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1680<sup>th</sup> Conference

May 2018 | Volume 8 | ISSN: 2161-0711  
Journal of Community Medicine & Health Education

Proceedings of  
4<sup>th</sup> World Congress on  
**PUBLIC HEALTH,  
EPIDEMIOLOGY & NUTRITION**

May 24-25, 2018 Osaka, Japan

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4<sup>th</sup> World Congress on

# Public Health, Epidemiology & Nutrition

May 24-25, 2018 Osaka, Japan

## Keynote Forum (Day 1)

4<sup>th</sup> World Congress on

# PUBLIC HEALTH, EPIDEMIOLOGY & NUTRITION

May 24-25, 2018 Osaka, Japan



## Ann K Peton

National Center for the Analysis of Healthcare Data, USA

### Understanding primary care healthcare disparities at the community, regional and state level through visualization

Disparities in the distribution of healthcare workforce in rural areas has been a persistent problem in the United States for decades. Adding to this problem are complexities of causes surrounding the lack of quality and consistent data regarding rural population health and workforce. Since 2007, the National Center for the Analysis of Healthcare Data (NCAHD) created a data collection process for the generation of national healthcare workforce datasets of physicians, nurse practitioners, physician assistants, dentists and eleven other healthcare providers that is made available through a free internet mapping portal. Much has been documented about current primary care workforce disparities and the need for new incentives and policies to cause more effective change. But to truly understand the impact these disparities have upon rural we must assess them over time and utilize these results for future program planning, program evaluation and policy development. Through the National Center for the Analysis of Healthcare Data Enhanced State Licensure (ESL) dataset, trend analysis of primary care workforce impact has been conducted to demonstrate the impact upon rural over time. Our presentation will provide statistics results of healthcare workforce trends and instruction on how to utilize our free national healthcare workforce internet mapping portal to generate maps, perform spatial analysis in the following manners: View 14 different healthcare providers at the state, county and zip code levels and download the data to your own computer; create service areas based upon drive distance from a user-defined site (e.g. clinic, city, etc.) and perform spatial analysis; view and then download the providers by state, county, zip code; view healthcare primary care provider workforce migration trends analysis and drill down from national to community level data in support of policy and economic decisions. As healthcare providers, educators, grant writers and policy makers have easier access to current healthcare workforce data and other relevant data (demographic, socio-economic, healthcare facilities, healthcare training institutions, etc.), they will be able to make better informed decisions. The participants of this my session will learn about the value data visualization within healthcare management and planning.

### Biography

Ann K. Peton is the Director of the National Center for the Analysis of Healthcare Data (NCAHD) located in Blacksburg, Virginia. The mission of NCAHD is to provide data mapping and analysis support of advocacy, healthcare education planning/expansion, research, and other healthcare workforce planning at the national, state and local levels using the nation's most complete collection of physician and non-physician data, demographic, socio-economic, and political data.

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### Notes:

4<sup>th</sup> World Congress on

## PUBLIC HEALTH, EPIDEMIOLOGY &amp; NUTRITION

May 24-25, 2018 Osaka, Japan



## Cleto Corposanto

Magna Graecia University, Italy

### Awareness of the disease: The case of intolerances

Being celiac in the contemporary context involves a whole series of problems of different nature from the implications of the medical to the relational ones. We will discuss a chronic disease that is estimated to suffer, albeit with different territorial distributions, about 1% of the world's population. The aim of this work is to deepen an aspect of the disease that until now has not been in any other way considered. The medical studies on celiac disease are many, we know the different forms with which the pathology manifests, but little or nothing is known about how the person lives his health condition. One aspect that is rather relevant, given that in addition to the clinical parameters on which the diagnoses are made, the doctor should also take into consideration the approach that the person establishes with food at different times of the day and since the exclusion from the diet of gluten is the only existing cure, the psychological and social relapses are easily conceivable. We are within a scenario where on the one hand we have the inability to take any medication that can inhibit the symptoms, on the other the relevance of nutrition to a celiac person is remarkable because the food becomes no longer just a primary need, but it acquires a role full of meanings and multiple facets related to the wellbeing of the person. We live in a society where food-related aspects are a media phenomenon, with a televised palimpsest focused on gastronomic talk-shows up to reality shows in which psycho-physical discomfort and relational dynamics related to eating disorders become of common interest. This attention to food dynamics in its different forms, whether deriving from the media factor, or are dictated by the medical context, inevitably imply resilient behaviors depending on the scope within the which they occur. Nutrition and health, the latter understood in its broadest sense to the welfare of the social actor, become a moment of shared reflection, in a reality today that considers food an element laden with meanings, even more if the latter it is considered the border that traces the boundary between wellbeing, medicine and medicalization. The celiac person encloses in its value, social, working and medical sphere all the aspects hitherto described, for this reason we have decided to understand how (and how much) the Celiacs are considered sick and to what extent this affects every day.

