Aiming for the Highest Level of Health for All Nevadans

HEALTH EQUITY

NEVADA PUBLIC HEALTH ASSOCIATION ANNUAL CONFERENCE

CONFERENCE PROGRAM
SEPTEMBER 22-23
Springs Preserve Las Vegas, Nevada

NEVADA PUBLIC HEALTH ASSOCIATION
The Voice of Public Health in Nevada
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Aiming for the Highest Level of Health for All Nevadans

HEALTH EQUITY
2016
Springs Preserve Las Vegas, Nevada

CONFERENCE OVERVIEW
Health is a basic human right, and every Nevadan deserves a fair chance to lead a healthy life. Unfortunately, the life circumstances in which people are born, grow, live, work, and age can impact health outcomes. Achieving health equity in Nevada involves addressing complex social inequalities influenced by the distribution of money, power, and resources. This year’s conference will examine health inequities based on social constructs such as employment, health care, housing, public safety, education, and food access, and will present innovative programs in Nevada working to address these complex issues.

CONTINUING EDUCATION CREDIT
CHES: Sponsored by the Nevada Public Health Association, a designated a provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 11.5 total Category I continuing education contact hours. Maximum advanced-level continuing education contact hours available are 0.

CPH: Approved for 12.0 CPH credits.
Dietitians: The Commission on Dietetic Registration approves this program for 11.00 hours of continuing professional education.
Nurses: The University of Nevada School of Medicine approves this program for 12 hours of nursing continuing education credit
Pharmacists: The University of Nevada School of Medicine is a provider of continuing education credit through the Nevada State Board of Pharmacy. This program is approved for 12 hours of continuing education credit for pharmacists.

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WWW.NPHAONLINE.ORG
SEPTEMBER 22-23
Valley View Blvd

Park in visitor parking and enter through the visitor entrance. Proceed past ticketing and the cafe to the Desert Living Center.

DLC Upper Level & Lower Level

Partnership Room
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**THURSDAY, SEPTEMBER 22**

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<td>Achieving Health Equity: Tools for a National Campaign Against Racism</td>
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<td>Camara Jones, MD, MPH, PhD, APHA President</td>
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<td>Kevin E. Hooks, President &amp; CEO, Las Vegas Urban League</td>
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<td>B. Registered Nurse Workforce in Nevada, Laima Etchegoyhen, MPH</td>
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<td>C. Medical Journal Competing Interest Disclosures and Industry Payments Data, Daniel Cook, PhD</td>
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<td>D. Crisis Standards of Care, Ihsan Azzam, PhD, MD, MPH</td>
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<td>B. Utilizing a Health Impact Assessment of Proposed Rental Housing Policy in Clark County, NV, Erika R. Marquez, PhD</td>
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<td>C. Smoke-Free Multi-Unit Housing Project, Nicole Chacon, MEd, CHES</td>
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<td>D. Effective Recruitment Strategies for the Inclusion of Traditionally Underserved Populations into Lead Hazard Control and Healthy Homes Programs, Casey Barber</td>
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<td>Moderator: Tim Bungum, DrPH</td>
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<td>B. Trends in Substance Use Among High School Students in Nevada, Amberlee Baxa, MPH</td>
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<td>C. Adverse Childhood Experiences and Behavioral Health Problems Among High School Students in Nevada, Kristen Clements-Nolle, PhD, MPH</td>
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<td>D. Electronic Vapor Product Use Among Middle School Students in Nevada: Associations with Early Initiation of Cigarette and Marijuana Use, Taylor Lensch, MPH</td>
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<td><strong>A. Impact of a Student-Led Volunteer State Health Insurance Assistance Program (SHIP) Medicare Call Lab,</strong> Catherine Oswald, PharmD</td>
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<td><strong>B. Cigarette Smoking Among Youth in Nanchang, Jiangxi Province, China,</strong> Melissa Turner, MPH</td>
<td><strong>B. Data Mining Using EHR to Assess Correlations Between Medical and Dental Indices,</strong> Wendy Woodall, DDS</td>
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<td><strong>C. Clinical Community Linkages: Training Healthcare and Social Service Providers to Promote Tobacco Use Cessation Among Their Patients and Clients,</strong> Maria Azzarelli, BS, CHES</td>
<td><strong>C. Nevada Instant Atlas: Making Health Workforce Data More Accessible to Policy Makers and the Public,</strong> Mary Tabor Griswold, PhD</td>
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<td><strong>D. Screening and Brief Intervention for Substance Abuse,</strong> Oscar Flores Sida, MS/NCC, LCPC, LCADC, CPGC</td>
<td><strong>D. Collaboration and Tracking to Address Community Health Needs and Inequities Identified in the Southern Nevada Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP),</strong> Adele Solomon, RN, MPH</td>
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<td><strong>Panelists: Denise Tanata, JD, Children’s Advocacy Alliance; Patricia (Pia) Dean, JD, Holland &amp; Hart LLP and Medical Legal Partnership Colorado; Arlene Rivera, JD, Immigrant Justice Initiative</strong></td>
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## Concurrent Breakout Sessions

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| A. Suicide Rates and Trends in Nevada, Karishma Gupta, MPH |
| B. Behavioral Health Disparities Among Lesbian, Gay and Bisexual (LGB) High School Students in Nevada, Taylor Lensch, MPH |
| C. Staff Members’ Perceptions of Student-Veterans’ Transition in Southern Nevada: Implications for Public Health, Howard R.D., Gordon, EdD, MPH |
| D. Green Dot Bystander Intervention Pilot Program Evaluation Results, Lisa Maletsy, MPH |

**Moderator:** Amberlee Baxa, MPH

### B-11 | DLC Lower Level A

| A. Pregnancy: Encouraging the Safe Use of Medicine, Food and Devices, Mary Ellen Taylor, MSPH |
| B. The Nevada Newborn Screening Program: An Assessment of Screening Coverage and Prevalence of Disorders*, Jennifer Delaney, MPH |
| C. Screening for Intimate Partner Violence: A Healthcare Priority, Genese Jones-Torrence, MPH |
| D. Breastfeeding Support Through the Lens of Health Equity, Lindsey Dermid-Gray, MPH, CLC |

**Moderator:** Liliana Wilbert, MPH

### B-12 | DLC Lower Level B

| A. Chronic Disease Comorbidities in Patients with HIV in Northern Nevada, Larissa Lee White, BA, MPH |
| B. Southern Nevada Condom Survey, Cheryl Radeloff, PhD |
| C. Human Touch: Perceptions of Self-Efficacy From a Non-Pharmacology Treatment for Individuals Living with HIV/AIDS, Annie Weisman, PhD, MPH, LMT |
| D. Worse Breast Cancer Outcomes for Southern Nevadans, Filipina and Black Women, Karen Callahan, MPH |

**Moderator:** Lyell Collins, MBA

*These sessions are generously supported by the Nevada Public Health Training Center.*
OPENING KEYNOTE

ACHIEVING HEALTH EQUITY: TOOLS FOR A NATIONAL CAMPAIGN AGAINST RACISM

Partnership Room Lower Level | Thursday, September 22, 10:15 am – 11:15 am

CAMARA JONES, MD, MPH, PHD
APHA PRESIDENT

Dr. Jones is President of the American Public Health Association, and a Senior Fellow at the Satcher Health Leadership Institute and the Cardiovascular Research Institute, Morehouse School of Medicine.

Dr. Jones is a family physician and epidemiologist whose work focuses on the impacts of racism on the health and well-being of the nation. She seeks to broaden the national health debate to include not only universal access to high quality health care, but also attention to the social determinants of health (including poverty) and the social determinants of equity (including racism).

As a methodologist, she has developed new methods for comparing full distributions of data, rather than simply comparing means or proportions, in order to investigate population-level risk factors and propose population-level interventions. As a social epidemiologist, her work on “race”-associated differences in health outcomes goes beyond documenting those differences to vigorously investigating the structural causes of the differences. As a teacher, her allegories on “race” and racism illuminate topics that are otherwise difficult for many Americans to understand or discuss. She hopes through her work to initiate a national conversation on racism that will result in a National Campaign Against Racism.

Dr. Jones was an Assistant Professor at the Harvard School of Public Health from 1994 to 2000, and a Medical Officer at the Centers for Disease Control and Prevention from 2000 to 2014. She received her BA in Molecular Biology from Wellesley College, her MD from the Stanford University School of Medicine, and both her Master of Public Health and her PhD in Epidemiology from the Johns Hopkins School of Hygiene and Public Health. She also completed residency training in General Preventive Medicine (Johns Hopkins School of Hygiene and Public Health) and in Family Practice (Residency Program in Social Medicine at Montefiore Hospital).

MORNING PLENARY

A FOCUS ON NEVADA: HEALTH INEQUITY IN OUR OWN BACKYARD

Partnership Room Lower Level | Thursday, September 22, 11:15 am – 12:00 pm

KEVIN E. HOOKS, PRESIDENT & CEO, LAS VEGAS URBAN LEAGUE

Kevin E. Hooks is the President and CEO of the Las Vegas Urban League, the largest community action agency in the state of Nevada and, thanks to his team building, one of the largest Urban League affiliates in the United States. He has been instrumental in boosting the organization’s revenue through strategic restructuring, new service offerings, profitable corporate partnerships and robust re-branding.

Hooks’ history of proactive leadership began with State Farm Insurance Companies in the early 90s. He then worked as a marketing executive in Hollywood in the early 2000s. His development and implementation of an urban-focused marketing platform for studio movie releases led to his appointment as Vice President and General Manager for UPP Entertainment Marketing. In that role, he advanced celebrity brand placement protocols for major events such as the Sundance Film Festival, People’s Choice Awards and MTV Video Music Awards.

In 2014, Hooks won the National Urban League’s Newcomer CEO of the Year award. He currently serves as chair of the growth committee on the Governor’s Food Security Council headed by First Lady of Nevada Kathleen Sandoval. He also serves as a member of the CDFI loan committee where he evaluates non-traditional loan opportunities that offer needed resources to small community-based businesses.
AFTERNOON PLENARY

HEALTH EQUITY & THE LAW: POTENTIAL BARRIERS AND OPPORTUNITIES

Partnership Room Lower Level | Thursday, September 22, 5:00 pm – 6:15 pm

MODERATOR: MAX GAKH, JD, MPH, UNLV SCHOOL OF COMMUNITY HEALTH SCIENCES
Max Gakh, JD, MPH, is an Assistant Professor based in the UNLV School of Community Health Sciences and the Associate Director of the UNLV Health Law Program. His research centers on the intersection of law, policy, and public health and investigates how legal mechanisms and policies can improve (or hinder) the health of communities. It includes exploring the government’s legal authority to promote public health, laws relevant to public health emergencies, and laws and policies outside the health sector that impact health. Prior to joining the faculty, he worked with public professionals to address real-world public health issues through law and policy and also worked as a non-partisan legislative attorney.

PANELISTS:

Denise Tanata, JD
Children’s Advocacy Alliance
Denise is the Executive Director of the Children’s Advocacy Alliance – a private nonprofit that serves as an independent voice for children and families in Nevada, seeking to improve policies and practices in the areas of children’s safety, school readiness and children’s health. She has been working in the field of child advocacy in Nevada since 1998 and has extensive experience conducting applied research and policy analysis on children’s issues, with an emphasis on translating research and data to improve policy and practice. Denise previously served as a Senior Scholar at the Lincy Institute at UNLV and also served as the Executive Director of the Nevada Institute for Children’s Research and Policy (NICRP) in the School of Community Health Sciences at UNLV.

Patricia (Pia) Dean, JD
Holland & Hart LLP and Medical Legal Partnership Colorado
Healthcare law, in all its many aspects, is Ms. Dean’s passion. With over 20 years of litigation experience in the medical arena, she now provides her clients with sophisticated counsel on a wide range of issues, including healthcare transactions, regulatory matters, practice formation, government investigations, medical ethics, and physician integration.

Arlene Rivera, JD
Immigrant Justice Initiative
Arlene Rivera has spent her entire professional career focused on immigrant rights. She was born to Mexican immigrant parents from Durango, Mexico and she grew up in Las Vegas. Arlene’s establishment of the Immigrant Justice Initiative (IJI) is the culmination of years of work with immigrants, their families, and their loved ones. After serving two years as an attorney for the Domestic Violence Unit at the Legal Aid Center of Southern Nevada, she started her own firm to dedicate her practice to immigration law. As a sole practitioner, she began her efforts to bring members of the community together to establish IJI.
MORNING PLENARY
PUBLIC HEALTH COMMUNITY PANEL

Partnership Room Lower Level | Friday, September 23, 9:15 am – 10:30 am

MODERATOR: JOSEPH ISER, MD, DRPH, MSC
SOUTHERN NEVADA HEALTH DISTRICT

Dr. Joseph Iser was appointed District Health Officer of the Southern Nevada Health District on September 23, 2013. In this capacity, Dr. Iser serves a population of over 2 million residents, which represents 70 percent of Nevada’s total population. Additionally, the Chief Health Officer is charged with safeguarding the public health of more than 40 million visitors to Las Vegas each year.

PANELISTS:

Gerald Ackerman, MA
University of Nevada, Reno School of Medicine

Gerald J. Ackerman earned his Bachelor of Science degree in Behavioral Science and Health, Master of Science Degree in Health Education and a Certificate in Gerontology for the University of Utah. He has been active in the area of Rural Health, Education and Health Services since 1989. Gerald currently serves as the Associate Director for the University of Nevada School of Medicine Office of Statewide Initiatives, Director of the Nevada State Office of Rural Health and Program Director for the Nevada Area Health Education Center. Gerald has worked in many areas of health care education, access, delivery and development. Gerald has extensive grant writing and management experience and has worked with many partners and in innovative programs that have been developed in Nevada.

Michael Domingo
The Center

With over 37 years working in the nonprofit sector, Michael has extensive experience with nonprofits of all sizes in several different industries. He has worked extensively in the areas of marketing, communications, member relations, strategic planning, and fundraising. Most recently, Michael served in several capacities in several national nonprofit consulting firms focused on empowering nonprofits to accomplish the extraordinary. He has earned a bachelor’s degree in Communications and Social and Behavioral Sciences and has a Master’s Degree in Divinity. In addition, he has earned certifications in community organizing, pastoral counselling, communications technology, as well as certifications in leadership and management. He has longstanding volunteer commitments with The Barat Education Foundation in Chicago and DePaul University of Chicago. Similarly, he has served national and international organizations. Michael, a native of the Akron, Ohio area, moved to Las Vegas in 2013. He lives in Centennial Hills with his partner, Douglas Allington.

Shawn Gerstenberger, PhD
University of Nevada, Las Vegas School of Community Health Sciences

Dr. Gerstenberger is the dean of the School of the Community Health Sciences. His research focuses on childhood lead poisoning prevention and the impact of the built environment on human health. He is the founder of the Nevada Healthy Homes Partnership and has multiple collaborative grants with key community partners such as the Southern Nevada Health District, City of Henderson and the Nevada State Health Division. He has received extensive grants from agencies such as the Centers for Disease Control and Prevention, U.S. Department of Housing and Urban Development, and the Environmental Protection Agency to support his work.

Regis Whaley
Three Square Food Bank

Regis Whaley is the Research Specialist at Three Square Food Bank. He is also a student of UNLV’s School of Community Health Sciences, where he is completing his Master’s degree in Public Health. Regis is a lifelong resident of Las Vegas and hopes to use his knowledge and skills to improve public health in his hometown. Regis is married to his wife, Jennifer, and has a two-year-old daughter, Katherine.

Stephanie Woodard, PsyD
Nevada Division of Public and Behavioral Health

Stephanie Woodard is a Licensed Clinical Psychologist who works in the Division of Public and Behavioral Health for the State of Nevada. After receiving her degree from The Psy.D. Consortium between Palo Alto University and Stanford University, she moved to Reno to complete her internship at the Sierra Nevada VA. She has worked in the behavioral health field for over 15 years and her work has ranged from integrated behavioral health care into heath care setting and effective treatment for individuals with complex co-occurring behavioral health issues, to training clinicians in evidence-based practices to treat addiction and specializing in women’s behavioral health. She continues to work towards policy and practice development that address behavioral health at a population level and develops systems of care that support the implementation of best practices for the delivery of effective behavioral services.
**PENCEY | SESSIONS & PRESENTER BIOS**

**PENCEY | SESSIONS & PRESENTER BIOS**

**AFTERNOON PLENARY**

**PUBLIC HEALTH ADVOCACY AND THE 2017 NEVADA LEGISLATIVE SESSION**

*Partnered Room* Lower Level | Friday, September 23, 3:15 pm – 4:30 pm

**MODERATOR:** **JOHN PACKHAM, PHD**

**UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE**

Dr. John Packham is the Director of Health Policy Research in the Office of Statewide Initiatives and Associate Professor in the Department of Internal Medicine at the University of Nevada, Reno School of Medicine. He administers the Nevada Rural Hospital Flexibility Program (Flex) and Nevada Small Rural Hospital Improvement Program (SHIP) that support technical assistance to Nevada’s rural and frontier hospitals. He also oversees health workforce research, applied health services research, and health policy analysis undertaken by the Office of Statewide Initiatives. Dr. Packham received his BA and MA degrees in sociology from the University of Oklahoma, and a PhD in sociology from Johns Hopkins University in 1992. He was a Post-Doctoral Research Fellow with the Johns Hopkins School of Medicine and the Örebro County Council, Örebro, Sweden in 1993. He is the co-author of numerous health-related reports, including “Health Workforce Supply in Nevada” (March 2016), “Physician Workforce in Nevada” (March 2016), “Nevada Rural and Frontier Health Data Book – Seventh Edition” (January 2015), “Physician Workforce in Nevada” (March 2016), “Registered Nurse Workforce in Nevada” (May 2014), “The Contribution of the University of Nevada School of Medicine” (April 2014), “Health Care Careers in Nevada, 2016-2017 Edition” (February 2016), and “Health Workforce in Nevada” (March 2013). Dr. Packham is the Past President of the Nevada Public Health Association (NPHA), Chair of the NPHA Advocacy and Policy Committee, and Nevada Affiliate Representative to the American Public Health Association’s Governing Council. He currently serves on a number of statewide advisory boards, including Access to Healthcare Network, Nevada Public Health Institute, Health Services and Medical Care Sector Council, and the Nevada Insurance Commissioner’s Network Adequacy Advisory Council.

**PANELISTS:**

_Amber Joiner, MA_

**Nevada State Assemblywoman, District 24**

Amber Joiner is a member of the Nevada State Assembly representing District 24 (part of Reno). She has served on the Assembly Committees on Health & Human Services, Education, and Government Affairs. Ms. Joiner also currently teaches in the School of Social Work and the School of Community Health Sciences at UNR.

A native Nevadan, Ms. Joiner’s career in public service has included serving as a nonpartisan Senior Research Analyst/Committee Policy Analyst for the Legislative Counsel Bureau, and as a Deputy Director for Nevada’s Department of Health and Human Services. She also served as the Director of Government Relations for the Nevada State Medical Association where she advocated for improvements in state and federal health care laws relating to public health, access to care, and health care quality. Ms. Joiner holds a Master’s Degree in Political Communication from the University of Maryland, College Park, and a Bachelor’s Degree magna cum laude from the University of Nevada, Reno. She is currently a PhD Candidate in Political Science at UNR, with concentrations in Public Policy and Public Administration.

_Michael Hackett_

**Alrus Consulting**

Michael Hackett is principal of Alrus Consulting, a Reno-based government relations firm. Since joining Alrus in 2000, he has been involved in healthcare-related issues on behalf of physician groups, professional associations and societies, non-profits, coalitions and alliances. He is presently the lobbyist for the Nevada Public Health Association and the Nevada Primary Care Association. Since 2005, Michael has also worked with the Nevada Tobacco Prevention Coalition. He is a member of their board of directors, serves as its Policy Chair, and represents NTPC before the Nevada State Legislature. Michael was campaign manager for the Nevada Clean Indoor Air Act statewide ballot initiative in 2006, also defeating a competing ballot initiative by tobacco industry proponents. In 2004, Michael was part of the campaign team that passed a statewide initiative that enacted medical malpractice reform. In addition to NTPC, he continues to donate his time to work with the Autism Coalition of Nevada and the Nevada Food Allergy and Anaphylaxis Alliance. Michael is also Vice Chair of the board of directors for Nevada Advocates for Planned Parenthood Affiliates, and is a board member for the Great Basin Outdoor School.
CONCURRENT BREAKOUT SESSIONS
THURSDAY, SEPTEMBER 22 | 1:30PM
B - 1
Partnership Room Lower Level | Moderator: Deb Kuhls, MD, FACS, FCCM
A. Carson City Health and Human Services’ Road to Accreditation: Successes, Challenges, and Lessons Learned, Nicki Aaker, MPH, MSN, RN
B. Registered Nurse Workforce in Nevada, Laima Etchegoyhen, MPH
C. Medical Journal Competing Interest Disclosures and Industry Payments Data, Daniel Cook, PhD
D. Crisis Standards of Care, Ihsan Azzam, PhD, MD, MPH
B - 2
DLC Lower Level A | Moderator: Tim Bungum, DrPH
A. Canceled: The Risk of Incident Asthma Among Overweight and Obese Children: A Meta-Analysis of Prospective Studies, Saruna Ghimire, MPH
B. Utilizing a Health Impact Assessment to Assess Proposed Rental Housing Policy in Clark County, NV, Erika R. Marquez, PhD
C. Smoke-Free Multi-Unit Housing Project, Nicole Chacon, MEd, CHES
D. Effective Recruitment Strategies for the Inclusion of Traditionally Underserved Populations into Lead Hazard Control and Healthy Homes Programs, Casey Barber
B - 3
DLC Lower Level B | Moderator: Sandi Larson, MPH
A. Promoting Tobacco Use Prevention Among Teens Through Interest-Based Strategies, Malcolm Ahlo
B. Trends in Substance Use Among High School Students in Nevada, Amberlee Baxa, MPH
C. Adverse Childhood Experiences and Behavioral Health Problems Among High School Students in Nevada, Kristen Clements-Nolle, PhD, MPH
D. Electronic Vapor Product Use Among Middle School Students in Nevada: Associations with Early Initiation of Cigarette and Marijuana Use, Taylor Lensch, MPH

THURSDAY, SEPTEMBER 22 | 3:15PM
B - 4
Partnership Room Lower Level | Moderator: John Packham, PhD
A. Baking in the Public Health Kitchen: Impact of Marijuana Edibles on Public Health Policy, Trey Delap, MA
B. Cigarette Smoking Among Youth in Nanchang, Jiangxi Province, China, Melissa Turner, MPH
C. Clinical Community Linkages: Training Healthcare and Social Service Providers to Promote Tobacco Use Cessation Among Their Patients and Clients, Maria Azzarelli, BS, CHES
D. Screening and Brief Intervention for Substance Abuse, Oscar Flores Sida, MS/NCC, LCPC, LCADC, CPGC
B - 5
DLC Lower Level A | Troy Jorgensen
A. Impact of a Student-Led Volunteer State Health Insurance Assistance Program (SHIP) Medicare Call Lab, Catherine Oswald, PharmD
B. Data Mining Using EHR to Assess Correlations Between Medical and Dental Indices, Wendy Woodall, DDS

- 3:00PM
C. Nevada Instant Atlas: Making Health Workforce Data More Accessible to Policy Makers and the Public, Mary Tabor Griswold, PhD
D. Collaboration and Tracking to Address Community Health Needs and Inequities Identified in the Southern Nevada Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), Adele Solomon, RN, MPH

- 4:45PM
B - 6
DLC Lower Level B | Amberlee Baxa, MPH
A. The National Diabetes Prevention Program: An Intervention for Diabetes Risk Reduction*, Kavita Batra, MPH
B. Availability of a Free Online Diabetes Prevention Program for Southern Nevadans, Rayleen D. Earney, MEd, CHES
C. The Relationship Between State-Level Income Inequality and Risk for Diabetes Among Mothers Who Gave Birth in the United States In 1995, Roman Pabayo, PhD
D. Self-Monitoring Blood Pressure Program: Moving From Concept to Inception, Victoria Kolar, EMT-P

*These sessions are generously supported by the Nevada Public Health Training Center.
CONCURRENT BREAKOUT SESSIONS
FRIDAY, SEPTEMBER 23 | 10:45PM - 12:15PM

B-7  
Partnership Room Lower Level | Moderator: Jennifer Bennett, MPH  
A. Equity and Health in Bicycle and Pedestrian Planning, Nicole Williams Bungum, MS, CHES  
B. Effects of Bicycle Infrastructure on Health and Environment in Reno/Sparks, Nevada, Piera Mburia, MPH  
C. The Effects of an Intervention on Distracted Driving Among College Students, Timothy J. Bungum, DrPH  
D. Evidence-Based Injury Prevention Tool Kit: Using Trauma and Crash Data to Support Advocacy to Decrease Injury and Death for All Nevadans, Deborah A. Kuhls, MD, FACS, FCCM

B-8  
DLC Lower Level A | Moderator: Tim Bungum, DrPH  
A. It’s Complicated: A Comparison of Nevada Parents’ Perceptions of Access to Quality Healthcare for their Children, M. Amaris Knight, MEd  
B. Aging in Nevada: Now is the Time to Educate on Advance Care Planning, Joanne Danielson, CPC, ELI-MP

B-9  
DLC Lower Level B | Moderator: Laima Etchegoyhen, MPH  
A. Educators’ Perceptions Associated with School Gardening Programs in Clark County, Nevada: Practices, Resources, Benefits and Barriers, Tomomi Murakami, MPH  
B. Hunger Doesn’t Take Track Breaks: The Impact of Year-Round Education on Household Food Security in Clark County, NV*, Regis Whaley  
C. Nutritional Assessment of Community-Dwelling Older Adults in Rural Nepal, Saruna Ghimie, MPH  
D. NV WebIZ - An Asset to Public Health, Amanda Harris  
*These sessions are generously supported by the Nevada Public Health Training Center.

