

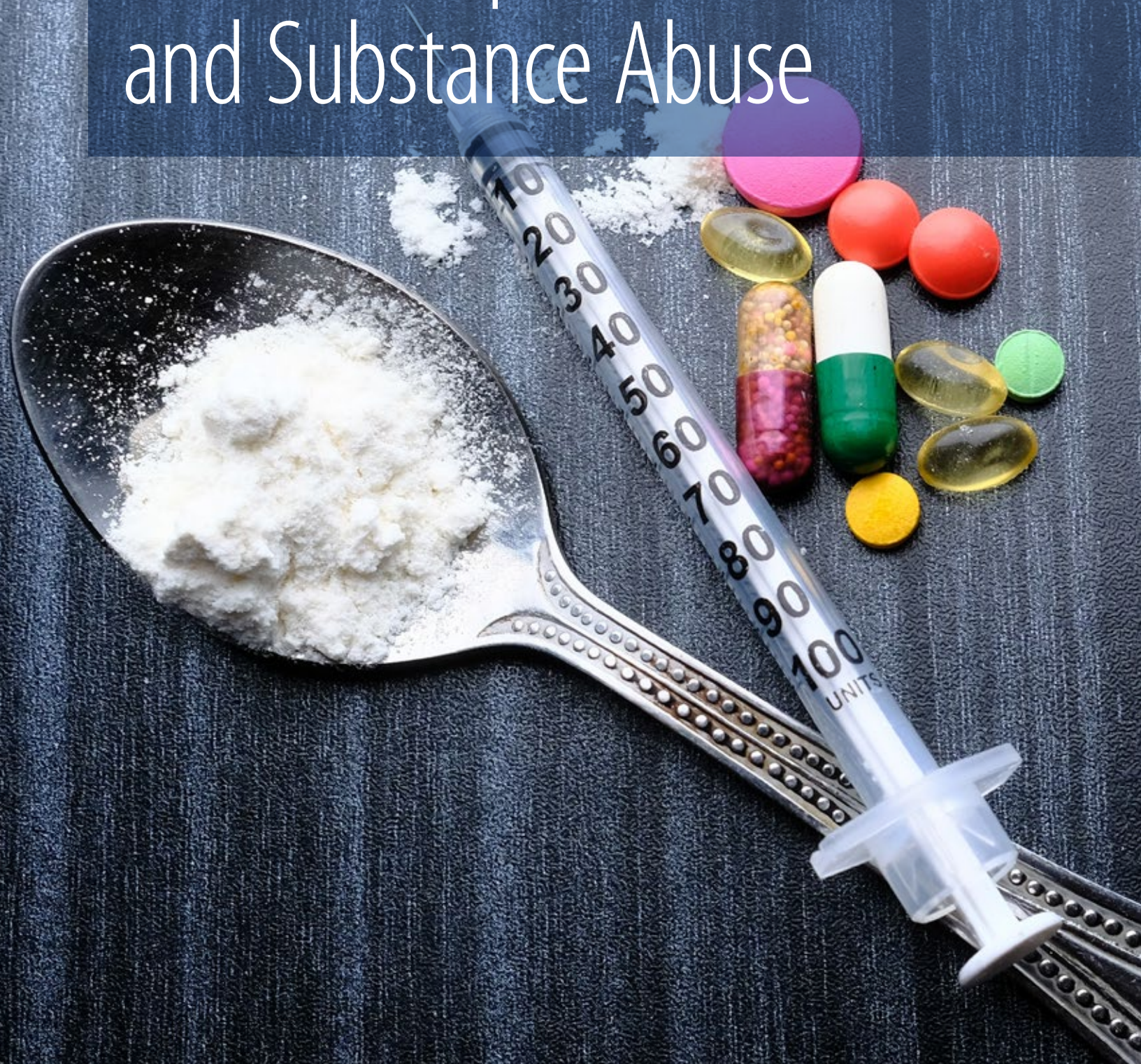
STORIES OF EQUITY



Maintaining a healthy life and lifestyle is often based on social, cultural, economic, and environmental issues. Where we live; how we live; our identities, genders, ethnicities, upbringing, and heritage all play a role in determining our health equity.

Join RTI International as we explore how race, ethnicity, class, sexual orientation, age, and disability affect people's health—and see what RTI's experts are doing to find solutions to improve health equity around the globe.

Stories of Opioid and Substance Abuse



The use of dangerous or illegal substances can be harmful and costly to individuals, as well as to the public health system. Some segments of the population may be more susceptible than others to begin using or to become addicted to substances like opioids, marijuana, and tobacco. These individuals may also have fewer treatment resources to help manage or curb substance-use problems.

The U.S. opioid epidemic affects people of all races, ethnicities, genders, and socioeconomic classes. However, not everyone has equal access to treatment. Although more than 2 million Americans suffer from an opioid use disorder (OUD) related to prescription opioids and nearly 600,000 have a heroin-related OUD, many of these individuals do not receive treatment.

