College of Public Health and Human Sciences

Graduate Research Symposium

The Research Accomplishments and Scientific Discoveries of CPHHS’ Graduate Students
Welcome –

• Marie Harvey, Associate Dean of Research, CPHHS

Facilitator –

• Sunil Khanna, Professor, Robert and Sara Rothschild Endowed Chair, CPHHS
Symposium Agenda

10:00 Welcome

10:05 – 10:30 Session I

10:30 – 11:00 Session II

11:00 – 11:30 Session III

11:30 – 12:00 Discussion, Coffee/Tea and Networking
SESSION 1
Mandana Masoumimirad

Use of Sexual and Reproductive Health Services among Women of Reproductive Age living in Rural and Urban Oregon: Impact of the Affordable Care Act

Health Policy, PhD Program
Use of Sexual and Reproductive Health Services among Women of Reproductive Age living in Rural and Urban Oregon: Impact of the Affordable Care Act Medicaid Expansion

Mandana Masoumirad, MA, PhD Student in the Public Health (Health Policy) Program

❖ Aims

• Compare use of sexual and reproductive health (SRH) services for Medicaid-enrolled women of reproductive age (WRA) living in Oregon by rurality

• Examined the effect of Medicaid Expansion on use of SRH services for these women

❖ Methods

• Linked Oregon Medicaid enrollment files and claims to identify 392,111 WRA between 2008-2016

• Outcome variables: receipt of contraceptive services, contraceptive counseling, well-woman visits, STI screening, and pap tests

• Key independent variables: indicators for rurality (i.e., urban, large rural cities, and small rural towns, using Rural Urban Commuting Area category B); an indicator for the post-Medicaid Expansion time period (2014-2016).

• Analysis: fixed-effects logistic regression and ordinary least square regression models controlling for age, race, and time trends
Results:

Table 1 – Preventive service receipt among Oregon Women in 2008 – 2016 by rurality status

<table>
<thead>
<tr>
<th>Service</th>
<th>Large Rural Cities</th>
<th>Small Rural Towns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive Services</td>
<td>0.97</td>
<td>[0.91, 1.03]</td>
</tr>
<tr>
<td>Contraceptive Counseling</td>
<td>0.96</td>
<td>[0.90, 1.02]</td>
</tr>
<tr>
<td>Well-woman visits</td>
<td>0.95</td>
<td>[0.90, 1.01]</td>
</tr>
<tr>
<td>STI Screen</td>
<td>0.91*</td>
<td>[0.84, 0.98]</td>
</tr>
<tr>
<td>Pap Tests</td>
<td>0.99</td>
<td>[0.94, 1.05]</td>
</tr>
</tbody>
</table>

Table 2 - Effect of Medicaid Expansion on sexual and reproductive health services use

<table>
<thead>
<tr>
<th>Service</th>
<th>Contraceptive Services</th>
<th>Contraceptive Counseling</th>
<th>Well-woman visits</th>
<th>STI Screening</th>
<th>Pap Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Urban</td>
<td>0.458****</td>
<td>0.175****</td>
<td>0.519***</td>
<td>0.098***</td>
<td>0.282***</td>
</tr>
<tr>
<td>[0.394, 0.522]</td>
<td>[0.121, 0.229]</td>
<td>[0.467, 0.571]</td>
<td>[0.045, 0.151]</td>
<td>[0.239, 0.326]</td>
<td></td>
</tr>
<tr>
<td>Large rural cities</td>
<td>0.519***</td>
<td>0.090*</td>
<td>0.442***</td>
<td>0.148***</td>
<td>0.244***</td>
</tr>
<tr>
<td>[0.445, 0.593]</td>
<td>[0.034, 0.146]</td>
<td>[0.378, 0.506]</td>
<td>[0.119, 0.177]</td>
<td>[0.193, 0.294]</td>
<td></td>
</tr>
<tr>
<td>Small rural towns</td>
<td>0.508***</td>
<td>0.165***</td>
<td>0.414***</td>
<td>0.082***</td>
<td>0.241***</td>
</tr>
<tr>
<td>[0.418, 0.598]</td>
<td>[0.111, 0.220]</td>
<td>[0.361, 0.466]</td>
<td>[0.043, 0.121]</td>
<td>[0.182, 0.300]</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>324</td>
<td>324</td>
<td>324</td>
<td>324</td>
<td>324</td>
</tr>
</tbody>
</table>

• Note: *p < .05; **p < .01; ***p < .001.
• 95% confidence intervals are in brackets.

Policy implications

• Advance knowledge of the impact of ACA Medicaid Expansion on rural/urban in SRH service use.

