

REPORT on Western MCH Epidemiology Conference, June 14-15, 2001, Portland, Oregon

The conference was an enormous success. The number of participants, especially from tribal health agencies, far exceeded expectations. Evaluation respondents said that the conference met their needs and expectations. They overwhelmingly supported holding the conference again next year. Respondents favored a similar format for next year with increased time for networking (especially some organized activity on the evening after the first day); some suggested that poster sessions be added.

The content of this conference was unusual. It was a combination of multi-state group discussion (in breakout sessions) and Continuing Education (especially in plenaries).

ATTENDEES: We planned for about 60 participants. We underestimated interest. Publicity was only through e-mail groups and word of mouth. The actual attendance was 195 people, most of whom attended both days. Among attendees who completed the evaluation forms, 53% worked for state health departments, 23% worked for local health departments and 14% worked for tribal health agencies. Participants represented a mixture of data and program staff. There were attendees from 14 of the 15 Western states and recruitment by the Northwest Portland Area Indian Health Board involved many tribal health staff.

ATTENDEE SATISFACTION. Attendees were almost unanimous in stating that the conference was well organized and met their needs and expectations.

Organization of the meeting: median = 5; mean = 4.5 [on scale of 1-5]

Met their needs and expectations: median = 5; mean = 4.3 [on scale of 1-5]

PLENARY SESSIONS (9-10am and 12:30-1:30pm over lunch each day) were the high point of the conference for many participants. Plenary speakers were passionate and knowledgeable experts. The Planning Committee worked hard to find good speakers who were experts and excellent speakers. The Plenary sessions allowed all the attendees to be exposed to some interesting and important topics that were new to many. In the future, topics that the Planning Committee thinks are important but might be underattended as breakouts should be made Plenary topics. For us, those topics might have included Oral Health and Childhood Asthma.

BREAKOUT SESSIONS were mostly roundtable format; a few were didactic. On average, sessions had 17 people. Most sessions had short opening presentations by facilitators. For some breakouts this was a review of the state of knowledge in a topic that would have been difficult for generalists to obtain elsewhere. The most highly rated sessions had either very active group participation or facilitators who were particularly passionate and well prepared. A common complaint was that participants had trouble deciding which breakout to attend and could have used more information (like an abstract in the Program) to help decide.

BUDGET: The conference cost \$26,765 plus a large in-kind contribution of labor. Most of the cost of the conference (see Appendix 2) was the cost of hotel food. This included the cost of continental breakfast (which the Planning Committee decided to include to encourage people to arrive early). Other expenses included financial assistance for some participants, rental of meeting rooms and rental of audiovisual equipment.

FINANCIAL ASSISTANCE for travel and lodging were offered to all 15 targeted states. Applications were received from Wyoming, Alaska, Utah and California; all were supported. Scholarships were also given to one key member of the Planning Committee, one roundtable facilitator and an Oregon local health department representative. A second California scholarship applicant was sponsored by the Association of State and Territorial Dental Directors. An

applicant from a North Dakota local health department was sponsored by the North Dakota Department of Health. Several tribal applicants were sponsored by the Indian Health Service.

Lessons Learned:

1. The format for Breakout Sessions was unusual in emphasizing roundtable format. This seemed to facilitate group discussions.
2. Some breakout sessions were highly rated because of the passion and enthusiasm of the facilitators and some were highly rated because of high quality of group discussion. Some attendees would have preferred that all breakouts begin with a highly structured opening presentation. (Some attendees felt that there was not enough group discussion; about the same number felt that there was too much group discussion.) Sessions facilitated by reluctant facilitators were sometimes low-rated, perhaps because of the facilitators' discomfort in the role.
3. We originally envisioned that all breakout sessions would be roundtables. As the number of registrants increased, we added several sessions that were didactic. Some of each type were successful. It might have been useful to have more didactic breakouts for those who prefer them and clearly identify in the program (in abstracts) which breakouts would be more didactic and which would be more roundtable/discussion.
4. Planning Committee decided to have 2-day conference and finish early on the second day. Decision seems to have been a good one.
5. Good decision to use lunch for plenary speakers.
6. Future conferences should include budget for an experienced conference planner.
7. Registration was free: that seemed to work well in decreasing barriers to attendance and minimizing the labor of handling registration fees. It may have meant that some people registered before they knew that they would be able to attend; we had many late cancellations.
8. We evolved the following criteria for conference topics:
 - a. Programs that are supported by good science;
 - b. Programs that use surveillance;
 - c. Teaching program people how to use data in developing and evaluating programs;
 - d. Exploring programs whose use of data is in its infancy (developing data systems, genetics, school health, FAS);
 - e. Western topics, including facilitating cooperation between health departments and tribal health agencies.