Cost is one barrier to treatment, particularly for those who are uninsured or underinsured; many cannot afford admission to treatment centers or medication-assisted treatment (MAT).

For others, the cost of treatment may be covered, but treatment may be inaccessible due to distance and location. Rural residents frequently do not have access to nearby treatment centers or to specialty and primary care providers with experience treating substance abuse disorders.

RTI is working with the Office of the Assistant Secretary for Planning and Evaluation to study whether telehealth can help increase patients' access to treatment for OUD or other substance abuse disorders.¹ Technology like this can provide OUD treatment to those living far from treatment centers or offer training for physicians or providers to be better able to treat substance abuse disorders.

MAT medications approved by the U.S. Food and Drug Administration (FDA)—including methadone, buprenorphine, and naltrexone—can allow patients suffering from OUD to reduce or eliminate withdrawal symptoms and cravings without producing a euphoric high. Some types of MAT medications may work better for different patients or prove not effective at all. For individuals who are able to use these medications effectively, MAT has been shown to reduce overdose mortality by 50%.

RTI is conducting a large-scale study using information from more than 50 treatment facilities and 3,500 clients to uncover

which factors, such as demographics or treatment program characteristics, influence MAT success.² Results may help treatment providers, clients, and policymakers make more informed choices and provide more effective MAT to all.

Still, even access to treatment centers does not guarantee that individuals will be able to beat their addictions. More than 14,000 specialty addiction treatment programs exist in the United States, and the nature and quality of services offered vary significantly among these programs. Fewer than 20% of programs prescribe any of the FDA-approved MAT approaches to treat OUDs or alcohol use disorders, and patients often do not find available services helpful. On average, one-third of patients discontinue treatment within 2 weeks of starting—which is far less time than recommended.

RTI has outlined the need for a nationwide evaluation system to offer patients more information on the quality of services provided by treatment centers; additionally, this system will improve outcomes and reduce costs to patients.³ Such a system would be similar to what RTI has helped the Centers for Medicare & Medicaid Services (CMS) develop for other care providers, such as the Nursing Home, Hospital, and Hospice Compare programs.

Naloxone is a biomedical intervention that has been proven to reverse opioid overdoses and prevent overdose mortality—plus naloxone can be administered by a layperson with little or no training. However, RTI research has shown that only 8% of all U.S. counties, and only 13% of the counties with the highest overdose mortality rates, have established overdose education and naloxone distribution programs.⁴

These findings are of particular concern for minority populations. Research has shown that African Americans and Hispanics are typically less likely to access naloxone from traditional providers and are more likely to be uninsured or underinsured than Caucasians. In addition, people of color may be less likely to call 911 during an overdose due to fear of police interaction. For those groups, naloxone administered by a layperson may be the only option for preventing overdose deaths, and the lack of access to the drug is detrimental to those communities.



¹ <https://www.rti.org/insights/what-telehealth-and-how-can-it-address-opioid-epidemic>

² <https://www.rti.org/impact/medication-assisted-treatment-opioid-use-disorder-study-mat-study>

³ <https://www.rti.org/insights/improving-addiction-treatment-consumer-report-cards>

⁴ Lambdin, B. H., Davis, C. S., Wheeler, E., Tueller, S., & Kral, A. H. (2018). Naloxone laws facilitate the establishment of overdose education and naloxone distribution programs in the United States. *Drug and Alcohol Dependence*, 188, 370–376. doi:<https://doi.org/10.1016/j.drugalcdep.2018.04.004>

Stories of Aging



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With aging comes the increasing prevalence of chronic illnesses and disabilities—and the associated demands for care. The number of people in the United States aged 65 or older is expected to almost double by 2050, and the number of people aged 85 or older is expected to more than triple. At the same time, the number of young people suffering from a variety of disabilities is increasing.

Numerous options exist for patients seeking elder care, ranging from in-home care to assisted living to residential facilities. Other seniors need fewer healthcare support services and are able to live more independently.

Residential care settings (RCS)—such as assisted living facilities—combine community-based housing and supportive services providers. Residents generally prefer such facilities because these places are less institutional and less expensive than nursing homes. However, seniors' choices may be limited by financial resources or location.

One RTI study found that low Medicaid payment rates limit access to residential care—forcing patients into nursing homes, a less desirable and more expensive option.⁵ If policymakers can address payment rates to favor assisted living facilities when appropriate, then perhaps Medicaid costs can be reduced and elderly patients can receive more effective, comfortable care.

It's not surprising that many low-income patients over age 65—or those under 65 with disabilities—often have complex medical and supportive service needs. Issues such as obesity are commonly associated with diabetes and heart disease. Many of these patients qualify for Medicare and Medicaid, two large and complex systems that can be hard to navigate. And too often, these patients fail to receive the care they need simply because they cannot effectively manage the Medicare and Medicaid processes.

An RTI study found that efforts by CMS to simplify their processes are paying off.⁶ Care Coordinators who have specialized knowledge of Medicare and Medicaid systems can

help patients identify care needs and health goals, and then access the resources to achieve those needs and goals.

