

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 Masoumirad

*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

Service	Large Rural Cities		Small Rural Towns	
	Odds Ratio	Std. Err.	Odds Ratio	Std. Err.
Contraceptive Services	0.97	0.03	1.00	0.04
Contraceptive Counseling	0.96	0.03	0.95	0.04
Well-woman visits	0.95	0.03	0.87***	0.03
STI Screen	0.91*	0.04	0.81***	0.05
Pap Tests	0.99	0.03	0.91*	0.04

- Note: *p < .05; **p < .01; ***p < .001.
- 95% confidence intervals are in brackets.
- Women who live in urban Oregon are the reference group.

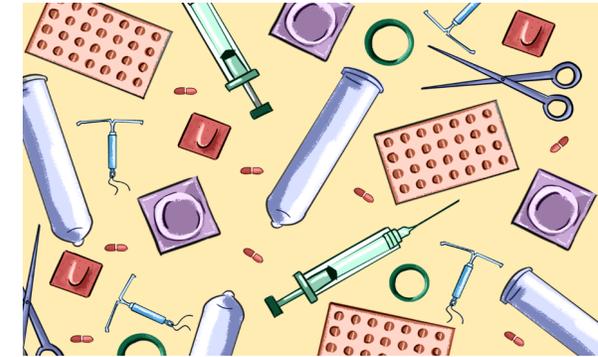


Photo by Elina Blazhiyevska, The Daily Californian

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

	Contraceptive Services (1)	Contraceptive Counseling (2)	Well-woman visits (3)	STI Screening (4)	Pap Tests (5)
Urban	0.458***	0.175***	0.519***	0.098***	0.282***
Large rural cities	0.519***	0.090*	0.442***	0.148***	0.244***
Small rural towns	0.508***	0.165***	0.414***	0.082***	0.241***
N	324	324	324	324	324

- Notes: *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



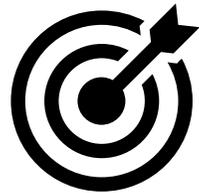
Oregon State University
College of Public Health
and Human Sciences



Public Health Problem:

Cervical cancer is largely a preventable disease, yet over 4,000 individuals are projected to die from cervical cancer in 2022.

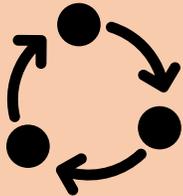
Systemic barriers limit prevention behaviors including screening and the HPV vaccine.



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

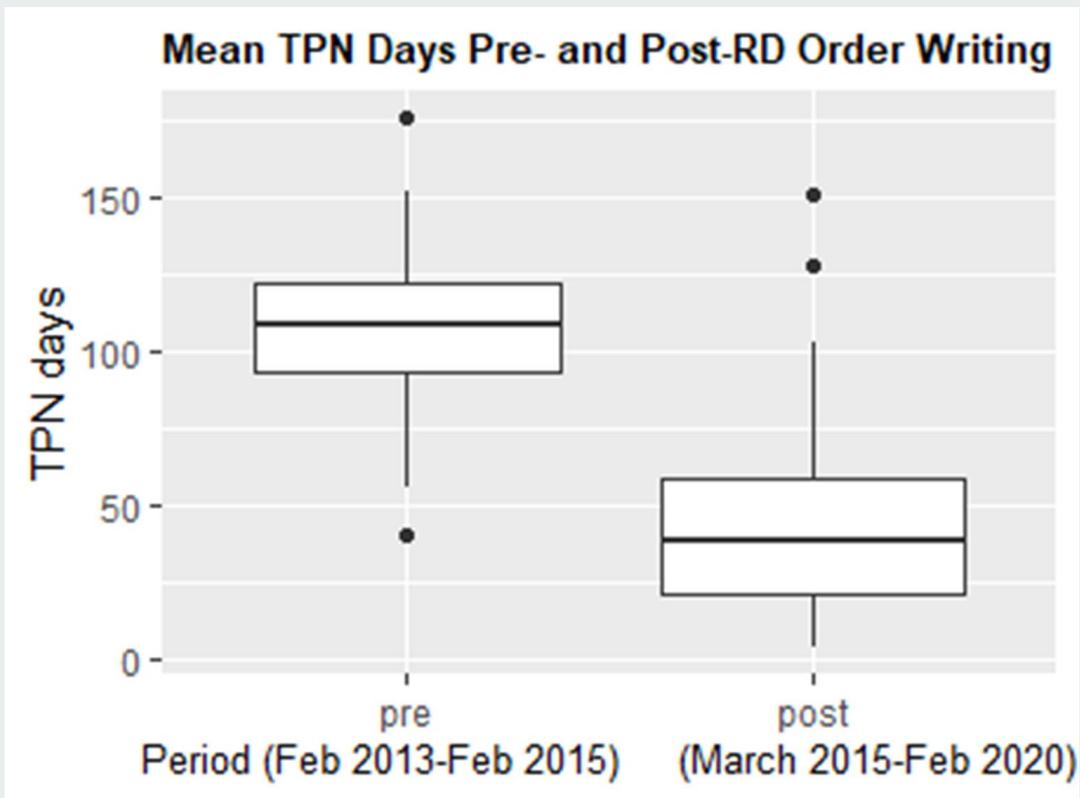
Background

- Total Parenteral Nutrition (TPN) is nutrition intravenously provided through a central vein.
- Due to safety implications, TPN is classified as high risk medication¹.
- Current literature indicates that TPN is often inappropriately used when RDs are not writing orders².
- 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.

Results



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. ($p < 0.0001$)

Table A1. Characteristics of Study Population

Characteristic	TPN Days (Total = 5097) no. (%)
Age group	
<21 yr	0 (0)
21-30 yr	131 (2.57)
31-40 yr	322 (6.31)
41-50 yr	256 (5.02)
51-60 yr	991 (19.4)
61-70 yr	1225 (24.03)
71-80 yr	1468 (28.80)
81-90 yr	603 (11.83)
91-100 yr	101 (1.98)
>100 yr	0 (0)
Sex	
Males, total	1738 (34.1)
Males, pre	626 (12.2)
Males, post	1112 (21.8)
Females, total	3359 (65.9)
Females, pre	1962 (38.4)
Females, post	1397 (27.4)

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

Table B1. Linear regression values

Covariate comparison	Estimated difference in means (days)	p-value
Mean TPN days vs. period	-5.29	<0.01
Mean TPN days vs. age	0.01	0.83
Mean TPN days vs. sex	-4.52	0.02
Mean TPN days vs. period, age, and sex		
Period	-4.96	0.01
Age	-0.02	0.72
Sex	-4.09	0.04

Felicity Ratway

Developing a Health Care Interpreter Training Curriculum

Health Policy, PhD Program

Developing a Health Care Interpreter Training Curriculum

Felicity Ratway,
MA, CMI

PhD Student, Public Health
Graduate Research Assistant



Oregon State University
Center for Health
Innovation



eocco
EASTERN OREGON
COORDINATED CARE
ORGANIZATION

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 specific (Spanish)
- ❖ Simultaneous instruction and practice
- ❖ Rural focus with a hybrid modality
- ❖ 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

Rachel Culp

Mental Health Interventions for Adults with Neurodevelopmental Disabilities: A Narrative Review

Health Promotion and Health Behavior, MPH



Mental Health Interventions for Adults with Neurodevelopmental Disabilities: A Narrative Review