• Provide valuable information to states who have not yet expanded Medicaid coverage to low income women.
Ellie Smith

*Development of a Reproductive Justice Model to Predict Cervical Cancer Prevention Behaviors*

Health Promotion and Health Behavior, PhD Program
Development of a Reproductive Justice Model to Predict Cervical Cancer Prevention Behaviors

Ellie Smith, MA
Health Promotion and Health Behavior
College of Public Health and Human Sciences
Graduate Research Symposium
May 13th, 2022
Public Health Problem:
Cervical cancer is largely a preventable disease, yet over 4,000 individuals are projected to die from cervical cancer in 2022. Systemic barriers limit prevention behaviors including screening and the HPV vaccine.

Specific Aims:
Aim 1: Develop a model using reproductive justice (RJ) as a theoretical framework to predict cervical screening receipt and adherence to recommendations.
Aim 2: Test the developed model to predict HPV vaccine initiation.

Methods:
- Structural equation modeling (SEM) methods facilitated model development.
- RJ guided development of model constructs examining system-level barriers to prevention behaviors.

Significance of Results:
- First attempt to quantitatively assess achievement of reproductive justice
- Identify priority areas for public health practitioners to focus intervention
Karen Kuo

*Impact of Registered Dietitian Order Writing on Parenteral Nutrition Utilization*

Nutrition, MS Program
Impact of RD Order Writing on Parenteral Nutrition Utilization

Karen Kuo

Background

- Total Parenteral Nutrition (TPN) is nutrition intravenously provided through a central vein.
- Due to safety implications, TPN is classified as high risk medication\(^1\).
- Current literature indicates that TPN is often inappropriately used when RDs are not writing orders\(^2\).
- Federal law legalizing and authorizing RD diet order writing July 11, 2014

Study Aims

- To evaluate the difference in average number of TPN days per month before and after RD diet order writing implementation as a sentinel for RD order writing impact.
- To explore methods for recording meaningful clinical complications of TPN before and after RD diet order writing implementation.
Mean TPN days pre-order writing was 107.8 days per month.
Mean TPN days post-order writing was around 44.0 days per month. (p < 0.0001)

Results

Readily available indicators of complications solely attributed to parenteral nutrition were not identified during chart review.

Table A1. Characteristics of Study Population

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>TPN Days (Total = 5097)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td>no. (%)</td>
</tr>
<tr>
<td>&lt;21 yr</td>
<td>0 (0)</td>
</tr>
<tr>
<td>21-30 yr</td>
<td>122 (2.47)</td>
</tr>
<tr>
<td>31-40 yr</td>
<td>322 (6.31)</td>
</tr>
<tr>
<td>41-50 yr</td>
<td>256 (5.02)</td>
</tr>
<tr>
<td>51-60 yr</td>
<td>991 (19.4)</td>
</tr>
<tr>
<td>61-70 yr</td>
<td>1225 (24.03)</td>
</tr>
<tr>
<td>71-80 yr</td>
<td>1468 (28.80)</td>
</tr>
<tr>
<td>81-90 yr</td>
<td>603 (11.83)</td>
</tr>
<tr>
<td>91-100 yr</td>
<td>101 (1.98)</td>
</tr>
<tr>
<td>&gt;100 yr</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>no. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males, total</td>
<td>1738 (34.1)</td>
</tr>
<tr>
<td>Males, pre</td>
<td>626 (12.2)</td>
</tr>
<tr>
<td>Males, post</td>
<td>1112 (21.8)</td>
</tr>
<tr>
<td>Females, total</td>
<td>3359 (65.9)</td>
</tr>
<tr>
<td>Females, pre</td>
<td>1962 (38.4)</td>
</tr>
<tr>
<td>Females, post</td>
<td>1397 (27.4)</td>
</tr>
</tbody>
</table>

Table B1. Linear regression values

<table>
<thead>
<tr>
<th>Covariate comparison</th>
<th>Estimated difference in means (days)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean TPN days vs. period</td>
<td>-5.29</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Mean TPN days vs. age</td>
<td>0.01</td>
<td>0.83</td>
</tr>
<tr>
<td>Mean TPN days vs. sex</td>
<td>-4.52</td>
<td>0.02</td>
</tr>
<tr>
<td>Mean TPN days vs. period, age, and sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Period</td>
<td>-4.96</td>
<td>0.01</td>
</tr>
<tr>
<td>Age</td>
<td>-0.02</td>
<td>0.72</td>
</tr>
<tr>
<td>Sex</td>
<td>-4.09</td>
<td>0.04</td>
</tr>
</tbody>
</table>
Felicity Ratway