Follow-up care is tremendously important to assure elderly patients adequately recover from procedures and illness. Failing to receive appropriate post-acute care can lead to costly infections, complications, and rehospitalizations. But the quality and access of patient care varies by location.

A study conducted by RTI and the University of North Carolina at Chapel Hill found that patients living in rural and isolated areas were 19% less likely to receive follow-up care within 30 days of leaving the hospital compared to those living in urban areas.⁷ The 30-day readmission risk was 32% higher for patients discharged from hospitals in large rural settings and 42% higher for hospitals in small rural settings. Making sure procedures are in place to provide follow-up care to patients living in remote areas can improve outcomes and reduce cost.



There is an abundance of long-term care and in-patient rehabilitation centers catering to the growing number of elderly patients. But many families struggle to determine which centers provide quality care. As a result, many patients end up in a low-performing facility where they are more likely to suffer from new infections, bed sores, or rehospitalizations.

New tools provide patients and their families with information to help them choose the right facility. Through a contract with CMS, RTI developed several websites that provide data about different inpatient rehabilitation, hospice, and post-acute care facilities.⁸ These websites note the rates at which patients suffer from various complications, such as new infections or bed sores, as well as the rates of emergency department visits and rehospitalizations.

With this information in hand, patients can find quality facilities near their homes or loved ones where they are less likely to incur costly complications.

⁵ Lepore, M., Knowles, M., Porter, K. A., O'Keeffe, J., & Wiener, J. (2017). Medicaid Beneficiaries' Access to Residential Care Settings. *Journal of Housing For the Elderly*, 31(4), 351–366. doi:<https://doi.org/10.1080/02763893.2017.1335669>

⁶ Centers for Medicare & Medicaid Services. (2017). Early Findings on Care Coordination in Capitated Medicare-Medicaid Plans under the Financial Alignment Initiative.

⁷ Troth, M., Holmes, M., Van Houtven, C., Toles, M., Weinberger, M., & Silberman, P. (2015). Rural Medicare Beneficiaries Have Fewer Follow-up Visits and Greater Emergency Department Use Postdischarge. *Medical Care*, 53(9), 800–808.

⁸ <https://www.rti.org/impact/quality-measure-development>

Stories of Criminal Justice

DO NOT CROSS POLICE LINE DO NOT

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The United States has the largest number of incarcerated people in the world. Inmates are disproportionately African American and Hispanic; these individuals are four to six times more likely to suffer from mental illness than the general population. Prisons can be violent and psychologically traumatizing places, which can impede released inmates' reintegration into society and spur a vicious cycle of reincarcerations. But ways to break that cycle exist.

Studies have shown that having a parent in prison contributes to racial disparities in a child's well-being and weakens familial relationships. In a 3-year study, RTI researchers found that weak ties with family can inhibit reintegration into society, cause behavioral health issues in parents and children, and create a continuing cycle of debt and poverty.⁹

Supportive families can help those individuals coming out of prison more successfully reintegrate into society; avoid reincarceration; and lead healthier, more productive lives.

Different challenges exist for older inmates. Adults ages 55 or older represent a growing share of the incarcerated population. By 2030, estimates indicate these individuals will make up 30% of the incarcerated population. These older prisoners are more likely to experience behavioral health issues, chronic conditions, and disabilities than their peers outside of prison as well as younger incarcerated individuals; additionally, former inmates face greater challenges during the reintegration process.

RTI developed a case study of Miami-Dade County's Criminal Mental Health Project (CMHP), which helped meet the special needs of older adults reentering society after incarceration.¹⁰ The case study was part of a larger effort for the Office of the Assistant Secretary for Planning and Evaluation to examine barriers that reentrants aged 55 or older face in accessing health coverage and care. The case study showed that CMHP helps older adults better transition to civilian life; CMHP accomplished this by assisting older reentrants in obtaining health coverage, connecting with community-based health care, and working to ensure continuity for prescription drugs treating chronic conditions.

Sexual assault is a serious but often invisible crime that frequently goes unreported. When individuals do report the crimes, they may face slow or no response from investigators, police, and prosecutors. For decades, sexual assault kits have been part of these investigations—but many of those kits went untested. A nationally representative survey estimates that 18% of unsolved sexual assault cases had untested forensic evidence from 2003 through 2007.

RTI is working to address the backlog of sexual assault kits by partnering with the Bureau of Justice Assistance as part of the National Sexual Assault Kit Initiative (SAKI). RTI provides training and technical assistance to police departments and district attorneys across the country.¹¹ RTI helps jurisdictions catalog

their sexual assault kit inventory, test their kits, and prosecute offenders with the goal of bringing justice to victims. To date, more than 37,000 kits have been tested through this effort.

Existing national criminal data collections are largely inadequate. These data may not contain complete crime information and do not include many minority victims, who may not report crime because they distrust law enforcement. As a result, understanding actual crime trends and issues is difficult.