**Results:** this questionnaire let us consider each celiac subject within a range that characterizes its personal approach to the disease. In this way, we built a scale that measures the level of disease not from the medical point of view of clinical analyses, but from the direct point of view of the person who lives the disease daily.

### Biography

Cleto Corposanto is full professor of sociology at Magna Graecia University of Catanzaro, Italy. Previously he was associate professor at University of Trento. Chair of sociology BA and MA, he is the scientific director of Crisp - Research Center on Health Systems and Welfare Policies. He chairs moreover the Italian academic group of sociologists of health and medicine.

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**George William Moll**

University of Mississippi Medical Center, USA

**ADHD therapy impact – upon community health from a pediatric endocrine practice perspective**

A primary goal of pediatricians and especially pediatric endocrinologists is to support healthy physical growth and mental development of children. The National Institute of Mental Health reports one in five (21%) children have diagnosable mental, emotional or behavioral disorders with attention deficit/hyperactivity (ADHD) most prevalent. A 2010 survey finds five million US children 3-17 years of age diagnosed ADHD (8%). With appropriate treatment, children with ADHD can improve short term learning that raises concerns for non-prescribed use such as during college finals and controversy regarding ADHD therapy addiction and substance abuse epidemic. We identify 225 of our 5-10 y/o patients (~8%) diagnosed and treated outside our practice for ADHD and review their progress and the ADHD literature for influence upon response to pediatric endocrine therapy for autoimmune thyroiditis (56 of 225), hyperthyroidism (3), diabetes mellitus type 1 (9), congenital adrenal hyperplasia (2) and the majority for various physical growth disorders (180). We present two case reports where ADHD consideration delayed endocrine diagnoses, but we note ADHD therapy to minimally interfere with thyroid, diabetes mellitus or adrenal therapy though individual compliance can be adversely affected. We note short term ADHD therapy physical growth delay consistent with literature assessment waiting at least 6 year anticipated “catch-up” growth. We encourage ADHD children to attend to monitoring for appropriate ADHD therapy adjustments with their prescribing physicians. Our observations support particular attention to 4-6 months interval growth assessments for pubertal children, especially those on ADHD therapy, to consider early growth therapy to optimize attainment of individual adult height potential.

**Biography**

George William Moll has received Biochemistry PhD and MD from University of Chicago Pritzker School of Medicine. He is Tenured Professor Pediatrics and Pediatric Endocrinology at University of Mississippi Medical Center (UMMC) where he has been Division Chair for 25 years. He published over 50 peer reviewed papers and 100 abstracts. He has over 40 years Clinical practice, Education as Graduate Faculty UMMC School of Medicine and Research experience. He is UMMC Sigma XI Chapter President and holds Chair or Vice-Chair in Mississippi Academy of Sciences Division of Health Sciences. He serves as abstract and Journal Reviewer and Mississippi Health Department Genetics Advisory Board member.

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# Public Health, Epidemiology & Nutrition

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## Keynote Forum (Day 2)

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# PUBLIC HEALTH, EPIDEMIOLOGY & NUTRITION

