PRESENTATION ABSTRACT

Addressing chronic disease in Riverside County through multi-sectorial partnership: the Community Translational Research Institute.

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Presented November 2, 2015 at the American Public Health Association Annual Meeting and Exposition, Chicago, IL.

Historically, hospitals, public health departments, and county and city management have limited, if any, interaction because of the perceived nature of their own disparate areas of focus and responsibility. However, in an effort to create “healthy communities” or “accountable care communities,” these agencies are recognizing the need for developing effective working relationships with one another. Nationally, there has been some indication of community service organizations working collaboratively to create healthier communities. However, these efforts are still episodic and disjointed in nature; they lack the systematic, coordinated processes and strategic management required to sustain effective and efficient primary, secondary and tertiary prevention and intervention needed to create and maintain healthy communities.

The Community Translational Research Institute (CTRI) was created as a non-profit California corporation in 2013 for the purpose of bridging leaders, researchers

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and practitioners in public health, medicine, academia and community for cross-sectoral translational research in health promotion and disease prevention, leading directly to improvements in health practice and policy. Persons instrumental in its creation include the CEO of the County of Riverside (COR), the CEO of the Inland Empire Health Plan (IEHP), the founding Dean of the Claremont Graduate University School of Community and Global Health, and key members of the COR Board of Supervisors. Since its inception, CTRI leadership has worked with leaders in the COR’s administration, the Riverside County Department of Public Health, the Riverside University Health System (RUHS) Care Centers and the RUHS Medical Center, as well as IEHP leadership, community leaders in the cities of Jurupa Valley and academic leaders in area colleges and universities to develop evidence-based innovations in diabetes prevention for those communities. To date, the County of Riverside has invested approximately $2 million in CTRI and its collaborative community-based translational research programs with the expectation that its evidence-based innovations will guide future health practice and policy in the county with improved population outcomes for its residents. IEHP likewise has contributed both money and in-kind services to support the CTRI-led collaborations. CTRI and the Jurupa Valley Diabetes Free Riverside (DeFeR) Demonstration and Feasibility Assessment Project bring together the Riverside County Department of Public Health, local hospitals and city and county management along with community leaders and academic institutions to strengthen their infrastructure as a whole, and achieve integrated, multi-sectoral effectiveness in addressing the obesity epidemic among the adults and children residing in Jurupa Valley, California.

Preliminary analyses of data have ignited a greater sense of urgency for prevention measures; 33 percent of the 139 adults screened to date have been diagnosed as pre-diabetic. Two CTRI-sponsored focus groups attempting to develop a community-based diabetes prevention program identified that community members displayed a state of readiness for acceptance of classes and health-based programming, but one large complication was the language barrier and need for classes and information in Spanish. Also, although the community has many resources for encouraging physical activity, they are often underutilized or inaccessible. Addressing risk factors as well as social and environmental barriers will be a large component; transportation and the built environment could pose another large barrier for participation. The length of the class will pose challenges for retention, and sustaining the motivation of participants will need substantial effort, but this could be offset by including family members. Nevertheless, the importance of community input for promoting healthy nutrition and increasing physical activity is at the forefront of this endeavor: a cadre of health professionals armed with the tools needed to reverse this epidemic and improve health outcomes for this

underrated population. ❖

POSTER PRESENTATION

Using Incident Command System to plan community health assessment forums.

Presented July 8, 2015 at the National Association of County & City Health Officials Annual Conference, Kansas City, MO.

Wendy Hetherington, MPH * Kevin Meconis, MPH * Cameron Kaiser, MD * Michael Osur, MBA

Background. Riverside County, California is home to 2.2 million residents and one of the fastest growing counties in the United States. It is geographically large, spanning more than 7,200 square miles with many distinct cultural and geographic communities. In pursuit of accreditation through the Public Health Accreditation Board (PHAB), the Riverside County Department of Public Health (DOPH) embarked on an ambitious goal to conduct multiple community forums and meetings throughout the County to collect information on health needs from as many representative populations as feasible.