FRIDAY, SEPTEMBER 23 | 1:30PM - 3:00PM

B-10  
Partnership Room Lower Level | Moderator: Amberlee Baxa, MPH  
A. Suicide Rates and Trends in Nevada, Karishma Gupta, MPH  
B. Behavioral Health Disparities Among Lesbian, Gay and Bisexual (LGB) High School Students in Nevada, Taylor Lensch, MPH  
C. Staff Members’ Perceptions of Student-Veterans’ Transition in Southern Nevada: Implications for Public Health, Howard R.D., Gordon, EdD, MPH  
D. Green Dot Bystander Intervention Pilot Program Evaluation Results, Lisa Maletsky, MPH

B-11  
DLC Lower Level A | Moderator: Liliana Wilbert, MPH  
A. Pregnancy: Encouraging the Safe Use of Medicine, Food and Devices, Mary Ellen Taylor, MSPH  
B. The Nevada Newborn Screening Program: An Assessment of Screening Coverage and Prevalence of Disorders*, Jennifer Delaney, MPH  
C. Screening for Intimate Partner Violence: A Healthcare Priority, Genese Jones-Torrence  
D. Breastfeeding Support Through the Lens of Health Equity, Lindsey Dermid-Gray, MPH, CLC  
*These sessions are generously supported by the Nevada Public Health Training Center.

B-12  
DLC Lower Level B | Moderator: Lyell Collins, MBA  
A. Chronic Disease Comorbidities in Patients with HIV in Northern Nevada, Larissa Lee White, BA, MPH  
B. Southern Nevada Condom Survey, Cheryl Radeloff, PhD  
C. Human Touch: Perceptions of Self-Efficacy From A Non-Pharmacology Treatment for Individuals Living with HIV/AIDS, Annie Weisman, PhD, MPH, LMT  
D. Worse Breast Cancer Outcomes for Southern Nevadans, Filipina and Black Women, Karen Callahan, MPH
CONCURRENT BREAKOUT ABSTRACTS

CARSON CITY HEALTH AND HUMAN SERVICES’ ROAD TO ACCREDITATION: SUCCESSES, CHALLENGES, AND LESSONS LEARNED

Partnership Room Lower Level | Thursday, September 22, 1:30 pm - 3:00 pm | Moderator: Deb Kuhls, MD, FACS, FCCM

ABSTRACT:
Carson City Health and Human Services began its journey towards accreditation through the Public Health Accreditation Board (PHAB) at the end of 2010. Over the course of nearly six years, the organization completed work towards related projects, including a Community Health Assessment, a Community Health Improvement Plan, an organizational Strategic Plan, designed and implemented a quality improvement and performance management system, a workforce development plan, and prepared and submitted documentation to PHAB, all culminating in being awarded health department accreditation in May 2016. The purpose of this session is to discuss the organization’s successes, challenges, and lessons learned through this process, with the hope of helping other organizations as they also move towards achieving PHAB accreditation.

LEARNING OBJECTIVES:
• This session aims to improve participant understanding of the PHAB accreditation process from start to finish, as well as to impart insight gained from completing the process over the past several years.

PRESENTERS:
Nicki Aaker, MPH, MSN, RN
Director, Carson City Health and Human Services
naaker@carson.org

Nicki Aaker obtained her Bachelor of Science in Nursing in 1998 and Master’s in Nursing and Master’s in Public Health in 2007. Her national certifications include: Public/Community Health Clinical Nurse Specialist and Nurse Executive. She has been employed at Carson City Health and Human Services (CCHHS) since January 2013. Prior to becoming the Health Director, she was in charge of the School-Located Vaccination program.

Before coming to CCHHS, she worked at Sierra Surgery Hospital as the Assistant Chief Nursing Officer/Clinical Nurse Specialist. Some of her responsibilities included assisting the oversight of the nursing department, Infection Control, Employee Health, Quality Assurance and Improvement, Nursing Research, and Shared Governance Council chair. Her nursing career has included nursing leadership, public health, employee health, quality assurance/improvement, education coordination, school nursing, operating room (scrubbing and circulating), and pre-operative nursing.

Valerie Cauhape, MA
Public Health Educator, Carson City Health and Human Services
vcauhape@carson.org

Originally from California, Valerie completed a BS in Exercise Physiology in 2006 and an MA in Kinesiology (emphasis in exercise physiology) in 2009, both from California State University, Chico. She has been with Carson City Health and Human Services since 2011, working on projects that include Influenza epidemiology, human resources, worksite wellness, community health assessment, community health improvement planning, quality improvement, organizational strategic planning, teen pregnancy prevention, and has been the organization’s designated Accreditation Coordinator since 2013. She is also currently pursuing a Master of Public Health at the University of Nevada, Reno.

Taylor Radtke has been with Carson City Health & Human Services nearly six years after joining the health department’s H1N1 recovery efforts in 2010. Although she is a transplant from neighboring Arizona, Taylor has extensive knowledge of public health emergency response planning in rural Nevada.

At Carson City Health & Human Services, she coordinates preparedness planning efforts in emergency public information & warning, fatality management, healthcare system preparedness and medical surge. This year, Taylor will graduate with Bachelors of Science in Marketing Management from Western Governor’s University. She serves as the official health department Public Information Officer and a key member of the health department’s accreditation team.
Taylor Radtke  
Public Health Preparedness Planner/Public Information Officer, Carson City Health and Human Services  
tradtke@carson.org

Taylor Radtke has been with Carson City Health & Human Services nearly six years after joining the health department’s H1N1 recovery efforts in 2010. Although she is a transplant from neighboring Arizona, Taylor has extensive knowledge of public health emergency response planning in rural Nevada.

At Carson City Health & Human Services, she coordinates preparedness planning efforts in emergency public information & warning, fatality management, healthcare system preparedness and medical surge. This year, Taylor will graduate with Bachelors of Science in Marketing Management from Western Governor’s University. She serves as the official health department Public Information Officer and a key member of the health department’s accreditation team.
CONCURRENT BREAKOUT ABSTRACTS

REGISTERED NURSES WORKFORCE IN NEVADA

Partnership Room Lower Level | Thursday, September 22, 1:30 pm - 3:00 pm | Moderator: Deb Kuhls, MD, FACS, FCCM

ABSTRACT:
This presentation will highlight data from the National Workforce Survey of Registered Nurses and the Nevada System of Higher Education nursing student survey describing characteristics of the Registered Nurse (RN) workforce in Nevada. The Office of Statewide Initiatives (OSI) has been conducting NSHE survey of incoming and graduating nursing students to better understand entering RN workforce in Nevada. The survey data for this presentation includes academic years 2009 – 2015. This report also provides comprehensive data from four major regions of Nevada: (1) Clark County; (2) Carson City; (3) Reno; and (4) rural and frontier Nevada. The presentation will focus on the socio-demographic characteristics of Nevada’s RN population; current employment status, job characteristics and retention. The data provided is a valuable information for our State’s policy makers.

LEARNING OBJECTIVES:
- Participants will learn about the demand for RN workforce in Nevada and RN workforce socio-demographics, job characteristics, and retention.

PRESENTERS:
Laima Etchegoyhen, MPH
Healthcare Research Analist, University of Nevada, Reno School of Medicine
laimae@med.unr.edu

Laima Etchegoyhen, MPH, is a healthcare research analyst in the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine. Laima earned her bachelor’s degree in Health Ecology with minor in Psychology, and master’s degree in Public Health at the University of Nevada, Reno. She has worked as a health educator at the Washoe County Health District with the Smoke Free Living Program. Laima has been a member of the Nevada Public Health Association since 2010, she has served as a Member at Large and currently serves as NPHA Statewide Secretary. She is a co-author of reports and publications including Health Care Careers in Nevada - 2014-2015 Edition (2014) and 2016-2017 Edition (2016), “Registered Nurse Workforce in Nevada” (2014), “Physician Workforce in Nevada” (2014), Nevada Rural and Frontier Health Data Book – 2013, and Nevada Rural and Frontier Health Data Book – 2015.

Anastasia Gunawan, MPH
Healthcare Data Analyst, University of Nevada, Reno School of Medicine
agunawan@med.unr.edu

Anastasia Gunawan, MPH, is the healthcare data analyst in the Office of Statewide Initiatives at the University of Nevada School of Medicine. Anastasia’s research expertise includes healthcare information technology and workforce analysis. Anastasia received her undergraduate degree in Neuroscience and Analytical Chemistry (minor), and earned her master’s degree in Public Health at the University of Nevada, Reno earlier this spring.
ABSTRACT:
BACKGROUND / OBJECTIVE: Medical journal publications seek to minimize bias to enhance research integrity. Journals require authors to disclose competing interests. Recently, the Affordable Care Act required the health care industry (e.g. drug and device manufacturers) to report payments to physicians. This created the Physician Open Payments Database maintained by the Centers for Medicare and Medicaid Services. The new information about financial ties to industry can be compared to the information disclosed in journal articles.

METHODS: Data were extracted from CMS and from medical journals and qualitatively coded. The “Most Highly Cited Authors in Clinical Medicine” for 2015 was extracted from the Web of Science. We searched the open payments data for 2014 for USA authors from the list. For those authors with payments data we obtained three articles published by them as first or last author after 2014. We examined the competing interest disclosure statements in the articles and compared these to the CMS data.

RESULTS: 134 US authors from the highly cited list appear in the payments data. Analysis of the concordance of disclosure statements with the payments is ongoing. Several possible discrepancies have been found. Additional analysis on the inconsistencies will be performed.

DISCUSSION / CONCLUSION: Some highly cited authors have not fully disclosed all payments from industry. Competing interest disclosures rely on trust and common understanding about the purpose. Authors may not perceive some industry payments as relevant to every article. The new source of payments data allows verification of submitted disclosures, and therefore enhances research integrity.

LEARNING OBJECTIVES:
• Critically assess medical journal competing interest disclosures
• Describe the new CMS payments database
PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-1D
CRISIS STANDARDS OF CARE
Partnership Room Lower Level | Thursday, September 22, 1:30 pm - 3:00 pm | Moderator: Deb Kuhls, MD, FACS, FCCM

ABSTRACT:
The Institute of Medicine defines Crisis Standard of Care (CSC) as a substantial change in the usual healthcare operations and level of services that can be delivered during severe, pervasive and potentially extended circumstances. Recent national and international events demonstrated that even anticipated disasters can strain medical resources requiring a shift in the healthcare focus and scope. During catastrophic disasters, it is necessary to wisely allocate scarce resources to save as many lives as possible. However, that doesn't mean “substandard” or “inadequate” healthcare.

Previous public health preparedness (PHP) plans assumed that even during large scale emergencies, healthcare will continue to be regularly delivered according to well-established superior medical standards. Such PHP plans incorrectly presumed that the healthcare system is “immune” to disasters and can never be negatively impacted. It is comprehensible that during mass causality events the ability of local, state, regional and even national healthcare systems and resources to continue providing superior standards of care could be partially or even totally compromised.

Entering CSC mode during a disaster is not optional, but a forced choice. Therefore it’s imperative to ensure that healthcare can be delivered to as many victims as possible and will results in as many lives saved as possible regardless of the severity or duration of an event (crisis). Failing to develop fair, ethical and equitable comprehensive CSC Plan that is consistent with national guidelines will likely result in greater illness injury, disability and death. Furthermore, it may hinder or delay the recovery efforts after a disaster.

LEARNING OBJECTIVES:
After attending this session participants will be able to describe the following:

- National Institute of Medicine (IOM) guidelines and definitions of Crisis Standards of Care (CSC).
- Assumptions, goals and objectives of the planning efforts to develop CSC.
- Indicators and triggering points to activate the CSC Plan and enter into a CSC “mode.”
- Ethical, moral and legal considerations related to the development and implementation of the CSC Plan.

PRESENTERS:
Ihsan A. Azzam, PhD, MD, MPH
State Medical Epidemiologist, Nevada Division of Public and Behavioral Health
iazzam@health.nv.gov

Education
- Foreign medical graduate. Completed OBGYN Residency 1986
- Gynecological Oncology Training, Cluj University of Medicine/MD Anderson Cancer Center 1997
- CDC Graduate Certificate in Epidemiology, Seattle School of Public Health and Community Medicine 1999
- CDC Chronic Disease Epidemiology Certificate, Penn-State College of Medicine 2001
- MPH, University of Nevada, Reno 2002
- PhD, University of Nevada, Reno 2010
- Scholar, Utah-Nevada Leadership Institute 2012
- Member of the National Council for State and Territorial Epidemiologists since 1993
- Recipient of several awards including the 2011 National Sheppard Award for Excellence in Epidemiology

Responsibilities
- Oversees public health and healthcare surveillance, epidemiology and disease control
- Provides consultations to the Department of Health, local health authorities, healthcare providers, NV. Legislature, regulatory boards and commissions
- Provides professional education, training, clinical updates, guidelines and recommendations to control outbreaks and chronic disease clusters
- Generates guidelines for disease prevention, screening, early detection and management
- Coordinates investigations and surveillance activities among state, local and federal agencies
- Assists healthcare providers in controlling unfavorable avoidable outcomes
- Represents Nevada on state/national forums, advisory bodies, and academic institutions
- Serve as the State Liaison at CDC, NIH, NCI, FDA, EPA and other agencies
PRESEniATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-2A
CANCELED: THE RISK OF ASTHMA AMONG OVERWEIGHT AND OBESE CHILDREN: A META-ANALYSIS OF PROSPECTIVE STUDIES
DLC Lower Level A | Thursday, September 22, 1:30 pm - 3:00 pm | Moderator: Tim Bungum, DrPH
CONCURRENT BREAKOUT ABSTRACTS | CONCURRENT BREAKOUT SESSION B-2B

UTILIZING A HEALTH IMPACT ASSESSMENT TO ASSESS PROPOSED RENTAL HOUSING POLICY IN CLARK COUNTY, NV

DLC Lower Level A | Thursday, September 22, 1:30 pm - 3:00 pm | Moderator: Tim Bungum, DrPH

ABSTRACT:
Health Impact Assessments (HIA) have been recommended for use to inform policy, programs, and projects in order to promote health. The Clark County Rental Housing Policy (RHP) was drafted in 2011 as part of the Nevada Healthy Homes Partnership (NHHP). The NHHP is a consortium of housing and health officials in Clark County, Nevada, focused on transitioning the Clark County Lead Poisoning Prevention Program into a more comprehensive Healthy Homes Program. Based on the limited resources in the county to address rental housing, the Policy Planning Committee, a subgroup of the NHHP, determined the need to address substandard rental housing through two mechanisms. First by collecting baseline data on rental housing complaints in Clark County, Nevada by establishing the Landlord-Tenant Hotline (LTH) which served as repository to assess the housing needs of renters. The second goal of the Policy Planning Committee was to draft RHP aimed to ensure healthy housing by promoting public health and safety within rental housing. In this session we will review key components of the HIA process used to assess the drafted RHP Policy and discuss key outcomes and recommendations found as a result of the HIA process.

LEARNING OBJECTIVES:
• Participants should be able to understand the importance and utility of incorporating a Health Impact Assessment approach to developing policies, program and projects.

PRESENTERS:
Erika R. Marquez, PhD
Director of Social Policy, Kenny Guinn Center for Policy Priorities
erikamarquezphd@gmail.com

Dr. Erika R. Marquez is the Director of Social Policy for the Kenny Guinn Center for Policy Priorities. Dr. Marquez has devoted the last decade of her career to working on local issues focused on housing quality, housing-related health concerns, and housing equity. In May 2016, Governor Sandoval appointed Dr. Marquez to the Board of Registered Environmental Health Specialists. She was instrumental in transitioning the Clark County Childhood Lead Poisoning Prevention Program into an integrated Healthy Homes approach through the development of the Nevada Healthy Homes Partnership, which subsequently received multiple years of federal funding to improve the quality of housing in Clark County. Dr. Marquez earned her Bachelor of Science degree from San Francisco State University, and completed her Master of Public Health degree in Epidemiology and Biostatistics and her Ph.D. in Public Health with a focus in Social Behavioral Health at the University of Nevada, Las Vegas. Dr. Marquez has conducted research at each of these institutions as well as Stanford University. Her research interests include the built environment, the impacts of substandard housing, social determinants of health, healthcare infrastructure, health access, and ways to approach public health policy and programs utilizing systematic approaches, including Health Impact Assessments. Dr. Marquez also serves as an instructor for the UNLV School of Community Health Sciences.

Prior to joining the Guinn Center, she served as the Project Manager for several Centers for Disease and Control and Prevention and the U.S. Department of Housing and Urban Development-funded grants. Dr. Marquez has also served on various committees, including the National Center for Healthy Housing Coalition, the Nevada Healthy Homes Partnership, the Clark County Childhood Lead Poisoning Prevention Program and the National Council of La Raza – Affordable Care Act Health Summit. Dr. Marquez is passionate and committed to improving the lives and health of the residents of Nevada.
SMOKE-FREE MULTI-UNIT HOUSING PROJECT

DLC Lower Level A | Thursday, September 22, 1:30 pm - 3:00 pm | Moderator: Tim Bungum, DrPH

ABSTRACT:
The Southern Nevada Health District (SNHD) Tobacco Control Program has worked for many years to reduce or eliminate secondhand smoke exposure in public and private multi-unit housing (MUH) in Clark County. Secondhand smoke is the third leading cause of preventable death in the US. More than 40,000 people die annually from the diseases caused by secondhand smoke. Multi-housing developments present a particular challenge for dealing with this public health problem because tobacco smoke from one unit may seep through cracks, be circulated by shared ventilation systems or otherwise enter the living space of another resident. Because people spend more time in their homes than in any other location, reducing exposure to tobacco smoke in MUH can significantly improve residents’ health.

SNHD developed and continues to expand their online Smoke-free Housing Directory, which lists and maps multi-housing communities across Clark County that offer smoke-free units and buildings. The Directory is promoted regularly through media campaigns to encourage apartment owners and managers to convert existing units to smoke-free and to encourage residents to identify existing smoke-free apartments when looking for housing.

Additionally, SNHD recently commissioned two surveys: one of MUH residents to gauge exposure to and beliefs about smoke infiltration and tobacco use in multi-unit housing, and one of MUH managers to establish a baseline for the number of individual units and entire buildings in Clark County that have smoke-free policies and identify commonly perceived benefits and barriers to smoke-free policy implementation. Results of both surveys will be shared.

LEARNING OBJECTIVES:

- Participants will be able to identify the challenges presented by secondhand smoke exposure in multi-unit housing and the benefits of smoke-free housing.
- Additionally, participants will be able to identify a resource to find smoke-free housing in Clark County through the Smoke-free Housing Directory.

PRESENTERS:
Nicole Chacon, M.Ed., CHES
Health Educator II, Tobacco Control Program, Southern Nevada Health District
chacon@snhdmail.org

Nicole Chacon has worked in the Office of Chronic Disease Prevention and Health Promotion at the Southern Nevada Health District for 11 years. In her time there, Nicole assisted in efforts to pass the Nevada Clean Indoor Air Act and is still involved in local efforts to expand the law to protect all workers from secondhand smoke exposure. She also works on numerous other tobacco policy issues, including smoke-free housing, smoke-free college campuses, and tobacco tax issues. Nicole is responsible for directing the media campaigns for various tobacco control issues in southern Nevada as well.

Nicole currently serves on the Board of the Nevada Tobacco Prevention Coalition. Nicole received her Master of Education degree, with an emphasis in Health Promotion, from the University of Nevada, Las Vegas in 2005. She became a Certified Health Education Specialist in 2006.
ABSTRACT:
One of the most challenging components of conducting research in public health is the effective recruitment of underserved individuals. Recruitment of these populations in Henderson, Nevada was essential throughout the course of the Henderson Lead Hazard Control and Healthy Homes Program (HLHCHHP), funded by a $2.3 million grant from the Department of Housing and Urban Development (HUD). The program’s primary mission was to evaluate and control lead-based paint and Healthy Homes hazards, provide lead hazard education and outreach to the target area, and support childhood lead poisoning prevention efforts. This grant was awarded to primary grantee, the City of Henderson, and sub-grantee, the University of Nevada, Las Vegas, in 2013. In order to qualify for participation in the HLHCHHP, multiple property and occupancy requirements had to be met. These specific conditions guided selection of target areas in Henderson and methods of outreach, which included door-to-door neighborhood canvassing, children-oriented events, general community events, referrals, direct mailers, and distribution of program information. From 2013 to 2016, HLHCHHP staff contacted approximately 10,000 individuals within the City of Henderson using these methods. Ultimately, the referrals and direct mailers were the most effective for recruitment and enrollment into the HLHCHHP. The purpose of this session is to describe these recruitment strategies and their respective success rates within the context of Lead Hazard Control and Healthy Homes Programs.

LEARNING OBJECTIVES:
• Describe the process of community outreach and participant enrollment into the Henderson Lead Hazard Control and Healthy Homes Program and
• Identify effective recruitment strategies and evaluate potential areas for improvement in future outreach efforts.

