Presentations from the University of North Carolina
American Public Health Association Meeting
October 25-29, 2008
San Diego, California

Gillings School presentations scheduled at APHA annual meeting

The research of about 75 faculty and staff members and students from the UNC schools of public health and medicine will be on display at the 136th annual meeting and exposition of the American Public Health Association, Oct. 25-29, in San Diego, Calif.

More than 12,000 participants are expected to attend this year's conference at the San Diego Convention Center, the theme of which is "Public Health Without Borders."

A list of sessions and presenters appears below. Presenters from UNC are highlighted in **blue**.

SATURDAY, OCTOBER 25

Saturday, October 25 at 9:45 a.m.
Evidence-Based Health Practice: Construct a strategic and valuable search strategy

Mellanye J. Lackey, MSI, Health Sciences Library, University of North Carolina at Chapel Hill, Chapel Hill, N.C.

In this section, students will learn how to be expert searchers. This section will break down complicated search questions into individual concepts or facets. Students will then brainstorm synonyms for each facet and learn to incorporate MeSH terms (or other controlled vocabulary terms) into their search. They will combine the concepts, synonyms and controlled terms into a finely-tuned, valuable search strategy. By learning strategies to develop sophisticated searches, they will improve their relevancy and accuracy, saving time and energy.

Learning Objectives:
Upon completion of the course, the participant will be able to

- Distinguish between good-quality versus biased information.
- Identify key resources for finding public health information.
- apply evidence-based principles in their daily practice
- construct strategic and valuable search strategies

Saturday, October 25 at 10 a.m.
Evidence-Based Public Health Database Searching: Know where to look for good-quality information

Mellanye J. Lackey, MSI, Health Sciences Library, University of North Carolina at Chapel Hill, Chapel Hill, N.C.
Joseph Nicholson, MLIS, National Training Center and Clearinghouse, New York Academy of Medicine, New York, N.Y.

Cynthia Kahn, MILS, MPH, AHIP, Himmelfarb Library, George Washington University, Washington, D.C.

This section of the course will expose students to a range of quality sources to find interdisciplinary research, data sets, grey literature and statistics from trustworthy, online resources. Students will work in pairs to identify relevant databases and other resources to answer real world case study questions. Students will take home an annotated list of over 200 resources for future reference.

Learning Objectives:
Upon completion of the course, the participant will be able to:

- distinguish between good-quality versus biased information
- identify key resources for finding public health information
- apply evidence-based principles in their daily practice
- construct strategic and valuable search strategies

SUNDAY, OCTOBER 26

Sunday, October 26
Incontinence and trauma: Sexual violence, female genital cutting and proxy measures of gynecological fistula

Amber Peterman, Dept. of Public Policy, University of North Carolina at Chapel Hill, Chapel Hill, N.C.

Obstetric fistula, characterized by urinary or fecal incontinence has begun to receive attention on the international public health agenda, however less attention has been given to traumatic fistula. Field reports indicate trauma contributes to the burden of incontinence, especially in conflict situations, however evidence is largely anecdotal or facility-based. This paper specifically examines the co-occurrence of incontinence and two potential sources of trauma: sexual violence (SV) and female genital cutting (FGC) using the most recent Demographic and Health Surveys in Malawi, Rwanda, Uganda and Ethiopia. Multivariate selection models are used to control for sampling differences by country. Results indicate that SV is a significant determinant of incontinence in Rwanda and Malawi, however not in Uganda. Simulations predict that elimination of SV would result in from seven to 26 percent reduction of the total burden of incontinence. In contrast, no evidence is found that FGC contributes to incontinence and this finding is robust to types of cutting and alternative samples. Results point to the importance of reinforcing programs which seek to address prevention of SV and for the integration of services to better serve women experiencing both SV and incontinence.

Learning Objectives:
1. Define different classifications of fistulae with particular attention to potential contributions of traumatic sources
2. Describe the association between two sources of trauma and incontinence in cross-country population-level data in sub-Saharan Africa
3. Identify possible programmatic interventions to address traumatic fistula in resource poor settings

Sunday, October 26
Process Evaluation of North Carolina Trimming Risk in Men (TRIM) Project: Success and challenges of promoting cancer prevention in Black barbershops

- **Jiang Li, MPH , Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Laura Linnan, ScD, Dept. of Health Behavior and Health Education, UNC-Chapel Hill**
- **John M. Rose, MA , Dept. of Health Behavior and Health Education, UNC- Chapel Hill**
- **Veronica Carlisle, MPH , Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Pamela Diggs , Dept. of Health Behavior and Health Education, UNC-Chapel Hill**
- **Michael Scott, Dept. of Health Behavior and Health Education, UNC-Chapel Hill**
- **Correai Moore, Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

The Trimming Risk in Men (TRIM) Project was a delayed intervention randomized controlled trial to test the feasibility of a 3-month barbershop-based intervention that promoted informed decision making among Black men about colorectal and prostate cancer screening. The multi-level intervention incorporated participatory strategies and was built on the social ecological framework. Process evaluation was conducted using quantitative and qualitative methods to examine the implementation of TRIM intervention. This presentation describes process evaluation results including the degree to which intervention implemented as planned, the participants' exposure to the intervention, and how they reacted to the intervention. We conducted interviews with barbershop owners and barbers (n=16) and surveys among barbershop customers (n=228) at baseline, 3-month and 6-month follow-ups, and evaluations of 4 training workshops for barbers. Results indicate that the barber training workshops produced desired changes in participant knowledge and self-efficacy to deliver cancer prevention messages. In terms of educational display and print materials, 81-88% of customers reported they saw the posters and 48-62% reported they saw the brochures. Once they saw the posters and brochures, most of them were able to recall at least one of the two cancer topics on the posters and/or brochures. Overall, the participants were satisfied with TRIM intervention. Barriers to, and facilitators of, implementation were discussed to improve our understanding of how to develop and implement more effective intervention programs for reaching large numbers of Black men with vital information to help them make informed decisions to reduce their risks for cancer.

Learning Objectives:

1.Describe purpose, underlying theory, strategies and all intervention components delivered

2. Examine the extent to which the intervention implemented as planned, the dose received by the participants (Black barbershop owners, barbers and customers) and their satisfaction to the intervention

3. Identify strengths and challenges in implementing a cancer prevention program in barbershops

Sunday, October 26

Implementation and analysis of the Short Supplemental Youth Tobacco Survey focusing on North Carolina's American Indian youth (grades 6-12)

- Nicole Standberry, MPH, Chronic Disease and Injury, North Carolina Division of Public Health, Department of Health and Human Services, Raleigh, N.C.
- Scott Proescholdbell, MPH, Tobacco Prevention and Control Branch, N.C. Division of Public Health, Raleigh, N.C.
- **Shannon Fleg, BS, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Background: Although North Carolina (NC) has the largest American Indian (AI) population east of the Mississippi, there are no data regarding the prevalence of tobacco use among AI youth in this state. The Short Supplemental

Youth Tobacco Survey (SSYTS) was created to address this information gap in NC. Methods: The SSYTS contains 29 questions, 24 from the statewide YTS and 5 created specific to AI youth regarding tribal affiliation, commercial vs. ceremonial/traditional tobacco use, frequency of participation in AI events, and traditional use among family members. Schools with an AI population of at least 10% were invited to participate. 273 second and third period classes of 6th-12th grade students were randomly selected for a target sample size of 2860, to obtain point estimates with ±5 confidence intervals. Results: Approximately 4692 students from 273 classrooms in 24 schools from 7 counties were surveyed. AI students were more likely to have smokers in the household (61% vs. 50%), have smoked in the past 30 days (26% vs. 16%), and think that smoking should be allowed in some or more areas of restaurants (47% vs. 39%) compared to other races. Among AI students 33% reported never having used tobacco, and of those using tobacco 24% reported use for ceremonial reasons. Conclusion: Data obtained from this study will be beneficial for targeted interventions and for seeking prevention funding. Lessons learned will be used to expand the current methods and improve representation from the 8 NC AI tribes.

