

2019 Public Health in the Rockies Conference

Equity and Social Justice: Innovation at Elevation

Presented by:

Colorado Public Health Association (CPHA)

General Conference Information:

The ***purpose*** of the 2019 Public Health in the Rockies Conference is to provide an opportunity for education, networking and skill development of professionals in Colorado and neighboring regions. The Conference is designed to build a more competent public health workforce.

The ***goals*** of the conference are to:

1. Provide a forum for public health professionals to develop new skills, demonstrate best practices, exchange lessons learned, share current research, and discover valuable resources.
2. Offer a multi-disciplinary conference program that encompasses the broad aspects of public health.
3. Stimulate innovation in public health practice.
4. Promote awareness around Colorado's adoption of the Public Health 3.0 and Foundational Public Health Services models.
5. Provide a meeting and discussion opportunity for the CPHA members, other public health interest groups, special interest groups, and new & non-traditional public health partners.
6. Encourage networking of all professions represented in public health, special interest groups, and new & non-traditional public health partners.

The ***intended audience*** for this conference includes, but is not limited to:

- behavioral health and mental health professionals

- community health workers
- community service providers
- environmental health professionals
- epidemiologists
- health educators
- medical-legal attorneys
- patient navigators
- physicians
- policy makers, elected officials
- program coordinators and administrators
- public health nurses
- public health officers
- policy professionals
- related health specialists
- researchers and faculty
- social workers
- students

This conference is a gathering of individuals associated with public health from Colorado and surrounding states. Conference attendees will consist of a wide variety of participants from the public, private and non-profit sectors, as well as the medical, academic and community settings.

The **theme** of the 2019 Public Health in the Rockies conference is ***Equity and Social Justice: Innovation at Elevation***. This theme continues discussions of our communities' current and future public health issues. Most importantly, we will learn from our peers' policy development efforts, advocacy work, authentic community engagement work, and innovative programs to address challenges related to advancing health equity and social justice.

The 2019 Conference will highlight the ongoing importance of promoting health equity, and aims to:

- Encourage innovation and outside the box thinking to transform communication, practice, and policies
- Foster common ground with non-traditional partners and build new collaboration opportunities
- Use advocacy and activism to develop a unified voice for public health, health equity, and social justice
- Celebrate the power of community engagement and participation and highlight our accomplishments in this area
- Facilitate more expansive, inclusive, and relevant leadership and professional development training

The conference will provide insight and ideas on how to promote health equity in the region. It will showcase multidisciplinary efforts specific to Colorado and the Rocky Mountain region within the context of the Foundational Public Health Services and Capabilities.

CPHA defines "Health Equity" to be the active assurance that everyone is afforded the opportunities essential to attaining their highest level of health.

Session Information:

The planning committee invites abstract submissions from a person or organization wishing to present a:

- **Program/Research "Showcase" Session (30 minutes)***
- **Program/Research "Showcase" Session (1 hour)**
- **Skill building Session (2 hours)**
- **Poster Session**
- **Breakfast Roundtable Session****

***Space limited**

****New this year**

Submission Options:

Program/Research Showcase Session (30 minutes): These short (30 minutes) Program/Research Showcase Sessions are intended to provide attendees with a quick synopsis of a public health program or relevant research. Attendees should learn about how the program or research relates to the three core functions of public health and to the theme of the conference "Equity and Social Justice: Innovation at Elevation." Presenters should ensure time is available for questions and answers during the 30-minute session.

Program/Research Showcase Session (1 hour): 1 hour Program/Research Showcase Sessions are intended to provide attendees with in depth presentation and discussion opportunities, featuring a successful practice, program, or research on key issues. Attendees will learn about how the practice, program, or research relates to the three core functions of public health and to the theme of the conference "Equity and Social Justice: Innovation at Elevation." This session differs from a 30 minutes Program/Research Showcase Session in that presenters are expected to engage participants in interactive learning activities and discussions.