Developing a Health Care Interpreter Training Curriculum

Health Policy, PhD Program
RATIONALE FOR DEVELOPING THE PROGRAM

**Health Disparities Among Language Minority Patients**
- Less access to preventive care, more ER visits
- Less likely to be satisfied with care
- More likely to experience communication errors leading to harm
- Higher rates of uncontrolled chronic conditions

**Impact of Skilled Interpreters**
- Higher satisfaction with care
- Better care
- Better health outcomes
- More access to preventive care, less ER visits

**Rural Needs**
- Inconsistent access to interpreters on the OHA registry statewide
- Few interpreters in rural areas: cost and availability of training, lack of local jobs can be barriers
- Training is a step that must be coupled with efforts to improve pay and working conditions, prioritize credentialed interpreters

**Cost Savings**
- Increased access to preventive care/decreased access to emergency care
- Less unnecessary testing; physicians better ability to diagnose patients

**Compliance**
- State and federal requirements, incl. HB 2359
- CCO Incentive Metric
## Background

- The OHA Registry lists interpreters who have met standards
- 2 different credentials (“credentialed interpreters” as an umbrella term)
  - OHA Qualification/Qualified Interpreters: Health care-specific interpreter training, commitment to Code of Ethics and Standards of Practice, demonstrated language proficiency; available for all languages
  - OHA Certification/Certified Interpreters: Above plus knowledge test and skills (performance) test; only available for some languages
- Training is a component of both; OHA has set minimum standards for training

## Interpreter Training Programs

- Teach interpreting (distinguish from interpretation, translation), sometimes with a focus on a particular field of interpreting work (legal, medical, conference)
- OHA minimum requirements include:
  - 60 hrs total: higher than 40 hrs required by national certification bodies
  - Ethics (8 hrs)
  - Anatomy and physiology
  - Medical Terminology
  - Message conversion: discourse analysis, delivery, TL equivalence, regional dialects, register, memory, self-monitoring/self-assessment
  - Modes of interpreting: Simultaneous, consecutive, sight translation, (basic written translation)
  - Cultural competency

### OCHI’s HCI Training Program meets OHA standards, with some unique features:

- Language focus (Spanish)
- Rural focus with a hybrid modality
- Simultaneous instruction and practice
- Focus on career placement and readiness

## Intro to Interpretation
- Distinguishing skills and processes for communication, interpreting, translation
- Basics: First-person, message conversion, modes of interpreting
- Importance of the profession, impact on patient health outcomes

## Interpreting in Health Care Setting
- Safety in the health care setting
- Health care interpreter role, stages of the health care encounter, setting and mode of interpreting
- Intro to anatomy and physiology, medical terminology, research and glossary-building

## Ethics
- NCIHC and IMIA Code of Ethics and Standards of Practice
- Compare / contrast health care interpreting ethics to other ethical codes for interpreters
- HIPAA training for Business Associates

## Interpreting Skills
- Practice interpreting in consecutive mode
- Practice interpreting in simultaneous mode
- Peer evaluation and self-evaluation

## Memory for Interpreters
- Introduction to memory, attention, effort, cognitive demand; connect to interpreting
- Memory strategies for interpreters
- Practice repetition, shadowing, and interpreting using memory strategies

## Note Taking
- Note-taking strategies
- Differentiate between note-taking for simultaneous vs. consecutive mode
- Practice note-taking

## Working as a Health Care Interpreter
- Working as a contractor vs as an employee
- Process for obtaining and renewing OHA credentials, with time to fill out application; national certification exams recognized by OHA
- Resources: professional organizations, continuing education, etc
Mental Health Interventions for Adults with Neurodevelopmental Disabilities: A Narrative Review
Aim: Review current evidence-base for mental health interventions for adults with neurodevelopmental disabilities (NDD)

Methods:

- Narrative review looking at type of intervention, setting, level of evidence, feasibility of implementation, and NDD community involvement in research process
- Databases: PubMed & PsycINFO
- Search strings:
  - "intellectual dis*" OR "communication dis*" OR "autis*" OR "asperger*" OR "ADHD" OR "Attention-Deficit/Hyperactivity Disorder" OR "Specific Learning Disorder" OR "developmental coordination dis*" OR "stereotypic movement dis*" OR "tic dis*" OR "neurodevelopmental disorders"[MeSH Terms] AND
  - "mental health" OR "anxiety" OR "depress*" OR "suicid*" OR "PTSD" OR "Post-traumatic stress"[MeSH Terms] AND
  - "Intervention" OR "psychotherap*" OR "cognitive behavior*" OR "Mindfulness" OR "program evaluat*"

