 2009 over 500 products have been revised and entered into both a centralized internet-based database interface and into an inter-departmental data collection database.

Conclusion

The long-term increase in productivity and efficiency of the new database is yet to be determined; the short-term benefits are already beginning to become apparent. For example, emergency response has become more streamlined as multiple departments can now access vital product information. These improvements in communication will aid in more effective and accurate hazard communication for the workplace and the environment, emergency response, and inter-departmental cooperation.

The internship with MultiChem provided an insight into the necessary balance between occupational safety and daily operations in a corporate setting.

PREVENTION OF UNINTENTIONAL INJURIES IN AMERICAN INDIANS:
ADDRESSING A HEALTH DISPARITY IN A MINORITY POPULATION

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Introduction

The purpose of the practice experience was to become familiar with the general duties of Indian Health Service sanitarians. An area of significant focus has been injury investigation, education, and prevention. From 1973-1997, American Indian/Alaskan Native unintentional injury rates were roughly 3.7 times greater than all of the USA. From 1999 – 2006, unintentional injuries represented the 1st and 3rd leading causes of morbidity and mortality in American Indian/Alaskan Native populations, aged 1-44 and of all ages, respectively, compared with the 1st and 5th leading causes of the USA.

Methods

Aberdeen Area Division of Environmental Health Services Staff and Tribal Environmental Health Services Staff, using a Severe Injury Surveillance System (SISS) and Epi Info™, collect and analyze data on cases by external causes, 800-999 of the International Classification of Diseases (ICD) Code Book. Their goal is to establish 3 year intervals to analyze trends on their respective reservations and monitor the status of their intervention.

Results

Preliminary data indicates falls and motor vehicle crashes are the two leading sub-groups, comprising roughly 55% of such injuries. An associated factor is alcohol involvement, which in roughly 65% of cases, is yes or unknown. In an insignificant amount of cases, blood alcohol content (BAC) levels were objectively obtained.

Conclusion

The preliminary results are significantly skewed due to lack of objective alcohol assessment and other barriers. These include a significant time lapse between injury occurrences and when medical treatment is sought and inaccurate explanations of events by the patient or witnesses. Further, the current mixture of multiple federal service groups with various jurisdictional overlays has been observed as conflicting with data collection and intervention delivery.

COMMUNITY ASSESSMENT: DESIGNING A PEDIATRIC HEALTH ASSESSMENT IN WEST DALLAS

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Background

The Demand Management Committee at Children's is working on identifying and addressing pediatric healthcare needs in targeted underserved communities. The purpose of the project is to identify and describe the pediatric health needs of residents through performing a community needs assessment as well as investigating implementation strategies to impact pediatric health at the community level.

Methods

To determine the needs of the community, the committee reviewed secondary demographic data at the zip code level as well as low acuity care data to determine the community of interest. The Demand Management committee reviewed research methodology to yield information regarding a variety of issues relevant to pediatric health: health care use and access, perceived quality of care, child health status, satisfaction with care, and unmet needs.

Results

Upon review of the secondary data the committee determined the community of interest as the 75211 and 75212 zip codes. The committee designed a qualitative research study using focus group methodology and developed relevant research tools. The focus group discussion guide was developed from a previously piloted pediatric health assessment survey and the expertise of the researchers involved in the project. The recruitment materials and a health information questionnaire were also developed to be used in the study. The focus group study is undergoing expedited review by the UT Southwestern Institutional Review Board.

Conclusions

This group, through the use of demographic and low acuity care data from Children's Medical Center, determined zip codes 75212 and 75211 as the area for the 2009-2010 targeted community pediatric health assessment. The committee designed a research study that will utilize focus group methodology to allow for a guided discussion with parents/guardians of children living in the identified area to determine barriers to accessing care, and attitudes toward healthcare utilization.

HEALING WINGS MEDICATION ADHERENCE PROGRAM

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For individuals diagnosed with HIV/AIDS one of the best methods for fighting the disease is by consistently taking one's antiretroviral medications in order to prevent the proliferation of the disease. However, if individuals are not taking their medication accurately then that gives the disease opportunity to attack the immune system without much resistance, thus decreasing the duration and quality of life. The purpose of the program is to assist the patients in adhering to a regimen specific to their needs with the intent of controlling the virus and achieving optimum health. Therefore, the Healing Wings Medication Adherence Program was developed to assist patients in understanding the purpose of the medication, the importance in regularly taking the medication, and provide counseling sessions to support the patients as they adjust to an adherence program.

The focus of this project was to assist in developing a medication adherence database that would be utilized to assess the effectiveness of the adherence program and follow the progress of the participants. All patients that are starting medications, changing medications, non-adherent or failing their current HIV medication regimen are referred to the program by the patient's physician. Data pertaining to each patient is entered into the database to monitor the progress in the program. The effectiveness of the program is based on the number of participants, the number that attend regular counseling sessions, and the patient's viral load being low enough to be labeled undetectable. After reviewing for these factors, the preliminary results have concluded that 60% of the participants have achieved a viral load that is undetectable with the assistance of medication and counseling sessions. Thus, based on preliminary results the program is showing to being a valuable tool in the fight against HIV/AIDS.

