

Poster Session Abstracts

Health Insurance Disparities Among Nevada's Children Entering Kindergarten

Abstract

For the past two years, The Nevada Institute for Children's Research and Policy (NICRP), in partnership with the state's 17 school districts, the Southern Nevada Health District (SNHD), and the Nevada State Health Division (NSHD), conducted a health survey examining the health status as well health insurance status of Nevada's children entering kindergarten. This study was conducted with the goal of quantifying the health status of children as they enter school to be able to identify specific areas for improvement to eventually increase academic success among Nevada's students. The purpose of the current study was to gain a deeper understanding of the risk factors contributing healthcare barriers of children entering the school system and to predict health outcomes associated with insurance status. Preliminary findings indicate that of the 20,577 respondents, 81.4% of reported that their children were covered by medical insurance. For those without medical insurance, children were less likely to have been seen by a medical provider for a routine check-up in the past 12 months (OR = 6.20, 95% CI = 5.75-6.69), and the odds of children without medical insurance not having a primary care provider was 15.49 times (95% CI = 14.40, 16.67) higher than the odds for children with medical insurance. In addition, the poster presentation will document results from additional analyses regarding income and ethnic disparities, as well as provide suggestions for how to increase access to healthcare for children in Nevada.

Learning Objective(s)

Participants will learn from this poster the potential risk factors and disparities that contribute to lack of health insurance and health outcomes associated with lack of health insurance.

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Poster Session Abstracts

Creating Greater Accessibility to Alternative Means of Directly Observe Therapy (DOT) by Utilizing Interactive Technology Services

Abstract

The Southern Nevada Health District (SNHD) Tuberculosis (TB) Infection and Control Clinic has been dedicated to the treatment and prevention of TB infection and disease for over 30 years. Directly observed therapy (DOT) is a crucial part of all successful public health TB infection and control programs. As the population in Southern Nevada has expanded, so has the need for increased access to care. Thus, the SNHD creation of an alternative to the traditional DOT model. In this digital age, access and knowledge of computers and the internet have given us the ability to view our patients from anywhere at any time. We are utilizing the internet service Skype™. Patients can place Skype™ to Skype™ calls for free in the comfort of their own homes. We have the ability to video chat with the patient ensuring they are viewed taking their medication as well as inquiring about any difficulties they may have with their current medication regimen. The requirements for this service are as follows: computer with internet (high-speed) connection, webcam, and microphone. A majority of the patients that have inquired about this alternative have computers with an internet connection but some did not have a webcam. Webcams are available for the patients to borrow if required. The clinic currently provides this service to a total of 26 patients and counting. This service not only increase access to care but also acts as an incentive to patients who find coming into the clinic difficult due to social or psychological issues.

Learning Objective(s)

Determine viable alternatives to traditional means of directly observed therapy.

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Poster Session Abstracts

Implementing an HIV Education Program for Ghanaian Youth in a Low Income Fishing Village in Greater Accra

Abstract

The HIV pandemic is a major public health problem and one of today's most significant global health concerns. Structural, political and social inequalities fuel the epidemic, with infection rates highest in the poorest, most marginalized populations. Sub-Saharan Africa has been more severely impacted by HIV than any other world region with over 20 million HIV-positive adults and children, accounting for 68% of infections globally. Youth are at very high risk and prevention efforts targeted at youth can have a lifelong effect, ultimately decreasing the overall prevalence of HIV/AIDS in Africa and is a primary goal of global public health. We developed and evaluated an HIV educational program consisting of role play, games, and skill demonstration to increase knowledge and address sociocultural factors specific to Sub-Saharan Africa. The study was implemented over a 4week time period at a BASICS International, an NGO literacy center located in Chorkor, a low-income fishing village in the greater Accra region of Ghana. A pre-post evaluation measuring HIV knowledge and beliefs, risk perceptions, and self-efficacy was administered to 100 participants aged 10 to 19 years. An MPH '09, PhD in Public Health candidate and MEd candidate and will discuss the experience of implementing an HIV program in one of the most marginalized communities of Accra, Ghana. ****Preliminary data will be presented****

Learning Objective(s)

At the end of the poster session, participants will know how effective an adapted US HIV prevention program was at increasing knowledge, perceived susceptibility, and dialog about HIV and other sexually transmitted infections in a group of Ghanaian adolescents in a low income fishing village in Greater Accra.