- Inclusion criteria:
  - Intervention
  - Primary focus on MH or MH symptoms
  - Focus on people with NDD
  - Adults (18+)
  - Published in a peer-reviewed journal between 2017-2022

- Exclusion criteria:
  - Duplicates
  - Full-text not in English
  - Lit review, systematic review, or meta-analysis
  - Project proposal
Preliminary Findings

512 articles retrieved

433 excluded based on title and abstract

79 retrieved for full-text review

11 included articles

19 excluded articles

Reasons:
- 11 Non-MH Focus
- 5 Non-Adult Participants
- 2 No Focus on NDD
- 1 Non-English Text

NDD breakdown:
- Attention-Deficit/Hyperactivity Disorder: 2
- Autism Spectrum Disorder: 6
- Intellectual Disabilities: 3

- 4 interventions use mindfulness therapy
- 7 studies made no mention of NDD community involvement in research process outside of participation
- All studies are pilot or exploratory
Kirstin Yeomans

Oregon Psilocybin Services (OPS) Community Interest Survey
2022 Findings

Epidemiology, MPH Program
In November of 2020, Ballot Measure 109, the Oregon Psilocybin Services Act was passed by voters in Oregon.

**M109:**
- Creates a license and regulatory framework for the production of psilocybin and facilitation of psilocybin services for adults 21 years of age and older.

**OPS Community Interest Survey:**
- Assess how many people are interested in and eligible for:
  - accessing psilocybin services
  - becoming licensed as a manufacturer, facilitator, or service center
  - submitting training program for approval by OHA
Select findings

- Number of respondents interested in:
  - Accessing services: 4,162
  - Training program approval: 660
  - Facilitator license: 1,613
  - Manufacturer license: 982
  - Service center license: 903
  - Testing laboratory license: 226
SESSION 2
Wafa Hetany


Health Policy, PhD Program

The Government of Jordan passed NSW in 2013. Goal of the NSW was to promote gender equality and women’s empowerment, eliminate discrimination against women, protect them from violence and improve their health and wellbeing.

Data analysis
- Linear probability models (LPM)
- Multivariate regression models
- Multinomial Logit models
- Multinomial Probit models

Variables
- Outcome variables:
  - Women’s empowerment
  - IPV
  - Reproductive health and outcomes

- Independent variables:
  - Post implementation policy indicator

- Covariates:
  - Predisposing factors
  - Enabling factors
  - Need factors

Aims
To investigate the effect of the NSW on women’s empowerment levels, experience of IPV, and reproductive health services utilization and outcomes among ever-married women in Jordan.

Data and samples

Conceptual Framework

## Findings

<table>
<thead>
<tr>
<th>Empowerment</th>
<th>IPV</th>
<th>Reproductive Utilization</th>
<th>Reproductive Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude to violence</td>
<td>Physical IPV</td>
<td>Antenatal care</td>
<td>Pregnancy termination</td>
</tr>
<tr>
<td>4.58***(0.77)</td>
<td>-6.11*** (0.61)</td>
<td>-3.28*** (.57)</td>
<td>-14.25*** (0.86)</td>
</tr>
<tr>
<td>Social independence</td>
<td>Emotional IPV</td>
<td>Postnatal care</td>
<td>Unintended pregnancy</td>
</tr>
<tr>
<td>-17.30*** (1.41)</td>
<td>-5.94*** (0.64)</td>
<td>-18.04*** (1.22)</td>
<td>12.36*** (2.33)</td>
</tr>
<tr>
<td>Decision making</td>
<td>Sexual IPV</td>
<td>Healthcare use</td>
<td>Contraceptive use</td>
</tr>
<tr>
<td>6.27*** (1.19)</td>
<td>-4.77*** (0.42)</td>
<td>-39.83*** (.86)</td>
<td>-6.98*** (0.82)</td>
</tr>
<tr>
<td>Empowerment Index</td>
<td>Combined IPV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-11.86*** (1.86)</td>
<td>-9.52*** (0.70)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Policy Implications

- Assist policy makers to improve reproductive health programs and services in Jordan, advance gender equality and women’s empowerment, and protect women against all forms of discrimination and violence.

- Evaluate the progress made by the Government of Jordan and Jordanian National Commission for Women on the implementation of NSW.