TARRANT COUNTY POOL TRENDS 2008-2009

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Tarrant County Environmental Health Division

In 2009, the Tarrant County Environmental Health Division created written violation standards for closing pools. These standards included specific chemical limits and potential safety issues that left unchanged could cause harm or illness to an individual. The purpose was that by implementing these new standards, there would be more consistency in pool closures between inspectors, and the department would have a documented interpretation statement on file. The Environmental Division wanted to know whether implementing these standards had increased consistency, and what the most common types of closures were in Tarrant County. In order to investigate this, all regular pool inspections were compiled into an Excel spreadsheet, a correlation analysis was conducted, and the results for 2008/2009 were compared. Data was collected on chlorine, pH, and cyanuric acid levels, safety equipment, suction and drains, fences and gates, and closures. After analyzing over 50,000 data points, it was found that standardizing did increase the consistency of closures ($\approx .66$ in 2008 compared to $\approx .75$ in 2009), and that chlorine violations accounted for the majority of closures in both years. Even though there was improvement in the consistency, there were still many issues with documentation and record keeping. Some inspectors did not include critical data in their reports, and others did not document closures/reopenings in their computer reports. However, with the data analysis, the department can focus training on particular issues, and continue to do better in the future. In addition, now that the department knows where the education weaknesses are in the community, they can continue to teach pool operators how to keep public pools safe.

DALLAS CANCER DISPARITIES RESEARCH COALITION

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Introduction/ Background

This project builds on a relationship between UNTHSC and the Dallas community. According to a comprehensive assessment of health indicators in Dallas, the South Dallas/Fair Park area has the highest rate of age-adjusted cancer deaths in the county. As part of this project, the researchers have created the Dallas Cancer Community Disparities Research Coalition to ensure that the community was actively involved in all steps of the research process.

Methods

Participants were recruited in the South Dallas community through door to door recruitment conducted by the study staff in the Frazier Courts community. In addition, some participants heard about the project by word of mouth from other participants. The methods for carrying out this project include: a face-to-face survey conducted by the researchers before and after the intervention to assess participants' change in knowledge/perceptions about breast cancer, and a weekly education class in South Dallas. The class taught participants about breast cancer, as well as encouraged them to be actively involved in personal breast cancer prevention practices. The researchers are currently recruiting and surveying participants from the control group, which has the same demographics as the Frazier Courts community, but is located in West Dallas. The control group will not have the same weekly education class as the intervention group. Instead they will receive a packet of information about breast cancer prevention, as well as information about free clinics in their area.

Results

Final Results are forthcoming, and data is still in the process of being collected.

Conclusions

This pilot project may potentially serve as a national model of community-based cancer prevention intervention. Establishing additional future programs based on this model may help broaden the scope of community-based breast cancer prevention among women of all races and ages.

HEALTH PROMOTION AT TEXAS CHRISTIAN UNIVERSITY

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Introduction

The goal of this public health practice experience was to provide the student with a clear understanding of the various roles that health promotion encompasses on a college campus. The three main objectives included: to identify the common health and wellness problems that college-aged students face at TCU, to understand the process of health assessments by assisting in the implementation of the National College Health Assessment to be administered in the Fall 2009, and to assist in the creation of specific health programs for certain academic departments on campus.

Methods

During the internship experience, data was collected on the following information: energy drink consumption, health marketing materials for college students and the importance of implementing health-related assessments for college age students. The findings gathered from this literature search were used to implement health education materials on campus and to distribute health marketing materials for the Campus Life Office.

Results

As a result of the internship a variety of marketing materials were produced including: antibacterial hand spray, lip balm, bookmarks and labels. These materials were used to assist in publicizing the services of the Campus Life Office to students, faculty and staff. Additionally, a variety of health education materials were produced for resident hall assistants including: "bathroom readers" and bulletin board health kits. These items can be used for any educational program that is being conducted. Lastly, an IRB proposal was created and submitted at a later date.

Conclusion

Health promotion on a college campus encompasses a variety of aspects including: cultural norms of the students who attend the university and political turf regarding the different health-related departments and programming that is currently being done. As a result, the intern learned the various dynamics that make up health at TCU.

ASSESSING COMMUNITY NEEDS TO REDUCE VIOLENT BEHAVIOR AMONG AT-RISK YOUTH

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Introduction

Girls Incorporated of Tarrant County inspires girls to be strong, smart, and bold. Using a multidisciplinary approach inclusive of health education, economic & media literacy, and development of healthy communication practices, young girls between the ages of 6 and 18 learn various skills through active participation in school based and after school programs. A special program called the Community Youth Development (CYD) program focuses on providing alternatives to violence and school dropouts. CYD funds a 7-partner community collaborative committee, which organizes, markets, advertizes, and disseminates information on prevention programming. Observation of CYD and the community collaborative committee includes assessment of current programming and services, and an evaluation of these areas for allocation of needed state funds.

Methods

To assess community need, various community meetings and events were attended. Group and organization observations were made to identify services available to community members. Focus groups were conducted to explore community needs. Participation in community events and briefing and debriefing activities helped to achieve organizational goals and objectives.

Results

Assessments confirmed the continued need for various programs offered by Girls Inc. of Tarrant County. Observation of programs funded by CYD program provided methods for creating healthy relationships and fostering healthy communication skills among youth. The collaborative efforts and relationships of various social service organizations were also strengthened through community events.

