

**2019 PA DOH OHE SUMMIT
ACCEPTED ABSTRACTS**

001 *The Effectiveness of Both Prediabetes and Diabetes Interventions in Two Rural Communities in Maryland (St. Mary's and Dorchester Counties)*

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Background: More than 1 out of 3 Maryland adults have prediabetes with 9 out of 10 of these individuals not being aware of the condition. Additionally 12.6% of the adult population has diabetes largely type 2. Minorities have a higher rate of diabetes and its complications/mortality as compared to Non-Hispanic Whites. Several evidence based programs have been established both to prevent and manage diabetes with implications for both morbidity/mortality and cost savings for the individual, family and state.

Objective: To discuss the effectiveness of a prediabetes/diabetes intervention among minorities in two rural communities in Maryland. **Methods (or Description of evidence and theory used to inform program development/ implementation):** Interventions were conducted utilizing the Road to Health Intervention Guide, as well as, the Stanford Diabetes Self-Management curriculum. Weight and attendance were tracked over a 4 – 12 month interval. Preliminary results show weight loss of greater than 3% in more than 80% of all program participants. Participants were 83% African American, 32% male vs 68% female, 39% aged 45 – 64 and 60% aged 65 and over. **Results (or Description of program activities and outcomes):** Sustained weight loss among participants in the intervention. **Conclusion(s):** Evidence based interventions in rural communities result in weight loss among high risk individuals with implications for both primary and tertiary prevention of diabetes.

002 *Athletic Trainer-reported Prevalence of Mental Health, Substance Use, and Barriers to Health in Secondary Schools*

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Background: Access to health care, housing and food insecurity, and crime or violence increase a person's likelihood for poor health. **Objective:** This study focused on three questions: 1) What are the current perceptions Athletic Trainers have about the health behaviors (specifically mental health and substance use) of high school student-athletes? 2) What are the barriers that athletic trainers experience when providing health services to high school student-athletes? 3) How does developed environment effect the health behaviors and barriers that athletic trainers experience? **Methods:** Survey Participants Certified Athletic Trainers employed in the secondary school setting. Outcome Measure(s) Demographics of participants, health of athletes across developed environments, prevalence of mental health issues, tobacco and substance use by athletes, athletes' barriers to health care services, and housing and food insecurities of athletes. **Results:** 7,067 electronic surveys distributed, 910 respondents. 61% were female, and an average experience of 12.5 years. 82% of athletic trainers identified their school setting as public, 43.7% of respondents identified their school as suburban, 30.1% rural, and 26.2% urban. ATs spend most of their time in medical care (47%) but see a high prevalence of mental health issues (32%), e-cigarette use (31.7%), and marijuana use (26.9%) in student-athletes. There are also significant perceived barriers to health including lack of insurance, access to transportation, poverty, housing and food insecurities. All outcome measures observed a difference across developed environments. **Conclusions:** This study highlights the unique role that athletic trainers have in addressing health within diverse settings for athletes.

003 ***Minority Low Income Operational Viable Economic Solutions (MOVES) for Radon Environmental Justice (EJ) Lung Cancer Reduction***

Nate Burden

American Association of Radon Scientists and Technologists Pennsylvania Chapter Project (PA AARST), Pittsburgh, PA

Background: MOVES for Radon EJ project is a collaborative effort at the local level to increase radon testing and lung cancer reduction. Stakeholders are AARST Foundation, Spruce Environmental Technologies, Inc., CR3, CanSAR, Mid-Atlantic ALA, PA DOH Cancer Coalition, PA DEP Radon Program, PA DEP Bureau of Radiation Protection, Environmental Protection Agency Region 3, and FL DOH Radon Program. The MOVES for Radon EJ Critical **Mission:** to test 200 homes in low income communities per EPA/PA DEP radon testing protocols with state licensed radon testers (100% assured test results) and mitigate any/all homes with elevated radon levels (25-30+ homes) using state licensed radon mitigators at no cost to the program. The \$10,000 grant is from the CDC. In working with PA DOH Cancer Coalition and PA DEP Radiation Program, the chapter started to put together **a program** that would do the above and pull together people, organizations and groups synergistically, in order to achieve the critical mission goal. The area we decided to **focus** on would be the Pittsburgh communities of Wilksburg and Homewood. We also **partnered** with three non-profit organizations to assist in our critical mission: Citizens for Radioactive Radon Reduction, Conservation Consultants Inc., a non-profit green building/energy organization that has existed for over forty years, and Habitat for Humanity. We submitted the grant proposal to the CDC. The logistics of the MOVES for Radon EJ Lung Cancer Reduction Critical Mission Project will include 11 activities, ranging from recruitment of PA certified radon testers and mitigators to the program through the PA AARST chapter, orientation meetings for radon program staff with pre- and post-testing, Quality Assurance/Quality Control Program, Evaluation questionnaire for homeowner participants, testing labs to supply short-term and long-term radon detectors with pre-and post-confirmatory radon testing, Habitat for Humanity special preparations to optimize homes for an ASD installation, to providing teaching tools, training and state certification for random mitigation.