To boost visibility and tracking of unreported crime, RTI is working to help reform¹² the National Crime Victimization Survey (NCVS) and is helping law enforcement agencies¹³ around the country prepare for the transition to the National Incident-Based Reporting System (NIBRS). The two systems provide law enforcement agencies with vital insights into crime and victimization—increasing data about underreported crimes like sexual assault and intimate partner violence, and improving data collection from victims who might be mistrustful of law enforcement. The resulting data can also be a telling indicator of community engagement for local law enforcement agencies and help law enforcement identify geographic areas and populations of high crime, perhaps allocating greater resources to those areas.



⁹ <https://www.rti.org/news/study-explores-how-incarceration-affects-father-child-and-couple-relationships>

¹⁰ <https://www.rti.org/sites/default/files/resources/rti-publication-file-511b2390-976c-4e2f-a3f3-ae641795b89.pdf>

¹¹ <https://www.rti.org/impact/sexual-assault-kit-initiative-saki-training-and-technical-assistance-tta>

¹² <https://www.rti.org/publication/second-major-redesign-national-crime-victimization-survey-ncvs>

¹³ <https://www.rti.org/announcements/new-tool-help-police-agencies-and-states-submit-more-meaningful-crime-data>

Stories of Gender and LGBTQ+



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Millions of women around the world face systemic inequity, injustice, and victimization. Women, girls, and sexual minorities are often at an increased risk of victimization and violence, experience limited educational and employment opportunities, and may have an increased risk of contracting sexually transmitted diseases like HIV. These disparities lead to health consequences throughout their lives.

Women in developed countries, like the United States, have made considerable progress in education, and they now outpace men in earning college degrees. A decrease in U.S. adolescent pregnancy rates may be among the causes helping women achieve greater levels of education. However, black and Hispanic teens—as well as teens in foster care—are still more than two times as likely to become pregnant than white teens; as a result, educational and labor force outcomes may be limited for black and Hispanic teens.¹⁴

Improving outreach and education to minority teens may help reduce teen pregnancy rates and ultimately improve individuals' outcomes in adulthood.

RTI has substantial experience researching sexual assault on college campuses. Past studies have found that grasping the extent and severity of sexual assault can be difficult, with many victims choosing not to report the incidents due to stigma, fear, or lack of clear procedures. Studies also indicate that rates of sexual assault against undergraduate women vary from campus to campus—suggesting that characteristics of a university, including campus climate, could contribute to the level and nature of sexual assault.

An RTI study found that students at historically black colleges and universities (HBCUs) are less likely than their peers at predominantly white institutes to report sexual assault.¹⁵ Although most sexual assault survivors on HBCU campuses reported that they told people close to them about their experience, they rarely disclosed to law enforcement or healthcare professionals. Students' background and aspects of campus culture unique to HBCUs—such as distrust or avoidance of legal, medical, and social service systems due to prior negative interactions and stereotypical beliefs—may help explain survivors' reluctance to report incidents to the police. HBCUs should work to implement new policies and procedures to prevent sexual assault as well as to encourage victims to increase reporting through proper legal channels.

With the legalization of gay marriage and other societal changes, many people assume that society today is more open and welcoming of LGBTQ+ individuals. However, LGBTQ+ persons in particular are at an elevated risk of sexual assault victimization, according to a meta-analysis conducted by RTI about LGBTQ+ individuals' violence and victimization experiences.¹⁶

In fact, victimization disparities have not improved since they were first measured more than 2 decades ago and may even be worsening in forms of victimization affecting youth. Much of this victimization is committed not by strangers or acquaintances, but by people close to LGBTQ+ individuals—including family members. By understanding these disparities, we can better confront the root causes of victimization against LGBTQ+ individuals.

In both LGBTQ+ and heterosexual relationships, intimate partner violence is associated with higher HIV incidence, reduced condom use, and poor adherence to anti-retroviral therapy and other medications. This violence may also affect adherence to pre-exposure prophylaxis (PrEP) usage, an intervention that can prevent HIV infections when used prior to contact with the virus. Female-controlled contraception and PrEP that are not detectable by partners can protect individuals in violent relationships from unwanted pregnancies and HIV infection.

RTI has worked in Sub-Saharan Africa to combine female-controlled contraception and PrEP into a single long-acting implant.¹⁷ The study looked at which PrEP methods women prefer most, finding that women in South Africa were less likely to use PrEP methods that required pills or regular visits to the clinic, which both carry the stigma of being associated with HIV and AIDs. A long-term implant appealed to women because it is discreet and allows them to protect themselves against HIV and unwanted pregnancy, without spurring disagreement or violence by their male partners.

By engaging with women in underserved populations, we can better understand their wants and needs and identify and address barriers to achieving ideal outcomes of health and well-being.