- Provide recommendations for the development and implementation of the future National Women’s Strategy.
Sydelle Harrison

American Indian and Alaska Native Homicide and Deaths of Undetermined Intent in Oregon: Comparison by Decedent Place of Death

Health Promotion and Health Behavior, PhD Program
AMERICAN INDIAN/ALASKA NATIVE VIOLENT HOMICIDE AND UNDETERMINED INTENT DEATHS IN OREGON - 2003-2017

AIM 1: EXAMINE HOW CAUSE-SPECIFIC MORTALITY RATES OF HOMICIDE AND UNDETERMINED INTENT (UD) DEATHS IN OREGON VARY BY SOCIO-GEOGRAPHIC PLACE OF DEATH FOR AI/AN DECEDEENTS RECORDED IN THE NVDRS FROM 2003-2017

SUB AIM: EXPLORE DIFFERENCES IN INDIVIDUAL LEVEL, INCIDENT LEVEL, AND SYSTEM LEVEL VARIABLES FOR EACH SUBSET.

PRESENTED BY

SYDELLE N. HARRISON (IPNA'MAWAAX), MPH
PHD STUDENT
OREGON STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH AND HUMAN SCIENCES

MAY 13, 2022
## METHODS

### DATASET & SAMPLE
1) National Violent Deaths Reporting System
2) Race Classified AI/AN Decedents; All age groups and both male and female sexes.

### DATA LINKAGES
1) IDEA-NW corrected for AI/AN race misclassifications
2) USEPA zip code tabulation areas

### ANALYSIS
Design: Cross-sectional
Analysis: Descriptiv
Primary IV = Place of Death
- Tribal Lands Decedent (TLD)
- Non-Tribal Lands Decedent (NTLD)

### RESULTS

<table>
<thead>
<tr>
<th>Location of Death</th>
<th>Homicide (n=68)</th>
<th>EUI (n=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tribal Lands</td>
<td>Non-Tribal Lands</td>
</tr>
<tr>
<td>Total Decedents (n, %)</td>
<td>42 (61.7%)</td>
<td>26 (38.2%)</td>
</tr>
<tr>
<td>Individual Level Variables</td>
<td>&gt;80% Male</td>
<td>&gt;26% 56+ Years</td>
</tr>
<tr>
<td></td>
<td>&gt;33% 24 &amp; Under</td>
<td>&gt;28% Some College or Degree (12% Unknown)</td>
</tr>
<tr>
<td></td>
<td>&gt;40% less than HSD or GED (14% Unknown)</td>
<td>&gt;81% HSG /GED (9% Unknown)</td>
</tr>
<tr>
<td>Incident Level Variables</td>
<td>&gt;52% Firearm-Related</td>
<td>50% Firearm-Related Multiple Homicides (n=2, 3% total; 7.6% NTL) ONLY Reported for NTL Group</td>
</tr>
<tr>
<td></td>
<td>&gt;2X Higher Legal Intervention</td>
<td></td>
</tr>
<tr>
<td>Systems Level Variables</td>
<td>&lt;3% Homeless</td>
<td>&gt;15% Homeless</td>
</tr>
<tr>
<td></td>
<td>&gt;92% Had Autopsy Performed</td>
<td>&gt;88% Had Autopsy Performed</td>
</tr>
<tr>
<td></td>
<td>&gt;14% &quot;NO Toxicology&quot;</td>
<td>&gt;7% &quot;NO Toxicology&quot;</td>
</tr>
<tr>
<td></td>
<td>19% Migrated from Birthplace</td>
<td>&gt;53% Migrated from Birthplace</td>
</tr>
<tr>
<td>Systems: Substances</td>
<td>NOT REPORTED</td>
<td>&gt;36% 2+Substances Detected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;60% &quot;No Value Entered&quot;</td>
</tr>
</tbody>
</table>
Jennifer Snippen

*Death Matters: Sources of information used in death investigation*

Health Policy, PhD Program
DEATH MATTERS:
SOURCES OF INFORMATION USED IN DEATH INVESTIGATION

JENNIFER SNIPPEN MA RN F-ABMDI

- Death investigation conclusions influence public health efforts.
- US death investigations exhibit wide variation in scope and quality.
- Little is known about the essential issue of how death investigations are conducted.

GOAL OF THIS RESEARCH:
Describe and examine sources of information acquired during death investigation.
Data Source: MDI Log

Sample: Site 1 - Large County-Based Coroner System
Site 2 - Large County-Based Medical Examiner System

Preliminary Findings (Site 1 only):

Death investigators did not directly examine the scene in ~37% of cases

- Hospice deaths: 98%
- Natural deaths: 71%
- Accidental deaths: 30% of
- Homicide: 13%
- Suicide: 6%

Implications:
- Findings will contribute empirical data to a poorly understood process.
- Results provide an opportunity to improve the quality and consistency of information obtained during death investigation.

