The Iowa Governor's Conference on Public Health
April 14 & 15, 2015
Cedar Rapids
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TAKE NOTE...

VEGETARIAN, VEGAN & GLUTEN FREE OPTIONS
Vegetarian and vegan options are available upon request for those individuals who requested them with their registration. Please ask your server. Lunches on both days are gluten free or have gluten free choices.

DOUBLETREE AMENITIES
The DoubleTree by Hilton Hotel Cedar Rapids Convention Complex is a wireless Internet facility. Wireless Internet access is available in the hotel lobby. A lactation area is offered on the fourth floor.

EVALUATIONS
Your constructive feedback about the conference is appreciated. Individual session evaluations will be collected at the door following each presentation. In addition you will receive a conference evaluation which be collected online. The link will be emailed to participants in the next couple of days.

HANDOUTS
The conference planning committee, in an attempt to be “green” and reduce paper, has posted handouts and presentations online, rather than printed copies. Please visit www.iowapha.org for these and other items from the conference.

STUDENTS
Please join us for a student networking luncheon on Wednesday, April 15 in room 519. You won’t want to miss this opportunity to talk with some of your future colleagues!

2015 CONFERENCE PLANNING COMMITTEE

Anne Crotty
Division of Child and Community Health,
University of Iowa Carver College of Medicine

Shawn Zierke
Iowa Counties Public Health Association

Douglas Beardsley
Iowa Counties Public Health Association

Julie Hibben
Iowa Department of Public Health

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State Hygienic Laboratory at the University of Iowa

Christopher Atchison
The University of Iowa College of Public Health

Suzanne Hull
Conference Coordinator
Vice Admiral (VADM) Vivek H. Murthy

Vice Admiral (VADM) Vivek H. Murthy, M.D., M.B.A. was confirmed on December 15, 2014 as the 19th United States Surgeon General. As America’s Doctor, Dr. Murthy is responsible for communicating the best available scientific information to the public regarding ways to improve personal health and the health of the nation. He also oversees the operations of the U.S. Public Health Service (USPHS) Commissioned Corps, comprised of approximately 6,800 uniformed health officers who serve in locations around the world to promote, protect, and advance the health and safety of our nation.

Dr. Murthy has devoted himself to improving public health through the lens of service, clinical care, research, education, and entrepreneurship. The son of immigrants from India, Dr. Murthy discovered a love for the art of healing early in his childhood while spending time in his father’s medical clinic in Miami, Florida. After attending Miami Palmetto Senior High School, he received his Bachelor’s degree from Harvard, and his M.D. and M.B.A. degrees from Yale. He completed his residency training at Brigham and Women’s Hospital and Harvard Medical School where he later joined the faculty as an internal medicine physician and instructor. Dr. Murthy regards caring for patient as the greatest privilege of his life, and he has cared for thousands of patients and trained hundreds of residents and medical students as a clinician-educator.

Seen by many as a proven leader who can use 21st century approaches and technology to modernize the role of Surgeon General, Dr. Murthy will focus his efforts on building cross-sector partnerships in communities to address the epidemics of obesity and tobacco-related disease, to reduce the stigma associated with mental illness, and to improve vaccination rates, and to make prevention and health promotion the backbone of our communities. Dr. Murthy firmly believes that our nation’s greatest strength has always come from its people. Improving the health of our people means strengthening our communities and our country. That will be Dr. Murthy’s highest priority as Surgeon General.

Dr. Patrick Luedtke

Dr. Patrick Luedtke is a Preventive Medicine and Internal Medicine physician. He serves as both the Senior Public Health Officer and as the Medical Director for five Community & Behavioral Health clinics in Lane County, Oregon. Dr. Luedtke received his M.D. from the Medical College of Wisconsin/Marquette University. He completed his Preventive Medicine training and a Master’s of Public Health degree at the University of Utah and his Internal Medicine training at Naval Hospital Oakland (California). Prior to his Oregon positions he spent 11 years in Utah at the State Health Department where he served as the State Public Health Laboratory Director, Deputy State Epidemiologist, Acting State Epidemiologist, and Adult Medicine Director (Medicaid clinics). Also while in Utah, he was a Public Health Professor at the University of Utah, serving as the course director for the MPH/PhD environmental health and toxicology coursework. Prior to Utah, Dr. Luedtke served 12 years as an active duty Medical Officer in the U.S. Navy practicing medicine and public health on all three of America’s coasts, as well as in Europe, Africa, Central America, and South America.
KEYNOTE SPEAKERS

Dr. Terry Wahls

Dr. Terry Wahls is a clinical professor of medicine at the University of Iowa where she teaches internal medicine residents, sees patients in a traumatic brain injury clinic and conducts clinical trials. She is also a patient with secondary progressive multiple sclerosis, which confined her to a tilt-recline wheelchair for four years. Dr. Wahls restored her health using a diet and lifestyle program she designed specifically for her brain and mitochondria. She now pedals her bike to work each day. She is the author of *The Wahls Protocol: How I Beat Progressive MS Using Paleo Principles and Functional Medicine* and the paperback, *The Wahls Protocol A Radical New Way to Treat All Chronic Autoimmune Conditions Using Paleo Principles* and teaches the public and medical community about the healing power of intensive nutrition.

Mary Langowski

Mary Langowski is Executive Vice President for Strategy, Policy and Market Development for CVS Health. In this role, Mary directs CVS Health’s strategy and market development functions, with a focus on identifying and expanding enterprise opportunities to new markets as the company plays an increasingly prominent role in the evolving health care system. Her portfolio also includes leading the company’s government affairs and policy development teams at the state and federal level by providing strategic counsel to help navigate the complex and dynamic policies, regulations and market trends that today’s health care companies face.

Langowski has deep expertise in helping clients analyze and translate public policy into actionable business strategies. Her experience spans the private, non-profit, and public sectors. Langowski previously served as chair of the Health Care Policy and Regulatory Practice and the co-chair of the Food and Beverage Sector at the international law firm of DLA Piper. Prior to her role at DLA Piper, Langowski served in senior positions at Alston & Bird and Sonnenschein Nath & Rosenthal where she provided strategic counsel to clients with a special focus on health care.

In addition to her private sector experience, Langowski served as a senior health care policy advisor for Senator Tom Harkin from 2001-2004, and was the chief policy advisor at the Iowa Department of Public Health under Governor Tom Vilsack.

Langowski earned a B.A. and M.P.A from Drake University and a J.D. from the University of Iowa College of Law.

Michael Kutcher

From the moment of birth, Michael Kutcher has overcome challenges and conquered obstacles that most people never even catch a glimpse of. Born an unexpected and underweight twin, Michael faced the first of several life threatening circumstances before he took his first breath. Thanks to both outstanding medical care and his indomitable instinct to survive, Michael survived his first days and weeks, although not without lasting adverse effects. Due to irreversible neurological deficiencies, Michael was diagnosed with Cerebral Palsy before entering Kindergarten.

Throughout his childhood, Michael’s innate desire to thrive helped him overcome issues with eyesight, speech, and motor skill development. Michael grew up in a loving and supportive family that taught him the value of the health he did have and to make the best of his circumstances. A second close brush with death at a very young age helped open Michael’s eyes to the fragility of life and inspired him to take control of the future he once thought he’d never have.
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ILEND (Iowa Leadership Education in Neurodevelopmental and Related Disabilities Program) is a graduate level interdisciplinary leadership training program that prepares future leaders in healthcare, placing special emphasis on family-centered care, cultural competence, advocacy/policy and the provision of coordinated services for children with special health care needs and their families.

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CONTINUING EDUCATION CREDITS

**Dietitians**
Dietitians need to sign in and complete their certificate at the CEU table. This certificate should be kept by the attendees for future proof of attendance. This activity has been approved by the Commission on Dietetic Registration for 11 CPEUs. Dietitians seeking CEUs through the Iowa Board of Dietetics need to sign in and pick up a CEU Course Sheet to complete and be kept for your records. A Certificate of Attendance can be picked up before you leave the conference.

**Social Work**
Many conference sessions are relevant to professional social workers. It is the responsibility of the attendee to determine which sessions are professionally relevant to him/her. Attendees should complete a CEU Course Sheet to complete and be kept for your records. A Certificate of Attendance can be picked up before you leave the conference.

**Nursing**
The conference has been approved for up to 1.29 Nursing CEUs by IBON Provider #94. PLEASE NOTE that some sessions in Concurrent Session III are 60 minutes and others are 90 minutes. 60 minute sessions will be worth .12 CEUs and 90 minute sessions will be worth .18 CEUs. Not all sessions qualify for nursing credits. IBON Provider No. 94 awards up to .63 -.69 Nursing CEUs for Tuesday, April 14th and .6 Nursing CEUs Wednesday, April 15th depending on sessions attended. Workshop sessions not eligible for Nursing CEUs are 9, 10, 17, 22, 30, 33, 34 and 42. Attendees requesting nursing CEUs need to sign in when they arrive at the conference each day, pick up and complete the CE Course Sheet and return the Course Sheet when leaving the conference. NO SIGN OUT IS NECESSARY AT THE END OF THE CONFERENCE. Course Sheets not completed and returned by the end of the conference will not be accepted. Certificates will be mailed to participants. Please allow 8-12 weeks for processing.

**Veterinarians**
This activity has been approved by the Iowa Board of Veterinary Medicine for 11.25 CPEUs. There are conference sessions relevant to veterinarians. It is the responsibility of the attendee to determine which sessions are professionally relevant to him/her. Attendees should pick up a CEU Course Sheet to complete and retain in your files until you are notified to submit continuing education hours at your licensing renewal period. A Certificate of Attendance can be picked up before you leave the conference.
CONTINUING EDUCATION CREDITS

National Environmental Health Association
CEU’s will be available to credentialed Environmental Health Specialists through the National Environmental Health Association (NEHA). The application form can be obtained at the CEU table. Applicants should complete the form and have it signed/authorized by any Executive Committee Board member; President, President Elect, Past President, Secretary or Treasurer. Applicants may submit the application online at the following website http://www.neha.org/CEweb/CE.asp. If online entry is utilized, maintain the paper copies for your records. See the NEHA website for additional information.

Certified Health Education Specialist (CHES)
Application for CHES (entrylevel)/MCHES (advanced level) Category I continuing education contact hours (CECH) has been made to the National Commission for Health Education Credentialing, Inc. (NCHEC). Conference participants should sign in at the continuing education table as well as complete a daily record of attendance which should be returned to the registration desk. Contact Angela Kroeze Visser of the IASOPHE Chapter/IPHA Section, 712-737-2971 or angela.kroezevisser@siouxcountychp.org with questions.
We’re dedicated to improving the health of all Iowans through research, training, practice, and outreach.

Farm Safety Developing programs to address the high rates of injuries and illnesses found on agricultural operations.

Teen Driver Safety Helping to create safe driving conditions for child passengers and teen drivers.

Cancer Research and Prevention Collecting statewide data, conducting research, and promoting lifestyle habits that help prevent cancer.

Health Policy Providing timely research and analysis to policy makers and agencies.

Business Leadership Network Collaborating with business and community leaders to increase engagement in public health.

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TUESDAY, APRIL 14

7:30 AM REGISTRATION & CONTINENTAL BREAKFAST

8:30-9:00 AM WELCOME & CELEBRATION OF PUBLIC HEALTH

Exhibit Halls B/C

Ron Corbett, Mayor of Cedar Rapids
Linda Langston, Linn County Supervisors and Chair, Board of Health
Pramod Dwivedi, Mayor of Cedar Rapids
Gerd Clabaugh, Director, Iowa Department of Public Health

9:00-10:00 PLENARY SESSION

Exhibit Hall B/C

VADM Vivek H. Murthy, U.S. Surgeon General

10:00-10:15 NETWORKING BREAK AND EXHIBITS

10:15-11:30 FEATURED SESSIONS

Exhibit Hall C

The Possibilities Are Endless: Public Health and Primary Care
The Prevention and Public Health Fund, Medicaid Expansion, Community Transformation Grants, Accountable Care Organizations, Patient Centered Medical Homes: The worlds of Medicine and Public Health are changing rapidly. Within these two settings multiple initiatives are forcing Medicine and Public Health together toward common purpose. This session will discuss opportunities and challenges that exist from the collision of these two worlds, with a strong focus on what State and Local Public Health has done, and is planning, in Oregon’s transformed healthcare system.

Dr. Patrick Luedtke, Senior Public Health Officer and Medical Director for five Community & Behavioral Health clinics in Lane County, Oregon

Exhibit Hall B

Creating Health: The Most Effective Treatment for Chronic Disease
Dr. Terry Wahls has secondary progressive multiple sclerosis which confined her to tilt/recline wheelchair for four years. Studying the basic science and medical literature, Dr. Wahls created a diet and lifestyle program to slow her decline. Instead of stopping her decline, she reversed it and within 12 months she was riding her bicycle 20 miles with her family. As a result she has changed how she practices medicine and the focus of her research. She will review her story, the clinic she runs, the Therapeutic Lifestyle Clinic which treats complex chronic health problems using diet and lifestyle and the results of her clinical trials, testing her protocol in others with primary and secondary progressive MS, including videos of gait changes achieved in the study.

Terry Wahls, Iowa City VA Health Care

11:30-1:00 LUNCH AND EXHIBITS OPEN

Conference Lunch: Exhibit Hall A
**IPHA Annual Membership Meeting: Taft B**

12:15-1:00  **POSTER SESSIONS**  
*Between Taft & Exhibit Hall A*  
See pages 52-57 for poster descriptions

1:00-2:00  **CONCURRENT SESSION I**

1  **Room 315**  
**Iowa Family Support Network - Coordinated Intake and Referral System for Iowa Early ACCESS (EA) and Maternal, Infant, Early Childhood Home Visitation (MIECHV)**

Navigating the early childhood system in Iowa can be a difficult and often daunting task for families, child health care providers and other professionals in the community. The Iowa Family Support Network has trained staff who are aware of the frustrations families and service providers may go through trying to navigate the burdensome process and the barriers that can impede children from getting the services they need. The Iowa Family Support Network: Coordinated Intake and Referral System for Early ACCESS (EA) and Maternal, Infant, Early Childhood Home Visitation (MIECHV) is a project that provides an efficient, consumer-friendly and effective coordinated intake and referral system to educate and link families to information and resources in Iowa. This project is for families, child health care providers and other professionals seeking information, support and referrals for young children ages zero to five. The project staff maintain and provide access to a website and a toll-free number to make referrals and obtain information about family support, group based parent education, IDEA Part C early Intervention (Early ACCESS services) and other needed community supports in Iowa. This presentation will give an overview of the project. In addition, presenters will discuss the development and implementation of a local coordinated intake process for family support services in Polk County, in existence for the past fifteen years.