004 ***Impact of a Health System's Three-Pronged Strategy to Address the Opioid Epidemic in DE, PA, and WV, 2013 – 2017***

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Background: we are in the midst of an opioid epidemic. Highmark Inc., a national health plan as well as the second largest integrated delivery and financing system in America, developed, implemented and evaluated a series of interventions utilizing a three-pronged public health approach. We focused on effectively managing pain to reduce the need for opioids (primary prevention); when needed, prescribing opioids according to safe prescribing guidelines (secondary prevention); and for those with Opioid Use Disorder (OUD), ensuring access to effective treatment to reduce morbidity/mortality. We deployed a series of evidence-based and data-driven interventions including community-based participatory research frameworks. **Methodology:** we examined medical and pharmacy claims for combined data years 2013-2017 by age and product, total opioid prescription (RX) fill rate, opioid use by dose Morphine Milligram Equivalents (MME), opioid use by duration, and geography (DE, PA, and WV). **Results:** improvements in the outcome measures at post-intervention were observed. Conclusion: these findings may help inform nationwide opioid-focused efforts and set priorities.

005 *Outcomes of The Seven Steps to Good Health Program for Hispanics/Latinos in Central Pennsylvania*

Charles DeShazer, MD, Oralia G. Dominic, PhD, MS, MA, Gary Marsh, PhD, Esmeralda Hetrick, MBA, and Rhonda M. Johnson, MD, MPH

Highmark Health Plan, Chief Medical Officer Organization, and HEQS at Highmark Inc., Pittsburgh, PA; Epidemiology and Clinical & Translational Science, Center for Occupational Biostatistics & Epidemiology at University of Pittsburgh, Pittsburgh, PA

Background: Health Equity & Quality Services (HEQS) at Highmark Inc. has engaged Latino churches in central Pennsylvania to reduce health care disparities. The Seven Steps to Good Health program was created to provide Latinos (and their families) with information and resources about staying healthy and managing conditions of the heart, lungs, kidneys, eyes, bones, joints, muscles, teeth, and skin. The program was a partnership between HEQS and two inner city Latino churches with 200 to 700 members. Participation was on a volunteer basis. Churches were recruited through existing relationships. Churches had onsite medical staff visits and existing relationships with nearby clinics. **Methodology:** This work was completed by HEQS for quality assurance, and now these collected data were used to conduct a retrospective review for research purposes. One of the seven Topics (“Steps”) was offered per month (May through December). Program focused on four behavior change constructs: education and awareness (attitude, knowledge, beliefs; and self-efficacy); skill-building opportunities (role modeling behavior and self-efficacy); and screenings (cues to action), follow-up and treatment (proper disease management). Participants completed an end of program questionnaire assessing health behavior change, knowledge and awareness gained at post-intervention. **Results:** Statistically significant improvements in outcome measures were observed at post-intervention. These included, healthier eating, being physically active, blood pressure awareness, good care of teeth, seeing your doctor regularly, drinking eight glasses of water, practicing good hygiene and skin care, knowing the facts and lowering your risk. **Conclusions:** These findings may help inform Latino-focused health interventions offered in a faith-based setting.