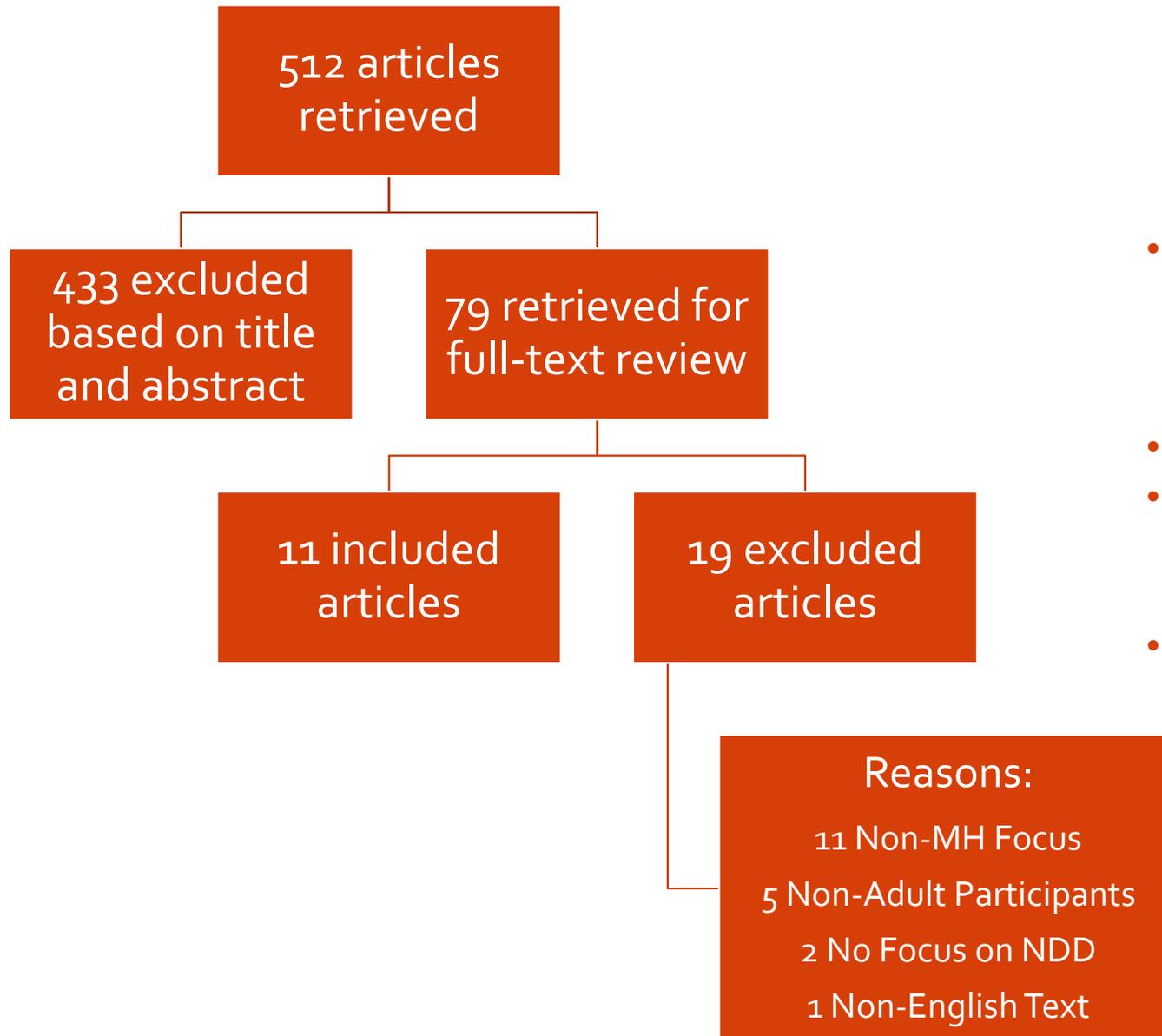
Rachel Culp, MPH student

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*[Title/Abstract] OR "communication dis*[Title/Abstract] OR "autis*[Title/Abstract] OR "asperger*[Title/Abstract] OR "ADHD"[Title/Abstract] OR "Attention-Deficit/Hyperactivity Disorder"[Title/Abstract] OR "Specific Learning Disorder"[Title/Abstract] OR "conduct dis*[Title/Abstract] OR "developmental coordination dis*[Title/Abstract] OR "stereotypic movement dis*[Title/Abstract] OR "tic dis*[Title/Abstract] OR "neurodevelopmental disorders"[MeSH Terms]) AND
 - ("mental health"[Title/Abstract] OR "anxiety"[Title/Abstract] OR "depress*[Title/Abstract] OR "suicid*[Title/Abstract] OR "PTSD"[Title/Abstract] OR "Post-traumatic stress"[Title/Abstract]) AND
 - ("Intervention"[Title/Abstract] OR "psychotherap*[Title/Abstract] OR "cognitive behavior*[Title/Abstract] OR "Mindfulness"[Title/Abstract] OR "program evaluat*[Title/Abstract]))
- **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



- 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

Oregon Psilocybin Services (OPS) Community Interest Survey

Kirstin Yeomans,
OSU Graduate Research
Assistant
Oregon Psilocybin
Services



Oregon State University
Center for Health
Innovation

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.

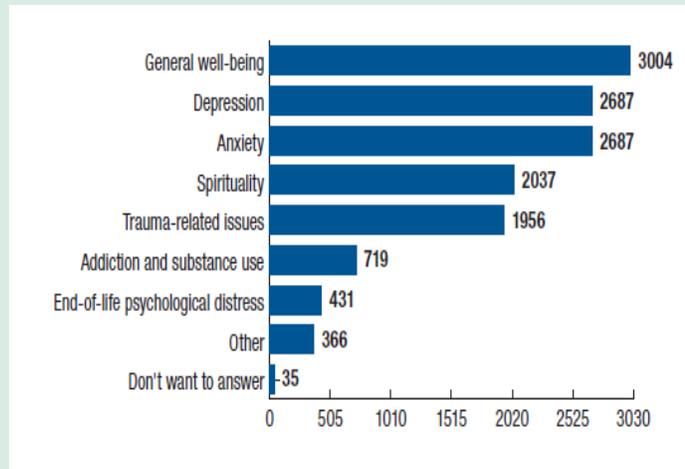
OPS Community Interest Survey:

- 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

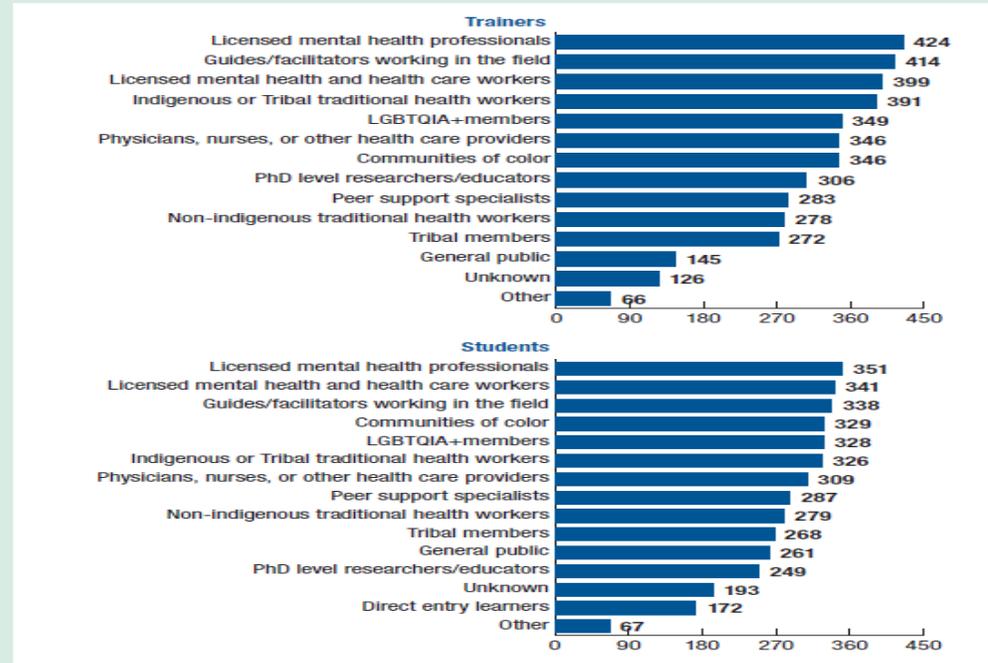
- Number of respondents interested in:
 - Accessing services: 4,162
 - Training program approval: 660
 - Facilitator license: 1,613
 - Manufacturer license: 982
 - Service center license: 903
 - Testing laboratory license: 226

Figure 1. Bar plot of reasons of interest for accessing psilocybin services by count (N = 4,162*)



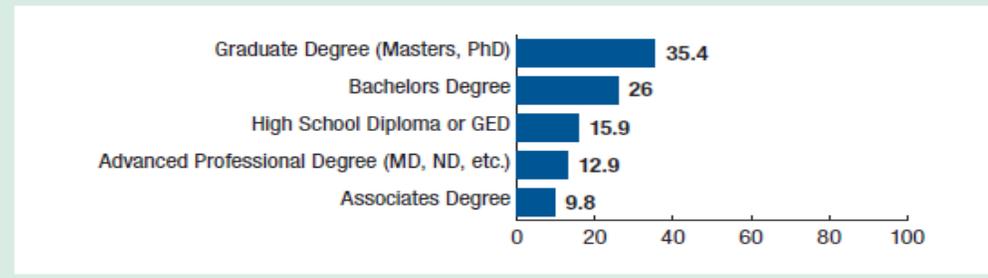
*Total count greater than 4,162 due to selection of more than one answer

Figure 2. Bar plots of trainer and student populations that training programs intend to recruit by count (N = 660*)



*Total count greater than 660 due to selection of more than one answer

Figure 3. Bar plot of level of education for those interested in applying for a facilitator license (%) (N = 1,610)



Q & A

SESSION 2

Wafa Hetany

National Strategy for Jordanian Women: Impact on Empowerment, Intimate Partner Violence, and Reproductive Health

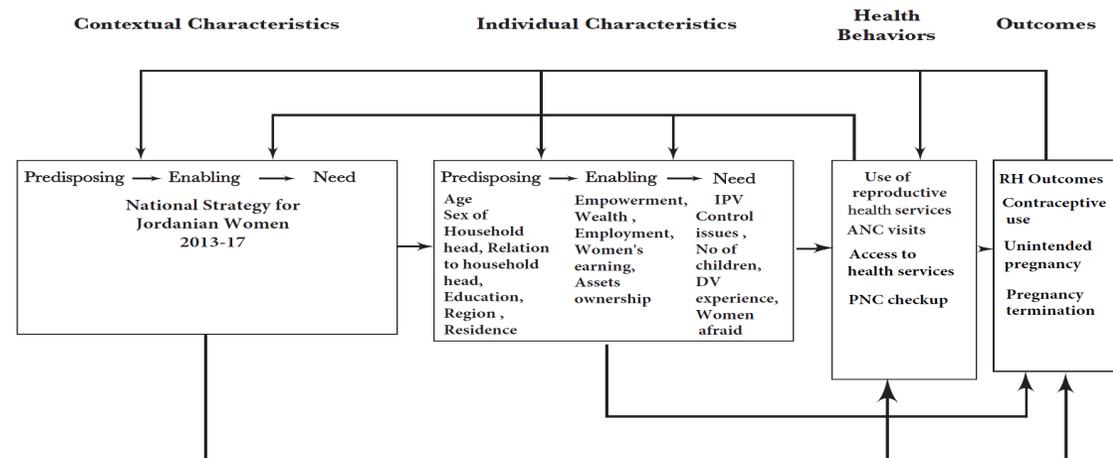
Health Policy, PhD Program

National Strategy for Jordanian Women (NSW): Impact on Empowerment, Intimate Partner Violence, and Reproductive Health

Background

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 .

Conceptual Framework



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

Jordan Population and Family Health Survey 2012-2018.

Variables

Outcome variables:

- Women’s empowerment
- IPV
- Reproductive health and outcomes

Independent variables:

- Post implementation policy indicator

Covariates :

- Predisposing factors
- Enabling factors
- Need factors

Data analysis

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



National Strategy for Jordanian Women: Impact on Empowerment, Intimate Partner Violence, and Reproductive Health

Findings

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

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 DECEDENTS 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



Oregon State
University



MAY 13, 2022

METHODS

02

R E S U L T S

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: Descriptive
 Primary IV = Place of Death

- Tribal Lands Decedent (TLD)
- Non-Tribal Lands Decedent (NTLD)

	Homicide (n=68)		EUI (n=44)	
Location of Death	<i>Tribal Lands</i>	<i>Non-Tribal Lands</i>	<i>Tribal Lands</i>	<i>Non-Tribal Lands</i>
Total Decedents (n, %)	42 (61.7%)	26 (38.2%)	11 (25.0%)	33 (75.0%)
Individual Level Variables	>80% Male >33% 24 & Under >40% less than HSD or GED (14% Unknown)	>80% Male >26% 56+ Years >28% Some College or Degree (12% Unknown)	>54% Female >36% <24 Years >81% <=HSG /GED (9% Unknown)	>63% Male >60% 25-55 Years >54% HSG /GED or College Degree (12% Unknown)
Incident Level Variables	>52% Firearm-Related >2X Higher Legal Intervention	50% Firearm-Related Multiple Homicides (n=2, 3% total; 7.6% NTL) ONLY Reported for NTL Group	>36% Poisoning >27% Drowning	>42% Poisoning >12% Hanging/Strangulation/Suffocation >18% UNKNOWN
Systems Level Variables	<3% Homeless >92% Had Autopsy Performed >14% "NO Toxicology" 19% Migrated from Birthplace	>15% Homeless >88% Had Autopsy Performed >7% "NO Toxicology" >53% Migrated from Birthplace	<10% Homeless (>27% Not Documented) >27% Had No Autopsy 0% Had "NO Toxicology" <10% Migrated from Birthplace	<7% Homeless (>12% Not Documented) >30% Had No Autopsy >9% Had "NO Toxicology" >51% Migrated from Birthplace
Systems: Substances	NOT REPORTED		>36% 2+Substances Detected >63% "No Value Entered"	>30% 1 or 2 Substances Detected >60% "No Value Entered"