**Annie Wood-Long**, Maternal Child Health Outreach and Family Support Services Director, Visiting Nurse Services of Iowa  
**Darby Taylor**, Healthy Start Director, Visiting Nurse Services of Iowa

2  **Exhibit Hall C**  
**Action through Change: Effective Process Improvement (PI) Teams**

Cross-functional, team-based problem solving capitalizes on the skills and knowledge of its members and provides a great avenue to improve a program or service, address day-to-day business operations, or deploy your strategic plan. In this session we will cover topics such as how to design a team and manage team knowledge, facilitator and team member roles, identifying key performance metrics, tools to support engagement, using the DMAIC cycle to develop action plans, and techniques to keep your team moving ahead. As part of the presentation we will share best practices and lessons learned, change management strategies, and demonstrate the use of common team tools and templates. If your organization is on the process improvement journey, join this session to learn how you can build effective PI teams.

**Lorelei Kurimski**, Director, Office of Organizational Development, State Hygienic Laboratory
Designing and Developing an Online Tool for Preparedness Training - A Translation Project of an Evidence-Based Program

In a disaster, children with special health care needs, adults with disabilities, and elderly adults are the most vulnerable populations to injury, death, and post-disaster health complications. Creating an individualized plan and disaster kit that meets a family's needs will reduce their chances of death and injury caused by disasters. The purpose of this presentation is to emphasize the importance of translating the PrepUS face-to-face preparedness tool into an accessible online format intended for reaching out to those vulnerable populations and to help them prepare for disasters or emergencies. The findings of a randomized, controlled, face-to-face trial of 199 families of children with disabilities indicated that the improvement in disaster preparedness (after six months) was significantly higher in families who had received the training. On average, families who received the training improved their disaster preparedness score by 15 points, while the control families who did not receive the training only improved their preparedness score by 5 points. The design and development of online preparedness tools were based on sound principles of instructional design incorporating the four primary styles of how people learn: visual, auditory, reading/writing, and kinesthetic. The tool is divided into seven main steps where users will be presented with multimedia presentations, checklists, and action steps to help them create their own individualized plan and emergency supply kit. Recent research has shown that learners retain 80 percent of the information they obtain while seeing and doing. Thus, the multimedia presentations focus on “see” will integrate narrated visualization, demonstration, and animation. Meanwhile, the checklist and action steps complement the “do” process. The accessibility of the online tool is addressed through accessible web pages and documents, available transcripts and closed captioning for the videos, quick and easy navigation for screen reader users, and alternate text for images. The use of the best practices throughout the design, development, and delivery of the online tool includes partnering with subject matter experts, formulating the appropriate learning objectives, determining the most effective media, focusing on accessibility, self-pacing the training modules, and assessing the quality of the training modules. The integration of program evaluation will also measure the levels of preparedness, self-efficacy when responding to a disaster, and preparedness behaviors in order to determine the success of the online preparedness training tool.

Melissa Richlen, B.A., Creative Media Developer, Institute for Public Health Practice, University of Iowa

Understanding Maternal and Child Health Needs in Iowa: the 2015 Title V Needs Assessment Process and Results

This presentation will describe the 5-year needs assessment process for the Title V Maternal and Child Health block grant and present the results. We used both quantitative and qualitative methods to assess the MCH population needs. This includes a review of available data sources at the national and state levels. Specifically, past performance in meeting national and state performance measures, progress towards Healthy People 2020 goals were examined, along with various stratifications to determine where there are unmet needs. To ensure...
that Iowa is in line with the recently updated Title V guidance, a crosswalk of the proposed performance measures, the current national and state performance measures and the Life Course Metrics was undertaken. This crosswalk guided the development of the broad topic areas for Iowa’s data detail sheets (DDSs), which were used as a springboard for stakeholder input and priority setting. Focus groups were conducted in multiple languages with 39 clients from Iowa’s MCH agencies and with families and agencies serving children and youth with special health care needs. Information obtained through the focus groups was combined with the quantitative data into the DDSs to provide a more client focused perspective. Each DDS includes the following sections: Background; Health and/or Cost Impact; Relevant Data; What is being done in Iowa?; and Proposed Needs Statements. The DDSs were used to give stakeholders a more robust context for the MCH situation and determine areas for prioritization. Stakeholders were asked to rank a list of 25 needs using 6 criteria. The results of this prioritization process led to the selection of national and state performance measures and the development of a 5-year state action plan.

Sarah Mauch, PRAMS Coordinator, Iowa Department of Public Health
Tracy Rodgers, I-Smile Program Coordinator, Iowa Department of Public Health
Anne Crotty, Program Coordinator, Division of Child and Community Health, University of Iowa Carver College of Medicine

Exhibit Hall B
Climate and Health: Impact on Iowans
Iowans are experiencing human health effects of climate change, including those associated with extreme weather events, higher exposures to air and water pollutants, new infectious disease vectors and increased mental health challenges. Two of the lead authors of the Iowa Climate Statement 2014: Impacts on the Health of Iowans will present the statement and discuss the public and environmental health impacts on Iowans from climate change. Extreme events are increasing in frequency and severity. Higher humidity and increased nighttime temperatures are making it harder to recover from daytime heat stress. Repeated heavy rain events cause increased exposures to toxic chemicals and raw sewage that are mobilized and spread by flood waters. Higher water temperatures and high nutrient levels create dangerous cyanobacterial blooms. Exposures to environmental allergens are increasing as pollen production has increased with higher temperature and CO2 and an expanded growing season. Ground level ozone and fine particulates made worse by urban heat islands increase the risk of heart attacks and stroke, especially in aging adults. Infectious diseases are moving northward as their vectors move, live longer and expand their range. The speakers will also discuss mitigation and adaptation to climate stressors to ease the risks of new health problems. Heart healthy activities such as active commuting through walking or biking can decrease greenhouse gas emissions. This will be an excellent opportunity to learn about the latest climate impacts on public health in Iowa and to learn more about what the climate models say about Iowa’s future weather extremes.

Yogesh Shah, Associate Dean, Global Health, Des Moines University
David Osterberg, Clinical Professor of Occupational and Environmental Health,
On The Move With Local E-Cigarette Control/Has the Tiger Changed Its Stripes? Current Tobacco Industry Tactics Including E-cigarettes

In 2013, the Johnson County Board of Health examined the issue of electronic cigarettes (ECs) to determine what, if any, actions could be taken. Johnson County Public Health (JCPH) staff reviewed the available research and presented it to the Board with recommendations for action. The Board adopted a position statement summarizing the reasons that ECs pose a potential threat to public health and encouraged local and State governments and private property owners to adopt policies to prohibit EC use in indoor areas. JCPH staff, with assistance from a U of I College of Public Health practicum student, developed a toolkit for businesses to use when considering and implementing EC bans. JCPH staff continues to work with public and private entities to implement “vapor-free” policies. The status of those efforts will be reported including efforts to implement local vapor-free ordinances. As of the date of this abstract submission (10/7/14), the county Board of Supervisors and the Iowa City City Council have adopted resolutions to include ECs in their tobacco-free policies. All schools in Johnson County have interpreted their policies to include ECs. Proposals to other municipalities are pending and the Chamber of Commerce is assisting in the distribution of materials to businesses. This interactive presentation will explain the process of this policy development, a brief background of the research findings, and the process and lessons learned to date of implementing an EC policy action plan. Attendees will also have the opportunity to view samples of ECs and e-juice.

Smoking remains the number one cause of preventable death killing nearly 500,000 Americans every year. At the same time, the prevalence of electronic smoking devices is increasing and the tobacco companies are promoting a reduced harm agenda. This presentation will highlight the latest information on the health effects of using e-cigarettes, impact on youth initiation, impact on cessation and impact on renormalizing smoking behavior. In addition the presentation will compare tobacco industry marketing tactics to promote cigarettes with those employed to promote other tobacco products including electronic smoking devices. Participants will have the opportunity to ask questions and discuss their experiences with reducing tobacco use in their communities and gain an understanding of the best practices to reduce tobacco use. Presentation will highlight the latest federal, state and local laws regulating tobacco products and where they are used.

Douglas Beardsley, MPH, Director, Johnson County Public Health
Susan Vileta, Health Educator, Johnson County Public Health
Cathy Callaway, Associate Director, State & Local Campaigns, American Cancer Society Cancer Action Network

Room 304
Workforce Development Plans: Supporting Performance Improvement and Accreditation
Training and education is critical to help staff keep abreast of best practices and advances in the field and to increase organizational capacity. Additionally, developing a workforce development plan is important not just to meet national
accreditation requirements, but also to demonstrate growth and achievement among staff and enhance the department’s workforce to meet current and future programmatic, departmental, and community needs. Finally, knowing where to make investments in training allows health departments to make the best use of limited resources. This session will discuss the major steps involved in developing a departmental workforce development plan. These include conducting a training needs assessment of staff, identifying gaps, creating and implementing an effective workforce development plan, and ensuring that the plan links with the department’s strategic plan. Finally lessons learned will be presented.

Laurie Walkner, MA, BSN, Director of Training and Education, Institute for Public Health Practice, University of Iowa College of Public Health
Edward Rivers, MPH, Director, Scott County Health Department
Tanya Uden-Holman, PhD, Associate Dean for Education and Student Affairs, University of Iowa College of Public Health

8 Room 302
¡Hombres Necios [Stubborn Men]!: A Photovoice project with Latino men in southeast Iowa
For the last 15 years the Latino community has been growing and expanding throughout Iowa. As this community grows, services and institutions will need to adapt to a new population that needs healthcare and health promotion. This is especially true of Latino men, as relatively little research focuses on their health behaviors and decisions. To explore and assess the health priorities and leverage points of Latino men living in Iowa, we conducted a Photovoice project using a community engaged approach. Photovoice is a qualitative technique that uses photos taken by participants to provide triggers for structured discussions around health issues. We recruited 8 Latino men living in a small southeast Iowa town. Several themes emerged that are when working with Latino men regarding their health and experience in Iowa. Among these was how living in the US, (ex. the hectic pace and technology) has impacted their lives and aspects of their masculinity, by interfering with their connections with family. The results of the project led to identification of several important leverage points for intervention, provided some insight into how masculinity, ethnicity and rurality impact health. Further, through group participation participating men increased their capacity to engage in meaningful conversations about Latino men’s health.

Jason Daniel-Ulloa, PhD, MPH, Assistant Research Scientist, University of Iowa

9 Between Taft & Exhibit Hall A
Poster Session Lightning Round
Attendees will hear brief presentations from several poster presenters. This session offers attendees a great opportunity to learn about a variety of topics.

Putting the Move in Social Movement: How one rural region in Iowa is building a social movement to get kids moving

The Traffic Safety Coalition: Creating a Community Coalition as a Quality Improvement Tool
Affordable Housing and Wellness Planning for the Greater Des Moines of Tomorrow

Healthcare Personnel Influenza Immunization: Iowa’s Experience in Long Term Care and Ambulatory Surgery Centers

Evaluation of the Iowa Nutrition Education Program: Results and Lessons Learned

Effects of a School Garden Program on 3rd through 5th Graders’ Fruit and Vegetable Preferences and Intake: The Together We Grow Healthy Project

Cryptosporidium Detection in Apple Cider

2:00-2:15 NETWORKING BREAK, POSTER SESSIONS, EXHIBITS Between Taft & Exhibit Hall A

2:15-3:15 CONCURRENT SESSION II Taft A

Working Collaboratively to Improve the Food System in Linn County
From farm to fork, the food system plays a profound role in a community’s health. In Linn County, a wide array of different coalitions, organizations and individuals are working collaboratively to improve the local food system. This session will review recent successful projects, the processes for implementing changes, and potential next steps to further improve the food system. Recently completed projects include conducting a comprehensive food system assessment, creating maps of where fast food and convenience stores are located, updating zoning practices to be more permissive of urban agriculture in Cedar Rapids, adopting a local foods procurement policy for Linn County government agencies, and bringing partners together to encourage community gardens. This session will include work done by the Linn County Food Systems Council, the Blue Zones Project® in Cedar Rapids and Marion, Linn County Public Health, and other stakeholders. The potential next steps will include an overview of current best practices, evidence-based strategies, and cutting edge interventions that are supported by experts. This includes creating healthy food zones around schools, setting up a healthy convenience store program, promoting healthy mobile vending, and additional ways to support urban agriculture. Examples that are applicable to both rural and urban communities will be covered. Connections between solutions for improving the food system, the Health in All Policies approach, and the importance of addressing social determinants of health will be highlighted.

Katie Jones, MPH, CHES, Health Education Specialist, Linn County Public Health

Jason Grimm, Food System Planner, Iowa Valley RC&D

Stephanie Neff, MS, CHES, Community Program Manager, Blue Zones Project Cedar Rapids
**Exhibit Hall B**

The Community Health Needs Assessment and Health Improvement Plan: What Difference Is It Making?

During the last five years (2010-2015) in all 99 counties, public health agencies and their partners have performed an essential public health service assessing needs and implementing plans to address them. The Community Health Assessment and Health Improvement Planning (CHNA & HIP) process gives public health the resources, political savvy, and an enlarged voice in the community through the many organizations that come together to decide what is important and what needs to be done in the community. Funders also look with favor on this strong, collaborative effort, the key to community improvement. Used effectively, in the media and at public meetings, community partners can tell the story about what needs to happen far more convincingly than the public health agency can by itself. As owners of the assessment and planning process, partners are more likely to invest their energies in seeing to it that the plan is implemented. When plans translate into action, communities benefit because they know where they are going, what they plan to do along the way, and who will share their adventure. Presentations by representatives from Cerro Gordo, Dallas, and Hancock counties will discuss CHNA & HIP quantitative and qualitative results along with the steps taken to achieve them. Presenters also will discuss how they will apply the lessons learned to the next five-year round of CHNA & HIP.

*Shelley Horak, MPH, CHES, CPM, Executive Director, Dallas County Public Health Nursing Services, Dallas County Public Health*

*Kelli Huinker, BS, ACSM, NSCA, ACE, Health Promotion Manager, Cerro Gordo County Department of Public Health*

*Denise Hiscocks, BSN, RN, Director, Hancock County Health System Community Health, Hancock County Public Health Services*

**Exhibit Hall C**

Data Use in Public Health: Challenges, Successes and New Opportunities

Local health data is vital for organizations to assess the health of the community, and plays an important role in fulfilling the assessment core function of public health. In this session, presenters will discuss opportunities for using local data and provide examples of findings. The methods, challenges and successes of using available data to develop a comprehensive county health assessment will be shared, including how to collaborate with other organizations and incorporate social determinants of health. Examples of how data can be used to inform program development, resource allocation, and policy development will be given. This session will also include opportunities for using new data sources, including inpatient and outpatient hospital discharge data. Findings of analysis of hospital discharge data will be presented.

*Kaitlin Emrich, MPH, Epidemiologist, Linn County Public Health*

*Caitlin Lueck, Data Management Program, Iowa Department of Public Health*

**Taft B**

Care Coordination in a Changing Health Care Environment: A Priority in Iowa’s System of Care

Iowa’s movement toward comprehensive Systems of Care (SOC) have been exemplary across the United States. Newly developed Standards for Systems of Care for Children and Youth With Special Health Care Needs (CYSHCN) prioritize
care coordination as an essential component of quality health care, and has been recognized by the American Academy of Pediatrics as a component of improved quality of care. Care coordination is widely cited as a component of the Institute for Health Care Improvement’s triple aim to improve population health. In pediatrics, care coordination can be defined as “a patient-and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the caregiving capabilities of families.”