PRESENTERS:
Casey Barber
Lead Hazard Control Specialist and Sampling Technician, University of Nevada, Las Vegas
casey.barber@unlv.edu
Casey Barber began working with the Henderson Lead Hazard Control and Healthy Homes Program in the spring of 2014. She is an EPA-certified Lead Sampling Technician and assisted with outreach, lead and clearance inspections, and report development for the program. Casey is a senior at the University of Nevada, Las Vegas majoring in public health and minoring in biology.

Amanda Sokolowsky, M.P.H.
Lead Hazard Control and Healthy Homes Specialist, University of Nevada, Las Vegas
amanda.sokolowsky@unlv.edu
Amanda earned her Master of Public Health degree from the University of Nevada, Las Vegas in 2014. She is a NEHA-certified Healthy Homes Specialist and EPA-certified lead risk assessor and works in the Department of Environmental and Occupational Health at UNLV. Amanda presented on her thesis research, titled Health Hazards in Rental Housing: An Overview of Clark County, Nevada at the Nevada Environmental Health Association conference (Las Vegas, September 2014). She also presented on a currently operating HUD technical studies grant at the 2015 American Public Health Association conference in Chicago. That presentation was titled Characterizing Home-Based Hazards in Rental Housing: Year 1 of the Clark County Landlord-Tenant Hotline Study (CCLTHS).
CONCURRENT BREAKOUT ABSTRACTS

PROMOTING TOBACCO USE PREVENTION AMONG TEENS THROUGH INTEREST-BASED STRATEGIES

**ABSTRACT:**
In order to reach specific populations with effective messaging public health workers can appeal to communities based on their particular interests. For the past 15 years, the Southern Nevada Health District (SNHD) has cultivated a youth tobacco prevention program that reaches teens in Clark County through appealing to their musical interests. In 1999, the Clark County high school smoking rate was at 30.7% classifying Nevada as the smokiest state in the nation. Through tobacco use surveys combined with focus groups, and national data trends it was determined that Southern Nevada teens identifying with the punk, rock, and indie music genre used tobacco products at high rates as a result of targeted marketing by the tobacco industry. Each year, the tobacco industry spends over $80 million marketing their products through campaigns designed to appeal to the interests of young populations. To counter the tobacco industry's tactics, SNHD developed a teen tobacco prevention movement called XPOZ (pronounced expose). The SNHD designed and utilized culturally-tailored interventions to encourage a tobacco-free lifestyle among this specific teen population. XPOZ uses a combination of strategies such as social-branding, counter-marketing events, traditional and alternative media, peer influencers, online and social media outreach. Using a multi-faceted approach, SNHD has successfully changed cultural norms amongst this at-risk community of teens. These strategies have resulted in one of the largest percentage decreases in high school smoking prevalence in the nation, at 5.9%.

**LEARNING OBJECTIVES:**
- Session participants will gain a broader understanding of elements required to effectively reach priority populations with a public health message. The elements of this presentation can be applied to public health topic areas other than tobacco.

**PRESENTERS:**
Malcolm Ahlo
Health Educator II, Southern Nevada Health District
ahlo@snhdmail.org

Malcolm Ahlo joined the Southern Nevada Health District's Tobacco Control Program in 2001. He currently coordinates 3 priority populations reaching out of school youth (XPOZ), high school youth (BreakDown), and the LGBT (CRUSH) community. The success of these 3 social branding campaigns has lead to a decrease in smoking prevalence. When the program first started Nevada had some of the highest tobacco use rates in the nation, with youth smoking prevalence at 33% and the LGBT at 63% - today all of these sub-populations have seen dramatic decreases in smoking prevalence, youth 5.9%, and the LGBT at 47%.

Because of the success of all 3 campaigns other states and national campaigns working with these populations are developing programs using the same strategies and principles. Malcolm's programs have been recognized with state and national awards/acknowledgements for his work including the Campaign for Tobacco Free Kids, American Legacy Foundation, Food and Drug Association, National Association of City and County Health Officials Promising Practice Award, Nevada State Health Division Chronic Disease, Center for Disease Prevention and Control, National Cancer Institute among others. In addition, multiple advertising and marketing awards have been won. Malcolm frequently provides technical assistance to state and national partners.
TRENDS IN SUBSTANCE USE AMONG HIGH SCHOOL STUDENTS IN NEVADA
DLC Lower Level B | Thursday, September 22, 1:30 pm - 3:00 pm | Moderator: Sandi Larson, MPH

ABSTRACT:
Adolescent substance use is associated with poor health outcomes that continue into adulthood. Ongoing surveillance of substance use is critical for the design, implementation, and evaluation of public health interventions to improve adolescent health. A two-stage (region and classroom) cluster sample design was used to produce a representative sample of students in grades 9–12. Data were weighted based on the sex, race/ethnicity, and grade level of students in each region. Weighted Chi-Square analyses were used to assess differences in substance use prevalence between 2013 and 2015. From 2013 (N=3,928) to 2015 (N=5,108), there was an overall reduction in tobacco use and many forms illicit drug use. There was a significant decrease in lifetime smoking (38.8% to 32.4%; p=.002); early age of smoking initiation (8.8% to 6.4%; p=.003); recent (past 30 days) smoking (3.6% to 1.9%; p=<.001), smoking cigars (9.4% to 6.5%; p=<.001), and any tobacco (14.3% to 11.4%; p=.023). In addition, lifetime use of cocaine (7.9% to 6.1%; p=.044); inhalants (9.8% to 6.9%; p=.001); methamphetamines (5.0% to 3.4%; p=.004); ecstasy (10.8% to 7.0%; p=.001); and synthetic marijuana (17.4% to 10.9%; p=.001) decreased from 2013 to 2015. However, the prevalence of the most commonly used substances (alcohol, marijuana, and non-medical prescription drugs) has not changed and new forms of substance use such as electronic products are emerging. These data may be used to enhance current policies, curriculum and guidelines within schools and communities. Increased education is needed to address the continued prevalence of substance abuse among Nevada’s youth.

LEARNING OBJECTIVES:
• To monitor trends of substance use among Nevada’s youth.

PRESENTERS:
Amberlee Baxa, MPH
YRBS Program Manager, Nevada DPBH
abaxa@health.nv.gov
Amberlee Baxa is the Youth Risk Behavior Survey (YRBS) Program Manager for the State, within the Office of Public Health Informatics and Epidemiology. She received her MPH from the University of Nevada, Las Vegas. Her interests include adolescent and sexual health.

Kristen Clements-Nolle, PhD, MPH
Associate Professor, University of Nevada, Reno - School of Community Health Sciences
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Taylor Lensch, MPH
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Wei Yang, PhD
Professor, University of Nevada, Reno - School of Community Health Sciences, Nevada Center for Health Statistics and Informatics
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ABSTRACT:
BACKGROUND: Studies have demonstrated a dose-response relationship between adverse childhood experiences (ACEs) and health problems among adults, but studies with adolescents are lacking.

METHODS: A two-stage (region and classroom) random sampling design was used to survey 5,108 high school students from 97 schools in Nevada. The 2015 Youth Risk Behavior Survey (YRBS) included five measures of abuse and household dysfunction. A cumulative ACE score was calculated (range 0-5). To account for the complex study design, weighted logistic regression was used to assess the relationship between cumulative exposure to ACEs and behavioral health outcomes.

RESULTS: ACEs were prevalent among high school students, including: sexual abuse (9%), physical abuse (15.8%), witnessing domestic violence (16.4%), household mental illness (30.4%) and household substance use (30.4%). Almost one third (30.5%) of students experienced 2 or more ACEs and ACEs were more common among females (p<.001), lesbian, gay and bisexual (LGB) students (p<.001), and students from military families (p<.001). There was a strong and graded relationship between ACEs and most behavioral health outcomes that remained after adjustment for sociodemographics and confounding variables.

DISCUSSION: Cumulative exposure to ACEs was the strongest predictor of behavioral health problems among high school students in Nevada. School-based screening for ACEs may be an effective way to identify adolescents at risk for a wide-range of behavioral health problems. Youth with high ACE-scores should be referred to trauma-informed prevention programs.

LEARNING OBJECTIVES:
• To understand the relationship between ACEs and behavioral health outcomes among Nevada’s high school population.

PRESENTERS:
Kristen Clements-Nolle, Ph.D., MPH
clements@unr.edu

Interests include: The impact of adverse childhood experiences (ACES) on health outcomes across the lifespan, adolescent health, and behavioral health outcomes among underserved populations such as incarcerated, homeless, and sexual or gender minority youth and adults.

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Wei Yang, Ph.D.
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ELECTRONIC VAPOR PRODUCT USE AMONG MIDDLE SCHOOL STUDENTS IN NEVADA: ASSOCIATIONS WITH EARLY INITIATION OF CIGARETTE AND MARIJUANA USE

**ABSTRACT:**

**BACKGROUND:** Research demonstrates a rapid increase in electronic vapor (e-vapor) product use among adolescents and there is some evidence that use of e-cigarettes may lead to cigarette smoking. However, studies have not assessed the influence of e-vapor products on early initiation of smoking or marijuana use.

**METHODS:** 4,535 middle school students from 133 schools in Nevada completed the 2015 Youth Risk Behavior Survey (YRBS). A two-stage (region and classroom) cluster sampling design was used to sample students in grades 6–8. Students who reported use of cigarettes and marijuana before age 11 were classified as early initiators. Weighted logistic regression was used to assess whether youth who use e-vapor products have a higher prevalence of early initiation of cigarettes and marijuana after controlling for sociodemographics. The results were stratified by age (11-12 years vs. 13-14 years).

**RESULTS:** 19.4% of 11-12 year olds and 32.5% of 13-14 year olds had used e-vapor products. Among 11-12 year old students, the odds of early initiation (before age 11) of cigarette use [AOR=20.94, (95% CI=7.71-56.92)] and marijuana use [AOR=15.37, (5.14-46.02)] were significantly higher among those who reported e-vapor product use. Although significant, weaker associations were found among 13-14 year olds: early initiation of cigarette use [4.48, (2.21-9.11)] and early initiation of marijuana use [8.13, (4.26-15.56)].

**CONCLUSIONS:** There is a strong relationship between e-vapor product use and early initiation of cigarette and marijuana use among middle school students, especially at younger ages. These results demonstrate the importance of intervening at an early age.

**LEARNING OBJECTIVES:**

- Understand the influence of electronic vapor product use on the initiation of cigarette and marijuana use among adolescents.

**PRESENTERS:**

Taylor Lensch, MPH  
*Youth Risk Behavior Survey (YRBS) Coordinator, University of Nevada, Reno*  
tlensch@unr.edu

Taylor Lensch, MPH, is a recent graduate from the University of Nevada, Reno, School of Community Health Sciences. He served as the Coordinator of the 2015 Youth Risk Behavior Survey (YRBS) and 2016 School Health Profiles Survey for the state of Nevada. This fall, Taylor will be begin working on his Ph.D. in Public Health, with an emphasis in Epidemiology at the University of Nevada, Reno. His primary research interest involves studying adolescent health and risk behaviors.

Kristen Clements-Nolle, Ph.D., MPH  
*Associate Professor, University of Nevada, Reno*  
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Wei Yang, Ph.D.  
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ABSTRACT:
Public health authorities have developed various policies in response to expanded access to marijuana-infused edible manufactured foods, tinctures, and oils. These preparations carry a different risk to the public health because of their portability, variability in potency, and commercial production. Affected individuals include youth, marijuana naive patients, as well as pets. Emergency Departments and EMS systems are reporting increased collateral consequences of improper dosing in adult use or accidental ingestion by children and young people. Most of these incidences result from ingested marijuana.

This presentation reviews a meta-analysis of the policy deployment of public health authorities in response to this shift in consumer behavior. Topical considerations include; syndromic surveillance, non-resident EMS utilization, disposal of expired or unused products, youth consumption prevention, potency, commercial production of infused foods, and labelling.

Nevada’s Public health authorities should prepare for the broader public health impact of expanded access to marijuana edibles. Reviewing the actions taken by other public health authorities will be instructive for Public Health practitioners in Nevada. Special attention will be given to state and county interrelations on this ripening issue.

LEARNING OBJECTIVES:
• Identify regulatory considerations for commercial production of edible marijuana products.
• Identify potential considerations for non-resident demand on emergency medical services second to marijuana consumption.

PRESENTERS:
Trey Delap, M.A.
Director, Group Six Partners/Nevada Statewide Partnership
trey@groupsixpartners.com

Trey Delap is the Director of Group Six Partners, a public affairs and policy consultancy. Group Six Partners’ policy areas include: Behavioral health, Integrated healthcare initiatives, governance, and emerging public health professions.

Mr. Delap has 20 years experience in: Clinical medicine, healthcare policy, politics, professional regulation, and academic research. Mr. Delap has worked in federal and state government as well as non-profit organizations.

Mr. Delap holds BA and MA degrees from UNLV. including Political Science, Ethics, and Policy Studies. Mr. Delap continues his academic training at the London School of Economics and Political Science.

Based on his broad experience, Mr. Delap considers a wholistic view of policy development, analysis, and implementation. This approach includes consideration of the political, economic, & historical factors affecting all stages of policy development and implementation.

Mr. Delap is an active volunteer working with Nevada Coalition for Suicide Prevention, Law Related Education programs of the State Bar of Nevada, Remote Area Medical (RAM), and is a nationally certified Youth Mental Health First Aid Instructor. Mr. Delap was a delegate to the 3rd International Youth Leadership Conference and was a Duane E. Smith Fellow of the Center for Civic Education.
ABSTRACT:
BACKGROUND: Smoking is a global public health problem of concern and China is no exception. Only a paucity of data exists with respect to smoking among Chinese youth. This paper describes the results of a survey study on smoking behavior of female and male youth in China.

METHODS: Surveys modeling the Youth Risk Behavior Survey in the United States were completed by 885 students in Nanchang, Jiangxi Province China. Participants were chosen using a random stratified cluster sampling method. Data were collected, entered into Excel spreadsheet database, and analyzed using IBM SPSS Version 22. Chi-square analyses were conducted to describe differences in smoking behavior by gender, age, and school setting.

RESULTS: In this model, 30.7% of the surveyed population had “ever tried” smoking. Younger students (15-17 years old) were less likely to have tried smoking versus older students (>18 years old). More males than females “ever tried” smoking, smoked more in the last 30 days, began smoking at younger ages, and smoked more cigarettes per day. There was also significance found among schools. Schools 3 and 5 were significant for “ever tried” smoking, number of cigarettes smoked per day, age when first smoked a cigarette, and the number of days smoked in the last 30 days.

CONCLUSIONS: Overall, this study found that there are significant smoking trends among Chinese youth in Nanchang with regard to age, sex, and school attended. There is a great need for both policy development and enforcement, and intervention with regard to youth smoking in Nanchang.

LEARNING OBJECTIVES:
• Describe the need for smoking cessation intervention for youth in China.
• Understand the need for more collection of data to study trends in smoking for youth in China.
• Describe the importance of enforcement on policy for smoking in China.

PRESENTERS:
Melissa Turner, MPH
Director of Respiratory Care Services, Renown Health
mturnero915@gmail.com

Melissa Turner is Director of Respiratory Care Services at Renown Health, and holds a Master of Public Health from the University of Nevada. She spent 5 weeks in 2015 working in Nanchang, China, administering a Youth Risk Behavior Survey to secondary school youth. In addition, she is a public health technician with the Nevada Air National Guard 152nd Medical Group. She also developed and implemented a COPD Management Program at Renown Regional Medical Center which was recently certified by Joint Commission to give the hospital designation as a COPD Disease State Certified Center.
ABSTRACT:
In just one year, the efforts of the Southern Nevada Health District (SNHD) and community partners resulted in over 5,000 healthcare and social service providers being trained to deliver brief tobacco use interventions. Studies have shown that healthcare provider advice increases quit rates. Unfortunately, only about half of smokers seen by a physician report receiving advice to quit, and even fewer 2% to 15% are offered any form of assistance, including specific counseling on how to stop, referral to treatment programs, or prescriptions for cessation medications. Clinical trials show that brief smoking cessation counseling delivered by health care providers increases smoking cessation rates among adult patients. To maximize reach, SNHD developed an in-person and online training module. During a one-month period, online advertising promoting the training resulted in 1,488 providers being trained to talk to patients about tobacco use and refer to the Nevada Tobacco Quitline (NTQ). Over 20,000 brief intervention educational materials were distributed during the same period. In partnership with the local American Lung Association; the project was expanded beyond conventional healthcare providers to training individuals that reach low income populations and others disproportionately impacted by tobacco use. Employees from the Nevada Division of Welfare, social service entities, and community organizations such as the Urban League were trained to deliver brief tobacco use interventions with their clients. These efforts have resulted in increased calls to the Nevada Tobacco Quitline which will contribute to a reduction in tobacco use among Nevadans.

LEARNING OBJECTIVES:
• Identify the components and benefits of brief tobacco use interventions.

PRESENTERS:
Maria Azzarelli, BS, CHES
Tobacco Control Coordinator, Southern Nevada Health District
azzarelli@snhdmail.org

Maria Azzarelli joined the Southern Nevada Health District’s (SNHD) Tobacco Control Program (TCP) in 1999 and currently directs the activities of Nevada’s largest tobacco prevention and control program. Under Maria’s direction, the TCP provides tobacco prevention and control programming for over 70 percent of the state’s population. When the program was initiated in 1999, Nevada had some of the highest tobacco use rates in the nation. With a focus on population-based education including large-scale media campaigns, community mobilization, and policy, the TCP has been instrumental in reducing smoking rates and implementing policies that reduce exposure to secondhand smoke.
PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-4D
SCREENING AND BRIEF INTERVENTION FOR SUBSTANCE ABUSE
Partnership Room Lower Level | Thursday, September 22, 3:15 pm - 4:45 pm | Moderator: John Packham, PhD

ABSTRACT:
SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

LEARNING OBJECTIVES:
- Understand the rationale for universal screening.
- Identify potential health impact of substance misuse and abuse.
- Identify substance use risk limits.
- Identify how screening is conducted in a practice setting, including prescreening and screening.
- Practice how to use two screening tools.
- Understand how screening is used in brief intervention.

PRESENTERS:
Oscar Flores Sida, MS/NCC, LCPC, LCADC, CPGC
Faculty/Human Services and Addiction Studies Program Coordinator, University of Nevada Las Vegas
osida23@gmail.com

Oscar Sida holds a position as instructor at UNLV and is coordinator of the Human Services Program and Addictions Studies Program. He is a National Certified Counselor, Clinical Professional Counselor (Mental Health), Licensed Clinical Alcohol and Drug Abuse Counselor, and a Certified Problem Gambling Counselor. Mr. Sida specializes in the treatment of process addictions and psychological trauma.

He is Co-Principal Investigator (Co-PI) of a 3-year, $941,282 federal grant to address the human and fiscal costs of substance use disorders. The grant is sponsored by SAMHSA, an office of the U.S. Department of Health and Human Services, and is intended to address the public and mental health issues associated with substance use disorders through training and service delivery.
**ABSTRACT:**
Roseman University student pharmacists of the ASCP Student Chapter created an on campus, student lead, volunteer Medicare call lab to assist beneficiaries and their families. Student callers, trained by Nevada's SHIP office, field Medicare coverage questions on their year-round hotline, as well as overflow inquiries from the Las Vegas SHIP Office. Training consists of 16 hours spent didactically in a classroom, followed by 12-25 hours of supervised live calls. Once trained, student callers assist beneficiaries by screening and enrolling participants into appropriate and cost effective medical insurances plans, supplemental plans, and prescription drug plans based on each individual’s unique needs. Twenty pharmacy students, enrolled in a 3-year accredited College of Pharmacy program, were trained by Nevada SHIP. According to the SHIP National Performance Reporting tool, from June 2015 to May 2016, Roseman student callers reached 200 separate contacts and spent 111.5 hours fielding calls. This project decreased the Nevada SHIP Medicare question message wait time from up to 28 days to 48 hours. In addition to enrollment, students help guide qualifying beneficiaries to lower their insurance and drug plan premiums, co-pays, and/or deductibles, by aiding those participants to receive assistance from federal and state assistance programs. These programs, recommended by the trained callers, have saved beneficiaries fees from hundreds to thousands of dollars per year.

**LEARNING OBJECTIVES:**
- Demonstrate the impact of an on-campus volunteer Medicare Call Lab in partnership with Nevada SHIP in assisting Medicare beneficiaries when selecting Medicare plans and determining extra assistance qualifications.

**PRESENTERS:**
C. Leiana Oswald, Pharm.D.  
Assistant Professor of Pharmacy Practice, Roseman University of Health Sciences  
coswald@roseman.edu

Dr. Leiana Oswald obtained her Bachelor of Science in Nutritional Sciences from the University of Nevada Las Vegas (2004) and her Pharmacy Doctorate from Roseman University of Health Sciences (2007). She spent 6 years managing retail chain pharmacies in Las Vegas and precepting numerous pharmacy students before joining Roseman University of Health Science College of Pharmacy in 2013 as the Introductory Pharmacy Practice Coordinator and Assistant Professor of Pharmacy Practice. She currently serves as the Roseman faculty advisor for the American Society of Consultant Pharmacists (ASCP) Student Chapter. Notable projects include creation of a new Medicare Call Center on campus this year in which State Health Insurance Plan (SHIP) trained pharmacy students reach out to provide unbiased help for Medicare beneficiaries.

Michelle Hon  
PharmD Candidate Class of 2018, Roseman University of Health Sciences

Kathy Lopan  
Administrative Assistant III, State of Nevada, Aging & Disability Services Division, State Health Insurance Assistance Program (SHIP)
CONCURRENT BREAKOUT ABSTRACTS

DATA MINING USING EHR TO ASSESS CORRELATIONS BETWEEN MEDICAL AND DENTAL INDICES
**DLC Lower Level A | Thursday, September 22, 3:15 pm - 4:45 pm | Moderator: Troy Jorgensen**

**ABSTRACT:**
PURPOSE: Twenty-nine million Americans have been diagnosed with type-2 diabetes, with 11.8 million diagnosed each year. More than 600,000 Americans die from heart disease each year (1-in-4). Forty-million people in the United States suffer from chronic long-term sleep disorders each year, with an additional 20 million people who experience occasional sleep problems. Oral health professionals are regular health care providers who collect both dental and medical data via Electronic Health Records (EHR). The purpose of this study was to assess correlations between the oral health indices and medical disease risk of patients treated at a U.S. dental school clinic.

METHODS: EHR data mining of 14,000 patient records was conducted to assess both dental and medical disease risk. Dental indices included in the review included caries risk assessment, malocclusion, missing and mobile teeth, periodontitis, use of fluoride, bruxism, pain and pathology assessments. Medical disease risks included reported heart disease, type-2 diabetes, and sleep disorders. Pearson correlations, Spearman Rho, and Chi-Square analyses were used to evaluate correlations between dental indices and medical disease risk. Data was further stratified by gender and age.

RESULTS: Only suggestive clinical correlations were found between heart disease and caries risk, while malocclusion, missing teeth, and fluoride use in limited age categories showed a weak correlation with type-2 diabetes.

CONCLUSIONS: A limited number of correlations between dental indices and evidence of identified diseases were found in this study. This study will be expanded to include the entire EHR database to determine any significant correlations.