APPENDIX 1: RESULTS OF EVALUATION

Number of respondents: 94

Response Rate: 94 out of 195 people who attended the conference = 48.2%

1. What dates did you attend the conference?

June 14: 84

June 15: 88

Missing: 2

2. Did you attend meetings that preceded this conference?

CSTE: 13

APHL: 0

Neither: 73

Missing: 8

3. What type of agency do you represent?

State health department: 50

Local health department: 22

Tribal health agency: 13

Indian Health Service: 0

University: 2

Other: 0

Missing: 7

FOR COMPARISON: REGISTRANTS:

State health department: 89

Local health department: 44

Tribal health agency: 21

Indian Health Service: 2

4. What is your job title/profession?

Program Manager: 18

Epidemiologist: 17

Nursing Supervisor/Manager: 16

Research Analyst/Assistant: 11

Nurse/Nurse/Perinatal Nurse Consultant: 5

Medical/Dental Health Officer: 4

Epidemiology Unit Manager: 3

Consultant: 3

Visiting Professor (university): 2

Other: 11

Missing: 4

5. Did you find the conference Web site (registrtion, agenda, hotel info) helpful?

Yes: 73

No: 11

Missing: 10

6. Please rate the facilities (1=very unsatisfactory; 5=very satisfactory)

General conference and meeting rooms: average=4.3 (n=88)
 Overnight accommodations: average=3.9 (n=59)
 Food Service: average=4.2 (n=86)
 Food Quality: average=4.0 (n=87)

7. Please rate the plenary speakers (1=lowest; 5=highest)

6/14: Opening Welcome: average=4.1 (n=73)
 6/14: Lynn Wilcox: average=4.0 (n=77)
 6/14: David Olds: average=4.5 (n=83)
 6/15: Karla Damus: average=4.8 (n=76)
 6/15: Robert Hatcher: average=4.3 (n=65)

8. Roundtable sessions (1=lowest; 5=highest)

	Quality	Discussion Time	Usefulness	n*
6/14: Morning Roundtables				
I-1. Integration of Genetics into Public Health	4.0	4.2	4.0	7/14
I-2. CDC's Evaluation Framework	4.5	3.8	4.4	19/37
I-3. Health Departments and Tribes Sharing Data	4.2	4.0	4.1	20/33
I-4. Data for Children with Special Health Care Needs	4.1	4.6	4.1	7/17
I-5. Data Integration and Data Warehouses	3.7	3.8	3.9	9/14
I-6. Needs Assessment	3.8	3.6	3.5	16/25
6/14: Early Afternoon Roundtables				
II-1. Intimate Partner Violence (IPV)	3.8	3.9	3.9	10/15
II-2. Rural Issues in Maternal and Child Health	3.2	3.4	2.7	20/26
II-3. CDC's Evaluation Framework	4.6	3.7	4.6	19/25
II-4. Analysis of Small Numbers	3.8	3.8	3.8	16/30
II-5. Data Integration and Data Warehouses	3.2	3.0	3.2	10/15
II-6. Adolescent Health: Increasing Surveillance	4.4	4.1	4.0	7/18
6/14: Late Afternoon Roundtables				
III-1. Youth Suicide Prevention	4.6	3.9	4.6	12/21
III-2. Oral Health Surveillance	4.7	4.7	4.6	7/8
III-3. Analysis of Small Numbers	3.6	3.6	3.6	11/14
III-4. Rural Issues in Maternal and Child Health	2.9	3.8	2.6	11/14
III-5. SIDS: Using Data	3.9	4.2	3.7	14/18
III-6. Geographic Information Systems (GIS)	3.7	3.0	3.4	20/23
6/15: Morning Roundtables				
IV-1. Fetal Alcohol Syndrome (FAS)	3.7	2.9	3.4	11/17
IV-2. Pediatric Obesity	4.0	4.1	3.6	17/26
IV-3. School Health: Assessing Health Services Needs	4.3	4.5	3.5	4/7
IV-4. PRAMS: Introduction	4.1	4.1	4.0	9/15
IV-5. Linking Datasets	3.7	4.3	3.7	7/14
IV-6. Surveillance and Performance Measures	3.5	3.8	3.6	15/25
IV-7. Local and State Program Evaluation	4.3	4.0	4.1	8/16
6/15: Afternoon Roundtables				
V-1. Emergency Contraception	4.9	4.7	4.8	11/20
V-2. Breastfeeding	4.1	3.8	3.8	8/9
V-3. Adolescent Health: Increasing Surveillance	4.2	4.8	4.0	5/11