¹⁴ Burrus, B. B. (2018). Decline in Adolescent Pregnancy in the United States: A Success Not Shared by All. *American Journal of Public Health*, 108(S1), S5–S6. doi:10.2105/AJPH.2018.304322

¹⁵ Lindquist, C., Crosby, C., Barrick, K., Krebs, C., & Settles-Reaves, B. (2016). Disclosure of sexual assault experiences among undergraduate women at historically black colleges and universities (HBCUs). *Journal of American College Health*, 64(6), 469–480. doi:10.1080/07448481.2016.1181635

¹⁶ McKay, T., Misra, S., & Lindquist, C. (2017). Violence and LGBTQ+ Communities: What Do We Know, and What Do We Need To Know?. Research Triangle Park, NC: RTI International.

¹⁷ <https://www.rti.org/news/new-multipurpose-device-help-prevent-hiv-and-pregnancy>

Stories of Mental Illness

Mental illness is a common occurrence, impacting nearly one in five individuals in the United States, according to the National Institute of Mental Health (NIMH). Mental illness affects all individuals and races; however, black, Hispanic, and Asian individuals are less likely to receive treatment compared to whites. Studies show that stigma remains a major obstacle for receiving treatment, particularly among certain cultural or religious groups. At the same time, suicide related to mental health has been climbing—up 30% since 1999, according to the Centers for Disease Control and Prevention (CDC).

Receiving care or treatment is a major challenge for those suffering from mental illness. Roughly one-quarter of the populations lacks adequate access to mental health care. Cost also is a major hurdle preventing many from receiving needed care.

The Affordable Care Act implemented behavioral health parity; however, many mental healthcare providers do not accept insurance, Medicare, or Medicaid reimbursements—meaning patients must pay out-of-pocket for mental health care.

One reason for this is that psychiatrists are typically reimbursed 13%–20% less than other types of physicians for providing the same care under “in network” private insurance programs, according to one study conducted by an RTI researcher.¹⁸ Psychiatrists earn significantly more for patients they treat out of network. As a result, many psychiatrists are less likely than other types of medical professionals to participate in insurance networks.

Adjusting the reimbursement system to adequately address mental health care could lead to more mental health professionals participating in private and public insurance networks and lead to better care and outcomes for all.

Mental illness also often derails young people’s educational pursuits. Many drop out of trade/vocational schools and other forms of higher education due to difficulties related to their illnesses. This limits their future wage and employment prospects, ultimately limiting their access to employer-provided health insurance and their ability to pay for out-of-pocket mental health care.

RTI research finds that Supported Education is an intervention that has the potential to end this cycle.¹⁹ Under Supported Education programs, individuals with mental illnesses receive assistance from an education support specialist to set and achieve educational goals and improve competencies. By improving educational outcomes, Supported Education programs can also improve employment and wage outcomes.

Beyond cost, many people do not live near treatment centers or are reluctant to seek care due to the stigma associated with mental illness. Getting care over the phone or online might help address such concerns.

RTI studied the impact of telehealth therapy on members of the military suffering from post-traumatic stress disorder or depression and found that many were more likely to use

telehealth services for treating their mental illness.²⁰ Telehealth services helped these individuals to avoid visiting psychologist/psychiatrist offices and the stigma associated with seeking treatment for mental health disorders.

Developing new policies and programs to expand mental health services through telehealth could help more people receive the care they need, including those who are reluctant to engage a mental health professional in person or those who live far from treatment facilities.

Among the many stigmas surrounding mental health is the perception that those suffering from mental health disorders are a greater danger to themselves and others.

One RTI study found that although nearly a quarter of adults suffering from mental illness in the United States will perpetrate an act of violence, almost one third of those with mental illness will be victims of violence.²¹

The study also found a strong correlation between violence and victimization of those with mental illness—highlighting a need to focus more on victimization as part of efforts to reduce violence and improve treatment and outcomes among those suffering from mental illnesses.



¹⁸ Mark, T. L., Olesiuk, W., Ali, M. M., Sherman, L. J., Mutter, R., & Teich, J. L. (2017). Differential Reimbursement of Psychiatric Services by Psychiatrists and Other Medical Providers. *Psychiatric Services*, 69(3), 281–285. doi:https://doi.org/10.1176/appi.ps.201700271

¹⁹ Ringeisen, H., Langer Ellison, M., Ryder-Burge, A., Biebel, K., Alikhan, S., & Jones, E. (2017). Supported education for individuals with psychiatric disabilities: State of the practice and policy implications. *Psychiatric Rehabilitation Journal*, 40(2), 197–206. DOI: 10.1037/prj0000233

²⁰ Engel, C., Jaycox, L., Freed, M.C., Bray, R., Brambilla, D., Zatzick, D., ... Katon, W. (2016). Centrally Assisted Collaborative Telecare for Posttraumatic Stress Disorder and Depression Among Military Personnel Attending Primary Care: A Randomized Clinical Trial. *JAMA Internal Medicine*, 176(7), 948–956. DOI: doi:10.1001/jamainternmed20162402

²¹ Desmarais, S.L., Van Dorn, R., Johnson, K.L., Grimm, K.J., Douglas, K.S., & Swartz, M.S. (2014). Community violence perpetration and victimization among adults with mental illnesses. *American Journal of Public Health*, 104(12), 2342–2349. DOI: 10.2105/AJPH.2013.301680

Stories of Noncommunicable Diseases

Noncommunicable diseases (NCDs)—such as diabetes, heart disease, respiratory illness, and cancer—cause 38 million deaths worldwide per year; NCDs are estimated to cost \$47 trillion in lost economic output from 2011 through 2030. In many cases, these diseases are tied to lifestyle choices or socioeconomic status, and their impacts can be reduced or eliminated through proper preventative efforts and care.