Learning Objectives:
1. Identify information gaps and cultural influences regarding tobacco
2. Understand survey results and potential future implications
3. Describe survey methodology for a special population

MONDAY, OCTOBER 27

Monday, October 27 at 11 a.m.
North Carolina Local Health Department Accreditation: Evaluation and Research Strategies to Inform National Accreditation

- **Mary Davis, DrPH, MSPH, North Carolina Institute for Public Health, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Margaret M. Cannon, MPH, North Carolina Institute for Public Health, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Rachel Stevens, EdD, RN, North Carolina Institute for Public Health, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Joy Reed, Ed D, RN, Public Health Nursing and Professional Development Unit, North Carolina Department Health and Human Services, Raleigh, N.C.
- **David Stone, North Carolina Institute for Public Health, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Edward L. Baker, MD, MPH, MSc, Director, North Carolina Institute for Public Health, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

As of December, 2007, 34 of 85 local health departments in North Carolina have been accredited by the North Carolina Local Health Department Accreditation Board. The NC Local Health Department Accreditation (NCLHDA) program is a collaborative effort among many partners; key original partners are the North Carolina Association of Local Health Directors, the NC Division of Public Health, and the North Carolina Institute for Public Health (NCIPH) at the UNC School of Public Health. Critical to the success of this effort has been systematic evaluation and research of NCLHDA program function, benefits, and impact conducted by NCIPH Evaluation Services. This presentation will review NCHLDA evaluation and research strategies, including evolution of strategies from pilot phases to current program performance monitoring. In every evaluation phase, agency personnel, site visitors, Accreditation Administrator staff, and key partners have participated in data collection

efforts. Key findings from two pilot phases and two full years of program implementation will be presented along with evidence as to how the program addressed specific recommendations for improvement. Evaluation issues such as working with multiple stakeholders, units of analysis, and data and report sharing will be presented. Implications as to how NCLHDA accreditation evaluation results and improvements and research strategies will inform the Public Health Accreditation Board and the dialogue on accreditation and public health outcomes will be discussed.

Learning Objectives:
At the end of this presentation, participants will be able to:
1. Understand the North Carolina Local Health Department Accreditation Program
2. Identify evaluation and research strategies for the North Carolina Local Health Department Accreditation Program
3. Discuss specific program challenges and improvements identified through evaluation
4. Discuss implications of these strategies for understanding public health accreditation outcomes and influence on the Public Health Accreditation Board

Monday, October 27

School connectedness, parent relationship quality, and adolescent risk behavior

- **Abigail A. Haydon, MPH, Dept. of Maternal and Child Health, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Carolyn T. Halpern, PhD, Dept. of Maternal and Child Health, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

BACKGROUND:
Research over the last decade suggests that connections to caring adults, both within and outside the family, are critical components of healthy adolescent development and can reduce the likelihood of involvement in a variety of risk behaviors. However, relatively few studies have examined how different levels of connectedness interact across contexts. This study extends previous research on school connectedness by examining whether it moderates the effect of parent relationship quality on adolescent risk behavior.
METHODS: Participants included individuals who participated in Waves I and II of the National Longitudinal Study of Adolescent Health and had valid survey weights (n=10,906). Logistic and OLS regression analyses were performed using survey commands to assess the relationships among two components of school connectedness (teacher support and social belonging), parent relationship quality, and adolescent substance use, delinquency, and sexual debut.
RESULTS: Both school connectedness and parent relationship quality were independently and significantly associated with reduced involvement in all three risk behaviors. Teacher support largely accounted for the protective effect of school connectedness. No significant interaction effects between either component of school connectedness and parent relationship quality were observed.
CONCLUSION: While parent relationship quality and school connectedness (particularly teacher support) may independently reduce adolescent involvement in risk behavior, there is no evidence that school connectedness can buffer against the risk associated with poor parental relationships.

Learning Objectives:
1. Recognize the two components of school connectedness
2. Describe the differential effects of school connectedness and parent relationship quality on adolescent risk behaviors
3. Assess the extent to which school connectedness can buffer the risk of associated with poor parental relationships

Monday, October 27 at 11:30 a.m.
Reducing poor birth outcomes by improving interconception care for high-risk women

- **Sarah Verbiest, MPH, MSW, Center for Maternal and Infant Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Anna Bess Brown, MPH, March of Dimes, Raleigh, N.C.

Background:
Current research is unveiling serious gaps in the interconception care being provided to mothers of high-risk infants. These women have a heightened need for attention to medical conditions, risk exposures, and health behaviors – for their well-being and that of future children. The Postpartum Plus Prevention Program (P4) was created by the UNC Center for Maternal and Infant Health and the March of Dimes to respond to a CDC call to address interconception service gaps, build knowledge about how to care for this population, and ultimately reduce poor birth outcomes.

Methods:
The program offers a package of services aimed at meeting the unique needs of women who deliver prematurely. Services provided by a nurse practitioner after the delivery include evaluation of immediate postpartum health needs, complete health assessment, maximizing the content of the 6-week postpartum visit, and support for the mother's wellness and reproductive health over the course of a year.

Results:
With several hundred women served, the program has uncovered and addressed a number of maternal health needs, has begun to understand points of receptivity for health messages, has improved linkages within health care and public health programs for participants, has educated over 1,500 providers about interconception health, and has begun to address policy gaps including advocating for extended Medicaid coverage for this population.

Conclusions:
The P4 Program is improving women's health, enhancing continuity of care, and educating health care providers about interconception health practice. This presentation will describe the program in detail and discuss lessons learned from its implementation.

Learning Objectives:
1. Identify five important interconception health interventions for mothers who had poor birth outcomes
2. Describe an innovative approach to bridging health care gaps for high-risk mothers
3. Discuss three opportunities for improving access to and utilization of interconception health care services

Monday, October 27 at 12:50 p.m.
Results of a community pilot intervention to prevent obesity beginning in infancy

- **Tam Lutz, MPH, MHA, Northwest Tribal EpiCenter, Northwest Portland Area Indian Health Board, Portland, OR, doctoral student at UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Cheryl Ritenbaugh, PhD, MPH, Dept. of Family and Community Medicine, Arizona State University, Tucson, Ariz.
- Mikel Aickin, PhD, Program in Integrative Medicine and Dept. of Family and Community Medicine, University of Arizona, Tucson, Ariz.
- Gerardo Maupome, DDS, PhD, Dept. of Preventive and Community Dentistry, Indiana University School of Dentistry, Indianapolis, Ind.
- Njeri Karanja, PhD, RD, Kaiser Permanente Center for Health Research, Portland, Or.

Obesity has early antecedents. Food and physical activity preferences in children occur early, but few studies have explored ways to prevent obesity beginning in infancy. TOTS was a community-partnered study to test an intervention to prevent obesity in AI children beginning at birth. TOTS compared a community-wide intervention (CW) to a similar approach (CW+F) supplemented with family interventions delivered by lay health workers (LHW) through home visits. 205 women were enrolled before their infants were born. Tribe X (n=63 children) received the CW intervention and tribes Y&Z (n=142 children) received the CW+F intervention. CW interventions were designed to raise awareness, change public health practice, tribal policy, provide health education and change environments associated with breastfeeding, sugared beverages, and water consumption. LHW delivered interventions through 7 home visits. They were trained to use principles of behavior change including motivational interviewing and goal setting to help families increase breastfeeding, reduce the consumption of sugared beverages, and choose water as an alternative to the sugared beverages. Change in BMI Z scores (new WHO standards) from birth to 24 months was estimated for each tribe using matched children from the pediatric nutrition surveillance system to adjust for secular trends. BMI Z-scores at 24 months of age increased in all tribes, but the increase was less in CW+F tribes. Differences in height and weight for age were not significant. Results suggest that outreach techniques of using LHW and interventions that target simple behaviors can mitigate rapid increases in BMI without compromising growth in AI toddlers.

Learning Objectives:
List three early antecedents of Obesity. Explore the methods used in the TOTS study. Articulate what the findings of the TOTS study may suggest.

Monday, October 27 at 2:30 p.m.
Passage of Fire-Safe Cigarette Legislation in North Carolina

- **Adam Goldstein, MD, MPH, Dept. of Family Medicine, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Ernest Grant, RN, Dept. of Surgery, Burn Center, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Ann Kurian, Tobacco Prevention and Evaluation Program, Dept. of Family Medicine, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

While efforts to regulate cigarettes as a fire hazard have occurred for over 30 years, recent legislative progress has resulted in substantial new protections. This presentation will chronicle the new legislative progression in the United States and in North Carolina, the leading tobacco producing state in the nation. Government records and tobacco industry documents show the positive impact that producing a fire safe cigarette has on the reduction of fatal fires. North Carolina's particular effort to pass a cigarette standard illustrates that partnerships between different organizations in the public health and safety fields have the power to influence government leaders even in a state where tobacco cultivation and manufacturing play a vital part of the economy. The story behind North Carolina's passage of the Fire Safety Standard and Fire Fighter Protection Act can encourage all remaining states to pursue similar legislation.