Jennifer Snippen

Death Matters: Sources of information used in death investigation

Health Policy, PhD Program

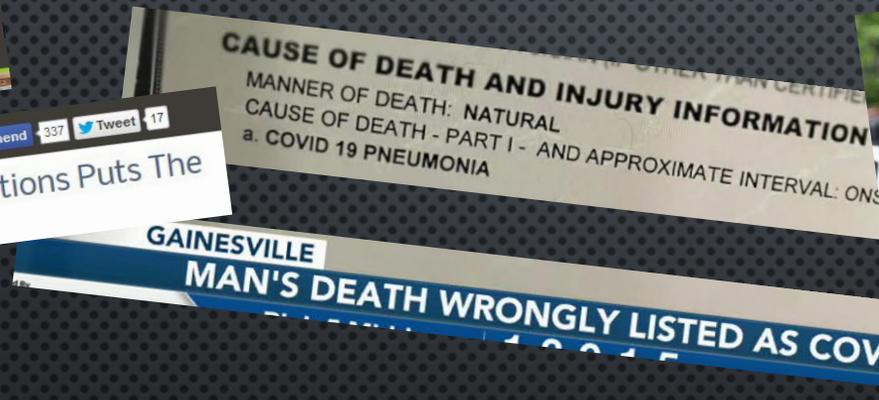
DEATH MATTERS: SOURCES OF INFORMATION USED IN DEATH INVESTIGATION

JENNIFER SNIPPEN MA RN F-ABMDI



The Real CSI: How America's Patchwork System of Death Investigations Puts The Living At Risk

Recommend 337 Tweet 17



- 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



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

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

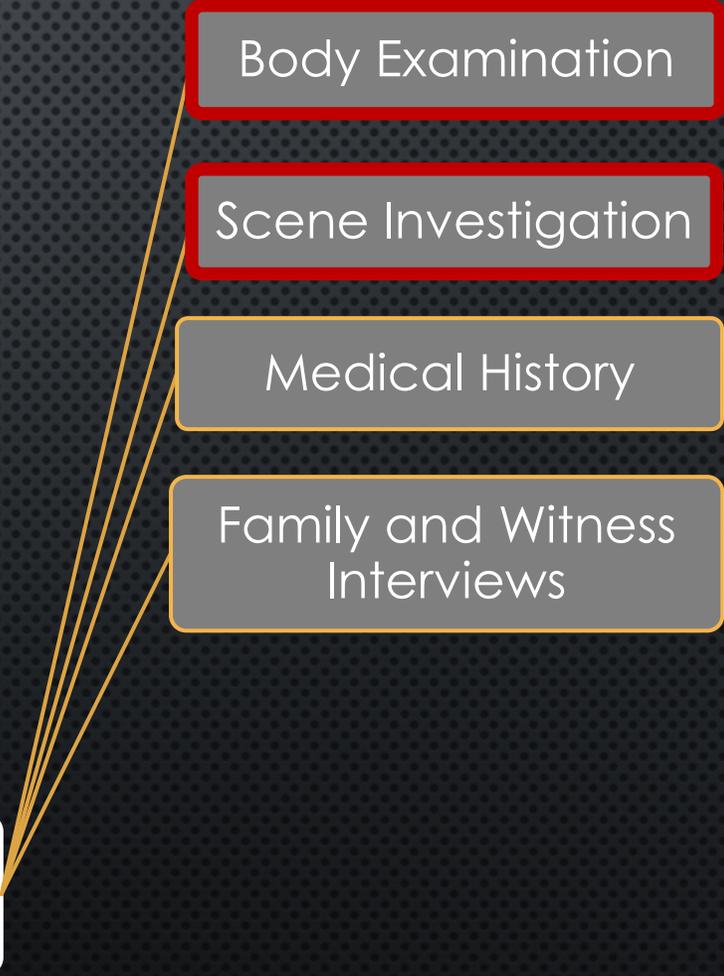
Scene Investigation

Medical History

Family and Witness Interviews

Death Certificate

Cause and Manner of Death



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



Doctoral Committee

Co-major Advisors

Dr. Laurel Kincl

Dr. Viktor Bovbjerg

Committee members

Dr. Molly Kile

Dr. Adam Branscum

Dr. Tala Navab-Daneshmand (GCR)

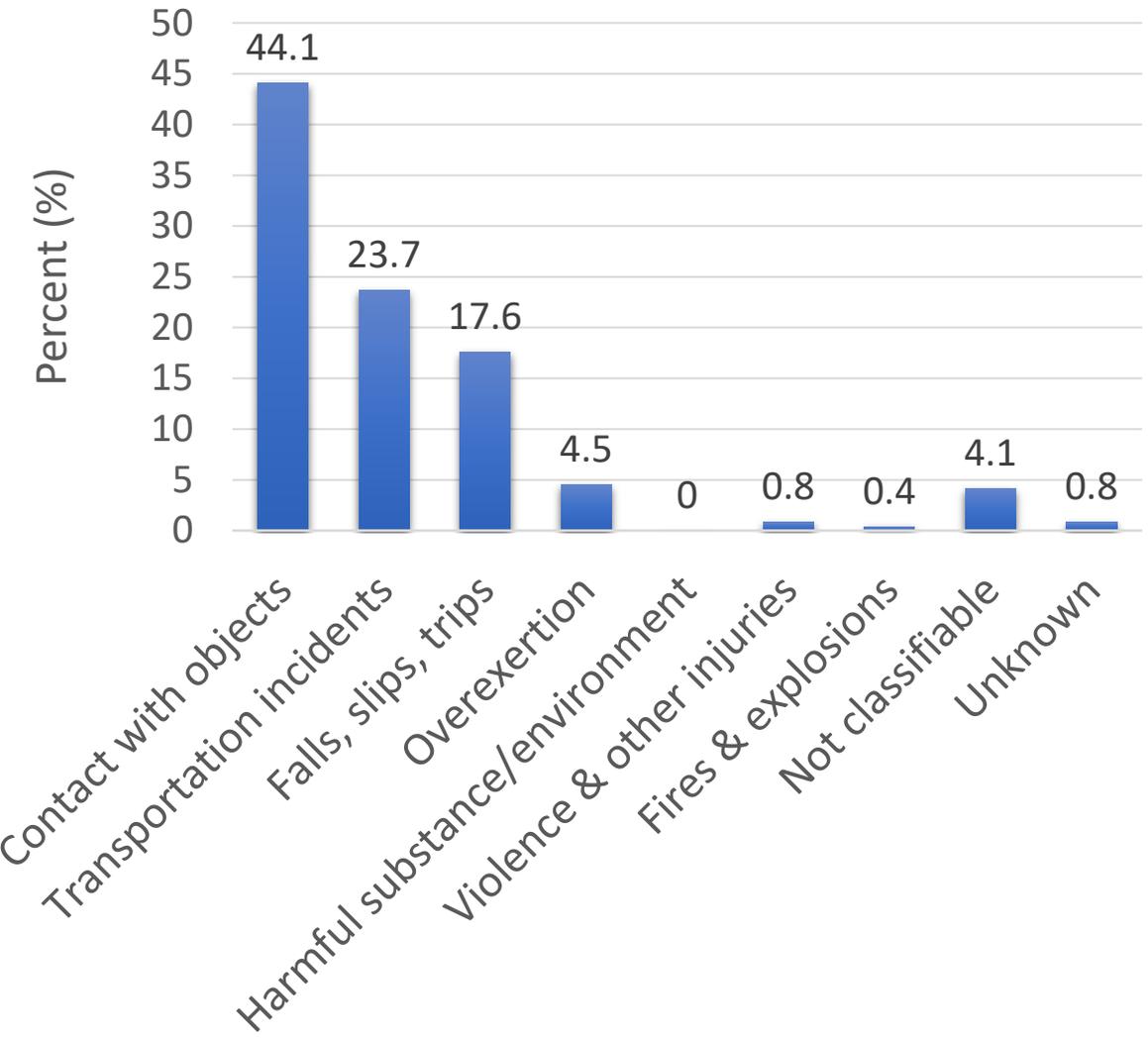
Haddon Matrix

- 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)

