

**Kendra Babitz, BA, MPP**

**Presenter ID**  
**1057**

**Session Title, ID, Day & Date, Start Time and Room**

**Move Utah Program: Expanding physical activity access through active transportation (AT) infrastructure for all Utahns.**

**Professional Title**

**Organization**

**Contact Information:**

**Email** kbabitz@utah.gov

**Phone** 801-538-6750

**Resume or Biographical Sketch:**

Kendra Babitz currently works as the Health Policy Specialist with the Comprehensive Cancer Control Program at the Utah Department of Health. In this position, she coordinates policy, systems, and environmental change approaches to reduce the burden of chronic disease in Utah. Kendra has a Masters in Public Policy, and believes the way to achieve sustainable, population-level impact on chronic disease is through effective policy change. During her four years at the Department of Health, she has focused her efforts on providing opportunities for active lifestyles to people of all ages, improving healthy food access, reducing barriers to preventative screening services, and developing a health policy tracking database for Utah policies.

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
257.1	Thu	April 12	2:30 PM	Salon J

**Description:**

**Purpose:** After four years of partnership between the Utah Department of Health and the Utah Department of Transportation (UDOT), work to expand UDOT's Road Respect Community Program (RRC) evolved into Move Utah. Move Utah includes a comprehensive approach to AT encompassing walking, cycling, and health impact assessment (HIA) criteria to decrease barriers to physical activity. Using AT as a means of increasing opportunities for physical activity in communities across Utah addresses increased rates of obesity and physical inactivity. Move Utah is a sustainable change to increase physical activity access through partnerships with the Utah Comprehensive Cancer Control Program (CCC), the Healthy Living through Environment, Policy, and Improved Clinical Care Program (EPICC), and UDOT.

**Approach:** For four years, CCC offered mini-grants to communities with high physical inactivity rates to implement RRC, but grantees were required to meet separate objectives for project requirements for the CCC and EPICC. RRC only required planning for cycling; CCC and EPICC required planning for walking as well as HIA criteria. After receiving grantee feedback, CCC helped UDOT streamline RRC to incorporate CCC and EPICC criteria as well as add requirements for national recognition from groups like League of American Cyclists.

**Results:** With Move Utah, there is a statewide AT program, and multiple communities are working to adopt it.

**Conclusion:** Move Utah is now the required program all communities in Utah must use when working with UDOT on AT. All future Move Utah communities will incorporate cycling and walking and work with local health departments on HIAs.

**Learning Objectives:**

Participants will learn how the new Move Utah Program can help communities and public health work together to improve opportunities for physical activity in Utah communities.

Participants will learn how local public health officials can get involved to promote and support Move Utah in their communities .

Participants will learn how communities and public health officials can begin planning to evaluate community health impacts of AT in their community.

**Steven Beach, RN, MBA**

*Presenter ID*  
**1034**

*Session Title, ID, Day & Date, Start Time and Room*  
**Here is a Candy Bar**

*Professional Title*

**Medical Countermeasures Program Manager**

*Organization*

**Salt Lake County**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>242.1</b>	<b>Thu</b>	<b>April 12</b>	<b>1:15 PM</b>	<b>Salon G</b>

*Description:*

The Salt Lake County Health Department started tracking an increase of hepatitis A in May of 2017. The Department activated Incident Command System (ICS) on August 2017 to combat the hepatitis A outbreak. Over several months the ICS structure was modified and changed to find the right fit in the Department's response. In this presentation we will cover what hepatitis A is and the at-risk population that is affected. Lessons learned in tracking infectious hepatitis A clients, in planning strategies for vaccination clinics, and in implementing preventative measures will also be discussed.

*Learning Objectives:*

Participants will be able to define and know where hepatitis A originates

Participants will learn the data collected from hepatitis A cases and how the data is analyzed and used.

Participants will learn the clinic response in vaccinating Homeless and needle sharing clients.

*Contact Information:*

*Email* sbeach@slco.org

*Phone* 385-468-4126

*Resume or Biographical Sketch:*

Steven Beach is the Medical Countermeasures Coordinator in the Emergency Management Bureau with the Salt Lake County Health Department and has been working in preparedness and public health nursing for over six years. Steve has worked for the Department for over 20 years starting in Environmental Health with Environmental Crimes cases that dealt with clean water and hazardous waste violations. Worked seven years as part of the Departments After-hours Environmental Health response team working with fire and law enforcement. Steve holds an associate in nursing, bachelors in community health, and master's in business.

**James Bemel, PhD, MSPH/HSA,  
CHES ®**

*Presenter ID*  
**1029**

*Session Title, ID, Day & Date, Start Time and Room*

**Got CHES? Secrets to Mastering the CHES Exam**

*Professional Title*

**Associate Professor**

*Organization*

**Utah Valley University**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>257.2</b>	<b>Thu</b>	<b>April 12</b>	<b>3:00 PM</b>	<b>Salon J</b>

*Description:*

While many health educators hear about the CHES exam during their undergraduate program, only a handful of students will actually sit for the exam, and an even lower number will put forth the required effort to prepare themselves properly. This presentation will go beyond the basic recommendation of studying the material, to provide attendees with easy-to-use tools to improve their performance on the CHES exam. This is a must-see presentation for anyone planning to take the exam this year.

*Contact Information:*

*Email* jbemel@uvu.edu

*Phone* 801-863-6578

*Resume or Biographical Sketch:*

Dr. James Bemel received both his Ph.D. in Health Promotion & Education and Masters of Science in Public Health/Health Services Administration from the University of Utah. He currently serves as an Associate Professor in the Department of Public and Community Health at Utah Valley University and teaches the CHES Preparation, Environmental Health, Principles of Community Health, Research Methods, and Personal Health & Wellness courses. Prior to working in academia, Dr. Bemel served as the Outreach Coordinator for the Huntsman Cancer Institute's (HCI) Department of Patient and Public Education. During his tenure with HCI, he provided more than 800 presentations educating the public about the prevention and early detection of cancer. He has served as the President of USOPHE and Executive Chair for the Coalition for a Tobacco-Free Utah (CTFU; now known as the Utah Tobacco-Free or UTFA).

*Learning Objectives:*

By the end of the session, participants will be able to describe the "50/10 rule" of studying for the CHES exam.

By the end of the session, participants will be able to describe methods of reducing test anxiety while preparing for and taking the CHES exam.

By the end of the session, participants will be able to describe the process of reading, dissecting, understanding and answering questions on the CHES exam.

**Rachelle Boulton, MSPH**

*Presenter ID*

**1032**

*Session Title, ID, Day & Date, Start Time and Room*

**Look, Ma! No Hands! Enhancing Communicable Disease Surveillance through Electronic Data Collection**

*Professional Title*

**Surveillance and Data Management Program Manager**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>222</b>	<b>Thu</b>	<b>April 12</b>	<b>10:45</b>	<b>Salon G</b>

*Contact Information:*

**Email** rboulton@utah.gov

**Phone** 801-538-9185

*Resume or Biographical Sketch:*

Rachelle Boulton manages the Surveillance and Data Management Program at the Utah Department of Health. Rachelle's work focuses on electronic data exchange between healthcare and public health to support robust communicable disease surveillance efforts. She has previously worked as both the influenza surveillance coordinator and vaccine-preventable disease epidemiologist. Rachelle has a Bachelor's of Science in Microbiology, and Masters of Science in Public Health, and a Graduate Certificate in Public Health Informatics.

*Description:*

Public health informatics is a field that uses information and computer science to improve public health practice. The electronic collection and automated processing of laboratory and clinical information is a major public health informatics initiative to improve communicable disease surveillance.

In 2013, the Utah Department of Health (UDOH) began receiving electronic laboratory reporting (ELR) messages and automatically appending them to cases in UDOH's disease surveillance system (UT-NEDSS/EpiTrax). Currently, 86% of all laboratory data entered into EpiTrax is entered electronically, which has reduced the need for hand-keying data into EpiTrax by half. In 2016, UDOH began receiving demographic and clinical data automatically from electronic health records and adding this information to EpiTrax. Seventeen data elements necessary for state case closure, which traditionally require public health investigators to collect manually, were assessed for completeness. Assessment showed that none of the 17 elements were reported through ELR, but all were automatically added to cases in EpiTrax when the information was sent and coded correctly.

Electronic data collection reduces the need to manually obtain and transmit case data. Additionally, we can collect high volume data that previously would have required too many resources to collect and enter by hand. Automatically receiving and entering clinical and laboratory data into surveillance cases has increased timeliness, accuracy, and completeness both for clinical providers and public health investigators in Utah. The future of public health is quickly heading toward more electronic data collection. Though many benefits exist, there are also many challenges in this new field of informatics.

*Learning Objectives:*

Participants will understand informatics and how it can improve public health surveillance.

Participants will know the current status of informatics activities in the Division of Disease Control and Prevention Informatics Program.

Participants will acknowledge the benefits and challenges of electronic data collection.

**Brian Bumbarger , PhD, MEd**

*Presenter ID*

**1102**

*Session Title, ID, Day & Date, Start Time and Room*

**Using a Shared Risk Factor Lens to Unleash the Power of Prevention: The intersection of public, behavioral and population health**

*Professional Title*

**Adjunct Research Associate**

*Organization*

**Colorado State University Prevention Research Center;  
Griffith University Institute of Criminology**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
218	Thu	April 12	9:20 AM	Salon DEF

*Description:*

Prevention Science provides a framework to achieve population-level improvements in behavioral health across a diverse set of outcomes relevant to multiple public systems. Applying a public health lens that acknowledges the shared nature of risk and protective factors, this approach is empowering communities across the country and around the world to engage in collective impact efforts that create system realignment, driven from the grass-roots of engaged citizens.

*Contact Information:*

*Email* bkbumbarger@gmail.com

*Phone* 814-883-1659

*Resume or Biographical Sketch:*

Brian Bumbarger works at the intersection of research, public policy, and practice to improve outcomes for communities, families and children. He is an Adjunct Research Associate at the Prevention Research Centers at both Colorado State University and Penn State University; Adjunct Research Fellow at the Criminology Institute at Griffith University (Queensland, Australia), and Consultant to the Annie E. Casey Foundation. He is the Founding Director and original Principal Investigator of the Evidence-based Prevention and Intervention Support Center ([www.EPISCenter.org](http://www.EPISCenter.org)), an intermediary organization supporting the scale-up of over 300 evidence-based program replications and community prevention coalitions.

Brian serves on the Board of Directors for the National Prevention Science Coalition ([npscoalition.org](http://npscoalition.org)) and the Steering Committee for the Coalition for the Promotion of Behavioral Health. He serves on federal Expert Panels for the National Institute on Drug Abuse, U.S. Department of Education, National Institute of Justice, the Centers for Disease Control, and the Administration for Children and Families, and regularly provides testimony before state legislatures, Congress, and to governments internationally. From 2012-2015 Brian was elected to the Board of Directors of the International Society for Prevention Research (SPR), and was the recipient of the Society's 2014 Translational Science Award for his research on scaling evidence-based practices. He is a founding member of both the Society for Implementation Research Collaboration (SIRC) and the Global Implementation Society.

*Learning Objectives:*

Participants will understand the fundamental nature of shared risk and protective factors.

Participants will learn how community collective impact coalitions can apply this framework to guide strategic prevention planning.

Participants will be able to identify and share examples of the population-level impacts of this approach applied at scale.

**Holli Childs, MPH**

*Presenter ID*

**1052**

*Session Title, ID, Day & Date, Start Time and Room*

**Utah 2018 Primary Care Needs Assessment:  
Disparities and how to address them**

*Professional Title*

**Senior Research Analyst**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>226.2</b>	<b>Thu</b>	<b>April 12</b>	<b>11:15</b>	<b>Salon C</b>

*Contact Information:*

*Email* hchilds@utah.gov

*Phone* 801-273-6621

*Resume or Biographical Sketch:*

Holli Childs, MPH, has spent more than two years working in public health settings, including time at a state funded primary-care clinic in a low-income health professional shortage area where she worked together with medical staff to ensure excellent customer service and quality healthcare delivery to patients. She has performed analyses of the impact of various environmental factors on the health of a low-income population. She is proficient in MS programs such as Excel, Word, and PowerPoint as well as multiple statistical programs such as SAS and R. This experience enables her to connect well with community partners to achieve program goals and to manage and organize shortage area designations.

*Description:*

Access to quality preventative health care is essential in maintaining the health of a population and preventing the onset of illness. While very important, there remains a maldistribution of access to health care. It is primarily accessible to those who have adequate health insurance coverage and live in areas with the means to provide these services. The Office of Primary Care and Rural Health (OPCRH) at the Utah Department of Health aims to increase access to quality health care for the underserved populations of Utah. OPCRHs activities focus primarily on recruitment and retention of health care providers in medically underserved areas. This year, OPCRH conducted a primary care needs assessment (PCNA) focused on identifying the primary care, dental care, and mental health needs within the state. The PCNA analyzed data on health indicators directly related to access to care, which highlighted significant health disparities present among both urban and rural underserved populations. The information presented by the PCNA allows OPCRH to identify the areas of greatest need within the state and prioritize their allocation of resources accordingly. OPCRH strives to alleviate the health disparities presented in the PCNA. By disseminating the information outlined in the PCNA and sharing OPCRH's unique perspective on working with these communities, OPCRH aims to inform the community at large, local health departments, UDOH divisions, and health care organizations of these disparities to assist in increasing access to quality care services for underserved populations.

*Learning Objectives:*

Participants will understand why the observed health disparities are indicative of poor access to primary care services.

Participants will learn how OPCRH is helping to direct resources to recruit more, qualified primary care providers to the areas with greatest need.

Participants will be able to work with rural hospitals and other community partners to help address these disparities by increasing access to primary care services.

**Stephanie Croasdell-Stokes, MPH**

*Presenter ID*

**1040**

*Session Title, ID, Day & Date, Start Time and Room*

**Teen Success: Improving the lives of teen mothers in Utah**

*Professional Title*

**Lead Facilitator**

*Organization*

**Planned Parenthood Association of Utah**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>343.2</b>	<b>Fri</b>	<b>April 13</b>	<b>11:30</b>	<b>Salon B</b>

*Contact Information:*

*Email* scroasdell13@gmail.com

*Phone* 5052207390

*Resume or Biographical Sketch:*

Stephanie Croasdell Stokes has worked as a volunteer, facilitator, and program manager of Teen Success for over six years. Teen Success, a support and education group for pregnant and parenting teens in the Salt Lake community, is an educational program of Planned Parenthood Association of Utah. Her position as the program manager and lead facilitator for this unique intervention allows her to work with a number of community programs to reduce unintended pregnancies, increase access to contraceptives for teens, and overcome the stigma associated with young parenting.

Stephanie also works as a researcher with Intermountain Healthcare. In this role she has utilized the 10 years of public health research she has to design and implement their community health needs assessment. With her expertise in women's health and program evaluation, Stephanie oversees numerous projects related to organizational development and community outreach for Intermountain Healthcare.

Stephanie earned her Master's in Public Health and Graduate Certificate in Women's Health from the University of Utah in May, 2013. Originally from New Mexico, Stephanie enjoys spicy foods and exploring the mountains with her husband and daughter.

