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

Presenter *Co Presenters*

Brian Bumbarger , PhD, MEd

Day	Start Time	Room	SessionType
Thu	9:20 AM	Salon DEF	Keynote Speaker

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.

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

Presenter *Co Presenters*

Elizabeth Hinkson, MSN, RN, NCSN

Day	Start Time	Room	SessionType
Thu	10:45	Salon A	Breakout

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.

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

Presenter *Co Presenters*

Rachelle Boulton, MSPH

Amanda Whipple, MPH, Emily Roberts, MPH

Day	Start Time	Room	SessionType
Thu	10:45	Salon G	Breakout

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.

223 Data Storytelling for Public Health

Presenter *Co Presenters*

Adnan Mahmud, MA

Day	Start Time	Room	SessionType
Thu	10:45	Salon B	Breakout

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.

224 Learning How to Partner with Cooperative Extension

Presenter *Co Presenters*

Jaqueline Neid-Avila, MDA, BS

Dr. Sandra Sulzer, Ph.D.

Day	Start Time	Room	SessionType
Thu	10:45	Salon H	Breakout

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.

225 Preventing Suicides in Utah: Why language matters

Presenter *Co Presenters*

Jenny Johnson, MPH, CHES ®

Kimberly Myers

Day	Start Time	Room	SessionType
Thu	10:45	Salon I	Breakout

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.

226.1 Disability and Health in Utah

Presenter *Co Presenters*

Stephanie George, MPH

Libby Oseguera

Day	Start Time	Room	SessionType
Thu	10:45	Salon C	Breakout

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.

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

Presenter *Co Presenters*

Holli Childs, MPH

Day	Start Time	Room	SessionType
Thu	11:15	Salon C	Breakout

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.

227 Get More Out of Your Social Media Strategy and Analytics

Presenter *Co Presenters*

Katie McMinn, MSC, BS

Thomas McMinn

Day	Start Time	Room	SessionType
Thu	10:45	Salon J	Breakout

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.

228 Talking the Walk

Presenter *Co Presenters*

Brett McIff, Phd

Day	Start Time	Room	SessionType
Thu	10:45	!˙Outside˙-˙˙˙	Breakout
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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.

234 The Outward Mindset

Presenter *Co Presenters*

Mitch Warner, BA

Day	Start Time	Room	SessionType
Thu	12:10	Salon DEF	Keynote Speaker

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.

242.1 Here is a Candy Bar

Presenter *Co Presenters*

Steven Beach, RN, MBA

Michelle Vowles

Day	Start Time	Room	SessionType
Thu	1:15 PM	Salon G	Breakout

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.

242.2 Using Survey Monkey for Gastrointestinal Cluster Investigations

Presenter *Co Presenters*

Michelle Vowles, MPH

Day	Start Time	Room	SessionType
Thu	1:45 PM	Salon G	Breakout

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.

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

Presenter *Co Presenters*

Stephanie McVicar, AuD, CCC-A

Rachel Hyde, B.S., Heather Adams

Day	Start Time	Room	SessionType
Thu	1:15 PM	Salon B	Breakout

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.

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

Presenter *Co Presenters*

Shaheen Hossain, PhD

Day	*Start Time*	*Room*	*SessionType*
Thu	1:45 PM	Salon B	Breakout

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.

244.1 Hip Hip Hooray, Lessons Learned from Hep A

Presenter *Co Presenters*

Aislynn Tolman-Hill, BBA, CSM

Sam Marsden

Day	*Start Time*	*Room*	*SessionType*
Thu	1:15 PM	Salon H	Breakout

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.

244.2 Streamlining Data Collection: The Utah tobacco compliance tool

Presenter *Co Presenters*

Jacob Isaacson, MPH

Day	*Start Time*	*Room*	*SessionType*
Thu	1:45 PM	Salon H	Breakout

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.

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

Presenter *Co Presenters*

Katie Vogt, MPH/MHA Candidate

Day	*Start Time*	*Room*	*SessionType*
Thu	1:15 PM	Salon I	Breakout

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.

245.2 Mental Health Challenges in Ghana: A global concern

Presenter *Co Presenters*

Eric Wormenor, BSc

Day	Start Time	Room	SessionType
Thu	1:45 PM	Salon I	Breakout

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.

246 Diabetes Education: Supporting providers & empowering patients

Presenter *Co Presenters*

Brittany Ly, MPH

Day	Start Time	Room	SessionType
Thu	1:15 PM	Salon C	Breakout

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.