Occupational Injury and Illness Classification (OIICS) Events



Pre-event factors associated with contact with objects or equipment (n = 108) injury events

<i>Host</i>	<i>Agent/vehicle</i>	<i>Physical environment</i>	<i>Social environment</i>
Work process: Hauling gear (23%), Handling gear on deck (11%), Processing catches (11%), Handling frozen fish (11%)	Gear type: Trawl (47%), Pot/trap (23%), No fishing gear (10%), Seine (8%)	Vessel activity: Fishing (40%), Moored (19%), Transit-unknown (17%), Transit- outbound (8%), Unknown activity (10%)	Vessel crew size: <5 crew (27%), >100 crew (21%), 5 to 10 crew (8%), - 888 (31%)

Steph Corey

Experiences receiving gender affirming care for transgender and gender diverse cancer survivors

Health Promotion and Health Behavior, PhD Program

Thriving Together

- 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: Mental Health Promotion in Oregon

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

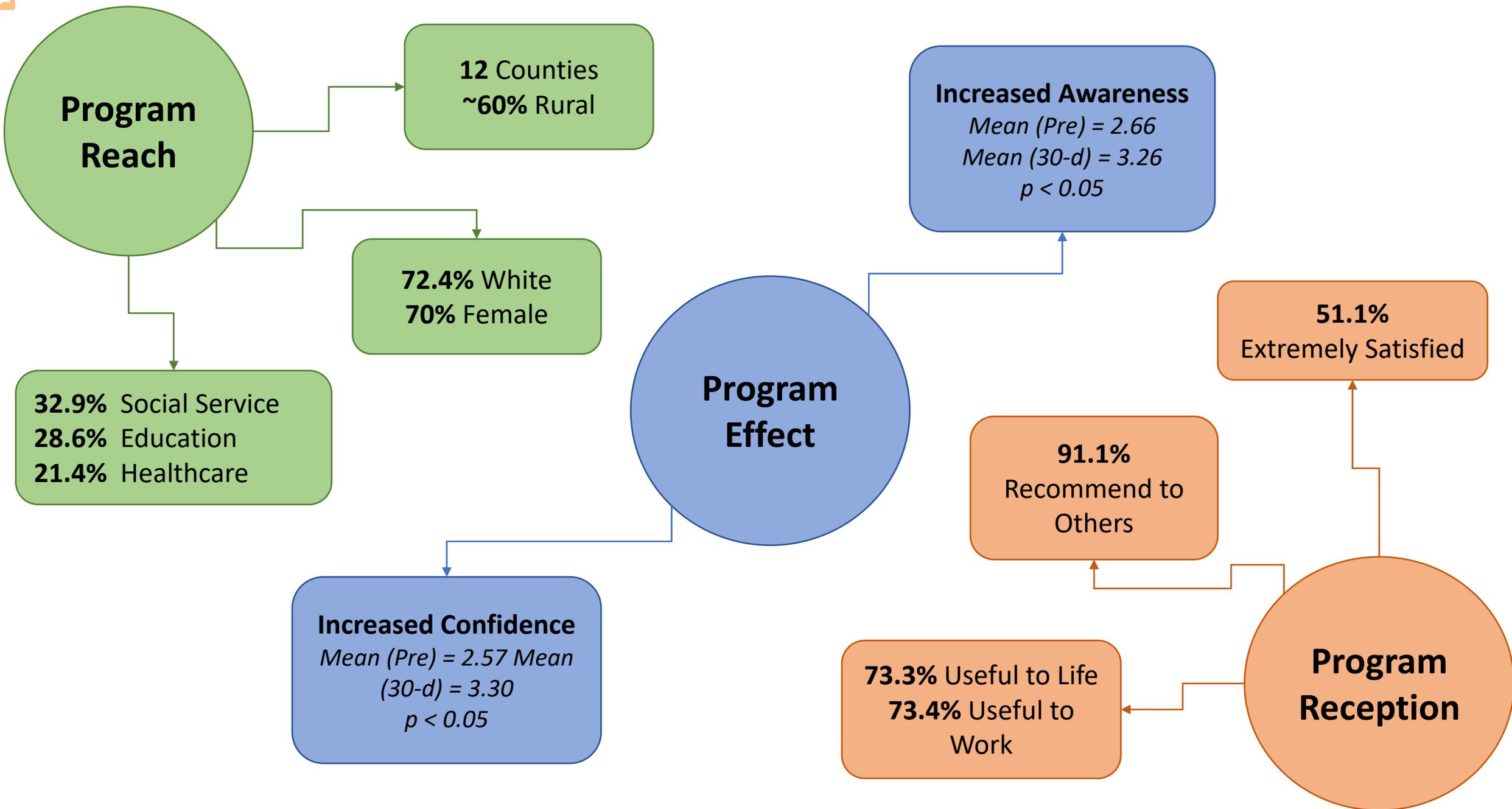
8. Peer Support Fundamentals
(PSF) Training



Year 1 - Implementation

- Establishing procedures for training delivery
- Community-Engagement & Training Promotion
- Training Facilitation
- Managing Participants





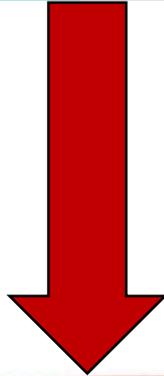
Erin McGowan

Could a drug targeting the kidneys improve muscle metabolism?

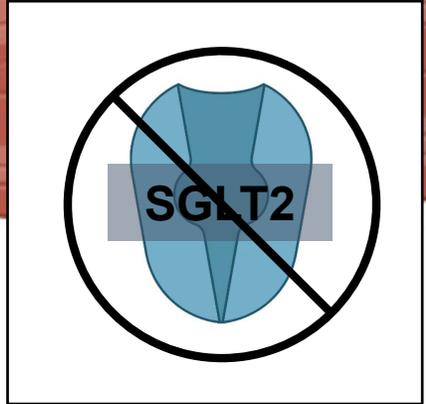
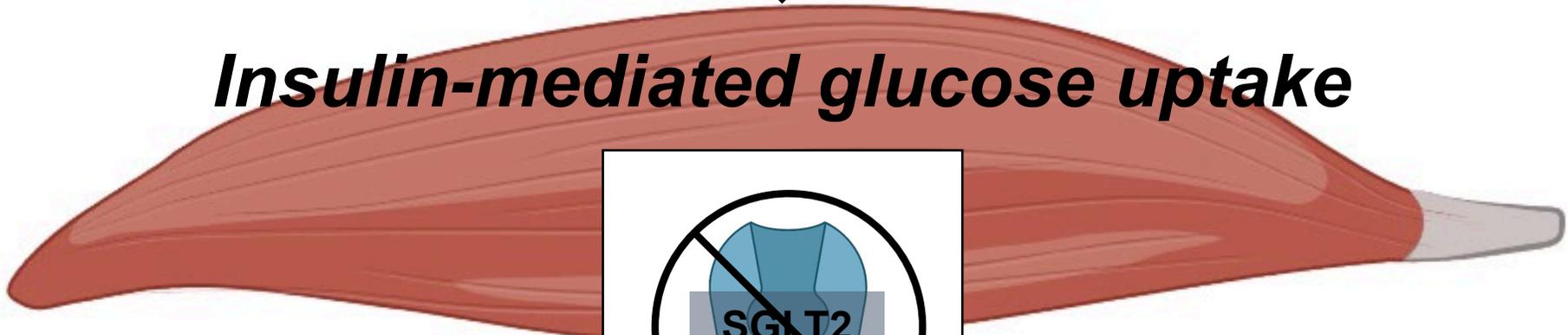
Kinesiology, PhD Program