Conclusion

Youth involvement with Girls Inc. of Tarrant County has shown positive progress with its participants. The organization seeks to continue maintaining its preventative efforts through school based programming. Working with the CYD program afforded the development of skills in: community partnership building, communication with social service entities, individual and community assessments, service allocation to specified populations and maintaining positive relationships between service providers and community members.

BRYAN'S HOUSE: TOGETHER WE CAN MAKE A DIFFERENCE

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Open Arms, Inc. - Bryan's House

History of organization

In June 1987, Stefanie Held and Nurse Lydia Allen recognized the need for care for HIV-infected children and were deeply concerned about the absence of such services. Therefore with the help of family and friends they created a compassionate and cost-effective response: a non-profit organization called, "Open Arms, Inc." Open Arms was created to take care of HIV positive children and families in which at least one person was diagnosed with HIV. From its inception, Bryan's House served the entire family of each child- including parents and siblings of the infected child, yielding a cohesive family friendly environment. In 2006, Bryan's House opened its arms and hearts to another group of children, children with special health and developmental needs. The current mission of Bryan's House is to respond to the needs of the families by providing medically-managed child care, respite care and community-based, family centered support services.

Population

The majority of families are battling the stresses of inadequate housing, hunger, mental health issues, lack of transportation, minimum wage employment or unemployment, family disorganization, violence and lack of education.

Purpose

The goal of the practice experience project is to conduct a comparative, qualitative study comparing specific variables that measure projected positive outcomes of services received by a client at Bryan's House; more importantly to determine if Bryan's House is successfully meeting their outcome goals as outlined in their grant requests.

Conclusions

The research project at this stage is inclusive due to the magnitude of the research project, lack of adequate data, and timing. On a positive note this practice experience has brought to the forefront several areas of improvement that the agency can strive for. Additionally, the data collected has served as a pilot research program that the agency plans to maintain.

DIETARY PATTERNS ASSOCIATED WITH BREAST CANCER

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Introduction

Breast cancer is the most common cause of cancer in women and the second most common cause of cancer death in women in the U.S. Various studies have shown the effect of diet on breast cancer risk. Because humans tend to consume foods and nutrients that are highly interrelated, study of dietary patterns may have improved power of detecting the effect of diet Breast Cancer risk. We examined the association between dietary patterns and breast cancer risk.

Methods

Data was analyzed from the Breast Cancer Family Registry (BCFR). This dataset contains breast cancer cases and controls (sister pairs) enrolled in BCFR from five North American sites. Dietary patterns were identified from various food groups using factor analysis.

Results

In the final analysis the dataset contains 5321 affected sisters and 3903 unaffected sisters. The mean age for cases is 48.7 years and for controls is 48.5. We identified three dietary patterns using factor analysis based on the food groups: the “Plant Based” dietary pattern characterized by a high intake of vegetables and “Fruit Based” dietary pattern characterized by high intake of fruits and the “Animal-based” dietary pattern characterized by a high intake of meats, grains, dairy, dietary fat and potato.

SUMMER POLICY INTERNSHIP

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The internship consisted of three major projects. The first was to create a policy report of the current delivery system of behavioral health services in Harris County and to also provide suggested next steps for improvements of that system. This was done by conducting a mapping session with service providers and researching demographics of Harris County. The next project was to create a policy recommendations grid for a series of roundtables that were to be hosted throughout the next year. Using an already existent white paper on diabetes, a grid of policy recommendations was to be created using various sources and tailoring them to the Texas population. The final project was being the representative from Texas Health Institute in Texas Voice for Health Reform (TVHR). TVHR is a community partnership of Texas agencies and organizations gathered to set priorities for national legislative health reform from the Texas perspective. Many different scenarios exposed themselves which called on my classroom education to respond to policy situations for development, implementation and evaluation.

**A RETROSPECTIVE ANALYSIS OF CDC NOTIFIABLE CONDITIONS: USING
COUNTY SPECIFIC DATA TO ANALYZE THE INCIDENCE AND RATES OF
COLLIN, DALLAS, DENTON AND TARRANT COUNTIES**

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Collin County Health Services

Introduction/Background

Collin County in the North Texas region has undergone a substantial population growth in recent years that has brought new challenges for area health providers. Limited analysis of notifiable conditions had been completed during the past decade.

Methods

Data from the National Notifiable Diseases Surveillance System beginning in 2004 and ending in June of 2009 was plotted over time to show specific disease trends for Collin County. Additionally the rates of reportable conditions were compared between counties in order to track, define and investigate changes and to form the foundation for future disease surveillance.

Results

Monthly incidence was tracked and enabled health professionals to better prepare and modify resources for future disease occurrences. Yearly comparisons of disease rates among Collin, Dallas, Denton, and Tarrant counties were completed to serve as an additional tool to track and investigate differences observed between the four counties.

Conclusions

As a community's population grows it becomes exponentially important for local health departments to analyze and track their community's disease patterns so as to give health providers quick, accurate data that allows them to manage potential outbreaks. This practicum was a professional learning experience that illustrated the importance and impact local epidemiological surveillance can have on large, rapidly growing populations.