*Description:*

Across the nation, teen pregnancy and birth rates have reached historic lows. According to the Centers for Disease Control and Prevention, the current national rate for teen births is 22.3 births per 1,000 for girls 15-19. In Utah, the birth rate remains lower than the national average at 17.6 births per 1,000 girls. However, there are significant racial/ethnic and geographic disparities in Utah communities that result in a higher number of girls having a teen pregnancy and repeat births while still a teenager. Research shows that teen mothers are more likely to have a second child within 24 months of their first birth, experience poor birth outcomes, and live in poverty. The educational outcome of teen mothers also remains a critical issue; less than half of teen mothers finish high school, and less than two percent finish college by age 30. So while the reduction in teen pregnancy rates should be celebrated, efforts to prevent primary and repeat teen births must continue given the substantial social and economic costs of teen childbearing. Teen Success is a program sponsored by Planned Parenthood Association of Utah aimed to help teen mothers maintain their current family size and achieve their personal and educational goals. This presentation will review the program structure, objectives, and successes in helping teen mothers in the Salt Lake community.

*Learning Objectives:*

Participants will understand the prevalence of teen pregnancy in Utah and its associated risks.

Participants will learn about a community program that is helping prevent repeat teen births and improve the educational outcomes of teen mothers.

Participants will understand how to reduce the stigma associated with young parenting.

**Jeffrey Eason, MPH, REHS**

*Presenter ID*

**1031**

*Session Title, ID, Day & Date, Start Time and Room*

**Utah's Hepatitis A Virus Outbreak Response**

*Professional Title*

**Viral Hepatitis Epidemiologist**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>252.1</b>	<b>Thu</b>	<b>April 12</b>	<b>2:30 PM</b>	<b>Salon G</b>

*Description:*

Hepatitis A is a highly contagious, vaccine-preventable, liver infection caused by the hepatitis A virus (HAV). HAV is transmitted from person-to-person by the fecal-oral route and severity of illness ranges from asymptomatic infections to severe illness. Symptoms may last from weeks to months but healthy persons usually fully recover. However, individuals with compromised immune systems or liver diseases such as hepatitis B virus (HBV) and hepatitis C virus (HCV) may experience fulminant hepatitis and death. On average, one to two cases of HAV are identified in Utah every year, typically in persons who traveled to HAV-endemic areas. In May 2017, Utah Public Health identified an HAV case-patient without the typical travel-related risk factors. The case-patient reported illicit drug use and homelessness, risk factors which were consistent with an ongoing HAV outbreak in California. Viral sequencing revealed that the HAV strain from the Utah case-patient was genetically similar to the virus identified in the California outbreak. As of January 18, 2018, 150 outbreak-associated cases have been identified in Utah. Of these cases, 77% (n=115) reported homelessness and/or illicit drug use. Of the 150 case-patients, 53% (n=80) have been hospitalized and 37% (n=56) were co-infected with HBV and/or HCV. In response to this outbreak, Utah public health launched a response which included targeted and general vaccination campaigns, education and awareness campaigns, public notifications, rapid case reporting, and post-exposure prophylaxis interventions. While the outbreak appears to be ongoing, we believe these efforts have been effective in limiting the spread of the infection.

*Contact Information:*

*Email* jeason@utah.gov

*Phone* 8015389141

*Resume or Biographical Sketch:*

Jeff Eason is an epidemiologist for the Utah Department of Health and is a member of the Disease Response, Evaluation, Analysis and Monitoring Program's Outbreak and Investigation Team. Jeff has been with the UDOH for 4 years and has worked with local health department and community partners to support outbreak response activities.

*Learning Objectives:*

Participants will learn to identify challenges and solutions to hepatitis A virus outbreak response efforts.

Participants will learn to identify public health partner collaboration tools used in outbreak response efforts.

Participants will learn to identify potential improvement areas which will result in an increased ability to respond to hepatitis A outbreaks in Utah.



**Deanna Ferrell, MPH**

*Presenter ID*

**1047**

*Session Title, ID, Day & Date, Start Time and Room*

**Seven Community Conversations about Violence**

*Professional Title*

**Epidemiologist**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>347.1</b>	<b>Fri</b>	<b>April 13</b>	<b>11:00</b>	<b>Salon J</b>

*Description:*

Sexual violence is a complex issue with lasting consequences for those who experience it. Sexual violence is also preventable. The strategies for preventing violence are complex; they require effort from multiple sectors of the community and at multiple levels of the social ecological model. The social norms of a community contribute to the protective and risk factors for perpetration and victimization.

At the end of 2017, the Violence and Injury Prevention Program organized focus groups in seven communities on social norms that contribute to sexual violence. Discussion topics included community, acceptance of violence, bystander attitudes, and gender norms. Trends and differences were found across urban and rural communities. By understanding the factors that contribute to violence in a community, we can develop strategies and put resources into motion to reduce risk. Utah Department of Health Violence and Injury Prevention Program staff will present the findings of these focus groups, examples of prevention strategies, and the theory behind them.

*Contact Information:*

*Email* deannaferrell@utah.gov

*Phone* 801-538-6450

*Resume or Biographical Sketch:*

Deanna is the epidemiologist and evaluator for the Rape Prevention and Education Grant at the Violence and Injury Program at the Utah Department of Health.

*Learning Objectives:*

Participants will understand the role of social norms in preventing violence.

Participants will understand differences of social norms within Utah (local data).

Participants will gain ideas or strategies for targeting social norm change.

**Teresa Garrett, DNP, RN, APHN-BC**

*Presenter ID*  
**1067**

*Session Title, ID, Day & Date, Start Time and Room*  
**The Art and Science of Policy Change**

*Professional Title*

**Assistant Professor, Project Director**

*Organization*

**UofU College of Nursing/Utah Nursing Consortium**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>367</b>	<b>Fri</b>	<b>April 13</b>	<b>2:00 PM</b>	<b>Salon J</b>

*Contact Information:*

*Email* teresa.garrett@nurs.utah.edu

*Phone* 8015859622

*Resume or Biographical Sketch:*

Dr. Teresa Garrett is an Assistant Professor with the University of Utah College of Nursing and the Director of the Utah Nursing Consortium. She is a life-long Salt Lake City resident, public health advocate and community volunteer. Dr. Garrett is a graduate of the University of Utah. Her volunteer experience includes the YWCA, Utah Organization of Nurse Leaders, Holy Cross Ministries and Planned Parenthood of Utah. Nationally, she has been involved with the American Public Health Association and the Association of Public Health Nurses. Over the past 30 years, she has worked in a variety of settings, including nursing education, health system leadership, statewide public health, long-term care, and home care. Her most recent accomplishment is completing a 'rim-to-rim' trek through the Grand Canyon.

*Description:*

Policy, system and environmental change are the hallmark activities of promoting a culture of public health. Working with health systems and encouraging environmental change efforts rely on partnerships, collegial discussion and measurable outcomes; the usual processes needed to implement a program. Policy change, on the other hand, can be an intimidating process to many, a mystery to some, and yet an exciting opportunity to the few. Entering the policy arena is a critical component to change and success can be had with patience, persistence, and persistence. During the 2017 and 2018 legislative sessions, Utah's nursing leaders and education experts worked to establish brand recognition, inform legislators of nursing workforce and education issues, and invited health system, higher education leadership and legislative support through a \$4.5M appropriation request to expand class size. Ensuring an adequate healthcare workforce is a public health imperative to continuing Utah's tradition of a healthy population. In an active learning session, discussions about current and past policy change efforts will be discussed, legislative challenges and lessons learned will be shared, and leadership tips for successful policy efforts will be shared.

*Learning Objectives:*

Participants will gain the ability to apply change theory to policy change efforts.

Participants will gain the ability to describe the coalition building process to influence policy change.

Participants will gain the ability to list three successes, challenges and lessons learned in advancing policy change efforts.

**Andrea George, MPH**

*Presenter ID*

**1050**

*Session Title, ID, Day & Date, Start Time and Room*

**Invasive Group A Streptococcus Outbreak in People Experiencing Homelessness and Injection Drug Users-Salt Lake County, Utah**

*Professional Title*

**Epidemiologist**

*Organization*

**Salt Lake County Health Department**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>342.2</b>	<b>Fri</b>	<b>April 13</b>	<b>11:30</b>	<b>Salon G</b>

*Contact Information:*

**Email** adgeorge@slco.org

**Phone** 385-468-4206

*Resume or Biographical Sketch:*

Andrea George is an infectious disease epidemiologist with the Salt Lake County Health Department. Having graduated from the University of Utah twice, she is a diehard Ute fan. She graduated most recently with her Master's degree in Public Health. Andrea is the lead surveillance epidemiologist for pertussis, healthcare associated infections (HAIs), and multi drug resistant organisms (MDROs) at Salt Lake County. She is also a surveillance officer for the CDC funded FluSurv-NET grant. Prior to working at the health department, she worked as a pharmacy technician for seven years. When not working she loves spending time with friends and family, cycling, and playing with her dog.

*Description:*

Background: In 2016 an increase in invasive group A Streptococcus (GAS) infections among injection drug users (IDU) and those experiencing homelessness was detected through routine surveillance in Salt Lake County (SLCo), Utah. A review of past surveillance data revealed that the increase began at the end of 2014. An outbreak investigation was initiated to identify a source and prevent additional cases.

Methods: We defined an outbreak case as illness and isolation of GAS from a normally sterile site in a Salt Lake County resident currently experiencing homelessness or who had reported IDU within the month prior to illness onset, and whose illness was reported on or after January 1, 2014 to present. Available GAS specimens were collected from each patient and sent to the Centers for Disease Control and Prevention (CDC) Streptococcus lab for genomic testing. We interviewed patients using a questionnaire designed to assess where they were currently staying, injection drug practices, and how their drugs were obtained.

Results: From January 2014 to December 2017, we identified 135 cases. Of these, 66% were homeless, 63% had reported IDU, and 40% were both homeless and IDU. Twelve different T-types of GAS were identified by the CDC. Sixteen GAS isolates were a common strain, T-type 14 and emtype 49, which began appearing in 2016.

Conclusions: This ongoing outbreak has proven challenging to contain due to a lack of resources and the complex population in which it is occurring. Information gathered from the Salt Lake City Police Department revealed that a possible mode of transmission for GAS in this population could be mouth-to-mouth drug transactions, which occur frequently near the local homeless shelter. Results from the case interviews corroborate this hypothesis.

*Learning Objectives:*

Participants will learn the signs, symptoms, and risk factors associated with group A Strep.

Participants will learn that we are seeing an increasing number of cases of invasive group A strep among IDU and individuals experiencing homelessness in Salt Lake County.

Participants will learn why this outbreak has been difficult to control.

**Stephanie George, MPH**

*Presenter ID*

**1030**

*Session Title, ID, Day & Date, Start Time and Room*

**Disability and Health in Utah**

*Professional Title*

**Epidemiologist/ Evaluator**

*Organization*

**UDOH**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>226.1</b>	<b>Thu</b>	<b>April 12</b>	<b>10:45</b>	<b>Salon C</b>

*Contact Information:*

*Email* sgeorge@utah.gov

*Phone* 801-538-6372

*Resume or Biographical Sketch:*

Stephanie received a Bachelor of Science degree in Nutrition at Southern Utah University followed by a Master in Public Health degree at Brigham Young University. She started working as an epidemiologist for the Utah Arthritis, Asthma, and Disabilities programs in November 2016. Previously, she worked with the Utah Tobacco Control Program and the Utah Cancer Control Program. In her current position, she enjoys learning more about the health needs of persons with disabilities and strategies to create more inclusive health programs and policies.

*Description:*

Despite progress, adults with disabilities in Utah and across the country continue to experience significant differences in their health behaviors and overall health compared to adults without disabilities. Utah adults with a disability are more likely to report engaging in behaviors that are harmful to their health, such as smoking. They also report eating less fruits and vegetables on a daily basis and getting less exercise than adults without a disability. Costly and debilitating health events and chronic conditions are more common for persons with disabilities. Many of the health outcomes that persons with disabilities are more likely to experience either contribute to the top causes of death or are one of the leading causes of death in the United States. Focusing on improving health through exercise, proper nutrition, and preventive health check-ups often takes a backseat to the challenges faced in everyday life. Unfortunately, poor health can make the challenges of everyday life more stressful and may result in increased physical, mental, and emotional demands as diseases develop. While it is clear that persons with disabilities have worse health outcomes than persons without disabilities, it cannot be said without more information whether the disability or the health condition occurs first in most situations. It is imperative that health promotion and prevention methods improve for people with disabilities.

*Learning Objectives:*

Participants will be provided with an overview of disability and health in Utah, health data and disparities that exist among people with disabilities.

Participants will understand the critical need for targeted and improved health interventions for people with disabilities.

Participants will be made aware of current advances in decreasing health disparities among Utahns with disabilities and opportunities to collaborate efforts.

**Elizabeth Gerke, MPH**

*Presenter ID*

**1051**

*Session Title, ID, Day & Date, Start Time and Room*

**One Size Does Not Fit All: Exploring holistic approaches to teen pregnancy prevention**

*Professional Title*

**Teen Pregnancy Prevention Programs Coordinator**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>253</b>	<b>Thu</b>	<b>April 12</b>	<b>2:30 PM</b>	<b>Salon B</b>

*Description:*

Since 2007, Utah's teen birth rate has decreased by almost 50%. One reason for this success is a shift in the way in which teen pregnancy is addressed. Traditionally, teen pregnancy prevention interventions involved a "one size fits all" approach to sexual health education, and focused primarily on adolescent females. A dedicated team of community partners are now working across Utah to ensure that programming is inclusive of all youth, culturally relevant, holistic in nature, and built on a foundation of positive youth development practices and parental involvement. This session is designed to present a broad scope of the issue of teen pregnancy and the various interventions available to communities to address it. A moderated panel of community partners will share best practices and lessons learned in their work through an interactive discussion.

*Learning Objectives:*

Participants will describe the impact of teen pregnancy and specific needs in their community.

Participants will develop an understanding of best practice interventions and strategies being used to address teen pregnancy.

Participants will identify interventions that fit the needs of their community.

*Contact Information:*

*Email* egerke@utah.gov

*Phone* 801-273-2870

*Resume or Biographical Sketch:*

Elizabeth Gerke currently works as the Teen Pregnancy Prevention Programs Coordinator at the Utah Department of Health. She received her bachelor's degree in Speech Language Pathology and Communication Disorders. Following graduation, Elizabeth worked for an early intervention government program in inner city Washington, DC. Interacting with preschoolers and their families in this community opened her eyes to the issues of teen pregnancy and intergenerational poverty. In 2009, she moved to Salt Lake City to work in speech and language special services for Granite School District. After working in education and seeing the great need for public health programs, Elizabeth decided to go back to school and received her Master of Public Health degree from the University of Utah in 2013. She has worked in the public health field for the last five years and has expertise in maternal and infant health, adolescent development, and sexual health education. Elizabeth has experience teaching, training, and conducting research and quality improvement projects in a variety of settings, including India.

**Brittany Guerra, MPH**

*Presenter ID*

**1024**

*Session Title, ID, Day & Date, Start Time and Room*

**Community Health Workers and Clinic Quality Improvement Support to Improve Asthma Care**

*Professional Title*

**Health Program Specialist**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>255</b>	<b>Thu</b>	<b>April 12</b>	<b>2:30 PM</b>	<b>Salon I</b>

*Contact Information:*

**Email** bguerra@utah.gov

**Phone** 801-538-6894

*Resume or Biographical Sketch:*

Brittany Guerra, MPH is a Health Program Specialist for the Utah Asthma Program in the Utah Department of Health. Brittany is responsible for the Utah Asthma Program health system strategy implementation, health system partner development, media and communications, grant coordination, and policy implementation. Brittany also is an adjunct professor for BYU-ID and teaches the course Health Programming and Implementation. Brittany completed her Bachelor's degree in Health Science in 2011, and Master of Public Health in 2013 from Brigham Young University. She values working with people within the community to effect needed health change and learning about different places, cultures and values. She taught English in Russia, served an LDS mission in Taiwan, completed her graduate field work at the World Health Organization in China, and worked as Country Director for the non-profit HELP International in Fiji. Brittany's main interests are in disease prevention, health system strengthening, health system and public health collaboration, and international health.