247 Student and Public Health Professionals Networking Event

Presenter *Co Presenters*

Jeanette Nelson, MPH

Day	Start Time	Room	SessionType
Thu	1:15 PM	Salon J	Breakout

Description:

Networking session for students and public health professionals.

248 Mobile Bike Tour

Presenter *Co Presenters*

Tom Millar, BA

Day	Start Time	Room	SessionType
Thu	1:15 PM	- Outside - Meet in Foyer in Front of Salon A	Breakout

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.

249 Leveraging Outward Mindset to Lead at a Higher Level

Presenter *Co Presenters*

Mitch Warner, BA

Day	Start Time	Room	SessionType
Thu	1:15 PM	Salon DEF	Breakout

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.

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

Presenter *Co Presenters*

Sue Sundar, PhD, MBA

Day	Start Time	Room	SessionType
Thu	2:30 PM	Salon A	Breakout

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.

252.1 Utah's Hepatitis A Virus Outbreak Response

Presenter *Co Presenters*

Jeffrey Eason, MPH, REHS

Day	Start Time	Room	SessionType
Thu	2:30 PM	Salon G	Breakout

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.

252.2 Syringe Exchange: Planning, Implementation, and Practice

Presenter *Co Presenters*

Mindy Vincent, MSW, MPA

Heather Bush, Amelia Prebish

Day	Start Time	Room	SessionType
Thu	3:00 PM	Salon G	Breakout

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.

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

Presenter *Co Presenters*

Elizabeth Gerke, MPH

Ed Napia, Ryan Ward, Penelope Pinnecoose, Abraham Hernandez, Marcie Tucker, Jordan Miller, Jeralyn Perkins

Day	Start Time	Room	SessionType
Thu	2:30 PM	Salon B	Breakout

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.

254 Seen but Not Heard: A patient's perspective

Presenter *Co Presenters*

Ashley S. Weitz

Day	Start Time	Room	SessionType
Thu	2:30 PM	Salon H	Breakout

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.

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

Presenter ☐Co Presenters

Brittany Guerra, MPH

Starr Stratford, MPA, Gabriele Baraghoshi, RN, MPH

Day	Start Time	Room	SessionType
Thu	2:30 PM	Salon I	Breakout

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 the 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.

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

Presenter Co Presenters

Sarah Woolsey, MD, MPH

Jennifer Thomas, Adrienne Burnett

Day	Start Time	Room	SessionType
Thu	2:30 PM	Salon C	Breakout

Description:

The age-adjusted prevalence of hypertension among US adults ≥20 years of age is estimated to be 34.0% according to NHANES 2011 to 2014.1 From 2015 data, prevalence in Federally Qualified Health Centers (FQHCs) is 23% in adult patients (18-85 years).2 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.3,4

In November 2015, the USPTF made changes in national guidelines for the diagnosis of hypertension.5 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.6 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.

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

Presenter Co Presenters

Kendra Babitz, BA, MPP

Brett McIff, PhD

Day	Start Time	Room	SessionType
Thu	2:30 PM	Salon J	Breakout

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.

257.2 Got CHES? Secrets to Mastering the CHES Exam

Presenter *Co Presenters*

James Bemel, PhD, MSPH/HSA, CHES ®

Mary Brown, PhD, CHES

Day	Start Time	Room	SessionType
Thu	3:00 PM	Salon J	Breakout

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.

259 Outward Mindset in Building Coalitions and Communities

Presenter *Co Presenters*

Mitch Warner, BA

Day	Start Time	Room	SessionType
Thu	2:30 PM	Salon DEF	Breakout

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.

273 An Exploration of Stress Through the Lens of Mindfulness

Presenter *Co Presenters*

Vicki Kennedy Overfelt, MA, Certified MBSR Instructor

Day	Start Time	Room	SessionType
Thu	4:10 PM	Salon DEF	Keynote Speaker

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.

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

Presenter *Co Presenters*

Opioid Panel

Patricia Henrie-Barrus, Ph.D, CMHC, Jeremy Christensen, LCSW, Mary Jo McMillen, Kristen Reisig, MSW, LCSW, Karen Dolan, MSW, LCSW

Day	Start Time	Room	SessionType
Fri	9:40 AM	Salon DEF	Keynote Panel

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.

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

Presenter *Co Presenters*

Kate Nederostek, MGS

Ronnie Daniel

Day	Start Time	Room	SessionType
Fri	11:00	Salon A	Breakout

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.

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

Presenter *Co Presenters*

Carson Telford

Day	Start Time	Room	SessionType
Fri	11:00	Salon G	Breakout

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.