Iowa’s SOC for CYSHCN prioritizes comprehensive training for care coordinators, strengths-based, family-centered care planning, early transition to adult health care planning, and documentation within an Electronic Medical Record. This presentation will provide an overview of a variety of different Iowa CYSHCN programs and demonstrate how care coordination standards are used to provide family-centered, strengths-based care coordination for families across the state. Examples include Pediatric Integrated Health Homes (PIH); Regional Autism Assistance Programs (RAP); Early ACCESS; the Health and Disease Management (HDM) waiver program; and the Title V CYSHCN program.

**Sabrina Schultz**, Family Navigator, Child Health Specialty Clinics, Division of Child and Community Health, University of Iowa Carver College of Medicine

**Lisa Magistrelli**, RN, Child Health Specialty Clinics, Division of Child and Community Health, University of Iowa Carver College of Medicine

**Nicole Neverman**, LMSW, Social Worker, Pediatric Integrated Health, Division of Child and Community Health, University of Iowa Carver College of Medicine

**Stephany Brimeyer**, MPH, RD, LD, Early ACCESS and Child Health Specialty Clinics Nutrition Consultant, Division of Child and Community Health, University of Iowa Carver College of Medicine

**Room 319**

**Potential Health Benefits from Carbon Pollution Reductions from the Power Sector in Iowa**

Climate and Health Research Fellow, Natural Resources Defense Council

In this presentation, we explore some of the anticipated human health benefits due to reductions in carbon pollution from power generation in Iowa. We report on scientific, public health, and epidemiology research literature and reports.

**Juan Declet-Barreto**, PhD in Environmental Social Science; Climate and Health Researcher

**Room 310**

**Ebola and West African Immigrant Communities in Iowa: Cultural Considerations and Implications for Public Health Professionals**

The outbreak of Ebola in West Africa represents one of the world’s greatest pandemic challenges in history. The recent spread of this disease to the United States, which first presented in Dallas, Texas, must be understood from a refugee health lens. The outbreak of Ebola in Texas was not random, but rather highly predictable based on refugee health patterns. As such, it is impossible to fully predict the epidemiological patterns of Ebola in the United States without first understanding the migration and cultural patterns of West Africans in this country. West African immigrants in Iowa, as in the rest of the United States, are the populations that are at most risk for first contracting this disease due to international migration, and could serve as the gateway population for further
spread of the virus into this country. In Iowa, more than 5,000 West Africans from Liberia, Sierra Leone, and Guinea reside in the state, primarily in urban centers and meatpacking towns.

The objectives of this presentation are to:
1) Understand the demographic patterns of West Africans in Iowa
2) Recognize their cultural patterns, practices, and health beliefs relevant to Ebola
3) Analyze the implications of these patterns for infectious disease emergency planning and response; and 4) Learn about culturally appropriate strategies and immigrant community resources for public health professionals.

Dr. Michele Devlin, Professor of Global Health, University of Northern Iowa
Dr. Mark Grey, Professor of Applied Anthropology, University of Northern Iowa
Janice Edmunds Wells, head of the Office of Minority Health, Iowa Department of Public Health

16 Room 315
Medication Safety Strategies in Iowa
Medication errors are preventable, but still continue to occur in Iowa hospitals. Medication safety has become a growing concern for healthcare providers and of the community members who utilize the Iowa healthcare system. In response to public concern, the Iowa Healthcare Collaborative (IHC), in partnership with the Iowa Department of Public Health (IDPH), has convened a Medication Safety Task Force to address statewide medication safety strategies. The goal of the task force is to reduce harm and enhance medication safety efforts to improve patient safety in Iowa hospitals. Dr. Tom Evans, President and CEO of IHC, will discuss the current medication safety efforts of the task force and future strategies to improve patient safety outcomes. During the presentation, Dr. Evans will provide a general introduction to medication safety and an overview of current efforts in Iowa hospitals, including the use of data to effect change and community member engagement.

Tom Evans, MD, FAAFP, President and CEO, Iowa Healthcare Collaborative

17 Room 304
Radon Free Homes Initiative: Social Justice Through Radon Testing and Mitigation
The Iowa Cancer Consortium (ICC) and the Polk County Health Department worked to address indoor radon exposure in Polk County. The Radon-Free Homes Initiative raised community awareness of the dangers of radon and leveraged neighborhood resources to reduce indoor radon concentrations in homes. This partnership was created to enhance the radon remediation portion of the Healthy Homes program by providing educational materials, outreach and a referral system to enroll additional families. The program included radon testing and mitigation in Polk County for homes who are eligible for the Lead Abatement and Healthy Homes Program. Socioeconomically disadvantaged families were targeted through the program. Eligibility requirements included a child under 6 living in or visiting the home and a median income of less than 80% of federal poverty guidelines. Families received radon testing and mitigation services for elevated levels at no charge. The cost of radon mitigation can prevent individuals from testing their home due to the financial means necessary to complete the mitigation process if levels are found to be high. Educational materials were also created during the Initiative including translation of the existing Radon & You
Brochure into Spanish to create a bi-lingual brochure. Also, testimonials found in the brochure from families across Iowa now include a family that participated in the program. The ICC also created a “Financial Resources for Radon Testing and Mitigation in Polk County” document for organizations to share with families across Polk County with current programs that are available to assist with testing and mitigation.

Allie Bain, MPH, Outreach Specialist, Iowa Cancer Consortium
Denise Attard Sacco, MPH, CHES, Public Health Consultant

3:15-3:30  NETWORKING BREAK, EXHIBITS AND POSTERS
Between Taft & Exhibit Hall A

3:30-4:30  CONCURRENT SESSION III
OR 5:00

**Room 315**

Connections: An Innovative Model of Public and Private Partnership to Serve Special Needs Children & Their Families (90 Minutes)

Connections, a unique collaboration between a public health agency, Visiting Nurse Services of Iowa, and a developmental pediatrics medical practice, Blank Children’s Hospital Developmental Center, offers a unique, innovative model for evaluation, diagnostic and medical care to children and their families. The collaboration, constructed according to the expectations and under the supervision of Nathan Noble, D.O., Developmental Pediatrician, integrates an enhanced process to evaluate and care for children referred to the Developmental Center. The public health and medical practice partner respond to the needs and priorities of children and their families. Connections services initiate within a week of referral and support children and their families through the period they access Blank’s Developmental Center and its medical services. Enhancements and deliverables include: seamless triage of care and positive value for children with special needs; designated assessments and evaluations prior to office visit with developmental pediatrician; triage and consultation model with appropriate specificity and sensitivity to screen children; decrease wait time to begin the process of evaluation and care of children referred to Developmental Center; caregiver oriented materials to educate, inform and support needs of children and families; initiate first referrals for interventions earlier; after-care model to connect families to interventions and resources and conduct follow-up; focus on long-range goals for families

Sarah Black, MGS, Family Outreach Manager, Visiting Nurse Services of Iowa
Nathan Noble, DO, FAAP, FACMG, Developmental-Behavioral Pediatrics, Clinical Genetics, Medical Director of the Anna Blank Developmental Center, Blank Children’s Hospital
Kathy Leggett, MA, MPA, Director, Center for Advocacy & Outreach, Blank Children’s Hospital

**Exhibit Hall C**

Tools to Make Sense of Health Data (90 Minutes)

When community members come together with differences in training, expertise, and experience to ask and answer questions about their community’s health, they need easy-to-understand tools and resources. The free CHNA.org toolkit simplifies the needs assessment process by bringing an array of available data into one site, dramatically minimizing duplication of efforts, and reducing costs
to communities. Funded by Kaiser Permanente and others and with the support of CDC, the toolkit data engine is the product of over a decade of site development and refinement. Iowa’s Public Health Tracking Portal augments CHNA.org with data on health effects and the environment. Using the two data tools, participants will be able to locate the most vulnerable populations in their county, based on two key indicators: poverty rate and educational attainment; create a data report for their county; create maps of key indicators; and include local data in their needs assessment. This session is designed for hospital and local public health staff involved in county health needs assessment and health improvement plans (CHNA & HIP). Participants are asked to bring their laptops for the interactive session to build a foundation for their CHNA & HIP. The session also can assist in developing accreditation application components. Funding is provided by the IDPH FLEX program.

Elizabeth (Betsy) J.D. Richey, PhD, MPH, Coordinator, Iowa Department of Public Health
Jamie Kleinsorge, MS, BS, Associate, Institute for People, Place, and Possibility
John Moenster, Trainer and User Support Specialist, Institute for People, Place, and Possibility

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Social Determinants of Health in the Behavioral Risk Factor Surveillance System (60 Minutes)

Social determinants of health (SDOH) are the economic and social conditions that can affect the health of a population. They are factors largely beyond individual choice and outside of the medical system. The availability of money, power, and resources contributes in ways that support or hinder good health. The Behavioral Risk Factor Surveillance System routinely includes SDOH measures among its questions such as race/ethnicity education level, household income, employment status, disability, emotional support, and home ownership. It contains questions on whether a respondent was worried or stressed about money to pay bills or purchase nutritious food. Other social determinant modules are adverse childhood experiences (ACE), childhood neglect, sexual orientation, and reactions to race. ACEs include multiple events of potentially traumatic nature that occur during childhood such as physical abuse, sexual abuse, and domestic partner violence. Reactions to race has not been used in Iowa due to our small proportion of racial minorities but examines one’s perception of their racial identity and treatment by others regardless of his/her actual race. We will examine relationships of these variables to a host of health conditions and to each other. A learning objective is to develop an awareness of the influence of many societal factors beyond the individual’s control that are associated with health. Implications for focusing interventions will be examined.

Donald Shepherd, PhD, Iowa Behavioral Risk Factor Surveillance System Coordinator, Iowa Department of Public Health

Room 304

Use of School Immunization Rates in Polk County to Open a Community Dialogue (60 Minutes)

Between 2009 and 2013, the percentage of students fully vaccinated in Polk County schools had fallen from 98.1% to 97.1%. In order to get a better understanding of this situation, the Polk County Health Department conducted a five year analysis of school vaccination rates in every public and non-public school in the county. Using data from the yearly mandatory school audits, the Health Department calculated the overall rates of students fully vaccinated and not fully vaccinated including the breakdown of exemptions and certificates held by these students. Simultaneously, a pilot study focusing on the immunization rates by type of vaccine was conducted among several county schools. This initiative provided the Health Department with valuable trend data of school immunization rates in the county and by school district and individual schools. These results were included in a series of reports that were distributed among county and school authorities together with a risk assessment based on the concept of “community immunity” and a list of disease outbreak prevention recommendations. The Health Department also conducted a series of presentations that aimed to generate conversations of future collaborations with schools, school districts and community members to improve vaccination rates and disease prevention in the county.

Susan Brooks, RN, BSN, Childhood Services Coordinator, Polk County Health Department

Juan Cadenillas, MPH, Public Health Planner, Polk County Health Department
**Taft B**

Safe Drinking Water Act: Celebrating 40 Years, Successes and Recent Concerns (60 Minutes)

The Safe Drinking Water Act (SDWA) recently celebrated a 40th birthday and the law was initially passed by Congress in 1974, and formally amended in 1986 and 1996. There are currently more than 170,000 public water supplies (PWS) in the United States that must adhere to the requirements of SDWA. In many ways, we do not appreciate or perhaps are not aware of the fact that PWS drinking water is generally abundant and safe for consumption. Even today, enough quantity and drinking water that is safe for consumption is not the case in many parts of the world. The SDWA has evolved during the past 40 years and currently National Primary Drinking Water Standards include enforceable standards for 90 chemical, microbiological, radiological and physical contaminants. As of August 1998, all residents served by a PWS are provided an annual Consumer Confidence Report with a summary of the quality of the drinking water in their community. The US EPA consistently evaluates additional contaminants that may need to be regulated in drinking water based on potential health effects and occurrence through the Contaminant Candidate List (CCL) and subsequent Unregulated Contaminant Monitoring Program (UCMR) process. Private well water is not regulated by SDWA, and estimates are that approximately 15% of Americans including 450,000 Iowa residents obtain their drinking water from private wells. Recently, some public water supplies have experienced contamination from unregulated contaminants that have resulted in do not use orders or advisories. This session will provide information about the successes resulting from implementation of the Safe Drinking Water Act. Recent drinking water contamination issues and concerns related to provision of safe drinking water will also be presented.

*Michael Wichman, MS, PhD, Associate Director, State Hygienic Laboratory, University of Iowa*

*Peter Weyer, MS, PhD, Associate Director, Center for the Health Effects of Environmental Contamination, University of Iowa*

**Room 310**

Elder Abuse Prevention and Awareness (60 Minutes)

Iowa’s six Area Agencies on Aging have received a grant to provide an Elder Abuse Prevention and Awareness Program in the community, which is an evidence-based program with standardized policies, processes, and forms approved by the Iowa Department on Aging. Elder abuse is grossly under-recognized and under-reported. For every one case of elder abuse, neglect, and/or exploitation reported, twenty three cases go unreported. 90% of reported cases of elder abuse involve family members, loved ones, or caregivers and 47% of persons with dementia are mistreated at home. There are too many seniors that fall through the cracks in Iowa’s current laws to address abuse. Within the Iowa Code 235B, which addresses Dependent Adult Abuse, many victims do not meet the criteria to be deemed a dependent adult, so reports made to the Department of Human Services are not accepted for investigation. In an attempt to help fill in some of the cracks, a new Elder Abuse Law went into effect on July 1, 2014. However, this law mainly provides for a vulnerable elder to file a petition in an Iowa Court, similar to current domestic abuse laws, with only a civil protection mechanism. The Elder Abuse Prevention and Awareness Program is greatly needed to assist at-risk or abused Iowans age sixty and older who do not meet the criteria to be assisted.
under Iowa’s current abuse laws. Every older adult deserves to be protected from abuse, neglect, and exploitation as they age and enjoy the best quality of life possible.

_Tracey Robertson_, MA, Regional Protective Services Coordinator, The Heritage Area Agency on Aging

**Exhibit Hall B**

_Iowa Public Health Law 101: What Do the Iowa Code and Iowa Administrative Code Say about Public Health Authority? (60 Minutes)_

This presentation will provide an overview of public health legal authority under the Iowa Code and Iowa Administrative Code. The analysis of legal authority will be organized according to level of government and subject matter area. Participants will gain a deeper understanding of the duties of state, tribal, and local departments of health. Participants will also gain familiarity with the key legal provisions in major areas of public health, such as maternal and child health, environmental health, and chronic disease. Participants will be invited to share examples of the importance of knowing the scope of your legal authority to act, as well as the legal authority of your partner agencies to take action. We will conclude with a brief discussion of how to work with policy-makers, community partners, and attorneys.