Learning Objectives:
1. To increase knowledge about the status of passage of fire safe cigarette legislation across the U.S.
2. To increase knowledge about techniques leading to the quick (3-month) passage of fire safe cigarette legislation in the nation's number one tobacco-producing state

Monday, October 27

Influence of a tobacco-free hospital campus policy on the smoking status of hospital employees

- **Adam Goldstein, MD, MPH, Dept. of Family Medicine, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Anthony Viera, MD, MPH, Dept. of Family Medicine, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Kathryn Kramer, PhD, Dept. of Family Medicine, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Carol Ripley-Moffitt, MDiv, Dept. of Family Medicine, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

With all U.S. hospitals having eliminated indoor smoking as a result of 1992 Joint Commission on Accreditation of Healthcare Organizations standards, an increasing number have begun adopting tobacco-free hospital campus (TFHC) policies. TFHC policies offer even greater protection from ETS exposure to patients, employees, volunteers, and visitors by eliminating all tobacco use on hospital campuses. Such policies may further motivate employees to quit smoking and may support employees' and patients' attempts at quitting by leading to increased availability of and access to cessation services. The University of North Carolina (UNC) Health Care system implemented a TFHC policy on July 4, 2007. As little research exists documenting the successes, challenges, or effectiveness of TFHC policies, this prospective cohort study examines the impact of UNC Health Care's new TFHC policy on employee smoking behaviors. Current smokers or those quitting within six-months of policy implementation were invited to participate in web-based questionnaires immediately prior to and six-months after implementation of the TFHC. Of the 210 employees in the cohort, 166 (79%) responded to six-month follow-up. 20 smokers (13%) successfully quit smoking in the six-months after implementation of the TFHC policy, and 70 (53%) attempted to quit. Two-thirds of employees—both those who attempted to quit and those who successfully quit—indicated that the TFHC policy was influential in their effort. This presentation describes survey results, discusses the implications for services that can support employees in quitting smoking, and establishes directions for future research for workplace tobacco-free campus policy implementation and compliance.

Learning Objectives:
1. Apply a model for evaluating workplace smoke free campus policy impact on employees. 2. Discuss survey findings and implications for workplace tobacco-free campus policies. 3. Describe a variety of services for helping employees quit using tobacco. 4. List benefits and challenges of workplace tobacco-free campus policies.

Monday, October 27 at 3:30 p.m.

Detecting Demographic Variations of AIDS Mortality in Florida - A New Application of Spatio-Temporal Analysis

- Yu-Wen Chiu, MD, MSPH, Dept. of Community Medicine, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan
- Chiehwen Ed Hsu, PhD, MS, MPH, Preventive Health Informatics and Spatial Analysis (PHISTA) Lab, UT School of Health Information Sciences, University of Texas Health Science Center at Houston, Houston, Texas
- **Ella T. Nkhoma, MPH, Dept. of Epidemiology, UNC-Chapel Hill, Chapel Hill, N.C.**
- Hung-Yi Chuang, MD, ScD, School of Public Health, Kaohsiung Medical University, Kaohsiung, Taiwan

Objectives
The purpose of the present study is to characterize, geographically and temporally, the patterns of AIDS death disparity in Florida, and to determine if detected trends vary by demographic characteristics.

Methods
The Space-Time Scan Statistic proposed by Kulldorff et al. was employed to examine potential geographic and temporal excess of AIDS mortality by age, race, and gender in 67 Florida jurisdictions between 1987 and 2004. Results were geographically referenced in maps using Epi Info and Epi Map made available by the CDC.

Results
Among 40,106 AIDS deaths in Florida between 1987 and 2004, 48.5% occurred in the African-American/Black population, whereas 51.3% were found in the White population. AIDS-related mortality in the White population peaked earlier in the study period whereas mortality in African-American peaked in the later periods persisting until 2004. Excess deaths of AIDS in all demographic groups were detected in Miami-Dade, Broward, Martin, Palm Beach, Union, Monroe, Hillsborough, St. Lucie, Orange, Duval, and Lee County. AIDS mortality peaked in 1995 and then sharply dropped until 1998 when it stabilized.

Conclusions
We provide a new application regarding spatio-temporal characteristics on AIDS mortality employing practically statistical method. By accounting for the temporal dimension of disease clustering, the present study captures the persistence of geographic clusters, which is not often afforded by other geographic detection methods. These findings may inform medical resources allocation and focus public health intervention strategies for AIDS care.

Learning Objectives:
(1) The participants will be able to understand a new application regarding spatio-temporal characteristics on AIDS mortality employing practically statistical method.
(2)The participants will be able to understand the presentation of racial/ethnic disparities regarding AIDS mortality in Florida.

Monday, October 27 at 4:30 p.m.

Cancer Care and Racial Equity Study (CCARES): An Innovative Community and Academic Model for Investigating Disparities in Systems of Breast Cancer Care

- Michael Yonas, DrPH, School of Medicine, University of Pittsburgh, Pittsburgh, Penn.
- **Eugenia Eng, MPH, DrPH , Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina, Chapel Hill, N.C.**
- Christina Hardy, MPH, The Partnership Project, Greensboro, N.C.
- **Dinushika Mohottige , Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Nettie Coad, The Partnership Project, Greensboro, N.C.
- Nora Jones, MEd, The Partnership Project, Greensboro, N.C.
- Jennifer Schaal, MD, The Partnership Project, Greensboro, N.C.
- **Jim Amell, PhD, W.K. Kellogg Health Scholar, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Robert Aronson, DrPH, Department of Public Health Education, University of North Carolina at Greensboro, Greensboro, N.C.
- Brandolyn White, MPH, Greensboro Area Health Education Center, UNC Center for Community Research, Greensboro, N.C.

In this nation, the unequal burden of disease among People of Color has been well documented. One factor that is rarely explored with regard to disparities in health and healthcare is the role of institutional racism. Consistent findings of healthcare disparities have been explained by stereotyping, discrimination, and time pressure all by which occur in the context of institutional racism. In this presentation, we explore the integration of community-based participatory research (CBPR) principles with an Undoing Racism process to conceptualize, design, apply for and implement research to investigate disparities in healthcare. This process of integrating CBPR principles with anti-racist community organizing presents unique strengths and challenges that were negotiated by creating strong and transparent relationships that view conflict as necessary for true partnership. We will describe in detail the activities and necessary conflicts managed by our Health Disparities Collaborative to design and submit a successful application for NIH funding. Major challenges have included: assembling and mobilizing and maintaining a full collaborative; the difficulty of establishing a shared vision and purpose for the group; the issue of maintaining trust; and the willingness to address differences in institutional cultures. Expectation, acceptance and negotiation of conflict were essential. The presentation will end with a discussion of the concepts of cultural humility and cultural safety, which were central to the CBPR principles that guided CCARES partners through negotiating challenges and accommodating conflict.

Learning Objectives:
1. Recognize the benefits of the CBPR approach to investigating complexities in the system of breast cancer care
2. Articulate a CBPR process for securing NIH funding and implementing research to explore and address disparities in health and health care
3. Describe specific elements and lessons learned from a sustained multidisciplinary CBPR partnership dedicated to eliminating racial disparities through systems-level change

Monday, October 27

HIV Prevention among People Living with HIV: The Effect of Motivational Interviewing on Safer Sex Self-efficacy

