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What’s New at the Center

Dangerous Decibels in the News

Contributed by Linda Howarth

We are proud to announce that Dangerous Decibels, the basis for our Listen for Life campaign in tribal communities, was presented with the Safe-in-Sound™ Innovation in Hearing Loss Prevention Award on February 22, 2013.

The award winners are evaluated, selected, and presented by the National Institute for Occupational Safety and Health (NIOSH) and the National Hearing Conservation Association (NHCA). The award was presented at the 38th NHCA Annual Conference in St. Petersburg, Florida by Dr. John Howard, Director of the NIOSH.

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The Safe-in-Sound Excellence and Innovation in Hearing Loss Prevention Awards™ honor excellent hearing loss prevention practices in the work environment. Applicants are evaluated against key performance indicators in a review process designed to evaluate hearing loss prevention programs in each of three work sectors: construction, manufacturing, and services. The awards recognize those who demonstrate, by example, the benefits of developing or following good hearing loss prevention practices.
Dear colleagues:

One of my favorite adventures that occurs as part of my job in working with the Northwest Coast tribes is the yearly trip I take to one of the Quarterly Board Meeting, an assembly of tribal health delegates from the 43 federally recognized tribes in the three contiguous Pacific Northwest states, Oregon, Idaho, and Washington. The meeting in mid-April was hosted by the Swinomish tribe in their new casino and lodge near Anacortes, Washington. This area is the ancestral homeland of the Swinomish, who made their living from the sea, primarily, although they traded extensively up and down the Pacific Coast. The Swinomish were famous for their long and low racing canoes, and for many years around the turn of the century, they held the racing championships among all the paddling tribes in the Northwest. The races have been revived over the past ten years, now drawing thousands of spectators for the annual event. Tribal and non-tribal alike, enjoy the festivities and celebrations.

My role in the delegates’ meeting is to report in on the progress of our CDC-funded Prevention Research Center (PRC) grant, the Center for Healthy Communities, and its many projects that are associated with the PRC, including educational programs, Healthy & Empowered Youth, Native Children Always Ride Safe, Listen for Life, and the Comparative Effectiveness of Telemedicine. I fielded several questions and the delegates seemed pleased with our progress, voting to renew the Tribal Resolution of support for our next PRC grant application this summer. Additional items of business included reports from the Portland Area Indian Health Service Director, the Director of Indian Health Service in Washington, DC, the Executive Director of Northwest Portland Area Indian Health Board (NPAIHB), and from project directors of multiple projects that are housed at the NPAIHB.

As the PRC moves forward, we will honor the priorities of the delegates as we plan the next cycle of our PRC grant. We remain committed to the tribes and to the NPAIHB that serves tribal health needs, and hope that we can continue our collaborations into the next decade and beyond.

Sincerely,

Tom Becker
What’s New at the Center?

New funding for Prevention of Noise-induced Hearing Loss

Contributed by Linda Howarth

Our team has received funding from the 3M Foundation to produce 1) five Dangerous Decibels Educator Training Workshops, 2) a conference, and 3) a Jolene Family Reunion with a “U-Build-it” public event this year.

1) Dangerous Decibels Educator Training Workshop

The Workshops prepare and equip participants to skillfully present a 50-minute program that has been proven effective at changing knowledge, attitudes, and intended behaviors in students regarding their hearing health.

This two-day certification workshop is led by Oregon Health & Science University, Portland State University, and University of Northern Colorado hearing conservation, health communication, and educational outreach experts. Participants receive an educator kit with graphics, simulations, supplies, sound level meter, and script needed to present the classroom program.

The program was developed to be presented in 4th grade classrooms but it is equally effective and fun for adults. This same program is now being used to teach military and police recruits, railway, and dairy workers New Zealand (NZ). The NZ government realized that if they train their workers and school children to prevent noise-induced hearing loss, then the cost of taking care of workers with hearing loss would eventually be reduced.

The workshop has attracted people from many professional and educational backgrounds. It is open to anyone interested in teaching hearing loss prevention, including school teachers, high school students, nurses, audiologists, administrators, professors, health educators, graduate students, music teachers, and many more.

To date, we have trained four members from our tribal intervention sites involved with the Listen for Life campaign housed in the PRC. These community champions are taking leadership of the campaigns within their own communities. We have successfully recruited tribal members from across Indian country to attend our upcoming workshops.