Body Examination
Scene Investigation
Medical History
Family and Witness Interviews
Death Certificate
Cause and Manner of Death

All reported deaths in years 2018-2021
N ~ 12,000 deaths
Solaiman Doza

Application of Haddon matrix to evaluate nonfatal commercial fishing injuries in the Pacific Northwest

Environmental and Occupational Health, PhD Program
Application of Haddon matrix evaluating nonfatal commercial fishing injuries in Pacific Northwest

Solaiman Doza

Environmental and Occupational Health

Haddon Matrix

• Dr. William Haddon – National Highway Traffic Safety Administration
• NIOSH used matrix to analyze commercial fishing fatalities in Alaska
• We are using matrix to analyze commercial fishing injuries in Pacific Northwest
• Identifying injury event specific counter measures

Risk Information System of Commercial [RISC] Fishing

• Aggregated multiple data sources to create injury incident database for the Pacific Northwest.
  ✓ Commercial Fishing Incident Database (CFID) by NIOSH
  ✓ Marine Information for Safety and Law Enforcement (MISLE) by the USCG
• Identified 245 nonfatal injury cases (2000-18)
Pre-event factors associated with contact with objects or equipment (n = 108) injury events

<table>
<thead>
<tr>
<th>Host</th>
<th>Agent/vehicle</th>
<th>Physical environment</th>
<th>Social environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work process:</td>
<td>Gear type:</td>
<td>Vessel activity:</td>
<td>Vessel crew size:</td>
</tr>
<tr>
<td>Hauling gear</td>
<td>Trawl (47%),</td>
<td>Fishing (40%),</td>
<td>&lt;5 crew (27%), &gt;100</td>
</tr>
<tr>
<td>(23%), Handling</td>
<td>Pot/trap</td>
<td>Moored (19%),</td>
<td>crew (21%), 5 to</td>
</tr>
<tr>
<td>gear on deck</td>
<td>(23%), No</td>
<td>Transit-unknown</td>
<td>10 crew (8%), 888 (31%)</td>
</tr>
<tr>
<td>Processing</td>
<td>fishing gear (10%),</td>
<td>Transit-outbound (8%),</td>
<td></td>
</tr>
<tr>
<td>catches (11%),</td>
<td>Seine (8%)</td>
<td>Unknown activity</td>
<td>(10%)</td>
</tr>
<tr>
<td>Handling frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fish (11%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percent (%)
Experiences receiving gender affirming care for transgender and gender diverse cancer survivors

Health Promotion and Health Behavior, PhD Program
National qualitative study with transgender and gender diverse cancer survivors

Gender-affirming care

- Hormone replacement therapy
- Puberty blockers (medication to stop or delay puberty)
- Top surgery (removal, creation, or enhancement of breast tissue)
- Bottom surgery (removal, creation, or enhancement of genital tissue)
- Electrolysis
- Voice care (speech therapy)
- Counseling for gender dysphoria
Transmasculine, 45, Non-Hodgkin lymphoma

• “You know what else I will tell you, this is a big gender affirming thing. This was the biggest thing for me actually. It was really stressful for me when they told me they were gonna take me off my birth control....It was very clear to me that he realized my issue was the bleeding and that I think he made the connection pretty quickly. I don’t feel like I had a trans conversation with him, but he was on the same page.”

Genderqueer, 55, breast cancer

• “He refused to believe that I didn’t want reconstruction. To the point that I had asked for a flat closure. And I got out of surgery, and I had my dressings removed, and he had left extra skin under my arm here. And when I went to see him for the follow up, I’m like ‘why did you do that?’ He’s like ‘Oh cuz you’re probably going to change your mind about reconstruction.’ And like I can’t tell you how violating that felt. It’s like that he felt he knew me and my body better than I did.”
Ivan Estrada

*Coast to Forest: Mental Health Promotion in Oregon*

Global Health, PhD Program
Coast to Forest Programs

Coast to Forest Local
- Baker, Lincoln, Tillamook, and Union Counties
- USDA Funding ($289K)

Coast to Forest Oregon
- All 36 Oregon Counties
- SAMHSA Funding ($1.1M)

1. Free Mental Health First Aid Training (MHFA)
2. County-specific Resource Guides
3. Local Extension Radio Programming
4. Community Conversations
5. Prevention Week
6. Web Library of Tools, Resources, Trainings
7. De-Stigmatizing Media Training
8. Peer Support Fundamentals (PSF) Training

Year 1 - Implementation
- Establishing procedures for training delivery
- Community-Engagement & Training Promotion
- Training Facilitation
- Managing Participants
Program Reach