*Description:*

Community Health Workers (CHWs) are effective members of team-based clinical care, particularly in providing comprehensive asthma services. During 2017, the Utah Department of Health Asthma Program (UAP), Association for Utah Community Health (AUCH), and Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) collaborated to provide clinical support, CHW training, and technical assistance to participating Community Health Centers and CHW staff to provide the Utah Asthma Home Visiting Program to uncontrolled asthma patients.

UPIQ worked with AUCH to recruit clinics with CHW staff, to participate in the nine-month learning collaborative quality improvement project. Participating clinics in the UPIQ learning collaborative receive guidance to improve asthma care in the clinic setting through webinars, team-lead calls, chart reviews, and technical support from UPIQ QI coaches to meet set goals.

The UAP provided the free 16 hour, five session, Utah Asthma CHW Training in May 2017 to twelve participants. The majority of participants were AUCH CHW staff planning to provide the Utah Asthma Home Visiting Program. The UAP piloted the optional sixth session training on the Utah Asthma Home Visiting Program and provided additional technical assistance, training, materials and data collection tools, and support to AUCH CHWs to offer the Utah Asthma Home Visiting Program to patients identified in the clinic needing additional comprehensive asthma care.

AUCH worked with UPIQ and UAP to adapt the Utah Asthma Home Visiting Program to meet the needs of the clinic and CHW staff situation. This has included adapting the first visit to be offered in the clinic setting. CHW staff are offering the Utah Asthma Home Visiting Program, including asthma self-management education and home-based trigger assessment, to uncontrolled asthma patients in clinics, and are an active member of the asthma care team.

*Learning Objectives:*

Participants will improve understanding of the quality improvement processes in primary care clinics.

Participants will learn about the Utah Asthma Program CHW Training and Utah Asthma Home Visiting Program.

Participants will learn how guidelines-based asthma care in the clinic and home setting can be adapted to fit your organization's need.

**Elizabeth Hinkson, MSN, RN,  
NCSN**

**Presenter ID**  
**1027**

**Session Title, ID, Day & Date, Start Time and Room**

**Health Services in Utah Public Schools – It May Not  
Be What You Think!**

**Professional Title**

**State School Nurse Consultant**

**Organization**

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
221	Thu	April 12	10:45	Salon A

**Description:**

Schools in Utah do not always have a full-time school nurse present. In fact, most school nurses cover between five and 15 schools. Who is caring for students when there isn't a school nurse? This presentation will go over different models of health services in schools, and advantages and disadvantages of each, with recommendations for how a school can best care for those students with chronic health conditions.

The Framework for the 21st Century School Nursing Practice will be discussed, and the five principals involved (care coordination, community and public health, leadership, quality improvement, and standards of practice).

The new staffing recommendations from the Utah Department of Health will also be presented, which take into account not only the student enrollment, but also health disparities of the student population.

**Contact Information:**

**Email** bhinkson@utah.gov

**Phone** (801) 419-1078

**Resume or Biographical Sketch:**

Elizabeth Hinkson has a Master of Science in Nursing Informatics degree, and has worked in public health since 2000. She taught nursing to LPN students, and is currently the Utah School Nurse Consultant with the Utah Department of Health. Elizabeth has experience working as a school nurse in Alpine School District for 16 years where there were many opportunities to teach staff about how to care for students with chronic and acute health conditions. She has served on the Board of Directors for the National Association of School Nurses for four years.

**Learning Objectives:**

Participants will gain knowledge on how public schools handle students with chronic health conditions in schools, and learn how to implement that knowledge.

Participants will identify the five principles of the Framework for the 21st Century School Nursing Practice, and why each principle is important.

Participants describe how they can advocate for students with chronic health conditions in Utah public schools.

**Sarah Hodson, MS**

*Presenter ID*

**1022**

*Session Title, ID, Day & Date, Start Time and Room*

**Utahns Are Not as Healthy as They Think They Are:  
How understanding what Utahns think, know, and  
feel about their health can benefit health promotion**

*Professional Title*

**Executive Director**

*Organization*

**Get Healthy Utah**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>362</b>	<b>Fri</b>	<b>April 13</b>	<b>2:00 PM</b>	<b>Salon G</b>

*Contact Information:*

**Email** sarah@gethealthyutah.org

**Phone** 801-369-8089

*Resume or Biographical Sketch:*

Sarah Hodson graduated with Bachelor's and Master's Degrees in Community Health Education from Utah State University. She worked for the Arthritis Foundation, Greater Chicago Chapter for 5 years as the Director of Health Promotion. Sarah was an adjunct instructor in the Health Sciences Department at Brigham Young University from 2009-2013 and worked as the Communications Development Manager for Mountainlands Community Health Center in Provo from 2014 to 2015. Sarah currently works as the Executive Director of Get Healthy Utah, a non-profit organization that works to improve the health of Utahans by convening influential leaders to build support, leverage resources, and encourage community engagement.

*Description:*

Get Healthy Utah contracted with Envision Utah and Heart+Mind Strategies to conduct the Get Healthy Utah Values Study. This study is the first of its kind to look at values related to healthy behaviors. The values research process began with in-depth interviewing that explored thought patterns and associations related to health and healthy behaviors. This process was followed by laddering, which peels back the layers of importance in decision making to identify the most significant attributes, the emotional benefits of those attributes, and the driving personal values they feed. Using the results of the interviewing, an online survey was developed, distributed, and completed by over 1,000 Utahns. The survey results highlight priorities, strategies, and messaging concerns.

The problem – Utahns are in denial! Obesity is ranked a low priority and Utahns underestimate the amount of overweight and obesity in Utah and incorrectly categorize their own weight. For decades lots of important and successful work has been done to address obesity through efforts to increase physical activity and healthy eating. However, the rate of obesity continues to rise. The Utah Health Values Study is a tool to help reframe and rethink how we approach this complex problem and help create a culture of health for all Utahns.

*Learning Objectives:*

By the end of the session, participants will be able to identify 3 different values Utahns hold that may influence healthy behaviors and health.

By the end of the session, participants will be able to identify 3 different values Utahns hold that many influence attitudes and beliefs.

By the end of the session, participants will be able to create or modify health messages using the values study results.



**Jennifer Hogge, LCMFT**

*Presenter ID*

**1045**

*Session Title, ID, Day & Date, Start Time and Room*

**How to Be There for Children When it Really Counts**

*Professional Title*

**Prevention Coordinator**

*Organization*

**Weber Human Services**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>365</b>	<b>Fri</b>	<b>April 13</b>	<b>2:00 PM</b>	<b>Salon I</b>

*Contact Information:*

*Email* jenniferh@weberhs.org

*Phone* 801-625-3678

*Resume or Biographical Sketch:*

Jennifer Hogge is a Licensed Marriage and Family Therapist (LMFT). She works tirelessly to fight addiction and keep kids' drug and alcohol free. She is currently the Prevention Coordinator at Weber Human Services providing substance use prevention services to the residents of Weber and Morgan County. Working with individuals, children, and families over the last 14 years has brought her much joy. However, it was her years working with the Weber County Juvenile Drug Court that inspired her 6 years ago to leap into prevention. Preventing individuals, children and families from experiencing the devastating disease of addiction is her passion. She is certified in multiple evidence based programs and strategies for substance use treatment and prevention. She sits on multiple state and county level prevention committees. She was awarded the 2016 Governor's Award from the Utah Substance Use and Mental Health Advisory Council for her leadership and exceptional public service.

*Description:*

There are risk factors that are correlated with negative childhood behaviors such as substance misuse, delinquency, teen pregnancy, school dropout, depression, and anxiety. If children learn to regulate their emotions they do better academically, behaviorally, emotionally, physically, and are more resilient. Emotion Coaching is helping children understand their emotions by recognizing what they are feeling and why. It teaches children to address feelings in constructive ways so they can eventually regulate their own behavior. The key is to provide a child with skills that set him up for positive social and emotional development – in childhood and beyond. Emotion Coaching is based on Dr. John Gottman's research on parent-child relationships. As children mature, the ability to manage emotions helps them navigate social relationships, maximize intellectual success, and develop confidence. In this session you will learn the steps to emotion coaching and how it can benefit children you work with and how to implement this program in your community.

*Learning Objectives:*

By the end of this presentation, participants will understand the connection between mental health and substance misuse.

By the end of this presentation, participants will know the connection between emotional regulation and child behavior outcomes.

By the end of this presentation, participants will be familiar with emotion coaching as a prevention strategy and know the five steps to use to implement emotion coaching themselves.

**Roberta Horth, PhD, MPH**

*Presenter ID*

**1070**

*Session Title, ID, Day & Date, Start Time and Room*

**Epidemiologic Outbreak Investigation of Counterfeit Cannabidiol**

*Professional Title*

**Epidemic Intelligence Service Officer**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>366.2</b>	<b>Fri</b>	<b>April 13</b>	<b>2:30 PM</b>	<b>Salon C</b>

*Description:*

On December 8, 2017 the Utah Department of Health (UDOH) was notified by Utah Poison Control Center (UPCC) of an aberration in reports of emergency department visits associated with use of cannabidiol (CBD) oil products. Adverse effects reported were inconsistent with CBD use and included altered mental status, seizures, confusion, loss of consciousness and hallucinations. A task force composed of health and law enforcement state and federal agencies was established to conduct an outbreak investigation. An opened product labeled as CBD oil was obtained from a case-patient and an unopened product was purchased by the reported supplier, a local Salt Lake County smoke shop. The products were analyzed by the Utah Department of Public Safety Crime Lab and found to be a synthetic cannabinoid-like compound (4-cyano Cumyl Butinica). To date UDOH and UPCC have identified 44 case-patients reporting hemp or cannabidiol product use, of which 16 were determined to be a confirmed case, 21 suspect and 7 not associated. Among confirmed and suspect cases, 27% are under 18 years old. Twenty-two cases are in Salt Lake County and 11 in Utah County. The number of cases peaked in mid-December. Public health interventions have consisted of press releases, outreach, education and policy recommendations.

*Contact Information:*

*Email* rhorth@utah.gov

*Phone* 801-538-9465

*Resume or Biographical Sketch:*

Dr. Horth is a CDC Epidemic Intelligence Service Officer in the 2017 class. She is assigned to the Division of Disease Control and Prevention at the Utah Department of Health. She is also a Lieutenant in the U.S. Public Health Service Commissioned Corps. Prior to her current role, she worked as a technical advisor with the Global Strategic Information Group at the University of California San Francisco Global Health Sciences where she supported HIV surveillance activities in Mozambique, Antigua and Barbuda, Namibia and South Africa. Before that she was an ASPPH Allan Rosenfield Global Health Fellow with the Centers for Disease Control and Prevention (CDC) Division of Global HIV/AIDS. Roberta has a PhD in Public Health from Tulane University, an MPH from Yale University and a BA from Trinity University.

*Learning Objectives:*

Participants will learn the steps in conducting a public health outbreak investigation.

Participants will learn the dangers of cannabinoid derivatives and synthetic cannabinoid-like compounds.

Participants will learn the importance of establishing partnerships across agencies to meet public health goals.

**Shaheen Hossain, PhD**

*Presenter ID*

**1038**

*Session Title, ID, Day & Date, Start Time and Room*

**Are We Doing Routine Developmental Screening for Infants and Children? A Study of Utah Pediatric Health Care Professionals**

*Professional Title*

**Manager**

*Organization*

**UDOH**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>243.2</b>	<b>Thu</b>	<b>April 12</b>	<b>1:45 PM</b>	<b>Salon B</b>

*Description:*

Background: According to national estimate, 12% to 16% of children in the United States have developmental or behavioral disorders. If developmental delays are not detected early enough, opportunities for appropriate intervention may be lost. American Academy of Pediatrics (AAP) has adopted a policy that all infants and children should be screened for developmental delays at regular intervals. However, despite this mandate, national studies indicate that developmental screening tools are not routinely used in pediatric practice.

Purpose: The purpose of the study was to examine the trend and current practices of pediatric physicians regarding routine developmental surveillance and screening during well-child visits.

Method: The 2017 Utah Developmental Screening Survey was sent out to all practicing physicians in Utah as identified by DOPL during May 2017 - October 2017. A total of 323 physicians responded to the survey invitation. However, for this study, the analysis was restricted to those physicians who indicated seeing children six years and younger (n=108).

Results: The majority (71.0%) physicians reported using the standardized developmental screening tools at well child checks. This proportion is much higher than the national average. Family practitioners reported a lower rate of using a standardized developmental screener compared to pediatricians (87.2% vs 60.6%,  $p < .05$ ). A significant association was observed between the usage of standardized tools and physician's level of satisfaction with their current screening methods (93.8% vs 74.1%,  $p < 0.001$ ).

Conclusion: The pediatric providers play a key role in the early identification of developmental delays and providing critical referral.

*Learning Objectives:*

Participants will be able to describe the trend and current practice of developmental screening of infants and children by pediatric health care professionals.

Participants will understand types of standardized tools utilized by pediatric health care professionals and their reported level of satisfaction.

Participants will be able to describe and identify barriers faced by pediatric health care professionals in implementing developmental screening for infants and children in their practice.

*Contact Information:*

*Email* shossain@utah.gov

*Phone* 801-273-2855

*Resume or Biographical Sketch:*

Dr. Shaheen Hossain is the Manager of the Data Resources Program in the Division of Family Health and Preparedness at the Utah Department of Health (UDOH). Before joining UDOH in 1999, she worked for Utah Department of Human Services. Dr. Hossain earned her Ph.D. from the University of Utah in Sociology. She has been on the faculty at the University of Utah and Westminster College as an Adjunct Professor of Sociology. She has taught undergraduate classes on introductory sociology, social psychology, and sociology of health. Her research interests include: women's health, workforce development, oral health, and perinatal epidemiology. In her spare time, she enjoys painting, gardening, interior design, tricycling, and eating chocolate.

**Jacob Isaacson, MPH**

*Presenter ID*

**1021**

*Session Title, ID, Day & Date, Start Time and Room*

**Streamlining Data Collection: The Utah tobacco compliance tool**

*Professional Title*

**Health Educator**

*Organization*

**Davis County Health Department**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>244.2</b>	<b>Thu</b>	<b>April 12</b>	<b>1:45 PM</b>	<b>Salon H</b>

*Contact Information:*

**Email** jisaacson@co.davis.ut.us

**Phone** 801-525-5099

*Resume or Biographical Sketch:*

Jake loves all things “public health.” As a health educator with Davis County Health Department, Jake works in a number of programs including tobacco prevention and control. He currently chairs the state tobacco cessation workgroup and is building a reputation for sharing inspirational sport movie clips to workgroup members who have no interest in sports movies. Prior to working with Davis County, Jake completed an MPH from the University of Utah. When not working Jake likes to hike with his kids and spend time with his wife.

*Description:*

Data is paramount in the world of public health. Everyone collects data, analyzes data, reports data etc. The Utah Local Health Department Tobacco Compliance Tool is a web-based database designed to streamline data collection. The site acts as a platform to report tobacco sales to minors throughout health districts in Utah, analyze the reported data, and present graphs/analysis to individuals not familiar with the tobacco compliance check program in a clear way. The information gathered can be shared easily by LHD employees with policy makers and other individuals or agencies.