V-4. PRAMS: Advanced	4.4	4.7	4.5	10/18
V-5. Linking Datasets	4.5	5.0	5.0	4/13
V-6. Surveillance and Performance Measures	4.0	4.6	4.0	8/8
V-7. Local and State Program Evaluation	4.2	3.8	3.8	11/16

* numerator = number who graded the session; denominator = number who attended

9a. Overall organization of the meeting (1=lowest; 5=highest):

median = 5; mean = 4.5 (n=83)

9b. Met your needs and expectations (1=lowest; 5=highest):

median = 5; mean = 4.3 (n=81)

10. What did you like best about the conference?

(some respondents gave more than one answer)

Plenary speakers (in general): 25

Plenary speaker: Damus: 10

Plenary speaker: Olds: 9

Topics: useful, practical, data-based, variety, exposure to new ideas: 11

Opportunity for discussion (incl with other participants and people from other states): 11

Breakout sessions: group discussions (long enough): 4

Breakout sessions (in general; no specifics): 4

Breakout sessions: length (not too short): 3

Combination of data (methodology) and program (content) topics: 3

Portland location: 3

Conference well organized; kept to schedule; pacing: 3

Size of meeting: not too large; not too small: 2

Conference topics: Western topics, tribal topics: 2

Theme of conference (include learn about use of data): 2

Plenary speaker: Wilcox: 2

Plenary speaker: Hatcher: 2

Breakout session on Tribal/State/Local Health Departments: 2

Other: 16

11. What did you like least about the conference?

(some respondents gave more than one answer)

Breakout sessions: 32

Facilitators need to provide more structure/preparation/didactic: 11

Need abstracts for breakout sessions to help decide which sessions to attend: 10

Too much discussion: want more formal presentations: 3

Not enough discussion: want less formal presentations: 3

Too many in each breakout period: 3

Sessions were too short: 2

Hotel: 15

Too cold: 8

Unable to stay in conference hotel: 2

Other: 5

Conference food: 5

Not enough time for networking; need evening activity and/or time after plenary speakers: 5
Conference too short: 3
Other: 12

12. Future Meeting Topics

(some respondents gave more than one answer)

Repeat Topics

Data-driven policy, programs and planning: 6
Analysis of Small Numbers: 2
Program Evaluation: 2
Tribe & Health Departments: on more specific topics: 2
Violence: 2
Repeat Karla Damus plenary presentation: 1
Obesity: 1
SIDS: 2
Folic acid: 1
Data integration/data warehouses: more detail: 1
Surveillance/Performance Measures: more detail: 1
Strategies in building information systems: 1
Child Health Data: sources, uses: 1
Rural health: 1
Needs Assessment: 1
Childhood Asthma: 1

New Topics

Tobacco: effects on fetus; smoking cessation; ETS: 3
Childhood physical activity: 3
Grantwriting: 2
Universal Health Insurance: 2
Environmental health: 2
Political strategies: 2
Advanced Epidemiology, including confidence limits, weighted data, sampling: 2
Health systems issues (e.g., regionalization of perinatal care): 1
Successful interventions to decrease risky behaviors: 1
Qualitative research methods: 1
MCH Block Grant: 1
Introduction to epidemiology for non-epidemiologists: 1
Integration/coordination of MCH programs: 1
Women's health, especially HRT: 1
Disparities and cultural competence: 1
More discussion of MCH Epi methodology: 1
Immunization: 1
Welfare reform: 1
Rising cost of health care: 1
STDs: 1

General Suggestions

Add CME credit: 1
Abstracts for Breakout sessions: 1

The latest cutting edge issues: 1
Breakout leaders should be epidemiologists and do more formal presentations: 1
Combination of submitted papers and roundtables: 1
Give awards to outstanding practitioners: 1
Same content with more depth: 1
All breakouts should have handouts for people who could not attend: 1
Important underattended topics should be plenaries, e.g., Oral Health: 1
Plenary speaker (from Univ of Washington) on FAS/FAE: 1

13. Would you attend this conference if it was offered in 2002?

Yes: 83
No: 2
Missing: 9

If yes, should it be held in March, April, May or June?