_Jill Krueger_, J.D., Northern Region Director, Network for Public Health Law

**Room 319**

_Involvement of Families of Children and Youth with Special Health Care Needs in Iowa (60 Minutes)_

Of Iowa’s children, 20.3 percent have special health care needs impacting every member of their families. Over the last 30 years, families have brought their unique perspectives to efforts to improve policies and programs for CYSHCN. Their contributions have resulted in documented better outcomes for families and their special-needs children. Such family involvement is a crucial part of Title V Maternal and Child Health (MCH) programs. In Iowa, the Title V program for CYSHCN, Child Health Specialty Clinics (CHSC) employs family members as Family Navigators. They provide peer support, help families navigate the complex social-services system, and encourage self-advocacy. In addition, family members have participated in the Title V Block Grant review, creation of a robust Family Navigator training program with state partners, and program planning and implementation. Recently, CHSC formed a Family Advisory Council. Its members will be part of efforts to create a fully integrated system of care for CYSHCN. They will also receive training in the MCH leadership competencies so they can continue in systems change beyond their time on the council. This presentation describes family involvement in Iowa: what its goals are, who’s participating, what barriers exist. It will outline progress made toward MCH National Performance Measure #2: Percent of families of children and youth with special health care needs who partner with providers at all levels and are satisfied with the services they receive.

_Martha Hanley_, Family Navigator, Child Health Specialty Clinics

_Sharon Rettinger_, Family Navigator Network Coordinator, Child Health Specialty Clinics

_Rachell Swanson-Holm_, Family Navigator, Child Health Specialty Clinics
5:00

Wine @ Five – a Networking Reception  
(Sponsored by Magellan Healthcare)  
*The Parlor, top floor of Doubletree Hotel and Convention Center*

In keeping with wellness and Iowa’s Blue Zone initiatives, we are sponsoring our Wine @ Five, a “live” social networking event. A cash bar along with light h’ordeuvres will be served. Everyone is welcome to attend. Be sure to bring your business cards!

*Progressive Dinner to follow, sign-up available at registration desk Tuesday morning.*
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WEDNESDAY, APRIL 15

7:15  IPHA PAST PRESIDENTS BREAKFAST
      Room 315
      IEHA PAST PRESIDENTS BREAKFAST
      Room 316

7:30  REGISTRATION & CONTINENTAL BREAKFAST

8:00-9:00  PLENARY SESSION
           Exhibit Halls B/C
           Good Health is Good Business
           When CVS Health announced it would stop selling tobacco, it was a landmark
           cultural shift: One of the nation’s largest pharmacy chains with 7,800 stores and
           upward of $2 billion in annual tobacco sales had elevated the fight against one of
           the nation’s leading killers to new heights and set a bold standard for its peers in
           the private sector. Mary Langowski, CVS Health EVP of Strategy, Policy and Market
           Development will share company insights on the impact of this decision on the
           public health movement and the innovative public/private partnerships that are
           needed to keep pushing forward.

           Mary Langowski, Executive Vice President for Strategy, Policy and Market

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9:00-9:15  NETWORKING BREAK

9:15-10:15  CONCURRENT SESSION IV

26  Exhibit Hall C
Interested in Developing a Quality Improvement Plan? Start Here!
The Public Health Accreditation Board has specific requirements for a quality
improvement plan. This session will focus on walking participants through those
requirements and will provide information to participants about how to start the
process of developing a QI plan when they are ready. We will also look at a few
examples of quality improvement plans from across the country!
Joy Harris, MPH, Public Health Modernization Coordinator, Iowa Department of
Public Health

27  Room 304
The Center for Child Health Improvement and Innovation: Quality
Improvement in Children’s Health
The Center for Child Health Improvement and Innovation was established in
2013 to promote systems improvement and innovation in pediatric practice by
conducting health outcomes and systems research, developing and evaluating
innovative models of care, and establishing statewide networks for the
dissemination and spread of best practices. Center activities focus on Quality
Improvement using a formal approach to the analysis of performance, and
systematic efforts to improve it. The Science of Improvement Methodology uses
the Plan-Do-Study-Act cycle to conduct small tests of change. This presentation
will provide an overview of this methodology along with examples of Quality
Improvement activities from the Pediatric Integrated Health Home Program.
Vickie Miene, MS, MA, LMHC, Executive Director, Center for Child Health
Improvement and Innovation

28  Room 310
Families Aren’t Able to See Their Loved One on a Daily Basis: Social
Networks and Relationships of Older Residents in Ottumwa, IA
Iowa is ranked 5th in the nation for the proportion of older adults. Increasing
numbers of older adults are choosing independent living in the community,
however, those living in rural areas are particularly at an increased risk for
social isolation. There is a critical need to understand familial and community-
based social networks surrounding older adults living in the community to
identify strategies to enhance or capitalize upon existing social resources and
better support independent living. In order to understand social environments
surrounding older adults living in Ottumwa, IA, 83 older residents (ages 60 to 94
years, an average age of 74), as well as the representatives from 10 community-
based organizations that were identified by the participants as community
resources they utilized, were interviewed. About 22% of the participants reported
having social contacts with family and friends about once a month or less, and
40% reported participating in social and/or religious groups less than once or
twice a year. Individuals included in the social networks of the respondents were
mostly non-family members such as friends and neighbors (44%) followed by
their children (19%), siblings (10%), and other family (14%). Only about half of the network members lived in Ottumwa or nearby areas. Representatives from community-based organizations that interact with older residents identified concerns such as social isolation, unavailability of family, limited access to long-term and quality health care, and food insecurity among older residents in this area. Implications of the findings for community focused interventions will be discussed.

Ellen Schafer, MPH, MCHES, Doctoral Candidate, University of Iowa College of Public Health
Julia Friberg, Research Assistant, University of Iowa College of Public Health
Audrey Schroer, Research Assistant, University of Iowa College of Public Health

A Multidisciplinary Approach to Public Health Services Through A Medical Mission Trip

Access to health services in rural Haiti is limited by many barriers. Poverty, geographic location, political impetus, low health literacy, and cultural beliefs all hinder the provision of adequate public health services and medical treatment. Eliminating all of these barriers requires overall reconditioning of the country and long-term engagement from many parties. However, overcoming the barriers and delivering health services to a large portion of the community can be accomplished through medical clinic mission trips from the United States. A multidisciplinary approach involving two physicians, two nurses, one pharmacy student, one teacher, and twelve other volunteers linked over 600 Haitians in rural towns with health services they would not have received otherwise. The initiative focused on the underserved populations in Fond Varrettes and Oriani, with a majority being children under the age of 12. Challenges specific to the clinic's objectives included language differences and promotion of the free service. The clinic engaged in public health measures by dispensing preventive medicine such as prenatal vitamins, distributing oral health tools, baby bundles, and proper clothing, delivering health education, and managing infectious diseases, including cholera and the Chikungunya Virus. Segments of the Ten Essential Public Health Services were demonstrated mainly through education, linking people to needed care, and researching new solutions to health problems. Recommendations to improve the medical mission trip include providing dental services and immunizations, improving sanitation, and partnering with additional local health providers and programs to increase continuity of care.

Thomas Sayre, BA, Student - PharmD/MPH candidate, 2017, University of Iowa College of Pharmacy and College of Public Health

Iowa’s Dental Wellness Plan: Year One in Review

The Iowa Dental Wellness Plan has exceeded expectations in so many ways since its inception on May 1, 2014. This presentation will provide an overview of the plan intended to establish dental homes and change member behavior in seeking
preventive care for the adult population. We will highlight how the DWP team has engaged public health entities in assessing local oral health environments and strategies planned to achieve desired outcomes by building and leveraging support systems. Successes and lessons learned the first year will be shared and how we plan to continuously work with Iowa Medicaid Enterprise to evaluate and improve the performance of the dental program to better serve Iowans.

Gretchen Hageman, MPH, Dental Wellness Plan Director, Delta Dental of Iowa
Heather Miller, RDH, Dental Wellness Plan Outreach Coordinator, Delta Dental of Iowa

**Room 315**

On the Road to Developing Clinical Performance Measures for Contraceptive Services: A Federal, State and Local Collaboration

With the implementation of the Affordable Care Act, more attention has turned to the need to measure and improve health care quality. The Institute of Medicine has emphasized that improved quality of care is needed to achieve health outcomes and noted that both primary care and public health have critical roles to play in providing for the health and well-being of communities nationwide. The National Quality Forum (NQF) supports health care quality measurement through its review and endorsement process, as well as its recommendation for the use of standardized healthcare performance measures. Performance measures are essential tools used to evaluate how well healthcare services are being delivered. NQF has developed objective criteria and uses these criteria to decide whether to endorse a measure. Currently there are no contraceptive measures endorsed by the NQF. This presentation will illustrate a federal, state, and local family planning collaboration to develop contraceptive-related performance measures for NQF endorsement. Using Iowa’s Title X and Medicaid claims data, we will present results on two measures of contraceptive services that will be submitted to NQF for endorsement in 2015. The measures include the proportion of women aged 15-44 years who: 1) Adopt or continue use of the most or moderately effective FDA-approved methods of contraception and 2) Adopt or continue use of a long-acting method of contraception. This presentation will demonstrate how family planning agencies and primary care providers can use these proposed performance measures to monitor and improve family planning services to Iowa women of reproductive age.

Debra Kane, PhD, RN, MCH Epidemiologist, Iowa Department of Public Health
Brittni Frederiksen, PhD, MPH, CDC/CSTE Applied Epidemiology Fellow, Iowa Department of Public Health
Denise Wheeler, MSN, RN, Family Planning Coordinator, Iowa Department of Public Health

**Taft A**

I Love When They Ask Me For Fruit or Veggies, Especially If They Consider That a Dessert: Examining Parent-Child Communication About Fruits and Vegetables

Pick a Better Snack (PABS) is a school-based nutrition education program that aims to promote exposure to and preference for fruit and vegetables (F&V) among elementary-aged children in Iowa. One of the key components to this program is parent-child communication about F & V. As a part of the program evaluation telephone surveys (n = 311) and qualitative interviews (n = 30) were conducted.
with parents of third-grade children enrolled in PABS. Respondents indicated high levels of participation in food assistance programs (e.g., WIC, EBT, free and reduced school meals). Results revealed that children frequently ask for F&V (92.5%), especially in grocery stores (90.8%). Fruits were asked for more often than vegetables. Parents also indicated a willingness to say “yes” to the request for a F&V. Parents considered cost, waste, and if the family enjoyed the food when considering the request. Despite support for F & V consumption, F & V were a low priority compared to meats, dairy and items such as rice, noodles and prepackaged food. The presentation will report on findings from both quantitative survey data and qualitative interview themes, with implications and strategies for nutrition educators and public health program staff related to increasing F&V consumption in families. Topics such as cost and waste related to F&V need to be addressed explicitly in materials that are directed to parents. Strategies for supporting children effectively asking for F & V will be outlined.

Elizabeth Golembiewski, MPH, Research Assistant, University of Iowa
Natoshia Askelson, MPH, PhD, Associate Research Scientist, University of Iowa
Doris Montgomery, MS, RD, LD, State Coordinator, Iowa Nutrition Network, Iowa Department of Public Health

**Between Taft & Exhibit Hall A**

Poster Session Lightning Round
Attendees will hear brief presentations from several poster presenters. This session offers attendees a great opportunity to learn about a variety of topics.

Report on the 2010-11 Iowa County Health Improvement Plans: Focus on Nutrition and Physical Activity

Exploring the Healthy, Hunger-Free Kids Act with rural Iowa school food service directors

Mental Health Outreach to International Students: An Innovative Approach

What’s Up With Breastfeeding?

The impact of birth weight on cardiovascular disease risk in the Women’s Health Initiative.

Results of a School-Based Health Fair Pilot for Elementary School Health Education and Screening

Perinatal Care in the Amish

Community-Wide Affordable Care Act Enrollment Assistance efforts in the Linn County Area
Developing an Iowa Environmental Community Action Network (IE CAN)
The Association of Public Health Laboratories (APHL) and Centers for Disease Control and Prevention (CDC) provided support to two state public health laboratories, State Hygienic Laboratory (SHL) at the University of Iowa and the New Hampshire Public Health Laboratory to hold meetings to discuss and develop processes to improve community access to environmental health laboratories. Many local and state agencies and laboratories frequently receive questions from the public with questions related to various environmental concerns such as impact of floodwater, private well water quality, air quality, chemical exposure resulting from a spill or within their home and many others. Participants that attended the initial meeting in Iowa included representatives from local and state agencies, federal agencies, the poison control center, universities, the state laboratory and nonprofit advocacy organizations. Invited state legislators were unable to attend as the legislature was in extended session when the meeting was held April 28, 2014. Several common themes were identified from these meetings including improving education and understanding of the public about the environmental health system, available laboratory services, need to develop consistent communication process and system for referrals, tracking and follow-up to ensure that questions had been addressed. Findings from both meetings as well as current on-going efforts to further develop a process and system to engage the public to address their local environmental questions and concerns will be presented. The audience will be engaged in the discussion to present ideas and assist in development of a sustainable system to address public environmental concerns. Attendees will be provided an opportunity to be part of a developing Iowa Environmental Community Action Network (IECAN).

*Michael Wichman, MS, PhD, Associate Director, State Hygienic Laboratory, University of Iowa*
*Megan Latshaw*

**Exhibit Hall C**
Planning and Performance Measurement “According to PHAB”
In 2013, Linn County Public Health applied for accreditation to the Public Health Accreditation Board (PHAB). During the process of preparing for accreditation, Linn County identified ways to align various plans, including: Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP), Strategic Plan, and Quality Improvement Plan. This session will cover the various requirements for planning and performance management in the PHAB standards and measures, how the plans fit together to support individual and community health efforts, the components needed to develop the plans and how it better prepared Linn County Public Health for accreditation. The authors propose the CHNA-HIP is the foundation for the agency’s long term objectives. The health department uses the priorities identified in the CHNA-HIP to form strategic priorities, form goals, and establish objectives with measurable and time-framed targets. Goals and objectives can be contained in other documents, such as an annual work plan. Progress is monitored through a performance management system that reflects health improvement, strategic, quality improvement, workforce development and
operational plans. The quality improvement plan is developed to address gaps identified in the strategic plan and results of analysis of goals and objectives.