HEALTH PROMOTION PRACTICES IN CHIROPRACTIC TEACHING CLINICS A RETROSPECTIVE FILE REVIEW

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Introduction

There is increasing concerns to a global wellness with emphasis on preventive health care, routine use of health promotion and integrative health care. This research was conducted to explore how frequently chiropractic interns make HP recommendations to their patients, examine the rate of intern's advice on lifestyle related conditions that correlate with existing red flags among their patients, and evaluate the role of staff doctors to intern's effort on advising patients.

Methods

Data were collected from National Health Interview Survey (NHIS) in year 2005 through 2006. A random selection of approximately 100 patient files was selected from each of two separate chiropractic teaching clinics (Dallas and Kansa City). Chi-square test and corresponding 95% odds ratio confidence interval were used to compare the difference of receiving HP from doctors between high risk patients and low risk patients. Significant difference confirmed doctors' role in HP and non-significant difference indicated the place there doctors need improvement. SPSS 17.0 was used to do statistical analysis.

Results

The overall percentage of patients who have received health promotion at least once from interns was 53.7%, with specific 22% in campus 1 and 98.8% in campus 2 ($P < 0.001$). Among 168 patients with measurable BMI values, there were 41% normal, 36% over weight and 23% obese patients. Patients with CVD risk were more likely to receive some health promotion compared to those without risk (OR=2.2, CI: 1.3-3.9). Patients with low back pain didn't differ significantly in having CVD risk (OR=1.2, CI: 0.6-2.4), in being overweight or obese, or being obese only.

Conclusions

Generally, there is room for improvement in the delivery of health promotion advice in the teaching clinics. There are limitations related to charting difference, types of chart kept, and charting practices that must be considered. The study failed to access the likelihood of advising based on risk status.

TO STUDY THE EFFECTIVENESS OF VHA BLUEPRINTS™ COMPARED TO CONVENTIONAL CASE STUDIES IN KNOWLEDGE TRANSFER

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Clinical Improvement Services – VHA, Irving

The Clinical Improvement Services (CIS) unit of VHA has implemented an innovative strategy to improve clinical performance in health care settings. The strategy utilizes qualitative research methods in the design of Leading Practices Blueprints™ that facilitate knowledge transfer from high performing hospitals to those striving to achieve similar ratings. The objective of this study was to evaluate the effectiveness of the Leading Practices Blueprint™, as a performance improvement-knowledge transfer tool, in comparison to conventional case studies. The blueprint and conventional case study considered for this project focused on the reduction of pressure ulcers in the hospital setting. Mixed methods research was used with data from semi-structured surveys and in-depth phone interviews. A total of twelve participants from VHA's network of hospitals participated in the study. Six participants each were randomly selected to review and score the effectiveness of either the Leading Practices Blueprint™ or a conventional case study. The participants scored the blueprint and case study on three themes, namely presentation/format, quality of content and knowledge transferability/ ease of adoption. The responses were received from ten respondents (83% response rate). Due to the small sample size, the Mann-Whitney non-parametric U test was conducted to compare the difference between the Blueprint and case study on the three themes. The analysis revealed that the blueprint reviewers scored the blueprints significantly higher on presentation/format (p value= 0.032), quality of content (p value=0.024) and transferability/ ease of adoption (p value = 0.01) compared to case study reviewers. The findings from the Mann-Whitney test is also supported by the qualitative data collected using the phone interviews.

ASSESSMENT OF AVAILABLE DALLAS COUNTY COMMUNITY RESOURCES FOR “NEW LIFE OPPORTUNITIES”

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Background

New Life Opportunities (NLO) is a program that provides women involved in sex-trade in the Dallas area an opportunity to exit prostitution. Recently, NLO has grown considerably, generating the need for a complete and unified source of community resources available to these women and the professionals working with them. This research focuses on the distribution and access-enabling characteristics of shelters and transitional housing in Dallas County.

Methods

An exhaustive list of 47 shelter and transitional housing agencies was compiled from multiple convenience sources including existing resource guides (created within the past two years), and the internet. All agencies were contacted via email (with a fillable form request) or phone calls (for direct interview using standardized forms) during September and October, 2009. The initial list was subsequently filtered to meet the needs of NLO's objectives. Agencies were excluded if they were not accessible or if they do not serve women involved in sex-trade. Descriptive analysis was conducted on 23 agencies.

Results

Out of the 23 agencies, 39% provided complete information regarding their clients' involvement in sex-trade. In terms of availability, there are a total of 1,158 beds (44 women involved in sex-trade have been served by these agencies), 39% of the agencies reported being accessible 7 days a week, 70% accept walk-ins, and 43% are located in Central Dallas.

Conclusion

There is potential in Dallas County to serve women involved in sex-trade. However, steps need to be taken to unify efforts, to train involved agencies in the recognition of a problem and prospective solutions, and to create a centralized and constantly updated database of available resources.

SISTERFRIEND/AINTIE-TIA DATABASE

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Fort Worth/Dallas Birthing Project

Introduction/Background

Pertinent information about all the clients, children, and volunteers that have participated in the FWDPB over the past nine years was collected and organized utilizing Microsoft Access. Reports were then run with Access.

Methods

Participants in the FWDBP are young pregnant women and teenagers, the majority of which are African American. Reports created with Access include: number of c-sections vs. vaginal births, breakdown of c-sections vs. vaginal births by hospital, breakdown of participants by zip code, average birth weight, breastfeeding, etc.