March: 9
April: 9
May: 11
June: 37
Missing: 28

14. If this conference is repeated next year, would you like to see the sessions continue as "roundtables," or would you prefer to see more scientific presentations and poster sessions?

49% roundtables
38% presentations
6% posters
7% networking time/free time

15. Have you ever attended the Western Regional Epidemiology Network (WREN) that is held every spring in Ashland, Oregon (near the California border)?

Yes: 6
No: 81
Missing: 7

16. Do you think conference organizers should combine this meeting with WREN?

Yes: 8
No: 14
No Opinion/Don't Know: 3
Missing: 58

17. Do you think this conference should be rotated through other Western cities in the future?

Yes: 55
No: 20
Missing: 19

APPENDIX 2: BUDGET

Airfare for 6 scholarship participants [one scholarship was hotel-only].....	\$ 2,560
Lodging for scholarship participants (see below)	
TOTAL Hotel bill	\$19,705
Hotel Food (breakfasts, lunches, snacks).....	\$16,119
Hotel Rooms for 6.5 scholarships (6 x 2 nights; 1 x 1 night).....	\$ 1,157
Rental of meeting rooms.....	\$ 1,600
Audiovisual rental	\$ 918
MINUS one free hotel night [more than 100 person-nights in hotel]....	\$ - 89
Miscellaneous.....	\$ 4,500
Sign Language Interpreters: 2 x 15 hours.....	\$ 1,500
Handouts and name tags.....	\$ 1,300
Miscellaneous office supplies.....	\$ 1,700
TOTAL.....	\$26,765

INCOME SOURCES: CDC (\$25,000) + WA DOH (\$1000) + OHD (\$765)

In-kind contributions from Oregon Health Division included about 300 hours of labor from the conference organizer and about 50 hours from other staff.

In-kind from CDC included conference calls for Planning Committee.

SCHOLARSHIPS PAID ON CONFERENCE BUDGET:

4 to states (WY, AL, UT, CA) + 1 to a member of Planning Committee + 1 to facilitator + (hotel-only) to an Oregon local health department staff member.

OTHER SCHOLARSHIPS: among people who applied to organizers for scholarship
1 from CA paid by Association of State and Territorial Dental Directors (CDC section money)
1 paid by North Dakota Department of Health
Several paid by Indian Health Service via Northwest Portland Area Indian Health Board.

APPENDIX 3: CONFERENCE SUPPORTERS

Center for Disease Control and Prevention (CDC)
Oregon Health Division
Washington State Department of Health
Indian Health Service
Maternal and Child Health Bureau of HRSA
Northwest Portland Area Indian Health Board
Portland Area Indian Health Service

APPENDIX 4: MEMBERS OF CONFERENCE PLANNING COMMITTEE

Sandy Affleck, Oregon Health Sciences University (OHSU) Dept of Ob/Gyn
Terry Bohn, North Dakota Department of Health
Gil Chavez, California Department of Health Services
Donalda Dodson, Oregon Health Division
Jo Ann Walsh Dotson, Montana Dept of Public Health and Human Services
Jim Gaudino, Portland Area Indian Health Board, Portland
Carolyn Gleason, HRSA, Seattle
Bill Letson, Colorado Dept of Public Health and Environment
Susan Nalder, New Mexico Department of Health
Sue Omel, (Oregon) Conference of Local Health Officials, MCH Committee
Roger Rochat, Emory University and HRSA consultant for ND-SD-MT
Joanne Rogovoy, Oregon March of Dimes
Ken Rosenberg, Oregon Health Division
Sherry Spence, Oregon Health Division
John Stull, OHSU Dept Public Health/Prev Med, Portland
Kayla Tinker, South Dakota Department of Health
Bob Rolfs, Utah Department of Health
Shaheen Hossain, Utah Department of Health
Jude van Buren, Washington State Department of Health