

Expanding the AHD through student engagement

Damian Chase-Begay, Missoula Public Health

and

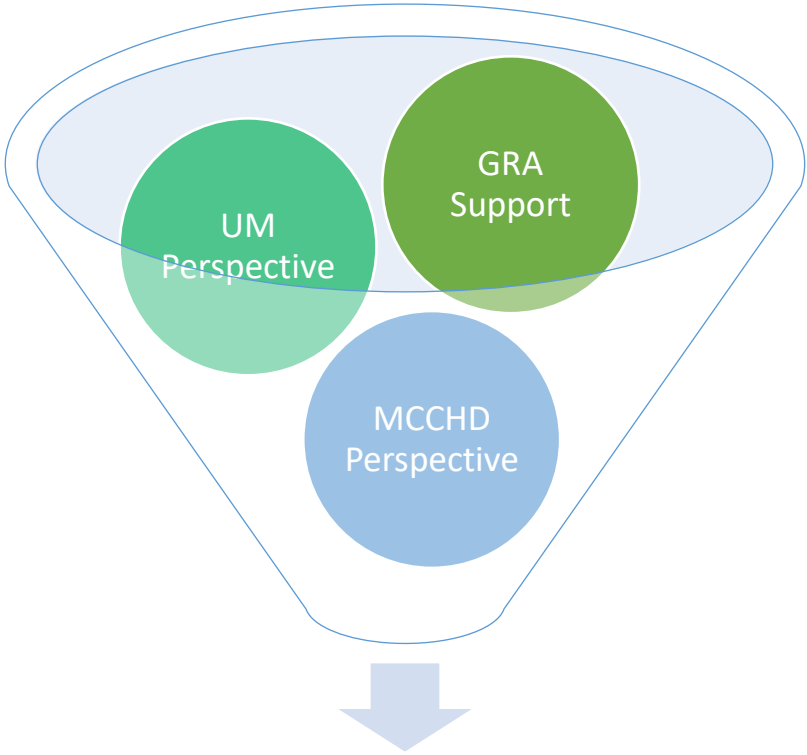
Kari Harris, UM SPCHS

Missoula Academic Health Department 4th Annual Conference, 5/22/23





GRA Support: MPH-Community Health and Prevention Sciences



Pair & Share Brainstorm

GRA Support: what it is and how it got started

On-campus MPH-CHPS

- Full-time students
- Out-of-state applicants
- Recruitment challenges

Conversation:

Damian + Kari in 2022



Ali Manuel, a graduate student from the University of Montana's MPH-CHPS is taking on a project to help mitigate Fort Benton's mosquito populations by increasing bat habitats

Cost of Attendance per AY: ~ \$35K – \$60K

2022 - 2023 ESTIMATED TOTAL COST OF ATTENDANCE



In-State

12 or more Credits: \$30,270
9 to 11 Credits: \$28,222
6 to 8 Credits: \$25,780

Graduate In-State COA



Out-of-State

12 or more Credits: \$55,780
9 to 11 Credits: \$47,732
6 to 8 Credits: \$39,290

Graduate Out-of-State COA



Course and Online Learning Fees

12 credits : \$4,968

<https://www.umt.edu/finaid/cost-of-attendance/graduate-COA/default.php>

<https://www.umt.edu/public-community-health-sciences/graduate/general-information.php>



Costs and Benefits

MCCHD Cost & Benefits	Student Benefit
Contract: \$22K/AY	Stipend: \$10,000/AY
Half-time student effort to meet HD needs	Tuition paid
Opportunity to apply coursework to projects	Program fees paid
Opportunity for capstone placements in second year	Combines with financial aid
Potential future MCCHD employee	Awesome experience MCCHD



UM's Perspective

Benefits

- Commitment upon admission
- Increase enrollment
- Replicable
- Linkages with MCCHD
- Expand opportunity for capstones
- Supports AHD

Challenges

- Time to set up
- Contracting at MCCHD & UM
- Stipend may not be competitive

Child Health Status by Perception of Provider Cultural Sensitivity among Respondents of the National Survey of Children's Health: 2016-2020

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Abstract

Objectives. To identify the impact of provider cultural sensitivity on child health status in the United States.

Methods. We analyzed data for 145,226 children from the National Survey of Children's Health for the years 2016-2020. We used logistic regression to determine odds ratios for better health status based on level of provider cultural sensitivity, controlling for other sociodemographic variables.

Results. Multivariate logistic regression showed that children with more culturally sensitive providers had more than twice the odds of reporting a better health status (AOR = 2.38; 95% CI: 1.73, 3.28). Children from racial minority groups, whose household language was not English, who were living at or below 200% of the federal poverty level, or who relied on public insurance options were all significantly more likely to report lower levels of provider cultural sensitivity.