- **Zulfiya Chariyeva, MPH, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Carol E. Golin, MD, MPH, Cecil G. Sheps Center for Health Services and Research, Chapel Hill, N.C.**
- **Catherine A. Grodensky, MPH, Cecil G. Sheps Center for Health Services and Research, Chapel Hill, N.C.**
- **Jo Anne Earp, ScD, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **D. Leann Long, MS, Dept. of Biostatistics, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Jennifer S. Groves, MBA, Cecil G. Sheps Center for Health Services and Research, Chapel Hill, N.C.**
- **Chirayath M. Suchindran, PhD, Dept. of Biostatistics, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Shilpa N. Patel, MPH, Dept. of Behavioral Sciences and Health Education, Emory University, Rollins School of Public Health, Atlanta, Ga.
- **Kathy Ramsey, BA, RHIA, UNC School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Background:
At least one-third of people living with HIV/AIDS (PLWH) continue to engage in risky sexual practices. Motivational interviewing (MI), a client-centered counseling style shown to promote other healthy behaviors, is one approach to HIV prevention for this group. However, we know little about the effect of length and number of MI sessions on changes in safer sex self-efficacy or on reduction in number of unprotected sex acts.
Methods:
Using a 16 item, 10-point self-efficacy scale (Cronbach alpha 0.91) from Audio Computer-Assisted Self Interviews (ACASI) for SafeTalk, a randomized controlled trial of a MI-based "prevention with positives" intervention for young, sexually active PLWHs, we surveyed 77 participants at baseline, 4 and 8 months. Using hierarchical linear modeling, we analyzed the relationship between changes in self-efficacy and (1) the number of MI sessions and amount of counseling time; and (2) the number of unprotected sex acts of our sample for the last three months. The sample's mean age was 43.5 years, 79% were African American, and 36% women.
Results:
Controlling for demographic variables, a ten minute increase in counseling time was associated with a 7.03 points increase in self-efficacy ($p<0.019$). Every additional counseling session was associated with a 3.01 point increase in self-efficacy ($p<0.015$). A one unit increase on the self-efficacy scale (mean=135.4) was associated with a 0.07 units decrease in number of unprotected sex acts ($p<.03$).
Conclusions:
The amount of motivational interviewing counseling time provided seems to be an important factor for enhancing self-efficacy to practice safer sex among PLWH.

Learning Objectives:
1. Describe the effect of amount of MI counseling time and number of MI counseling sessions on changes in self-efficacy of people living with HIV/AIDS (PLWH)
2. Understand the relationship between safer sex self-efficacy and unprotected sex among PLWH
3. Recognize the potential of MI-based interventions in HIV prevention efforts
4. Familiarize the audience with the SafeTalk HIV-prevention program.

Monday, October 27
Sex differences in spouse abuse by Army soldiers

- **Kristen Sullivan, MSW, MA, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill and Elon University, Chapel Hill and Elon, N.C.**
- **J. Michael Bowling, PhD, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Sandra L. Martin, PhD, Dept. of Maternal and Child Health, UNC Gillings School of Global Public Health, University of North Carolina, Chapel Hill, N.C.**
- Deborah A. Gibbs, MSPH, RTI International, Research Triangle Park, N.C.
- Kathryn E. Moracco, PhD, MPH, Pacific Institute for Research and Evaluation, Chapel Hill, N.C.
- **Brenda Devellis, PhD, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Background/Purpose: Spouse abuse is recognized as a major public health problem within military families in the U.S, and the stress of war has the potential to increase the risk of violence. This research examines differences between the types and rates of violence perpetrated by male and female soldiers, and the Army's response. Methods: Five years of data (January 1, 2000 through December 31, 2004) on substantiated cases of spouse abuse perpetrated by active duty Army soldiers from the Army Central Registry (ACR) will be examined. Perpetrators will be

described according to their sociodemographic characteristics and co-occurring family violence. Annual rates of initial offense and reoffense by sex, racial/ethnic and age groups will be calculated. Regression models will be utilized to discern the relationship between sex of the perpetrator and the type and severity of violence perpetrated, as well as services provided to the perpetrator and victims. Survival analysis will be used to examine reoffense by sex. Results/Outcomes: The ACR contains data on 7,472 male perpetrators of spouse abuse and 410 female perpetrators of spouse abuse during this time period. Male perpetrators were more likely to be white, to use alcohol during the incident, and to be removed from the home than females ($p<.05$). Female perpetrators were more likely to be victims of spouse abuse ($p<.05$). Both sexes were equally likely to receive offender treatment. Further analysis is ongoing. Conclusions: Male and female spouse abuse perpetrators in the Army vary by key characteristics that can inform prevention and treatment services.

Learning Objectives:
1) Articulate differences by sex in initial and subsequent spouse abuse incidents perpetrated by U.S. Army soldiers
2) Recognize similarities and differences in the Army's response to spouse abuse perpetrators and victims by sex
3) describe the annual rates of spouse abuse perpetrated by U.S. Army soldiers by sex, racial/ethnic and age groups over a five-year period

Monday, October 27

An evaluation of recruitment and retention strategies among Asian American women in the National Breast and Cervical Cancer Early Detection Program

- Christina Misa Wong, PhD, Behavioral and Biomedical Research, Family Health International, Research Triangle Park, N.C.
- **Laura Linnan, ScD, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Don Compton, PhD, Office on Smoking and Health, Centers for Disease Control and Prevention, Atlanta, Ga.
- Phyllis W. Rochester, PhD, NCCDPHP, Cardiovascular Health Branch, Centers for Disease Control and Prevention, Chamblee, Ga.
- **Allan Steckler, DrPH, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Bryan Weiner, PhD, Dept. of Health Policy and Management, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Background: Asian American women have the lowest mammography and Pap test rates among all other racial and ethnic groups in the U.S. The elimination of these health disparities among Asian American women is currently a national priority and strategies to increase screening are urgently needed.

Purpose: The purpose of this evaluation study was to assess current strategies and to provide recommendations for improving recruitment, retention and delivery of services to Asian American women in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), a free screening program for eligible low-income women. A cultural competency conceptual framework formed the basis of this investigation.

Methods: The study was conducted in three phases: 1) Written surveys completed by 41 NBCCEDP state program directors; 2) Telephone interviews conducted with 28 key NBCCEDP program administrators and service providers; and 3) Site visits in three states with the highest Asian American population, and interviews with 62 Asian American women.

Results: Results revealed that 11 cultural competency strategies are recommended for use by program directors, outreach coordinators, service providers and Asian American women when recruiting, retaining, and providing services to Asian American women. Each of these recommended cultural competency strategies will be discussed.

Conclusions: Health care organizations that participate in the NBCCEDP have found many different ways of implementing cultural competency strategies to increase access to screening in this population. As some organizations are far ahead of others in creating a more culturally competent system, there is a necessity to provide avenues for sharing and learning.

Learning Objectives:
1) Recognize the need for creating a more culturally competent health care system in order to address health disparities among Asian American women in breast and cervical cancer screening
2) Describe the cultural competency strategies recommended to increase recruitment and retention of Asian American women in breast and cervical cancer screening.
3) Apply the cultural competency strategies discussed in this session to develop cultural competency strategies for their healthcare organization in increasing access to breast and cervical cancer screening for Asian American women.

Monday, October 27

Farm to School: Addressing obesity and school nutrition through local food systems

- **Amy E. Paxton, doctoral candidate, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Alice Ammerman, DrPH, RD, Dept. of Nutrition, UNC Gillings School of Global Public Health, Director, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Suzanne Havala-Hobbs, DrPH, Dept. of Health Policy and Management, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Phyllis Flemming, PhD, Dept. of Nutrition, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Farm to School (FTS) program goals include providing nutrition education opportunities, improving student nutrition, and increasing economic opportunities for local farmers. Using a mixed methods approach, we are investigating school-level barriers and facilitators to implementation of FTS programs and conduct an in-depth analysis of stakeholders' attitudes about FTS programs. We will distribute a previously administered survey to all 115 Child Nutrition Directors (CND) in North Carolina in March 2008 to determine perceived barriers to and facilitators of implementing FTS programs at the school district level. Quantitative analyses of responses will be conducted using SAS 9.1 to yield descriptive statistics and investigate relationships among responses. Additionally, we will use snowball sampling to identify twenty key informants in school administration and food service management with whom in-depth structured interviews will be conducted in April 2008. We will audiorecord interviews and organize and manage data from verbatim transcripts using Atlas Ti. We will use a multistep coding scheme to identify major themes related to barriers and facilitators of FTS implementation. CND survey data will provide insights into perceived benefits and barriers of FTS programs from the CND perspective, while data from structured interviews will identify school administrator and food service manager perspectives. Together, these data will create a comprehensive picture of perceived benefits and barriers associated with FTS implementation among North Carolina school systems. Results will contribute to the growing body of FTS literature and potentially support the development of effective strategies to promote implementation of FTS programs nationally.

Learning Objectives:
1. Describe Farm-to-School program goals
2. Identify barriers and facilitators to implementing Farm to School programs within school districts in North Carolina
3. Discuss practical strategies to assist advocates in efforts to implement Farm to School programs

Monday, October 27 at 5:15 p.m.