- 12 Counties
- ~60% Rural

Program Effect

- Increased Awareness
  - Mean (Pre) = 2.66
  - Mean (30-d) = 3.26
  - p < 0.05

- Increased Confidence
  - Mean (Pre) = 2.57
  - Mean (30-d) = 3.30
  - p < 0.05

Program Reception

- 51.1% Extremely Satisfied
- 91.1% Recommend to Others
- 73.3% Useful to Life
- 73.4% Useful to Work

Demographics

- 32.9% Social Service
- 28.6% Education
- 21.4% Healthcare
- 72.4% White
- 70% Female
Erin McGowan

*Could a drug targeting the kidneys improve muscle metabolism?*

Kinesiology, PhD Program
Insulin-mediated glucose uptake
SESSION 3
Satyasandipani Pradhan

*Postpartum Medicaid coverage and outpatient care utilization among low-income women in Oregon: Impact of Medicaid expansion*

*Health Policy, PhD Program*
Aims:
Examine the effect of Medicaid expansion on duration of Medicaid enrollment and utilization of outpatient services by low-income women in Oregon during the postpartum period.

Methods:
We linked Oregon birth certificates, Medicaid enrollment files and claims to identify women (N=76,068) who gave birth between 2011-2015.
We created one Pre-Medicaid expansion (2011-2012) and two Post-Medicaid expansion (2014-2015) groups (i.e., previously covered and newly covered by Medicaid).
We studied the effect on enrollment and utilization of outpatient services within first 12 months of delivery.
Results:

Significance, and implications:

Medicaid expansion increased insurance coverage duration and outpatient care utilization during the postpartum period for women in Oregon, potentially contributing to reductions in maternal mortality and morbidities.

It adds further evidence to the success of Medicaid expansion in increasing access to care.
Stephanie Foster

*Neurocognitive Effects of Flame Retardants Among Young Children and Mothers and Predictors of Exposure*

Environmental and Occupational Health, PhD Program
How are people exposed to flame retardants?

Are exposures a risk factor for maternal and child neurocognitive health?
Maternal Self-Administered Depression Scores ~ OPFR Levels in House Dust

![Graph showing the relationship between CES-D Score and Sum of OPFRs at 3m postpartum (ng/g). The graph includes data points for different timepoints: 18wk, 36wk, 6m, and 1y. The data points are color-coded to represent each timepoint.](image-url)
Haley Delgado

*Rural, low-income Latina mothers’ depressive symptoms and family nutrition and physical activity environment,*

Health Promotion and Health Behavior, PhD Program
Background and Methods

Rural Mental Health
- Rural areas lack health services - 62% of HPSA (health professional shortage areas) are in rural areas
- Latino population is at risk for poor health
  - Disparities exist between the mental health of White population and racial/ethnic minorities
- Rural residents have poorer mental health than urban residents
  - 7.7 million non-metropolitan adults experienced mental illness in 2020
  - 1.8 million had serious thoughts of suicide

Family Health Behaviors
- Family systems framework indicates that parents and children’s health and behaviors are interrelated
  - Health behaviors (physical activity and nutrition) and influence on child behavior
    - Latina mothers PA associated with child PA behaviors, lack of meeting PA guidelines
  - Parental health behaviors (physical activity and nutrition) and child internalizing and externalizing behaviors
- Gap in evidence for how depressive symptoms influence family health behaviors

Purpose
- To examine the association between Latina mothers’ depressive symptoms and the family nutrition and physical activity environment.

Method
- Procedure and participants
  - Rural Families Speak about Healthy Study
  - Cross-sectional survey
  - n=136 Latina mothers with at least one child
- Measures
  - Depressive Symptoms – (10 questions) Center For Epidemiologic Studies Depression Scale (CES-D10)
  - Family Nutrition and Physical Activity - 21 questions about meal patterns, eating habits, physical activity
- Analytic Strategy
  - Multivariate regression models
  - Predicting associations between maternal depressive symptoms (IV) and family nutrition and physical activity (DV)
Results and Discussion

Results

- 53% of mothers were married, 78% were unemployed, 80% less than high school education, 71% household income <$35,000
- 50% identified as Puerto Rican, while 43% identified as Mexican/Mexican American/Chicano; Children were around 6 years old, 54% were male

Multivariate Associations Predicting Family Nutrition and Physical Activity

| Table 1. Associations between maternal depressive symptoms as a predictor of family nutrition and physical activity |
|---------------------------------------------------|--------|--------|--------|--------|
| Model                                              | $R^2$  | $\beta$ | $p$   |
| Intercept                                          | 0.12   | -      | <.001 |
| Depressive Symptomology                            | -3.03 (1.45) | -      | -0.20 | .04    |
| Employment Status                                  | .48 (.30) | -      | 0.16  | .11    |
| Education                                          | .65 (.29) | -      | 0.21  | .03    |
| Child Gender                                       | .40 (.27) | -      | 0.14  | .15    |
| Marital Status                                     | -0.61 (.34) | -      | -0.17 | .08    |
| Household Income                                   | -1.7 (.23) | -      | -0.07 | .46    |

Regressions model maternal depressive symptomology as a predictor of the family health environment. Bold font indicates statistical significance at the two-sided $a=0.05$ level.