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

Presenter *Co Presenters*

Andrea George, MPH

Day	Start Time	Room	SessionType
Fri	11:30	Salon G	Breakout

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 emmtype 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.

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

Presenter *Co Presenters*

Brittney Okada, MPH, CHES ®

Lavinia Taumoepeau-Latu

Day	Start Time	Room	SessionType
Fri	11:00	Salon B	Breakout

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.

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

Presenter *Co Presenters*

Stephanie Croasdell-Stokes, MPH

Day	Start Time	Room	SessionType
Fri	11:30	Salon B	Breakout

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.

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

Presenter *Co Presenters*

Adnan Mahmud, MA

Day	Start Time	Room	SessionType
Fri	11:00	Salon H	Breakout

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.

345 Mindfulness: Addressing Multiple Problems with a Single Solution

Presenter *Co Presenters*

Samantha Tilton, BS

Jennifer Hogge

Day	Start Time	Room	SessionType
Fri	11:00	Salon I	Breakout

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.

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

Presenter *Co Presenters*

Krishna Sundar, MD

Kevin A. Walker, MD

Day	Start Time	Room	SessionType
Fri	11:00	Salon C	Breakout

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.

347.1 Seven Community Conversations about Violence

Presenter *Co Presenters*

Deanna Ferrell, MPH

Megan Waters, Mary Liccardo

Day	Start Time	Room	SessionType
Fri	11:00	Salon J	Breakout

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.

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

Presenter *Co Presenters*

Ellen Seely, BS, CHES ®

Elizabeth Gerke, MPH

Day	Start Time	Room	SessionType
Fri	11:30	Salon J	Breakout

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.

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

Presenter *Co Presenters*

Sarah Kinnison, BS

Kathyrn Hiolski, Emmalee Boyland

Day	Start Time	Room	SessionType
Fri	11:00	- Outside - Meet in Foyer In	Breakout

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!

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

Presenter *Co Presenters*

Ethan Kartchner, BS Candidate

Day	Start Time	Room	SessionType
Fri	2:00 PM	Salon A	Breakout

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.

361.2 'Black Men Matter!': Understanding the biopsychosocial effects of educated Black men living in predominately White communities

Presenter *Co Presenters*

Glory Stanton, BS

Day	Start Time	Room	SessionType
Fri	2:30 PM	Salon A	Breakout

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.

362 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

Presenter *Co Presenters*

Sarah Hodson, MS

Day	Start Time	Room	SessionType
Fri	2:00 PM	Salon G	Breakout

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 feel. 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.

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

Presenter *Co Presenters*

Kyl Myers, PhD, MS

Jessica N Sanders, PhD, MSPH, David Turok, MD, MPH

Day	Start Time	Room	SessionType
Fri	2:00 PM	Salon B	Breakout

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 Lakers. 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.

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

Presenter *Co Presenters*

Eruera Napia, BSc, MS, PhD Candidate

France A. Davis, Doriena Lee, Valentine Mukundente, Ana Sanchez-Birkhead, O. Fahina Tavake-Pasi, Heather Coulter, Tatiana Allen-Webb, Stephen C. Alder, Grant Sunada, Louisa A. Stark

Day	Start Time	Room	SessionType
Fri	2:00 PM	Salon H	Breakout

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.

365 How to Be There for Children When it Really Counts

Presenter *Co Presenters*

Jennifer Hogge, LCMFT

Samantha Tilton, CHES

Day	Start Time	Room	SessionType
Fri	2:00 PM	Salon I	Breakout

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.

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

Presenter *Co Presenters*

Kami Peterson, MS, RN,

Day	Start Time	Room	SessionType
Fri	2:00 PM	Salon C	Breakout

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.

366.2 Epidemiologic Outbreak Investigation of Counterfeit Cannabidiol

Presenter *Co Presenters*

Roberta Horth, PhD, MPH

Dallin Peterson, Amelia Prebish, Angela Dunn

Day	Start Time	Room	SessionType
Fri	2:30 PM	Salon C	Breakout

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.

367 The Art and Science of Policy Change

Presenter *Co Presenters*

Teresa Garrett, DNP, RN, APHN-BC

Day	Start Time	Room	SessionType
Fri	2:00 PM	Salon J	Breakout

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 measureable 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, patience, 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

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

Presenter *Co Presenters*

Kevin Poe, Forestry, Recreation Resource Mgmt

Day	Start Time	Room	SessionType
Fri	3:25 PM	Salon DEF	Keynote Speaker

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.