Results

The reports illustrate that around 27% of the births were the result of a c-section. The majority of births took place at Baylor Hospital (23%), Harris Methodist Hospital (32%), and John Peter Smith (21%). JPS has the highest c-section rate among FWDBP participants with over 45% of births resulting in c-sections, followed by Harris with over 35%, and Baylor with 32%. Most participants reside in Fort Worth, with the most popular zip codes being 76105 (11%), 76119 (10%), and 76112 (9%). The average birth weight is 6.38 lbs. Of those who reported on their breastfeeding status, around 70% claimed they were breastfeeding.

Conclusions

This data provides evidence of where the FWDBP is succeeding and in what areas there is need for improvement. For instance, one of the goals of the Birthing Project is to reduce the number of c-sections of their participants. These reports illustrate that perhaps the FWDBP could work closer with the hospitals and participants in order to reduce their c-section rates. However, there are some limitations to these results due to incomplete data on all of the participants.

THE MULTIPLE STRATEGIES AND MOVE FROM MALARIA CONTROL TO ELIMINATION IN KENYA

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Introduction/Background

The development and management of the health workforce for prompt and accurate malaria diagnosis and treatment is one of the approaches of the Kenya National Malaria Strategy. The national plan focuses on capacity development to meet the healthcare needs of the population and attends to the human resource (HR) challenges the Kenyan ministry is facing, including inadequate and inequitable distribution of health workers, high turnover, weak HR development, planning and management systems.

To address this issue, the WHO Kenya organized an international training course to update and equip district malaria focal persons with technical and managerial skills. Furthermore, it aimed to provide knowledge in health policies, interventions and tools available to effectively improve malaria control activities in the participant's respective communities.

Methods

The 6-week intervention course designed for management-level health workers was conducted between August and September 2009. The course involved selected participants from the 40 endemic districts of Kenya, serving 2 identified regions (Zone 2 & 4) where malaria transmission occurs through out the year primarily among children under five and pregnant women. The selection for each district's participant was done by the identified district health director and occurred at the Great Lakes University in Kisumu. Participants were exposed to several systematic practical exercises, group presentations, discussions, reading assignments and individual testing.

Results

The result of the study based on the pre/post testing was the successful retaining of 41 endemic management-level district health workers. Nonetheless, generalizability to supervised direct community workers and macro effectiveness of the study on the health status of the Kenyan population is still to be determined.

Conclusion

The training course is expected to have strengthened the health workforce which is highly dependent and continuously in need of a qualified workers for the precise application of knowledge and technical skills in the provision of health services.

WOMEN, INFANTS, AND CHILDREN (WIC)

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WIC aims to promote better nutrition of low-income, pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. Funded through a federal grant, WIC provides supplemental foods, health care referrals, and nutrition education to participants. WIC strives to overcome language barriers and cultural differences, and increase exposure to health information and resources to help participants adopt a nutritious lifestyle, thereby preventing various adverse health effects. Working in the clinical setting of public health service, providing Vietnamese language assistance, witnessing the certification process, and assisting in medical history and various anthropometrics assessment reinforced the crucial function of public health services, especially to this vulnerable population.

PRODUCT REGULATORY PROJECT

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Academic Advisor and Department

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Multi-Chem Inc., Houston

Multi-Chem Inc. is a global producer, supplier and distributor of industrial and oilfield production chemicals. Multi-Chem's increased presence in the oilfield industry calls for thorough understanding of chemical regulations in different parts of the world. This helps the company serve their customers efficiently. Chemical regulations across the world are constantly changing and it's vital for any organization to keep abreast of the changes. The project involved research on regulatory requirements for products and chemicals; regulatory breakdowns to assess for global compliance; record keeping and organization system development and its maintenance; database creation and maintenance for REACH regulations; performing environmental risk assessments; MSDS creation, and data entry into regulatory assessment program. To ensure that information on the regulations will be readily available, executive country summaries were compiled. Goals accomplished in this project included familiarity with international regulatory systems and requirements, developed and expanded skills in EHS database creation and maintenance, and assisting Multi-Chem in furthering its product and chemical compliance worldwide.

**ARSENIC EXPOSURE AND LUNG CANCER: A REVIEW
AND META-ANALYSIS**

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Arsenic is widely distributed in environment, and is a known hazard to human health. Exposure of arsenic to humans occurs by consumption of contaminated food & water, working in an occupational setting like copper or lead smelting, and cigarette smoking. Given inconsistent findings of arsenic exposure on lung cancer, the goal of this project is to evaluate the lung cancer risk associated arsenic exposure by examining heterogeneity across studies to improve precision of estimates. Meta-analysis of 12 case-control studies of lung cancer and Arsenic exposure met our inclusion criteria. Analysis in fixed-effect model and random- effect model shows OR=1.090, 95% CI (1.050, 1.151), $p<0.05$; OR=2.141, 95% CI (1.404, 3.263), $p<0.05$, respectively. This meta-analysis shows statistically significant association between Arsenic exposure and lung cancer risk. Further research is needed evaluation of excess lung cancer risk at low levels of Arsenic exposure in general population and potential confounding by exposure to other heavy metal, e.g. Cadmium.