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Poster Session Abstracts

School Based Health Centers- Comprehensive Care at No Cost for Nevada's Children

Abstract

Barriers to health care often include a lack of access to health insurance, and a lack of funds. In Nevada, about 17.8% of people are without health insurance. Of those who are uninsured, over half live in households with an income of less than \$25,000 a year. There are over 300,000 children in the Clark County School District; it can be assumed that over 50,000 of them are without health insurance. A combination of no health insurance and low household income contribute to low or no access to health care. School Based Health Systems improve access to health care for children. Located in or on school grounds they provide an inclusive range of services addressing health needs. These centers provide a “medical home” to children who are without health insurance and to families who cannot afford insurance co-pays. Communities in Schools of Nevada found a solution to health care barriers in Nevada face every day; comprehensive health services are provided at no cost. Our patients have access to primary care, dental hygiene, mental health and optometric services. The average family income is \$1,120 a month. Our pediatrician sees patients at our two physical clinics and at off site locations; last year 8,133 patients received primary care visits. Homelessness affected 90 (1.1%) patients. 3,184 (46.9%) patients are under 5 years old. Most of our patients have no insurance, 92.8% (7,547) of patients have no insurance coverage, and had no medical home without the School Based Health Centers.

Learning Objective(s)

Explain what a School Based Health Center is. Know the costs, benefits and barriers to providing School Based Health Care.

Author(s)

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Poster Session Abstracts

An Evaluation of Lead Hazards in Pre-1978 Residential Housing Within Clark County, Nevada, USA

Abstract

Lead poisoning remains a public health concern due to lead's persistence in the environment from anthropogenic uses. Initial efforts to address the impacts of lead on vulnerable communities have included secondary prevention measures which typically occur after a child has been poisoned. However, in recent years there has been a pragmatic shift toward primary prevention efforts. This study evaluates lead hazards identified through primary prevention activities in residential housing within Clark County, Nevada, USA. It is the first study to systematically address and evaluate pre-1978 housing in Southern Nevada. Risk assessments were conducted in 81 dwellings built prior to 1979 classified as a mobile, single family or multi family unit. Risk assessments included the evaluation of lead hazards using a Niton X-ray Fluorescence analyzer and collection of dust and soil samples. Of the 81 homes inspected 60 (74%) of the homes had lead-based hazards from traditional (paint, dust, soil) and non-traditional (tile) sources. Evaluation of lead-based paint hazards suggest that hazards within Clark County follow national trends, specifically that lead is found more frequently in older housing units. An evaluation of age of the home as a marker for dust and soil hazards indicated no statistically significant trend, which could conclude that year of construction is not associated with such hazards. Data does suggest that non-traditional lead-based hazards such as tile are more commonly found in Southern Nevada Homes. Understanding housing characteristics, such as age of home, and their association to paint, dust and soil hazards can be used to develop targeted screening and education efforts that actively evaluate housing with the greatest risk of exposing humans to lead. Further, the identification of non-traditional lead hazards as a common source of exposure for Nevada residents indicates the need for prevention and educational efforts that address reducing risks associated with such hazards.

Learning Objective(s)

At the end participants should understand predominant lead hazards found in Southern Nevada homes. In addition, participants will understand key prevention and educational efforts that can reduce the risk of lead hazards that can place families at risk for lead poisoning.

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Poster Session Abstracts

Colorectal Cancer Incidence and Mortality: Trends and Disparities in Nevada

Abstract

For the period 2002 through 2006, colorectal cancer (CRC) was the 3rd leading cause of cancer-related death in Nevada and the U.S. In Nevada, 5470 cases and 2084 deaths were reported for the same period. The ACS reports U.S. mortality rates per 100,000 were approximately 45% higher in blacks than in whites for the period from 2001 to 2005. This disparity, in part, may be attributed to corresponding differences in the prevalence of risk factors and utilization of screening tests. The purpose of this poster is to identify CRC incidence and mortality disparities and possible corresponding factors which exist among racial/ethnic populations of Nevada, and ultimately suggest ways to minimize those disparities. Using data from the Nevada Central Cancer and Death Registries, we examined the cohort of men and women diagnosed with CRC during 2002 through 2006. Preliminary results indicate age-adjusted rates were higher in blacks compared to whites for both incidence (55.8 vs. 49.7) and mortality (23.3 vs. 19.8). Additionally, the percentage of early stage diagnosis was approximately 5% lower in blacks compared to whites, similar to national averages. Results from more in-depth analyses of CRC incidence and mortality, as well as screening, health care status and income data will be shown. Complex and interrelated factors contribute to existing disparities in CRC incidence and death among racial, ethnic, and underserved groups. Identifying and understanding these disparities is crucial in eliminating the burden of CRC. Work on this project was made possible by CDC-funded grant 1H75DP001816-01 through Nevada Cancer Institute.