May 24-25, 2018 Osaka, Japan



## Gilmore G Solidum

*University of the City of Manila, Philippines*

### Going back to basics solutions to contemporary health care concerns

Many health concerns are brought about by disregard to the simplest and most basic health care practices. The problem of health-care associated infections (HAI) is immense with 1/10-25 patients developing it and over 1.4 million cases at a given time worldwide. Sequelae of HAI, an infection absents upon hospital admission but acquired during the hospitalization, include more serious illness, longer hospital, chronic disability and even death. HAI is drawing more attention from stakeholders because of the heightened recognition that these infections are preventable. Health care workers frequently serve as conduit for the spread of infections to other clients in their care. Hand hygiene, the most efficient and cost-effective means of controlling hospital infection, is the most ignored intervention. A study assessed, through direct observation, the hand hygiene practices of selected Filipino junior nursing students of a city-run university (in Manila, Philippines) during drug administration and in-between patient care at a selected tertiary hospital during the students' three-week clinical exposure in a medical-surgical unit. Results indicates the low hand hygiene compliance rates. Interestingly, the study also showed that with minimal prompting improvement was noticed weeks after with various reminders (as the only intervention) provided to students. Emphasis on infection control measures should be given to students at this level to instill the habit of hand hygiene. The World Health Organization (WHO) acknowledges that continuous staff education and improving personnel accountability are among simple measures toward infection control. With this and the ever-changing landscape in the health care delivery system, ensuring that nurses engage in lifelong learning is the position of the institute of medicine to move the nursing profession forward. As advancement in health technology rapidly ensues and clients' demands and expectations to health care providers increase, nurses should be competent to meet the challenge. Continuous learning is essential to gain competencies needed to provide care for various clienteles across settings and lifespans. Lifelong learning includes all learning activities undertaken throughout life for the development of competencies and qualifications. A study describing lifelong learning among Filipino nurses of a tertiary government hospital in Manila, Philippines reveals that respondent nurses have a moderately high level for autonomous learning. Further, respondents prefer to plan their own learning, consider themselves as self-directed learners, love learning for learning's sake and take it as their responsibility to make sense of what has been learned in school. As lifelong learning is increasingly drawing interest, health care leaders should encourage creative and newer strategies to engage health care personnel in lifelong learning.

### Biography

Gilmore G Solidum is a Professor at Pamantasan ng Lungsod ng Maynila (University of the city of Manila) and was former Dean of the College of Nursing and University Registrar of the same institution. Dr. Solidum is a registered nurse and a licensed professional teacher. Aside from his basic nursing education, he is a holder of a master's degree in psychology and nursing and has a doctorate in management. Dr. Solidum is an awarded educator and researcher. His involvement goes beyond the academe as he is also active in professional development activities and community development initiatives.

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**Judilynn N Solidum***University of the Philippines Manila, Philippines***Innovation in research translated for improvement of Filipino health**

Translational research is a process where what has been gathered in the laboratory or clinic or field becomes the springboard for innovation for societal improvement. New scientific methods and technologies, interdisciplinary/multidisciplinary approaches, collaborative institutional arrangements are built to narrow the gap between basic science and its application to product and process innovation. In translational research, knowledge exchange is important for decision making. Knowledge generation funders, knowledge intermediaries, knowledge producers all work together for knowledge users to be able to utilize research results. In 2012, when dengue incidence was high in the Philippines, the three-year Dengue Remove Program was approved by the Department of Science and Technology, National Research Council of the Philippines, for the prevention of the disease. In the pilot area, Old Balara Quezon City and several areas in Manila, parts of the Visayas and Mindanao, an innovation on dengue prevention was applied. Elementary and pre-school students were educated on things related to dengue and its prevention. Storytelling was the strategy used to effectively relay the necessary information regarding dengue among the said age grouped students. Original storybooks were utilized to educate children on how to lessen the occurrence of dengue in their respective communities. The strategy showed improvements on their knowledge regarding dengue and its prevention. Pre- and post-tests were used that determined the positive result. The difference between the tests showed extreme significance by means of t-test. A decline in the incidence of dengue occurred in the pilot place. Translation of innovation in research results improved Filipino public health.

**Biography**

Judilynn N Solidum is a Professor at the University of the Philippines Manila and is the Administrative Officer of the Association of Higher Education Multidisciplinary Researchers Incorporated, Philippines. She is a Pharmacist, an MS degree holder in Pharmacology and a PhD degree holder in Environmental Science. She has her share of editorial positions as well as publications on both national and international levels. She has also been recognized on local, national and international tiers with awards related to her work as a journal Peer-Reviewer, a Translational Researcher and a storybook Author especially on subjects concerning dengue prevention.

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