2013 Dangerous Decibels Educator Workshop Schedule

- February 24 & 25 — St. Petersburg, FL
- April 6 & 7 — Anaheim, California
- May 31 & June 1 — Austin, Texas
- August 9 & 10 — Portland, Oregon
- October 17 & 18 — St. Paul, Minnesota

If you would like more information about the workshops please contact Linda Howarth, 503-494-0670, howarthl@ohsu.edu.
2) 3M Innovations Event — Conference

3M has commissioned Dangerous Decibels to produce a two-day information and demonstration event that will provide participants with the most current information regarding noise-induced hearing loss and tinnitus in children and state-of-the-art interventions and dissemination methodologies for effective prevention. Target audiences include: students, teachers, pediatricians, public health experts, clinical and educational audiologists, speech-language pathologists, music educators, museum educators, industrial and military representatives, hearing conservationists, industrial hygienists, and school nurses.

We will invite researchers, students, and educators from New Zealand to attend, as well. Some will travel to the event and others will participate via televideo conferencing between St. Paul, Minnesota and Auckland, New Zealand.

The event will be held at the 3M Innovation Center in St. Paul, Minnesota on October 15 & 16, 2013. For more information, please visit www.dangerousdecibels.org/innovation.

3) How Loud is Your Music? — Jolene Family Reunion

In addition to the 3M Innovations Event in St. Paul, we will hold Jolene Family Reunion and “U-Build-it” event on October 19, 2013. At this free public event, participants will:

- Learn about hearing loss and tinnitus prevention and how to talk with others about protecting hearing.
- Meet Jolene — a mannequin with a sound level meter attached to her ear that measures how loud you are listening to your music on your MP3.
- Meet Jolene’s siblings — people around the world have been building their own mannequin and use them to educate others about hearing loss prevention.
- “U-Build-it” event — we will supply the mannequin and the expertise to help participants create their own mannequin.
Up Close & Research Update

Up Close with Christina Sheppler

Christina Sheppler is a Research Associate working with Dr. Steven Mansberger at Devers Eye Institute. She joined the team in October 2010 to help coordinate the CER Telemedicine project. Christina earned a BS in Psychology at Oregon State University in 2003, and a PhD in Psychology at the University of Oregon in 2009; she is a self-proclaimed “platypus” and supports both Oregon football teams each fall.

Christina has been married to her husband Mitchell for eight years, and they welcomed their first child, Brooklyn, last September. She enjoys spending time with family and friends, crocheting, baking, and beading.

Research Update:

Native VOICES: Developing an Evidence-based HIV/STD Intervention for Native Teens and Young Adults

Contributed by Wendee Gardner, MPH and Stephanie Craig Rushing, PhD, MPH

During the first two years of the Native VOICES project, NPAIHB staff and regional partners worked to adapt the VOICES intervention for Native youth and young adults. The project hosted eight talking circles (n=49), 10 individual interviews with clinical staff and staff at youth-serving organizations, 13 individual interviews with youth who identified as LGBTQ (lesbian, gay, bisexual, transgendered, or queer) or two spirit, as well as several community feedback sessions with tribal and urban-based partners in the Pacific Northwest.

Project staff are now in the process of collaborating with the original developers of the VOICES intervention, staff at the CDC, and NW Native youth to adapt the VOICES script to make it more culturally-relevant and age-appropriate for Native teens and young adults. With the help of a Native media communications firm, we will shoot and edit the Native VOICES video this summer.

Once complete, NPAIHB staff and project partners will then evaluate the adapted intervention at tribal and urban sites across Indian Country. If the Native VOICES video is shown to be effective, it will be submitted to the CDC for use as a supplemental VOICES video intervention.
The Native Children Always Ride Safe study was awarded carryover funding to provide continued support through January 2014.

The three tribes in phase one continued their maintenance phase activities, which included working on policy intervention activities, meeting with motor vehicle policy coalitions, creating a training curriculum to train officers of child safety seat law change, creating a diversion program for offenders of the new law, and creating media elements announcing law change. The second phase tribes continued to implement interventions such as recording radio public service announcements, finalizing community-specific posters and billboards, working with a community-wide safety team, utilizing newly gained Child Passenger Safety Technician certification to help select and install appropriate child safety seats for community members, and training and presenting child safety seat information to tribal elders, elementary schools, preschools, health clinics, and other community members.