Methods. In order to facilitate efficient planning and productive meetings, the DOPH Accreditation Steering Committee decided to use Incident Command System (ICS). ICS is a systematic tool designed for the command, control and coordination of emergency response and DOPH has successfully used it to coordinate response and recovery efforts to public health emergencies.

An ICS subject-matter expert from the DOPH Public Health Emergency and Response branch was appointed as incident commander. She coordinated weekly section chief meetings and briefed the Accreditation Steering Committee on developments. DOPH staff were assigned section chief (Finance, Operations, Logistics, Planning), Liaison and Public Information roles based on their day-to-day functions. The Logistics and Planning Sections were further divided into units to assign staff to coordinate community meeting and staff schedules, presentation design, outreach plan and more.

Results. In addition to the successful coordination of more than 20 community forums throughout Riverside County, using ICS gave DOPH staff an opportunity to
practice emergency response roles and helped to fulfill accreditation prerequisites and domain requirements.

PRESENTATION ABSTRACT

Riverside County’s S.M.I.L.E. program for perinatal mood and anxiety disorders: a discussion of risk factors and improving partnerships.

Presented May 3, 2015 at the Association of Public Health Nurses Annual Conference, Manchester, NH.

Amy Larsen, RN, BSN, MSN, IBCLC

The early identification of women with perinatal mood and anxiety disorders (PMADs) is crucial in preventing devastating effects on the mother, spouse, family members, children and society as a whole. 10 to 19 percent of women are affected by this disorder but other high risk factors can increase its incidence up to 30 percent.

For the 2013-2014 fiscal years, 263 pregnant and postpartum women were enrolled in the S.M.I.L.E. program. Qualitative and quantitative data was collected during the comprehensive enrollment assessment.

The data characteristics of the 263 women were evaluated. Sixty five percent of women stated they had a history of physical, emotional, and/or sexual abuse. Sixty one percent of women stated they had a family history of mental illness and/or substance use. Forty two percent of women had seen or were seeing a therapist at enrollment. Forty two percent of women have taken or were taking psychiatric medication at enrollment. Twenty three percent of women had a history of hospitalization due to mental illness. Risk factors identified in the S.M.I.L.E. program are similar to risk factors found in the Adverse Childhood Experiences (ACE) Study and other literature regarding the lifelong effects of adverse childhood experiences and postpartum depression.

Early recognition of women with PMAD risk factors and collaboration between public health nurses, primary care and mental health providers are necessary strategies for serving maternal-child populations.

Our next issue will be published July 1.
Information for Disease Reporters

All case reporting forms and information for the County of Riverside Department of Public Health are available from our website at [www.rivcoph.org](http://www.rivcoph.org).

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<th>Communicable Disease Reporting</th>
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<td>Please refer to our on-line list of reportable conditions, including those to be reported immediately by telephone, within one day of identification and within seven calendar days. All forms are available from <a href="http://www.rivco-diseasecontrol.org/">http://www.rivco-diseasecontrol.org/</a></td>
<td>Certain non-communicable diseases are reportable under state and local statute. These conditions include, but are not limited to, pesticide exposure and DMV reportable conditions such as disorders characterized by lapses of consciousness. Please refer to our on-line list of reportable conditions for more information.</td>
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**Telephone Reporting:** For STD reporting, please call 951 358 7820. For all other conditions, call 951 358 5107; for urgent reports after hours, call 951 782 2974 and request the Public Health second call duty officer.

**Fax Reporting:** Please use the appropriate form for the condition. STD reports should be faxed to 951 358 6007 and all other reports to 951 358 5102. Please note that HIV/AIDS reports must be securely sent by mail. Please see our website for specific instructions.

**Animal Bites**

Animal bites must be reported to both the Department of Public Health and the Department of Animal Services. For more information, please call 951 358 7387 during business hours.