Learning Objective(s)

To understand CRC incidence and mortality disparities and possible corresponding factors which exists among racial and ethnic population groups in Nevada.

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Poster Session Abstracts

An Assessment of Lead Concentrations in Imported Hot Sauces Purchased in Clark County, Nevada

Abstract

Recent evidence in childhood lead poisoning suggests that there is no threshold for the adverse health effects of lead exposure. Even though the number of cases of childhood lead poisoning in the United States has significantly decreased, health disparities amongst Hispanic and African American children exist. In the last decade, the FDA has issued warnings and recalls for Mexican-style candies containing high levels of lead. These candies are easily purchased and commonly consumed by Hispanic children. The FDA has reported that salt and chili powder are the likely sources of lead contamination in Mexican-style candies, which are common ingredients in many hot sauces. Twenty-five (25) bottles of imported hot sauces manufactured in Mexico and South America were purchased in Clark County, Nevada. The hot sauces were tested for lead (ICPMS), pH, and lead in the containers and lids. Hot sauces from 4 different manufactures exceeded ≥ 0.1 ppm lead, the current FDA action level for lead in candy. The lead concentration of the plastic lids covering the hot sauce ranged from not detectable to 2,028 ppm lead. There was no correlation between the composition of the lids or pH and the lead concentration of the hot sauce. These results indicate the need for stricter screening protocols by the FDA for imported food items and packaging from Mexico. There is also a lack of applicable standards for hot sauce, which is not a food, candy or an additive. This is the first known study to screen imported hot sauce for lead.

Learning Objective(s)

After reviewing this poster, participants should understand the importance of screening food products for lead and the connection between good manufacturing practices and childhood lead poisoning in Nevada. In addition, participants should be aware of the lack of guidelines and regulations for hot sauces.

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Poster Session Abstracts

Explorative Spatial and Temporal Analysis of Trauma Field Triage Criteria (TFTC) Events Relating to Road Traffic in Southern Nevada

Abstract

Traffic crashes are seldom random in space and time and in most cases form clusters or “hot spots” in geographic space or exhibit distinct temporal patterns. The present study aims to describe local patterns in the spatial and temporal distribution of TFTC events relating to road traffic (TFTC-RT) in the Southern Nevada trauma catchment areas in 2009. Monthly trauma event data were aggregated, deduplicated, spatially projected and geocoded (2,948 unique TFTC-RT within county boundary geocoded; match ratio: 0.85). On the basis of geocoded point events, Kernel density estimation was conducted with different bandwidths. To detect spatial clusters of problematic areas, point data were aggregated to the census-tract level to facilitate global and local tests for spatial autocorrelation. The results suggested a globally clustered spatial pattern (Global Moran’s I index=0.03; Z score=3.69; p-value=0.0002). Further, contiguous tracts with significant clustering of high event frequencies (indicated by local Moran’s I probability values) or hot spots were visualized. The study also constructed structural models to decompose the TFTC-RT time series (3,467 unique TFTC-RT within county boundary) into components including trend, cycles, and regression effects due to predictor series. Incorporating weekly periodicity and holidays/weekend effects, the resulting stochastic model obtained denoised estimates of component series to enable a succinct temporal description of TFTC-RT in the study period. However, only a moderate amount of variations in the response series was explained by the constituent factors of the final model (Adjusted R-square: 0.1; Mean-Squared-Error: 15.7), owing to the lack of information on a wide range of variables affecting accidents including changes in traffic volume, environmental characteristics (e.g. roadway conditions, highway configuration and maintenance), implementation of safety measures/programs, weather, etc. To improve local response to TFTC-RT, it is crucial to identify event hot spots and salient features of its temporal dynamics. This study employed spatial analysis and structural modeling of time series data for determination and understanding of the distribution of trauma events relating to road traffic in Southern Nevada. Findings from this study will help with the targeting of proper preventative measures.

Learning Objective(s)

Apply local information on trauma events relating to road traffic to help efficient implementation of emergency health services.