Study personnel and the six study sites prepared for spring vehicle observation data collection. Approximately 1,200 vehicle observation surveys will be collected during April and May 2013. Study personnel worked with sites to review and edit data collection forms, recruited observers, verified approved observation site, coordination incentive card purchase, and helped schedule dates of observations.

Publications and Presentations

A manuscript that compares the 2009 survey to the one conducted in 2003 was published in the February issue of the American Journal of Public Health (Lapidus et al. Trends and correlates of child passenger restraint use in six Northwest tribes: the Native Children Always Ride Safe project, AJPH, February 2013). Another article describing the vehicle observation technique is in preparation and will soon be submitted to the Indian Health Service Provider (Smith et al. Assessing restraint use of drivers and child passengers in motor vehicles in American Indian communities: Tool to assist in designing effective interventions). One more manuscript describing the qualitative elicitation interviews conducted with individuals in the phase one tribes is also in preparation. A manuscript describing intervention effectiveness is in preparation (Lapidus et al. Community-initiated interventions to improve child passenger restraint use in six Northwest tribes, anticipate submission to Pediatrics).

The study team has continued to present the study progress at national, regional, and local outlets including the National Health Disparities Summit, the NIMHD project meeting, NW Tribal Injury Prevention Coalition meetings, various other meetings of Northwest tribes, as well as presenting results of the intervention to tribal councils of the participating tribes.

Future Directions

We received notification from the National Institute on Minority Health and Health Disparities on the status of two grants that had been submitted. The first grant, which aimed to plan for general motor vehicle safety interventions in NW tribes, was favorably scored but was not awarded funding. The second grant, which aims to provide a dissemination phase for the Native CARS study, was favorably scored and we are awaiting news whether it will be funded. If funded, the Native CARS dissemination grant will allow us to develop a toolkit, the Native CARS Atlas, to share the processes and interventions that have been found to successfully improve child passenger restraint use so other tribes can benefit from our study.
Oregon has a shockingly high rate of new skin cancer incidence each year – nearly 36 percent above the national average – and Knight Cancer Institute physicians say tanning devices are partly to blame.

The state’s fair-skinned population and its propensity to sunburn are leaving many Oregonians vulnerable to the harmful effects of these devices. Oregon’s death rate from melanoma is the fourth highest in the country and the highest among women.

As a result, the Knight Cancer Institute is ramping up its skin cancer prevention efforts by making state lawmakers and the community aware of the dangers of indoor tanning.

Tanning devices emit harmful levels of ultraviolet radiation (UVR) and are widely known to contribute to cancer, said Brian Druker, M.D., director of the Knight Cancer Institute.

“The human toll that these statistics represent is deeply disturbing to me because skin cancer is highly preventable,” Druker said. “We know that limiting exposure to ultraviolet light is one of the best ways to prevent this disease.”

The stakes are highest for young people, who indoor tan the most, he said. The risk of developing melanoma, the deadliest type of skin cancer, increases by 75 percent for people who use indoor tanning devices before the age of 35, according to the International Agency for Research on Cancer.

Young women remain the key demographic for commercial tanning establishments, especially teenagers. A staggering 40 percent of white females between the ages of 16 and 18 visit tanning salons, stated a 2012 Congressional report.

And rates of skin cancer in women have doubled in the past three decades, according to the Centers for Disease Control and Prevention.

“Much of this increase can be directly related to overexposure to artificial sunlight,” said Neil Swanson, M.D., director of dermatologic surgery for OHSU and a specialist within OHSU’s Knight Cancer Institute.

Tanning beds give off 3 to 6 times as much radiation as the sun, and spending 20 minutes inside of one is equal to close to 3 hours at the beach with no sun protection, cites the Melanoma Foundation.

Swanson said this amount of UVR exposure is especially dangerous for young people because they already receive a third of their lifetime sun exposure by the end of their teenage years.

The Knight Cancer Institute recently supported Oregon legislation to restrict the use of tanning devices for minors and continues to educate parents and teenagers at community events about the dangers of indoor tanning.

Reducing sun exposure and avoiding sunburns are also highly effective ways to prevent skin cancer and continue to be central messages in the Institute’s outreach efforts.

Visit OHSU’s website for additional skin cancer prevention tips and to read Knight Cancer Institute’s stance on skin cancer prevention legislation in Oregon, www.ohsu.edu/knightcancerinstitute.
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