**LEARNING OBJECTIVES:**
- Explain dental indices associated with oral health risk
- Explain medical disease risk associated with heart disease, type-2 diabetes, and sleep disorders
- Discuss clinical implications of dental indices and their relation to medical disease risk

**PRESENTERS:**
Wendy Woodall, DDS
Associate Dean and Chair, Clinical Sciences, UNLV School of Dental Medicine
wendy.woodall@unlv.edu

Dr. Wendy Woodall is an Associate Dean of Clinical Services at the UNLV School of Dental Medicine. She teaches Advanced Restorative and Advanced General Dentistry, as well as covering clinical delivery of care. As usage point person for the Electronic Health Records, her research interest is in data mining to search for translational models of health care.

Marcia M. Ditmyer, PhD, MS, MBA, MCHES
Associate Professor, Assistant Dean of Assessment and Instruction, UNLV School of Dental Medicine
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Marcia has more than 30 years as a healthcare professional with more than a decade in higher education. She completed her Ph.D. in Health and Research from University of Toledo in Ohio. She is a Master Certified Health Education Specialist and Diabetes Educator. She also holds an MBA and MS in Health Education from California College for Health Sciences. Marcia is currently an Assistant Professor and Assistant Dean for Assessment and Instruction at the University of Nevada, Las Vegas School of Dental Medicine. She is a senior consultant for the Academy for Academic Leadership in Atlanta, GA. She served in leadership roles in many different professional organizations and is currently active in a variety of civic and community organizations. She is well published and has presented at many national/international meetings in the area of oral health, adolescent health, diabetes, and educational research.

Second Co-Presenter
CONCURRENT BREAKOUT ABSTRACTS | CONCURRENT BREAKOUT SESSION B-5C
NEVADA INSTANT ATLAS: MAKING HEALTH WORKFORCE DATA MORE ACCESSIBLE TO POLICY MAKERS AND THE PUBLIC
DLC Lower Level A | Thursday, September 22, 3:15 pm - 4:45 pm | Moderator: Troy Jorgensen

ABSTRACT:
The Nevada Instant Atlas website visually displays data from over 50 sources. The Nevada Instant Atlas is an interactive and user-friendly database for public policy makers, health care professionals, rural health advocates and the general public. Data is displayed by county, region, combinations of the two types of data, and a best fit analysis between two county-level indicators. Eight data themes are presented:
1. Demographic: Population, Age, Race, Ethnicity, Citizenship, Veterans, Incarceration, Housing;
2. Social and Economic Indicators: Income, Poverty, Education, Voters, Crime Rates;
3. Health Insurance: Medicaid, Medicare, Veterans, Uninsured (FPL, Age, Gender);
5. Medicare Statistics: Chronic Conditions, Readmission Rates;
6. County Health Rankings Data;
7. Labor Market Trends: Employment, Unemployment Rate, Health Care Sector Employment;
8. Licensed Health Professionals - Physician Counts and Rates per 100,000 Population; Nurse Counts and Rates per 100,000 Population, Mental and Behavioral Health Counts and Rates per 100,000 Population, Other Health Professional Counts and Rates per 100,000 Population.
The presentation is designed to present data using a case study analysis of historical data and the best fit analysis generates a trend for projections.

LEARNING OBJECTIVES:
• Navigate the website using data tools to present a case study of interest using historical data and projection of data along a best fit line.

PRESENTERS:
Mary Tabor Griswold, PhD
Health Services Research Analysis, University of Nevada School of Medicine
tgriswold@medicine.nevada.edu

Education:
• Doctor of Philosophy (PhD), 2014, University of Nevada, Reno, Educational Leadership Department, Reno, NV. Dissertation title: Student Social Capital and Enriching Educational Experiences in Higher Education.
• Master of Science (MS), 2004, University of Nevada, Reno, Department of Economics, Reno, NV. Thesis title: Social Capital, A Tool to Predict the Effect of Gambling on Communities.
• Bachelor of Science (BS), 2002, Business Administration, University of Nevada, Reno, Reno, NV. Dean’s List.

WEB SITE Manager
• Peer Reviewed Publications
• Recent Publications and Technical Reports
• 2016
  • Packham, J. F., Griswold, M. T., and Harris, T. (March 2016). The Contribution of the University of Nevada School of Medicine to the Nevada Economy. Office of Statewide Initiatives, University of Nevada School of Medicine.
ABSTRACT:
As a part of the Public Health Accreditation process, the Southern Nevada Health District (SNHD) has completed a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). As a result of discussions and meetings during the past year, several key community organizations, have collaborated to combine efforts to create a shared vision and priorities for our community.

These agencies have a shared mission to address health inequities in our community by addressing the priorities of Access to Care, Chronic Disease and Policy and Funding. They each have contributed tools and resources to improve collaboration. They have committed to unifying efforts to impact those inequities and to build transparent mechanisms for sharing data and tracking progress.

Healthy Southern Nevada www.healthysouthernnevada.org is one result of that collaboration, a shared platform for data sharing and showing progress toward those community goals and priorities.

Adele Solomon, SNHD Accreditation Coordinator and Jim Osti, SNHD Administrative Analyst will discuss processes to improve collaboration and partnerships and will demonstrate the website features.

Data has been uploaded to the web-based www.healthysouthernnevada.org to ensure transparency and accountability among all the partners. In addition to data, the website tracks progress toward goals. Community resources and best practices are displayed. The effort will result in knowledge about where inequities still exist with the enhanced ability to apply for funding to address those identified gaps and needs.

This is only possible through strong stewardship of a shared vision.

LEARNING OBJECTIVES:
By the end of the presentation attendees will:
• Learn techniques that enhance trust
• Understand value of www.healthysouthernnevada.org
• Determine if they would like to join the CHA/CHIP work groups
• Be able to access www.healthysouthernnevada.org to follow the progress of the CHIP priorities

PRESENTERS:
Adele Solomon, RN, MPH
Accreditation Coordinator, Southern Nevada Health District
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Adele Solomon is the Accreditation Coordinator for SNHD. Adele looks to ensure accreditation process are robust, inclusive and tracked. This ranges from improving community engagement to encouraging internal culture change. She has been instrumental in moving the priority groups that address Access to Care and Policy and Funding forward by focusing on successes, actions and next steps. She created a process to provide resources to address unmet social needs of the community through the first responder system. This process required a culture change and the collaboration of multiple partners. Her dissertation was on processes to improve the financial sustainability of Nevada’s Health Departments. This revealed a strong need for collaboration based on trust, transparency and accountability. Adele has experience in quality improvement and has attained a green belt level in 6 sigma. This knowledge is utilized in creating accountability, transparency and tracking for the Community Health Improvement Plan.

James “Jim” Osti, BSN, MPH
Administrative Analyst, Southern Nevada Health District
osti@snhdmail.org

James “Jim” Osti BSN, MPH is an administrative analyst assigned to the Community Health division of the Southern Nevada Health District. His duties include grant writing and grant compliance, budgeting and special projects. He is lead staff person at the District for the operation of the Healthy Southern
Nevada website. He works with a team of epidemiologists, Informaticians, and web content specialists to constantly update and improve the website. He promotes the use of the website as a community resource with a vast amount of health and economic data collected in one place and a platform for community health improvement initiatives.
THE NATIONAL DIABETES PREVENTION PROGRAM: AN INTERVENTION FOR DIABETES RISK REDUCTION
DLC Lower Level B | Thursday, September 22, 3:15 pm - 4:45 pm | Moderator: Amberlee Baxa, MPH

ABSTRACT: Diabetes mellitus is among the most common chronic conditions, affecting 28 million adults in the Nation. The Nevada diabetes prevalence rate approaches the National average, with 1 out of 4 diabetic patients experiencing serious clinical complications. Diabetes is typically preceded by a preventable condition classified as prediabetes, in which the blood sugar level exceeds the normal level, yet not enough to be classified as Type 2 diabetes. Prediabetes increases the risk of developing diabetes within 10 years, if not effectively managed. For reducing this risk, the CDC recently introduced the National Diabetes Prevention Program (NDPP) that aims to delay the onset of diabetes mellitus in people having prediabetes or those predisposed to having diabetes mellitus. The purpose of this current study is to assess the effect of the NDPP upon weight and physical activity status of participants. Weights were recorded at intervention centers and physical activity was self-reported. A total of 66 subjects were recruited from different health organizations in Southern Nevada. Multiple logistic and linear regression models were used in statistical analysis. The results indicated that the intervention sessions significantly predict the physical activity and percentage weight loss achieved. For every increase in session attendance, there was an increase of around 8 minutes in physical activity. The odds of achieving the desired weight loss goal (5-7% from baseline) is 24% more likely for each additional session attended. The findings of this study may suggest an effective intervention for regulating the modifiable risk factors for reducing diabetes risk.

Keywords: Diabetes Mellitus, National Diabetes Prevention Program, lifestyle intervention

LEARNING OBJECTIVES:
• Develop the expertise needed to discuss the research in a clear and meaningful way and will learn how to handle the questions and present the data to a range of individuals (who may or may not be familiar with the field of research).

PRESENTERS:
Kavita Batra, MPH
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Guogen Shan, Ph.D
Assistant Professor, University of Nevada, Las Vegas
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Currently first year doctoral student at UNLV. Working as a part-time statistics instructor at Arizona College School of Nursing. Also working as a part-time instructor at University of Nevada, Las Vegas

Special achievement: Winner of community health scholarship, the Patricia Sasutanik, GPSA, and UNLV Grad access scholarship.

Poster presentation: November, 2015

CONCURRENT BREAKOUT ABSTRACTS  |  CONCURRENT BREAKOUT SESSION B-6B

AVAILABILITY OF A FREE ONLINE DIABETES PREVENTION PROGRAM FOR SOUTHERN NEVADANS

DLC Lower Level B | Thursday, September 22, 3:15 pm - 4:45 pm | Moderator: Amberlee Baxa, MPH

ABSTRACT:
In 2015, the Southern Nevada Health District (SNHD), using resources from the Partnerships to Improve Community Health (PICH) grant, developed a free online diabetes prevention program. This program is intended to provide access to people who have barriers that prevent them from attending traditional classes in community settings. The program uses content from the National Diabetes Education Program’s Road to Health Toolkit (RTHTK) and is infused with local resources including a statewide diabetes resource directory. The online program is self-paced and presented in a slide show format to help people read, participate in activities, and complete 6 sessions. Program topics include: Knowing Your Risk, Making Healthy Food Choices, Increasing Physical Activity, Managing Weight, Managing Stress, and Resources. A pre and posttest, online risk tests, BMI calculators, food and activity logs, and a certificate of completion are available.

This presentation will provide an overview of the program, major development steps and evaluation data to date from program users including a demographic profile of program participants and self-reported behavior changes including reported increased in physical activity and fruit and vegetable consumption. The presentation will also share next steps for the program including how the program will be expanded to reach the Spanish-speaking community.

An online diabetes prevention program may be a cost effective way to educate people about pre-diabetes and the importance of prevention. Another benefit to the program is that, once developed, these types of programs take minimal staff time to monitor and administer.

LEARNING OBJECTIVES:
• Participants will learn at least two ways to reduce the risk of developing type 2 diabetes.
• Participants will be aware of at least one free diabetes prevention program available to southern Nevadans.

PRESENTERS:
Rayleen D. Earney, MEd, CHES
Health Educator II, Southern Nevada Health District
earney@snhdmail.org

Rayleen D. Earney has worked at the Southern Nevada Health District for almost 18 years, the past 13 years as a health educator in the Office of Chronic Disease Prevention and Health Promotion, where she has experience assessing, planning, implementing and evaluating secondary prevention health promotion programs to help reduce risks in people developing complications caused by unmanaged diabetes and heart disease.

Rayleen has an MEd degree in Health Promotion from the University of Nevada, Las Vegas and a BA in Liberal Studies from Cal State University, Hayward. She completed an online Level 2 Diabetes Career Path Certificate Program offered by the American Association of Diabetes Educators in 2013. She is a Certified Health Education Specialist and an active member of various local and statewide coalitions and facilitates the Clark County Diabetes Group, a local diabetes coalition. Rayleen has been recognized by the Community Partners for Better Health Coalition, the National Association for County and City Health Officials for developing an online “model practice” nutrition program, and the American Diabetes Association for supporting educational efforts.

Additional activities include collaboration with clinical and community partners, developing an online diabetes prevention program, promoting Care4Life diabetes self management program, and promoting resources found on SNHD’s www.gethealthyclarkcounty.org website. She also co-authored nutrition and physical activity articles featured in the Californian Journal of Health Promotion and the Journal of the Nevada Public Health Association and recently presented Million Hearts activities for a NACCHO webinar. She has an innate desire to help underserved communities.
Nicole W. Bungum, MS, CHES
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Nicole W. Bungum is the Supervisor for the Office of Chronic Disease and Health Promotion at the Southern Nevada Health District (SNHD). In this capacity she oversees the chronic disease prevention programs and staff. She has played key roles including project manager in several large grants to implement policy, systems and environmental change strategies to improve community health. Prior to being promoted, Nicole served as the Tobacco Control Program Coordinator at SNHD. Nicole is engaged in building partnerships with the community to address health needs. She is involved in several community coalitions and facilitates the Partners for a Healthy Nevada obesity prevention coalition. Nicole has served on various boards and taskforces over the years including, Keeping Kids Fit, Community Partners for Better Health, Girls on the Run, Nevada Society for Public Health Education (SOPHE) and NTPC. Nicole has worked in public health for nearly 20 years. Prior to coming to SNHD, Nicole worked for public health agencies in Arizona, California, Utah and Idaho primarily in research, tobacco control, physical activity and chronic disease prevention capacities. Nicole has been recognized by the University of Nevada, Cooperative Extension, Nevada Recreation & Park Society, Community Partners for Better Health, American Heart Association and the Nevada Public Health Foundation for her work in Public Health.

Nicole is a Certified Health Education Specialist with a Master’s Degree in Community Health and a graduate of the Great Basin Public Health Leadership Institute. She is the mother of a pretty amazing 11 year old girl.
ABSTRACT:
BACKGROUND: High income inequality has shown to be related to adverse health outcomes, such as weight status, heart attack, and premature death. Income inequality has been correlated with high rates of infant mortality. However, mechanisms have not been identified. Income inequality might negatively affect maternal health, and therefore increase the risk for infant mortality. Therefore, we examine the relationship between state-level income inequality and risk for maternal diabetes among mothers who gave birth in the US in 1995.

METHODS: We used data from the 1995 United States Vital Statistics Linked Infant Birth and Death Records to assess the relationship between state-level income inequality and a mother’s likelihood of being diagnosed with diabetes. Data were available for 3,779,477 mothers. Multi-level logistic regression was used to determine if US State-level income inequality, as measured by the Gini coefficient (Z-transformed), was a significant risk factor for diabetes, while adjusting for individual and state-level covariates.

RESULTS: Average State-level inequality was 0.40 (SD=0.03) and ranged from 0.36 to 0.53. Among mothers, 2.6% (n=97,051) were diagnosed with diabetes at the time of birth. When we adjusted for individual and State-level confounders, a standard deviation increase of State-level inequality was associated with the increased likelihood of diabetes diagnosis (OR=1.13, 95% CI=1.00,1.2). When stratified by mother’s race, income inequality was not associated with diabetes among white mothers. However, a standard deviation increase in Gini coefficient was associated with an increase likelihood of diabetes among black mothers (OR=1.14, 95% CI=0.99, 1.32).

CONCLUSION: Mothers living in a state with higher income inequality experience a greater likelihood of being diagnosed with diabetes, in comparison to mothers residing in more equal states.

LEARNING OBJECTIVES:
• Identify the importance of social determinants of health on health outcomes, particularly among new mothers in the USA.

PRESENTERS:
Roman Pabayo, PhD
Assistant Professor, University of Nevada, Reno
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Roman Pabayo is an assistant professor at the School of Community Health Sciences at the University of Nevada, Reno. He is a trained social epidemiologist who studies the relationship between social determinants of health and health outcomes.

Daniel Cook, PhD
Associate Professor, University of Nevada, Reno
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I study the politics of health and safety regulations, with a focus on the role of the private sector in public policy. Specific research topics have included tobacco control, drug safety, and the politics of science. I conduct qualitative analysis of archived documents while seeking a better understanding of structural inequality and how stakeholders interact with government and public health. I also contribute to multi-disciplinary teams to discover the implications of health science research for social justice and public policy.
CONCURRENT BREAKOUT ABSTRACTS

SELF-MONITORING BLOOD PRESSURE PROGRAM: MOVING FROM CONCEPT TO INCEPTION

**ABSTRACT:**
Approximately 70 million American adults (29 percent) have high blood pressure; Nevada demonstrates 30.6 percent. Studies have indicated that out-of-office blood pressure measurements are better indicators of future acute events than in-clinic measurements. The Self-Monitoring Blood Pressure program (SMBP) engages patients to become active participants in their healthcare by completing daily home monitoring of their blood pressure and returning the measurements to their providers.

Enrolled patients receive a home blood pressure monitor, blood pressure management information at the time of enrollment, along with a demonstration to ensure they will obtain readings accurately by a team-based care member, (i.e.; community health worker and community paramedic).

A pilot program kicked off in February, 2016, at a Federal Qualified Health Center including a primary clinic and satellites. To date, there are 96 participants in the program who have meet one or more of the following criteria:

- Diagnosed hypertension
- Established patients demonstrating high blood pressure at two of their last three appointments
- A new patient demonstrating high blood pressure at their first two appointments

Fifty percent of the eligible patients offered the program have enrolled and 70 percent of enrollees are compliant in reporting their daily pressures back to the clinic. Initial data demonstrate 92 percent of the participants are diagnosed hypertensive, 48 percent of the patients are over 65, and 54 percent of the patients are male. Eight patients reached control within the first 60 days.

**LEARNING OBJECTIVES:**
- Understand the benefits of engaging patients in monitoring their blood pressure outside a clinic.
- Determine steps to incorporate a Self-Monitoring Blood Pressure program into a clinic.

**PRESENTERS:**
Victoria Kolar, EMT-P
Heart Disease and Stroke Prevention Coordinator, State of Nevada, Division of Public and Behavioral Health
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Victoria Kolar is the Heart Disease and Stroke Prevention Coordinator for the Nevada Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion Section. She coordinates efforts to support infrastructure development and health systems strategies to improve uncontrolled hypertension and cardiovascular health. She also coordinates efforts to build statewide capacity through strengthening and promoting partnerships, identifying gaps and challenges in clinical systems, improving uncontrolled blood pressure, cardiac and stroke care standards through evidence-based best practices, developing community-clinical linkages, and promoting policy and systems change interventions to address the burden of heart disease and stroke in Nevada. Victoria has vast knowledge and experience in implementation of quality improvement processes in clinical settings, allied health curriculum development and instruction, and over 15 years of service in Emergency Medical Services.
ABSTRACT: There is a well-established connection between transportation and public health. Transportation decisions, systems, and policies impact how communities are designed. Community design can have a positive effect on physical activity and public health, or it can exacerbate existing disparities that contribute to poor health.

The Regional Transportation Commission (RTC) with support from the Southern Nevada Health District through the Partnerships to Improve Community Health (PICH) grant is updating the Regional Bicycle and Pedestrian Plan. The plan will identify a regional network of walking and biking facilities as well as programs such as safety education and encouragement to support the network. The Plan’s public engagement strategy solicits feedback from residents across the valley and targets populations in underserved areas where communities stand to benefit the most from improved walking and biking networks. Led by Alta Planning & Design, the project team completed an equity analysis, mapping high equity need areas in urbanized Clark County. The analysis uses several variables, including young and old populations, households without access to a vehicle, populations of color and low income households. A variety of outreach strategies were employed to gather feedback and guidance on the plan from stakeholders across the valley, including those in higher equity need areas.

This presentation will identify the important link between public health and transportation; share results from the equity analysis and approaches to addressing equity through public outreach; and identify how results from outreach efforts were incorporated into the Regional Bike and Pedestrian Plan.

LEARNING OBJECTIVES:
• Participants will be able to identify opportunities for public health and transportation sectors to work together to improve health outcomes in the community.
• Participants will be able to describe variables to consider in an equity analysis.
• Participants will be able to identify equity strategies for public outreach.

PRESENTERS:
Nicole Williams Bungum, MS, CHES
Supervisor, Southern Nevada Health District
bungum@snhdmail.org

Nicole W. Bungum is the Supervisor for the Office of Chronic Disease and Health Promotion at the Southern Nevada Health District (SNHD). In this capacity she oversees the chronic disease prevention programs and staff. She has played key roles including project manager in several large grants to implement policy, systems and environmental change strategies to improve community health. Prior to being promoted, Nicole served as the Tobacco Control Program Coordinator at SNHD. Nicole is engaged in building partnerships with the community to address health needs. She is involved in several community coalitions and facilitates the Partners for a Healthy Nevada obesity prevention coalition. Nicole has served on various boards and taskforces over the years including, Keeping Kids Fit, Community Partners for Better Health, Girls on the Run, Nevada Society for Public Health Education (SOPHE) and NTPC. Nicole has worked in public health agencies in Arizona, California, Utah and Idaho primarily in research, tobacco control, physical activity and chronic disease prevention capacities. Nicole has been recognized by the University of Nevada, Cooperative Extension, Nevada Recreation & Park Society, Community Partners for Better Health, American Heart Association and the Nevada Public Health Foundation for her work in Public Health.

Nicole is a Certified Health Education Specialist with a Master’s Degree in Community Health and a graduate of the Great Basin Public Health Leadership Institute. She is the mother of a pretty amazing 11 year old girl.

Cathy Halka, Masters of Community Planning, AICP
Senior Transportation Planner, Regional Transportation Commission of Southern Nevada
HalkaC@rtcsnv.com

Cathy Halka, AICP, is a Senior Transportation Planner at the Regional Transportation Commission of Southern Nevada (RTC) focused on pedestrian and bicycle planning projects including the Regional Bicycle and Pedestrian Plan,
Spencer Greenway Trail & UNLV Campus Bike Plan, and School Walk Audits. Prior to joining the RTC in January, 2016, she served as the project manager for bicycle planning efforts in Houston, Texas and in Sugar Land, Texas where she was named 2012 Champion Employee of the Year. Cathy received a 2008-2009 U.S. Fulbright Grant to study the patterns of new development in Vilnius, Lithuania. She has professional experiences in residential development, neighborhood planning, development review, and transportation planning.
ABSTRACT:
BACKGROUND: According to the Centers of Disease Control and Prevention (CDC), more than 500,000 people each year in the US are treated in emergency departments, and more than 700 people die as a result of bicycle-related injuries. Children are mostly at a high risk for bicycle-related injuries. In 2001, children 15 years and younger accounted for 59% of all bicycle-related injuries seen in US emergency departments. The objective of the project was to analyze RenoTracks data using GIS.

METHODS: RenoTracks data from 1/26/2014 to 8/6/2014 with a total of 1212 trips for the Reno and Sparks area in Nevada were used and ArcGIS was utilized to analyze the data.

RESULTS: New popular rides were discovered and men were the main users of the Reno Tracks Application. Most bicyclists were comfortable bicycling for about 3 miles as a way of commuting or exercising and majority of the bicyclists were between the age group 45 to 54 years.

CONCLUSION: Awareness through public outreach is required to educate the community members on how to get involved in contributing to the RenoTracks data by encouraging the community to walk and/or ride a bicycle. The data collected can be analyzed and can provide the residents of Nevada safe, with improved and well maintained transportation facilities that will accommodate bicyclists efficiently and conveniently.