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Poster Session Abstracts

Intimate Partner Violence as a Public Health Priority

Abstract

"Intimate Partner Violence (IPV) as a Public Health Priority" will engage public health leaders to respond to family violence. It will provide the background and skills necessary to respond appropriately to the health and safety needs of victims. This seminar distills the most recent data and promising practices on the health impact of violence. It will present compelling data, national resources, and program and policy recommendations from national training models to engage a diverse audience.

Learning Objective(s)

1. Define intimate partner violence 2. Determine the scope of the problem 3. Understand the dynamics of the IPV relationship 4. Identify the common medical conditions associated with IPV 5. Discuss the guiding principles for an improved health care response, including routine screening, assessment and intervention tools, documentation recommendations, and making referrals to community-based advocacy programs 6. Detail the essential steps in a public health response to address IPV in the health care setting

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Poster Session Abstracts

Educational Outreach for the Nevada Healthy Homes Partnership

Abstract

The Nevada Healthy Homes Partnership (NVHHP) is an emerging collaboration between the University of Nevada - Las Vegas (UNLV), the Southern Nevada Health District (SNHD), and other public and private housing authorities and health agencies throughout Clark County, Nevada. The primary mission of the NVHHP is to improve the health of Nevada residents, particularly those in disadvantaged communities, by identifying and addressing conditions in the home environment. National research has shown that there is a strong correlation between a safe and healthy home and the resulting health and wellness of the occupants. The NVHHP aims to identify and address similar correlations in Clark County homes. The NVHHP partnership aims to achieve its mission through the accomplishment of five major goals: 1) To provide program participants with educational materials related to the creation and maintenance of a healthy home, 2) To collect baseline data in Clark County related to the home environment and health status of residents, 3) To assess for the presence of and, ultimately, reduce asthma triggers in Clark County homes, 4) To reduce the number of unintentional injuries and poisonings that occur in Clark County homes, and 5) To connect program participants to appropriate community resources. In order to ensure the successful completion of Goal 1, educational materials are in development based on the National Center for Healthy Housing's (NCHH) Seven Core Healthy Homes Principles. The NVHHP aims to provide education outlining the Seven Principles and identifying the most common health and housing problems, how these problems occur, and what can be done to fix them. The purpose of the educational materials is to enlighten and engage program participants in the process of creating and maintaining healthy homes.

Learning Objective(s)

After viewing this poster, participants should be able to identify the Seven Core Healthy Homes Principles, as developed by the National Center for Healthy Housing, and understand simple steps which contribute to the creation and maintenance of a healthy home.

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Poster Session Abstracts

Nevada Responds to the Hepatitis-C Outbreak: A community-based project to implement a colon cancer screening navigator program

Abstract

The 2008 hepatitis-C outbreak in Las Vegas resulting from improper procedures in two endoscopy clinics has motivated Nevada's public health community to action. As one response, the Nevada Colon Cancer Partnership (NCCP) has joined with the Nevada Cancer Institute, UNR's School of Community Health Sciences, and the INBRE Program at the School of Medicine to successfully obtain NIH funding for a community-engagement project to increase colon cancer screening through the use of patient navigators. Nevada has lower screening rates than other states and a higher burden of cancer morbidity and mortality, especially among minority groups. Started in April 2010, the theory-driven project was developed in partnership with the community and applies evidence-based practices in a tailored intervention designed to increase knowledge about colon cancer, thereby increasing screening rates. Members of the NCCP include cancer survivors, health care providers, public health professionals, and organizations such as area hospitals and cancer societies. In this presentation, we will a) discuss the intervention, b) present results to date, c) explain community engagement methods, d) describe the mission and vision of the NCCP, and e) share some of the successful outcomes which can result from the formation of a community coalition. Supported by P20 RR-016464 from the NIH National Center for Research Resources.

Learning Objective(s)

Understand the role of screening navigators, community engagement research, and the benefits of forming community coalitions.