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Insulin-mediated glucose uptake



Q & A

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

Postpartum Medicaid Coverage And Outpatient Care Utilization Among Low-income Women In Oregon: Impact Of Medicaid Expansion

Satyasandipani Pradhan

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 :

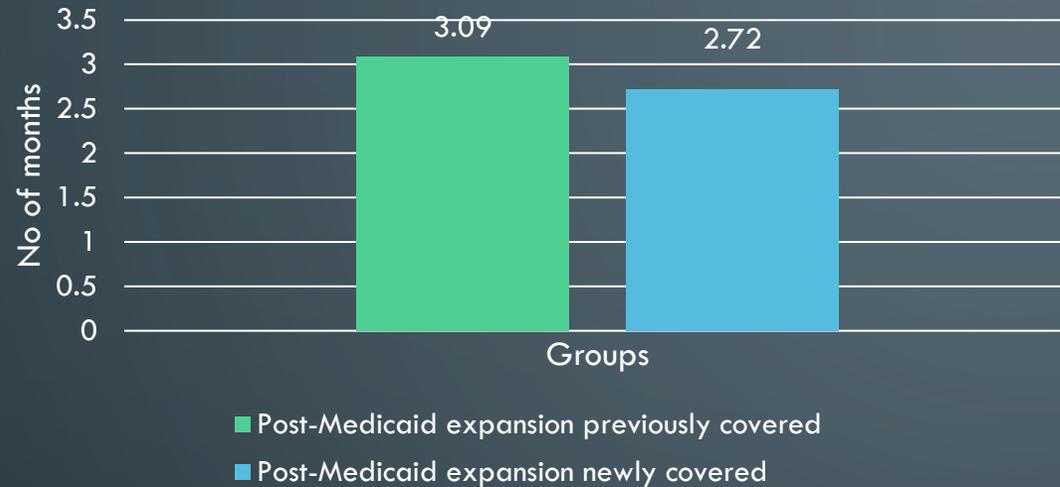
We linked Oregon birth certificates, Medicaid enrollment files and claims to identify women (N=76,068) who gave birth between 2011-2015.

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).

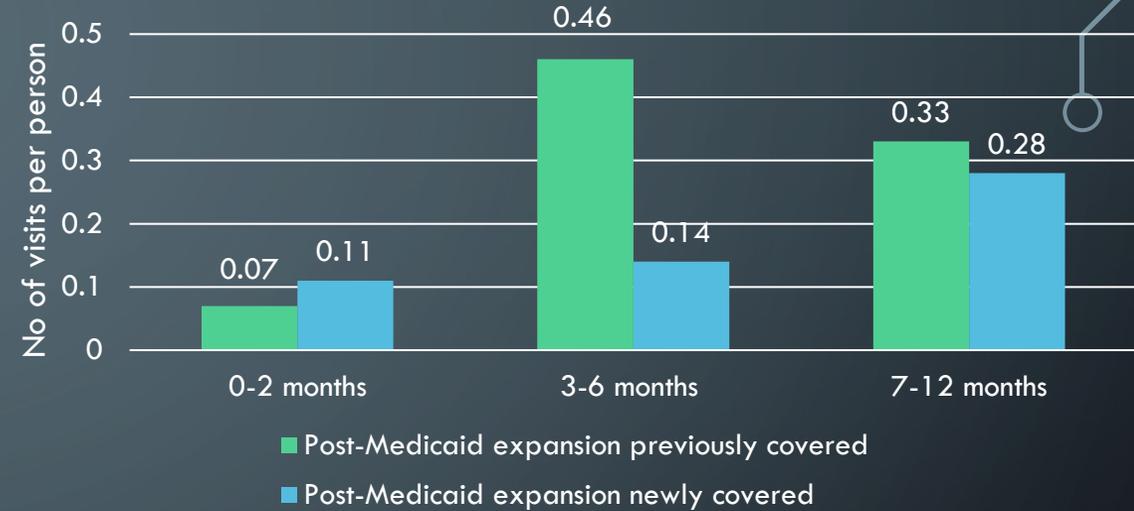
We studied the effect on enrollment and utilization of outpatient services within first 12 months of delivery.

Results:

Mean changes in enrollment compared to Pre-Medicaid expansion group



Mean changes in utilization compared to Pre-Medicaid expansion group



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



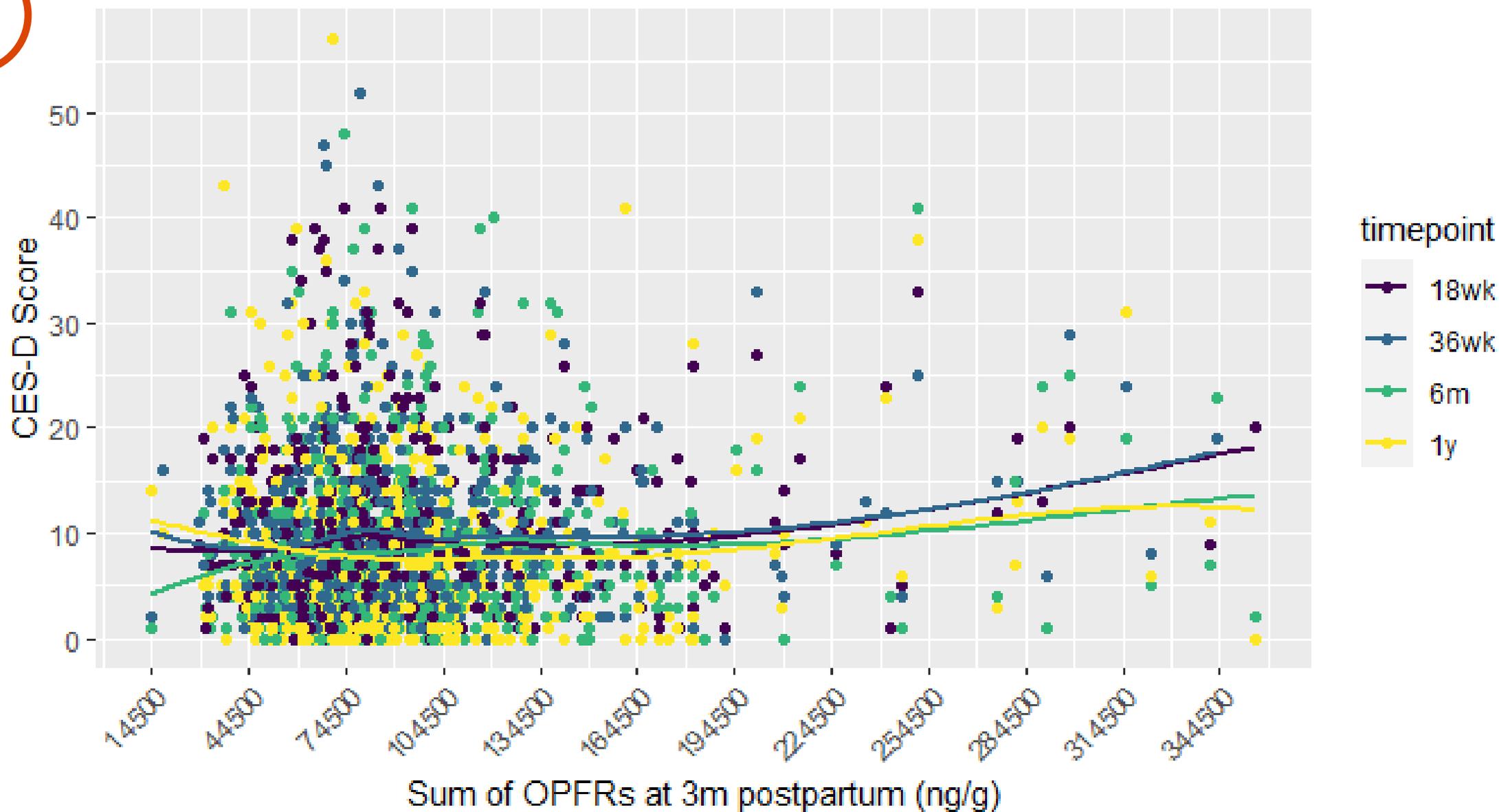
How are people exposed
to flame retardants?