NCDs profoundly affect those with low socioeconomic status. Low-income patients are more likely to be uninsured or underinsured and, as a result, are less likely to receive preventive care and regular screenings that could allow for early detection. The poor and uninsured are also more likely to incur catastrophic costs for treatment and forego treatment for chronic problems. Low-income individuals also tend to suffer from multiple NCDs, such as obesity and diabetes or cancer and heart disease.

RTI is working with the Lancet Taskforce on Noncommunicable Diseases and Economics, a partner of the World Health Organization's Independent High-Level Commission on NCDs, to address these issues. RTI has been studying the role of fiscal policies and economic incentives on curbing the rates of and treating NCDs.

For example, taxes on soft drinks, alcohol, and tobacco—all contributing factors of NCDs—can lead to lower consumption rates and major health gains for the poorest populations—especially if tax revenues are used to fund intervention programs geared toward low-income populations.²² This research provides evidence countering fears that such taxes would disproportionately harm low-income individuals.

At the same time, RTI is working to better understand how socioeconomic status affects the development of new cancer treatments. Project Data Sphere (PDS) provides researchers and analysts with data from more than 70 phase III clinical trials to help unlock new ways to treat cancer. However, patient demographic information is stripped from the data. Lower-income cancer patients are more likely to suffer from additional health conditions, such as obesity and diabetes, and are less likely to receive early treatment due to limited access to insurance and care. This

means that researchers are limited in their ability to understand how socioeconomic factors affect clinical trial outcomes. RTI researchers working with a Robert Wood Johnson Foundation grant are developing new ways to integrate socioeconomic data with the PDS cancer trials data.²³

This study is showing how to merge data from the national Medical Expenditure Panel Survey into PDS to give a more accurate picture of clinical trial participants. This broader understanding will allow researchers and pharmaceutical developers to find new or better ways to treat people with multiple NCDs or more advanced diseases.

Prevention remains a primary focus among researchers and practitioners to curb the growth of NCDs, and prevention efforts continue to be one of the most cost-effective ways to address NCDs. RTI's analysis of the CDC's YMCA-based National Diabetes Prevention Program determined that the program

could save \$278 quarterly per patient over the first 3 years through lower Medicare expenditures.²⁴ The program, which targeted prediabetes individuals aged 65 or over, consisted of a weekly class about healthy eating, exercise, and motivation. The study found that participants lost 9 pounds on average and were less likely than nonparticipants to be admitted to the hospital or visit the Emergency Room.

As NCDs disproportionately affect individuals with low socioeconomic status, it is not surprising that cost for treatment and prevention is a significant barrier for many. Patients routinely cannot afford or are unwilling to pay for preventive care and screenings, despite the potential benefits from identifying issues early.

One RTI study found that only 24% of uninsured 50- to 70-year-olds followed colorectal cancer screening recommendations.²⁵ Even when those screenings are free, patients still incur transportation and opportunity costs that may prevent or dissuade them from participating.

Finding ways to reduce costs and increase screenings and preventive measures could have a substantial impact on curbing the rates of NCDs around the world.



²² <https://www.rti.org/news/taxes-soft-drinks-alcohol-and-tobacco-are-powerful-response-rising-rates-chronic-diseases>

²³ <https://www.rti.org/news/new-study-explore-health-and-socio-economic-factors-impacting-cancer-patient-outcomes>

²⁴ Alva, M. L., Hoerger, T. J., Jeyaraman, R., Amico, P., & Rojas-Smith, L. (2017). Impact of the YMCA of the USA diabetes prevention program on Medicare spending and utilization. *Health Affairs*, 36(3), 417-424. DOI: 10.1377/hlthaff.2016.1307

²⁵ <https://www.rti.org/news/costs-still-occur-patients-when-cancer-screening-tests-are-free-reducing-access>