The site is designed to be user friendly, requires minimum user input, and stores all past data in a single database. It was developed to be the one stop shop for everyone working to reduce tobacco sales to minors throughout Utah.

The overall goals of this project were to 1). Minimize costs 2). Reduce employee reporting time 3). Create a central database of tobacco sales violations that can be used for years to come, and 4). Develop a platform where collected data can be arranged and visualized in real time. The database became live in July of 2017 and has been utilized by health department employees across the state.

*Learning Objectives:*

Participants will learn to utilize available technology to streamline data collection, data presentation, and policy justification through data.

Participants will learn the background, development, implementation, and future of the Utah tobacco web-based compliance check tool.

Participants will learn how health informatics can be done efficiently by non-health informaticists.

**Jenny Johnson, MPH, CHES** ®

*Presenter ID*

**1042**

*Session Title, ID, Day & Date, Start Time and Room*

**Preventing Suicides in Utah: Why language matters**

*Professional Title*

**Public Information Officer**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>225</b>	<b>Thu</b>	<b>April 12</b>	<b>10:45</b>	<b>Salon I</b>

*Contact Information:*

*Email* jennyjohnson@utah.gov

*Phone* 801-538-9416

*Resume or Biographical Sketch:*

Jenny has worked in several programs over the last nearly 15 years at the Utah Department of Health, including the Chronic Disease Genomics Program, Asthma Program, and Violence & Injury Prevention Program. A health educator by heart, Jenny took a leap of faith and moved out of the world of grants and health interventions and into the communications and public relations world where she now works as the department's Public Information Officer, overseeing social media efforts, PR, and media campaigns. She has taken a keen interest in helping the media, fellow PIOs, and the community at large understand the vital role messaging and language plays in suicide prevention. She has a Master of Public Health degree, is a Certified Health Education Specialist, and has won numerous awards for storytelling and communications projects. Outside of the office, you'll find Jenny at her happy place (aka, Bear Lake), taking her dog on walks, cross stitching, chauffeuring kids to extracurricular activities, running her family's neighborhood sno cone stand, and supporting her husband's love of all things USU sports.

*Description:*

Suicide impacts every community in Utah. Preliminary data from the Utah Department of Health showed more than 600 Utahns died from suicide in 2017. Youth suicides in Utah increased 141.3% since 2015, compared to an increase of 23.5% nationally and is now the leading cause of death for Utah youth aged 10-17. We, as a community, all play a part in decreasing these preventable deaths and none of us can do it alone.

The way in which we talk about suicide is a powerful tool that can either increase risk among vulnerable individuals or promote resiliency, encourage help-seeking, publicize prevention successes, and encourage actions that help prevent suicide. The words you write, the images you convey, and the social media posts you create all have an impact on individuals considering suicide. Research shows that news media accounts of suicide can contribute to suicide contagion, particularly among youth. The risk of contagion is related to the amount, duration, prominence, and content of media coverage.

In this session, participants will learn the do's and don'ts of suicide prevention messaging and walk through national and Utah-specific media coverage of suicide deaths. Suicide prevention experts from the Utah Department of Health and Utah Department of Human Services will present the latest suicide statistics in Utah, and share information on how best to communicate about suicide to positively affect the behavior of individuals who may be considering suicide.

*Learning Objectives:*

Participants will understand how language and the way in which we talk about suicide can impact the behavior of individuals considering suicide.

Participants will learn at least three do's and don'ts of safe and effective suicide messaging.

Participants will be able write safe and effective media statements and social media posts.

**Ethan Kartchner, BS Candidate**

*Presenter ID*

**1054**

*Session Title, ID, Day & Date, Start Time and Room*

**A Look into the Relationship Between Media Use and Influence, Body Image and Sexual Orientation Among Men**

*Professional Title*

**Student**

*Organization*

**Horizon Rehab**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>361.1</b>	<b>Fri</b>	<b>April 13</b>	<b>2:00 PM</b>	<b>Salon A</b>

*Description:*

The focus of this presentation will present data found in our research of the relationship and correlation between media use and influence, body image and sexual orientation among men. This study includes both young and adult men and investigates how social media presents negative relationships on men's body image. Just as society has seen correlated negative effects of social media and poor body image among women, men are experiencing much of the same "symptoms". Feelings of inadequacy, self-consciousness and body shame are occurring among men, especially those who identify as bisexual or homosexual. We aim to shed light on how social media is affecting our young men and how to identify solutions.

*Contact Information:*

*Email* 10812729@my.uvu.edu

*Phone* (208) 297-8808

*Resume or Biographical Sketch:*

Ethan Kartchner is a current student at Utah Valley University. He is studying Public and Community Health Education and will graduate in August of 2018. He is an avid exerciser and loves the outdoors. He teaches fitness classes and works with individuals on specific health goals. Ethan is passionate about health and service.

*Learning Objectives:*

Participants will identify the result of social media techniques correlated with poor body image within the male population.

Participants will understand how social media can negatively affect body image along with the correlation of sexual orientation for males.

Participants will discuss steps to reverse dangerous trends.

**Vicki Kennedy Overfelt, MA,  
Certified MBSR Instructor**

**Presenter ID  
1002**

**Session Title, ID, Day & Date, Start Time and Room**

**An Exploration of Stress Through the Lens of  
Mindfulness**

**Professional Title**

**Certified MBSR Instructor**

**Organization**

**Contact Information:**

**Email** vicki@mindfulnessutah.com

**Phone** 801-550-6916

**Resume or Biographical Sketch:**

Vicki Kennedy Overfelt received her Masters of Arts in Education with an emphasis in educational administration from Columbia University, Teachers College. For the past 11 years, Vicki has focused her instruction specifically on the study of stress reduction through the practice of mindfulness and specializes in the delivery of Mindfulness Based Stress Reduction (MBSR). Vicki received her MBSR training through the Center for Mindfulness in Medicine, Healthcare, and Society, located at UMASS Medical School, founded by Jon Kabat-Zinn in 1979. A practitioner of mind-body disciplines for more than 25 years Vicki follows a dedicated retreat practice which fortifies her devotion and understanding of the material she is dedicated to sharing with others. She teaches adult MBSR courses in Salt Lake and Davis counties.

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
273	Thu	April 12	4:10 PM	Salon DEF

**Description:**

This presentation will offer an overview of mindfulness, specifically covering:

- how the practice can assist us in working with the stress in our lives,
- a brief overview of the science validating the benefits of a mindfulness practice,
- experience with three different formal mindfulness practices.

**Learning Objectives:**

Participants will learn a working definition and understanding of what mindfulness is.

Through lecture, discussion, and practice, participants will have an understanding of how the practice of mindfulness can assist us in managing daily stress.

Participants will have an experiential understanding of 3 basic mindfulness practices and what they might safely and effectively practice on their own.

**Sarah Kinnison, BS**

**Presenter ID**  
**1028**

**Session Title, ID, Day & Date, Start Time and Room**

**Walk in Someone Else's Shoes: Encouraging health through walkable communities**

**Professional Title**

**Health Educator**

**Organization**

**Salt Lake County Health Department**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>348</b>	<b>Fri</b>	<b>April 13</b>	<b>11:00</b>	<b>- Outside -</b>

**Description:**

Join us as we tour downtown, assess for walkability and discuss the health impacts of a walkable community. Learn about how different aspects of a built environment, including safety and accessibility, can either encourage or discourage community members to walk and bike their local neighborhoods to their destinations. See your community streets through a different lens with our vision impairment goggles, from the view of a wheelchair, and through ear plugs! We will be walking outside for the entirety of the session, so don't forget your walking shoes!

**Contact Information:**

**Email** skinnison@slco.org

**Phone** 385-468-9250

**Resume or Biographical Sketch:**

Sarah earned her Bachelor's degree in Health Science with an emphasis in Public Health from Brigham Young University-Idaho. She began her career as a Health Educator at Portneuf Medical Center in Pocatello, Idaho where she focused on the health education needs in healthcare facilities and the surrounding community. Currently, Sarah serves as the Healthy Living Health Educator for the Salt Lake County Health Department. She has experience in creating healthy environments through the implementation of signage for local trails and sidewalks, the promotion of physical activity and healthy eating, and working with cities on developing active transportation plans.

**Learning Objectives:**

Participants will learn to understand the health impact of creating walkable communities.

Participants will learn about the benefits of public health officials and city planners working together on creating healthy environments.

Participants will learn to create awareness of the need for health equity regarding safe walking environments for those with physical limitations.



**Brittany Ly, MPH**

**Presenter ID**

**1041**

**Session Title, ID, Day & Date, Start Time and Room**

**Diabetes Education: Supporting providers & empowering patients**

**Professional Title**

**Diabetes Health Program Specialist**

**Organization**

**Utah Department of Health**

<u>Session ID</u>	<u>Day</u>	<u>Date</u>	<u>Start Time</u>	<u>Room</u>
246	Thu	April 12	1:15 PM	Salon C

**Description:**

It is no secret that diabetes is a major public health concern and the statistics related to diabetes can be quite overwhelming. Approximately 30.3 million people (9.4% of the population) in the United States have diabetes, including 23.1 million people who are diagnosed and 7.2 million people (23.8%) undiagnosed. Approximately 84.1 million adults (33.9%) in the U.S. have prediabetes. The total direct and indirect estimated cost of diagnosed diabetes in the U.S. in 2012 was \$245 billion and climbing.

Diabetes education is an evidence-based service, where patients with diabetes receive individualized care plans, one-one-one education from a Diabetes Educator, and group support in order to manage their illness and improve quality of life. Research shows that people who receive diabetes education are more likely to use primary care and preventative services, take medications as prescribed, practice self-monitoring skills, and have lower health costs, as well as are able to lower their A1C, lower blood glucose levels, and improve blood pressure and cholesterol levels. Yet, less than 60% of people with diabetes ever receive diabetes education.

This presentation will educate individuals working in a variety of public health settings on the evidence-based programs aimed at supporting individuals with diabetes and prediabetes - specifically Diabetes Self-Management Education and the National Diabetes Prevention Program. Participants will understand these programs and be able to identify resources for their community at the local and state level, be able to connect members in their community with these services, and be provided with additional contact information for support.

**Contact Information:**

**Email** bly@utah.gov

**Phone** 801-391-9582

**Resume or Biographical Sketch:**

Brittany Ly is a Diabetes Health Program Specialist for the Utah Department of Health - Healthy Living through Environment, Policy & Improved Clinical Care program, where she focuses expanding and strengthening Diabetes Self-Management Education (DSME) services, supporting and working closely with diabetes educators and providers across the state, and facilitating the outreach of resources and care to patients with diabetes and their families. Brittany is also involved in diabetes work at a national level as the Chair for the American Association of Diabetes Educators Utah chapter, and is involved in several advocacy groups through the Centers for Disease Prevention and Control, the National Association of Chronic Disease Directors, and the Utah Diabetes Coalition. Brittany earned her Bachelor's degree in Exercise Science, Health, and Nutrition from the University of Utah and her Master's degree in Public Health from Liberty University. Brittany finds her passion for diabetes advocacy through the personal connection of her mom being diagnosed with Type 1 Diabetes at the age of 13.

**Learning Objectives:**

Participants will understand the prevalence of diabetes, as well as the health and economic impacts of diabetes, at both the national level and Utah specific level.

Participants will be able to describe the evidence-based programs available for persons with diabetes and their families - specifically Diabetes Self-Management Education (DSME) and the National Diabetes Prevention Program (NDPP).

Participants will feel confident in communicating and partnering with providers and individuals in their communities, as well as representatives at the state health department, in order to increase the awareness and utilization of diabetes services available.

**Adnan Mahmud, MA**

*Presenter ID*

**1062**

*Session Title, ID, Day & Date, Start Time and Room*

**Data Storytelling for Public Health**

*Professional Title*

**CEO and Founder**

*Organization*

**LiveStories**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>223</b>	<b>Thu</b>	<b>April 12</b>	<b>10:45</b>	<b>Salon B</b>

*Contact Information:*

*Email* adnan@lifestories.com

*Phone* 206-724-0474

*Resume or Biographical Sketch:*

Adnan Mahmud is passionate about using data and technology to tackle the world's biggest challenges. Adnan is founder and CEO of LiveStories, which provides an online platform with a civic data library for non-technical users to analyze data and communicate insights. In addition, Adnan is co-founder of Jolkona, a non-profit that provides mentorship and training for social entrepreneurs. Adnan speaks regularly on civic leadership at universities worldwide as an Envoy for the U.S. State Department. Prior to founding LiveStories, Adnan worked for over 8 years at Microsoft, where he managed their largest data pipelines and received multiple patents in data analysis and visualization. He earned a bachelor's degree from Angelo State University and a master's degree from the University of Southern California.

*Description:*

Sharing complex data in a meaningful way is a challenge faced by many public health departments. And the difficulty only intensifies when departments must provide regular updates in the midst of a busy season. "Our community expects that we have this data at our fingertips," according to the Springfield-Greene Public Health Department. Learn how they are communicating essential public health data with stories. This session will cover the science behind storytelling, steps to create an engaging story, and best practices for working with public health data.

*Learning Objectives:*

Understand the science behind storytelling

Repeat steps to create an engaging story

Describe real-life examples of stories with public data

**Adnan Mahmud, MA**

*Presenter ID*

**1058**

*Session Title, ID, Day & Date, Start Time and Room*

**Talk Data to Me: Data literacy for non-data scientists**

*Professional Title*

**CEO and Founder**

*Organization*

**LiveStories**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>344</b>	<b>Fri</b>	<b>April 13</b>	<b>11:00</b>	<b>Salon H</b>

*Description:*

Today, more people's jobs depend on data than ever before. But the barrier to working with data remains high, and even the best communicators have trouble sharing their insights about data. This session will explore the fundamentals of data literacy, so that public servants at every level can use data more effectively.

*Contact Information:*

*Email* adnan@lifestories.com

*Phone* 206-724-0474

*Resume or Biographical Sketch:*

Adnan Mahmud is passionate about using data and technology to tackle the world's biggest challenges. Adnan is founder and CEO of LiveStories, which provides an online platform with a civic data library for non-technical users to analyze data and communicate insights. In addition, Adnan is co-founder of Jolkona, a non-profit that provides mentorship and training for social entrepreneurs. Adnan speaks regularly on civic leadership at universities worldwide as an Envoy for the U.S. State Department. Prior to founding LiveStories, Adnan worked for over 8 years at Microsoft, where he managed their largest data pipelines and received multiple patents in data analysis and visualization. He earned a bachelor's degree from Angelo State University and a master's degree from the University of Southern California.

*Learning Objectives:*

- Participants will be able to define data literacy and related terms.
- Participants will learn to use questioning techniques.
- Participants will learn to repeat steps in the scientific process.

**Brett McIff, Phd**

*Presenter ID*

**1023**

*Session Title, ID, Day & Date, Start Time and Room*

**Talking the Walk**

*Professional Title*

**Physical Activity Coordinator**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>228</b>	<b>Thu</b>	<b>April 12</b>	<b>10:45</b>	<b>- Outside -</b>

*Description:*

A sidewalk is more than a piece of concrete, it is a living connector of people and communities. This session will be a hands on assessment of the sidewalks, roads, and characteristics that make a community walkable and friendly for all people. Bring your walking shoes as we explore the hidden and not so hidden factors that make communities supportive for physical activity at every corner. This session will be appropriate for all levels of experience.