Implications

Rural Latina Mental Health

- Depressive symptoms were associated with lower family nutrition and physical activity scores
- Social programs such as (WIC, SNAP) are extremely important for rural families.
- Need to prioritize the role of parental mental health in the context of the family system (associated with other behaviors within the family)

Engaging Rural Communities

- Incorporate access to mental health services as part of public health models and approaches
- Collaborating with mental health services for design and implementation of rural programming
- Consider culturally relevant mental health resources

Strengths and Limitations

- Data collection time period
- Context of the pandemic (and effects on mental health)
- Sample size, lack of generalizability
- Limited evidence for the association between mental health and family physical activity/nutrition and representation of rural diverse families
Vaishali Patil

*Trends in Attitudinal Acceptance of Wife-beating, Domestic Violence, and Help-seeking among married women in Nepal*

Health Policy, PhD Program
Factors enabling critical analysis of gender-based norms

- Education
- Employment
- Membership in community associations
- Urban/rural residence
- Household wealth
- Exposure to media

Conflict between reality & myth of male dominance

Exposure to egalitarian structures

Exposure to non-conformist ideas

Background characteristics
- Patriarchy
- Societal gender norms
- Woman’s status in society
- Childhood experience
- Prevalence & acceptance of wife-beating in society
- Socio-political and legal structure

Attitudes towards wife-beating

Experience of domestic abuse

Help-seeking from informal/formal sources
Attitudinal Acceptance of Wife-beating, Domestic Violence, and Help-seeking among married women in Nepal

Percentage of women and men justifying wife-beating- Nepal Demographic Health Surveys

Percentage of women justifying abuse by husband and mother-in-law- Multiple Indicator Cluster Survey

Justify wife-beating by Husband

Justify abuse by Mother-in-law
John Bouranis

Discovery of Biological Signatures for Cruciferous Vegetable Intake

Nutrition, PhD Program
Limitations to Cancer Prevention Through Diet

- Compounds from cruciferous vegetables, like sulforaphane (SFN), have been shown in cell culture and animal models to prevent and suppress cancer development.
- Studies in humans observe high levels of inter-individual variation in absorption and metabolism of SFN but the source of variation is unknown.
- Epidemiological studies have shown correlations between cruciferous vegetable consumption and cancer incidence, but they vary by study.
- Addressing these gaps in knowledge is paramount to the use of dietary interventions for cancer prevention.
A Two-Pronged Approach

Individual Level

• **Outcome:** Improve the outcomes of clinical trials to support the use of dietary interventions

• Identify the role of the gut microbiome in driving inter-individual variation

Population Level

• **Outcome:** Decrease recall bias in epidemiological studies to strengthen findings thru a biomarker of cruciferous vegetable consumption

• Utilize stable isotope traced untargeted metabolomics
Zainab Alidina

The OSU Surge Bench

Health Promotion and Health Behavior, PhD Program
OHA-OSU Surge Bench

The Surge Bench operates under an intergovernmental agreement between OHA as the funding partner and CPHHS and OCHI. The surge bench assists OHA in:

- Contact tracing
- Case investigations
- Vaccine navigation
- 211 COVID helpline
- COVID text line
- Review electronic lab reports
- Data entry
- Quality assurance
- Research projects
- Grant evaluation
Intimate Partner Violence Data Sources

- Asked by Program Design and Evaluation Services to investigate possible data sources OHA can use to identify secondary effects of COVID-19 and response activities on IPV in Oregon
- Methods: Literature review, google searches, reports
- Findings: 7 data sources (3 OHA was familiar with)
- Complications: Every data source has limitations
- Recommendations: Oregon Uniform Crime Reporting (UCR) dataset, supplemented by Google Trends and Client-Based Reporting
Philip Batterson

*Exercise and Nutrition: Remodelling the Powerhouse of the Cell*

Kinesiology, PhD Program
Mitochondria are the \underline{________________} of the cell.
Thank you!