006 *Cancer-incidence Risk in Latinos and non-Latino Populations Residing within Pennsylvania and Pennsylvania sub-regions*

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Background: Latino-focused cancer incidence, prevalence, and mortality data are sparse. To close this gap, we authored the first ever Pennsylvania Latino/Hispanic Cancer Burden Report. Purpose: The report’s primary goal was to provide information about cancer-incidence risk in Latinos and non-Latino populations residing within Pennsylvania and Pennsylvania sub-regions. Socio-demographic data and Latino population growth patterns by county also are included. **Methods:** The report was compiled using Pennsylvania state-level cancer registry data. Data from the American Community Survey, U.S. Census and CDC-PA Behavioral Risk Factor Surveillance System also were used. Findings show that significantly higher relative risks were seen in Latino Pennsylvanians compared to non-Latinos for cancer incidence during the 2002-2005 and 2006-2009 time periods. Many trends were continued in year 2013 as well. (Data year 2013 is the most up-to-date cancer-related data available at this time). **Results:** Latino cancer incidence has a consistent distribution of cancer types between the various geographic areas in Pennsylvania. Breast, prostate, colon and rectum, and non-Hodgkin’s lymphoma were the primary cancer types diagnosed in the Latino population during 2002-2009 as well as in 2013. These make up more than 50 percent of the total cancer cases for the Latino population in Pennsylvania. Furthermore, significant increases for liver cancer in non-Appalachia, non-rural and catchment areas, as well as in Pennsylvania as a whole, were also observed. **Conclusions:** This report addresses the current state and magnitude of the cancer burden in Pennsylvania for Latinos and non-Latinos. The Report could help inform prevention, treatment and control efforts and set priorities.

007 *Social Determinants of Health, Socioeconomic Geographic Characteristics in Pennsylvania: Income, Poverty, Spoken Language, and Population Growth by Ethnicity and Age*

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Background: The primary goals of this study were to provide information about social determinants of health (SoDH), and examine the socioeconomic geographic characteristics in Pennsylvania (PA) by ethnicity and age. **Methods:** For these data analyses, we used PA state-level data from the U.S. Bureau of Census, American Community Survey, and PA State Data Center at Penn State Harrisburg. Data years: Population, 1990, 2000, and 2010; Children's Poverty, 2009-2013, Average Income Per Capita, 2010, and Spoken Language other than English at home, 2010-2014. **Results:** The top four per capita income counties were in the southeastern corner of PA with incomes above \$40,000. Twenty counties were below \$21,000, and 1 had an average below \$15,000. 10% children under age 5 were in poverty. With the exception of Philadelphia (35.7%), the higher percentages in poverty were found in rural, less populated counties. 11% have language other than English spoken at home compared to 20.9 % of the United States. 13 counties exceeded the PA state estimate; and 2 had the highest percentage, exceeding both the state and national estimates. In 2014, 6.7% of 12.7 million residents of PA were Latinos. This is a percentage increase over 3 times that of 1990 (1.95%). Eight counties had 7 times higher Latino population growth from 1990 to 2014. The growth over the past 24 years suggest that Latinos will reach 1.1 million by 2020. Latinos are much younger population as compared to the PA population in general, with the youngest population group of age 0-4 having the highest portion of the Latinos compared to all the age groups examined. A large portion of Latinos age 0-4 making up the total populations age 0-4 in the 3 health districts. **Conclusions:** These data highlight the need for targeted intervention and research in PA to address SDoH and improve health equity for all.

008 *Community Interventions in Allegheny County Neighborhoods to Address Breast Health Disparities*

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Background: Since 2012, The Allegheny County Breast Collaborative (ACBC)—a group of breast health stakeholders which includes clinicians, academic researchers, non-profit organizations, and community members – has been working together with a mission to eliminate breast health disparities in Allegheny County, PA. The partnership started with an incubator grant from the University of Pittsburgh Clinical & Translational Science Institute (CTSI) with a goal of forming an academic-community partnership in Allegheny County to lower breast health disparities. Since then, the efforts of this group have been supported through two community grants from Susan G. Komen® Greater Pennsylvania, a University of Pittsburgh Chancellor's Seed Grant*, and support through the Pennsylvania Department of Health's ASTHO award. In the summer of 2017, Concept Mapping sessions elucidated key barriers from the targeted communities of Braddock and McKeesport. These communities were found to have high incident and mortality rates regarding breast cancer. This poster will present the work initiated in Fall 2018 to address the identified barriers. Follow-on work is tailored to the specific needs of each community with the input from key stakeholders in each community. Our program has incorporated the following: 1) raising awareness regarding survivorship of breast cancer in each specific community, 2) small group education sessions about breast cancer and breast cancer screening with 3) becoming a resource for the community. In all aspects of the work, ACBC is advocating for the improved breast health within Braddock and McKeesport. To contact ACBC, please call 412-228-9800, email us at acbc.info.list@gmail.com or visit ACBCbreastcancer.com