**James Hodina, MS, QEP, Environmental Public Health Manager, Linn County Public Health**

**Kaitlin Emrich, MPH, Epidemiologist, Linn County Public Health**

**Room 310**

**Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality - Iowa’s Blueprint for Change**

In July of 2014 the Health Services Resources and Administration Regions (HRSA) invited states from HRSA regions VII through X to participate in the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality. Iowa, as a member of HRSA region VII, accepted this invitation and opportunity to learn from other states and national experts, to share best practices and lessons learned in order to reduce Iowa’s infant mortality rate. The CoIIN to reduce infant mortality began in 2012, in HRSA Regions IV and VI. Building on the successes of Regions IV and VI, HRSA expanded the CoIIN initiative to the rest of the nation. As a part of the CoIIN to reduce infant mortality, Iowa team members recruited key stakeholders to develop an Infant Mortality CoIIN - Iowa's Blueprint for Change. The Blueprint for Change is based on the Infant Mortality CoIIN Framework. The Iowa team members and its stakeholders selected the following strategic priorities to address infant mortality in Iowa: Enhance access to quality care before and between pregnancies, increase access to and the quality of prenatal and maternal care, ensure quality care for newborns, and a multi-system approach to ensure that families and care givers engage in safe sleep practices. During this session participants will learn more about each strategic priority as well as the action steps, expected outcomes, and performance measurement associated with each of the four strategic priorities. Presenters will also report up-to-date progress on the Blueprint for Change implementation.

**Debra Kane, PhD, RN, MCH Epidemiologist, Iowa Department of Public Health**

**Stephanie Trusty, BSN, RNC, Nurse Clinician, Iowa Department of Public Health**

**Diane Petsche, BSN, RN, Community Health Consultant, Iowa Department of Public Health**

**Taft B**

**Got Ink?**

Permanent tattoos are becoming more popular than ever. They are no longer just for sailors, prison inmates and bikers. Tattoos have become mainstream. As the popularity of tattoos has grown, it is important to be aware of associated health risks such as skin infections and allergic reactions. Perhaps it would be helpful to think of a tattoo not as a “sweet ink job” but by its sober-sounding medical term, micro-pigment implantation. Dermatologists’ organizations, tattoo artists and the Food and Drug Administration agree that tattooing is largely safe, but any time you stick a needle into skin there are risks. In this session participants will be given a brief overview of the Tattoo Program in the Iowa Department of Public Health, learn how to conduct an inspection of a tattoo establishment, hear how a tattoo establishment owner governs himself and follows safety procedures to protect his clients and his tattoo artists, and learn what’s involved in getting a tattoo and how to choose a reputable tattoo establishment and a reputable artist.

**Debbi Cooper, Environmental Specialist Senior, Iowa Department of Public Health**
38 **Room 304**

**Behavioral Health-Integration and Innovation-From a Rural Perspective**

The purpose of this session is to engage individuals and agencies in an interactive exchange of information regarding the implementation of integrated programs and services between mental health, substance abuse, primary care, and other community partners in rural northwest Iowa. Workshop content will highlight specific evidence-based, trauma-informed, and culturally focused programs and practices being implemented. Participants will have the opportunity to learn how Seasons has undergone a restructuring process, moving from a departmentalized organizational structure to interdisciplinary teams. Specialized programs using an integrated model of care will be highlighted, including embedding a Behavioral Health Consultant into primary care settings, providing integrated health home services using care teams to address social determinants of health, piloting a cultural competent substance abuse treatment program, offering specialized substance abuse services to address child welfare and substance abuse outcomes, and participation in a federal grant to provide evidence-based and trauma-informed programs for children and families in child welfare and substance abuse. In addition, participants will learn how Seasons is using innovative outreach and marketing strategies, including “information baskets”, kid’s carnivals, and technology and social media, in the context of service delivery, partnership building, and community engagement. A unique element of this interactive exchange of information will include the use of “real time” survey questions throughout the presentation, as well as, a question and answer time at the end of the presentation.

*Kim Scorza*, MSW, Executive Director, Seasons Center for Behavioral Health

*Christina Eggink-Postma*, BA Psychology, Director of Program Coordination and Compliance, Seasons Center for Behavioral Health

*Jean Drey*, Licensed Bachelor Social Work, Director of Program Development, Seasons Center for Behavioral Health

39 **Taft A**

**Opening the Doors to Health in Iowa Through Increased Community Use of Schools**

Iowa and the U.S. are in the grips of a full-blown obesity epidemic. The prevalence of those who are obese has risen to 34%. Iowa now has the 12th highest adult obesity rate in the nation, according to *The State of Obesity: Better Policies for a Healthier America*. Iowa’s adult obesity rate is 31.3 percent, up from 23.4 percent in 2004 and from 12.2 percent in 1990. In light of these dire statistics, it is critical to find ways to increase physical activity opportunities in the places where people live, work, learn and play. However, nearly 50 percent of U.S. adults and 65 percent of adolescents do not currently get the recommended amount of physical activity each day. In order for adults and children to get the exercise they need to be healthy, they need places to be active. Research has shown that people who have parks or recreational facilities nearby exercise 38 percent more than those who do not have easy access. A solution to this problem is to have more schools open for community use. Schools can offer a variety of safe, clean facilities, including running tracks, pools, gymnasiums, fitness rooms, and playgrounds. Unfortunately, districts often close their property to the public after school hours.
due to concerns around liability, security, maintenance, and other costs. Our coalition, Bridging Solutions to a Healthier Iowa has been working to address these barriers through legislation and promotion of community use of schools.

**Stacy Frelund, MPP, Government Relations Director, American Heart Association**

**Kassi Wessing, Communications Director, American Heart Association**

**40 Exhibit Hall B**

Expanding Public Health Into The Realm of Social Media - Strategies for Effective Engagement

It’s no secret that social media has become the new frontier for engaging the public and disseminating relevant information to identified populations. Businesses and non-profits alike have begun to utilize social media platforms, such as Facebook, to successfully market services and connect with audiences. While it is well known that social media is now a necessary tool many are still struggling with how to effectively implement a social media strategy that will benefit their local public health department’s goals. This presentation will outline the social media management strategy adopted by Johnson County Public Health (JCPH) in February of 2014. Looking specifically at the first six months of implementation this presentation will cover development, departmental buy-in, staff engagement, advertising/investment, content planning and content diversification. The presentation will conclude with an examination of outcomes, discussion of lessons learned and a look at long term adaptation and maintenance. During the first six months of implementation JCPH grew to become the most “liked” public health agency in the state of Iowa (including the Iowa Department of Public Health). This presentation will provide a blueprint for health departments and other health-oriented agencies to increase their Facebook presence using a simple and intuitive model that utilizes the tools and metrics that Facebook offers to all users. Special considerations will be discussed regarding public information policies that relate to government pages including strategies for moderating public interactions and reactions.

**Cody Shafer, Health Educator, Johnson County Public Health**

**41 Room 319**

A Model for Partnering With Religious Organizations for Sexuality Education

While rates of teen pregnancy in the U.S. have decreased in recent years, they remain up to nine times higher than those of other developed countries; of the nearly 19 million new sexually transmitted infection cases in the United States each year, half are in adolescents and young adults. Efforts to prevent teen pregnancy and STIs have often focused on school-based health education. To provide a more thorough approach to sexuality education, other avenues need to be explored to deliver this vital information to young people. One “trail-blazing” approach may be partnering with faith communities. No existing literature related to the topic of faith leaders’ views on sexuality education was found. To explore this possibility, qualitative in-person interviews were conducted with faith leaders in a Midwestern community from all churches representing the United States’ three largest “Mainline Protestant” denominations (as identified by the Pew Research Religion and Public Life Project): American Baptist, Lutheran Evangelical Lutheran Church of America, and Methodist. Seven of the eleven eligible faith leaders agreed to participate. The interviews were modeled after a questionnaire originally utilized by the Guttmacher Institute. Interviews revealed
five themes: (a) church’s role in sex education, (b) congregation reaction, (c) negatives related to teaching sex education, (d) God’s intent for sex, and (e) the ideal curriculum. Faith leaders’ comments indicate that churches are a willing partner and an underutilized asset for the delivery of sex education, but need support from health/sexuality educators to build and deliver curriculum.

*Alexa Hach, MA, Disease Prevention Specialist, Iowa Department of Public Health*

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11:45-1:00  LUNCH, EXHIBITS

Conference Lunch  
*Exhibit Hall A*

Meetings during lunch:

1. IEHA Annual Meeting (11:45 a.m. - 2:00 p.m.)  
   *Budlight Lounge*
2. Student Career Networking Luncheon  
   *Room 519*
3. ICPHA Annual Meeting (Tele-Conference Available)  
   *Third Floor Atrium*
4. IASOPHE Section Meeting  
   *Room 503*

*NOTE:* There are lunch buffet lines on both the first and second floors. If you will be attending a meeting on the first floor, please get your lunch from that buffet line.

12:15-1:00  POSTER SESSIONS

*Between Taft & Exhibit Hall A*

See pages 58-61 for poster descriptions

1:00-2:00  CONCURRENT SESSION VI

*Taft A*

Partnering to Create Holistic Food Systems Through Design:
The Agricultural Urbanism Toolkit

This presentation and discussion will focus on the Agricultural Urbanism Toolkit: a process that promotes public interest design through engagement with community leaders; focused on the potential to improve food security, create resilient communities, promote social equity, increase environmental diversity and build financial sustainability for individuals and communities. The workshop will have both a presentation regarding the existing work in three Iowa communities and active participation to discuss the Agricultural Urbanism Toolkit’s relevance to existing policy and programs, including Health in All Policies. In addition, we will discuss the design process and booklet of tactics to depict how communities can create holistic food systems in their communities. Many cities are developing and expanding local food programs; however, these are often highly localized and poorly linked to regional food system assets. The Toolkit offers an alternative approach to community planning and design to ensure place-based design strategies through community engagement and participation. The toolkit uses agricultural urbanism tactics ranging in scale from...
individual to community size projects: i.e. backyard gardens, edible landscaping, and food hubs. These tactics, when designed holistically, connect people to their environment, food, and recreation opportunities. This process encourages community engagement and participation to ensure public-interest based design. We believe that communities can increase access to healthy food while also increasing opportunities for recreation and improved community health by revitalizing and creatively designing public and private space. This approach aims to create a more sustainable community sector increasing public food access and recreation opportunities both locally and regionally.

**Courtney Long**, MS, BLA, Health Care Garden Certificate, Design Fellow, Iowa State University Community Design Lab and Leopold Center for Sustainable Agriculture

**Nadia Anderson**, BA, M Arch, Co-Director: ISU Community Design Lab; Assistant Professor and Extension Specialist: Iowa State University: Department of Architecture, Iowa State University

### Room 315

**The Role of Public Health in the Community Care Team. A Tri-Navigational Approach to Care**

Public health partners continue to search for information, direction, and advice that will help them understand Accountable Care Organizations. Our focus is centered on the evolutionary process of how 6 local county public health departments aligned services to prepare for serving their “population” and the new demand on the public health system.

**Kari Prescott**, BA, Executive Director, Webster County Health Department

### Exhibit Hall B

**Exploring the Relationship Between Neighborhood Factors, Health Status, and Behaviors Among Residents Living in a Micropolitan City in Iowa**

Residents' perceptions of their neighborhoods' environments are known to affect dietary and physical activity (PA) behaviors and therefore obesity and general health. This study explored the relationships between dietary behaviors, PA, neighborhood perceptions, obesity, and general health in residents of an Iowa micropolitan city. The UI Prevention Research Center and partners conducted the 2013 community survey that covered demographics, health behaviors, general health, and neighborhood perceptions. Data was weighted to be representative for age, ethnicity, and gender. Descriptive and regression analyses were conducted. Regression models were adjusted for covariates ($\alpha = 0.05$). The sample was 52% female and 8.5% Latino. Median age was 47. Half met PA recommendations, 67.3% were overweight, 77.6% consumed fast food, and 45.2% reported excellent or very good health. An average of 3 fruits and vegetables (F/V) were consumed per day. Increased F/V consumption was associated with better perceived neighborhood food environment, walkability, and violence. Increased fast food consumption was associated with more perceived neighborhood violence. More PA was associated with better perceived neighborhood walkability. Higher BMI was associated with more fast food consumption and less PA. Better general health was associated with more PA and less perceived neighborhood violence. These results demonstrate that Iowans’ neighborhood perceptions are associated with important health outcomes, thus providing important evidence that assessing the physical and social environment of Iowans is imperative to improving their quality of life and health outcomes. In doing so, interventions that seek to alter neighborhood perceptions and improve neighborhood conditions can be developed.
Erin Foster, BS, MPH student in Community and Behavioral Health, University of Iowa
Christine Morris, MA, PhD student in Community and Behavioral Health, University of Iowa
Amy Schumacher, MS, PhD student in Community and Behavioral Health, University of Iowa

Room 310
The Iowa Health Information Network: What You Need to Know Now!
The Iowa Health Information Network (IHIN), Iowa’s statewide health information exchange, has been available since August of 2012. Built and implemented by Iowa eHealth, a public-private collaboration led by the Iowa Department of Public Health, the IHIN offers three main services: Direct Secure Messaging, Patient Look-up and Public Health Reporting. Health care providers across Iowa are using the IHIN to securely exchange electronic patient information. Over 1300 health care providers in the state are using the IHIN’s Direct Secure Messaging service, enabling them to send and receive encrypted, authenticated email, without worrying about HIPAA violations. During this presentation, current IHIN use cases will be highlighted to inform audience members of the many ways the IHIN could benefit their organizational needs to electronically share patient information. The presenter will provide insight about the IHIN sign-up and connection process, as well as highlight workflow considerations. Audience participation will be encouraged, engaging participants to determine if subscribing for IHIN services would benefit their respective organizations and their efforts to coordinate patient care between organizations.
Karith Remmen, B.A., M.A. Ed., Management Analyst, Iowa Department of Public Health

Room 304
Advancing Iowa’s System of Care for Children and Youth with Autism Spectrum Disorder and Their Families
This presentation highlights statewide collaborative efforts to advance Iowa’s system of care for children and youth with Autism Spectrum Disorder (ASD) and their families. In 2013, Child Health Specialty Clinics (CHSC) at the University of Iowa combined resources from the State of Iowa, the Iowa Departments of Education, Human Services, and Public Health to maintain the Regional Autism Assistance Program (RAP). RAP teams serve Iowa families with children and youth ages 0-21 years diagnosed or with concerns of ASD. RAP teams are located in 15 CHSC Regional Centers across the state. RAP teams help families access ASD services and resources in their local area. Recent Iowa legislation created the Autism Support Program (ASP) to provide Applied Behavior Analysis services for eligible children with an ASD diagnosis. Participants will learn how the ASP has been utilized since its inception in April 2014. CHSC was awarded a federally funded State Implementation Grant for Improving Services for Children and Youth with ASD. Presenters will share how this project leverages new and existing state and community resources to strengthen efforts to create an efficient, effective, and seamless system of care for families of children with ASD. The presenters will also share results from the 2013 statewide ASD needs assessment. This needs assessment expanded on past efforts to provide a comprehensive view of the
current ASD system of care for Iowa’s children and youth. Attend this session to discuss exciting advancements in Iowa’s system of care for children and youth with ASD and their families.