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Poster Session Abstracts

Association Between Physical Activity Participation and Asthma Prevalence Among Adult Nevadans

Abstract

Introduction: People with asthma often limit their physical activity due to the debilitating effects of exercise-induced asthma. However, rates of physical activity participation among adult Nevadans with asthma is not well documented. Objective: The purpose of this study was to examine the association between physical activity participation and asthma prevalence among adults living in Nevada. Methods: We used data from the 2009 Behavioral Risk Factor Surveillance System and examined physical activity participation among respondents reporting lifetime or current asthma. Contingency tables were constructed to compare leisure time physical activity (LTPA) between adults with and without asthma using weighted data and frequencies for complex survey data. Results: Of the 3,840 respondents, 513 (13.4%) reported lifetime asthma and 344 (9.0%) reported current asthma. It was revealed that 67.9% of those with lifetime asthma and 63.4% of those with current asthma reported that they engaged in LTPA compared to 76.3% of those without asthma. Adults with lifetime or current asthma were significantly less likely to participate in LTPA than were those without asthma ($p < 0.05$). Conclusions: Adults with asthma are at increased risk of not meeting physical activity guidelines due to exercise induced asthma symptoms. Physical inactivity is more prevalent among adults with asthma compared to those without asthma. This inactivity coupled with the use of oral steroids may increase difficulty for weight management. Public health professionals should focus on strategies to enable physical activity among asthmatics through improved disease diagnosis and management.

Learning Objective(s)

Understand the rates of physical inactivity among adult Nevadans living with asthma

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Poster Session Abstracts

The Dilemma of Health Care Access and Childhood Asthma Rates

Abstract

Introduction: Asthma affects approximately 6.7 million children in the U.S. Burden is heaviest among uninsured minority children, yet those lacking health coverage are often under-reported or poorly diagnosed. Approximately 17% of Nevada’s children are uninsured. Lack of health care access is a large contributor to poor disease diagnosis and management. Objective: The purpose of this study is to examine rates of childhood asthma among those with and without healthcare access in order to determine if those lacking coverage are adequately classified. Methods: Analyses were performed using data from the 2007-2009 BRFSS childhood asthma modules. Current asthma is classified as ever being diagnosed in a lifetime plus a current asthma diagnosis. Questions were asked and proxy reported for the child's asthma status, and if the child had a primary care provider and health insurance. All analyses were pooled and weighted to account for complex survey design. Results: Those children with health insurance reported a current asthma rate of 7.7% compared with a rate of 1.3% for the uninsured group.. Children with a primary provider reported a current asthma rate of 7.6% compared with a rate of 4.8% for the uninsured group Conclusion: Inconsistent with the literature, the data demonstrate that uninsured children and those without a primary provider have lower rates of asthma than those with healthcare access. This is likely due to poor case ascertainment among uninsured children contributing to under-reported rates. Epidemiological consideration should be given when investigating asthma rates among the uninsured population, and interventions designed to capture the true asthma rate.

Learning Objective(s)

To understand rates of asthma among children residing in Nevada with and without healthcare coverage.

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Poster Session Abstracts

Safe Injection Practices: Strategies for Improving Education and Outreach

Abstract

In 2009 a coalition of members from Accreditation Association for Ambulatory Health Care (AAAHC), American Association of Nurse Anesthetists (AANA), Ambulatory Surgery Foundation, Association for Professionals in Infection Control and Epidemiology, Inc (APIC), BD (Becton, Dickinson and Company), Centers for Disease Control and Prevention (CDC), CDC Foundation, HONORreform Foundation, Nebraska Medical Association (NMA), and Nevada State Medical Association (NSMA) came together to form the Safe Injection Practices Coalition. This coalition worked together to develop the “One and Only Campaign” to promote safe injection practices. Print materials, in the form of brochures and posters were finalized and In the fall of 2009 Nevada was selected as one of two states to serve as a pilot site for the national “One and Only Campaign” to promote safe injection practices. The Nevada State Health Division and the School of Community Health Sciences at the University of Nevada Las Vegas worked together to create an evaluation plan to disseminate and evaluate the effectiveness of these print materials. This included conducting focus groups with medical providers, as well as members of the general public, surveys in ambulatory care centers in Nevada, as well as a statewide telephone survey. This information was analyzed and recommendations for improvement were developed and provided to the coalition. This presentation will provide an analysis of demographic characteristics (gender, age, race/ethnicity, urban/rural, education, and household income) of Nevada residents in relation to their knowledge of safe injection practices, as well as strategies for improving education and outreach to various populations.

Learning Objective(s)

Identify appropriate public health education and outreach strategies related to safe injection practices for various demographic populations in Nevada.