*Learning Objectives:*

Participants will be able to describe several of the built environment features that support or inhibit walkability

Participants will learn how building a community around people can increase health and economic stability

Participants will be able to describe how various laws and rules are used to make communities accessible to all people

*Contact Information:*

*Email* bmciff@utah.gov

*Phone* 801-538-6530

*Resume or Biographical Sketch:*

Brett has worked in physical activity promotion for almost 20 years in a variety of fields from personal training to policy development. He received his undergraduate degree at the University of Utah in Exercise and Sport Science. His graduate work continued with a Master of Science in Public Health and a Ph.D. in Public Health at Walden University. Brett works with committees at the national, state, and local levels to promote environments that encourage regular physical activity. He is currently the Physical Activity Coordinator at the Utah Department of Health.

**Katie McMinn, MSC, BS**

*Presenter ID*

**1020**

*Session Title, ID, Day & Date, Start Time and Room*

**Get More Out of Your Social Media Strategy and Analytics**

*Professional Title*

**Communication Coordinator**

*Organization*

**Utah Department of Health Violence and Injury Prevention Program**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>227</b>	<b>Thu</b>	<b>April 12</b>	<b>10:45</b>	<b>Salon J</b>

*Description:*

Social media can be overwhelming. The best way to tackle social media is by creating a strategy that builds on your goals and objectives. Once a strategy is implemented it is vital to evaluate the success and implement lessons learned to your future strategy.

In this session you will learn how to develop a social media strategy that aligns with your funding goals and community outreach objectives. Case studies of public health social media strategies will be shared. You will learn how to use Facebook Analytics to enhance your future social media strategy and increase your public awareness outreach.

*Contact Information:*

*Email* kmcminn@utah.gov

*Phone* 801-538-6156

*Resume or Biographical Sketch:*

Katie McMinn is the Communication Coordinator for the Utah Department of Health Violence and Injury Prevention Program. She received a Bachelor of Science degree from Southern Utah University and a Master of Strategic Communication from Westminster College. Together they have over 15 years of experience in digital marketing and social media management.

*Learning Objectives:*

How to develop a social media strategy.

How to analyze the success of that strategy.

How to get jazzed about using social media differently and more effectively.

**Stephanie McVicar, AuD, CCC-A**

*Presenter ID*

**1055**

*Session Title, ID, Day & Date, Start Time and Room*

**The Role of the Early Hearing Detection & Intervention (EHDI) Parent Consultants: A day in the life**

*Professional Title*

**Program Manager**

*Organization*

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
243.1	Thu	April 12	1:15 PM	Salon B

*Description:*

The Utah Department of Health's Early Hearing Detection & Intervention (EHDI) program is largely funded by federal grants. A specific goal of our newest HRSA grant's funding was to address the importance of families within the EHDI system. This was to be done by increasing family representation on our state newborn hearing screening advisory committee, facilitating partnerships between families and various professionals and programs within the EHDI system, incorporating family members into pediatric care provider learning communities, and developing formal partnerships with statewide, family-based organizations to provide family support to families/parents/caregivers of infants who are deaf/hard-of-hearing. Although Utah EHDI has partnered with Utah's federal Family to Family Health Information Center for years, this session will describe the new formal partnership created as a result of HRSA-17-059. We will detail what this partnership looks like, from how the new EHDI parent consultants were hired and trained to where they reside. We will explain how the Utah EHDI program is using these new consultants in affecting change within our system statewide. You will also hear directly from our new EHDI parent consultants defining what their daily work entails; projects in which they are involved; and the impact they are already having on Utah families.

*Contact Information:*

**Email** smcvicar@utah.gov

**Phone** 801-584-8218

*Resume or Biographical Sketch:*

Dr. Stephanie Browning McVicar is the Director of the Early Hearing Detection and Intervention Program, the Children's Hearing Aid Program, and the Cytomegalovirus Public Health Initiative in Utah. She is Program Manager in the Utah Department of Health's Children with Special Health Care Needs Bureau in Salt Lake City. She is the Audiology Core Faculty member and Director of the Infant-Pediatric Audiology Program for the URLEND (Utah Regional Leadership Education in Neurodevelopmental Disabilities) Program, training future leaders in transdisciplinary family-centered care of children and adolescents with special healthcare needs. Dr. McVicar is a pediatric audiologist with a strong belief in the importance of parent-to-parent support. She is originally from Western New York and has over 27 years of experience and knowledge in Audiology and the management of health care programs in both the public and private sectors. Dr. McVicar serves on the Board of Ethics for the American Speech-Language-Hearing Association.

*Learning Objectives:*

Describe ways in which the Utah EHDI program is utilizing parent consultants

Identify areas in which your program could benefit from parent involvement

Apply ideas for parent-for-parent support in your own programs

**Tom Millar, BA**

**Presenter ID**  
**1068**

**Session Title, ID, Day & Date, Start Time and Room**

**Mobile Bike Tour**

**Professional Title**

**Transportation Planner**

**Organization**

**Salt Lake City Transportation Division**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
248	Thu	April 12	1:15 PM	- Outside -

**Description:**

Join us for a mobile bike tour that will highlight active transportation (i.e., walking and bicycling) opportunities in downtown Salt Lake City, including the area around 300 South (Broadway) that was transformed into a street designed for people and businesses. Participants will learn about the benefits of bike lanes and pedestrian infrastructure, including the reduced risk of injury and increased user rates, which can lead to improved physical activity, fewer impacts from the built environment, and a reduction in pollution. Participants will experience hands-on the effectiveness of well-planned active transportation projects and programs. Participants will also learn about the barriers and challenges to creating a bike- and walk-friendly city. The tour will be approximately 3 miles, last 45 minutes, include many opportunities to stop and discuss, and will be low to moderate intensity. GREENbikes will be provided free of charge.

**Contact Information:**

**Email** Tom.Millar@slcgov.com

**Phone** 801.535.6630

**Resume or Biographical Sketch:**

Tom has been a transportation planner for more than seven years, beginning with two years at the Salt Lake City Transportation Division, five years at Alta Planning + Design, and now back with the Transportation Division since January. Tom's active transportation planning and design work in the Intermountain West has helped improve the intersection of planning and public health. In addition to many other projects, he was the project manager for APA Utah's 2017 grant from the APA and CDC called Planners4Health, a joint planning and public health effort to improve professional and educational relationships between these two fields.

**Learning Objectives:**

Participants will learn the benefits of prioritized and properly designed bicycle and pedestrian infrastructure.

Participants will learn the barriers and challenges to creating a bike- and walk-friendly city.

Through hands-on experience, participants will understand the added safety and comfort of using protected (versus conventional) bike lanes.

**Kyl Myers, PhD, MS**

*Presenter ID*

**1049**

*Session Title, ID, Day & Date, Start Time and Room*

**Improving Women's Lives Through Contraceptive Access: Incorporating lessons from the HER Salt Lake Contraceptive Initiative into your community**

*Professional Title*

**Director of Community Education and Partnerships,  
Family Planning Division**

*Organization*

**University of Utah Department of Obstetrics and  
Gynecology**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>363</b>	<b>Fri</b>	<b>April 13</b>	<b>2:00 PM</b>	<b>Salon B</b>

*Contact Information:*

**Email** kyl.myers@hsc.utah.edu

**Phone** 801-213-2252

*Resume or Biographical Sketch:*

Dr. Kyl Myers is the Director of Community Education and Partnerships for the University of Utah's Department of Obstetrics and Gynecology's Family Planning Division. Dr. Myers manages the Family Planning Division's community contraceptive initiatives, directing programs that work to improve the intended pregnancy rate in Utah through expanding contraceptive access. She serves as project facilitator and community liaison for the HER Salt Lake Contraceptive Initiative and is the project lead on Family Planning Elevated, which aims to expand the success of HER Salt Lake across the state of Utah. Kyl works with community health centers, community health workers, policy makers, and advocates to meet the contraceptive needs of underserved Utahns.

*Description:*

From March 2016 to March 2017, the HER Salt Lake Contraceptive Initiative provided no-cost contraception to 7,400 individuals in Salt Lake County. Among those who received free care, 3,691 enrolled in a longitudinal study. In this presentation, members of the HER Salt Lake team will provide an update about the initiative and recent findings, including characteristics of clients served, contraceptive methods they chose, and other social, economic and health outcomes of HER Salt Laker. Additionally, presenters will describe the lessons learned from the initiative, and steps that can be duplicated in communities across Utah. The presentation will include an overview of contraceptive needs and policy efforts across the state of Utah. Attendees will learn about research, education, clinical, and policy efforts aimed at improving contraceptive access for all Utahns. This session will include a Q&A, so audience members can describe specific barriers in their communities and receive answers and resources from family planning experts.

*Learning Objectives:*

Audience members will understand the individual and community level benefits of increased contraceptive access.

Audience members will learn about national trends and best practices in contraceptive policy and clinical care.

Audience members will learn about the HER Salt Lake Contraceptive Initiative and Family Planning Elevated.



**Eruera Napia, BSc, MS, PhD**  
**Candidate**

*Presenter ID*  
**1061**

*Session Title, ID, Day & Date, Start Time and Room*

**Developing Effective Collaborations Between  
Community Organizations and Government  
Agencies or Researchers**

*Professional Title*

**Sacred Paths Youth Services Program Director**

*Organization*

**Urban Indian Center of Salt Lake**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>364</b>	<b>Fri</b>	<b>April 13</b>	<b>2:00 PM</b>	<b>Salon H</b>

*Description:*

Effective collaborations with community organizations are built on trusting relationships that begin before a project is initiated and continue to be nurtured throughout. Partnership-building is supported by transparent communication that addresses the many details that are part of each project. In this presentation, the Community Faces of Utah (CFU) will introduce two guidebooks - one for government agencies/researchers and one for community organizations - that they have developed to share best practices and lessons learned over their past 9 years of participating in such collaborations. The guidebooks include recommendations from community leaders, community liaisons, and community-engaged researchers/staff. CFU is a partnership among leaders of five community organizations - Best of Africa, Calvary Baptist Church, Hispanic Health Care Task Force, National Tongan American Society, and Urban Indian Center of Salt Lake City - the Collaboration and Engagement Team of the Utah Center for Clinical and Translational Science, and staff of the Utah Department of Health. A panel of CFU members will discuss key recommendations from the guidebooks and how they have been applied in collaborative projects. Ample time will be provided for interactive discussion with attendees, who also will receive a copy of each guidebook.

*Contact Information:*

*Email* erueraed@yahoo.com

*Phone* 801-214-7662

*Resume or Biographical Sketch:*

Eruera "Ed" Napia is a member of the Ngapuhi Iwi from the Tai Tokerau District of Aotearoa in New Zealand. He is the Program Director for Sacred Paths Youth Services at the Urban Indian Center of Salt Lake. Ed is also a commissioner with the Martin Luther King Junior Human Rights Commission and a member of the Patients, Providers and Public Work Group of the Trial Innovations Network which is a National Institutes of Health initiative.

*Learning Objectives:*

Participants will learn effective strategies for initial discussion and planning of a community-engaged project.

Participants will learn about topics a partnership may need to discuss when planning and conducting a community-engaged project.

Participants will learn effective strategies for holding community-engaged partnership meetings.

**Kate Nederostek, MGS**

*Presenter ID*

**1044**

*Session Title, ID, Day & Date, Start Time and Room*

**Alzheimer's Disease and Related Dementias:  
Utah's growing epidemic**

*Professional Title*

**Program Director**

*Organization*

**Alzheimer's Association**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>341</b>	<b>Fri</b>	<b>April 13</b>	<b>11:00</b>	<b>Salon A</b>

*Description:*

Utah's senior population will double by 2038. Today, one in 10 individuals age 65+ and one in three age 85+ has Alzheimer's disease. As Alzheimer's disease and related dementias becomes an ever increasing concern, this presentation will discuss Utah's State Plan for Alzheimer's Disease and Related Dementias and the work being done to assist all those affected.

*Contact Information:*

*Email* knederostek@alz.org

*Phone* 801-433-8620

*Resume or Biographical Sketch:*

Kate Nederostek is the Program Director for the Alzheimer's Association Utah Chapter. The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research. For the Association, Kate oversees the outreach, education, support, and safety services provided to family dementia caregivers, individuals living with dementia, professional caregivers, healthcare providers and researchers throughout Utah. Kate has been working with persons with Alzheimer's disease and related dementias and their families for 18 years in numerous capacities. She has had the opportunity to lead a memory care neighborhood within a nursing home setting, serve as the Executive Director of multiple assisted living communities, as well as support approximately 20 different long-term care communities across a quad-state division as a corporate memory care support person.

Kate holds a bachelor's degree in psychology from the College of Wooster in Wooster, Ohio, a master's degree in gerontological studies from Miami University in Oxford, Ohio, and is a Certified Dementia Practitioner. Kate serves on various committees and coalitions throughout Utah to improve services and support to individuals affected by dementia.

*Learning Objectives:*

Understand how widespread Alzheimer's disease and related dementias is in the state of Utah.

Become familiar with Utah's State Plan for Alzheimer's Disease and Related Dementias and the work being done to make Utah a dementia-capable state.

Learn of the local and national resources available to assist all affected by dementia.

**Jaqueline Neid-Avila, MDA, BS**

**Presenter ID**  
**1056**

**Session Title, ID, Day & Date, Start Time and Room**

**Learning How to Partner with Cooperative Extension**

**Professional Title**

**Nutrition Assistant Professor**

**Organization**

**USU Extension**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>224</b>	<b>Thu</b>	<b>April 12</b>	<b>10:45</b>	<b>Salon H</b>

**Description:**

When asked what Cooperative Extension is, many public health workers may scratch their heads. However, Extension is a tremendous resource for anyone doing health promotion or health education in the US. It is designed to be a structural link between communities, governmental organizations and researchers, yet is an often neglected aspect of our system of health promotion.

Extension was originally created to disseminate agricultural and home economics information to adults outside of the university. Today, it can offer study recruitment support, connections to local communities, or avenues to conduct Community Based/Participatory Action research. Within the field of Public Health, Cooperative Extension is well-positioned to facilitate Type II Translational Research. The possibilities for partnership, even for those with appointments outside of a land grant institution, are limitless.

This workshop is being led by a Jaqueline Neid-Avila who currently works as a tenure track faculty member in the Extension system of Utah. She will explain how the Extension system in Utah operates, and the many research and engagement opportunities that exist within the Extension system.

**Learning Objectives:**

To understand the mission of Cooperative Extension and how it works.

To understand the linkage between public health and the Extension model.

To develop a preliminary plan for engagement with Extension and related organizations for workshop participants.

**Contact Information:**

**Email** jaqueline.neid-avila@usu.edu

**Phone** 435-919-1334

**Resume or Biographical Sketch:**

Jaqueline Neid-Avila is an Extension Nutrition Assistant Professor with Utah State University Extension since August of 2016. She has a background in one on one nutrition counseling at eating disorder clinics and has recently switched over to community nutrition education for Extension. Utah State University Extension provides research-based programs and resources with the goal of improving the lives of individuals, families and communities throughout Utah. USU Extension operates through a cooperative agreement between the United States Department of Agriculture, Utah State University, and county governments. Program areas include:

- 1) Agriculture and Natural Resources
- 2) Gardening
- 3) Home, Family, and Food
- 4) Utah 4-H and Youth

**Jeanette Nelson, MPH**

*Presenter ID*

**1072**

*Session Title, ID, Day & Date, Start Time and Room*

**Student and Public Health Professionals  
Networking Event**

*Professional Title*

**Student Assembly Conference Planning Chair**

*Organization*

**University of Utah**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>247</b>	<b>Thu</b>	<b>April 12</b>	<b>1:15 PM</b>	<b>Salon J</b>

*Description:*

Networking session for students and public health professionals.