**Peggy L. Swails**, MSW, LMSW, Program Coordinator, Child Health Specialty Clinics  
**Erika Hertel**, MA, Family Navigator, Child Health Specialty Clinics  
**Tara Levin**, Psy.D., Licensed Clinical Psychologist, Child Health Specialty Clinics

### Taft B

**Understanding Primary Care Policies in Iowa Related to the Completion of the HPV Vaccine**

HPV is associated with cervical, vulvar, vaginal, penile, anal, and oropharyngeal cancers. The HPV vaccine for males and females is an important strategy for preventing the transmission of HPV. However, HPV immunization rates for adolescents are very low. Research indicates that parents are supportive of the vaccine for their children if health care providers recommend it. Despite this, evidence suggests that few health care providers are consistently recommending the vaccine. This study surveyed managers of Iowa primary care clinics to understand clinic policies and practices around HPV vaccination that may promote or hinder the initiation and completion of the HPV vaccine series. Clinic managers (n = 914) were sent a survey with an online option. The survey content was informed by the CDC’s best practices recommendations for vaccine completion. Of the 139 respondents (25.7% AAPOR response rate), the majority worked in family practice settings (84.3%). Use of Iowa’s IRIS system was widespread (87.1%). Primary care clinics in Iowa do not consistently use best practices to increase adolescent immunization rates. Clinics lack an immunization champion, and most clinics do not use best practices related to scheduling and rescheduling. Few clinics use reminders to parents when adolescents are due for their 2nd or 3rd dose. The majority (77.2%) do not use sick or urgent care visits as a time to vaccinate. The presentation will outline current clinic practices and identify areas that could be improved, as well as explore concrete strategies for improving initiation and completion rates of the HPV vaccine among Iowa adolescents.

**Natoshia Askelson**, MPH, PhD, Associate Research Scientist, University of Iowa  
**Elizabeth Momany**, PhD, Associate Research Scientist, University of Iowa  
**Elizabeth Golembiewski**, MPH, Research Assistant, University of Iowa

### Exhibit Hall C

**The Primary Care and Public Health Activities of Community Health Centers and Local Health Departments in Iowa**

The objective of this study was to document the scope of primary care and public health activities provided by Community Health Centers (CHCs) and Local Health Departments (LHDs) in Iowa, which will provide a starting point for discussions of integrating CHC and LHD activities to improve population health in the local community. We created a survey by adapting questions from two existing and previously validated public health and primary care survey instruments. We mailed the survey to executive directors at 14 FQHCs and 13 LHDs in counties with and without an FQHC. We scored the surveys, assigning each FQHC and LHD a primary care activity score from 0 to 100 and a public health activity score from 0 to 100. We had a response rate of 78.6% FQHCs and 91.7% for LHDs. We found that FQHCs provided many more primary care services than LHDs (73.8%
vs. 27.3%), but that both FQHCs and LHDs provided a high level of public health services (70.9% vs. 79.3%). We conclude that efficient integration of primary care and public health in Iowa will require FQHCs and LHDs to coordinate in a way that minimizes duplication—especially of public health services.

**Brad Wright, PhD, Assistant Professor, Health Management and Policy, University of Iowa, College of Public Health**

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**Room 319**

**Health Impact Assessment & Development Planning: A Training Workshop**

City of Des Moines Health Impact Assessment (HIA) is a process that may be employed to determine the health benefits that may be achieved and the health costs that may be avoided when considering and assessing the link between health, sustainable development and social/economic dimensions. It is used to assess the potential health implications that policies, projects or plans may have on community health. HIAs may therefore be applied to inform development planning proposals and serve to facilitate the integration of public health concepts within urban development policies and decisions so as to achieve healthy community design. This HIA Training Workshop aims to inform public and environmental health professionals as well as development planning professionals in Iowa, on how HIAs may be employed to study and address health concerns in development planning decision making processes. The Workshop will have two components:- 1) An informative learning session that will include Definition of Health Public Health and Development Planning Intersections Examples of HIA use in Development Planning Projects Overview of the HIA framework (6 steps) using an existing HIA to demonstrate each step of the HIA process. Types and Methods of HIA Sources of HIA funding and HIA Tools. 2) The second part of the workshop will engage participants in a hands-on HIA Screening training exercise. Screening is the first step of the HIA Process. It determines whether a proposal will benefit from a HIA. Workshop participants will be able to work through a case study concerning a high performance low energy mixed-income community housing development proposal. The case study will also include environmental health and public health concerns that the participants will have to address. Participants will be provided with HIA Screening worksheets.

**Denise Attard Sacco, MPH, CHES, Public Health Consultant**  
**Amber Lynch, AICP, Senior City Planner, City of Des Moines**

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2:00-2:15 **NETWORKING BREAK, EXHIBITS CLOSED**

2:15-3:15 **PLENARY SESSION**  
**Exhibit Halls B/C**  
**Overcoming Obstacles**

Michael's story is profound. He has lived the successes and reached life milestones that many didn’t think he ever could. His experiences and perspective on Cerebral Palsy have led him to work directly with Reaching for the Stars, A Foundation of Hope for Children with Cerebral Palsy as an advocate and public speaker.
Michael's message in one of inspiration, hope, and appreciation. Having overcome unthinkable challenges against extraordinary odds, Michael is living proof that perseverance and unwavering positivity can surmount even the most seemingly impossible of obstacles.

*Michael Kutcher*

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**3:15**

**CLOSING/ADJOURN**

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**AmeriHealth Caritas is proud to support the**

**2015 Iowa Governor’s Conference on Public Health**

For more than 30 years, AmeriHealth Caritas has provided innovative, quality health care services for individuals in programs such as Medicaid and CHIP. All across the nation, we're committed to helping more than 5 million people get the care they need to stay well.

Our integrated approach and innovative programs improve the lives of our members while effectively managing health care costs. And we've always remained true to our mission of helping people get care, stay well and build healthy communities. For three decades it's allowed us to deliver on our promise to ensure the greatest level of care at maximum value for our members, providers and governments.

[www.amerihealthcaritas.com](http://www.amerihealthcaritas.com)
The first step in making the right decisions for you and your family is having the information you need.

LifeLong Links™ is Iowa’s network of Aging and Disability Resource Centers, designed to link older Iowans, people with disabilities, veterans and their caregivers with the information and resources they need to plan for long-term independent living.

Administered by the Iowa Department on Aging, LifeLong Links is available to all Iowans who need home and community-based services and is accessible through physical locations across Iowa, a toll-free call center and a website.

No matter how you choose to access LifeLong Links, information and referral specialists will help you identify which supports and services are available in your area and options counselors will assist you in developing a person-centered action plan to help you achieve your goals for independence and full participation in your community.

Visit www.lifelonglinks.org, call 1.866.468.7887 or stop by a local coordination center to start planning today!
GET INVOLVED!

ENVIRONMENTAL HEALTH

for all Iowans

BECOME A MEMBER TODAY!

Take advantage of networking opportunities, professional certifications and credentialing, educational opportunities and interaction with other environmental health professionals.

Visit Us @ www.ieha.net
Visit the **Iowa Counties Public Health Association** booth to pick up your copy of **2015 County Health Rankings Report**

**ICPHA Members:** Save the date! May 12th, 2015 Virtual Forum, look for your email invite in April!

Experts from County Health Rankings, Iowa’s public health administrators and key partners in hospitals systems from across Iowa in one place to focus on collaborating for CHNAs and HIPs, creating a common language to reduce duplication of efforts and improve the overall health strategy for the county.

**ICPHA’s purpose is to represent local public health agencies by:**
- Organizing one voice on behalf of local public health agencies in Iowa.
- Providing the local perspective in state public health program and fiscal policy.
- Supporting public health systems to improve the health status of all Iowan’s.
- Developing the technical competence, managerial capacity, and leadership potential of the public health workforce.
- Promoting a vision of public health and leadership for local public health agencies.
- Developing and sustaining relationships with other organizations to improve health systems and health status.
- Serving as an exchange point for information and ideas to keep local health officials informed.
- Promoting partnerships among federal, state, and local health officials.

**Please Join ICPHA**

*Membership renewals due for July 1, 2014.*

*Attend the business meeting held at lunch on Wednesday!*

*Currently we have 67 Iowa counties represented*
Iowa Public Health Heroes Award is intended to increase awareness and appreciation of the critical contributions that the public health workforce makes to improved wellness and disease prevention across Iowa. The 2014 Iowa Public Health Heroes Award recipients are:

**2014 recipients: Karen Crimmings, Ronald Eckoff, Binnie LeHew and Laurie Zelnio**

Karen Crimmings of Manly, Iowa, head of the Division of Chronic Disease Prevention and Health Promotion at the Cerro Gordo County Department of Public Health. Crimmings is known and respected throughout north central Iowa for her work in disease prevention and investigation. She created a surveillance tool for use in Cerro Gordo County that outlines higher rates of school absence as an early indicator of childhood illness or a potential disease outbreak. Crimmings also spearheaded hugely successful initiatives in the areas of childhood immunization, rabies education, and foodborne illness.

Ronald Eckoff, M.D., of Cumming, Iowa, retired medical director for the Iowa Department of Public Health’s Division of Health Promotion, Prevention, and Addictive Behaviors. Eckoff has spent nearly a half century advancing the cause of public health. In 1965, he began a career at the IDPH in which he served as medical director, division director, and acting director of the department. Eckoff still serves as a member of the Dallas County Board of Health, the Iowa Public Health Association, and the Public Health Advisory Council.

Binnie LeHew of Des Moines, head of the Iowa Department of Public Health’s Office of Disability, Injury, and Violence Prevention. LeHew has been a long-time public health advocate in Iowa. In addition to her role with IDPH, she serves as president-elect of the Safe States Alliance and is past chair of the State and Territorial Rape Prevention Education Director’s Council. She has been active with groups such as the Iowa Prevention of Disabilities Policy Council, Iowa Trauma System Advisory Council, Iowa Sex Offender Research Council, the Iowa Coalition Against Sexual Assault, and the Polk County Domestic Abuse Coordinating Council.

Laurie Zelnio, director of Environment, Product Safety, Standards and Energy/Climate for Deere & Company. Zelnio has spent her career promoting a culture of environmental responsibility through John Deere corporate initiatives targeted to protect the air, land, and water for its employees, customers, and the communities in which the company operates. She was instrumental in establishing John Deere’s 2018 EcoEfficiency Goals focused on reducing the company’s and its customers’ environmental footprints through energy and water efficiency, waste recycling, and product sustainability activities.

Richard and Barbara Hansen Leadership Award honors persons who have demonstrated exemplary leadership in the public health field and brings them to the University of Iowa campus for interaction with students, faculty, and public health professionals.

**2014 recipient: William Foege, M.D.**

Foege is an acclaimed epidemiologist, child health and development specialist, and global health luminary who helped conceive and lead the successful worldwide campaign to eradicate smallpox. A native
Iowan, Foege is a former director of the U.S. Centers for Disease Control and Prevention (CDC) and former chief of the CDC’s Smallpox Eradication Program. He worked as a medical officer for the World Health Organization and executive director of the Task Force for Child Survival and Development, which increased childhood immunization levels worldwide and led a variety of efforts to promote children’s health. Foege held senior leadership positions in the Carter Center and the Bill and Melinda Gates Foundation and is now distinguished professor emeritus at Emory University. He was awarded the Presidential Medal of Freedom in 2012. Foege presented the 2014 Hansen Distinguished Lecture entitled “Is Ebola the New Face of Global Health?” The recorded lecture can be accessed at http://www.public-health.uiowa.edu/2014-hansen-award/

TITLE V PROGRAM AWARD

Friend of Iowa’s Children Award – This award is presented jointly by the Division of Child and Community Health, within the Stead Family Department of Pediatrics at the University of Iowa, Carver College of Medicine and the Iowa Department of Public Health Bureau of Family Health. It recognizes an individual who has made outstanding contributions to promote the health and well-being of Iowa’s children and youth, including those with special health care needs.

2015 recipient: Sally Nadolsky

Sally Nadolsky has devoted her career to improving the system of health care for Iowa children and families. She graduated from Judson College in Illinois with a Bachelor of Science degree and then obtained a Masters in Social Work from the University of Iowa. She has worked in the Iowa Department of Human Services, first as a case worker and then as a Policy Specialist for the past 24 years. Her service in the Iowa Medicaid Enterprise includes responsibilities for a number of Medicaid provider types including:

- Screening Centers
- Maternal Health Centers
- Family Planning Services and the Iowa Family Planning Network Waiver
- Area Education Agencies
- Home Health Services
- Infant and Toddler Program
- Local Education Agencies
- Lead Investigation Agencies
- Public Health Agencies

Sally has had many leadership roles throughout her distinguished career and has promoted numerous agreements between Iowa Medicaid and the Iowa Department of Public Health. She has been a leader in fostering development of Iowa’s Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) program. In the mid-1990’s, she implemented informing and care coordination services provided through community-based Title V Maternal and Child Health agencies which continue today.

Sally is a team player who leads by example. She has demonstrated qualities of unselfishness, kindness, and resourcefulness during her public health career. Her primary focus is to meet the needs
of the children and families receiving services – within parameters allowable under Medicaid. She has served as a role model, educator, and mentor to others. She is the ‘go to’ person for many people around the state when they have a tough Medicaid question or problem to be resolved. Sally wears so many hats at DHS that she will be greatly missed when she retires. Iowa has been truly fortunate to have such a strong advocate for children and families serving within the Iowa Department of Human Services – Iowa Medicaid Enterprise.

BUREAU OF NUTRITION AND HEALTH PROMOTION AWARDS

The Iowa Department of Public Health, Bureau of Nutrition and Health Promotion recognizes leaders in nutrition and physical activity. The leaders must emulate the bureau’s vision of “an Iowa where healthy living is accessible, valued and supported by all.” The winners must strive to make the bureau’s mission a reality by “ensuring that Iowans have the opportunity to live a healthy lifestyle by providing education and resources, building partnerships and supporting communities.”

2015 Physical Activity Emerging Leader: Palmer Lutheran Health Services

Palmer Lutheran Health Services, is the driving force behind successful Safe Routes to School (SRTS) efforts to increase physical activity among youth and safety within communities in Fayette County. Palmer provides SRTS leadership, community outreach and engagement, volunteerism and resource support. Since 2010, they have led three I-WALK projects, nine walking school buses, three bike rodeos, and four community coalitions in Fayette County. Palmer aligns with the Bureau of Nutrition and Health Promotion’s mission and vision by making healthy living a reality in Fayette County, enabling communities to be accessible, valued and supported by all. Palmer is investing in a better tomorrow for Fayette County by building a better today for our future leaders.

2015 Nutrition Emerging Leader: Jennifer Walters, Dallas County Public Health Nursing Services

Jennifer Walters, Dallas County Public Health Nursing Services, raises awareness about hunger, nutrition and health in a way that is moving Iowans to action. In just over a year, she has completed a county food assessment, leveraged fresh produce for over 800 Dallas County residents in conjunction with the Food Bank of Iowa, and partnered with Outreach, Inc. to host two meal packing events. Jennifer’s leadership aligns with the Bureau of Nutrition and Health Promotion’s mission and vision by building partnerships. Her leadership style is empowering in that she enables the opportunity for progress, provides resource and passionately strives to achieve health equity for all.