009 *Team ROAR: Community Health Workers Embracing the Discovery Process for Cancer Prevention and Control in Central Pennsylvania*

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Background: In 2018, the Penn State Cancer Institute established Team ROAR (**R**espect for Individuals, **O**utreach to Community Members, **A**dvocacy to Decision-Makers, and **R**esearch to Improve Outcomes), dedicated to fostering a community-based approach to healthier living in central Pennsylvania, especially the Harrisburg area. Team ROAR is composed of active **community health workers**, primarily African-American from Harrisburg/Steelton, who provide cancer education in one-on-one and group settings, offers support and guidance for cancer survivors and caregivers, and advocates for evidence-based practices, policies, and programs. Members are offered monthly training on cancer prevention and control, as well as education strategies and behavior change. **Team ROAR plans** and hosts the annual Penn State Cancer Education Summit in Harrisburg/Steelton on the first Saturday of November; attendance is typically 100 to 150 participants. Team ROAR also helped develop and is collecting responses to the first PSCI community health assessment. In Project ASSIST, Team ROAR navigates patients with a positive blood stool test to definitive examination for colorectal cancer. In Project Heads Up, Team ROAR is working with barbers and beauticians to increase screening for colorectal cancer. **Team ROAR** demonstrates the intrinsic value of research and illustrates positive interaction between researchers and members of the community, with a result of better health and improved outcomes. Team ROAR is an effective strategy for recruiting and retaining community members to research, outreach and education.

010 *Views of Chronic Illnesses, Health Screenings and Preventives Behaviors among Latino Men*

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Background: Latinos represent the largest minority group; however, the health needs of men continue to be poorly understood. While a lower percentage of Latino men have hypertension, a higher percent of them have high cholesterol and are overweight or obese compared to other men, which put them at a higher risk for chronic illnesses. The incidence of chronic illnesses and risk factors indicate that it is imperative that Latino men participate in screenings and routine health and wellness checkup. The **purpose** of this study was to assess perceptions of chronic illnesses and preventing behaviors among Latino men in Pennsylvania. Thirty men between the ages 40-77 participated in an in-depth face-to-face interview. Most of the participants reported receiving a routine health and wellness checkup (90%), blood pressure screening (77%), cholesterol screening (80%), diabetes screening (70%), the seasonal flu shot (60%), and dental screening (57%) within the past year. **Findings** from the content analysis showed that several factors including their perceptions about the severity of chronic illnesses, their level of concerns, feelings about seeing and when to go to see a primary care provider influenced these men. Cultural factors such as family, machismo, lack of preventive culture, religious beliefs, and present time orientation influence whether these men engage in preventive behaviors. The results provide some insight into the perceptions about chronic illnesses, health screening and preventive behaviors, and could help in the development of a health promotion and disease prevention programs targeting Latino men.

011 *Community Outreach for Lung Cancer Prevention through Radon Testing in Homes, Including Those in High Priority Areas Throughout Pennsylvania*