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Poster Session Abstracts

Healthy Steps to Freedom (HSF): Evaluation of a Health and Body Image Curriculum for Women in Substance Abuse Treatment

Abstract

The use of stimulants, such as methamphetamine (meth), is an ever-increasing problem for women. A recent report by the National Institute on Drug Abuse revealed that meth, the only drug which women use at rates equal or greater than men, has become the fastest growing illicit drug of choice among young women. At least one reason for this recent increase in stimulant use is related to physical appearance: Increasing numbers of women report using drugs to lose weight. Common side effects of stimulant use are loss of appetite, increased energy levels, and weight loss. This study tested the efficacy of a program designed for women in substance abuse treatment. To date, 198 females participated in the 12-week program and 89 participants have completed the program. Participants completed measures of drug use, body dissatisfaction, eating pathology, endorsement of Western values of appearance, and knowledge of nutrition before and after program participation. Height and weight to calculate BMI and skin folds to calculate body composition were also collected. Prior to intervention, participants ranged in age from 18 to 65 ($M = 33.13$, $SD = 10.77$), had been in recovery for about 12 months ($SD = 36.21$), and had an average BMI of 28.16 ($SD = 6.45$). Preliminary results using data from participants who have completed the program indicated that women experienced significantly less body dissatisfaction after participation as shown on the 16-item version of the Body Shape Questionnaire ($M = 44.34$, $SD = 16.00$) than before ($M = 53.37$, $SD = 20.97$).

Learning Objective(s)

Identify programming needs for women in treatment for illicit substance abuse.

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Poster Session Abstracts

A Gastroenteritis Outbreak Associated with Norovirus in Eight Long Term Care Facilities

Abstract

The Southern Nevada Health District, Office of Epidemiology investigated a large Norovirus outbreak in eight Long Term Care Facilities (LTCF) in Clark County, Nevada during February and March 2010. Of 1179 residents, 298 (25%) were ill, and of 991 staff, 96 (9.7%) were ill. In the eight facilities, attack rates among residents ranged from 17% to 55%. Propagation of disease by person-to-person spread was suspected in all facilities. Among residents, the hospitalization rate was 2.5%, and no deaths were reported. Eight staff members were employed or had social interactions with ill residents at multiple affected facilities. Timing of illness suggested that ill staff may have introduced disease into three facilities. Overall, 30 stool specimens were positive for Norovirus by rRT-PCR. Four Norovirus specimens from two facilities were sequenced; three were identical and one differed from the others by one nucleotide. All sequences were closely related to Norovirus Genotype II.4 New Orleans. At one facility, both Norovirus and *Clostridium difficile* were detected. Upon encountering gastroenteritis outbreaks in facilities which house the elderly, there should be a high degree of suspicion of Norovirus infections, but other pathogens may be found. Investigation of this Norovirus outbreak led to the identification of a concurrent outbreak of *C. difficile* that otherwise may have gone undetected. When investigating outbreaks of gastrointestinal disease at healthcare facilities, public health staff should consider the role of staff members who are employed at multiple facilities. LTCF have special obligations to protect their residents, and meticulous adherence to infection control procedures must be enforced.

Learning Objective(s)

Identify and control concurrent Norovirus outbreaks at multiple healthcare facilities that house elderly residents.

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Poster Session Abstracts

Under-representation of LGBT Population in Public Health Surveys

Abstract

According to Community Marketing, Inc, approximately 8 percent of Clark County residents self-identify as lesbian, gay, bisexual, or transgender (LGBT). However, this subgroup is not addressed in Nevada's Behavioral Risk Factor Surveillance System. While the Nevada Adult Tobacco Survey (ATS) attempts to collect this information, the sample was not weighted and non-representative to make a valid comparison to the majority. Only 2 percent of respondents self-identified as homosexual or bisexual and no data was collected on transgender. Although groups like the American Medical Association and American Public Health Association recommend that sexual orientation and gender identity be included as demographic behaviors, many public health surveys do not collect this data, even though response rates to sexual orientation questions are often higher than questions related to household income. In Clark County, the estimated LGBT population is similar to Black/African-Americans and higher than Native Americans and Asian/Pacific Islanders, yet no data is collected for this subgroup. States such as Arizona and New Mexico have been able to generate accurate estimates for the LGBT population through community surveys, focus groups and key informant interviews. The LGBT population faces a number of health disparities including greater tobacco use. Current studies provide strong evidence that smoking rates among sexual minorities can be 1.5 to 2.5 times those of heterosexuals. This could translate to a smoking prevalence of 57.25 percent in the LGBT population of Clark County. Accurate estimates for the LGBT population are needed to address health disparities for this underserved portion of the population.

Learning Objective(s)

Realize the need for more representative sampling designs for non-traditional minority populations when developing public health surveys.

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