RTI International APHA 2018 Conference Presentation Schedule



Session Information	Sunday, November 11
2044: FN Section Poster Session 7 1:30 pm–2:30 pm	Validity of Aggregate Plate Waste as a Measure of Students’ School Lunch Consumption Leah Chapman, Juliana Cohen, Lori McLeod , Eric Rimm
2061: HIV/AIDS: Poster Session 3: Addressing the Care Continuum 3:00 pm–4:00 pm	HIV Testing Site Characteristics, Patterns of Referral to Clinical Care Organizations and Linkage to Care Deborah Porterfield, Christine Bevc, Sara Jacobs, Caroline Husick , Lori Bilello, Maximillion Wilson
2088: Opioid Issues Poster Session 4:30 pm–5:30 pm	Correlates of Nonmedical Use of Methadone Among People Who Inject Drugs in California Johnathan K. Zhao, Alex H. Kral, Lynn Wenger , Ricky N. Bluthenthal
2101: CSHCN Poster Session 4:30 pm–5:30 pm	Early Check: A Voluntary Newborn Screening Program to Facilitate Clinical Trials in Pre-symptomatic Infants with Rare Disease Blake Harper

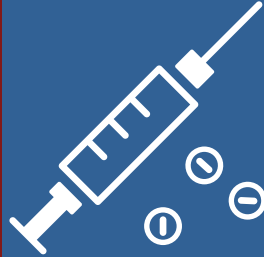
Session Information	Monday, November 12
3090: International Health Poster Session—Health in Asia and the Pacific 10:30 am–11:30 am	Addressing Maternal Anemia in India: Formative Research Katie Moran, Jon Poehlman, Ishu Kataria, Pam Williams, Mariam Siddiqui , Aditi Roy, Ed Baron, Neela Saldanha, Pooja Sikund, Anna Rego
3162: Emerging Topics in LGBT Public Health 11:10 am–11:30 am	LGBT Identity Centrality and Its Role in Perceived Effectiveness of Tobacco Public Education Advertisements Targeted to LGBT Young Adults Mario Navarro, Leah Hoffman, Erik Crankshaw, Jamie Guillory
3173: Evaluation of Public Health Education and Health Promotion Programs 10:30 am–12:00 pm	Evaluating Disparities in Prediabetes Knowledge and Outcomes Through the Medicaid National Diabetes Prevention Program Demonstration Project Deborah Porterfield, Sara Jacobs, Wendi Elkins , Stefanie Hansen
3193: Cancer Forum—Poster Session 6—Oncology Health Services 1:00 pm–2:00 pm	Practical Approaches to Engage Primary Care Clinics in Health Systems Change: Lessons Learned from the Centers for Disease Control and Prevention (CDC)-funded Colorectal Cancer Control Program (CRCCP) Dara Schlueter, Cindy Soloe, Laura Arena , Amy DeGroof, Florence Tangka, Suhja Subramanian
3204: Topics in Injury Epidemiology Poster Session 1:00 pm–2:00 pm	To Text or to Email? And How Often? Those are the Questions. . . Sue Pedrazzani, Charlie Knott, Thomas Walker, Mai Nguyen, Steve Gomori, Sridevi Sattaluri
3219: Improving Systems for People with Dementia and Their Caregivers Is a Public Health Priority 1:00 pm–2:30 pm	1:05 pm–1:20 pm Public Health Considerations of People with Dementia Living in Diverse Settings Michael Lepore 1:35 pm–1:50 pm Making Long-Term Services and Supports Dementia-Capable for People with Dementia Who Live Alone Elizabeth Gould
3260: Roundtable 1: The Reliability of Public Health Data: Interoperability, Privacy, Security, and Legal Frameworks 1:00 pm–2:30 pm	What Is the Right Level of System Security for Health Survey Data? M. Rita Thissen, Katherine Mason, David Plotner
3297: Substance Use and Misuse Among Adolescents and Young Adults 3:00 pm–4:00 pm	Evaluation Outcomes of Georgia’s Alcohol Prevention Program Darigg C. Brown, Elvira Elek , Sharnail Bazemore, Travis Fretwell, Donna Dent, Amy Benson

Session Information	Tuesday, November 13
4070.2: Longitudinal and Epidemiological Studies in Aging Poster Session 9:00 am–10:00 am	Health Outcomes of Long-Stay Residents in Nursing Homes with Decreasing Medicare-Covered Skilled Nursing Facility Days Michael Lepore, Daniel Barch
4090.1: APHS Poster 10:30 am–11:30 am	Comparing Direct Survey and Small Area Estimates of Health Care Coverage in New York Rachel Harter, Amang Sukasih, Jeniffer Iriondo-Perez
4099: Genomic Forum Poster Session 2 10:30 am–11:30 am	Harnessing Virtual Reality to Understand Parental Decision-Making About Genetic Testing for Children Nupur Kulkarni, Laura Wagner, Rebecca Moultrie, Alexa Ortiz, Catherine Gupta, Janice Zeng, Brittany Zulkiewicz, John Holloway, Megan Lewis
4162: Public and Private Insurance Considerations for Health Administrators 11:30 am–11:50 am	Evaluating Collaborative Partnerships in the Medicaid National Diabetes Prevention Program Demonstration Project Deborah Porterfield, Kathleen Farrell, Karen Strazza , Stefanie Hansen