LEARNING OBJECTIVES:
• Know the Effects of Bicycle Infrastructure on Health and Environment in Reno/Sparks, Nevada

PRESENTERS:
Piera Mburia, MPH
areipea@gmail.com
Piera is currently an Environmental Science and Health Ph.D. student at UNR. Graduated with an MPH in Epidemiology from UNR. Study area of interests include; Chronic diseases, Air pollution, Physical activity, Maternal and Child Health care. She is the Secretary of Nevada Public Health Association. She is a council member of the Graduate Student Association at the University of Reno, Nevada (UNR) and has helped to promote the welfare and interests of the graduate students. She has also worked with other students to advance the student voice and leadership, create an inclusive community, and promote diversity and civic engagement.
THE EFFECTS OF AN INTERVENTION ON DISTRACTED DRIVING AMONG COLLEGE STUDENTS

Partnership Room Lower Level | Friday, September 23, 10:45 am - 12:15 pm | Moderator: Jennifer Bennett, MPH

ABSTRACT:
In 2009 it is estimated that 5870 Americans were killed and 515,000 injured because of distracted driving, and that 21% of all injury crashes involved distraction. Programs and enforcement are needed, especially ones that target younger drivers. A quasi-experimental design was used to provide knowledge of the dangers and consequences of distracted driving by providing information, awareness and skills to avoid distracted driving. Intervention and control students completed a 23-item questionnaire that assessed demographics as well as attitudes toward distracted driving, knowledge of distracted driving, and distracted driving behavior. The group’s attitudes toward distracted driving, were measured by the questions; “While driving It is alright to 1) text, 2) talk on phone, 3) read a text, 4) groom, 5) program a navigation system, 6) read a map, book or newspaper, all became more negative (less accepting of distracted driving). Seven lessons that each included brief Powerpoint and film-presentations (7-12 minutes). Lesson topics covered types of distraction, legal and civil consequences of and strategies to avoid distracted driving. Specifically those who received the intervention were, while driving, less apt to, during the past 2 weeks; 1) talk on any cell phone, 2) send a text message, 3) program a cell phone navigation system, 4) read a map, book or newspaper, and 5) were more apt to place their phone out of reach, or silence their phone while driving. Combining the 12 distracted driving behaviors, those who received the intervention were less apt to perform any distracted behavior at study conclusion.

LEARNING OBJECTIVES:
• Describe the frequency of distracted driving among college students.

PRESENTERS:
Timothy J. Bungum, DrPH
Assoc Professor, University of Nevada, Las Vegas
tim.bungum@unlv.edu

Dr. Bungum has been at UNLV since 2003. He has published approximately 50 research papers on physical activity, nutrition, infectious disease and safety behaviors. He earned Master’s and Doctorate degrees from the University of South Carolina.

Heidi Manlove
James Abelar
EVIDENCE-BASED INJURY PREVENTION TOOL KIT: USING TRAUMA AND CRASH DATA TO SUPPORT ADVOCACY TO DECREASE INJURY AND DEATH FOR ALL NEVADANS

ABSTRACT:
Trauma centers are important advocates for state-level injury-related legislation; the utilization of local and national data informs legislative initiatives that help prevent injuries and ensure health equity for all Nevadans. We will highlight how this approach was used to provide data about the anticipated consequences of raising speed limits. One senate bill (SB), SB 2, was introduced to allow the Department of Transportation (DOT) to raise the maximum speed limit on NV highways from 75 to 85 miles per hour (MPH).

A 2005-2012 retrospective study was conducted using linked motor vehicle crash and trauma data from all four Nevada trauma centers. Only those travelling 55 miles per hour (MPH) or higher were included in the study (N=4,223). Demographic, hospital utilization and injury data, and speed were analyzed. Based on the current maximum speed limit (75 MPH) when the study was conducted, the estimation of the driver’s speed by law enforcement was categorized into 55 to 75 MPH and 76+ MPH. Patients with missing data points were excluded from our analysis. Chi-square and Mann-Whitney U were completed using SPSS 22 with significance set at p<0.05.

Those who were travelling above the current maximum speed limit (76+ MPH) had significantly more severe injuries and longer hospital length of stay (HLOS), intensive care unit length of stay (ICULOS), ventilator days (VentDAYS), and hospital charges. Additionally, there was a higher in hospital death rate for patients 76+ MPH compared with those who were travelling in lower speeds 55-75 MPH (4.7% vs. 2.6%; χ²=7.3, p=0.007).

LEARNING OBJECTIVES:
• Approximate the clinical injury and death implications of raising the vehicular speed limit in Nevada utilizing the evidence-based toolkit of the statewide linked crash-trauma database.

PRESENTERS:
Deborah A. Kuhls, MD, FACS, FCCM
Professor of Surgery, Chief, Critical Care; Associate Dean, Academic Affairs; Program Director, Surgical Critical Care Fellowship; Principal Investigator, Center for Traffic Safety Research, University of Nevada School of Medicine
dkuhls@medicine.nevada.edu

Dr. Deborah Kuhls is a trauma and general surgeon in Las Vegas. She is a professor of surgery and chief of critical care at the University of Nevada School of Medicine. Dr. Kuhls is attending surgeon in general surgery, trauma surgery and critical care at University Medical Center, Nevada’s Level I Trauma Center, where she is the medical director of the 14 bed trauma intensive care unit. She is board certified in general surgery and surgical critical care. Dr. Kuhls is program director of the Surgical Critical Care Fellowship and Associate Dean of Academic Affairs. Dr. Kuhls is active in local and national professional organizations and is appointed to the American College of Surgeons Committee on Trauma, where she chairs the national Injury Prevention Committee. She is on the Board of Trustees of Clark County Medical Society. Dr. Kuhls’ research interests include injury prevention and vehicular safety, and she is honored to be a principal investigator on an Office of Traffic Safety grant to create and house a database that links crash data with trauma center injury and hospitalization data. She was one of a select group of 15 to receive the Women to Watch Award from the Greenspun Media Group business publication, VEGAS INC, on January 2013 and she has been named Top Doctor by Vegas SEVEN in 2014 and 2015.

Nadia D. Fulkerson, MPH
Clinical Project Manager, Cleveland Clinic
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Nadia D. Fulkerson, BS, MPH is a Clinical Project Manager at the Cleveland Clinic in Las Vegas, NV. Formerly, Nadia worked as the Project Director of the Center for Traffic Safety Research at University of Nevada School of Medicine. She graduated summa cum laude from Atma Jaya Catholic University, one of the top distinguished private universities in Jakarta, Indonesia, with a Bachelor of Science
degree in Biology/Biotechnology. Her bachelor’s degree thesis titled “Antibiotic Resistance and Integron of Vibrio cholerae Detection from School Street Foods in Jakarta” was published in a peer reviewed journal and the study contributes to a submission of an antibiotics resistance-bearing-integron sequence to NCBI Nucleotide/Gene data bank. Ms. Fulkerson was also actively involved in teaching advanced molecular techniques in numerous workshops for undergraduates and underrepresented high school teachers, as her vision was to provide accessibility of hands-on molecular studies for everyone who would like to learn. She then received her MPH in Epidemiology and Biostatistics from University of Nevada Las Vegas (UNLV) in 2010. While in graduate school, Nadia received a merit scholarship from UNLV Graduate and Professional Student Association. She is a member Phi Kappa Phi Honor Society.EAST member, Outstanding Resident Teacher Award 2014, Association of Academic Surgeons, Surgical Infections Society, Society of Critical Care Medicine Resident Member, Arnold P. Gold Foundation, Excellence in Teaching Membership, Gold Humanism in Teaching Award 2009; Stephen P. Lowry Award, Outstanding Contribution to the General Surgery Residency Program, Arnold P. Gold Humanism Foundation Excellence in Teaching Award, Outstanding “Intern of the Year” Award. ATLS instructor.

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EAST member, Outstanding Resident Teacher Award 2014, Association of Academic Surgeons, Surgical Infections Society, Society of Critical Care Medicine Resident Member, Arnold P. Gold Foundation, Excellence in Teaching Membership, Gold Humanism in Teaching Award 2009; Stephen P. Lowry Award, Outstanding Contribution to the General Surgery Residency Program, Arnold P. Gold Humanism Foundation Excellence in Teaching Award, Outstanding “Intern of the Year” Award. ATLS instructor.

John J. Fildes, MD, FACS, FCCM
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Dr. John Fildes began his academic career as an assistant professor of surgery at the University of Illinois at Chicago College of Medicine in 1989 and visiting assistant professor in general surgery in 1992 at Rush Medical College in Chicago.
ABSTRACT:
BACKGROUND: With the passing of the Affordable Care Act, access to insurance coverage has been increasing since its implementation. However, an increase in insurance rates does not necessarily lead to an increase in access to healthcare services. Now that more Nevadans have the ability to utilize paid services through their insurance, the purpose of this study is to determine if differences in access to and the quality of those services exist based on certain demographic characteristics and insurance type after the passing of the ACA.

METHODS: To gather more detailed information about the quality of healthcare services received, parents who completed the Nevada Kindergarten Health Survey in either 2013, 2014, or 2015 were contacted via telephone and asked to complete a 30 minute interview regarding quality of healthcare for their child(ren). This study employed quantitative and qualitative analyses to examine the extent to which parent perceptions of cultural competence and quality of healthcare may differ based upon these variables.

RESULTS: While ratings of some quality measures were relatively high (>75%), survey responses indicate that the majority of parents were unsatisfied with long wait times, inadequate numbers of available doctors, and limited health plan coverage. These issues were present in demographic groups, regardless of income, race, location, or insurance type.

IMPLICATIONS: For Nevadans, perceptions of healthcare quality are less dependent on racial differences and insurance type, and are more closely related to the ability to access needed care and quality physicians for their child.

LEARNING OBJECTIVES:
• Attendees will have concrete information about barrier to quality healthcare for young children in Nevada.
• Attendees will be able to discuss recommendations for improving access to quality healthcare for all children.

PRESENTERS:
M. Amaris Knight, M.Ed.
Associate Director, Nevada Institute for Children's Research & Policy / UNLV
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M. Amaris Knight earned her M.Ed. in Health Promotion from the University of Nevada Las Vegas. At the Nevada Institute for Children’s Research & Policy, she helps to lead project evaluations for a number of federal and state funded grant programs. Her research background is on universal prevention programs for mental health, focusing on the prevention of depression and suicide in children and adolescents. She is especially interested in expanding the field of public mental health in Nevada and exploring disparities in mental health outcomes due to race, identity (gender and cultural), and education.

Amanda Haboush-Deloye, Ph.D.
Associate Director, Nevada Institute for Children's Research & Policy / UNLV
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Amanda Haboush-Deloye earned her Ph.D. in Experimental Psychology and her Master of Arts in Clinical Psychology from the University of Nevada Las Vegas. Amanda has been a principle and co-principle investigator on several federally or state funded grants focusing on the epidemiology of many different environmental health and chronic health issues, especially in young children. Her expertise is in the development of culturally appropriate evaluation and research methods in public health to determine effectiveness of community programs and she have a particular scientific interest in exploring disparities in access to care due to insurance coverage, income, and race.
AGING IN NEVADA: NOW IS THE TIME TO EDUCATE ON ADVANCE CARE PLANNING
DLC Lower Level A | Friday, September 23, 10:45 am - 12:15 pm | Moderator: Tabor Griswold, PhD

ABSTRACT:
Healthcare equity is a human right, and access to Advance Care Planning and End-of-Life care should be available to everyone regardless of economic status or ethnicity. Healthcare costs will continue to drain healthcare systems and state budgets due to the rise in elderly and terminally ill patients. The elderly is the fastest growing population in America. Nevada’s 65 and older population is projected to increase to 18.6% in 2030.

The nation’s health and social services resources will face unprecedented demand as 75 million people in the baby boomer generation reach retirement age—Today more than 12 million elderly or disabled Americans rely on long-term care, and the demographics of many states create significant challenges for their long-term care systems. The need for long-term care is projected to double over the next few decades. Medicaid is the largest financier of long-term care; state budgets will bear a significant amount of the costs from this increased need.

Medical spending for those between the ages of 55 and 64 is almost twice the amount spent by those between the ages of 35 and 44. Much of the expense lies in not introducing Palliative and Hospice care when most needed, and the cost of additional measures to sustain life, regardless of the quality of life as the patient might have intended if they had a voice.

The need for education and resources in Advance Care Planning and Hospice care are critical to providing equity and quality in healthcare as well as manage state public health budgets.

LEARNING OBJECTIVES:
• Know where to access ACP and Hospice information, resources and tools
• How best to deliver education in healthcare and community environments.
• Advance Directives and POLST documents are available for free Option of online and accessible anywhere for a fee.
• What Hospice is and isn’t & when to introduce.

PRESENTERS:
Joanne Danielson, CPC, ELI-MP  
Executive Director/Founder, TheROYL and Graceful Transitions Coaching  
joanne@theROYL.com

Joanne Danielson is a Certified Professional Coach with Energy Leadership Index Master Practitioner qualifications. Joanne found that her passion to help family members begin and continue the conversation about end of life planning was greatly needed. She has focused on bringing awareness and educating the public, healthcare organizations and business on Advance Care Planning and End-of-Life issues.

With an established career in technology, Ms. Danielson has used this knowledge to create the first online electronic signature for Advance Directives and POLST using DocuSign in 2014.

Ms. Danielson is the Founder of Graceful Transitions Coaching and the Executive Director for Organizational Partnerships and Community Outreach for the ROYL.

Joanne serves as co-chair on the Board of Plumas Community Hospice.

Philip Lisagor, MD, FACS  
Founder/Medical Director, TheROYL  
philip@theROYL.com

Philip Lisagor, MD, FACS, is a retired cardiothoracic surgeon who eventually understood that his patients needed real life information in addition to technical surgery. Dr. Lisagor is a graduate of the University of Chicago School of Medicine. He is board certified in both general surgery and thoracic surgery. He has served as Chief of Quality Management for the US Army Medical Command, has been Deputy Commander for Clinical Services for US Army in Iraq and has studied waste in the US healthcare system as an Ally Fellow of the Society of Thoracic Surgeons at the Kennedy School of Government at Harvard University QA for BAMC Cardiothoracic surgery, as Chief of Surgery at the Jersey City Medical Center and as Chief of QA for US Army MEDCOM Dr. Lisagor believes that although there may be real differences between doctors in compassion and empathy that all doctors can do a better job working with their patients.
# LAS VEGAS CHIPS: AN INTER-PROFESSIONAL APPROACH TO IMPROVED COMMUNITY HEALTH

**Abstract:**
Many people in our communities have unmet social needs and utilize the 9-1-1 system for access to basic services. Emergency Medical Services and hospital emergency departments are not designed to be a point of access to preventative and/or primary healthcare and social services, and are therefore not optimally effective. Proper navigation to appropriate resources results in a reduced cost of healthcare, health improvement, and improved system efficiencies. Recognizing the significant association between unmet social need and poor health, as well as the unique perspective gained by the first responder in the client's environment, Las Vegas CHIPS works with community partners to identify at-risk clients, provide them with needs assessments, service education, referral to appropriate resources, and advocacy.

Clients are referred to the program by first responders through their existing patient care reporting system. Social work students review the reports, contact the client, complete a needs assessment, identify appropriate resources, educate, and refer. Often, the social work student will advocate on behalf of the client through the referral and service acquisition process contacting hospitals, primary care providers, insurance companies, and more as needed. If the social work student believes the client would be better served by a home visit, they are referred to the student nurses who will complete a variety of health assessments from hearing and vision acuity, to safety and fall risk assessments. Additional referrals and advocacy services will be provided as appropriate. The pharmacology students assist with medication management, ensuring clients are taking their medications safely and appropriately.

**Learning Objectives:**
- Review the preliminary results of the Las Vegas CHIPS (Community Health Improvement Program) which show progress in achieving the Triple Aim
- Recognize the role of first responders in public health
- Recognize that unmet social need results in poor health outcomes and increased healthcare costs
- Identify the population groups that experience barriers to the access of existing social and healthcare services
- Identify public health benefits to inter-professional programs that address social service and healthcare needs

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**Presenters:**
Sarah J. McCrea, EMTP, RN, BSN
Emergency Medical Services Quality Improvement Coordinator, Las Vegas Fire and Rescue
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Alexandria E. Anderson, BA Education, Minor Human Development
Executive Director, Las Vegas CHIPS
alexandriaanderson@lasvegaschips.org

Sarah J. McCrea is currently the Emergency Medical Services (EMS) Quality Improvement Coordinator (QIC) for Las Vegas Fire and Rescue (LVFR). From her work with the Nevada Legislature on Assembly Bill 305 for Community Paramedicine, signed into law May 2015, to her current position as Lead for the Southern Nevada Health District Community Health Improvement Plan Access to Care Implementation Team, Ms. McCrea combines her passion for helping others with her expertise in healthcare to act as an agent of change for her community by breaking down barriers and encouraging collaboration.

She founded and serves on the board for Las Vegas CHIPS (Community Health Improvement Program), a private non-profit, providing social services to clients identified by first responders, and advocating for and connecting the community's most vulnerable members with the services they need. Ms. McCrea founded and serves as chair of the LVFR EMS Peer Review Committee, responsible for quality improvement review of the EMS clinical services provided by LVFR as well as implementing evidence-based practices for optimal patient outcomes. Ms. McCrea holds a Bachelor's in Science of Nursing degree from Nevada State College and graduated from Green Valley High School of Henderson, Nevada.

Alexandria E. Anderson is currently the Executive Director for Las Vegas CHIPS (Community Health Improvement Program), a private non-profit organization providing social resource and healthcare navigation services by inter-professional care teams to community members identified as high-risk or in-need by local first responders. Las Vegas CHIPS team members include learning professionals from local universities and schools such as social work, nursing, and pharmacology working together to provide a holistic client assessment and case management service for optimal health and social outcomes at no cost. Ms. Anderson is also
the Chaos Diversion Director for Caridad Charity, a Las Vegas agency focused on providing homeless services through customer service based outreach and interagency collaboration. With Caridad, she assists in the identification and writing of grants, program development, performance measurement, and direct client services via outreach. Ms. Anderson also worked for the Los Angeles County Department of Public and Social Services as a homeless advocate and eligibility worker. Further nonprofit experience includes MOPS, Mothers of Precious Souls, dedicated to assisting young mothers and Genesis, which provided sports programming for at-risk youths. Ms. Anderson holds a bachelor’s degree from California State University Dominguez Hills in Education with a Minor in Human Development and is currently in pursuit of her Master’s Degree in Social Work from the University of Nevada, Las Vegas. She graduated from Valley View High School of Marino Valley, California.
CONCURRENT BREAKOUT ABSTRACTS

PATIENT-CENTERED CARE

DLC Lower Level A | Friday, September 23, 10:45 am - 12:15 pm | Moderator: Tabor Griswold, PhD

ABSTRACT:
Veterans Administration integration of preventive care into clinical practice and patient centered care models focusing on training the provider and patient.

LEARNING OBJECTIVES:
• Identify two different models of patient centered care

PRESENTERS:
Lori Winchell, DrPH, APRN-BC
Health Promotion Disease Prevention Program Manager, Veterans Administration
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Masters Nursing-UCLA
DrPH-Loma Linda University
Clinical Practice since 1977 as an APRN in a variety of settings including: Rural health care central California, Ventura County Jail Medical Services, Director of Student Health Services at UNLV, University Medical Center Southern NV outpatient Clinics, and Southern NV VA. Also adjunct Professor UNLV and Faculty Walden University School of University School Nursing. Currently preceptor UNLV MPH student
EDUCATORS’ PERCEPTIONS ASSOCIATED WITH SCHOOL GARDENING PROGRAMS IN CLARK COUNTY, NEVADA: PRACTICES, RESOURCES, BENEFITS AND BARRIERS

**DLC Lower Level B | Friday, September 23, 10:45 am - 12:15 pm | Moderator: Laima Etchegoyen, MPH**

**ABSTRACT:**
School garden programs have been utilized in the U.S. since their introduction at the end of the 19th century. The use of school gardens and the teaching style implemented in them are dependent on individual schools and teachers. Educators’ attitudes, knowledge, and motivation for a school-based gardening program are crucial to implementing comprehensive school garden programs. To move toward an expansion of garden education, it is necessary to determine the concerns, resources, benefits or barriers that educators identify regarding the utilization of gardens to teach their students. The purpose of this pilot study was to determine principals’ and teachers’ perceived practices, resources, benefits, and barriers to the school garden programs in Clark County Nevada. The survey was sent to 250 teachers and administrators at schools in Clark County School District (CCSD) using an electronic web site link on an invitation to participated in the survey. One hundred and nineteen educators completed the survey and were used for the data analysis. Many educators with gardens perceive that students benefit from school garden programs; however, there are factors that can be improved for the implementation of school garden programs in CCSD to be a success. Current practices and important resources needed for school gardens as well as benefits of and barriers to the school garden programs will be presented. Recommendations will assist the suitability of school gardening in the future.

**LEARNING OBJECTIVES:**
• After this presentation, the audience will be able to identify the perceived benefits of school gardens in CCSD, the needed resources for a successful garden program, and some of the barriers to having and implementing a school garden program.

**PRESENTERS:**
Tomomi Murakami, MPH  
Health & Nutrition Coordinator, Sunrise Children Foundation  
tomomidesu@gmail.com

My name is Tomomi Murakami, I am originally from Japan. I am the youngest of two siblings and my parents own the pharmacy. I came to United States to pursue an education. I attended College of Southern Nevada and received Associate degree in food and beverage management in 2003. Next I attended in University of Nevada Las Vegas. I received Bachelor degree in Hotel management in 2007. During the time I became interested in the field of Health and Nutrition and decided to get my second degree in Nutrition Science. Later I choose to get my Master’s degree in Public Health. While I was working on my degree I did internship with Green Our Planet and I researched on school garden program and child nutrition. My thesis was Educators’ Perceptions Associated with School Gardening Programs in Clark County, Nevada: Practices, Resources, Benefits and Barriers. After graduation in 2015 I became employee of Sunrise Children Foundation as a Health and Nutrition coordinator with their Early Head Start Program.
CONCURRENT BREAKOUT ABSTRACTS | CONCURRENT BREAKOUT SESSION B-9B
HUNGER DOESN’T TAKE TRACK BREAKS: THE IMPACT OF YEAR-ROUND EDUCATION ON HOUSEHOLD FOOD SECURITY IN CLARK COUNTY, NV
DLC Lower Level B | Friday, September 23, 10:45 am - 12:15 pm | Moderator: Laima Etchegoyen, MPH

ABSTRACT:
BACKGROUND: Federal child nutrition programs provide meals to students in conjunction with the timing of the traditional school year, including a program that provides meals during the summer break. Year-round education (YRE) scheduling redistributes the weeks of the summer break as multiple, shorter “track breaks” throughout the school year. Many students lose access to federal meals during track breaks, and this loss of access has implications for food security among Clark County School District (CCSD) students and their families.

METHODS: CCSD’s federal meal claims for August 2015 through March 2016 were analyzed to determine the number of meals students miss during track breaks and the financial costs shifted to households during track breaks. CCSD’s meal menus were analyzed to determine the average calories provided through CCSD’s meals. CCSD student demographics provided some insight into the types of students whose food security was affected by YRE.

FINDINGS: YRE affects access to 358,980 meals among 11,820 students. Shifting the cost of these meals from CCSD to students and families creates a financial burden of about $1.1 million among these households. Furthermore, approximately 60% of these households are low-income households (less than 185% of the federal poverty level) and consist predominantly of racial minorities (67.4% non-White).