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Background: Radon is the leading cause of lung cancer in nonsmokers and causes approximately 21,000 deaths annually from lung cancer according to the United States Environmental Protection Agency. Pennsylvania (PA) has some of the highest concentrations in the U.S. Although there have been strides acknowledging the risk, radon testing and mitigation are still correspondingly low and appear to reflect the general public's belief that their risks from radon are lower than the risks faced by others. Our **community outreach:** Citizens for Radioactive Radon Reduction (CR3), a nationwide advocacy nonprofit organization, addresses the need for

stronger public engagement, greater outreach, and targeted radon awareness initiatives on an “ongoing” statewide level with more aggressive campaigns that emphasize radon as a cause of lung cancer. CR3 **outreach initiatives** include: “Teachers for Radon Reduction” which brings teachers, parents, and others together in an effort to encourage radon testing in schools throughout PA. “CR3 Support for PA House Bill 1057” - encourages PA to support passing a law requiring radon testing of all schools in PA. “CR3 News Magazine” -- the only magazine in the world dedicated to radon and lung cancer-- in every healthcare facility with the express purpose of informing the non-smoking lung cancer patient and medical community about radon as a possible cause. “Radon Results Reported to Physicians” -- a radon health care alert that would report radon levels to physicians regarding patient exposure at the time of testing upon the request of the individual and would provide a platform for physician analysis of a patient’s risk from exposure. Alerting the physician could possibly trigger additional analysis and add value to the ability to properly diagnose lung cancer, strengthen the process of the early detection of radon, improve benchmark statistics that support national monitoring of progress towards radon-related lung cancer reduction, and possibly help save lives from this mostly unknown killer. “(MOVES) for Radon Project” – Partnered with PA AARST in the development of outreach services for free radon testing and mitigation of homes in Pittsburgh. These initiatives combined aim to help address environmental equity and lung cancer prevention.

0012 *Racial Variation in Use of Active Surveillance for the Management of Low Risk Prostate Cancer in a Regional Collaborative*

Allison Sih, Rajiv Raghavan, Mahesh Botejue, Daniel Abbott, John Danella, Claudette Fonshell, Serge Ginzburg, Thomas J. Guzzo, Thomas Lanchoney, Bret Marlowe, Jay D. Raman, MD, Marc Smaldone, MD, Jeffrey J. Tomaszewski, Edouard Trabulsi, MD, Robert G. Uzzo, Adam Reese
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Background: African American (AA) men suffer from an increased burden of advanced stage prostate cancers relative to their Caucasian counterparts, and there are limited data regarding the safety of active surveillance (AS) for AA men with low-risk disease. We hypothesized that these factors may result in decreased utilization of AS for AA men with low-risk prostate cancer, and tested this hypothesis in a regional prostate cancer collaborative. **Methods:** The Pennsylvania Urologic Regional Collaborative (PURC) is a voluntary collaborative of urology practices in Pennsylvania and New Jersey focused on improving prostate cancer care. From PURC, we identified men with newly diagnosed NCCN very low and low risk prostate cancer, and determined initial treatment modality used in these men. The utilization of AS was then compared by race for the entire collaborative and among individual practice sites. **Results:** 754 men met inclusion criteria. Data regarding race, NCCN disease risk, and initial management strategy are shown in the table. AS was the initial management strategy in 424 men (56.2%), and within the overall collaborative there was no difference in AS rates between AA and Caucasian men (57.5% vs. 54.1%, $p=0.50$). Significant variation in AS rates were observed at the practice level, and differences in AS rates between Caucasian and AA men were observed among certain practices. **Conclusions:** Despite concerns for more aggressive tumors in AA men, AS rates did not differ significantly by race in the overall PURC collaborative. Practice-level analysis, however, suggested decreased AS utilization in AA men managed at certain practices. Such racial variation in AS use may be driven by the lack of quality data regarding AS outcomes in minority populations. Quality collaboratives such as PURC may help to identify variations in care and potential targets for quality improvement within local markets.

0013 *Contemporary Characterization of Prostate Cancer Disparities in African American Men*

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Background: The specific factors leading to adverse prostate cancer outcome in African American (AA), compared to Caucasian (Cau), men are poorly characterized. We analyzed a regional prostate cancer collaborative to describe contemporary differences in disease-specific variables between Cau and AA men. **Methods:** We analyzed the Pennsylvania Urologic Regional Collaborative (PURC), a voluntary collaborative of urology practices in Pennsylvania and New Jersey. For men undergoing initial prostate biopsy, we compared biopsy outcomes between Cau and AA men. For men with a new diagnosis of prostate cancer, we compared clinicopathologic variables and management strategies by race. **Results:** Of 6049 men who underwent prostate biopsy, 4618 (76.3%)