Session Information	Tuesday, November 13
4188: PHSW Roundtable: ACEs and Trauma-Informed Interventions 10:30 am–12:00 pm	Lessons Learned from ACF’s Demonstration Program for Domestic Victims of Human Trafficking Kathleen Krieger, Jennifer Hardison Walters, Merissa Gremminger, Rose Feinberg, Marianne Kluckman, Deborah Gibbs, Shilpi Misra
4200: Effective Communication and Campaigns in Tobacco Control 1:00 pm–2:00 pm	Association Between the Real Cost Media Exposure and Smoking Initiation Among Youths Jennifer Duke, Anna MacMonegle, James Nonnemaker, Matthew C. Farrelly , Janine Delahanty, Xiaoquan Zhao, Alexandria Smith, Jane Allen
4209: Emerging Issues in Disability and Public Health Poster Session 6 1:00 pm–2:00 pm	Evaluating Tobacco-Related Facts as Potential Arguments for Youth Tobacco Prevention Messaging Atanaska Dineva, Chaunetta Jones, Xiaoquan Zhao, Mario Navarro, Matthew Eggers, James Nonnemaker, Annice E. Kim , Tesfa Alexander
4289: Food and Nutrition in Schools 1:00 pm–1:20 pm	Understanding the Disabled Self in Later Life Jennifer Howard
4295: Violence Against Women and Girls: Preventing Sexual Assault and Harassment 2:00 pm–2:20 pm	State Policy Design Attributes Used to Successfully Implement a State-wide Farm-to-School Grant Program in Oregon Kristen Giombi, Caroline Rains , Anupama Joshi, Maximilian Merrill, Jean Wiecha
4309: HIV/AIDS: Poster Session 9: Global HIV/AIDS 3:00 pm–4:00 pm	Measuring Outcomes in Services for Trafficking Survivors: Assessing Instrument Validity and Reliability Stacey Cutbush, Deborah Gibbs, Kathleen Krieger, Samantha Charm, Shilpi Misra
4361: e-Health and Media-Based HIV Interventions 3:00 pm–4:30 pm	Implementation Science with Underserved Women in South Africa: Challenges and Successes with ARV Uptake and Adherence Wendee M. Wechsberg, Felicia Browne, William A. Zule, Jacqueline Ndirangu, Courtney Bonner, Brittini Howard
4365: Maternal and Child Health in Sub-Saharan Africa 3:45 pm–4:00 pm	Moderator: Felicia Browne
4372: Health Equity Now for Immigrants, Migrants, and Refugees—Part 1 3:40 pm–4:00 pm	WHO-Recommended Interventions to Improve Preterm Birth Outcomes: A Mathematical Model to Estimate the Potential Reduction of Preterm Mortality in Sub-Saharan Africa Jennifer Griffin , Alan Jobe, Allyson Drew, Elizabeth McClure , Robert Goldenberg, Doris Rouse , Beena Kamath-Rayne
4396.1: Health Equity Now for Immigrants, Migrants, and Refugees—Part 2 5:00 pm–6:30 pm	Family and School Connectedness Associated with Lower Depression Among Latino Early Adolescents in an Agricultural County Marissa Raymond-Flesch, Megan Comfort , Linda McGlone, Alexandra Minnis
4412.1: Air Pollution, Emissions, and a Changing Climate 5:45 pm–6:00 pm	Moderator: Lisa Lines
	Assessing Community Vulnerability to Pollutant Releases Due to Extreme Events Michael Schmeltz, Paramita Sinha , Susan Julius, Robert Truesdale, Donna Womack, Michele Eddy, Prakash Doraiswamy, Kara Reeve, Brian Lim, Jennifer Richkus

Session Information	Wednesday, November 14
5021: Social Factors and Health: Epidemiologic Perspectives 9:30 am–9:50 am	Social Determinants Associated with STIs Among a Sample of Young African American Women Who Use Alcohol or Other Drugs Felicia A. Browne, Tracy Kline, Courtney Bonner, Jacqueline Ndirangu, Leslie B. Turner, Wendee M. Wechsberg
5074: Policies, Programs, and Services That Promote Inclusion of People with Disabilities 11:30 am–11:50 am	Including Individuals with IDD in EHR Research: What Factors Inform Consent? Sara Andrews, Melissa Raspa, Anne Wheeler, Anne Edwards, Laura Wagner, Rebecca Moultrie , MaryKate Frisch, Lauren Turner-Brown
5076: Health Impacts of Extreme Events and a Changing Climate 10:50 am–11:10 am	Case Study: A Community Assessment of Hazardous Waste Site Vulnerabilities Due to Extreme Events—Waterbury, CT, and Phoenix, AZ Susan Julius, Paramita Sinha , Michael Schmeltz, Brian Lim, Jennifer Richkus, Robert Truesdale, James Cajka, Justine Allpress
5108: Social Media to Promote Public Health: Exemplars and Lessons Learned (Organized by HCWG) 10:30 am–10:45 am	Harnessing Instagram for Study Retention and Community Building Among Teens in Salina, CA: A Social Media Experiment Veronica Thomas, Marisol Chavez, Alexandra Bornkessel, Alexandra Minnis

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