Critical Incident Technique interview: An innovative CBPR method for amplifying the voices of women on their breast cancer care

- Christina Hardy, MPH, The Partnership Project, Greensboro, N.C.
- Jennifer Schaal, MD, The Partnership Project, Greensboro, N.C.
- Michael Yonas, DrPH, School of Medicine, University of Pittsburgh, Pittsburgh, Penn.
- **Eugenia Eng, MPH, DrPH, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina, Chapel Hill, N.C.**
- Brandolyn White, MPH, Greensboro Area Health Education Center, UNC Center for Community Research, Greensboro, N.C.
- Nettie Coad, The Partnership Project, Greensboro, N.C.
- Robert Aronson, DrPH, Dept. of Public Health Education, University of North Carolina at Greensboro, Greensboro, N.C.
- **Dinushika Mohottige, Dept. of Health Behavior & Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

To better understand the complexities of institutional racism and how it relates to disparities experienced by African American and White breast cancer survivors within a local community, qualitative interviews were conducted using the Critical Incident Technique (CIT). As part of the Cancer Care and Racial Equity Study (CCARES), an initiative of the Greensboro Health Disparities Collaborative, a unique, action-oriented research methodology was used to bring together the collective of women diagnosed and treated for breast cancer. The CIT method of interviewing focuses on exploring with women, through two consecutive in-depth interviews, the specific behaviors, pleasant and unpleasant, experienced during the critical periods of diagnosis, treatment, and follow-up associated with breast cancer. Guided by principles of community-based participatory research, community members partnered with members of the medical and academic communities to prepare, conduct and analyze CIT interviews. To be highlighted in this presentation will be: CIT interviewer trainings with community partners; CIT interviewer practice and feedback sessions; collaborative CIT analysis training; and public recognition rewards. Central to CCARES CBPR partnership has been the formal certification in research ethics. Prioritizing the training of community research partners has assisted in upholding the research ethic of beneficence by building community capacity and participant self-awareness. The presentation will end with a discussion of limitations and challenges of CIT, along with other lessons learned during this ongoing CBPR initiative.

Learning Objectives:
1. Identify two characteristics of the Critical Incident Technique that were applied to recognize institutional racism and its association with breast cancer disparities
2. Describe three activities which assist in the development of productive working relationships among members of multicultural and multidisciplinary community based participatory research

TUESDAY, OCTOBER 28

Tuesday, October 28 at 8:30 a.m.

Understanding HIV disclosure among African-Americans and Latinos in the rural southeast to increase access to needed services and support

- **Bahby Banks, MPH, Cecil B. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Malika Roman Isler, MPH, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Margaret Miles, RN, PhD, FAAN, School of Nursing, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Giselle Corbie-Smith, MD, MSc, Cecil G. Sheps Center for Health Services Research, University of North Carolina-Chapel Hill, Chapel Hill, N.C.**

Minorities in southeast rural communities experience a significant burden of HIV/AIDS. Lack of disclosure by persons living with HIV/AIDS (PLWHA) may limit access to support and needed clinical services. As part of a larger study we sought to identify patterns of disclosure about HIV status among rural African-American and Latinos, as well as barriers and facilitators to disclosure.

We conducted 35 individual interviews (30 English, 5 Spanish) with PLWHA. The interviews were audio-taped, transcribed and entered into Altas.ti for thematic coding and analysis. Transcripts were independently analyzed by six research team members in a back/forth approach between discovery and verification of findings.

Participants identified key people with whom they shared their status and with whom they did not disclose their status. A majority reported very limited to only moderate disclosure. Many did not disclose their status to other PLWHAs in their communities. Barriers to disclosure included concerns related to confidentiality, negative responses of others, possible physical and social isolation, potential stigma from the community, loss of employment status, and denial of HIV status. Additional barriers for Latino participants included: fears related to loss of medical care due to deportation and loss of employment. Facilitators related to disclosure included access to social support and medical care.

Understanding patterns of disclosure, including key people with whom PLWHAs have shared their status, facilitators and barriers to disclosure and cultural differences among rural minorities can inform strategies to provide medical and social support services that are tailored to the needs of PLWHA.

Learning Objectives:
To identify facilitators and barriers to HIV disclosure among rural PLWHAs To discuss cultural differences related to HIV disclosure To discuss strategies to provide services to PLWHA living in the rural southeast

Tuesday, October 28 at 8:30 a.m.

Living with HIV/AIDS in rural NC – An exploration of the physical and socio-cultural environmental barriers

- **Malika Roman Isler, MPH, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Bahby Banks, MPH, Cecil B. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

- **JoiAisha Bland, MPH, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Michelle Hayes, BA , Cecil G. Sheps Center for Health Services Research, University of North Carolina-Chapel Hill, Chapel Hill, N.C.**
- **Margaret Miles, PhD, RN, FAAN, School of Nursing, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Giselle Corbie-Smith, MD, MSc , Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Minorities in southeast rural communities are disproportionately affected by HIV/AIDS. Life with HIV/AIDS is shaped by the local community's socio-cultural and physical environment. Understanding disease experiences allows us to meet the needs of people living with HIV/AIDS (PLWHA). We present physical and socio-cultural barriers to service access and influences on living and coping with HIV/AIDS.

We conducted 35 individual interviews with PLWHA (30 English, 5 Spanish), 11 focus groups with community leaders and HIV/AIDS service providers (10 English, 1 Spanish), and supplemented these data with 5 Community Advisory Board (CAB) meetings. The CAB is comprised of leaders in these specified groups. Audio-taped and transcribed sessions were analyzed in a back/forth approach between discovery and verification of findings, and triangulated between sets of respondents.

Each set of respondents noted physical and socio-cultural factors that present barriers to service access and create difficulty in living with HIV/AIDS. Physical environmental aspects included distance to HIV/AIDS service sites (including clinical trials) and lack of available services and resources (e.g., counseling, clinical, housing). Socio-cultural environmental aspects included prevalent community-wide stigma, discrimination, confidentiality concerns, religious influences, alienation, and misperceptions of HIV transmission.

Understanding the context within which PLWHA live illuminates the barriers to service access, trial participation, and social functioning that impede quality of life. Creating forums for communities to reconstruct context in their own words, and using a CAB to clarify and inform findings, allows researchers and providers to address the multidimensional challenges to successfully living with and providing adequate services for PLWHA.

Learning Objectives:
1. To identify physical and socio-cultural factors that present barriers to access for people living with HIV/AIDS
2. To explore the disease experiences of PLWHA in the rural southeast

Tuesday, October 28 at 9:30 a.m.

Combining socio-spatial methods to understand social and physical environmental contributors to HIV risk in rural minority communities

- **Giselle Corbie-Smith, MD, MSc, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Malika Roman Isler, MPH, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Ronald Strauss, DMD, PhD, Dept. of Dental Ecology, School of Dentistry, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Mapping, photovoice and GIS have all been used to understand physical and social environmental contributors to risk and disease. As part of a larger study to increase accessibility to HIV/AIDS trials, we used a combination of community consultation, mapping, photography and GIS analysis to explore social and physical environmental contributors to HIV risk in rural minority communities.

In a mapping exercise, 13 members of our Community Advisory Board (CAB) identified and defined their concept of community and where they think HIV transmission most likely takes place in their communities ("hot spots"). Subsequent CAB meetings engaged participants in clarifying their choice of loci. Participants were then given maps and cameras to profile the social and physical environmental forces that facilitate transmission of HIV in this rural context. We triangulated the qualitative data with census and other GIS information on neighborhood characteristics (poverty rate, crime rate, employment typology, educational attainment, fitness/recreation sports centers per 100,000).

CAB members mapped 16 "hot spots" across 6 counties. Through photographs, CAB members identified activities and community characteristics they associated with HIV transmission loci. We will present the visual community-derived model of social and physical environmental contributors to HIV transmission in rural communities.

Triangulation of mapping, photovoice and GIS methods demonstrate the importance of a layered approach to understanding contributors to HIV risk in rural minority communities. This methodology allows for community advisors to provide insight into transmission settings and to enrich their narrative and visual perspective with existing census and other data about the settings.

Learning Objectives:
1. To discuss the importance of a multi-layered approach to understand contributors to HIV risk in rural communities
2. To identify key social and physical environmental factors which facilitate HIV risk in rural communities

Tuesday, October 28 at 9:30 a.m.