Are exposures a risk
factor for maternal and
child neurocognitive
health?





Maternal Self-Administered Depression Scores ~ OPFR Levels in House Dust



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

	B (SE)	R ²	β	p
Model		0.12		
Intercept	52.14 (2.37)	-	-	<.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	-.17 (.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 $\alpha=0.05$ 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

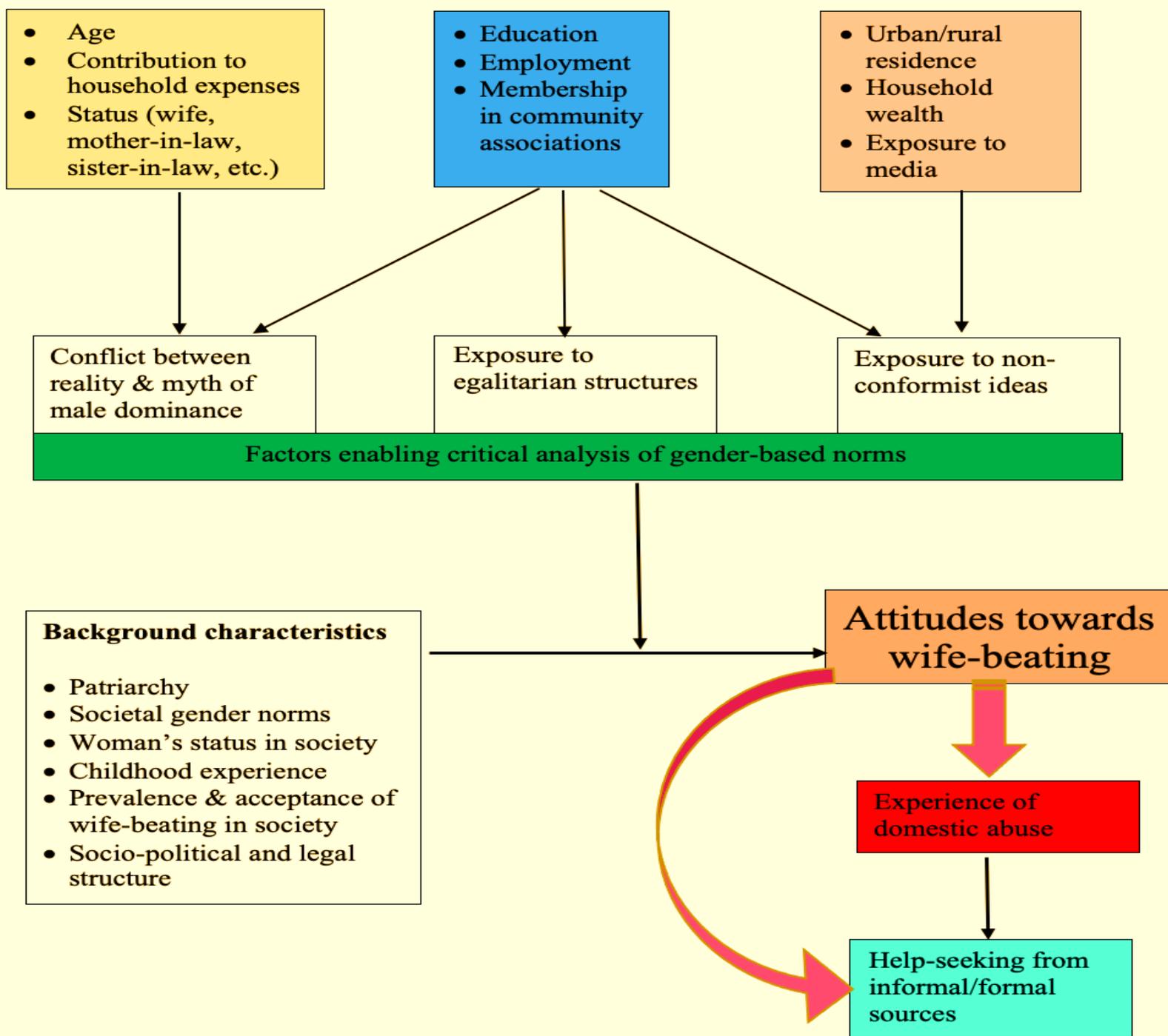
Strengths and Limitations

- 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

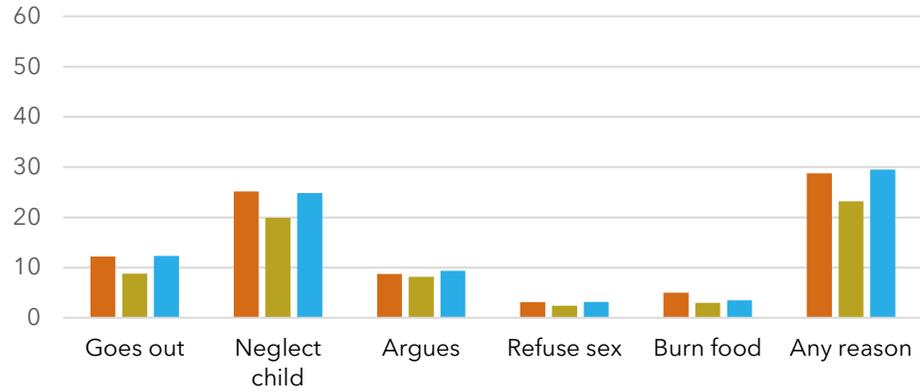


Attitudinal Acceptance of Wife-beating, Domestic Violence, and Help-seeking among married women in Nepal