were Cau and 1431 (23.7%) AA. AA men were younger, had higher PSA, and were more often diagnosed with prostate cancer and high-grade tumors. Among 4034 men diagnosed with prostate cancer, 3034 (75.2%) were Cau and 1000 (24.8%) AA. AAs were younger, but were more likely to be diagnosed with metastatic disease. The distribution of Gleason grade did not differ by race, but AA men had higher volume disease. AA men were less likely to undergo radical prostatectomy (RP). Of men treated with RP, pathologic outcomes did not differ significantly by race, with the exception of surgical margins, which were more often positive in AA men. **Conclusions:** AA men in the Philadelphia region are diagnosed with prostate cancer at a younger age, and more often have metastatic disease at diagnosis. For those with clinically localized disease, the primary difference between races was in disease volume, not tumor grade. Although AA men were less likely to undergo RP, those who were treated surgically had similar pathologic outcomes to Caucasians. This suggests that AA men with high-risk disease may preferentially undergo radiation as opposed to RP, which may have implications on long-term cancer specific survival.

0014 Vision Misionera Ministries/United Faith Vision School of Ministries Inc.'s Health and Education Outreach in Lehigh Valley area in Pennsylvania

Reverend David Rodriguez
Vision Misionera Ministries/United Faith Vision School of Ministries Inc.

Background: Vision Misionera Ministries Inc. is a non-profit organization under the Federal Government 501 (C) (3). Our school, United Faith Vision School of Ministries continues to offer diverse classes and socioeconomic education. Our purpose is to continue to provide the community with programs that are geared towards the medical field and nursing education through the Hospitals and the Allentown Health Bureau, as well as other city organizations in the Lehigh Valley area. We also assist and direct families (parents & children) in our community with educational resources they need to stay in school and affording them to graduate. We are also involved with our new Chief of police in Allentown, PA to bridge our communities and provide programs helping our youth's awareness against gangs, gun violence, domestic abuse and unhealthy life choices. Our next upcoming event will be held on Sat., June 27, 2020. Every year we host a Family/Health Awareness event for the community. We will provide medical screenings, i.e., Cholesterol, Blood Pressure, Diabetes, Dental, Bone Density, and HIV Testing. Also, in collaboration with us will be other agencies that will provide medical literature, as well as resources for housing, clothing and food services. At this event we will have a program titled "Ask the Doctor", which entails medical doctors speaking on health issues/updates, educational sources & materials. This year, as President of The Association of Pastors of the Lehigh and Northampton Counties, we will be in collaboration with other churches & we will be serving a Thanksgiving community meal on Sat., November 16, 2019. Together we are helping to address many gaps for disparate populations in our region.

0015 First Hispanic/Latino Community Cancer Advisory Board for the Penn State Cancer Institute—addressing the Cancer Needs of the Hispanic/Latino Communities of Central

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Background: To foster cancer health equity and reduce cancer burden among the Hispanic/Latinos in central Pennsylvania, the Penn State Cancer Institute (PSCI), through the Office for Cancer Health Equity, established in 2018 the Hispanic/Latino Community Cancer Advisory Board (CAB). The **CAB's mission** is to advise the PSCI on cancer or risk factors affecting Hispanic/Latinos; improve the care and health outcomes among Hispanic/Latinos; promote culturally appropriate care; help conduct outreach and education in the community; review PSCI's research protocols addressing the Hispanic/Latino community; and promote the participation of Hispanic/Latinos in research. Composed of 15 active **community members** from central Pennsylvania, the CAB follows a **bidirectional engagement approach** co-chaired by a community and an academic member. In 2019, the CAB participated in the review of research grant submissions, facilitated the inclusion of Spanish-speakers in a research study focused upon cancer screening, and modified and promoted the PSCI Community Health Assessment (CHA). The CAB also invited representatives of Hispanic/Latino-serving organizations to a June 2019 meeting to review cancer incidence and mortality among Hispanics/Latinos; learn about potential for cancer-related research involving Hispanics/Latinos; review **preliminary data** the first 200 Hispanic/Latino CHA respondents; and set priorities for cancer prevention and control among Hispanics/Latinos. In the concluding session,

participants provided strong support and specific strategies for two community-based initiatives promoting cancer education, physical activity, and nutrition among Hispanic/Latinos. The CAB is a **bidirectional, community-based strategy** with a strong potential to develop and disseminate initiatives that will measurably reduce the burden of cancer among Hispanics/Latinos in central Pennsylvania.