Pay It Forward: Dissemination of Evidence-Informed Interventions to Public Health Practitioners

- **Susanne Schmal, MPH, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Janice Sommers, MPH, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Ryan Loo, PhD, Division for Heart Disease and Stroke Prevention, Centers for Disease Control and Prevention, Atlanta, Ga.
- Julie Will, PhD, Division for Heart Disease and Stroke Prevention, Centers for Disease Control and Prevention, Atlanta, Ga.
- Diane Thompson, MPH, RD, Division of Nutrition, Physical Activity and Obesity, Centers for Disease Control and Prevention, Atlanta, Ga.
- **Alice Ammerman, DrPH, RD, Director, Center for Health Promotion and Disease Prevention, Dept. of Nutrition, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

The Center of Excellence for Training and Research Translation (Center TRT) works in partnership with the WISEWOMAN and Obesity Prevention Programs to reduce risk and prevent chronic disease, specifically heart disease, stroke and obesity. The goal of the Center TRT's translation process is to identify, translate and disseminate both research-tested and practice-based interventions that meet review criteria for effectiveness and potential public health impact. The review and dissemination of practice-based interventions, which are those interventions developed and evaluated in the field, is a relatively unexplored area in translation work and may help to build upon "the best evidence available."

One component of the Center's translation work is to determine how to effectively disseminate interventions that have been reviewed and recommended for translation. The Center TRT, with input from our primary user groups and the CDC, developed a web-based dissemination "template." The intervention template communicates the practice-relevant information including the core elements, resources required, evidence of effect and potential public health impact. The template also links practitioners to intervention materials that have been used in the field. The intervention templates are key, as they communicate not only what to implement, but how to implement the intervention, allowing practitioners to assess if an intervention is plausible and feasible for their community. Future plans for the templates include linking practitioners to training related to the intervention.

Funding for the Center TRT is provided by a cooperative agreement from the Centers for Disease Control and Prevention.

Learning Objectives:
1. Discuss the importance of translation work in public health
2. Distinguish research-tested from practice-based interventions
3. Discuss how the Center TRT approaches translation work
4. Identity ways to disseminate evidence-informed interventions

Tuesday, October 28 at 11:05 a.m.
Ambivalence regarding breastfeeding by health professionals

- **Mary Rose Tully, MPH, IBCLC, Center for Infant and Young Child Feeding and Care, Dept. of Maternal and Child Health, UNC Gillings School of Public Health, Lactation Program Manager, Women's Hospital, UNC Hospitals, University of North Carolina Chapel Hill, Chapel Hill, N.C.**

Background/Significance:
Despite the well-documented physical and emotional benefits of breastfeeding, for mothers and babies, there continues to be a significant disconnect between knowledge and action among health care professionals.

Objective/Purpose:
Describe sources of ambivalence regarding breastfeeding for health professionals and society and ways to address them

Discussion:
The unique, intimate biological and emotional connection between a mother and her baby does not fit the health care model. After birth, there is a perceived conflict between the infant's needs and rights and the mother's. This social construct with needs and rights in conflict, rather than congruent, obscures the health care system's and society's responsibility to facilitate and support breastfeeding as an infant and maternal right. Pregnancy, childbirth and breastfeeding are among the very few situations in which an extremely vulnerable patient (the infant) must be entrusted to another patient (the mother) rather than having a direct relationship with the medical care provider. Compounding the issue, breastfeeding and other social tasks of child care are not well understood by those in medicine. Infant feeding, including breastfeeding, moved into the realm of medical management only when infant formula manufacturers developed an alliance with physicians. This commercial alliance supports the lack of breastfeeding knowledge. Formula feeding was considered "scientific" and freeing to women. As women sought peer support for breastfeeding, the development of hormonal birth control created new barriers. This presentation will offer clinical, policy and health education examples for protecting, promoting and supporting women's and infant's breastfeeding rights.

Learning Objectives:
Discuss two sources of ambivalence regarding breastfeeding both for health care professionals and the community at large

Tuesday, October 28 at 12:30 p.m.

An innovative approach to global doctoral leadership training for working health professionals

- **Suzanne Havala Hobbs, DrPH, MS, RD, LD, Dept. of Health Policy and Management, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Edward F. Brooks, DrPH, Dept. of Health Policy and Management, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Leah Masselink, BA, Dept. of Health Policy and Management, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

The University of North Carolina Doctoral Program in Health Leadership – the world's first executive DrPH program – prepares mid-career professionals for senior-level positions in organizations working domestically and internationally to improve the public's health. The three-year, cohort-based distance program confers a DrPH in Health Administration. With the exception of three short visits to Chapel Hill in each of years one and two, learning takes place in participants' homes and offices, away from the UNC campus. Students connect with faculty and peers mainly via computer, making substantial use of Internet video. The distance format allows working professionals to complete training while remaining in-country and continuing full-time employment. We describe program policies and procedures, funding, results of program evaluations, challenges and successes after three years of operation. Lessons learned may assist others as they evaluate the feasibility of creating similar programs. We are working now to extend the program model to accelerate the pace and reach of urgently needed doctoral-level leadership training around the world. To do so, we are developing a global consortium of partner programs. We envision that consortium members will share curriculum and technology best practices, faculty and school resources, encourage student exchange, and function as a unified network, collaborating with public and private stakeholders on strategic efforts to build health leadership and management capacity within the U.S. and globally. A critical need exists for additional programs able to attract and prepare top health leaders. We present one model for what may be a new era in health leadership education.

Learning Objectives:
1. Describe the UNC Doctoral Program in Health Leadership
2. Identify advantages of distance doctoral-level leadership training for mid-career health professionals around the world
3. Evaluate challenges and opportunities in creating a distance DrPH program
4. Discuss technology and funding considerations in supporting a distance DrPH program

Tuesday, October 28 at 2:50 p.m.

A food-marketing and environmental change intervention to promote fruit and vegetable consumption among Latinos through food stores: Vida Sana Hoy y Mañana

- Barbara Baquero, MPH, Graduate School of Public Health, San Diego State University, San Diego, Calif.
- Guadalupe Ayala, PhD, MPH, Graduate School of Public Health, San Diego State University, San Diego, Calif.
- **Laura Linnan, ScD, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Barbara A. Laraia, PhD, MPH, RD, Dept. of Medicine, University of California at San Francisco, San Francisco, Calif.
- Paul Bloom, PhD, Center for the Advancement of Social Entrepreneurship, Fuqua School of Business, Duke University, Durham, N.C.

Promoting the consumption of healthy foods among Latinos is a viable approach to fight obesity and prevent chronic diseases that plague this ethnic group. Tiendas are small food stores that serve Latinos in the US by providing traditional food products and services. This study reports on the implementation of an innovative intervention to promote sales and consumption of fruits and vegetables. Four stores from among 42 were invited and agreed to participate. Stores were matched on important characteristics and then randomized to an intervention or a delayed treatment control condition. On average, stores had 5 employees, been in business for 4 years, and offered 27 different fruits and vegetables. The intervention is being delivered over an 8-week period and includes structural changes, a marketing campaign, staff training, and food demonstrations. Forty customers per store were recruited for evaluation purposes and their eating habits are being tracked from baseline to a final 6-month follow-up. Their average age is 32 years, 65% are females, 53% reported a monthly household income of <$,500 and only 18.2% received food assistance. The two stores in the intervention condition used project-designated funds, supplemented with their own funds, to purchase a cold buffet bar to promote the sales of fresh cut-up fruits and vegetables. Attendance at the weekly food demonstration averaged 85 individuals. Tiendas are an innovative venue to reach an important sector of the population and increasing the capacity of the stores to promote fruits and vegetables may improve access to healthy foods in low-resource communities.

Learning Objectives:
1. Describe innovative strategies to promote healthy eating among minorities groups
2. Describe the implementation of a food-marketing and environmental change intervention in low income communities
3. Discuss results of the initial phase of the program implementation

Tuesday, October 28 at 3:20 p.m.
Depression Changes in Hepatitis C Patients Undergoing Antiviral Therapy

- Kelly M. Simpson, MA, **Dept. of Gastroenterology and Hepatology, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Amit Verma, MPH, Dept. of Gastroenterology and Hepatology, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Donna M. Evon, PhD, Dept. of Gastroenterology and Hepatology, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Karen A. Dougherty, ANP, Dept. of Gastroenterology and Hepatology, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Michael W. Fried, MD, Dept. of Gastroenterology and Hepatology, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Background:

Hepatitis C viral infection (HCV) has a prevalence rate 5 times greater than HIV infection. Current treatment eradicates HCV in 40%-80% of cases. However, depression is common on treatment, and may be negatively associated with treatment outcomes.