**ACADEMIC-COMMUNITY PARTNERSHIP TO IDENTIFY THE
HEALTH SERVICE NEEDS: THE ST. JOSEPH HEALTH
CARE TRUST NEEDS ASSESSMENT 2008**

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Background

In order to better serve the community and utilize the available resources, St. Joseph health care trust and UNT Health Science Center undertook a Community Needs Assessment Survey among area catholic parishes. This study describes the important findings through data analysis.

Methods

Study population included 668 parishioners in 10 different parishes in Fort Worth and Arlington, Texas. Data was analyzed for frequency measurements for health services availability, perceived health, health insurance availability or preventative services used one year prior to survey using SAS 9.2 software.

Results

The data showed that 64.7% of the population was Hispanic. Those who perceived their overall health “poor”, 76.7% were women. Forty seven percent of parishioners did not have any health insurance. More than 90% of the respondents or their families were in need of psychological support, cardiac care and counseling services; but did not have access to it. More than 23% did not take prescription medication because they could not afford them.

Conclusion

Lack of knowledge of free medical help among 80.6% parishioners deprived them of certain medical services that could have been made available to them. These studies assisted St. Joseph Health Care Trust to set priorities in distribution of funds when planning for future expansion and program development.

WEBSITE ANALYSIS REGARDING CANCER-RELATED INFORMATION FOR THE PUBLIC

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Site Supervisors: Stephen Inrig, PhD, Simon Craddock Lee PhD, John Sadler, MD
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Introduction

Dr. Lee's research examines how healthcare institutions can improve access to patient care and clinical research in cancer for underserved communities. The purpose of study was to see how UT Southwestern Medical Center websites communicated cancer information to the public. We approached each website from a 'lay person's perspective to evaluate to find how helpful an average person would find UTSW cancer-related websites.

Methods

Investigation began at the UTSW Simmons Cancer Center page. Twenty-five web pages were navigated to collect qualitative data regarding the amount of information available about cancer and relevant clinical trials and readability and navigability of the site. The University of California at Los Angeles Jonsson Cancer Center site was viewed to use as comparison for the UTSW site and navigated through 21 web pages specifically with the same areas of interest. Parkland Hospital was reviewed because it is often associated with UT Southwestern. Finally, National Cancer Institute web pages were tracked and used as a comparison to all of the resources mentioned. The total web page count was 80 pages. Web page analysis tracked the breast cancer and lung cancer.

Results

The Simmons Cancer Center page was not well-oriented to patients or the public. Navigating the website proved just as difficult as reading it. UTSW has clearly calibrated the clinical trial search engine for medical professionals rather than untrained patients. Additionally, the site frequently confuses clinical care and clinical research, when in reality they serve two separate purposes.

Conclusion

UTSW should emulate the websites of organizations with a comparable mission. The National Cancer Institute website provided a scientific public standard by which to benchmark a cancer information website. UCLA Jonsson Cancer Center as an example of another peer-level state academic medical center balancing a comparable dual mission to conduct cancer research and provide cancer care.

**RELATIONSHIP BETWEEN EXPOSURE TO PARTICULATE MATTER 2.5
AND THE INCIDENCE OF RESPIRATORY ILLNESS-RELATED
HOSPITAL ADMISSIONS OF PEDIATRIC PATIENTS IN THE
DALLAS –FORT WORTH METROPLEX, 2003-2007**

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Objective

To identify if levels of Particulate matter (PM 2.5) were associated with increased hospitalization for respiratory related symptoms in children.

Methods

The air pollution data was obtained from Texas Committee for Environmental Quality (TCEQ) for the years 2003-2007. Hospitalization data was obtained from Texas Health Care Information Collection (THCIC) for the same period. The primary outcome variable was defined as a binary variable: admitted for a respiratory illness versus being admitted for a non-respiratory illness. The major predictor variables were: Levels of PM 2.5, day-of-week, quarter-year, race, age-group and location of the patient by zip-code. Odds ratio and 95% Confidence Intervals were calculated by using logistic regression analysis to find out the significant factors for the outcome.

Results

Significant associations were observed (at $p < 0.05$) for 2004 and 2007 between PM 2.5 and respiratory illness, marginally significant for 2005, and not significant for 2003 and 2006. Further analysis indicated that there was a 6% increase in the chances of having respiratory illnesses with unit increase in the PM 2.5 levels (OR: 1.006 CI: 1.000-1.012) in 2007. All other predictors were associated with the outcome, including: day-of-week, quarter, race, age-group and zip-code. For 2004, there was a negative association with a 0.7% less chance (OR: 0.993 CI: 0.987-0.999).

Conclusion

This study suggests that there is may be an association between the ambient levels of PM 2.5 and pediatric respiratory admissions. The two sets of data could not be linked on the basis of date, as this variable was unavailable in the hospitalization data. As an alternative, I used the quarter, day of week and location/zip-code of the patient to approximately merge the two datasets. Furthermore, other pollutants should be included in the same study in order to gain a better understanding of any interactions and its effect on human health.