0016 *Crisis in Care: Addressing The Global Lack of Healthcare Access and How We Stand in the Gap*

Megan Swope, RN
Nursing, Harrisburg, PA

Background: I have worked as a critical care RN at a small community hospital in Harrisburg, Pa. During my career, I watched the Emergency Room become a source primary care and the patient acuity rise exponentially. In addition, patients are living longer, managing more health issues and leaving the hospital earlier. At my agency, I help close persistent gaps in long term care management and infection control. A common case scenario: Your child has a sore throat again, just like last year. You call your pediatrician's office and they can see you today. After a diagnosis of acute tonsillitis, an ENT is consulted and after referral, they see you the next day. A tonsillectomy is scheduled, and the child is restored to full health. Sadly, the ending for most of the world is quite different. Citizens of rural, urban and global communities do not have access to the health care resources, leading to increased morbidity and mortality. There are 7.7 people on earth. **Common barriers:** Over 70% do not have access to the medical and surgical care they need. For them, the story shared above would end very differently. A child living in rural Tennessee has a febrile seizure. The hospital is over an hour away. The parents of a child in Sierra Leone are told there is no surgeon to perform the surgery for months as there is one surgeon for every 600,000 residents. A single mom in St. Louis can't pay the taxi fare to go to the pharmacy to purchase insulin for her son. Her son worsens and 911 is called. The critical lack of access to health care in urban, rural and international communities are discussed. We examine and compare how the crisis has developed, and design a plan for accessible care in these communities. Ideas for increasing providers and effective strategies to close healthcare gaps are also addressed. A challenge of this scope requires innovation, teamwork and a shift in the way care is delivered at every level. We must meet the challenge head on and without delay.

0017 *Signs of Humanity: A Qualitative Exploration of the Panhandling Experience in Philadelphia*

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Background: In Philadelphia, it is known that a large portion of people who panhandle (PWP) also experience housing insecurity or other hardship. This group is a focus of Philadelphia policy makers as their numbers have appeared to increase recently in conjunction with the opioid crisis. In Center City Philadelphia, only 12% of PWP reported having stable housing. There is no recent qualitative literature on the lived experiences and perspectives despite this group having been surveyed previously. **Methods:** Intercept interviews were conducted with people asking for assistance using signs during July 2018. Interviews were recorded, transcribed, and a directed content analysis was facilitated by NVivo12. **Results/Conclusions:** 41 adults consented to interviews and the majority were self-identified white males (mean age 33). Nearly all participants described the emotional burden of being ignored or mistreated. Participants described frequently feeling invisible and wished for acknowledgement and interpersonal interaction with passersby. Preliminary findings were shared during a public exhibition that included interview quotes and panhandling signs purchased on Philadelphia's streets by a collaborating artist. Exhibition attendees reported a positive change in attitudes and behaviors towards PWP. Therefore, we believe the emotional burden carried by PWP could be eased with a public awareness campaign based on our findings encouraging a change in the public's attitude and behaviors toward panhandling and homelessness in general. Such a campaign could shift the city's ethos regarding homelessness, resulting in positive downstream effects, such as increasing public support for assistance programs for this vulnerable population.

0018 *You Are Who You See? A National Study of Patient-Provider Race Concordance and Perception of Individual Health Status*