Aims: To determine depression changes during the first 6 months of treatment, and identify risk factors associated with increased depression on treatment.

Methods: Medical records of 180 HCV patients, treated from 2002-2006, were reviewed. Patients completed the Center for Epidemiological Studies-Depression Inventory (CES-D). Baseline factors included: age, gender, race, and history of substance abuse, depression, anxiety, irritability. Associations between peak change (Δ) in CES-D scores, the difference from baseline to highest CES-D score on treatment, and baseline factors were assessed.

Results: Patients were male (59%), Caucasian (80%), and on average 45 years old. Baseline CES-D scores (x=10.7; range=0-37) indicated no depression. Scores peaked during weeks 6-8 (x=16; range= 0-52) and indicated 38%, 20%, and 42% of patients experienced no, mild, and severe depression, respectively. Significant associations existed between Δ scores and Hx of depression (p<.0005), anxiety (p<.0001). Ten patients (6%) were discontinued due to depression (x= week 5; range 2-16 weeks). Their baseline CES-D scores (x=19; range= 6-37) started in the mildly depressed range, and peak CES-D scores (x=37.14; range= 8-52) occurred between week 6-8. Eighty percent of these patients fell into the severely depression range.

Conclusions: In order to improve health outcomes and reduce the burden of HCV, it will be critical to effectively manage the psychiatric needs of HCV patients undergoing antiviral treatment.

Learning Objectives:
1) Increase understanding about HCV and common depression that occurs during antiviral treatment
2) Improve understanding of the association between pre-existing psychiatric symptoms and the likelihood of developing psychiatric symptoms during treatment

Tuesday, October 28 at 4:30 p.m.

Weight Loss Results of Web-based Program and Cash Incentives on Weight Loss Among Employees in 17 Community Colleges

- **Laura Linnan, ScD, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Deborah Tate, PhD, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Eric Finkelstein, PhD, MHA, Research Triangle Institute, Research Triangle Park, N.C.
- **Ziya Gizlice, PhD, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Kant Bangdiwala, PhD, Center for Health Promotion and Disease Prevention, Dept. of Biostatistics, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Obesity costs US employers an estimated $78.5 billion annually; yet national data reveal that less than 16% of employers offer obesity management programs. Effective weight loss programs should be easily adaptable to busy work environments, maintain employee privacy, and help employees avoid weight re-gain. We conducted a three year group-randomized weight loss intervention study where 1028 overweight/obese employees nested within 17

community colleges were randomly assigned to receive one of three interventions over 12 months: Winners Circle Dining Program (WC); Web-based Weight Loss Program + Winners Circle (WEB) or Web + Incentives + Winners Circle (WPI). Web-based program lasted 52 weeks; the incentive payment was up to $150 based on amount of weight lost. College was the unit of randomization and intervention; employee was the unit of analysis. Weight loss at 12 months was the primary outcome. Overall observed weight losses were modest and generally in the expected direction (WPI>WEB>WC). Average weight losses were 3.86 pounds (WPI employees); 2.86 pounds (WEB employees); 0.51 pounds (WC) and the difference between WC vs. WPI was significant (p=0.01). At 12 months, clinically relevant weight losses (at least 5%) were 8.7% (WC); 13.4% (WEB); 17.6% (WPI) and the difference between WC vs. WPI was significant (p=0.00). At 12 months, 44.5% of enrolled employees in the WC group lost any weight, compared with 56.1% of those in the WEB and 59.1% of those in WPI group (WC vs. WPI was significant at p=0.02). Implications of these results for future worksite-based weight loss programs will be discussed.

Learning Objectives:
1) Describe three different weight loss strategies and their impact on employee weight loss: winners circle dining program; web-based weight loss program; cash incentives
2) Explain the clinical and public health importance of 5% or any weight loss

Tuesday, October 28 at 4:45 p.m.
Partnerships with African American Churches in NC: The Integration of Health Education and Ministry to Promote Healthy Eating, Physical Activity, and Body Image among African American Children

- **Dawnavan S. Davis, PhD, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Moses V. Goldmon, EdD, Shaw University, Raleigh, N.C.
- **Pamela Diggs, MPH, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Nancy DeSousa, MPH, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Laura Linnan, ScD, Dept. of Health Behavior and Health Education, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Jan Dodds, EdD, Dept. of Nutrition, UNC Gillings School of Global Public Health and UNC School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Reducing racial disparities in childhood overweight incidence requires the development of culturally appropriate innovative approaches. Working with the African American (AA) church, is one promising approach. The Black church plays a pivotal role in the lives of many AA families, and can serve as a powerful environment for health education and promotion efforts. Numerous studies have used school settings to promote healthy eating and physical activity (PA) in youth. Additionally, studies have effectively used the church environment to promote healthy dietary and PA behaviors among AA adults and adolescents. However, no studies have created a health curriculum to be integrated into the existing church Sunday School educational structure for young AA children. Furthermore, church-based programs for children have neglected to create curricula that include contextually relevant faith-based messages. Therefore, the aims of this pilot project were to: 1) conduct formative focus groups with AA children,

parents, and church leadership from three AA churches in Durham, NC to examine the relationship between spirituality and health, the role of the church in health promotion, and current knowledge, attitudes, and behaviors regarding dietary practices, physical activity, and body image among AA families; and 2) form a Community Advisory Board that worked in partnership with UNC researchers to develop a 12-week faith-based curriculum aimed to increase dietary and PA knowledge and to promote healthy eating, PA, and positive body image among AA children. Five focus groups (N=38) were conducted and themes were derived using NVivo7. Focus group data were used to inform curriculum development.

Learning Objectives:
1. To explore the community relationship building process with faith-based communities
2. Outline the development and function of study's Community Advisory Team
3. Present preliminary data on the role of African American church on health education and promotion

Tuesday, October 28 at 4:45 p.m.
Advancing evidence-based practice through web-based technology

- Kelly L. Nordby, MPH, RD, **Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Avia G. Mainor, BS, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Janice Sommers, MPH, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Charlene Sanders, MPH, RD, Division of Heart Disease and Stroke Prevention, Centers for Disease Control and Prevention, Atlanta, Ga.

The Center of Excellence for Training and Research Translation at UNC-CH has two primary functions aimed at promoting evidence-based public health practice. Functions are related to training; and identification, translation, and dissemination of evidence-based information and interventions for public health practitioners with a focus on nutrition and physical activity in the prevention and control of chronic disease, specifically heart disease, stroke and obesity.
Web-based technology is a promising forum to promote evidence-based practice to practitioners working in WISEWOMAN and Obesity Prevention programs. This unique approach to guiding practice includes passive dissemination of evidence-based information through www.center-trt.org and active dissemination of consistent information through on-demand online training modules.

Passive dissemination includes evidence summaries on behavioral, environmental, and policy-level factors contributing to chronic disease; evidence-based strategies for addressing the contributing factors; and practice-relevant information that includes the best available evidence for the intervention strategies and links to implementation tools. Finally, research-tested and practice-based interventions are reviewed and disseminated via the website.

Active dissemination includes a series of online training modules that provide practitioners with training on the basic science and current recommendations. The Nutrition, Physical Activity and Chronic Disease series actively engages practitioners in learning about the evidence-base for contributing factors and intervention strategies that promote healthy eating and physical activity. Web-based training has the potential to reach a broader audience at lower cost and can be easily updated as evidence changes.

Funding for the Center TRT is provided by a cooperative agreement from the Centers for Disease Control and Prevention.

Learning Objectives:
1. Identify approaches to disseminate scientific recommendations, best practices and intervention strategies

2. Understand the process of developing web based technology in promoting evidenced-based public health practice

Tuesday, October 28 at 5:15 p.m.

Using the ICF to develop patient treatment plans and to promote interdisciplinary teamwork

- **David W. Hollar, PhD, Dept. of Medicine, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Cherri Hobgood, MD, Dept. of Emergency Medicine, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Susan Sawning, MSW, Educational Development, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- **Donald Woodyard, BS, Educational Development, School of Medicine, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Introduction
A Health Affairs Interdisciplinary Case Conference (HAICC) was conducted in which health professions students from varying disciplines worked together in teams, using the ICF to assess a standardized patient (SP), establish a diagnosis and intervention, and promote awareness of each discipline's contributions. HAICC uses the ICF for holistic evaluation and teamwork skills.

