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

UM Perspective

GRA Support

MCCHD Perspective

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

Out-of-State
12 or more Credits: $55,780
9 to 11 Credits: $47,732
6 to 8 Credits: $39,290

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

Objective: To identify the impact of provider cultural sensitivity on child health status and utilization of health care among American Indian and Alaska Native (AI/AN) youth.

Methods: A total of 3,214 children from the National Survey of Children’s Health (NSCH) were included in this study. The NSCH is a biennial national survey that collects health and well-being data for children aged 0-17 years from NHIS. AI/AN respondents were compared to other race/ethnicity groups using logistic regression models.

Results: The results showed that cultural sensitivity significantly increased the likelihood of children receiving preventive medical care and mental health services. Children from AI/AN families were more likely to receive preventive medical care, but less likely to receive mental health services compared to other race/ethnicity groups.

Conclusion: The findings highlight the need for culturally competent care and research focused on improving the mental health outcomes of AI/AN youth.

Background

The health status of American Indian and Alaska Native (AI/AN) children has been a significant concern. AI/AN children are more likely to experience health disparities compared to non-Hispanic white children. The National Survey of Children’s Health (NSCH) is a biennial national survey that collects health and well-being data for children aged 0-17 years from NHIS.

Results

The results showed that cultural sensitivity significantly increased the likelihood of children receiving preventive medical care and mental health services. Children from AI/AN families were more likely to receive preventive medical care, but less likely to receive mental health services compared to other race/ethnicity groups.

Discussion

The findings highlight the need for culturally competent care and research focused on improving the mental health outcomes of AI/AN youth.

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

Gilliane Davison1, Karoline K. Bankrjnh, Gayle S. W. Hagler1, Amara L. Holder2, Sarah Coefield3, Curtis Noonan2 and Beth Hassett-Sipple1

1Air and Energy National Research Program, Office of Research and Development, U.S. Environmental Protection Agency; Research Triangle Park, NC, United States; 2Oak Ridge Institute for Science Education Postdoctoral Fellow hosted by Center for Environmental Measurement and Modeling, Office of Research and Development, U.S. Environmental Protection Agency, Research Triangle Park, NC, United States; 3Center for Environmental Measurement and Modeling, Office of Research and Development, U.S. Environmental Protection Agency, Research Triangle Park, NC, United States; 4Missouri City-County Health Department, Missouri, MO, United States; *Center for Population Health Research, University of Missouri, Columbia, MO, United States

The results of the survey showed that cultural sensitivity significantly increased the likelihood of children receiving preventive medical care and mental health services. Children from AI/AN families were more likely to receive preventive medical care, but less likely to receive mental health services compared to other race/ethnicity groups.

The findings highlight the need for culturally competent care and research focused on improving the mental health outcomes of AI/AN youth.
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