RECOMMENDATIONS: Federal child nutrition programs that can meet the needs of year-round school students should be implemented in more locations. Doing so will provide increased food security for CCSD students, avoid shifting unfair financial burdens to financially distressed households, and ensure social justice in federal meal programs.

LEARNING OBJECTIVES:
- Identify the names of key federal child nutrition programs
- Understand how year-round education impacts household food security
- Identify at least one solution for improving food security among students and their households

PRESENTERS:
Regis Whaley
Research Specialist, Three Square Food Bank
rwhaley@threesquare.org

Regis Whaley is the Research Specialist at Three Square Food Bank. He is also a student of UNLV’s School of Community Health Sciences, where he is completing his Master’s degree in Public Health. Regis is a lifelong resident of Las Vegas and hopes to use his knowledge and skills to improve public health in his hometown. Regis is married to his wife, Jennifer, and has a two-year-old daughter, Katherine.

Jodi Tyson, MPH
Director of Government Affairs, Three Square Food Bank
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ABSTRACT:
BACKGROUND: In Nepal, little is known about the nutritional health status of the burgeoning elderly population. Moreover, there is no pre-existing validated tool for nutritional assessment of older adults. In light of the limitations in personnel and financial and material resources, health screening instruments that require minimal clinical staff and resources are needed in Nepal. Therefore, we aim to validate the mini-nutritional assessment (MNA) tool and concurrently estimate the prevalence of malnutrition among elderly people in the Okharpauwa Village Development Committee (VDC) in Nuwakot District, Nepal.

METHODS: A cross-sectional study was conducted with a representative sample of 242 elderly people. Spearman’s rank correlation between total MNA score and each of the 18 items included in the MNA were calculated. In receiver operating characteristic (ROC) curve analysis; sensitivity, specificity, and diagnostic accuracy were calculated. Prevalence of malnutrition and various factors associated with it were evaluated.

RESULTS: A total of 242 respondents, 111 males and 131 females, with a mean age of 69.8±7.4 years participated in this study. The mean BMI of the respondents was 21.4±3.9 kg/m2. The total MNA score was significantly correlated with BMI (r=0.58; p<0.001). The diagnostic accuracy, sensitivity and specificity of MNA were 81%, 86% and 67%, respectively. The mean MNA score was 19.3±4.2. Of the elderly sampled, 65% were at risk of malnutrition, and 24% were malnourished. Malnutrition was more prevalent among females (29%) than males (18%). Forty percent of those of Dalit ethnicity, typically lowest SES, were malnourished. Those who were married and those who were literate had better nutritional status than their counterparts.

CONCLUSIONS: The MNA appears to be a valid and sensitive tool for rapid nutritional screening of the elderly in Nepal. The prevalence of malnutrition was high among Nepalese elderly in the Okharpauwa VDC, which requires urgent health monitoring and management attention.

LEARNING OBJECTIVES:
- Understand that the prevalence of malnutrition is high among elderly in rural Nepal.

PRESENTERS:
Saruna Ghimire, MPH
PhD student, Department of Environmental and Occupational Health, School of Community Health Sciences, University of Nevada Las Vegas
ghimis1@unlv.nevada.edu

Saruna Ghimire is a current PhD student in Epidemiology and Biostatistics at the School of Community Health Sciences at the University of Nevada, Las Vegas. She completed her MPH in 2011 at the University of Wolverhampton in the United Kingdom; her thesis was a meta-analysis of research on oral contraceptives and breast cancer risk in women with the BRCA gene. Prior to starting the doctoral program at UNLV, she served four years as an Assistant Professor and Program Coordinator for the Department of Public Health at the Valley College of Technical Sciences in Kathmandu, Nepal, where she developed a textbook for Applied Epidemiology relevant to the Nepali context. She also served as Principal Investigator in several grant-funded public health research projects in Nepal examining barriers to compliance with lifestyle changes among diabetic and hypertensive adults. She continues to collaborate with fellow researchers in Nepal in a consultant capacity with AHEAD-Nepal. Since joining UNLV as a doctoral student, Saruna taught a GPSA workshop on Basic SPSS software use, designed and presented several posters in local forums, and is working on several research manuscripts.

Binaya Kumar Baral, MSc
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Karen Callahan, MA
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NV WEBIZ - AN ASSET TO PUBLIC HEALTH
DLC Lower Level B | Friday, September 23, 10:45 am - 12:15 pm | Moderator: Laima Etchegoyen, MPH

ABSTRACT:
Immunization Information Systems (IIS) serve as a valuable asset to public health and the unique challenges inherent to residing in the many rural areas of our state. By consolidating immunization data for Nevada’s community members, NV WebIZ (our statewide IIS) can paint a clear picture of immunization coverage. By examining this “picture,” the Nevada State Immunization Program can identify areas with inequitable access to vaccination and determine and address the circumstances leading to such pockets of need. Through the implementation of HL7 electronic data exchange with medical providers and organizations throughout Nevada, the NV WebIZ Public Access Portal, and active participation in community health events, our statewide IIS facilitates rapid access to accurate and complete immunization data for all, and helps to educate people of all backgrounds and circumstances about the significant impacts vaccines have on overall public health.

LEARNING OBJECTIVES:
• At the end of this session (or poster viewing), participants (or readers) will be able to describe an IIS, and understand how NV WebIZ data is used to assess immunization coverage rates for geographic regions/populations and drive programmatic decisions, how immunization data is made available to medical providers, educational institutions and Nevada’s current and former residents, and how NV WebIZ’s community outreach empowers families of all backgrounds to get the vaccinations they need to stay healthy.

PRESENTERS:
Amanda (Mandy) Harris
NV WebIZ (IIS) Manager, Nevada State Immunization Program
asharris@health.nv.gov

I was born, raised and currently reside in (and love!) Carson City, NV. I have worked for the Division of Public & Behavioral Health (formerly the Health Division) for over 18 years, and have enjoyed being a part of the Nevada State Immunization Program (NSIP) team for over 10 of those years. As the Manager of NV WebIZ, our statewide immunization information system (IIS), I am a member of the Nevada Public Health Association, and actively participate in IIS and immunization activities at the local and national level, including Immunize Nevada, the American Immunization Registry Association (AIRA) and the National Center for Immunization and Respiratory Diseases (NCIRD) IIS Executive Board. In my time with NSIP, I have seen NV WebIZ (and IIS in general) mature into a foundational piece of public health, and I am pleased to serve in my role, and to participate in the NPHA annual conference.
ABSTRACT:
BACKGROUND: Suicide in Nevada is an issue that affects all demographics of people, including youths, adults, and veterans. Based on the results there is a need for continued monitoring and prevention efforts for these populations.

METHODS/DATA SOURCES: Data found in the report was collected from the state Youth Risk Behavior Survey and Behavioral Risk Factor Surveillance System. Additional data from the Crisis Call Center and The Department of Health and Human Services was also included. Veteran’s data came from the Division of Public and Behavioral Health’s Electronic Death Registry System.

RESULTS: From 2013 to 2015 there was a decrease in the percentage of high school students who attempted suicide from 11.8% to 9.8%, although the result was not statistically significant. The rates from 2011, 2012, and 2013 of adults who seriously considered attempting suicide were 3.2% (2.2-4.1 CI), 2.0% (1.5-2.6 CI), and 2.2% (1.2-3.1 CI) respectively. In the fiscal year of 2015, 41,871 calls were made to the Crisis Call Center and of those calls, 11.07% were regarding the issue of suicide. From 2010-2014 there were 27,805 veteran deaths and of those, 22% were suicide related. Comparing veteran to non-veteran suicides from 2010-2014, veteran suicide rates were consistently higher each year.

CONCLUSION: This data may be used to inform and develop policies or prevention programs targeting suicide within Nevada. There has been no significant decrease in suicide rates among high school students and veteran suicides have been increasing since 2012.

LEARNING OBJECTIVES:
• Identify populations and demographics most likely to commit suicide.
• Recognize potential solutions to decrease suicide rates among vulnerable populations.

PRESENTERS:
Karishma Gupta, MPH
Nevada Division of Public and Behavioral Health, Office of Public Health, Informatics and Epidemiology
karishmagupta343@gmail.com

I received by Bachelors of Science in 2015 from the University of Miami in Biology. I have recently graduated from The George Washington University with my Masters in Public Health. I am currently working with the Office of Public Health Informatics and Epidemiology within the Nevada Department of Public and Behavioral Health to develop and epidemiological profile on suicide rates in Nevada.
ABSTRACT:
BACKGROUND: National data suggest that sexual minority youth at increased risk for a range of poor behavioral health outcomes; however, the needs of lesbian, gay, and bisexual (LGB) students in Nevada have never been assessed.

METHODS: In 2015, 5,108 students from 97 schools in Nevada completed the youth risk behavior survey (YRBS). Weighted logistic regression was used to assess the relationship between sexual orientation and a variety of risk behaviors, after controlling for age, sex, race/ethnicity, and parental income.

RESULTS: The prevalence of many risk behaviors were significantly higher among LGB students compared to heterosexual students, including victimization, substance use, and poor mental health outcomes. For example, the odds of being bullied on school property [(AOR=2.00), 95% CI=1.57, 2.55], being in a physical fight on school property [2.42, (1.60, 3.66)], and experiencing physical dating violence [3.13, (2.18, 4.49)] in the past 12 months were significantly higher among LGB compared to heterosexual students. The odds of recent (past 30 days) use of cigarettes [5.15, (3.53, 7.52)], vapor products [1.97, (1.54, 2.49)], alcohol [2.27, (1.72, 3.00)], marijuana [2.60, (1.94, 3.50)], and prescription drugs [3.51, (2.43, 5.07)] were also higher among LGB. In addition, LGB students had higher odds of non-suicidal self-injury [3.85, (3.01, 4.92)], suicide ideation [3.98, (3.12, 5.08)], and suicide attempts [5.28, (3.95, 7.07)] in the past 12 months.

CONCLUSION: LGB high school students in Nevada are a risk for many behavioral health problems. Policies and interventions at the school and community level are needed to address these health disparities.

LEARNING OBJECTIVES:
• Understand the disparities in adolescent risk behaviors between lesbian, gay, or bisexual (LGB) and heterosexual populations.
STAFF MEMBERS’ PERCEPTIONS OF STUDENT-VETERANS’ TRANSITION IN SOUTHERN NEVADA:
IMPLICATIONS FOR PUBLIC HEALTH

ABSTRACT:
The purpose of this descriptive study was to explore staff members’ perceptions of student-veterans’ college experiences at a two-year and a four-year institution. This study was guided by Schlossberg’s Theory of Adult Transitions. Purposive sampling was used to identify 640 participants for the study.

The validity of the survey instrument was established through a panel of experts in student services, veterans resources, and academics. The instrument was tested for reliability using Cronbach’s alpha procedures. Cronbach alpha value was 0.84 for the 31 Likert-type scale items. Kuder-Richardson 20 was used to measure the internal consistency of the 10 dichotomous ("yes/no") items. The KR-20 - reliability was 0.75. Of the six items which measured campus culture, “adding more services on campus for student-veterans” was rated the highest by staff members of both institutions (M = 1.48) (M = 1.51) respectively.

Respondents rank the following as major problems that the Department of Veterans Affairs should be responsible for when helping student-veterans with selected problems: 1. Military-related injuries, 2. Talking about their military experiences, and 3. Post-Traumatic Stress Disorder (PTSD). About 93% of the respondents at both institutions indicated that they never served in the U.S. military. A majority of the respondents indicated that they would be willing to participate in a seminar about student-veterans and military culture. Overall, it appears that respondents would benefit from selected awareness programs concerning the availability of veteran services on campus for student-veterans.

From public health and policy perspectives, the results of this study suggest that public health professionals should collaborate with staff members at post-secondary institutions to address selected psycho-social issues of student-veterans.

LEARNING OBJECTIVES:
• At the end of this presentation, participants should be able to: (1) Distinguish who should be responsible for helping student-veterans with various problems they may have. (2) Describe staff members’ perceptions of student-veterans’ campus environment. (3) Compare staff members’ level of awareness of selected veteran services available for student-veterans.

PRESENTERS:
Howard R. D. Gordon, EdD, MPH
Professor and Program Coordinator of Career and Technical Education, University of Nevada, Las Vegas
howard.gordon@unlv.edu

Dr. Howard R.D. Gordon is currently the Program Coordinator of Career & Technical and Post-secondary Education in the Department of Teaching and Learning at UNLV. His doctorate is in Agricultural Science Education with minors in Rural Sociology and Educational Research from Virginia Tech. http://www.alce.vt.edu/index.html

Dr. Gordon also completed selected post-doctorate courses in medical education at Spartan School of Medicine, Vieux Fort, St. Lucia (West Indies). http://spartanmed.org/

Heidi Schneiter, M.Ed., MT (ASCP)
Professor of Clinical Laboratory Sciences in the Department of Dental Sciences, Diagnostic Evaluation & Rehabilitation Services, College of Southern Nevada
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Heidi Schneiter is a professor at the College of Southern Nevada in Las Vegas, NV. Her primary area of teaching is in Clinical Laboratory Sciences. Heidi earned her undergraduate degree from the University of Wisconsin-Oshkosh, and has a master’s degree in education from the University of Nevada, Las Vegas. Heidi joined the Department of Dental Sciences, Diagnostic and Rehabilitation Services in 2004, after working in the field of clinical laboratory science for more than fifteen years. She was appointed Program Director for the Clinical Laboratory Sciences programs in 2008, and developed the baccalaureate degree for the clinical laboratory science program in 2012. Ross Bryant is the director of UNLV’s Military & Veteran Services Center. He served 24 years in the Army. He has worked on campus for 14 years, first as commander of the UNLV Army ROTC program and then as deputy director for the Institute for Security Studies. As director of veteran services, Bryant is helping active military members and veterans with the transition from the
battlefield to a college campus. Bryant has extensive experience in developing new programs for students. He works on university and community outreach programs to help student veterans and their family members’ achieve their academic goals.

Ross D. Bryant, M.A.  
Director, Military & Veteran Services Center, University of Nevada, Las Vegas  
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Ross Bryant is the director of UNLV's Military & Veteran Services Center. He served 24 years in the Army. He has worked on campus for 14 years, first as commander of the UNLV Army ROTC program and then as deputy director for the Institute for Security Studies. As director of veteran services, Bryant is helping active military members and veterans with the transition from the battlefield to a college campus. Bryant has extensive experience in developing new programs for students. He works on university and community outreach programs to help student veterans and their family members’ achieve their academic goals.

Vanessa Winn  
Program Manager- Veterans Education and Transition Services Center at CSN, College of Southern Nevada  
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Vanessa Winn is currently the Program Manager for the Veterans Education and Transition Services Center at the College of Southern Nevada. She currently oversees the administrative and compliance components of the VETS Center. She serves on committees and
GREEN DOT BYSTANDER INTERVENTION PILOT PROGRAM EVALUATION RESULTS

ABSTRACT:
Preventing relationship abuse (i.e., bullying, interpersonal and romantic-based violence, sexual assault) on high school campuses has become an increasingly important health issue. Green Dot is a bystander intervention program that teaches youth safe ways to intervene in active or impending situations of violence, and was created based on the social psychological constructs of diffusion of responsibility and pluralistic ignorance. An evaluation was planned to examine the impact of a Green Dot pilot intervention at a small Nevada high school. Although previous surveys have documented youth's reports of intentions to intervene in violence, in actual situations of violence youth rarely act, making these self-reports unreliable. A baseline survey was constructed based on the program's logic model and the underlying theory of the program, and asked students to rate both themselves as well as perceptions of their peers on several parallel items. Results indicated that youth were highly positive in their ratings of willingness to intervene in situations of violence but that they were significantly less likely to rate their peers as willing to intervene. The discrepancy in reports of personal behavior versus peer behavior may highlight why bystander intervention behaviors are actually uncommon in practice. After training, a follow up focus group highlighted necessary steps to improve violence prevention efforts at the pilot high school. Implications for the pilot program moving forward are discussed.

LEARNING OBJECTIVES:
• Name at least three barriers to bystander intervention for violence prevention.

PRESENTERS:
Lisa Maletsky, MPH
Doctoral Student, University of Nevada, Reno
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Lisa D. Maletsky is a doctoral student in the Interdisciplinary Program in Social Psychology at the University of Nevada, Reno and holds a Masters of Public Health. Research interests include sexual assault prevention, organizational responses to health promotion, and program evaluation theory and practice.

Aubrey Etopio, MA
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Aubrey Etopio is a doctoral student in the Interdisciplinary Program in Social Psychology at the University of Nevada, Reno. Research interests include community health promotion and program evaluation theory and practice.
PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-11A

PREGNANCY: ENCOURAGING THE SAFE USE OF MEDICINE, FOOD AND DEVICES

DLC Lower Level A | Friday, September 23, 1:30 pm - 3:00 pm | Moderator: Liliana Wilbert, MPH

ABSTRACT:
There are over 6 million pregnancies in the U.S. each year. Women use a range of medical products to treat conditions that start or get worse during pregnancy. Women also have to make critical decisions about which foods are safe to eat during pregnancy. Because these issues can affect the health of the mother and child, it is imperative that pregnant women understand the risks and have access to reliable information. The FDA has several initiatives that provide women with tools and tips on the safety issues associated with drugs, foods and devices like keepsake ultrasounds used during pregnancy. The presentation will outline four strategies for promoting safe medication use and describe the vital role of pregnancy exposure registries in collecting information about medication effects. FDA’s Food Safety for Moms-to-Be bilingual initiative will also be discussed along with tips on general food safety, fish consumption, and listeriosis.

LEARNING OBJECTIVES:
• To review safety challenges for pregnant women and describe tools, such as pregnancy exposure registries, that can be used to gather information from pregnant women who are taking medications.

PRESENTERS:
Mary Ellen Taylor, MSPH
Public Affairs Specialist, Office of Regulatory Affairs, FDA
maryellen.taylor@fda.hhs.gov

Mary Ellen Taylor has been employed by the Food and Drug Administration as a Public Affairs Specialist for almost twenty years. Prior to FDA, Mary Ellen served as a Health and Nutrition volunteer in the Peace Corps in Guatemala. She received a Master’s of Science Degree in Public Health from Tulane University and an undergraduate degree in Psychology from the University of Arizona. She is a past member of the Association of Food and Drug Officials Editorial Board and Co-editor of the Western Association of Food and Drug Officials’ (WAFDO) quarterly newsletter. She is a current member of WAFDO and the California Public Health Association – North and a past member of the Health Fraud Task Force of California.
THE NEVADA NEWBORN SCREENING PROGRAM: AN ASSESSMENT OF SCREENING COVERAGE AND PREVALENCE OF DISORDERS

**BACKGROUND:** Newborn screening programs identify neonates that may have inherited genetic disorders that could lead to significant health problems or death if untreated. The purpose of this study was to estimate the prevalence of newborn disorders in Nevada, assess completeness of screening coverage, and explore demographic characteristics between those screened and non-screened.

**METHODS:** The Nevada State Public Health Laboratory provided data on all newborns in Nevada screened for metabolic, endocrine, hemoglobin, and other genetic disorders between July 1, 2014 and June 30, 2015. Period prevalence (per 10,000 screened newborns) was estimated. In addition, a pilot study was conducted to assess screening coverage by linking Newborn Screening and live birth data on all infants screened between September 1, 2014 and April 30, 2015.

**RESULTS:** The 12 month period prevalence of any newborn disorders in Nevada was 18 neonates per 10,000 newborns screened at least once; the prevalence was highest for primary congenital hypothyroidism (5.3 per 10,000). 91% of the Newborn Screening and live birth records were linked, indicating high screening coverage in Nevada. However, lower screening coverage was estimated for rural communities and in non-Hispanic populations.

**DISCUSSION:** The data cleaning and management plan developed in this study can be used to continue monitoring screening coverage and study epidemiological characteristics of screened and non-screened newborns. Further research should explore potential screening differences in rural counties and among non-Hispanic populations.

**LEARNING OBJECTIVES:**
- At the end of my presentation participants should have an appreciation for the public health benefit provided by newborn screening programs, especially because they help save lives. By assessing the screening coverage in Nevada we have identified populations that may be at risk for not receiving proper screening. By further estimating the period prevalence of disease we have a better understanding of newborn health in Nevada and the potential need for additional public health services.

**PRESENTERS:**
Jennifer Delaney, MPH
Graduate, Community Health Sciences, University of Nevada, Reno
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In May 2016, I received my Masters of Public Health with an emphasis in Epidemiology from the University of Nevada, Reno. It is my interest in science, education, and community that led me to pursue a degree in public health. During the Fall of 2015, I was fortunate to have an internship with the Nevada Division of Public and Behavioral Health. I conducted a comprehensive review of the laboratory system in the state of Nevada in terms of structure, testing capabilities, and certification processes. From this research I developed my professional paper while working closely with the Nevada Newborn Screening Program at the Nevada State Public Health Laboratory. There I learned about the necessity of the newborn screening program to ensure the health and well-being of newborns in our state. This topic is important to share with our community, so I appreciate the opportunity to present it at this year’s Nevada Public Health Association conference. I hope to educate other health professionals about the value of newborn screening and promote the idea of equitable screening coverage across the state.

Now that I enter the field of public health I am seeking new opportunities to apply my skills and further enhance my professional career. It is my intention to become a member of different health organizations within our state to increase my knowledge and experience. I have recently joined the Northern Nevada Breastfeeding Coalition and have become a member of the Nevada Public Health Association.
CONCURRENT BREAKOUT SESSION B-11C
SCREENING FOR INTIMATE PARTNER VIOLENCE: A HEALTHCARE PRIORITY
DLC Lower Level A | Friday, September 23, 1:30 pm - 3:00 pm | Moderator: Liliana Wilbert, MPH

ABSTRACT:
The purpose of this breakout session is to define the dynamics of reproductive coercion in the context of intimate partner violence and identify these issues as public health priorities that affect patient health and well-being. We will discuss best practices to screen patients for these issues, and advocate for the importance of screening. Local and national resources that can be utilized in patient care will be provided. Participants will be encouraged to incorporate universal screening in their respective clinics or medical facilities.

LEARNING OBJECTIVES:
• Define Intimate Partner Violence (IPV) and Reproductive Coercion (RC)
• Identify at least three different ways that IPV and RC impacts patient health
• Use the screening tool provided to assess and intervene in cases of IPV and RC
• Identify resources you can provide for your patients and yourself and how to refer out

PRESENTERS:
Genese Jones-Torrence, Human Services Mgmt.
Community Outreach Supervisor, Safe Nest TADC, Inc.
gjon@safenest.org

Genese Jones-Torrence is the Community Outreach Supervisor at Safe Nest, Inc., Nevada’s largest nonprofit organization serving victims of domestic violence since 1977. Safe Nest provides emergency shelter, advocacy, counseling, education, and maintains a 24-hour hotline to assist victims. Since 2007, Genese has worked extensively in the anti-sexual and domestic violence movement providing program development, prevention education, advocacy, mediation, crisis intervention, and teaching life skills to strengthen interpersonal connections. Possessing a degree in Human Services Management, Genese is the owner of a private consulting, training and coaching agency, a certified sex educator, healthy relationships strategist, and community activist. Genese’s mission is to help others overcome personal and societal barriers to build stronger relationships. Having worked with both international and local clientele of all ages, she utilizes the entire spectrum of her career and life experiences to provide holistic, culturally responsive services that empower individuals, mobilizes communities, and promotes social justice by breaking the silence surrounding violence.