*Contact Information:*

*Email* jeanette.r.nelson@utah.edu

*Phone* 801-209-2772

*Resume or Biographical Sketch:*

*Learning Objectives:*

Provide networking opportunities for students.

Exchange of knowledge/career advice

Provide potential link to job opportunities for students or link to future employees for public health employers

**Brittney Okada, MPH, CHES ®**

*Presenter ID*

**1025**

*Session Title, ID, Day & Date, Start Time and Room*

**It Takes a Village: Giving our babies the best chance**

*Professional Title*

**Health Program Specialist III**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>343.1</b>	<b>Fri</b>	<b>April 13</b>	<b>11:00</b>	<b>Salon B</b>

*Description:*

Background: Utah's Native Hawaiians/Pacific Islanders (NHPI) experience significantly higher rates of infant mortality than Utah overall. However, no interventions exist that are tailored to Pacific Islanders to address this and other birth outcomes disparities. Furthermore, widespread community silence surrounds the issue.

Methods: The Office of Health Disparities (OHD) created and implemented a program among Utah's NHPI community to raise awareness about infant mortality disparities in the context of Pacific Islander cultural beliefs and practices. OHD evaluated the cultural appropriateness and impact of a three-phase community-facilitated intervention on Pacific Islanders' awareness, knowledge, and self-efficacy related to birth outcomes and maternal and infant health.

Results: 173 NHPI community members participated in the intervention over three phases. Post-intervention, awareness about NHPI infant mortality disparities increased on average by 57%. On average, knowledge increased for all topics: infant mortality (70%), preconception health (29%), prenatal care (22%), initiating prenatal care (28%), and birth spacing (70%). Additionally, all average self-efficacy measures improved. Adaptations to the curriculum based on qualitative data from reiterations of the program led to increased community engagement and improved cultural relevance. In the final phase, 100% of participants reported the program was culturally appropriate. OHD's processes of raising awareness on culturally taboo topics, integrating cultural values with health promotion, and disseminating information through tight-knit communities will be shared.

Conclusions: Culturally relevant health programs delivered through community networks can increase awareness and knowledge about taboo health issues. These approaches will be crucial to public health work to reduce health disparities in all communities.

*Learning Objectives:*

Describe the impact of a community intervention on Utah's Pacific Islander community's awareness, knowledge, and self-efficacy related to birth outcomes and maternal and infant health.

Discuss the process of raising awareness on culturally taboo topics and disseminating information throughout tight-knit communities.

Apply strategies to integrate cultural values and practices into health promotion and education to reach diverse communities.

*Contact Information:*

*Email* bokada@utah.gov

*Phone* 385-315-0220

*Resume or Biographical Sketch:*

Brittney Okada currently works for Utah Department of Health Office of Health Disparities, where she manages programs for underserved communities aimed at achieving health equity. She graduated from the University of Utah School of Medicine's Department of Family and Preventive Medicine with a master's degree in public health (MPH). Her experience in public practice has involved community-based participatory research, maternal and child health, oral health and primary care, and global health.

## Opioid Panel

*Presenter ID*

1095

*Session Title, ID, Day & Date, Start Time and Room*

**Hope in Utah's Opioid Crisis: Strategies for Treatment and Recovery**

*Professional Title*

*Organization*

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
324	Fri	April 13	9:40 AM	Salon DEF

*Contact Information:*

*Email*

*Phone*

*Resume or Biographical Sketch:*

*Description:*

Conference participants will hear from a diverse range of experts about strategies for opioid treatment and recovery. Drug poisoning is the leading cause of injury death in Utah. Utah is taking a comprehensive approach to address the opioid crisis, from building public awareness about the dangers of opioids, to improving prescribing and dispensing practices among providers and pharmacies, expanding distribution of the opioid-overdose reversal drug, Naloxone, and expanding access to treatment services. Today's presentation will focus on treatment, including treatment options available, how to connect people to treatment, and understanding early warning signs that someone may need treatment help.

*Learning Objectives:*

Understand treatment services available in Utah.

Learn at least two concrete steps to take to connect someone with treatment.

Understand at least three early warning signs that someone may need help.

**Kami Peterson, MS, RN,**

**Presenter ID**

**1033**

**Session Title, ID, Day & Date, Start Time and Room**

**Maximize Funding by Utilizing Collaboration, Data, and Targeted Intervention**

**Professional Title**

**Bureau Manager**

**Organization**

**Salt Lake County Health Department**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
366.1	Fri	April 13	2:00 PM	Salon C

**Description:**

The Salt Lake County Health Department delivers over 10,000 home visits per year. It established Nurse-Family Partnership (NFP), an evidence-based home visiting model in 2008. NFP has limited funding with the capacity to serve only 9% of eligible clients in Salt Lake County. NFP focuses on first-time, low-income mothers, most of which have multiple stressors such as histories of domestic violence, child abuse, substance abuse, and mental illness. NFP relies on referrals from community providers to establish and maintain caseloads. One provider, Obstetrics and Gynecology Specialists at Intermountain Medical Center (IMC), was especially interested in collaborating with NFP. Initially IMC referred all first-time mothers who met the income eligibility requirement. As funding became more limited we collaborated to refine referral criteria by combining study results indicating which clients were mostly likely to enroll and stay engaged with a Singh Area Deprivation Index (ADI) score. ADI is a geographic measure of relative socio-economic position. The index utilizes 17 census measures in four categories linked to all-cause US mortality, i.e. income, living conditions, employment and education. With the revised criterion, only women with a first pregnancy greater than 12 weeks gestation, a ADI quintile score of 5, or any client on Medicaid living in a neighborhood with an ADI of 3-5 were enrolled. With this new criterion, only the highest risked clients with the greatest likelihood of enrolling and staying in the program, were referred allowing us to target interventions and maximize limited resources.

**Contact Information:**

**Email** kapeterson@slco.org

**Phone** 385-468-4142

**Resume or Biographical Sketch:**

Kami is a registered nurse with a master's degree in Community Health. She has worked at the Salt Lake County Health Department for 30 years. During that time, she has held many different positions. She has worked as a public health nurse in communicable disease investigation, TB case management, the pre-employment health assessment clinic, the sexual transmitted infection clinic, the immunizations clinic, and as a home visitor for geriatric and pediatric clients. She has also been a program manager for the Immunization and Breast and Cervical Cancer Screening Programs, as well as managed the Salt Lake City and Ellis R Shipp Public Health Centers. She is currently the Bureau Manager overseeing the Child Health Evaluation and Care and home visitation programs.

**Learning Objectives:**

Increase knowledge of evidence-based home visitation

Understand the Singh Area of Deprivation Index

Learn to maximize funding by providing targeted intervention to the most at-risk clients

**Kevin Poe, Forestry, Recreation  
Resource Mgmt**

*Presenter ID*  
**1001**

*Session Title, ID, Day & Date, Start Time and Room*

**Nyctophila: It's not just for vampires and  
astronomers anymore**

*Professional Title*

**Owner**

*Organization*

**Dark Ranger Telescope Tours**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>383</b>	<b>Fri</b>	<b>April 13</b>	<b>3:25 PM</b>	<b>Salon DEF</b>

*Description:*

Americans are not out-growing their childhood fear of darkness at the rate they once did in spite of nocturnal crime being on the decline nationwide. Because the medical community now has a long list of health benefits sustained by a high quality of darkness, clinical researchers are asking, "What's wrong with these people?" Because the lighting industry fails to supply smart lighting technology, they mistakenly see a demand for dumb lighting. Through all of this, Nyctophilia is becoming so popular that it's no longer considered to be a disorder to find "darkness relaxing and comforting." Join Kevin "the Dark Ranger" Poe for this summary of his latest attempt to throw some shade on this wicked problem of Light Pollution.

*Contact Information:*

**Email** darkrangertelescopetours@gmail.com

**Phone** 435-590-9498

*Resume or Biographical Sketch:*

Kevin studied a variety of climate change sciences during his 6 years at USU, earning 2 degrees (Forestry and Recreation Resource Management) and 4 minors. By day he's an "armchair scientist" working for the National Park Service as a green energy/transportation project manager. By night he's an astronomy entertainer. As the owner of Dark Ranger Telescope Tours he champions dark sky preservation and science of scotobiology (nocturnal ecology) through the appeal of hands-on astronomy.

*Learning Objectives:*

Attendees will learn that a love for natural darkness is not a mental disorder nor moral deficiency and unrelated to a "darkness of the soul." Furthermore the fear of darkness is a phobia that, if not

Attendees will become familiar enough with the science of scotobiology that they are able to explain basic ecological and medical benefits of natural darkness.

Attendees will be able to adopt at least 3 affordable methods (behavioral or technological) for enhancing the darkness in their own lives.



**Ellen Seely, BS, CHES ®**

**Presenter ID**

**1053**

**Session Title, ID, Day & Date, Start Time and Room**

**Connecting the Dots: The relationship between sexual violence, sexual risk taking behaviors, and unplanned pregnancy**

**Professional Title**

**STD Health Investigator**

**Organization**

**Salt Lake County Health Department**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>347.2</b>	<b>Fri</b>	<b>April 13</b>	<b>11:30</b>	<b>Salon J</b>

**Contact Information:**

**Email** eseely@slco.org

**Phone** 385-468-4192

**Resume or Biographical Sketch:**

Ellen Seely currently works as an STD Health Investigator at the Salt Lake County Health Department. She received a dual bachelor's degree in Health Promotion and Education and International Studies from the University of Utah in 2013 and is a Certified Health Education Specialist. Her first experience in health education was in Thaton, Thailand as an intern, and in 2015, she began working at the Weber-Morgan Health Department in the Teen Health program. It was through these experiences that she gained a deeper passion for community health, especially sexual health education. Over the past three years, Ellen has had the opportunity to teach thousands of students in evidence-based programs. Ellen has experience training and collaborating with diverse community members and organizations for a variety of topics, including adolescent development, sexual health, suicide prevention, and sexual violence prevention.

**Description:**

Sexual risk taking, resulting in outcomes such as unplanned pregnancy or STDs, is often solely attributed to poor decision making. This mindset fails to capture the complexity of risk and protective factors. Emerging research is now connecting the impact of trauma on sexual risk taking and the relationship between unplanned pregnancy and often unrecognized forms of intimate partner violence, including reproductive coercion and birth control sabotage. This session will provide an opportunity to examine this research, identify stigmatizing and potentially re-traumatizing messages, become familiar with trauma-informed best practices, and come away with actionable strategies to make our communities and classrooms more trauma aware.

**Learning Objectives:**

Participants will describe the prevalence and impact of trauma and sexual violence.

Participants will develop an understanding of trauma-informed strategies.

Participants will identify one personal action item to improve the trauma awareness of their community.

**Glory Stanton, BS**

*Presenter ID*

**1059**

*Session Title, ID, Day & Date, Start Time and Room*

**‘Black Men Matter!’: Understanding the biopsychosocial effects of educated Black men living in predominately White communities**

*Professional Title*

*Organization*

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>361.2</b>	<b>Fri</b>	<b>April 13</b>	<b>2:30 PM</b>	<b>Salon A</b>

**Contact Information:**

**Email** glorystanton2@gmail.com

**Phone** 801-529-5766

**Resume or Biographical Sketch:**

Glory S. Stanton, is a recent graduate from the University of Utah, where she earned her B.S. degree in Health Promotion and Education (Provider Health emphasis) and a minor in Sociology. She is currently a student researcher working under the mentorship of Dr. William A. Smith, Ph.D., an associate professor at the University of Utah, in the departments of Ethnic Studies and Education Culture & Society. Glory’s current research focus is to study the biopsychosocial effects that racial battle fatigue has on Black men living in predominately White communities. She is currently applying to graduate schools in pursuit of her M.P.H degree, ultimately hoping to obtain her doctorate.

**Description:**

The overall racial environment for Black men in the United States is now and has always been perceived as hostile. Black men disproportionately experience systematic racism and micro-aggressions in educational, penal, occupational, healthcare, and societal settings. This study examines gendered racism experienced by Black men over the course of their lives as well as their associated levels of perceived stress. Utilizing face-to-face interviewing, 20 participants shared specific gendered racist experiences from childhood to current mundane experiences living in Utah. We will holistically analyze the data by finding the common themes among the Black men in our population sample, to better understand the way their experiences may have formed and played a role in their preferred coping strategies, as well as their biopsychosocial responses when experiencing symptoms related to racial battle fatigue. This study will not generalize the Black male population as a whole, but simply provide insight into the Black male experience as it relates to our sample.

**Learning Objectives:**

To gain a holistic understanding of the gendered racist experiences of Black men within the population sample throughout the course of their lives as well as their associated levels of perceived stress

To learn how the participant’s experiences with gendered racism may have formed and played a role in their preferred coping mechanisms

To learn how the participant’s biopsychosocial responses when experiencing symptoms related to racial battle fatigue may have the potential to affect their overall wellness

**Krishna Sundar, MD**

**Presenter ID**  
**1063**

**Session Title, ID, Day & Date, Start Time and Room**

**Importance of Delayed School Start Times for Teen Health and School Performance**

**Professional Title**

**Medical Director**

**Organization**

**Sleep-Wake Center, University of Utah**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>346</b>	<b>Fri</b>	<b>April 13</b>	<b>11:00</b>	<b>Salon C</b>

**Description:**

Increasing understanding of sleep in teenagers has demonstrated a delayed sleep phase shift starting at puberty and increasing throughout adolescence. Teenagers sleep best between 10:45PM and 8AM. School start times before 8AM falls during the final third of the teen circadian night. Additional sleep restriction in teens occurs from bedtime autonomy, academic pressure, screen time and social networking.

Sleep deprivation and early awakenings during school days results in teens functioning like shift workers in the morning hours. Apart from direct effects on academic performance, school start times before 8AM have been shown to affect both teen physical and mental health. Higher rates of obesity, metabolic dysfunction and athletic injuries result. Increased negative effect, mood disorders, more thoughts of suicide and impaired judgement leading to higher rates of substance abuse, alcoholism and motor vehicle accidents have been associated with earlier school start times.

Delaying school start times to 830 AM have been shown to improve both academic performance (increased GPA, school attendance, ACT scores) and health with lesser rates of accidents and mood problems. Apart from position statements from the American Association of Pediatrics (2014), American School Health Association (2016) and American Academy of Sleep Medicine (2017), a number of scientific bodies and societies including CDC support the recommendation for delayed school start times.

**Learning Objectives:**

Increased sleep deprivation in teenagers results in functioning like shift workers.

School start times before 8AM have been shown to affect both teen physical and mental health.

Delaying school start times to 830 AM have been shown to improve both academic performance and health with lesser rates of accidents and mood problems.

**Contact Information:**

**Email** krishna.sundar@hsc.utah.edu

**Phone** 801-581-2016

**Resume or Biographical Sketch:**

Dr. Sundar is the Section Chief of Sleep Medicine, Veteran Affairs Medical Center, Salt Lake City. He is American Board-Certified in Sleep Medicine, Pulmonary Disease, Critical Care Medicine, and Internal Medicine.

Following his medical training in India, Dr. Sundar did his residency in Internal Medicine at St. Luke's-Roosevelt Hospital, Columbia University, New York followed by fellowship in Pulmonary, Critical Care Medicine and Sleep Medicine at the University of Utah. Thereafter, Dr. Sundar worked with the Utah Valley Pulmonary group, Provo, Utah for nearly a decade where he developed an interstitial lung disease program and directed pulmonary and critical care research for the IHC Urban South Region. In 2012, he joined the University of Utah full-time and helped expand the sleep medicine program and fellowship.