2015 Nutrition and Physical Activity Established Leader: Judy Gale, MATURA Action Corporation

Judy Gale, MATURA Action Corporation, is an advocate of nutrition and physical activity at work and in the community. As a WIC dietitian for over 30 years, she has established herself as the “go to” person
in southwest Iowa for nutrition and embeds her passion for nutrition and physical activity into the lives of many families. At work, Judy engages staff in exercise breaks, helped create a no junk food policy, and worked to transform potlucks into healthy food only gatherings. Judy’s leadership aligns with the Bureau of Nutrition and Health Promotion’s mission and vision by helping all families achieve healthy living and by building partnerships and sharing resources. Judy leads by example.

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POSTERS, TUESDAY, APRIL 14, 2015

The following posters will be available TUESDAY ONLY. Please visit them between Taft and Exhibit Hall A. Poster authors will be available from 12:15-1:00pm and 2:00-2:15pm.

“Putting the Move in Social Movement: How One Rural Region in Iowa is Building a Social Movement to Get Kids Moving”
Learn how six rural counties in Northeast Iowa are increasing activity levels among students and creating safer community routes through a regional Safe Routes to School effort.
Ashley Christensen, Regional Safe Routes to School Coordinator, Upper Explorerland Regional Planning Commission/Northeast Iowa Food and Fitness Initiative

Paige Wettach, Resource Contact for North Fayette Valley Community Schools, Northeast Iowa Food and Fitness Initiative

“The Traffic Safety Coalition: Creating a Community Coalition as a Quality Improvement Tool”
According to the Public Health Foundation (PHF), Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. (Public Health Foundation, 2010). With this definition in mind, the leadership at Washington County Public Health identified injury prevention related to motor vehicle crashes as a quality improvement objective for Washington County. For the years 2002-2006, the road traffic injury death rate for Washington County slightly exceeded the statewide average (Injury Prevention Research Center, 2008). In addition, of the 20 Metropolitan Statistical Areas in the state of Iowa, Washington County ranked fifth in motor vehicle traffic fatalities for the years 2004-2008 (Iowa Health Fact Book, 2011). Washington County Public Health identified injury prevention as a priority in improving population health and committed to utilizing the Plan-Do-Check-Act process for quality improvement. During the Plan phase of the process, a community-wide coalition was convened and an AIM statement was created. In addition, quality improvement tools such as the Cause and Effect (Fishbone) Diagram and Flow Chart were utilized. In subsequent phases, the coalition developed a logo or “brand”, created & implemented a marketing campaign, and used data to analyze the impact of the campaign. Finally, a Meeting Effectiveness Survey was administered at the conclusion of each coalition meeting. The results of this quality improvement project demonstrate that convening a community coalition intensifies the impact and sustainability of quality improvement projects.

Danielle Pettit-Majewski, BS, MPH, Administrator, Washington County Public Health, Washington County Public Health

Lynn Fisher, RN, BSN, Public Health Nurse, Washington County Public Health

“Affordable Housing and Wellness Planning for the Greater Des Moines of Tomorrow”
My MPH graduate practicum allowed me to assess aspects of health related to housing in Greater Des Moines. This poster presentation will outline results of key interviews and surveys that will be used in the development of a regional housing plan called “Housing Tomorrow”. It will ensure mental, physical, and environmental health remain at the forefront of long-range planning for the area. My practicum project was through the University of Iowa School of Urban and Regional Planning, and the University of Iowa College of Public Health. Housing Tomorrow is a collaborative effort spearheaded by the Polk County Housing Trust Fund. Greater Des Moines is regarded as generally affordable, yet the 2010 U.S. Census Bureau reports 29% of all households in Polk County are housing-cost burdened (U.S. Census Bureau, 2010). Such households experience difficulties affording necessities such as wholesome food, adequate clothing, transportation, and medical care, which are risk factors for a number of health concerns. High housing cost, homelessness, frequent moves, overcrowding, and substandard environments all contribute to poor health in children, including
asthma, low weight, developmental delays, and increased risk of lifetime depression. In adults, housing instability is associated with reduced access to healthcare and medication, mental distress, sleep deprivation, and prevalence of depression (Krieger & Higgins, 2002). Anticipated regional population growth through the year 2050 poses serious challenges to the availability of healthy homes that are diverse, accessible, and affordable (Tomorrow Plan Steering Committee, 2013). Addressing these concerns will contribute to the well-being of all residents in Polk County.

Claire Richmond, MPH, MS, University of Iowa, APHA, APA

“Cross-Sectional Sampling of a Large Regional Recreation Facility for Drug Resistant Bacteria: Findings and Discussion”
Methicillin-resistant Staphylococcus aureus (MRSA) infections from community acquired, CA-MRSA sources have seen a dramatic increase over the last decade while hospital acquired, HA-MRSA sources of infection have decreased. A study of academic hospitals between 2003 and 2008 found a doubling of treated cases, while a CDC study appearing at about the same time saw a drop of 28% in nosocomially acquired infections. This poster reports on the methods and findings of sampling done in a large recreational facility, July/August 2014, for oxacillin resistant organisms and discusses best practices and comprehensive prevention measures to reduce the chance of CA-MRSA infections. Reports of serial plating, PFGE, and select 16s rDNA sequencing for genus species identification are presented.

Catherine Zeman, Ph.D., Professor and Director, University of Northern Iowa
Brett Irving, Undergraduate nearing completion of BS, Reasearch Intern, University of Northern Iowa

“Calling in Sad? A Systematic Review of Depressed Patients and No-Show Appointments”
Previous research suggests individuals with mental health conditions are less likely to attend scheduled primary care visits (Moscrop, Siskand, & Stevens, 2011). In an effort to help depressed patients meet their health care needs a quality improvement project was completed. This included a systematic chart review to identify the prevalence of missed appointments among our depressed patient population. Relationships between demographics, comorbid mental disorders, and “repeat offender” statuses were examined. A random sample of 50 medical charts collected from our population of patients with a depression diagnosis was used. Statistics collected show that 22 of the 50 patients sampled have failed to attend appointments in the last year (the population of a Federally Qualified Health Center shows 24% of no shows have depression). Of the 22 patients with no shows 15 have multiple missed appointments. Sixty-eight percent of no-show patients have comorbid mental health disorders including anxiety (n=13,) substance abuse (n=3) and PTSD (n=1). Seventy-three percent of patients with multiple no shows have comorbid diagnoses of anxiety (n=8), substance abuse (n=3) and PTSD (n=1). A literature review uncovers reasons why depressed patients fail to attend appointments which include unfamiliarity with treatment, resistance to treatment (Tidwell, 2014), avoidance of mental health stigma, and harboring feelings of guilt (Moscrop, Siskand, & Stevens, 2011). Future research should include interventions and outreach for this particular population including home visits, a thorough integration of primary care and behavioral health (Russell, 2010), and a new tactic for follow up with patients who miss appointments.

Carrie Sporrer, Data Specialist, Primary Health Care

“Agriculture r2p at the University of Iowa”
The University of Iowa (UI) is a leader in agricultural safety and health (ASH) training, research and outreach activities. In 1955, the UI established the first research and training institute in the western hemisphere dedicated to the prevention of occupational illnesses and injuries among agricultural workers. Three centers have supported growth and coordination of ASH research and training. The Great Plains Center for Agricultural Health (GPCAH), a NIOSH-supported national Agricultural Health Center, conducts collaborative research, education, and prevention projects to improve
agricultural health and safety, with $60,000 annual pilot grant funding available. Iowa’s Center for Agricultural Safety and Health (I-CASH) is a state-legislated collaborative partnership of the UI, Iowa State University Extension, the Iowa Department of Public Health, and the Iowa Department of Agriculture and Land Stewardship. The mission of I-CASH is to enhance the health and safety of Iowa’s agricultural community by establishing and coordinating prevention and education programs. The Heartland Center for Occupational Health and Safety is the only U.S. institution to offer graduate degrees specifically in ASH (since 2008, 5 graduates and 7 currently in training). These centers have created a synergy of expertise in ASH research, education and outreach in the Federal Region VII.

Learning Objective: This poster will illustrate how Centers at the University of Iowa with expertise in agricultural health and safety have created joint initiatives in research, education and outreach.

**Diane Rohlman, PhD, Associate Professor, University of Iowa**  
**Matthew Nonnenmann, PhD, Assistant Professor, University of Iowa**

“Evaluating Healthy Recipe Cooking Demonstrations to Children at UNI-CUE”  
We believe the FRED; Food & Resource Education Demonstration Program is an excellent way to promote, educate, and raise awareness regarding food. While the primary goal in the inaugural year is to enhance individual and community food efficacy (perceived confidence, skills, and ability related to food and nutrition) in neighborhoods with high levels of food insecurity, the uniquely engaging aspects of this program will allow for growth after the initial phases to target a variety of food-related curricular topics such as; enhancing Health Literacy, cultural specific programming, cooking with S.T.E.M, elder-specific programs, etc. University of Northern Iowa, with a pool of talented and passionate students in Health Promotion along with the College of Education’s access to formal and informal school activities, and collaboration with community Partners such as IA State Extension, NE Iowa Food Bank, and the Black Hawk Country Health Department, a F.R.E.D. cart will serve as an important and sustainable educational tool to promote strategies for healthier eating in Black Hawk County. FRED got $24,200 grant funded by the Wellmark Foundation in 2014 for 10 nutritional events. The Wellmark Foundation pursues to improve the health of Iowans, South Dakotans, and their communities. FRED: Food, Resource & Education Demonstration Funding will launch a mobile integrative cooking and food education program with a primary aim to create enthusiasm and motivation for eating both healthy and local foods while increasing food efficacy (perceived confidence, skills and ability related to food and nutrition). The purpose of the events at the UNI-CUE is to increase awareness regarding food and safety, and to assess the effectiveness of teaching kids. There were three cooking, safety and cutting demonstration sessions at the UNI-CUE (800 Sycamore St, Waterloo, Iowa). There were four groups pf children; each group had 3-7 kids. Kids aged between 10-12 years old. The chef educator Jacqueline Bilyeu was responsible to teach the children students preparing healthy food, safety skills such as hand washing, and cutting/safety skills. Data was collected by using pre/post test and summary rating scale measuring motivation regarding food preparation and consumption as well as an observation checklist. All the three events were successful. The children students were excited and good learner. The students also actively engaged with the teacher and they remember what they have learned.

**Diane Depken, Professor, University of Northern Iowa**  
**Fatimah AlRubh, student-worker with FRED, University of Northern Iowa**

“Healthcare Personnel Influenza Immunization: Iowa’s Experience in Long Term Care and Ambulatory Surgery Centers”  
The Iowa Healthcare Collaborative (IHC) has worked with Iowa healthcare providers, beginning in the hospital community, to implement strategies to raise the standard for immunizing health care personnel (HCP) across the state since 2006. This work will has expanded to include ancillary populations of workers, including long term care facilities (LTCF) and ambulatory surgery centers (ASC). Influenza can cause severe morbidity and mortality in the LTC setting and ASC patient
populations. Studies have shown that 90% of influenza deaths occur in people 65 years of age and older. HCP may acquire influenza both in the health care setting and in the community, and they can easily transmit the virus to patients and residents in their care. It has been proven that influenza outbreaks in LTCF can be correlated with low vaccination rates among facility HCP. In consideration of this information, long term care and ambulatory surgical centers are vital settings to stave off influenza and related patient morbidity. Increasing influenza vaccination rates among HCP would reduce the burden of the disease and its associated health care costs. The IHC has established a statewide goal to increase Iowa’s influenza immunization rate. As part of this effort, IHC has engaged with valuable stakeholders in the long term care and ambulatory surgery center communities to connect with facilities to provide education on HCP immunization, resources to support staff vaccination programs, and promote documentation and reporting of HCP influenza immunization rates

Kady Hodges, MPH, Clinical Strategies Coordinator, Iowa Healthcare Collaborative

“Evaluation of the Iowa Nutrition Education Program: Results and Lessons Learned”

The Iowa Food Bank Association (IFBA) developed and piloted a nutrition education program to strengthen the capacity of pantries to provide nutrition education. A process evaluation of the pilot program was conducted to examine the effectiveness of program content and delivery and consumer satisfaction. This poster will detail program content, evaluation design, and results, including implications and recommendations for practice. A mixed methods approach was utilized to conduct the process evaluation. Nutrition educators (n = 7) completed phone interviews to assess the implementation of the program and perceptions of program usefulness to consumers. Food pantry directors (n=9) were surveyed to identify their perceptions of program implementation. Food pantry consumer interviews (n = 5) were conducted to identify perceptions of program satisfaction, as well as surveys (n=114) to identify intentions to use program material and preferences for future program delivery. The results of the evaluation identified areas of effective implementation, and those in need of improvement. Pantry directors reported overall positive perceptions of program implementation and fit with program objectives. Consumer interviews identified mostly positive perceptions of the program as well as preferred future topics of nutrition education topics. The results of this study identified the areas of success and need for improvement in the implementation of the IFBA’s nutrition education program. The IFBA utilized these findings to determine future plans in providing nutrition education to pantry consumers. Organizations can utilize the findings of this evaluation to inform potential implementation of similar nutrition education efforts.

Cristian Meier, LMSW, MPH, PhD Student, University of Iowa, School of Social Work

“Effects of a School Garden Program on 3rd through 5th Graders’ Fruit and Vegetable Preferences and Intake: The Together We Grow Healthy Project”

Background: Intake of fruits and vegetables (F&V) is inadequate in children, possibly due to a lack of preference for these foods. School garden programs are one strategy for increasing both preference and intake of F&V in children. Objective: The aim of this research was to determine if a school garden program consisting of classroom lessons and garden participation can influence F&V preference and intake in third through fifth graders in rural Iowa. Methods: Data were collected as part of the Together We Grow Healthy student-led garden project conducted in two schools in rural Iowa- Ainsworth Elementary in Ainsworth and Lincoln Elementary in Washington. A classroom-administered questionnaire was completed by 221 third through fifth grade students in October (pre-test) and again in May (post-test). The short-term impact on F&V preference and intake were assessed. McNemar’s test and Wilcoxon signed-rank test were used to determine whether scores changed from pretest to posttest. Results: Impact data suggest that the percentage of students reporting consumption of the previous school lunch F&V increased from pretest to posttest (p<0.01). At pretest, 57% of students reported eating the previous school lunch fruit and 43% the previous school lunch vegetable. At posttest, those percentages increased to 75% and 48%, respectively.
Interestingly, F&V preference did not increase from pretest to posttest (p>0.05). Conclusions: School-based garden programs can contribute to behavior change in children in the school setting. Future research should explore interventions involving other family members to alter preference and intake of F&V outside the school setting.