Skill-building Session (2 hours): Skill-building or workshop sessions are intended to teach a specific skill needed by public health professionals and include one or more exercises that let attendees practice using this skill. Attendees should begin to develop a skill that is important for public health and related to one or more of the three core functions of public health and to the theme of the conference "Equity and Social Justice: Innovation at Elevation." This session differs from a Program/Research Showcase Session in that attendees will have a **hands-on opportunity** to practice the skill versus a lecture-based session.

Poster Session: Poster Sessions are intended to provide a graphic presentation of program or research findings by displaying graphs, photos, diagrams and descriptive text. Attendees should learn about how the program or research relates to the three core functions of public health and to the theme of the conference “Equity and Social Justice: Innovation at Elevation.” The authors will then hold discussions with the registrants who are circulating among the poster boards during the designated poster session time frame. The presenter should remain by his/her poster board for the duration of the one hour session to answer questions.

Breakfast Roundtable Session: Roundtable Sessions are intended to provide opportunities for the presenters to share their topics with smaller audiences (~8 participants) for 60 minutes. The presenter(s) will share on their topic for about 20 minutes and then facilitate a Q & A and discussion with the participants at the table. Attendees will learn about how the program or research relates to the three core functions of public health and to the theme of the conference “Equity and Social Justice: Innovation at Elevation.” Roundtable presenters selected will be assigned a specific table that will be labeled so attendees can select a topic of interest. No audio-visual equipment is provided for roundtable sessions, but presenters are encouraged to bring handouts or any other materials to assist in the brief presentations.

Submissions Due: Friday, March 29, 2019 at 5pm MT

Abstract reviews and selection of sessions will be completed by a diverse conference planning committee and recruited reviewers. Based on the abstracts submitted, the planning committee will ensure that the program will be representative of the variety of topics and geographic areas represented in public health.

Please Note: Acceptance to present does require all presenters to register and pay to attend the conference.

Submission Instructions:

Complete and submit the online form; one submission per presentation. You will be able to stop and restart your abstract submission at a later time. Please assure abstract is submitted completely, indicated by a completion message and abstract submission summary email immediately following the submission. The **lead presenter** will receive a confirmation of receipt. Once submitted, revisions to abstracts cannot be accepted. Late submissions will not be accepted. **Communications will be directed to the lead presenter only.**

Your abstract submission must have clearly stated:

- Presentation Title
- Lead Presenter and Abstract Contact (Name, job title or role (e.g., student), organization, address, phone #, email) ****All communication regarding presentations will be sent to the lead presenter only.***

- Additional Presenters, their Organization and email address (up to 5)
- Additional Non-presenting Authors and their Organization (up to 5)
- Lead Presenter and Additional Presenters' Biographies and Credentials
- Preferred Session Format (Skill-Building, Program/Research Showcase, Poster, Roundtable)
- Learning Objectives of Session (up to 3). Describe, **in measurable terms using a behavioral verb** (such as describe, discuss, explain) what attendees will be able to do following participation in the session. The learning objectives should provide a clear focus for your session. Words to avoid: understand, know, learn.
- Abstract Text:
 - **Program/Research Showcase Sessions:** In 300 words or less, clearly describe why your submission is relevant to public health professionals in Colorado or neighboring regions and the theme of "Equity and Social Justice: Innovation at Elevation." Include the following information:
 - Background / Purpose: Present main research questions, hypothesis, needs
 - Methods: Include descriptions of participants, procedures, instrumentation, data analysis, or the equivalent
 - Results: Results presented in the poster can be preliminary, incomplete (in process of data collection), and can include anticipated or speculated results
 - Implications: Clearly present the "take home messages" from your investigation as it relates to public health

** If requesting 1 hour session, please describe how your presentation will be in depth and interactive, and encourage active attendee discussions.