Dr. Sundar has extensive experience with all aspects of pulmonary and sleep medicine. He has done a number of presentations in national and international forums on various topics in Pulmonary and Sleep medicine. One of his main goals as the Sleep Center physician is to educate patients and providers in realizing the full potential of sleep in maintaining health and improving outcomes from chronic illnesses. He has consistently been named Castle Connolly's Region's Top Doctors in Pulmonary Disease from 2013-2017 and featured in the Top 10% of America's most honored professionals in the 2016 American Registry.

**Sue Sundar, PhD, MBA**

*Presenter ID*

**1066**

*Session Title, ID, Day & Date, Start Time and Room*

**Using the H1N1 Pandemic Experience to Improve Preparedness and Outcomes from Influenza Epidemics**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
251	Thu	April 12	2:30 PM	Salon A

*Professional Title*

**Assistant Professor -Lecturer**

*Organization*

**University of Utah**

*Description:*

Influenza epidemics are inevitable events that can result in increased mortality. Given the frequency of mutations that confer a different antigenic structure to the influenza virus, epidemics arise due to occurrence of new strains in human populations without specific immunity to these new strains. The influenza epidemic of 2017-2018 reflects exposure to an H3N2 strain with limited vaccine efficacy resulting in the worst influenza epidemic of this decade. Given how unpredictable flu epidemics are, disaster (influenza) preparedness is the only way to reduce widespread casualty. Using secondary source data of disaster preparedness from the Trust for America's Health (TFAH) and Robert Wood Foundation, we established that individual state preparedness was related to influenza mortality during the 2009 H1N1 pandemic (Sundar et al. Using a Disaster Preparedness Triangle Framework to link disaster preparedness to pandemic outcomes. Accepted in International Journal of Mass Emergencies and Disasters Nov 2017). Further categorization of TFAH indicators into the sub-categories Detection, Inventory and Capacity allowed us to understand the roles of different preparedness indicators on the 2009 H1N1 influenza outcomes. Given the robust centralized surveillance program by the Centers for Disease Control that helps detection of new viral strains, individual state-level detection is no longer a limiting factor in epidemic recognition. The elements of the disaster preparedness namely inventory and capacity had significant impact on influenza outcomes indicating that investments made towards disaster preparation are in the best interests of society.

*Contact Information:*

**Email** s.sundar@utah.edu

**Phone** 801-712-5165

*Resume or Biographical Sketch:*

Dr. Sundar received her PhD in Business Administration (Operations Management) at the David Eccles School of Business, University of Utah following an MBA at the same institution. Before her current faculty appointment as an Assistant Professor at the David Eccles School of Business, Dr. Sundar was a faculty member at the Driehaus College of Business, DePaul University, Chicago. She also serves as an Academic Scholar at the Cornell Institute for Healthy Futures, Cornell University, Ithaca, New York. Her research interests lie in the area of Service Operations, particularly the area of Healthcare Operations. Dr. Sundar has also worked on understanding disaster preparedness and its impact on adverse outcomes following mass events such as H1N1 flu pandemics. She has also been involved in a number of clinical research projects within the Departments of Ophthalmology and Internal Medicine.

*Learning Objectives:*

Understand the inevitability of flu epidemics and the casualty resulting from influenza

Understand role of CDC and state disaster preparedness programs in limiting the morbidity and mortality from an influenza epidemic

Understand the utility of a Disaster Preparedness Triangle in identifying preparedness elements of Detection, Inventory and Capacity in dealing with flu outbreaks

**Carson Telford**

*Presenter ID*

**1065**

*Session Title, ID, Day & Date, Start Time and Room*

**Vaccination Status of Outbreak-related Varicella Cases in Schools, Utah, 2011-2016**

*Professional Title*

**Vaccine Preventable Disease Intern**

*Organization*

**Utah Department of Health**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>342.1</b>	<b>Fri</b>	<b>April 13</b>	<b>11:00</b>	<b>Salon G</b>

*Contact Information:*

*Email* ctelford@utah.gov

*Phone* 801-538-6709

*Resume or Biographical Sketch:*

Mr. Telford is a senior at Brigham Young University majoring in Public Health with an emphasis in Epidemiology. Mr. Telford's research interests include topics such as pharmaceutical utilization, infectious disease and vector distribution, and the association between temperature inversions and Influenza-like illness. Mr. Telford currently works at the Utah Department of Health in the Bureau of Epidemiology as the Vaccine Preventable Disease Intern.

*Description:*

Previous research in Utah has shown that charter school students are three times more likely to have a vaccine exemption than public school students. We wanted to identify the association between vaccination/exemption rates and varicella outbreaks in public and charter schools in Utah.

During 2011-2016, 1,600 varicella cases were reported in Utah with 73% (N=1,165) occurring in elementary grade school-aged children. Among the 1,165 varicella cases identified in school-aged children, 912 (78.2%) were children who attended public schools and 159 (13.6%) were children who attended charter schools (the remaining 94 cases coming from private/homeschools and missing data). There were 32 varicella outbreaks (consisting of cluster of >3 cases), 15 of which occurred in schools (4 charter, 11 public). These outbreak-associated cases accounted for 13% (N=157) of all varicella cases reported in school-aged children.

During January 1, 2011-December 31, 2016, there was an average of 553,563 students enrolled per year (K-12) in public (non-charter) schools and an average of 53,961 students enrolled per year in charter schools. In public schools there were 1.65 cases of varicella per 1,000 students, while in charter schools there were 2.95 cases of varicella per 1,000 students.

Among all cases who attended public schools, 74% (N=677) were vaccinated while 44% (N=70) of charter school cases were vaccinated. Public school outbreak-related cases had a vaccination rate of 48%, while 30% of charter school outbreak-related cases were vaccinated. Outbreaks accounted for 11% (N=104) of cases among public school students and 33% (N=53) of cases among charter school students.

*Learning Objectives:*

Raise public awareness about occurrence of varicella outbreaks in schools

Demonstrate the difference in vaccination rates between schools

Demonstrate the burden of illness in schools with a lower immunization rate

**Samantha Tilton, BS**

*Presenter ID*

**1046**

*Session Title, ID, Day & Date, Start Time and Room*

**Mindfulness: Addressing Multiple Problems with a Single Solution**

*Professional Title*

**Community Health Educator 2**

*Organization*

**Weber Human Services**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>345</b>	<b>Fri</b>	<b>April 13</b>	<b>11:00</b>	<b>Salon I</b>

*Description:*

Mental health and substance misuse are both serious problems affecting youth and adults throughout our communities. In fact, it has been estimated that by 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide. The connection between mental health and substance use cannot be denied. A recent report showed that of those adults with any mental illness, 18.2% had a substance use disorder, while those adults with no mental illness only had a 6.3% rate of substance use disorder in the past year. Building a bridge between prevention for mental health and substance abuse disorders is crucial. Both of these problems have shared factors which may increase risk for, or increase protection from negative outcomes. This means that if preventative interventions and strategies which specifically target one problem among youth but have shared risk factors; this can also mitigate other outcomes such as substance misuse, depression and anxiety, suicidality, violence and school drop-out. One such targeted strategy is mindfulness. When mindfulness is incorporated into daily life, it can help decrease negative behaviors, strengthen attention, teach emotional regulation, gratitude, and compassion and provide better stress management and decision-making skills.

*Contact Information:*

*Email* samanthat@weberhs.org

*Phone* 801-625-3678

*Resume or Biographical Sketch:*

Samantha Tilton has a Bachelor of Science Degree in Community Health Education from Utah Valley University. She is a Certified Health Education Specialist, has been certified in Substance Abuse and Prevention Skills Training (SAPST), is a fully certified trainer for Mental Health First Aid, recently graduated from the National Coalition Academy through the Community Anti-Drug Coalitions of America (CADCA), and has completed Suicide Prevention programs including QPR, SafeTALK, and ASIST. She works at Weber Human Services as a Community Health Educator in mental health and substance abuse prevention. She is currently doing an internship with the Social Development Research Group to become a Certified Communities That Care Coach. Samantha's passion to help others improve their lives impacts not only her work in the field, but her home and family life through volunteer service and outreach to the community.

*Learning Objectives:*

By the end of this presentation, participants will understand the connection between mental health and substance misuse.

By the end of this presentation, participants will know what shared risk and protective factors are and be able to identify at least two outcomes which share risk factors.

By the end of this presentation, participants will be familiar with mindfulness as a prevention strategy and know at least two ways they can incorporate mindfulness in daily lives.

**Aislynn Tolman-Hill, BBA, CSM**

**Presenter ID**  
**1043**

**Session Title, ID, Day & Date, Start Time and Room**

**Hip Hip Hooray, Lessons Learned from Hep A**

**Professional Title**

**Public Information Officer**

**Organization**

**Utah County Health Department**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
244.1	Thu	April 12	1:15 PM	Salon H

**Description:**

Utah County Health Department was surprised when a Hepatitis A outbreak at the jail and homeless population spread to three separate public locations during the 2017 holiday season and exposed an estimated 15,000 people. Time was of the essence to notify the public who may have eaten/used the restroom at the three locations in Utah County. We will share our experience of immediately notifying the public, setting up a phone hotline, using the UDOH self assessment tool, and fielding over 1700 callers and assisting 1800 residents who needed a Hepatitis A vaccine. This all took place in a three-day period of time. Learn how our communications, epidemiology, environmental health, public health, nursing, immunizations and emergency preparedness all coordinated to help during this crisis.

**Contact Information:**

**Email** AislynnT@utahcounty.gov

**Phone** 801-851-7508

**Resume or Biographical Sketch:**

Aislynn is a Colorado native with 15 years public health experience. In Colorado, she managed a team providing Emergency Preparedness and Quality Improvement support to 17 local health departments. Aislynn has assisted her former health department (Mesa County Health Department) through the accreditation process and also serves as a site visitor for the Public Health Accreditation Board. Aislynn joined the Utah County Health Department as the Public Information Officer in 2015. She recently produced a 30-minute documentary about the UCHD respond to the unprecedented algal bloom on Utah Lake on 2016. Her background includes public relations and event management. Aislynn received her BBA from Colorado Mesa University, where she hails as a proud Maverick. She is known for her innovative approach to public health and long-standing love for all things google, baseball, and Sodalicious. Aislynn is a staunch supporter of the Oxford comma.

**Learning Objectives:**

By the end of the presentation, participants will learn what went well/could have been improved or what we would do differently from a communications perspective.

By the end of the presentation, participants will learn what we would do differently from emergency preparedness/response standpoint.

By the end of the presentation, participants will learn what could have been improved from an epidemiology and environmental health perspective.

**Mindy Vincent, MSW, MPA**

*Presenter ID*

**1064**

*Session Title, ID, Day & Date, Start Time and Room*

**Syringe Exchange: Planning, Implementation, and Practice**

*Professional Title*

**Executive Director**

*Organization*

**Utah Harm Reduction Coalition**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>252.2</b>	<b>Thu</b>	<b>April 12</b>	<b>3:00 PM</b>	<b>Salon G</b>

*Contact Information:*

**Email** mindy@utahharmreduction.org

**Phone** 801-604-5342

*Resume or Biographical Sketch:*

Mindy is a Licensed Clinical Social Worker specializing in mental health and addiction treatment and is the founder and Executive Director of the Utah Harm Reduction Coalition. Mindy started the first legal syringe exchange in the state of Utah and has done extensive work in opioid overdose prevention, awareness and treatment. Mindy also owns a private practice, Life Changes Counseling, in Heber City, Utah.

Mindy received her bachelor's degree from Utah Valley University and earned both her Masters degrees in Social Work and Public Administration from the University of Utah.

*Description:*

Syringe Exchange Programs (SEPS) were legalized in Utah in 2016 and were implemented in December of the same year. We will be discussing the IDU needs assessment, the law, implementation of the program, real and expected outcomes as well as barriers.

*Learning Objectives:*

Identify and understand the core principles of harm reduction and how they are used in practice.

Identify the needs for harm reduction within your own field of practice and community and possible strategies of intervention.

Identify the health and societal benefits of harm reduction models.



**Katie Vogt, MPH/MHA Candidate**

*Presenter ID*  
**1035**

*Session Title, ID, Day & Date, Start Time and Room*

**Mindfulness Training to Reduce PTSD Among Firefighters in Salt Lake City, Utah**

*Professional Title*

**MPH/MHA Student**

*Organization*

**University of Utah**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>245.1</b>	<b>Thu</b>	<b>April 12</b>	<b>1:15 PM</b>	<b>Salon I</b>

*Description:*

Due to the daily stressors and trauma associated with their jobs, firefighters experience higher rates of adverse health outcomes compared to the general population, including substance abuse, and anxiety or conduct disorders (including post-traumatic stress disorder). Further, these outcomes are associated with elevated suicide and divorce rates in firefighters. In response to a firefighter's suicide, the Salt Lake City Fire Department leadership implemented a mindfulness intervention with its firefighters in 2015 (one 90-minute session), which was well accepted. In 2017, we evaluated three levels of intervention intensity to determine the most effective for managing job-related mental stress. In this presentation, we will (1) report on baseline metrics, collected by anonymous e-survey in fall 2016 and (2) make comparisons to post-intervention e-surveys collected in summer 2017. In addition, we will discuss logistics for obtaining data from this population. Survey invitations were sent to 310 firefighters, with a pre and post-intervention response rate of 60% and 16%, respectively. The majority of respondents were combat firefighters (88%), white (92%), and male (94%), with an average employment of 15 years as a firefighter. Comparisons are reported for measures of depression, anxiety, and stress (BSD, DASS-21); substance abuse (CAGE); post-traumatic stress (PCL); quality of life (QOL); suicidal behavior (SBQ-R); and spousal relationship (STMI). We will explain the mindfulness intervention, describe associations among psychosocial metrics for stress and coping with firefighters compared to general population, and evaluate the pilot program implementation.

*Contact Information:*

*Email* kmv520@gmail.com

*Phone* 703-581-9578

*Resume or Biographical Sketch:*

Katie Vogt is a Master of Public Health and Master of Healthcare Administration student at the University of Utah. Her career interests are currently in population health management within the hospital setting. For the last several years she has been working as an EMT on the ambulance and is passionate about improving the lives of her fellow first responders.

*Learning Objectives:*

Explain the theory behind the mindfulness intervention used for this study

Identify the stress- and trauma-related health consequences found among the population of firefighters

Describe associations among psychosocial metrics for stress and coping with firefighters compared to general population

**Michelle Vowles, MPH**

*Presenter ID*

**1039**

*Session Title, ID, Day & Date, Start Time and Room*

**Using Survey Monkey for Gastrointestinal Cluster Investigations**

*Professional Title*

**Epidemiologist**

*Organization*

**Salt Lake County Health Department**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>242.2</b>	<b>Thu</b>	<b>April 12</b>	<b>1:45 PM</b>	<b>Salon G</b>

*Description:*

The presentation will cover the basics of Survey Monkey including designing a survey and exporting the data for analysis. The presentation will include examples of two gastrointestinal cluster investigations by the Salt Lake County Health Department during 2017. The speaker will share lessons learned using Survey Monkey for cluster investigations.

*Contact Information:*

*Email* mvowles@slco.org

*Phone* 385-468-4280

*Resume or Biographical Sketch:*

Michelle earned her MPH from the University of Utah in 2014. She has been employed by the Salt Lake County Health Department since 2008. She has worked as an enteric epidemiologist for the department since 2015.