Katarina Pulver, Psychology/Social Behavior
Healthcare Outreach Advocate, Safe Nest TADC, Inc
kpul@safenest.org

Katarina Pulver recently graduated with honors from the University of California: Irvine. While she was a student there she worked on campus as a peer educator for sexual and domestic violence and helped put on awareness events such as Take Back the Night. Since graduation, she now works for Safe Nest TADC as the Healthcare Outreach Advocate. In this role, Katarina has implemented screening practices in healthcare clinics and provided training to staff on intimate partner violence.
BREASTFEEDING SUPPORT THROUGH THE LENS OF HEALTH EQUITY

ABSTRACT:
Breastfeeding is a public health and health equity issue. Even in developed countries, infants who are not breastfed face higher risks of infectious and chronic diseases, and mothers who do not breastfeed face higher risks of cancer and metabolic disease. However, in the US, those who stand to benefit the most from breastfeeding are the least likely to do it. Children born into poverty and African American children are simultaneously the least likely to receive their mother’s milk and the ones with the most to gain from the protections conferred by mother’s milk - thus compounding the effects of poverty and increasing inequality.

Potential reasons for this disparity are varied, however two glaring contributors are apparent:
1. Hospital policies and practices known to be supportive to breastfeeding are not implemented consistently across population groups.
2. African American women and women in low wage jobs tend to return to work earlier after childbirth and are more likely to work in environments that do not support breastfeeding.

This presentation will describe the glaring health inequities apparent in US breastfeeding rates, and will explore two of the leading explanations for the perpetuation of this disparity.

LEARNING OBJECTIVES:
• At the end of this session, participants should be able to describe the leading explanations for the current disparity in breastfeeding rates.

PRESENTERS:
Lindsey Dermid-Gray, MPH, CLC
Statewide Breastfeeding Coordinator, Nevada State WIC Program
lgray@health.nv.gov

Lindsey Dermid-Gray is the Statewide Breastfeeding Coordinator for Nevada. Lindsey earned her Master’s in Public Health from UNR in 2009. She leads the implementation of Baby Steps to Breastfeeding Success in Nevada, a program tailored to improving breastfeeding policies and practices in the hospital setting. She serves as a subject matter expert in the expansion of the “Infant in the Workplace Policy” nationwide, and has helped inform legislation regarding the expansion of the Break Time for Nursing Mothers Act in Nevada. She also oversees the Nevada WIC’s breastfeeding program which received USDA’s Breastfeeding Bonus Award in 2015 for greatest improvements in exclusive breastfeeding rates. Lindsey serves to educate hospitals, workplaces and communities on policies pertaining to breastfeeding support in hopes that every mother is enabled to meet her breastfeeding goals.
Concurrent Breakout Session B-12A

Chronic Disease Comorbidities in Patients with HIV in Northern Nevada

DLC Lower Level B | Friday, September 23, 1:30 pm - 3:00 pm | Moderator: Lyell Collins, MBA

Abstract:
Due to declining mortality rates in HIV and an increase in HIV infection among older individuals, a quarter of Americans living with HIV are aged 55 years and older. These individuals are experiencing chronic disease comorbid conditions at increasing rates. Chronic disease comorbidities in people living with HIV/AIDS are not well described in Nevada, where 348 per 100,000 population are struggling with HIV infection. This study analyzed electronic health records of approximately 560 patients 18 years of age and older from January 2012 to June 2015 at a primary and HIV specialty care clinic in northern Nevada. Thirteen chronic conditions were identified using validated International Classification of Diseases, 9th Revision, Clinical Modification codes. Comorbidity was not uncommon and prevalence varied by diagnosis, age, and modifiable risk factors. 84% of the study population were male, 33% between the ages of 50-59, 54% were current tobacco users, and 33% fell in the overweight BMI category (25.00-29.99). Differences between risk factors remained when patients were stratified by gender. In 2014, the most prevalent comorbid diagnoses were depression (43%), high cholesterol (22%), substance and alcohol abuse disorders (22%), hypertension (19%), and hepatitis C (13%). Future research is required to perform a comparative comorbidity analysis between HIV infected and uninfected individuals. Recommendations include quality improvements in data collection and health screenings at AIDS-servicing organizations, as well as utilization of clinical practice guidelines to improve physician care and self-management of chronic diseases in patients with HIV/AIDS.

Learning Objectives:
- Describe chronic disease comorbid conditions among Northern Nevada’s HIV patient population
- Describe non-modifiable and modifiable risk factors among Northern Nevada’s HIV patient population
- Understand how self-management programs and the utilization of clinical practice guidelines can better the health of Northern Nevada’s HIV patient population

Presenters:
Larissa Lee White, MPH
Research Analyst, Nevada Division of Public and Behavioral Health
llwhite358@gmail.com

Larissa White graduated with her Master of Public Health degree with a specialization in Epidemiology from the University of Nevada-Reno in May 2016. Ms. White is currently working on certifications in both Public Health and SAS programming. She is a member of the American Public Health Association and the Council of State and Territorial Epidemiologists.

In June 2014, she began working at the Nevada Division of Public and Behavioral Health in the Chronic Disease Prevention and Health Promotion section. As a research analyst, she worked on the HIV Wellness Initiative - a program which sought to build an epidemiological profile of chronic diseases in people living with HIV/AIDS in Nevada and to recommend quality improvements and self-management programs at the clinical level for this population. As of June 2016, the Initiative focused its perspective on people living with HIV/AIDS in Nevada who are also Medicaid users.

Larissa’s long-term academic goal is a PhD in Epidemiology, so she can educate future public health students and continue research on chronic disease and HIV/AIDS.
SOUTHERN NEVADA CONDOM SURVEY

ABSTRACT:
In 2014, Southern Nevada had approximately 10,312 cases of Chlamydia, 2,802 cases of Gonorrhea, and 259 cases of primary and secondary syphilis. Our numbers are significant and unfortunately increasing. Yet, we also distributed 110,764 female and male condoms. Without the distribution of condoms and lubricant, our morbidity may have been much higher. Yet, like many health districts in the country, our resources are becoming more limited due to budgetary concerns which in turn impacts our ability to distribute free condoms and lubricant to the residents and visitors of Southern Nevada. Condom and lubricant distribution programs are encouraged by the CDC as a High Impact Prevention intervention and ultimately help reduce the incidence of new infections as well as help stop the spread of sexually transmitted infections in general. Yet in order for condom distribution to be effective, it is important to understand the needs of our community. In fall 2015, SNHD and its community partners surveyed approximately 1,750 respondents regarding their attitudes about condom and lubricant use. The major findings of the survey included preference for name brand condoms, water-based lubricant, as well as a need to reinforce educational programs for condom storage as well as appropriate lubricant use with latex condoms. The results of this survey will be used to inform future condom distribution programs in Southern Nevada.

LEARNING OBJECTIVES:
• Be familiar with the types of condoms and lubricant preferred in Southern Nevada

PRESENTERS:
Cheryl Radeloff, PhD
DIIS II, Southern Nevada Health District
radeloff@snhdmail.org

Cheryl Radeloff is a Disease Investigation and Intervention Specialist II (DIIS II) with the Southern Nevada Health District Office of HIV/AIDS/STDs. Besides her disease investigation duties, she is a member of the education team for the Office of HIV/AIDS/STD and has trained the community and staff on topics ranging from “Fundamentals of HIV”, “ABCS of STDs”, “Field Safety”, “RESPECT” (HIV Client Counseling and Testing), “Kink Awareness”, and “TRANS 101 for Clinicians”. In addition, she is also an adjunct professor of Sociology as well as Women’s Studies at the College of Southern Nevada. She received her Ph.D. in Sociology from the University of Nevada, Las Vegas in 2004. Her dissertation “Vectors, Polluters, and Murderers: HIV Testing Policies toward Prostitutes in Nevada” explored the development of mandatory testing laws for legal and non legal sex workers in the state of Nevada. Along with her work duties as a DIIS, she is serving as the public health co-chair for the Southern Nevada HIV/AIDS Prevention Planning Group. She has co-authored several book chapters including a chapter on mandatory HIV testing and sex offenders as well as written essays on topics such as safer sex, feminist pedagogy, and feminist methodology. She has also presented on topics of sexuality and HIV at a variety of local and national conferences. She is the co-author of both the first and second editions of Transforming Scholarship: Why Women’s and Gender Studies Students are Changing Themselves and the World with Michele T. Berger for Routledge Press.

Garren M. Jakubiak, AS Design
DDCS, Southern Nevada Health District
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Garren Jakubiak began his career in public health under the SNHD Childhood Lead Poisoning Prevention Program (CLPPP), which safeguarded young children in Southern Nevada from the harms of lead exposure. After the success of the CLPPP, Mr. Jakubiak served as a co-project manager in a CDC pilot grant to establish a Healthy Homes Coalition in Southern Nevada; this program provided targeted interventions to low-socioeconomic status homeowners and renters being adversely affected by unhealthy housing conditions. Relatively new to the realm of STD Prevention, Garren has recently transitioned from clinic services to STD/HIV Surveillance as a Disease Data Collection Specialist, helping to generate investigations for Sexually Transmitted Diseases.
ABSTRACT:
HIV/AIDS and a subsequent drug regimen can create many negative symptoms and side effects that lead those infected to seek out alternative and complementary therapies as treatments. Massage therapy is an ancient form of treatment that is now gaining popularity as part of the integrative medicine movement. A phenomenological, qualitative research study was conducted at Aid for AIDS of Nevada (AFAN).

Participants received a massage and rich descriptive narratives were captured from the 12 participants, six female and six male, ranging in age from 30-67 years of age. The interviews were transcribed and coded for themes. For the purpose of this qualitative study, the research design included field observations and one on one interviews. Data was analyzed using a phenomenological lens. The data was coded for themes that emerged from the data and grouped. Four thematic themes resulted from this data analysis: Self-efficacy, Human Connectivity through Touch, Physical & Mental Responses, and An Emotional Roller Coaster. Bandura (1993) states “perceived self-efficacy is concerned with people’s beliefs in their ability to influence events that influence their lives.” Many of the participants expressed statements that the non-pharmacology treatment of massage therapy assisted them in making a variety of positive decisions, thus alluding to the question of self-efficacy.

LEARNING OBJECTIVES:
• Understand how human touch positively influences individuals who receive it.

PRESENTERS:
Annie Weisman, PhD, MPH, LMT
Director of Wellness & Integrative Medicine, UNLV School of Medicine
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Dr. Annie Weisman is the Director of Wellness & Integrative Medicine with the UNLV School of Medicine. She is working to develop wellness and integrative medicine curriculum and workshops for the medical students, faculty and residents. Previously Dr. Weisman worked in the field for thirteen years as a massage therapist in HIV/AIDS clinics and hospices. She was awarded the Jefferson Award for Public Service for this work in 2007 and has presented her research numerous times at the Nevada Public Health Association and American Public Health Association conventions and was chosen to attend the Clinton Global Initiative University in Miami, FL.

Dr. Weisman earned her B.A., M.P.H. and Ph.D. degrees from UNLV (Human Touch: Perceptions of Self-Efficacy From a Non-Pharmacology Treatment for Individuals Living With HIV/AIDS). Additionally she studied at the University of Cape Town with New York University in a 4 week immersion course where she worked with the families and patients in a community setting. She specializes in integrating massage therapy and other integrative practices into the care and treatment of patients. Dr. Weisman has taught therapists about her integrative techniques and works to teach patients’, care providers and families techniques that they can use at home.

Dr. Weisman spent 13 years caring for people living with HIV/AIDS, as well as volunteering and working for hospice patients. During this time, she developed continuing education classes for nurses and other health care providers to help teach some techniques that are soothing for patients and non-pharmacological. Her role now with the medical school will be to introduce these and many other techniques to the medical students, faculty and residents to help them manage their own stress as well as to help provide a broader understanding of integrative treatments for their patients.
Carolee Dodge-Francis, EdD  
Associate Professor/Executive Director American Indian Research & Education Center,  
UNLV/School of Community Health Sciences  
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Carolee Dodge Francis, Ed.D., is Executive Director of the American Indian Research and Education Center, and Associate Professor within the School of Community Health Sciences. She is an American Indian researcher, and nationally recognized for her research, program development and evaluation work in chronic disease within Tribal communities. She has over 20 years experience in community/public health, health education development and research with urban and rural American Indian communities nation-wide. Her funding awards include the National Institutes of Health, Center for Disease Control and Prevention, Nevada State and private foundations. Sheila Clark is an Assistant Professor-in-Residence in the School of Community Health Sciences at the University of Nevada, Las Vegas where she joined the faculty in 2014. Her research interests include food systems, policy-based approaches to childhood obesity, community-based physical activity, and active transportation, especially in children. She has authored articles in these and related areas. She is a member of the Nevada Public Health Association and American Public Health Association and teaches courses including Introduction to Public Health, Methods in Health Education, and Health Studies on Dangerous Drugs at UNLV. She received her bachelor’s degree from Georgetown University and completed both her M.Ed. in Health Promotion and Ph.D. in Public Health at UNLV.

Sheila Clark, PhD, MEd  
Assistant Professor in Residence/UNLV/School of Community Health Sciences  
sheila.clark@unlv.edu

Sheila Clark is an Assistant Professor-in-Residence in the School of Community Health Sciences at the University of Nevada, Las Vegas where she joined the faculty in 2014. Her research interests include food systems, policy-based approaches to childhood obesity, community-based physical activity, and active transportation, especially in children. She has authored articles in these and related areas. She is a member of the Nevada Public Health Association and American Public Health Association and teaches courses including Introduction to Public Health, Methods in Health Education, and Health Studies on Dangerous Drugs at UNLV. She received her bachelor’s degree from Georgetown University and completed both her M.Ed. in Health Promotion and Ph.D. in Public Health at UNLV.
ABSTRACT:
BACKGROUND: Breast cancer is the second deadliest cancer for women in the demographically unique mountainous west state of Nevada. This study aims to accurately characterize breast cancer survival among the diverse women of the flourishing Silver State.

METHODS: Nevada Central Cancer Registry data was linked with the National Death Index and the Social Security Administration Masterfile. Overall five-year cause-specific survival, survival stratified by race/ethnicity, and stage-specific survival stratified by region of Nevada were calculated. Adjusted hazard ratios were computed with Cox proportional hazards regression.

RESULTS: 11,111 cases of breast cancer were diagnosed from 2003-2010. Overall 5-year breast cancer survival in Nevada was 84.4%, significantly lower than the US, at 89.2%. Black and Filipina women had a higher risk of death than white women.

DISCUSSION: Poor survival in the racially and ethnically diverse Las Vegas metropolitan area, with a large foreign-born population, drives Nevada’s low overall survival. System-wide changes are recommended to reduce the racial/ethnic disparities seen for black and Filipina women and improve outcomes for all.

LEARNING OBJECTIVES:
Understand the main determinants of breast cancer survival, and characterize the racial and geographic breast cancer survival disparities in Nevada.

PRESENTERS:
Karen Callahan, MPH  
Student - Graduate Assistant, UNLV  
callah13@unlv.nevada.edu

Karen Callahan is a PhD student in Epidemiology and Biostatistics at UNLV in the School of Community Health Sciences. She is also a part-time instructor and research assistant in the Department. Karen is interested in all aspects of public health, especially healthy equity and justice, both domestically and globally. Current research areas focus on disparities in cancer and cardiovascular disease outcomes among US minority populations.
ABSTRACT:
The Nevada State Health Insurance Assistance Program (SHIP) is a federally funded program that relies heavily on volunteers to provide unbiased counseling, information, and aid to Medicare Beneficiaries throughout the State of Nevada. SHIP volunteers offer personal assistance to senior citizens and persons with disabilities experiencing difficulties selecting and receiving proper health care benefits from Medicare, supplemental health insurance, and long-term care options. While these services are free of charge to the public, there are still many people across the state unaware of what SHIP is and how this organization can save beneficiaries money while helping them understand their healthcare options. Recent numbers from the Center for Medicare and Medicaid (CMS) estimate there are over 400,000 Medicare beneficiaries in Nevada. In 2015, SHIP helped 20,117 of these beneficiaries. Of those people helped, SHIP was able to refer 12,386 beneficiaries to receive extra assistance in covering drug costs. While those numbers are significant, there is room for further growth. Estimated savings per patient can range from zero to thousands of dollars. Currently, SHIP increases its outreach through referrals by patients, seminars, classes, health fairs, and the media. It also targets special populations in the underserved medical community, particularly those with language barriers, low-income, caregivers, Medicare eligible persons with disabilities, Native American/tribal communities, and rural and frontier territories. It is the primary concern of these authors that SHIP’s services are understood and promoted by all in the public health sector.

LEARNING OBJECTIVES:
• How to participate, promote, and utilize Nevada SHIP to help patient’s overcome barriers to receiving their Medicare benefits.
AN EXAMINATION OF PERINATAL HIV EXPOSED INFANTS IN SOUTHERN NEVADA

DLC Upper Level | Thursday, September 22, 12:00 pm – 1:30 pm

ABSTRACT:
Addressing the HIV epidemic in the United States still remains a persistent challenge. This is true particularly in Nevada, which has a relatively small population compared to other states, however ranked 24th among the 50 states in number of HIV diagnoses in 2013. Similarly, in a survey of 107 metropolitan areas in 2014, the Las Vegas-Henderson-Paradise area ranked 19th in rate of HIV diagnoses. The need to address this challenge is particularly great for pregnant women, as early testing and appropriate care can effectively lower the risk of transmission of HIV from mother to child from approximately 15-45%, to less than 2%. This study aimed to describe the population of HIV-infected women and their HIV-exposed infants delivered in Southern Nevada from 2012 to 2016. Medical records from the Nevada Care Program (a collaborative effort between the University of Nevada School of Medicine, University Medical Center Wellness Center, Southern Nevada Health District, HealthySunrise Foundation, and other community organizations, aimed to prevent mother-to-child HIV transmission since its inception in 2005) were analyzed. Disparities among race and ethnicity groups were noted, with African Americans carrying a disproportionate amount of the disease burden. Clustering within distinct geographical areas was also noted. Additionally, the prevalence of reported cardiac abnormalities among the HIV-exposed infant population was substantially higher than the national average. Adherence to national guidelines to prevent perinatal transmission of HIV at birth were examined, with guidelines not followed in 41% of cases. Finally, areas for improved treatment practices were identified.

LEARNING OBJECTIVES:
• At the end of this session, participants should be able to identify high-risk groups for HIV among women of childbearing age. Participants should also be able to identify a commonly observed comorbidity in infants exposed to HIV in utero. Lastly, participants should be able to identify three intervention categories to prevent perinatal transmission recommended by national guidelines, and recognize areas in which improvement to national guideline adherence in Southern Nevada is needed.

PRESENTERS:
Raina Rappel, B.S.
MPH Student, University of Nevada, Las Vegas
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Raina Rappel earned a B.S. in Biology and Psychology at the University of Oregon and is currently a Master of Public Health student at the University of Nevada, Las Vegas. Current research interests include HIV, maternal and child health, and global health. After completing her MPH, she hopes to attend medical school and work as a physician with underserved populations.
Poster Session

Are All Hispanics the Same? Heart Disease and Stroke Mortality Among Puerto Rican, Cuban, Dominican, Mexican, Central and South American Hispanics

DLC Upper Level | Thursday, September 22, 12:00 pm – 1:30 pm

Abstract:

Introduction: Ischemic heart disease and stroke are leading causes of death in Hispanic Americans. Despite high prevalence of risk factors such as obesity, diabetes, and hypertension, Hispanics have a paradoxical mortality advantage for cardiovascular diseases when compared to Non-Hispanic Whites (NHW). Florida, 24% Hispanic, is ideal for analyzing the heterogeneity in Hispanic health outcomes in Mexican, Puerto Rican (PR), Dominican (DR), Cuban, South and Central American Hispanics.

Methods: 2008-2012 Florida death data was used to compute age-adjusted ischemic heart disease and stroke mortality rates of Hispanics by subgroup, stratified by gender. Population denominators were drawn from the 2010 Census. ICD-10 codes I00-I78 were included. Age-adjusted mortality ratios estimated from negative binomial regression models were computed.

Results: We analyzed 142,444 ischemic heart disease deaths and 41,975 stroke deaths in Florida, of which 16,860 and 4,691 occurred in Hispanics, respectively. The largest Hispanic populations in Florida, Puerto Ricans and Cubans, are faring just as badly or worse than NHWs in ischemic heart disease and stroke mortality. Mexicans and Dominicans have lower IHD mortality rates than NHWs, but not lower stroke rates. Only South Americans have consistently lower rates of IHD and stroke than NHWs among both men and women.

Discussion: Hispanics are not all the same. Protective factors that contribute to the “Hispanic Paradox” are not distributed equally across diverse subgroups, and aggregating all Hispanics together masks important differences that could and should inform public health approaches.

Learning Objectives:

- Understand the importance of addressing health disparities within heterogeneous racial and ethnic groups.

Presenters:

Karen Callahan, MPH
Student - Graduate Assistant, UNLV
callah13@unlv.nevada.edu

Karen Callahan is a PhD student in Epidemiology and Biostatistics at UNLV in the School of Community Health Sciences. She is also a part-time instructor and research assistant in the Department. Karen is interested in all aspects of public health, especially healthy equity and justice, both domestically and globally. Current research areas focus on disparities in cancer and cardiovascular disease outcomes among US minority populations.
ABSTRACT:
The median daily vegetable intake among adults in Nevada is 1.6 times per day, but the Dietary Guidelines for Americans 2015-2020 recommends at least 2.5 cups daily [1]. The 2013 CDC State Indicator Report on Fruits and Vegetables includes policy and environmental indicators that represent strategies to improve access to fruits and vegetables [2]. Nevada has improved with regards to healthier food retail by increasing the percentage of farmers markets that accept Supplemental Nutrition Assistance Program (SNAP) benefits.

SNAP is a food assistance program designed to help low-income families stretch their food dollars. Nearly one out of every six people in Nevada receives SNAP benefits [3] with the average benefit per individual being $125.40 [4]. The first farmers market in Nevada was authorized to accept SNAP benefits in the fall of 2010. The SNHD, with funding from the Farmers Market Promotion Program grant, increased the number of farmers markets that welcome SNAP benefits from 3 to 4, accounting for 80% of the year-round farmer’s markets in the Las Vegas Metropolitan area. Additionally, SNHD leveraged FMPP funds to obtain nutrition incentive funding from Wholesome Wave, providing low-income shoppers with a $2 incentive to buy fruits and vegetables for every $5 spent on SNAP-eligible foods. The grant also funded a promotional campaign expected to increase SNAP sales by 25%. The benefits of accepting SNAP/EBT at farmers’ markets combined with nutrition incentives is a “triple win” for SNAP customers, local producers, and the surrounding community.

LEARNING OBJECTIVES:
• Understand how the benefits of accepting SNAP/EBT at farmers’ markets combined with nutrition incentives is a “triple win” for SNAP customers, local producers, and the surrounding community.