Methods
Exactly 575 students from nine professional health programs were stratified into 70 groups, with relatively proportionate membership per group. The SPs were trained to portray a multiple trauma accident victim and to display verbal evidence of co-occurring depression, substance abuse, mobility limitations, and isolation from family/peer support. A faculty preceptor evaluated the group's teamwork skills at developing an appropriate treatment plan that addressed the four ICF domains.

Results
On quantified conditions, the groups were consistent with identification of conditions ($p = .968$). For barriers, 86% of groups identified energy and drive functions (b130), 81% alcohol and drug problems (e1101), 81% hematological system functions (b435), 81% low family and friend support (e310, e320), 71% pain (b280), and 62% mobility of joint functions (b710). There was no significant correlation between identification of this problem and group evaluation score ($r = .064$, $p > .05$).

Conclusions
The ICF served as a constructive instrument to promote teamwork among health professional students from varying disciplines. Various limitations of the exercise scenario, including time and complexity of the worksheet and low rating of barrier severity (33%), require modification to promote accuracy of data recording while preserving the dynamics of the group interaction.

Learning Objectives:
At the conclusion of this session, participants will:
(a) Understand applications of the ICF in clinical settings,
(b) Use the ICF to direct health professions students to understand the four ICF domains,
(c) Apply the ICF to interdisciplinary healthcare teamwork promotion, and
(d) Teach students the contextual facilitators and barriers faced by individuals with disabilities.

Tuesday, October 28
Older Latina women, marital status, and cancer screening

- Melanie R. Wasserman, PhD, Abt Associates, Cambridge, Mass.
- Melissa Clark, PhD, Center for Gerontology and Health Care Research, Brown University, Providence, R.I.
- Susan Masterson Allen, PhD, AM, Dept. of Community Health, Brown University, Providence, R.I.
- **Deborah E. Bender, PhD, MPH, Dept. of Health Policy and Management, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Statement of the problem: Growing numbers of Latina women are entering their retirement years divorced, widowed, separated, or having never married. Unmarried middle-aged and older Latinas have lower rates of cancer screening than any other group defined by race, ethnicity, and marital status. Research suggests that lower SES, insurance, and lack of a regular doctor partly account for this disparity. CUIDATE ("Take Care!") is an exploratory qualitative study to further elucidate the reasons for the association between marital status and cancer screening among middle-aged and older Latinas in Rhode Island.

Methods: We used a radio-based recruitment approach to enroll 45 L.E.P. Latinas, stratified by marital status and Caribbean vs. Latin American origin, for in-depth interviews. Photographic prompts were developed to elicit narratives about barriers and facilitators of care. One in three women was also invited to produce photo-narratives of her own. A content analysis method was used to compare married and unmarried women's narratives.

Results: Previously-married women were similar to currently married women, and never-married women with partners were similar to never-married women without partners. In addition to the expected themes of lower insurance and financial hardship among never-married women, two new themes emerged: (1) Currently- and previously-married Latina women expressed a greater ability and willingness to reach out to their social networks to acquire information and resources; (2) caregiving roles are culturally assigned to never-married adult women, leaving little time or energy for self-care.

Conclusions: Redressing cancer screening disparities that affect never-married Latina women may require both socio-economic and psychosocial interventions.

Learning Objectives:
1.Describe methodologies for the recruitment and study of Latina populations
2. Discuss previously unreported reasons for lower screening rates among unmarried Latinas

Tuesday, October 28
Quality improvement and accreditation: Introducing the IHI Model for Improvement to public health departments in Florida

- **Cheryll Lesneski, DrPH, Public Health Leadership Program, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**
- Divvie Powell, MSN, RN, Center for Health Care Quality, Cincinnati Children's Hospital Medical Center, Chapel Hill, N.C.

The Florida Department of Health (FDOH) was one of ten public health systems selected as part of a national multi-state learning collaborative funded by Robert Wood Johnson to explore accreditation and to assess quality improvement strategies that would advance the work of public health departments (PHD). The FDOH instituted a collaborative learning experience, along with quality and performance improvement methods, to improve cardiovascular disease (CVD) rates and to test and assess quality improvement methods in PHD settings. Ten PHDs located primarily in northeastern FL agreed to participate. All ten counties have CVD rates that do not meet the Healthy People 2010 targets. The Institute for Healthcare Improvement's "Model for improvement" provided the framework for the learning collaborative: setting an aim, establishing measures, selecting changes, and testing changes using Plan-Do- Study- Act- cycles. The overall aim of the collaborative was to increase physical activity rates using community wide campaigns, an evidence based strategy documented in the CDC Guide to Community Preventive Services. Measures and target goals were established to monitor progress. The ten month pilot experience provided insight into the challenges and potential for enhancing the work of PHDs using this quality improvement framework.

Learning Objectives:
List the primary concepts in the IHI Model for Improvement
Articulate why formal study and application of quality improvement methods such as the IHI's Model for Improvement are necessary tools for reaching community health goals
Discuss the process, opportunities and challenges for implementing formal quality improvement methods in local public health agencies

WEDNESDAY, OCTOBER 29

Wednesday, October 29 at 9:30 a.m.

Who is at risk? Individual and contextual risk factors for domestic violence in Sub-Saharan Africa: The case for Malawi, Zambia, and Zimbabwe

- **Monika S. Sawhney, MSW**, School of Public Health and Tropical Medicine, Tulane University, New Orleans, La.
- **William Sambisa, PhD, Carolina Population Center, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Despite increase in women's status across sub-Saharan Africa, domestic violence against women still remains an emerging problem. In the region, more than 50% of women are subjected to domestic violence in one form or the other. Domestic violence not only affects the physical well-being of women but it also has adverse effect on reproductive health outcomes. Most studies have identified individual-level and household-level factors associated with domestic violence. However, predictors of domestic violence transcend these levels into the context into which women act their everyday life. Limited studies on women in sub-Saharan Africa have assessed the effects of context on domestic violence. An understanding of community-level factors that shape the behavior between partners is necessary for the development of comprehensive multilevel behavioral and integrated strategies that target both women and men, and attempt to modify social norms to support uptake of behavior change. Using the latest Demographic and Health Survey data from Malawi, Zambia, and Zimbabwe, this study examines both individual – and community level variables associated with domestic violence. Community-level variables related to acceptance of violence, age, and educational differences between partners, were calculated. All women from the communities contributed to the community-level variables, whether or not they are in the analysis samples. The multivariate logistic regression analyses were performed using Huber-White standard errors in Stata. This modeling approach corrects the estimated standard errors to allow for clustering of individuals within the communities and to permit an unbiased assessment of the impact of the community-level variables, controlling for individual-level factors.

Learning Objectives:
1. Articulate the prevalence of physical, sexual and emotional domestic violence among women in Malawi, Zambia

and Zimbabwe 2. Identify who is at risk or individual and contextual risk factors associated with intimate partner violence in sub-Saharan Africa. 3. Explore possible intervention and policy implications of the findings.

Wednesday, October 29 at 11:05 a.m.

Does BFHI make a difference? Overview of existing studies of impact on exclusive breastfeeding and later health

- **Miriam Labbok, MD, MPH, FACPM, Center for Infant and Young Child Feeding and Care, Dept. of Maternal Child Health, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, N.C.**

Purpose:
Global financing for child survival is theoretically based on impact. Nonetheless, the primary intervention for prevention of child deaths - early and exclusive breastfeeding - is vastly underfunded. This paper will explore the Baby-friendly Hospital Initiative, its implementation and impact in various countries, and the diminished levels of financial support.

Data:
The presentation will include analyses of DHS data, UNICEF data, and review of the literature on BFHI.

Methods:
Background will be based on a review of the literature that has presented the impact of a baby-friendly hospital on breastfeeding rates in various settings. In addition, DHS and other available data have been re-analyzed using area graph and line graph presentation to illustrate impact in various countries and globally. Cost information as gleaned from various meetings will also be discussed.

Major results:
BFHI has a measurable and reliable impact on rates of exclusive breastfeeding, and data from various countries and globally support its impact. However, financial support for this initiative has diminished. Recommendations and policy implications: Suggestions for raising the profile of this intervention and for increasing support will be discussed. A survey of donor agencies is recommended.

- **Learning Objectives:**
  The participant will be able to:
  Discuss how implementation of BFHI may vary between countries
- Understand the innovative nature of this intervention and its impact
- Outline the priority of breastfeeding for child survival compared to the priority of breastfeeding among global investments in child survival