*Learning Objectives:*

Participants will learn how to create a survey using Survey Monkey.

Participants will understand when it is appropriate to use Survey Monkey for data collection.

Participants will learn about the data analysis done for two Salt Lake County gastrointestinal clusters on data collected using Survey Monkey.

**Mitch Warner, BA**

**Presenter ID**  
**1003**

**Session Title, ID, Day & Date, Start Time and Room**

**The Outward Mindset**

**Professional Title**

**Managing Partner**

**Organization**

**The Arbinger Institute**

<u>Session ID</u>	<u>Day</u>	<u>Date</u>	<u>Start Time</u>	<u>Room</u>
234	Thu	April 12	12:10	Salon DEF

**Description:**

When faced with personal ineffectiveness or lagging organizational performance, most of us instinctively look for quick-fix, behavioral band-aids, not recognizing the underlying mindset at the heart of our most persistent challenges. Understanding the mindset that drives behavior enables individuals and organizations to make the one change that most dramatically improves performance, sparks collaboration, resolves conflict, and accelerates innovation—a shift to an outward mindset.

**Contact Information:**

**Email** mwarner@arbinger.com

**Phone** 801.447.9244

**Resume or Biographical Sketch:**

Mitch Warner serves as a managing partner and author at the Arbinger Institute. Mitch received his B.A. in philosophy and is a licensed Skilled Nursing Administrator.

He joined Arbinger after serving as chief executive of skilled nursing and rehab facilities for one of Arbinger's clients, Plum Healthcare. The operations under his supervision at Plum received the highest clinical rating by the California Department of Health. As an operations director at Plum, Mitch was a member of the financial and clinical turnaround team providing intervention and crisis management. During a period of significant growth, Mitch was heavily involved in operationalizing Arbinger's work into the fabric of Plum's culture. Mitch joined Arbinger in 2010, bringing the perspective and hands-on experience of an Arbinger client to Arbinger's executive team.

In his role as managing partner, Mitch directs the development of Arbinger's training and consulting programs and highly customized large-scale organizational culture change initiatives. He has been instrumental in Arbinger's rapid growth, including its expanding international presence in over 20 countries. He is the co-author of Arbinger's latest bestseller, *The Outward Mindset*. Mr. Warner has delivered training and consulting internationally to leaders and organizations across a broad range of industries. He is a sought-after speaker, teacher, and advisor to leaders of corporations, governments, and organizations of all kinds around the world on the topics of leadership, collaboration, mindset and culture change, conflict resolution, alignment, and strategy. Mr. Warner is a licensed Skilled Nursing Administrator in the State of California.

**Learning Objectives:**

Understand the importance of mindset in sustainable behavior change.

Uncover and overcome the hidden sources of resistance and conflict.

Acquire practical tools for turning from an inward to an outward mindset.

**Mitch Warner, BA**

*Presenter ID*

**1076**

*Session Title, ID, Day & Date, Start Time and Room*

**Leveraging Outward Mindset to Lead at a Higher Level**

*Professional Title*

**Managing Partner**

*Organization*

**The Arbinger Institute**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>249</b>	<b>Thu</b>	<b>April 12</b>	<b>1:15 PM</b>	<b>Salon DEF</b>

*Description:*

Leading a workforce that can successfully respond to perpetual challenges and consistently innovate relies on more than the outmoded behavioral solutions of the past. By implementing leadership strategies that are an outgrowth of the outward mindset, leaders can grow and develop others to become the focused, flexible, collaborative, engaged, and high-performing team members today's challenges require.

*Contact Information:*

*Email* mwarner@arbinger.com

*Phone* 801.447.9244

*Resume or Biographical Sketch:*

Mitch Warner serves as a managing partner and author at the Arbinger Institute. Mitch received his B.A. in philosophy and is a licensed Skilled Nursing Administrator.

He joined Arbinger after serving as chief executive of skilled nursing and rehab facilities for one of Arbinger's clients, Plum Healthcare. The operations under his supervision at Plum received the highest clinical rating by the California Department of Health. As an operations director at Plum, Mitch was a member of the financial and clinical turnaround team providing intervention and crisis management. During a period of significant growth, Mitch was heavily involved in operationalizing Arbinger's work into the fabric of Plum's culture. Mitch joined Arbinger in 2010, bringing the perspective and hands-on experience of an Arbinger client to Arbinger's executive team.

In his role as managing partner, Mitch directs the development of Arbinger's training and consulting programs and highly customized large-scale organizational culture change initiatives. He has been instrumental in Arbinger's rapid growth, including its expanding international presence in over 20 countries. He is the co-author of Arbinger's latest bestseller, *The Outward Mindset*. Mr. Warner has delivered training and consulting internationally to leaders and organizations across a broad range of industries. He is a sought-after speaker, teacher, and advisor to leaders of corporations, governments, and organizations of all kinds around the world on the topics of leadership, collaboration, mindset and culture change, conflict resolution, alignment, and strategy. Mr. Warner is a licensed Skilled Nursing Administrator in the State of California

*Learning Objectives:*

Equip participants with practical tools to grow and develop others.

Equip participants with an approach for developing self-accountable people.

Provide participants with tools to correct and discipline in a way that motivates change.

**Mitch Warner, BA**

*Presenter ID*

**1077**

*Session Title, ID, Day & Date, Start Time and Room*

**Outward Mindset in Building Coalitions and Communities**

*Professional Title*

**Managing Partner**

*Organization*

**The Arbinger Institute**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>259</b>	<b>Thu</b>	<b>April 12</b>	<b>2:30 PM</b>	<b>Salon DEF</b>

*Description:*

The shift for a myopic, self-focused inward mindset to an others-inclusive, impact-focused outward mindset is key to achieving the collaboration necessary in building coalitions and mobilizing communities. Learning to reframe problems and finding metrics that focus on the needs and objectives of others transforms community based efforts and mobilizes collective efforts which can be channeled into a unified creative process that builds real, workable solutions.

*Contact Information:*

*Email* mwarner@arbinger.com

*Phone* 801.447.9244

*Resume or Biographical Sketch:*

Mitch Warner serves as a managing partner and author at the Arbinger Institute. Mitch received his B.A. in philosophy and is a licensed Skilled Nursing Administrator.

He joined Arbinger after serving as chief executive of skilled nursing and rehab facilities for one of Arbinger's clients, Plum Healthcare. The operations under his supervision at Plum received the highest clinical rating by the California Department of Health. As an operations director at Plum, Mitch was a member of the financial and clinical turnaround team providing intervention and crisis management. During a period of significant growth, Mitch was heavily involved in operationalizing Arbinger's work into the fabric of Plum's culture. Mitch joined Arbinger in 2010, bringing the perspective and hands-on experience of an Arbinger client to Arbinger's executive team.

In his role as managing partner, Mitch directs the development of Arbinger's training and consulting programs and highly customized large-scale organizational culture change initiatives. He has been instrumental in Arbinger's rapid growth, including its expanding international presence in over 20 countries. He is the co-author of Arbinger's latest bestseller, *The Outward Mindset*. Mr. Warner has delivered training and consulting internationally to leaders and organizations across a broad range of industries. He is a sought-after speaker, teacher, and advisor to leaders of corporations, governments, and organizations of all kinds around the world on the topics of leadership, collaboration, mindset and culture change, conflict resolution, alignment, and strategy. Mr. Warner is a licensed Skilled Nursing Administrator in the State of California

*Learning Objectives:*

Learn how to identify metrics that maintain an outward focus.

Learn how to engage others toward collective goals.

Learn to reframe problems to find solutions to individual and systemic challenges.

**Ashley S. Weitz**

**Presenter ID**  
**1036**

**Session Title, ID, Day & Date, Start Time and Room**

**Seen but Not Heard: A patient's perspective**

**Professional Title**

**Organization**

<u>Session ID</u>	<u>Day</u>	<u>Date</u>	<u>Start Time</u>	<u>Room</u>
254	Thu	April 12	2:30 PM	Salon H

**Description:**

The presentation begins with a brief overview of Adverse Childhood Experiences (ACEs) data and statistics, including those for Utah. The presenter shares her ACE score and the many behavioral, social, and physical ways her trauma manifested throughout her childhood and into early adulthood. She addresses revictimization, societal pressures that encourage silence, and the intergenerational effect ACEs may have on clients and families. Ashley addresses the “downstream” effects of trauma, and how a simple shift in paradigm can make all the difference to both practitioners as well as their clients. She acknowledges that though few practitioners may choose to become experts in the field of trauma, there is no area of behavioral health that is not impacted by ACEs and related data. She introduces the University of Utah Healthcare’s Policy on Abuse, Neglect and Exploitation and other resources for practitioners and their clients. She stresses that evidence-based approaches to lived adversities can bring a life’s trajectory back into focus and put a client on a path to true hope of health and healing.

**Contact Information:**

**Email** ashley.s.weitz@gmail.com

**Phone** 770-310-5101

**Resume or Biographical Sketch:**

Ashley S. Weitz is a survivor of multiple adverse childhood experiences. She shares her story and experiences openly in hopes they may engage, educate, encourage, and empower trauma-informed and resiliency-focused practices among and within public and private sectors in our communities. Ashley is a member of Utah’s Trauma-Resiliency Collaborative and University of Utah Healthcare’s Patient Advisory Board. Her greatest joy is raising her young son in Salt Lake City.

**Learning Objectives:**

Attendees will gain or have refreshed a cursory understanding of the CDC’s Adverse Childhood Experiences (ACEs) data.

Attendees will be exposed to a patient’s perspective and experiences of barriers to treatment, as well as ineffective, inappropriate, and non-trauma-informed care in the fields of medical and mental health.

Attendees will acknowledge that even well-educated and -experienced clinicians do not necessarily possess trauma-focused or -sensitive skills.

**Sarah Woolsey, MD, MPH**

**Presenter ID**

**1069**

**Session Title, ID, Day & Date, Start Time and Room**

**Hypertension Management Is a Team Sport, Evidence-Based Care Meets Quality Improvement at CHC Inc.**

**Professional Title**

**Medical Director HealthInsight**

**Organization**

**HealthInsight Utah**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>256</b>	<b>Thu</b>	<b>April 12</b>	<b>2:30 PM</b>	<b>Salon C</b>

**Description:**

The age-adjusted prevalence of hypertension among US adults  $\geq 20$  years of age is estimated to be 34.0% according to NHANES 2011 to 2014.<sup>1</sup> From 2015 data, prevalence in Federally Qualified Health Centers (FQHCs) is 23% in adult patients (18-85 years).<sup>2</sup> Population level control of hypertension is predicted to be cost-saving, yet rates of control for most US primary care settings including FQHCs have not attained outcomes near the demonstrated successes of the Kaiser Permanente Northern Region (over 500,000 patients) which has seen an improvement from 44 to 90% control with a systematized care process over a decade.<sup>3,4</sup>

In November 2015, the USPTF made changes in national guidelines for the diagnosis of hypertension.<sup>5</sup> USPSTF continues to recommend that providers screen adults for hypertension, but ask that in-office measurement be corroborated with out of office measurement (Grade A). A recent Utah state-wide practice assessment showed a gap in readiness to perform evidence-based blood pressure measurement for diagnosis as well as gaps in patient engagement for self-monitoring and access to 24-hour ambulatory monitoring.<sup>6</sup> As part of the Utah Million Hearts Coalition, a state sponsored initiative to reduce cardiovascular disease, CHC, Inc., took a self-assessment of our blood pressure measurement and treatment practices and began a two-year improvement project to standardize care for patients, increase evidence-based diagnosis of hypertension and make self-management tools accessible to all patients. We will share tools that have supported implementation of best practices from the Utah Million Hearts Coalition.

**Contact Information:**

**Email** swoolsey@healthinsight.org

**Phone** 801-892-6622

**Resume or Biographical Sketch:**

Sarah Woolsey, MD, is board-certified in Family Medicine and a current Medical Director with HealthInsight, Utah's Quality Improvement Network, and Regional Health Improvement Collaborative. She is actively engaged in the advancement of community quality metrics through the HealthInsight Transparency Advisory Group. She has worked in primary care for 20 years with underserved populations in Salt Lake City as a full-spectrum family doctor and now does home care visits and volunteer family medicine at the Maliheh Clinic.

**Learning Objectives:**

Learn ways to implement and measure improvement in hypertension care

Understand opportunities for collaborating as a local Million Hearts partner to improve patient care

Assess primary care practices for use of evidence-based hypertension measurement and treatment and recognize opportunities for improvement

**Eric Wormenor, BSc**

**Presenter ID**

**1026**

**Session Title, ID, Day & Date, Start Time and Room**

**Mental Health Challenges in Ghana: A global concern**

**Professional Title**

**Organization**

**Ghana Health Service**

<i>Session ID</i>	<i>Day</i>	<i>Date</i>	<i>Start Time</i>	<i>Room</i>
<b>245.2</b>	<b>Thu</b>	<b>April 12</b>	<b>1:45 PM</b>	<b>Salon I</b>

**Contact Information:**

**Email** ericwormenor@st.ensign.edu.gh

**Phone** 23346131730

**Resume or Biographical Sketch:**

Eric Wormenor's background spans the field of mental health, medicine, and public health.

His specific research interest is in advancing an evidence-based approach in the creation of mental health awareness that addresses community, national and global mental health focusing on service user challenges.

Mr. Wormenor is a physician assistant in the medical field and a district psychiatric officer. He has worked for the past ten (10) years at the following, Birim South district, Pantang Psychiatric Hospital, Accra Psychiatric Hospital and Oda Government Hospital all in Ghana.

He holds a diploma in mental health nursing from Ankaful Nurses Training college and a bachelor degree in physician assistantship from Presbyterian University College Ghana.

He is the first and former chairman for a volleyball club "Dignity restorer's volleyball club" whose interest is to integrate the care of the mentally challenged in physical exercise and to restore their dignity.

Mr. Wormenor is currently pursuing a master's degree in public health at Ensign College of public health in the Eastern region of Ghana.

**Description:**

Globally, mental healthcare world-wide lack access to high-quality mental health services. Stigma, human resource shortages, lack of research capacity for implementation and policy change contribute to the current mental health treatment gap.

Limited research has been conducted to explore the psychosocial factors influencing the low patronage of mental health services in Birim South district, Ghana.

Participants will understand mental health service challenges in Ghana and also know the recommendations in addressing such challenges.

Objectives for the study was to explore the knowledge level of mental health and to explore the psychosocial challenges service users go through when accessing mental health services.

Data was collected from a sample of service users who patronize Birim south district, psychiatric unit with a sample size of twenty (20).

It was concluded that, financial constraints, lack of support from family, stigmatization, unavailability and high cost of psychotropic drugs contributed to the low patronage of mental health services.

Recommendations included, inclusion of psychotropic drugs in Ghana national health insurance scheme, awareness creation, regional directors of health should be encouraged to actively involve and promote mental health.

When these universal issues are addressed, as is being done by "WHO"; introducing the Mental Health Gap-Action Program (mhGAP-AP; WHO, 2010) the mental health Gap-Intervention Guide (mhGAP-IG), and Comprehensive Mental Health Action Plan 2013 -2020; all in an attempt to reduce treatment gap and promote improved mental health and well-being across the globe, aiming at scaling up mental health services globally.

**Learning Objectives:**

To explore the knowledge level of mental health among service users.

To explore the psychosocial challenges service users go through when accessing mental health services.

To access the challenges mental health service users go through in caring for the mentally challenged.