- **Skill-Building Sessions:** In 500 words or less, clearly describe the purpose or need for the skill-building session, content that will be covered, how the session would support best practices and skill-development related to a core function of public health, and why the session would be relevant to public health professionals in Colorado and neighboring regions. You will be required to answer follow-up questions to describe the instructional methodologies that will be utilized to support skill development during the session (e.g., small group discussion, role play, etc.) and how to measure the skills developed.
- **For Poster Sessions:** In 300 words or less, clearly describe why your submission is relevant to public health professionals in Colorado and neighboring regions and the theme of "Equity and Social Justice: Innovation at Elevation." Include the following information in your poster submission:
 - Background / Purpose: Present main research questions, hypothesis, needs
 - Methods: Include descriptions of participants, procedures, instrumentation, data analysis, or the equivalent
 - Results: Results presented in the poster can be preliminary, incomplete (in process of data collection), and can include anticipated or speculated results
 - Implications: Clearly present the "take home messages" from your investigation as it relates to public health

- **For Roundtable Sessions:** In 300 words or less, clearly describe why your submission is relevant to public health professionals in Colorado and neighboring regions and the theme of “Equity and Social Justice: Innovation at Elevation.” Include the following information in your poster submission:
 - Background / Purpose: Present main research questions, hypothesis, needs
 - Methods: Include descriptions of participants, procedures, instrumentation, data analysis, or the equivalent
 - Results: Results presented in the poster can be preliminary, incomplete (in process of data collection), and can include anticipated or speculated results
 - Implications: Clearly present the “take home messages” from your investigation as it relates to public health

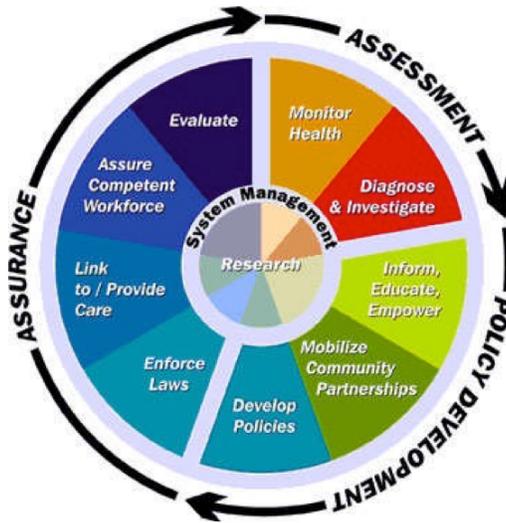
- Brief Description of Session for Conference program (3-5 sentences)
- Target Audience for Session (what type of professional would be most interested in your session)
- Level of Session Content/Skill Level
 - Introductory
 - Intermediate
 - Advanced
- Core Function(s) of public health that are covered (see diagram below): Must select one.
 - Assessment
 - Policy Development
 - Assurance
- Identify up to three main topics for the presentation
 - Advocacy and Activism
 - Communication and Marketing Strategies
 - Community Engagement and Partnerships
 - Community Health Assessment and Planning
 - Community Health and Patient Navigation
 - Emergency Preparedness and Response
 - Environmental Health
 - Epidemiology & Statistics
 - Evaluation
 - Food and Nutrition
 - Health Informatics and Technology
 - Health Promotion, Disease Prevention & Education
 - Homelessness & Housing
 - Immigrants and Refugee Health
 - Infectious Disease Prevention
 - Maternal and Child Health
 - Mental Health and Behavioral Health
 - Public Health Nursing
 - Public Health Social Work

- Occupational Health
- Oral Health
- Policy Engagement and Development
- Public Health Leadership Development (e.g., System Thinking, Change Management, Communication, Resource Management, etc.)
- Public Health Transformation
- Quality Improvement
- Students and Early Careers
- Veterinary Public Health
- Violence and Injury Prevention
- Workforce Development

Audio/Visual Needs

- Special accommodations for presenter(s)/presentation

3 Core Functions and 10 Essential Services of Public Health



ABSTRACT EXAMPLES

Please note that these are just examples of Showcase and Skill-building abstracts, and your abstract does not have to be exactly like the ones shown. It offers assistance to those people that have not submitted an abstract before or needs additional guidance on the format.

Showcase Abstract Examples

Example #1

Purpose: There is a dearth of population based data about children's mental health in Colorado. To help fill this critical data gap, questions were added to the 2012 Colorado Child Health Survey (CHS) to measure the need for mental health care, receipt of needed care, the prevalence of Attention Deficit Hyperactivity Disorder (ADHD), depression, anxiety, and/or behavioral or conduct disorders, and the use of medication for these conditions.