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

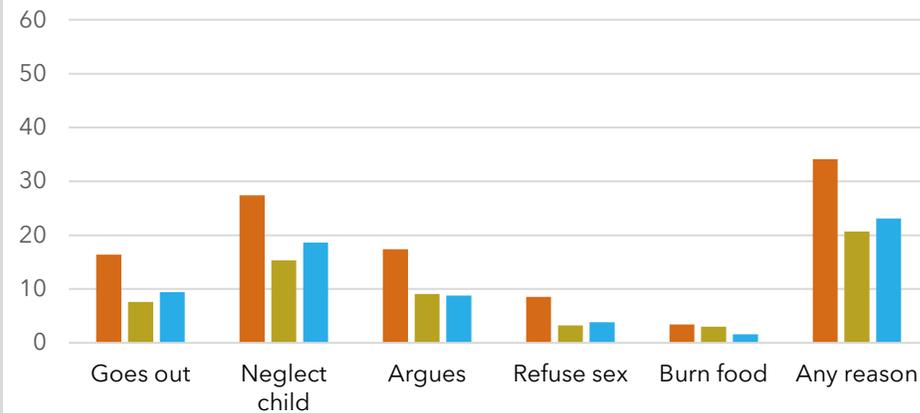
Women Justifying Wife-beating

2001 2006 2016



Men Justifying Wife-beating

2001 2006 2016



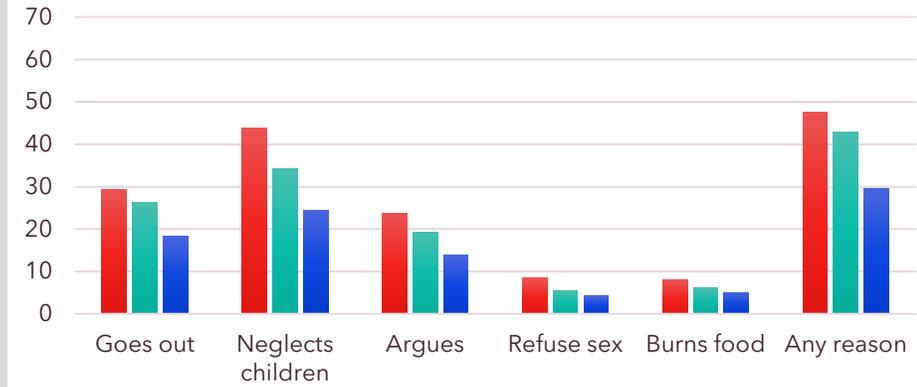
	2011 N= 3,504	2016 N= 3,708
OR		
Experience Any DV		
Justifies wife-beating		
No	Reference	
Yes	5.77*** (0.22)	1.47*** (0.06)

	2011 N= 1,074	2016 N= 972
OR		
Seek Any help		
Justifies wife-beating		
No	Reference	
Yes	0.27*** (0.03)	0.79*** (0.05)

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

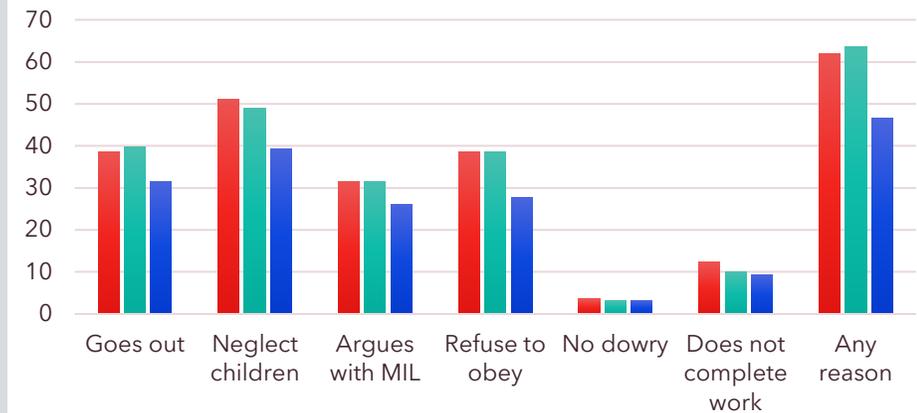
Justify wife-beating by Husband

2010 2014 2019



Justify abuse by Mother-in-law

2010 2014 2019



John Bouranis

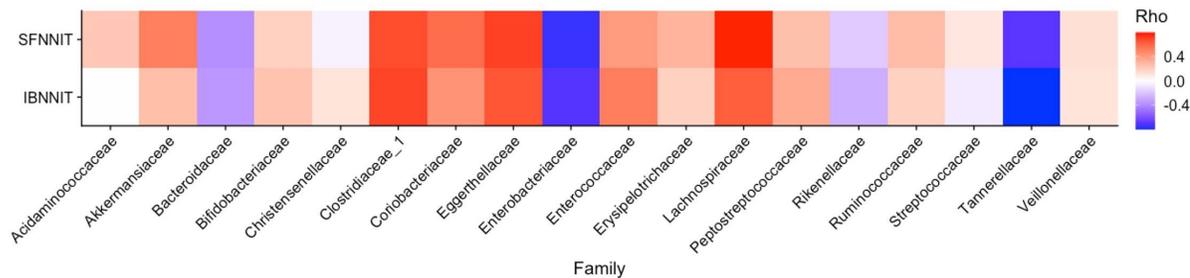
Discovery of Biological Signatures for Cruciferous Vegetable Intake

Nutrition, PhD Program

A Two-Pronged Approach

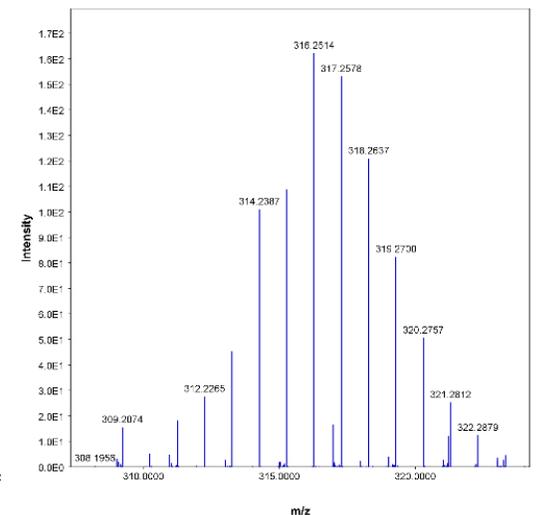
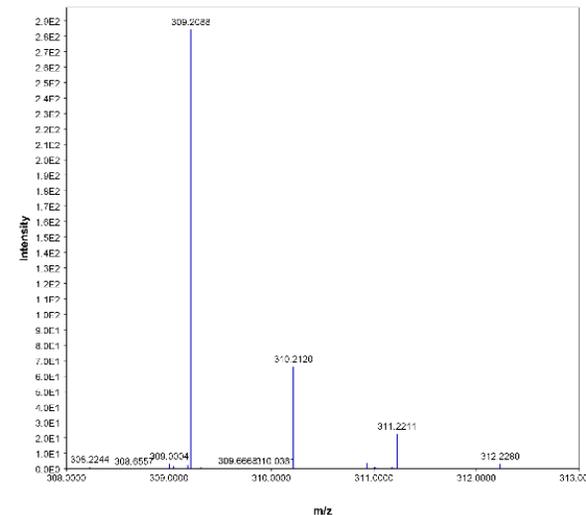
Individual Level

- **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

_____ of the cell.



Q & A

Thank you!