PRESENTERS:
Aurora Buffington, MS, RDN, LD
Faculty Instructor, University of Nevada Cooperative Extension, Clark County buffingtona@unce.unr.edu
Aurora Buffington, MS, RDN, LD is a Faculty Instructor in the Health and Nutrition section for the Clark County Cooperative Extension. Her work is focused around increasing access to healthy foods and empowering the community through awareness and education about the interrelationships among diet, health and the environment. She received her BS in Nutrition Science and MS in Exercise Physiology from UNLV, and is currently working towards a PhD in Public Health. Prior to coming to the Cooperative Extension, Aurora worked at the Southern Nevada Health District where she was able to help bring the first farmers’ market SNAP/EBT redemption program to Nevada. She is the past president of the Nevada Dietetic Association, the state’s professional association for nutrition professionals, she facilitates the Southern Nevada Food Council, and was recently appointed as Nevada’s Fruit and Vegetable Coordinator for the Association of State Public Health Nutritionists.

Nicole Bungum, MS, CHES
Supervisor, OCDPHP, SNHD, OCDPHP bungum@snhdmail.org
Nicole Bungum is currently the Supervisor of the Office of Chronic Disease and Health Promotion at the Southern Nevada Health District. In this capacity she oversees the chronic disease prevention programs and staff. Nicole is very engaged in building partnerships with the community to address health needs. She is involved in several community coalitions and facilitates the health district’s Partners for a Healthy Nevada coalition. Nicole has worked in public health for nearly 20 years. Prior to coming to the Southern Nevada Health District, Nicole worked for public health agencies in Arizona, California, Utah and Idaho primarily in tobacco control, physical activity and chronic disease prevention. Nicole has a Masters Degree in Community Health and is also a Certified Health Education Specialist.
**HEALTHY VENDING: A SURVEY TO DETERMINE ATTITUDES AND PERCEIVED BARRIERS OF VENDING MACHINE OPERATORS**

**DLC Upper Level | Thursday, September 22, 12:00 pm – 1:30 pm**

**ABSTRACT:**
Over two-thirds of American adults are considered overweight or obese. In Nevada, the current obesity rate is 27.7%. As the rate of overweight and obesity continues to climb, the prevalence of associated chronic diseases is also on the rise.

As part of the Partnerships to Improve Community Health (PICH) grant, the Southern Nevada Health District’s Office of Chronic Disease Prevention and Health Promotion is working to increase the number of Southern Nevadans who have access to environments with healthy food and beverages. Healthy vending is an important public health initiative because snacks constitute 25% of the typical U.S diet. Vending machines are a significant source of calories and contribute to the overall health of the diets of those who use them.

Through the Randolph-Sheppard Act of 1936, persons who are blind are given priority to operate vending facilities on federal property. In Nevada, the Randolph-Sheppard Act is facilitated through the Department of Education, Training and Rehabilitation’s (DETR) Business Enterprises Program (BEN). BEN operates 600 vending machines in government buildings in Southern Nevada.

A survey of BEN operators and trainees (n = 22) was developed by SNHD and the Nevada Institute for Children’s Research and Policy (NICRP) to assess healthy vending attitudes. Completed surveys (n = 9) indicate that BEN operators and trainees do not feel strongly about healthy vending, but are concerned with implementation of healthy vending policies due to a number of perceived barriers. Survey results will help SNHD provide technical assistance to BEN and encourage healthy vending efforts.

**LEARNING OBJECTIVES:**
- Participants will learn what BEN operators’ attitudes are towards healthy vending and what they consider barriers to healthy vending.
- Participants will learn how the survey results will be utilized to promote and support healthy vending efforts.

**PRESENTERS:**

Allison Schnitzer, RD, LD  
Health Educator, Southern Nevada Health District  
schnitzer@snhdmail.org

Allison Schnitzer is a health educator in the Office of Chronic Disease Prevention and Health Promotion at the Southern Nevada Health District. She is also a registered and licensed dietitian.

Sarah Litterer  
Research Assistant, Nevada Institute for Children’s Research and Policy

Amanda Haboush-Deloye, Ph.D.  
Associate Director, Nevada Institute for Children’s Research and Policy  
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M. Amaris Fuller, M.Ed.  
Assistant Research Analyst, Nevada Institute for Children’s Research and Policy  
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Poster Session

IMPACT OF A STUDENT-LED VOLUNTEER STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) MEDICARE CALL LAB

DLC Upper Level | Thursday, September 22, 12:00 pm – 1:30 pm

ABSTRACT:
Roseman University student pharmacists of the ASCP Student Chapter created an on campus, student lead, volunteer Medicare call lab to assist beneficiaries and their families. Student callers, trained by Nevada’s SHIP office, field Medicare coverage questions on their year-round hotline, as well as overflow inquiries from the Las Vegas SHIP Office. Training consists of 16 hours spent didactically in a classroom, followed by 12-25 hours of supervised live calls. Once trained, student callers assist beneficiaries by screening and enrolling participants into appropriate and cost effective medical insurances plans, supplemental plans, and prescription drug plans based on each individual’s unique needs. Twenty pharmacy students, enrolled in a 3-year accredited College of Pharmacy program, were trained by Nevada SHIP. According to the SHIP National Performance Reporting tool, from June 2015 to May 2016, Roseman student callers reached 200 separate contacts and spent 111.5 hours fielding calls. This project decreased the Nevada SHIP Medicare question message wait time from up to 28 days to 48 hours. In addition to enrollment, students help guide qualifying beneficiaries to lower their insurance and drug plan premiums, co-pays, and/or deductibles, by aiding those participants to receive assistance from federal and state assistance programs. These programs, recommended by the trained callers, have saved beneficiaries fees from hundreds to thousands of dollars per year.

LEARNING OBJECTIVES:
• Demonstrate the impact of an on-campus volunteer Medicare Call Lab in partnership with Nevada SHIP in assisting Medicare beneficiaries when selecting Medicare plans and determining extra assistance qualifications.

PRESENTERS:
Catherine Oswald, Pharm.D.
Assistant Professor of Pharmacy Practice, Roseman University of Health Sciences
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Dr. Leiana Oswald obtained her Bachelor of Science in Nutritional Sciences from the University of Nevada Las Vegas (2004) and her Pharmacy Doctorate from Roseman University of Health Sciences (2007). She spent 6 years managing retail chain pharmacies in Las Vegas and precepting numerous pharmacy students before joining Roseman University of Health Science College of Pharmacy in 2013 as the Introductory Pharmacy Practice Coordinator and Assistant Professor of Pharmacy Practice. She currently serves as the Roseman faculty advisor for the American Society of Consultant Pharmacists (ASCP) Student Chapter. Notable projects include creation of a new Medicare Call Center on campus this year in which State Health Insurance Plan (SHIP) trained pharmacy students reach out to provide unbiased help for Medicare beneficiaries.

Michelle Hon
PharmD Candidate Class of 2018, Roseman University of Health Sciences
ABSTRACT:
BACKGROUND: Unsheltered homeless individuals lack access to sanitary facilities, resulting in open defecation with possible downstream degradation of water quality in the Las Vegas Wash and Lake Mead. Considering that unsheltered homeless in general are more vulnerable to infection, then those living near urban washes may be at significantly higher risk of enteric disease. Therefore, there is a need to raise awareness of the link among homelessness, water quality, and public health and ultimately develop effective policy measures to reduce homelessness.

SPECIFIC AIMS: 1. Conduct a sampling campaign (i) at sites above and below homeless encampments in the Las Vegas Wash watershed, (ii) at ‘control’ sites, and (iii) at sites directly impacted by treated wastewater effluent. 2. Compile a database of general water quality parameters as potential indicators of human contamination. 3. Quantify fecal indicator bacteria and bacterial species unique to human-derived fecal contamination to determine the most likely source(s) of bacterial loading. Methods: Three sample events were performed. Samples were analyzed for total coliform, E. coli, and enterococci, among other water quality parameters. DNA extracts from these samples are pending.

CONCLUSIONS: There were clear differences in the general water quality parameters and fecal indicator bacterial counts between the three major groups of sample locations. The ‘homeless corridor’ had relatively high bacterial counts for all three sample events. Microbial source tracking qPCR assays are pending. Then the project team will attempt to assess whether homeless encampments adversely impact water quality and pose a threat to human health.

LEARNING OBJECTIVES:
• Describe the impact of homeless encampments on water quality.

PRESENTERS:
Nancy Menzel, PhD, RN
Associate Professor, UNLV
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Dr. Menzel teaches community health nursing and has a research interest in reducing homelessness and its associated health problems.

Daniel Gerrity, PhD
Assistant Professor, University of Nevada, Las Vegas; College of Engineering
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Dr. Gerrity is in the Civil Engineering Department with a research interest in protecting water quality to benefit human health. Batista is in the Civil Engineering Department with a research interest in protecting water quality to benefit human health.

Jacimaria Batista, PhD
Professor, University of Nevada, Las Vegas; College of Engineering
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Dr. Batista is in the Civil Engineering Department with a research interest in protecting water quality to benefit human health.
IMPROVING NUTRITION & PHYSICAL ACTIVITY QUALITY IN CLARK COUNTY CHILD CARE CENTERS

**ABSTRACT:**
The percentage of overweight and obese children in the United States has risen dramatically over the past several decades. According to the Centers for Disease Control and Prevention (CDC), one out of three children are considered overweight or obese. In Nevada, as early as Kindergarten, 30% of children are either overweight or obese, according to the Nevada Institute For Children’s Research and Policy. Child care providers play an important role in introducing children to healthy behaviors.

Utilizing funding from the Partnerships To Improve Community Health (PICH) grant, a CDC grant received by the Southern Nevada Health District (SNHD) in 2014, the Health District’s Office of Chronic Disease Prevention and Health Promotion (OCDPHP) partnered with the Children's Advocacy Alliance (CAA) to create a toolkit to help child care providers create healthier environments in childcare centers. The toolkit provides simple ways to improve physical activity and nutrition in their centers. It contains background information, resources, sample menus, and more so providers can find the tools needed in one easily accessible place. A companion toolkit for parents was also developed to help parents better identify childcare centers that are providing environments that support physical activity and healthy eating.

The toolkit is now available on-line where every childcare facility in Clark County has access to it via OCDPHP’s website, www.gethealthyclarkcounty.org. Dissemination efforts to raise awareness of the toolkit is ongoing. The parent toolkit is available in English and Spanish. Future efforts will include translation of components of the provider toolkit into Spanish.

**LEARNING OBJECTIVES:**
- Individuals will be able to gain a better understanding of what resources are available to childcare facilities to implement nutrition and physical activity related programs/policies.

**PRESENTERS:**
Amanda Brown, M.Ed, CHES
Health Educator II, Southern Nevada Health District
reichert@snhdmail.org

Amanda Brown works as a Health Educator for the Southern Nevada Health District in the Office of Chronic Disease Prevention and Health Promotion (OCDPHP). She has been with the Health District for 10 years. Amanda has her Bachelors’ of Science in Biology from the University of New Mexico and her Masters of Education in Health Promotion and Behavior from the University of Georgia, and is a Certified Health Education Specialist. In her role as a Health Educator Amanda oversees the Get Healthy Clark County website, chronic disease media outreach, as well as childcare initiatives.

Denise Tanta, JD
Executive Director, Children’s Advocacy Alliance
denise.tanata@caanv.org

Denise has been working in the field of child advocacy in Nevada since 1998. She has extensive experience conducting applied research and policy analysis on children’s issues, with an emphasis on translating research and data to improve policy and practice. In addition to numerous academic papers, reports and publications in the fields of child welfare, early childhood education and children’s health, Denise has also presented on legislative advocacy focused on empowering individuals toward collective action. She previously served as a Senior Scholar at the Lincy Institute at UNLV and also served as the Executive Director of the Nevada Institute for Children’s Research and Policy (NICRP) in the School of Community Health Sciences at UNLV. Denise received her Bachelor’s Degree in Women’s Studies from UNLV, with a minor in Sociology and received her Juris Doctorate from the William S. Boyd School of Law at UNLV. She serves on numerous boards and coalitions aimed at improving the lives of children and families in Nevada and is the recipient of the US Congressional Flag by Senate Majority Leader Harry Reid for her commitment to the children of Nevada as an academic, advocate and volunteer. Gail Muñiz works as a Health Educator for the Southern Nevada Health District in the Office of...
Gail Muniz, MPH
Health Educator II, Southern Nevada Health District
muniz@snhdmail.org

Gail Muniz works as a Health Educator for the Southern Nevada Health District in the Office of Chronic Disease Prevention and Health Promotion (OCDPHP). Ms. Muniz has been with the Health District almost 15 years.

Gail has a Bachelors’ in Communications from Loyola University, New Orleans, LA and a Master in Public Health (MPH), from the University of Puerto Rico. Certified by the American Council on the Teaching of Foreign Languages and a Medical Interpretation certificate from the School of Interpretation. Bilingual in Spanish/English.

She serves as a designated person in OCDPHP related for all of our programs in Spanish-language, Viva Saludable website and media information.
SEASONAL TREE, WEED AND GRASS POLLEN PATTERNS IN THE LAS VEGAS VALLEY

DLC Upper Level | Thursday, September 22, 12:00 pm – 1:30 pm

ABSTRACT:
RATIONAL: In Las Vegas, the local pollen pattern is unique because of a distinctive subtropical, hot desert climate. A detailed seasonal pollen calendar is required for local allergy sufferers and tourists. The goal of this study was to portray the current pollen patterns in the Las Vegas Valley.

METHODS: Air samples were collected using a Burkard spore trap from August 1, 2014 to July 31, 2015 at the University of Nevada, Las Vegas that is located approximately 2 miles from the Las Vegas Strip. Slides were analyzed by microscopy at 400X magnification. Airborne concentrations were analyzed for tree, weed and grass pollen and reported according to the criteria of the National Allergy Bureau (NAB).

RESULTS: Fraxinus, followed by Morus, Platanus, and Olea were observed in early and late February, March and early April, respectively, defining the duration of the tree pollen season. In March, Morus and Platanus were the dominant genera peaking at 10,781 and 1,987 grains/m3, respectively, considerably higher than the NAB very high level. A bimodal distribution was observed in weed pollen. Ambrosia dominated the first mode in April, peaking at 71 grains/m3. The second mode in September was led by Chenopodiaceae/Amaranthaceae, peaking at 60 grains/m3, followed by Artemisia and Ambrosia. Grass pollen levels were lower but stable, resembling the distribution of weed pollen.

CONCLUSIONS: The current pollen patterns mirror the historical trends. However, these data show earlier pollination and elevated Platanus pollen concentrations. These results highlight the importance of timely pollen forecasts to alleviate the burdens of allergy.

LEARNING OBJECTIVES:
• Allergens around the valley and current seasonal trends

PRESENTERS:
Tanviben Patel, BS, MPH
CCSD/UNLV Pollen Program Supervisor, University of Nevada Las Vegas
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Tanviben Patel, MPH is the supervisor for a joint monitoring program by Clark County School District and University of Nevada, Las Vegas. As program supervisor she monitors and reports current pollen and mold counts around the valley. Her research focuses on the trends of pollen and how it can affect people in the community. Tanviben is also the founding and current president of the Public Health Student Association. She currently is pursuing her PhD in Public Health with an emphasis on microbiology and air quality.
POSTER SESSION
THE IMPACT OF THE NEW CHOLESTEROL GUIDELINES ON STATIN THERAPY AT A LOCAL HOSPITAL
DLC Upper Level | Thursday, September 22, 12:00 pm – 1:30 pm

ABSTRACT:
PURPOSE: For many years, Adult Treatment Panel 3 (ATP 3) guidelines have used the Framingham Risk Score (FRS) to determine the level of Low Density Lipoproteins (LDL) lowering patients need. New Atherosclerotic Cardiovascular Disease (ASCVD) guidelines have changed how statins are dosed based on an ASCVD risk calculator. The objective of this study was to determine the impact of the new cholesterol guidelines on statin dosing at a Las Vegas Hospital.

METHODS: A retrospective cohort study was conducted using the electronic medical records of patients at a Las Vegas hospital between 01/01/2014-03/31/2014 who were new starts on statin therapy. The LDL lowering and intensity of statin needed using the ATP3 guidelines were determined. The intensity statin required using the ASCVD guidelines was determined. These two intensities were then compared. Chi square tests and t – tests were used to test baseline characteristics and results.

RESULTS: 104 patients of the 1000 patients screened were considered eligible. 92.3% would have required different statin doses depending on the guidelines used. There was a statistically significant difference in patients who were dosed appropriately using the ATP3 and the ASCVD risk guidelines (p = 0.048). There was a statistically significant difference in the goal LDL level according to the ATP3 guidelines and ASCVD guidelines (p=0.022).

CONCLUSION: The study showed that the two guidelines had differences in the intensity statins that would be recommended and the number of patients who were dosed appropriately. Fewer patients are being dosed appropriately according to the new guidelines.

LEARNING OBJECTIVES:
• To determine the impact of the new cholesterol guidelines on statin dosing at a local hospital

PRESENTERS:
Alana Whittaker, PharmD, BCPS
Associate Professor of Pharmacy Practice, Roseman University of Health Sciences
awhittaker@roseman.edu

Alana Whittaker, PharmD, BCPS, Associate Professor of Pharmacy Practice at Roseman University of Health Sciences, received her Doctor of Pharmacy from Howard University, completed her PGY-1 Pharmacy Practice Residency at Sentara Healthcare in Norfolk, Virginia and her PGY-2 Internal Medicine Specialty Residency at Seton Family of Hospitals/University of Texas at Austin in Austin, Texas. She has a practice site at Valley Hospital in Las Vegas, Nevada where she rounds with an internal medicine team and serves as a preceptor for Adult Acute Care. She teaches in the areas of Biostatistics, Pulmonology and Endocrinology. Also, she currently serves as the Director-at-Large for Education for the Nevada Society of Health-System Pharmacists. She is actively involved in her community; where she enjoys serving at health fairs, screening patients for hypertension, diabetes and lipid abnormalities and vaccinating patients.
**ABSTRACT:**
In 2013, the Southern Nevada Health District (SNHD), began using free social media resources (Facebook, Twitter, blogs), a news release featuring statewide heart and stroke statistics, and informational web pages that included printable resources on gethealthyclarkcounty.org and vivasaludable.org, to raise awareness of the national Million Hearts (MH) initiative. The MH initiative is an effort to prevent a million heart attacks and strokes by 2017 through raising awareness of the ABCS. With funding from the Partnerships to Improve Community Health (PICH) grant, SNHD staff expanded the MH campaign from 2015-2016 to include free blood pressure checks and educational outreach to SNHD visitors and staff. Additionally, a “Let’s Get Healthy” radio commercial, and web ads ran on local media to promote healthier choices. Staff participated in earned media opportunities including radio programs to reach at risk populations and share available resources for lowering the risk of heart attack and stroke. This poster will provide an overview of the SNHD Million Hearts initiative including resource materials, ads and blood pressure data from SNHD staff and visitors who participated in voluntary blood pressure checks. The poster will also identify the next steps in expansion of the initiative such as collaboration with additional partners including the Nevada Division of Public and Behavioral Health and clinical healthcare providers.

**LEARNING OBJECTIVES:**
- Participants will learn the ABCS of heart health and at least two ways to reduce the risk for developing cardiovascular diseases such as heart disease and stroke.
- Participants will be aware of at least one MH resource available to the community in English and/or Spanish.

**PRESENTERS:**
Rayleen D. Earney, MEd, CHES
Health Educator II, Southern Nevada Health District
earney@snhdmail.org

Rayleen D. Earney has worked at the Southern Nevada Health District for almost 18 years, the past 13 years as a health educator in the Office of Chronic Disease Prevention and Health Promotion, where she has experience assessing, planning, implementing and evaluating secondary prevention health promotion programs to help reduce risks in people developing complications caused by unmanaged diabetes and heart disease.

Rayleen has an MEd degree in Health Promotion from the University of Nevada, Las Vegas and a BA in Liberal Studies from Cal State University, Hayward. She completed an online Level 2 Diabetes Career Path Certificate Program offered by the American Association of Diabetes Educators in 2013. She is a Certified Health Education Specialist and an active member of various local and statewide coalitions and facilitates the Clark County Diabetes Group, a local diabetes coalition. Rayleen has been recognized by the Community Partners for Better Health Coalition, the National Association for County and City Health Officials for developing an online “model practice” nutrition program, and the American Diabetes Association for supporting educational efforts. Additional activities include collaboration with clinical and community partners, developing an online diabetes prevention program, promoting Care4life diabetes self-management program, and promoting resources found on SNHD’s www.gethealthyclarkcounty.org website. She also co-authored nutrition and physical activity articles featured in the Californian Journal of Health Promotion and the Journal of the Nevada Public Health Association and recently presented Million Hearts activities for a NACCHO webinar. She has an innate desire to help underserved communities.
Nicole W. Bungum, MS, CHES
Supervisor, Southern Nevada Health District
bungum@snhdmail.org

Nicole W. Bungum is the Supervisor for the Office of Chronic Disease and Health Promotion at the Southern Nevada Health District (SNHD). In this capacity she oversees the chronic disease prevention programs and staff. She has played key roles including project manager in several large grants to implement policy, systems and environmental change strategies to improve community health. Prior to being promoted, Nicole served as the Tobacco Control Program Coordinator at SNHD. Nicole is engaged in building partnerships with the community to address health needs. She is involved in several community coalitions and facilitates the Partners for a Healthy Nevada obesity prevention coalition. Nicole has served on various boards and taskforces over the years including, Keeping Kids Fit, Community Partners for Better Health, Girls on the Run, Nevada Society for Public Health Education (SOPHE) and NTPC. Nicole has worked in public health for nearly 20 years. Prior to coming to SNHD, Nicole worked for public health agencies in Arizona, California, Utah and Idaho primarily in research, tobacco control, physical activity and chronic disease prevention capacities. Nicole has been recognized by the University of Nevada, Cooperative Extension, Nevada Recreation & Park Society, Community Partners for Better Health, American Heart Association and the Nevada Public Health Foundation for her work in Public Health.

Nicole is a Certified Health Education Specialist with a Master’s Degree in Community Health and a graduate of the Great Basin Public Health Leadership Institute. She is the mother of a pretty amazing 11-year-old girl.
POSTER SESSION

USING MOBILE APPLICATIONS TO ENCOURAGE PHYSICAL ACTIVITY

DLC Upper Level | Thursday, September 22, 12:00 pm – 1:30 pm

ABSTRACT:
Physical inactivity is a major risk factor for chronic diseases such as heart disease and diabetes. Data from the Behavioral Risk Factor Surveillance System, however, indicate that the majority of adults in Clark County, Nevada, are not currently meeting physical activity guidelines. The Southern Nevada Health District (SNHD) is developing and using technology to help increase physical activity and walking in our community. As part of the Partnerships to Improve Community Health (PICH) grant, SNHD created a free mobile app to complement the existing online walking program, Walk Around Nevada. The mobile app now allows users to connect with the program from their mobile devices. The Walk Around Nevada mobile app allows users to virtually walk their way around Nevada by tracking miles or steps of physical activity. Other activities besides walking can be converted and recorded in the app. Tips and resources on how to be active, eat healthy and be safe are built into the program and further encourage users to adopt a healthier lifestyle. This mobile app provides residents the ability to connect with SNHD programs no matter where they are physically located. This poster presentation will provide an overview of the mobile app, its features, and share information about how the mobile app is being utilized.

LEARNING OBJECTIVES:
• Participants will be able to identify a free resource that uses technology to help adults be more physically active.

PRESENTERS:
Mindy Meacham, CHES
Health Educator, Southern Nevada Health District
mindymeacham@gmail.com

Mindy Meacham is a Health Educator working for the Southern Nevada Health District for the past ten years. She works in the Office of Chronic Disease Prevention and Health Promotion. Her primary focus is working on policy, systems and environmental changes related to physical activity.