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Background: Patients' perceptions of their health is often influenced by factors related to disparity, access, and utilization of healthcare resources. A patient's reported health status is a predictor of multiple health outcomes including, but not limited to quality of life, morbidity, and postsurgical mortality. We examine perceptions of health status among black, white, and Hispanic respondents in concordant and discordant patient-provider dyads. **Methods:** We used the 2016 Medical Expenditure Panel Survey. Patients were classified as concordant if they shared the same race as their provider and were classified as discordant otherwise. Logistic regression models were used to identify factors significantly associated with the perception of having fair or poor health. **Results:** Concordance among Hispanic and black respondents was associated with poor/fair perceived health (Hispanic concordant vs discordant: 29% vs 20%; $p=0.019$, non-Hispanic black concordant vs discordant: 29% vs 20%; $p=0.041$). After controlling for age, education, income, and Medicaid status, the odds of the concordant group having a fair/poor perception of their health was 1.92 times greater than the discordant group (95% CI: 1.07-3.44). **Conclusions:** Respondents who characterized their health as being fair/poor were less likely to have private insurance and more likely to be on Medicare/Medicaid. Historically, Black and Hispanic patients have high rates of chronic disease. Systematic deprivation, barriers to care, and poor health are major issues among these populations. Minority populations may develop more trusting relationships with concordant providers and may have developed greater insight into their chronic conditions allowing them to disclose their fair/poor health status.

019 *Understanding the Barriers to Farmers' Market Nutrition Program Voucher Redemption in Central Pennsylvania.*

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Background: In Pennsylvania, the Farmers' Market Nutrition Program (FMNP) provides vouchers to eligible Women, Infant and Children (WIC) recipients to buy fresh, unprepared, locally grown fruits, vegetables, and herbs from approved farmers markets. Eligible recipients can receive up to four \$5 voucher for a total of \$20 each year. FMNP also helps expand the awareness and use of local farmers' markets. However, FMNP voucher uptake and redemption in Pennsylvania is limited, with only half of those who receive vouchers utilizing them. To understand barriers to check redemption and identify potential intervention solutions, we assessed FMNP beneficiaries' attitudes toward fruit and vegetable consumption, shopping preferences and market awareness/availability, educational needs, and FMNP consumption behaviors. **Methods:** We conducted a survey among a convenience sample of 100 FMNP recipients who receive services at the WIC office located in Lebanon Family Health Services. The survey was developed from validated measures where available and supplemented with investigator-developed items, administered in person, and offered in both English and Spanish. This study was conducted as part of the CDC-sponsored REACH (Racial and Ethnic Approaches to Community Health) project. **Results:** Forty-two percent of survey participants were Hispanics and among those, the majority (73%) were Puerto Ricans. Most participants reported having more places to redeem FMNP checks (49%) and a larger variety of produce (28%) would make FMNP use easier. Participants also reported interest in receiving education about healthy recipes (70%) and nutrition (45%). Twelve percent said knowledge of how to cook with FMNP produce would be helpful to use FMNP vouchers. **Conclusions:** Limited access to farmers' market stands, lack of healthy eating and nutrition education, and knowledge of cooking are key barriers to FMNP voucher redemption among WIC beneficiaries in Lebanon, PA. Locally tailored, culturally appropriate strategies are needed to mitigate these barriers and increase use of FMNP vouchers and increase fruit and vegetable consumption in this population.

020 *The Intersection of the PA Worker's Compensation Act and Opioid Dependent Injured Workers*

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Background: The opioid epidemic's impact on individuals across Pennsylvania continues to be a source of great concern for our workforce, of particular interest are those who have filed Worker's Compensation Insurance claims. A great deal of research assessing **opioid issues** in the workers' compensation system indicates a need for attention to dispensing, monitoring prescribing patterns, and adverse consequences of these prescriptions. In a 2019 study by the Workers Compensation Research Institute, average amounts of opioids received in Pennsylvania by injured workers ranked among the highest of the 27 states in the study. The crux of this issue is that injured workers prescribed opioids for many years may be dependent or may have an opioid use disorder (OUD). There is insufficient information on prevalence in this and impact of the dependency/OUD in this population. To complicate matters, the Pa. Worker's Compensation Act has provisions for challenging the reasonableness and necessity of medical care (prescriptions) in a Utilization Review (UR) process and for settling the case (closure). This often leads to individuals cut off from benefits and medical care with no opportunity to address their dependency/OUD, which may lead to other unacceptable consequences including illicit use of opioids. This presentation will discuss the **current issues** associated with the current PA Worker's Compensation Act and opportunities to address opioid dependence and opioid use disorders. Our aim is to **connect with other interested individuals** to examine and develop the **best approaches** to preventing post settlement and post unfavorable UR determination consequences.