**FACTORS ASSOCIATED WITH ACCESS TO EMERGENCY CARE,
PHYSICIAN VISITS AND MISSING SCHOOL DAYS AMONG
CHILDREN WITH SPECIAL HEALTH
CARE NEEDS WITH ASTHMA**

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Introduction

For the last two decades, the prevalence of asthma in the United States has increased in severity and frequency, resulting in an increase in emergency care and physician visits. Inadequate health insurance is one of the main barriers for health care access for children. The purpose of this study was to identify the association between type of insurance and emergency care, physician visits and missing school days among children with special health care needs (CSHCN) with asthma.

Methods

Data were analyzed from the National Survey of CSHCN 2005-06. Type of insurance was the main predictor variable. Odds ratios and 95% Confidence Intervals were calculated using logistic regression analysis to determine the significant factors for emergency care, physician visits and missing school days among CSHCN with asthma.

Results

In the National survey of CSHCN 2005-2006, there were 14,916 CSHCN reported who had asthma. CSHCN who had public insurance (OR: 1.24; 95% CI: 1.01-1.53) and both (private and public) insurances (OR: 1.66; 95% CI: 1.28-2.16) were more likely to have emergency care visits in the past year compared with private insurance. CSHCN who had both (public and private) insurance (OR: 1.94; 95% CI: 1.23-3.04) were more likely to have visited a physician in the past year compared to CSHCN with private insurance. CSHCN who were uninsured were 51% (OR: 0.49; 95% CI: 0.27-0.86) less likely to have visited a physician compared to CSHCN with private insurance. Type of insurance was not significant for missing school days for CSHCN with asthma.

Conclusion

This study suggests that the emergency care/physicians visits are affected by type of insurance coverage. However, missing school days is not affected by type of insurance coverage. Further investigations are needed to study this association in detail.

DEPRESSIVE SYMPTOMS AND CORRELATES **AMONGST PERINATAL WOMEN**

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Introduction/Background

The Mental Sciences Institute (MSI) at UNTHSC is involved in an IRB approved study to examine the prevalence of perinatal depression in women as perinatal depression is linked to serious risks for both mother and baby. Additionally, the study is designed to assess the relationship between depression and explanatory variables including demographic and trauma experience variables, which is the specific aim of this analysis.

Methods

English and Spanish speaking women between 21 and 45 years, either pregnant or within six months postpartum, receiving care in the Departments of Obstetrics and Gynecology at UNTHSC and JPS Health Network were included in this cross-sectional study. Surveys were completed through face-to-face interviews after women consented to participate. For this study, depressive symptoms in perinatal women were assessed using the Edinburg Depression Scale (EDS), which is validated in both English and Spanish. This study also collected demographic and background information including trauma history, legal problems, birth plans, child care, and health status. All analyses were performed using STATA (10.1). Ordinal logistic regression was considered but its assumptions were violated, leading to the use of multinomial logistic regression.

Results

Study participants were predominantly Hispanic or Black, and approximately 73% were married or lived with a partner. Findings suggest subjects with an education level of less than high school were more likely to experience depressive symptoms than those with an education beyond a high school diploma. Subjects with a higher number of traumatic past experiences were more likely to experience depressive symptoms than those with a lower number of traumatic past experiences. Hispanic subjects were more likely to experience depressive symptoms than White subjects.

Conclusions

These findings suggest education, history of traumatic experiences, and race are clinically relevant predictors of perinatal depressive symptoms.

NEW-ONSET POST-CABG ATRIAL FIBRILLATION

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Baylor Healthcare System (IHCRI)

Introduction

Baylor Healthcare system has embraced the evidence-based standards defined by the Institute of Medicine's (IOM) quality aims of care that is safe, timely, effective, efficient, equitable, and patient-centered¹. The Institute for Health Care Research and Improvement (IHCRI) supports this goal through linking advances in medical science to care quality improvement throughout Baylor Health Care System (BHCS)². One such study currently underway seeks to understand factors that influence new-onset Atrial fibrillation following Coronary Artery Bypass Graft (CABG) surgery. Atrial Fibrillation is the most common complication following cardiac surgery, occurring in 10-40% of patients. This condition is associated with greater morbidity and decreased survival. Due to the increasing number of CABG surgeries performed and increasing age and risk profile of patients receiving them, a study examining the impact of optimal prevention and management (CC/AHA/ESC guidelines*) of post-CABG AF and that of long-term survival is required for increased patient care quality³.

Methods

The study population will consist of patients who underwent CABG at Baylor Medical Center between 1/1/1997 and 12/31/2006 to assess whether optimal prevention and treatment of new-onset post-CABG AF is associated with decreased incidence of this condition and better long-term survival. The use of the STS** database, medical records, administrative data, and Social Security Administration Death Master File will enable the investigation of pre-, intra-, and post-operative factors that could impact incidence. These factors will include medications prior to admission, pharmacological management during and after surgery, anesthesia, patient characteristics, and procedural factors.

Significance

With the upward age distribution of the U.S. population and the increasing number of patients undergoing CABG, the incidence of post-CABG Atrial fibrillation is expected to increase. Results from this study will promote the adopting of more effective amelioration strategies to prevent new-onset AF following CABG surgery and reduce the burden of this common complication from surgery.