Methods: The Colorado Child Health Survey is a call back survey from the Behavioral Risk Factor Surveillance System Survey (BRFSS). The BRFSS monitors health status, prevalence of chronic diseases, and self-reported risk behaviors of Colorado adults through a random-digit-dial telephone survey. During the BRFSS phone interview, the interviewer inquires if a child between the ages of 1-14 years lives in the household and about the respondent's willingness to complete a survey about the child. Approximately 2 to 4 days later, the parent is called to complete the CHS on a variety of health topics.

Results: Overall, 9% of children needed mental health care in 2012. Of those, 73% received the care they needed. Six percent of children had been diagnosed with ADHD and 68% of them were taking medication, 2%

of children had been diagnosed with depression, 5% with anxiety, and 3% with behavioral or conduct disorders. Identified disparities will be reviewed.

Relevance: These data will be used to support health care providers, public health professionals, and policy makers in understanding the extent of mental health needs and the disparately affected groups among Colorado children through the use of a population based surveillance mechanism.

Example #2

Purpose. Health disparities in Colorado have been well documented for many years; however, the elimination of these disparities has not been a top organizational priority for the Colorado Department of Public Health and Environment (CDPHE) until recently. In 2012, CDPHE developed a strategic plan for 2012-2016. One of the cross-cutting priorities in the plan is to promote health equity and environmental justice.

Methods. In the fall of 2012, CDPHE's Health Equity and Environmental Justice Collaborative was formed. The Collaborative is comprised of representatives from each Division and Office within CDPHE and has four executive sponsors from senior leadership. The Collaborative arrived upon shared definitions of health equity and environmental justice, created vision and mission statements, and identified goal areas, objectives and activities in support of the mission. These materials will be shared with participants in this session. Work groups have been formed for each goal area.

Results or lessons learned. One activity of the Collaborative was to conduct a baseline survey to assess employee's awareness and knowledge of health equity and environmental justice issues, perception of the climate of the department with regard to health equity and environmental justice, and related actions. The results of this survey and efforts to address identified deficits will be discussed. Efforts to include employees at all levels within the organization will also be highlighted. Progress on each goal area will be reported.

Relevance and support of theme. This session will illustrate CDPHE's actions in support of achieving health equity and environmental justice, consistent with the conference theme. Goal areas within the Collaborative's work plan are closely aligned with several of the 10 Essential Services of public health.

Skill-building Abstract Examples

Example #1

The use of evidence-based practice in public health increases the likelihood of success of a program, policy, or intervention, as well as decreases the overall cost, and allows for greater impact on population health. Supporting the implementation of evidence-based practice has become a priority for both public health practitioners and funding agencies. The development of skills that allow for searching for evidence-based public health intervention recommendations, the ability to critically appraise existing literature (both published and practiced), summarize results, and facilitate consensus building among key stakeholders about recommended interventions has enormous potential to streamline and improve evidence-based public health practice. The purpose of this skill building session will be to review the stages in creating strategies for

evidence-based public health efforts and develop the skills needed to search for evidence on public health topics. The session will begin with an explanation of what defines evidence. We will focus on systematic reviews as an example of a powerful source of evidence. Then, details describing how to define the purpose of a search, select databases, conduct the search, critique the literature, organize the literature, rate the literature, and finally, summarize the literature will be covered.

The 2-hour session will not only rely on didactic lecture, but leverage both small group activities and individual exercises. The session will be designed so that the lessons and strategies presented could be translated to nearly any topic within public health practice. For example purposes, though, this session will focus on finding and summarizing evidence for public health interventions designed to decrease obesity.

Currently, more than 70% of local public health agencies in Colorado have selected obesity as a priority area for local public health improvement planning. In addition, obesity was selected as one of Colorado's 10 Winnable Battles for Public Health. While the skills gained during the session are transferable to other public health topics, a focus on obesity will be of particular interest for many public health practitioners in Colorado. This session will support the conference theme of "Health Equity for All." Specifically, we will discuss the translation of evidence-based recommendations to local communities. As an example, we will use the National Diabetes Prevention Program and its translation into American Indian and Alaska Native communities to describe the importance of considering specific context. This message is crucial in promoting health equity for unique cultures and subpopulations that public health serves.