Conclusions. Our findings highlight the need for greater resources and more research around improving the cultural sensitivity of American healthcare providers, and the positive impact these efforts could have on the health of our nation.

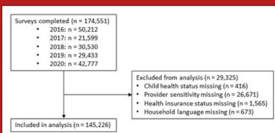
Background

Significant and persistent health inequities exist in BIPOC (Black, Indigenous, and other People of Color) communities throughout the United States.¹ Emerging research has begun to show that the level of cultural sensitivity of a healthcare provider may be directly associated with physical and mental health outcomes for patients.² However, there is a paucity of high-quality research highlighting this association. Given the relationship between childhood and adulthood health status, studying the impact of provider cultural sensitivity on children's health is especially important. **The purpose of this study** is to determine if there is a significant association between the perceived level of provider cultural sensitivity and child health status among respondents to the National Survey of Children's Health (NSCH). Our hypothesis is that children whose parents or caregivers report higher perceived cultural sensitivity of their provider will experience better health than those with lower perceived cultural sensitivity.



Methodology

We combined NSCH datasets from 2016-2020, providing ample statistical power and the opportunity to explore 5-year trends. The NSCH is a state-level, nationally representative, cross-sectional survey of American households throughout the 50 states and the District of Columbia with at least one child or adolescent under the age of 18 years eligible to participate, administered annually by the U.S. Census Bureau. All participants were included in our analysis if they were not missing data on our primary exposure, outcome, or any included covariates (see flow diagram).



The outcome of interest for this study was child health status, the exposure of interest was provider cultural sensitivity, and potential confounders that we assessed include race, age, ethnicity, sex, household income, household language, and metropolitan residence status. **Child health status** was measured using the question: "In general, how would you describe this child's health?" This variable was dichotomized to denote either Better Health Status ("Excellent," "Very Good," or "Good") or Poorer Health Status ("Fair" or "Poor"). We measured **provider cultural sensitivity** using the question: "During the past 12 months, how often did this child's doctors or other health care providers show sensitivity to your family's values and customs?" Response options for this item included "Always," "Usually," "Sometimes," and "Never." Participants were also able to indicate that the child had not had a healthcare visit within the last 12 months. We collapsed the responses of "Sometimes" and "Never" into one category, resulting in a three-level categorical variable for our analysis.



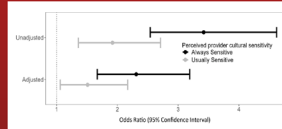
We used **multiple logistic regression** to evaluate the association between provider cultural sensitivity and child health status, as reported by the parent or caregiver. Variables to include in the final model were chosen based on the change in odds ratio, a review of the literature, and model selection criteria that included ANOVA and AIC. All models were weighted to account for the NSCH's complex sampling design using NSCH-provided sampling weights.



Results

In the **unadjusted model**, respondents who perceived their provider as always culturally sensitive were more than three times as likely to report a better health status (excellent, very good, or good) for their child (OR = 3.42, 95% CI: 2.54, 4.62).

In the **adjusted model**, compared to those who reported their child's medical provider to be sometimes or never culturally sensitive, participants who reported the provider as being always culturally sensitive were more than twice as likely (AOR = 2.38, 95% CI: 1.73, 3.28) to report their child's health status as better (excellent, very good, or good). These results are consistent with current knowledge regarding the role and importance of provider cultural sensitivity.



References

1. Frisvold DE, Sanders MR. Racial and Ethnic Disparities in the Quality of Health Care. *Annu Rev Public Health*. 2016;37(1):375-394.
2. Flynn PM, Betancourt H, Emerson ND, Nunez EI, Nance CM. Health Professional Cultural Competence Reduces the Psychological and Behavioral Impact of Negative Healthcare Encounters. *Cult Divers Ethn Min*. 2020;26(3):271-279.
3. Data Resource Center for Child & Adolescent Health. About the National Survey of Children's Health. <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>. Accessed December 15, 2020.



Creating Clean Air Spaces During Wildland Fire Smoke Episodes: Web Summit Summary

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MCCHD's Perspective

Benefits

- High-quality data to inform services
- Evaluation of program and services
- High-quality data available to the public
- Training public health researchers

Challenges

- Cost/Funding
- Aligning research interests and practice
- Capacity for staff participation

New ideas for student engagement

- Pair (10 minutes)
 - 1 MCCHD + 1 UM
 - Brainstorm needs and ideas
 - Record on Google Doc as you go
- Share (5 minutes)
 - Pair describes 1 promising idea with the group



<http://missoula.co/ahd>