* American College of Cardiology/American Heart Association/European Association of Cardiology

** Society of Thoracic Surgeons

IMPROVING GIRLS' BONE HEALTH: BEST BONE FOREVER CAMPAIGN

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Introduction/Background

The Office on Women's Health (OWH) mission is to improve the health and well-being of women and girls in the United States and through its innovative programs. A current focus is to provide leadership to promote health equity for women and girls by addressing gender-based health disparities. Osteoporosis is a disease that causes bones to become weak and break easily and affects 10 million Americans each year and 12 million more are at risk. Women are more likely to get the disease. In girls 90 percent of bone mass is built at age 18. Girls are at the greatest risk because they consume calcium and participate in physical activity at lower rates than boys. Best Bones Forever (BBF), a campaign that encourages girls and their best friends to increase their consumption of foods with calcium, vitamin D and physical activity, address these concerns.

Methods

E.D. Walker Middle School in Dallas, TX participated in BBF campaign pilot to test the new BBF materials (journals, parental guides, magnets and posters). During physical education periods, 6th to 8th grade girls received instruction from the OWH intern using the BBF materials on physical activities and foods that can aid in their bone growth.

Results

100 girls attended one of five physical education periods. After the nutrition component of the program is complete a post-test will be administered.

Conclusions

The girls were receptive to the campaign and very interested in the materials they received. More feedback will be available after the post-test.

SAFE KIDS “BUCKLE UP” INTERVENTION

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Injury Prevention

Introduction

In the United States, motor vehicle crashes (MVC) are the leading cause of death among children. According to the National Highway Traffic Safety Administration (NHTSA), approximately 350, out of the 50,000 children ages 4 to 7 injured in MVC's each year, result in fatalities. The risk of death can be reduced by 71 percent by the correct use of child safety seats, however 73 percent of children are not properly restrained by correctly installed child restraints.

Methods

The Injury Prevention Center at Children's Medical Center of Dallas has teamed up with Safe Kids USA to implement car seat fitting stations in the Dallas area. This intervention provides many services to the community. They offer routine car seat checks every week, provide car seats to parents, and advocate child car seat safety.

Results

The education received at the car seat fitting events keep children safer in vehicles. Based on data from these checkup events, Safe Kids USA discovered that parents had retained the knowledge learned at the events as well as changed their child passenger safety behavior six weeks after the hands on instruction. Results from studies conducted show that 45 percent more seats were properly installed when the parents returned to a second child safety seat checkup.

Conclusions

Education and literacy levels remain as key determinants of health. Results have shown that it is vital to have the parents or caretakers take part in the installation process because the knowledge and skill levels increased after hands on education. The car seat checks also taught the parents to only use seats that meet federal safety standards, have not been involved in crash, and have not expired. The main outcome of the intervention was increased knowledge about car seat safety, local laws, and proper installations, which in turn will ultimately reduce child fatalities resulting from improper seat restraints.

**‘SHOULD WE GO THERE?’ COMMUNITY ASSESSMENT FOR HIV/AIDS
PREVENTION PROGRAMMING IN SEVEN NORTH TEXAS COUNTIES**

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A community assessment is being conducted by AIDS Arms, Inc. (AAI) in seven North Texas counties served by the agency to help determine potential sites for HIV/AIDS testing and risk reduction counseling. The agency currently offers limited prevention services in these counties but needs to expand its efforts. The results of the community assessment will inform AAI's future programming related to prevention services.

The agency developed a twenty-question survey to gather information on available services for sexually transmitted infections (STIs) and HIV/AIDS prevention and treatment, and to get a sense of the community's attitudes and perceptions regarding STIs and HIV/AIDS. In each county, the city with the largest population was selected for the assessment. Web-based research was conducted to gather background information and statistics for each county and identify potential stakeholders. A minimum of eight stakeholders were contacted in each key city to request participation in the survey that was administered by phone.

Of the 92 stakeholders contacted, 33 have completed the assessment survey for a response rate of 36%. Due to the inherent challenges of engaging stakeholders to participate in telephone-based surveys, it is unclear whether eight surveys will be completed for each of the seven counties. A report that includes qualitative and quantitative findings and conclusions will be generated for each county.

Preliminary results indicate that the community assessment report will be useful in terms of informing future prevention programming in the seven counties.

ANNUAL ENROLLMENT PERIOD TEAM

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Centers for Medicare and Medicaid Services, Dallas

The Centers for Medicare and Medicaid Services (CMS) is the United States federal agency that administers Medicare, Medicaid, and the Children's Health Insurance Program. The Division of Medicare Health Plans Operations (DMHPO) in Region VI specifically administers health plans for beneficiaries age 65 or older, younger people with disabilities and people with End Stage Renal Disease in Texas, New Mexico, Oklahoma, Arkansas, and Louisiana. AEP, or Annual Election Period, is the period from November 15th through December 31st, when Medicare beneficiaries may elect a new Medicare Advantage -Part D (MA-PD) plan.

The purpose of this practicum is to lead, monitor, and coordinate DMHPO AEP activities through a unified team of subject matter experts (SMEs), strive for objective, measurable outcomes of success, and facilitate communications between SMEs, management, and external partners to ensure a successful 2010 AEP. Team members will meet weekly and provide updates and track progress on specific AEP activities within lead components: casework, marketing/surveillance, outreach, provider relations/pharmacy, nonrenewals, and account management.

Results are evaluated both quantitatively, via the complaint tracking module, and qualitatively to determine if outreach activities were successful and decide what improvements should be made for the next enrollment period in January and for next year's AEP.