Finally, the session will equip participants with the ability to select the most promising and successful interventions that can be used to improve community health, allow for more effective evaluation and selection of population-based health services and promotion, and will provide specific training for the public health workforce. To measure the effectiveness of the session and the development of skills, pre- and post-evaluations will be completed by session participants.

Example #2

Background: Various industries, including health care, have adopted Lean process improvement, a structured approach to improving performance, to enhance practices and outcomes. The state of Colorado has adopted Lean process improvement methodology to achieve the goal of improving efficiency, effectiveness and elegance in state government. With Lean being relatively new to public health, there is a need to develop the skills capacity in the workforce. Increasing the Lean knowledge base and application in Colorado and Wyoming will help to streamline processes, maintain or improve outcomes, strengthen partnerships and achieve our public health goals in this time of limited resources. Lean process improvement in public health involves systematically evaluating public health programs, practices, and policies and developing measurable improvement plans as needed to increase healthy outcomes. Lean can increase the capacity of health departments to routinely evaluate and improve the effectiveness of their organizations, practices, partnerships, programs, use of resources, in addition to the impact the systems improvements have on the public's health. Lean has the potential to contribute to public health transformation through building or re-engineering public health infrastructures while integrating a system for continuous performance measurement and quality improvement within and across agencies. Lean demonstrates its value in its potential to serve all essential services of public health but particularly the research for new insights and

innovative solutions to health problems. Lean is a framework for data driven, yet creative decision making through the structured work of multidisciplinary teams.

After completing this session, which is intended for all public health partners, participants will be able to:

1. Describe Lean process improvement and how it can be applied to achieve Public Health goals.
2. Demonstrate why, when and how to use Lean process improvement tools such as initiative selection & prioritization, and root cause analysis.

Methods: This is an introductory session on Lean process improvement. The session will include descriptions of some of the basic aspects of Lean, why process improvement is important, and then allow for hands on application of some Lean tools.

The Skill Building Session will include the following elements:

1. Introduction
2. Short presentation on Lean methodology
3. Short presentation on Lean tools and instructions for use
4. Breakout session-small groups practice using tools
5. Small groups report back results
6. Discussion of results
7. Short presentation on factors that influence success of Lean efforts
8. Summary
9. Q & A

Target audience: Public health workers, their partners, and anyone interested in using Lean process improvement methodology in public health.

Example #3

Colorado has the second-highest rate of prescription painkiller abuse in the nation with 304 poisoning deaths due to opioid analgesics. As a result, communities statewide have identified an urgent need to address this critical issue. In order to disseminate evidence based prevention efforts in Colorado, the Prescription Drug Abuse Prevention Program and the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Colorado initiative are collaborating to reduce substance use, prevent health related consequences, and save healthcare costs. Both programs are statewide initiatives of the Colorado Office of Behavioral Health working towards prevention of substance abuse; providing educational opportunities and trainings, assisting community collaborations, and utilizing evidence-based practices to integrate universal screening and intervention as a standard of care.

In the first half of this session, we will focus on the collaborative efforts taking place in Colorado and how these efforts help implement Colorado's strategic plan on prescription drug abuse. During the second half of this skill building session, we will use the SBIRT model to identify prescription drug abuse and integrate an innovative approach to early intervention in healthcare, school-based, and community based settings within rural, frontier and urban counties. We will provide an overview of the first five-years of SBIRT implementation in Colorado; summarize key lessons learned from the work in diverse healthcare, public health and

geographic settings; and highlight the community collaborations and partnerships that were developed across the state. We will summarize results from the first five years of SBIRT, including data from 115,215 screenings that showed a 40-50% reduction in substance use at six-month follow-up. We will demonstrate screening and brief intervention, train participants on the four-step process, and provide opportunities to practice the skills through role-play followed by discussion and feedback from the presenters.

QUESTIONS??

Technical and general questions can be asked using the Tech Support button on the top right of the abstract portal. If you have more specific questions, please email info@publichealthintherockies.org or call 303-861-4995.