Shelby Francis, MA, Graduate Student, University of Iowa
Kathy Mellen, PhD, RD, Lecturer, University of Iowa

“Policies and Environmental Changes to Promote Physical Activity”
To assess worksite policy, systems, and environmental change (PSE) strategies, the Centers for Disease Control and Prevention (CDC) developed the Community Health Assessment aNd Group Evaluation (CHANGE) tool. The current study developed a profile of PSE strategies in Iowa worksites. Iowa Community Transformation Grant community team surveyed worksites with the CHANGE tool. Widely adopted physical activity policy and environmental changes are described. Rural and urban differences were noted.

Catherine J. Lillehoj, Ph.D., Iowa Department of Public Health
Kala Shipley, MBA, RDN, Iowa Department of Public Health

“The Effectiveness of Portion-Size Estimation Aids for Estimating Portions of High Calorie Snack Foods in College Students”
Portion-size estimation aids (PSEAs) such as everyday objects (e.g., a baseball) or body parts (palm of hand), are commonly suggested in nutritional media as tools to help people estimate appropriate portion sizes. Despite the frequency with which they are recommended, however, only a handful of studies have assessed the effectiveness of PSEAs; none of these involved snack foods, such as chips and trail mix, which may contribute to weight gain and obesity. In this study, the impact of a brief training using PSEAS on college students’ estimation accuracy of high calorie-per-volume snack foods was examined, relative to a control group. Twenty-four college students were taught to estimate appropriate portions sizes of snacks using parts of their hands and hand gestures as PSEAs, and their estimation accuracy was assessed before and after the training. In previous research, body parts were preferred over other types of PSEAs by participants. Students in the control condition (26) were given the pre- and posttest, and estimated the set of training foods but did not receive any training. Preliminary results indicate that the brief training in estimation increased the accuracy of participants’ estimates of portion sizes, relative to the control group (F[1,49] = 52.16, p = .00). These findings suggest that body parts and gestures are effective tools to enhance college students’ estimation of portions of high calorie per volume snack foods, which may help them avoid weight gain during college and beyond. Implications for nutrition education are discussed.

Elana Joram, Ph.D., Professor, University of Northern Iowa

“Transportation and Access to in Dallas County”
In 2014, a four-person multi-sector team from Dallas County was selected for the National Leadership Academy for the Public's Health, a training and technical assistance fellowship funded by the CDC. The team's focus was on transportation and access to care. This session will present the mixed-methods transportation needs assessment used to engage and empower impacted communities.

Shelley Horak, MPH, CHES, CPM, 2014 NLAPH Fellow, Executive Director, Dallas County Public Health

“Pediatric Oral Health Resources on the University of Iowa College of Dentistry Website”
The purpose of this poster presentation is to create an awareness of the pediatric oral health resources available on the University of Iowa College of Dentistry website. Faculty members and residents from the University of Iowa’s Department of Pediatric Dentistry have developed educational videotapes and fact sheets on various pediatric oral health topics and would like to make

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them available to a much larger audience of health professionals and parents/caregivers.

*Cathy Skotowski*  
RDH, MS, Assistant Professor, Dept. of Pediatric Dentistry, University of Iowa

“University of Northern Iowa Provost’s Initiative for Environmental Equity and Resilience, PIEER”  
The Provost and Executive Vice President’s Office at the University of Northern Iowa is pleased to announce a new collaborative initiative entitled, the Provost’s Initiative for Environmental Equity and Resilience, PIEER. This presentation is designed to increase awareness about the program, engage individuals and organizations to partner with our goals, and inform others about environmental factors that can be changed, generating resiliency and positive health outcomes.

*Julie Grunklee*, R.N., Student Intern, University of Northern Iowa  
*Wynton Karanja*, Student Intern, University of Northern Iowa

“Factors Predicting Late-Stage Colorectal Cancer Among Medicare Beneficiaries in Iowa”  
Background: Colorectal cancer (CRC) screening has been shown to decrease the incidence of late stage CRC, yet a substantial proportion of Americans do not receive screening. Those in rural areas may face distance barriers to colonoscopy services. Our purpose was to assess factors associated with late-stage CRC and specifically if longer travel time to colonoscopy was associated with late-stage CRC.

*Kevin Matthes*, MS, PhD candidate at the University of Iowa Department of Geography  
*Anne Gaglioti*, MD, Assistant Clinical Professor, Department of Family Medicine, University of Iowa

“Nonpharmacological Interventions for Sickle Cell Disease-Associated Pain”  
Sickle cell disease (SCD) affects more than 2 million Americans, who are mostly minority and underserved populations. Due to health concerns related to opioid addiction, healthcare providers may under treat pain in people with SCD. Pain control and quality of life have been highlighted as public health concerns related to SCD. The purpose of this project is to examine the use and effectiveness of alternative pain interventions for SCD and to make recommendations for treating this population.

*Katherine Langston*, Luther College

“Iowa’s ATV Injury Prevention Task Force: A Partnership to Reduce Deaths and Injuries”  
All-terrain vehicle (ATV)-related deaths and injuries are a serious public health concern. To address this problem, we created the IA ATV Injury Prevention Task Force, an academic/community-based partnership. Our research and programming include safety education, engineering, and advocacy. The purpose of our presentation will be to familiarize attendees with the task force and its work and to identify individuals and groups that would like to join in our injury prevention efforts.

*Gerene M. Denning*, PhD, Emergency Medicine Research Director, Board Iowa Injury Prevention Research Center, University of Iowa

“Cryptosporidium Detection in Apple Cider”  
This poster highlights a technique that was utilized by the State Hygienic Laboratory at the University of Iowa to successfully detect Cryptosporidium oocysts in apple cider during an outbreak linked to the consumption of unpasteurized apple cider in October 2013. The purpose of this poster presentation is to educate other public health professionals about this laboratory technique and to celebrate the collaboration of public health partners in a successful outbreak investigation.

*Nancy Hall*, BS, MT (ASCP), State Hygienic Laboratory at the University of Iowa
POSTERS, WEDNESDAY, APRIL 15, 2015

The following posters will be available WEDNESDAY ONLY. Please visit them between Taft and Exhibit Hall A. Poster authors will be available from 10:15-10:45am and 12:15-1:00pm.

“Report on the 2010-11 Iowa County Health Improvement Plans: Focus on Nutrition and Physical Activity”
Health education approaches have been the foundation of community health interventions for years, and most communities have experience with these activities. More recently, implementation of existing, evidence-based programs as well as policy and environmental changes have been especially encouraged. The purpose of this study was to examine and summarize the plans Iowa counties put forth in their Health Improvement Plans to address obesity through the promotion of healthy eating and physical activity. The plans were reviewed and coded by two independent coders, with particular attention to whether counties had proposed 1) basic health education, 2) use of a named (existing) program, or 3) implementation of a policy or environmental change. There were 70 plans where obesity was listed as a priority and the plan described at least one strategy to address it. Counties were most likely to include plans to conduct health education activities regarding nutrition (94%) and physical activity (87%). Existing nutrition programs were named in 41% of the plans, and existing physical activity programs in 47%. A list of all the named programs was created along with the counties that mention them. Implementing a policy or environmental change related to nutrition or physical activity was mentioned by 56% and 69% of the plans respectively. Going forward, it will be important to continue to document and share “success stories” that can help guide and inform others, particularly with regard to local adaptation of existing programs and implementation of potentially controversial policy and environmental changes.

Faryl Nothwehr, MPH, PhD, Associate Professor, University of Iowa College of Public Health
Melanie Health, MPH Candidate, University of Iowa College of Public Health

“Exploring the Healthy, Hunger-Free Kids Act With Rural Iowa School Food Service Directors”
Background: Rural school districts often face limited resources and serve children and communities at risk for food insecurity and obesity. Recent changes to school meals mandated by the federal Healthy, Hunger-Free Kids Act of 2010 (HHKA) could benefit rural children but many rural school food service directors struggle to implement the changes. This study explored the experiences of rural Iowa food service directors implementing the HHKA requirements. METHODS: In this mixed methods study, food service directors from rural school districts were interviewed (n = 67) via telephone and 57 completed an online survey. RESULTS: Food service directors tended to perceive the changes as negative, challenging, and burdensome; they did not believe that obesity was a problem among their students and felt that the requirements placed blame for poor child health on school meals. Many challenges were reported, including cost, preparation, and student preference. CONCLUSIONS: Iowa rural food service directors view federally mandated changes as irrelevant to their communities and too demanding for rural districts with resources already stretched thin. The findings point to the importance of supporting rural school food service at the district, community, state and federal level. Recommendations are made about intervention and research strategies to improve support for rural school food service directors implementing HHKA changes as well as ways to incorporate voluntary programming and enhanced professional networks to support this population.

Disa Cornish, PhD, Assistant Professor, School of Health, Physical Education, & Leisure Services
Natoshia Askelson, MPH, PhD, Associate Research Scientist, Department of Community and Behavioral Health; University of Iowa
“The Impact of Birth Weight on Cardiovascular Disease Risk in the Women’s Health Initiative”
Background: Cardiovascular disease (CVD) is among the leading causes of morbidity and mortality worldwide. Traditional risk factors predict 75-80% of an individual’s risk of incident CVD. The Barker hypothesis proposes fetal origins of adult disease, with increasing evidence demonstrating the deleterious consequences of birth weight outside the normal range. Methods: The Women’s Health Initiative (WHI) represents a large national cohort of post-menopausal women with 63,815 included in analysis. Univariable proportional hazards regression analyses were run for four self-reported birth weight categories against three CVD outcome definitions, which included a combination of coronary heart disease, ischemic stroke, coronary revascularization, carotid artery disease and peripheral arterial disease. Birth weight was added to three existing CVD risk prediction equations: one non-laboratory (Gaziano) and two laboratory-based models (Reynolds and Pooled Cohort) to assess its role in the prediction of CVD risk in the presence of traditional risk factors. Results: Low birth weight (< 6 lbs.) was significantly associated with all CVD outcome definitions in univariable analyses (HR=1.086, p=0.009). Low birth weight was a significant covariate in the non-laboratory based model (HR=1.128, p<0.0001) but not in the laboratory based models. Conclusions: Low birth weight (<6 lbs.) is independently associated with CVD outcomes in the WHI cohort. Consistent with the Barker hypothesis, this finding supports the role of the prenatal and postnatal environment in contributing to the development of adult chronic disease. The additive value of birth weight to an existing non-laboratory based CVD risk prediction equation offers the potential for use in populations lacking access to laboratory testing.

Caitlin Smith, MS, Graduate Research Assistant, University of Iowa, Department of Epidemiology

“Creative Delivery of Health Messages to Elementary Students: Partnering with the African American Read-In”
Increasing health messaging in the local school system can be challenging for health educators. In order to deliver health messaging to students on critical health topics, we often have to find creative entry points for our messages. The National African American Read-In (NAARI) is an example of such an entry point. For twenty-five years, NAARI has worked to make literacy a significant part of Black History Month. In February, African American Read-In events are held across the country. In Cedar Falls, hundreds of first grade students from the local community attend at the University of Northern Iowa where a featured African American children’s author reads to them and then they attend break out sessions throughout the day. This year, a pilot program will be initiated to include a physical activity component. Health Promotion Majors at the University of Northern Iowa (UNI) will plan, implement and evaluate a session at UNI’s 9th Annual African-American Read-In. Participating children will be exposed to an African American author while simultaneously being reminded of the importance of physical activity in a healthy life. After hearing the books, children will be led through physical activities related to the story. The UNI Health Promotion students will work with faculty to prepare the lessons as part of their coursework. Evaluation of the college students’ experiences includes: preparation, delivery, and identification of creative health messages within the community. The pilot program results will be used to improve and expand the health-related component in future years of the Read-In.

Erika Coleman, Student, University of Northern Iowa
Mariah Deinhart, Student, University of Northern Iowa
Kayla Peterson, Student, University of Northern Iowa

“Center for the Advancement of Laboratory Science - Iowa’s New Educational Resource”
The State Hygienic Laboratory at the University of Iowa has recently opened the Center for the Advancement of Laboratory Science (CALS). The CALS offers a valuable resource available to community, state, regional, and national environmental and public health partners for meetings, conferences, workshops, training events, classes, and any other type of event. Key components
of this education-focused resource include a conference center, a classroom/meeting space, and a hands-on training laboratory. The facility can accommodate up to 150 people on site, and features technology that facilitates distance learning via the teleconference or video conference systems. This public asset is unique in the state of Iowa, and among few resources nationally to bring together students, educators, researchers, and other members of our scientific and geographic communities who share our commitment to advancing the future of laboratory science. SHL’s aim is to increase the quality and availability of laboratory science training and educational opportunities, provide a space for the education of the public health workforce, promote public and environmental health, create a supplemental laboratory training space for government agencies such as the Department of Homeland Security and CDC, and provide critical surge capacity testing space during emergency events that occur in Iowa or the Midwest, such as a pandemic influenza outbreak. With an ever-shrinking public health workforce, the CALS is envisioned to play an important role in ensuring the sustainability of the public health system, now and in the future.

Drew Fayram, MS Microbiology, Coordinator of the Center for the Advancement of Laboratory Science, State Hygienic Laboratory at the University of Iowa
Beth Hochstedler, BS Chemistry, Education, Training, and Outreach Director, State Hygienic Laboratory at the University of Iowa

“Because I Don’t Want to Think About It: Disaster Preparedness Perceptions and Behaviors Amongst Older Adults in Eastern Iowa”
This study investigated the disaster preparedness behaviors of adults age 60+ and the perceptions associated with such behaviors using the concepts of the Extended Parallel Process Model (i.e., perceived susceptibility/severity, self-efficacy and response efficacy). A total of 30 individuals completed a survey before participating in a disaster preparedness training program. The majority of participants reported engaging in a variety of preparedness behaviors, for instance; maintaining a three-day supply of medications (90%), a fire extinguisher (77%), and a first aid kit (63%). However, only 23% had an emergency supply kit. While 86% of participants indicated their emergency plan includes other people who can assist in the event of a disaster, only 23% of those living with another person had discussed this plan within their household, and 20% of all participants had discussed disaster preparedness with their neighbors in the past year. Participants identified a number of barriers to their preparedness behaviors, including; not wishing to think about the disaster (27%), not believing that preparing will make a difference (10%), not believing that they would be able to prepare (10%), and believing that emergency responders will provide assistance (57%). About one-third of the participants indicated they did not want to think about a disaster, suggesting that they are trying to control their fear (fear control process) rather than taking precautions (danger control process). Findings from the focus groups conducted after the disaster preparedness training program with participants will be presented to highlight underlying factors causing older adults to take fear control actions.
Erin Robinson, MSW, MPH, PhD Candidate in Social Work, University of Iowa, School of Social Work
Lauren Slagel, BA, MPH Student, University of Iowa, College of Public Health, Community and Behavioral Health Department

“Results of a School-Based Health Fair Pilot for Elementary School Health Education and Screening”
Children in rural communities have limited access to health care providers and resources, and school health education plays an important role in health promotion and disease and injury prevention. Nurses have an integral role improving health outcomes for these children. Luther College student nurses have traditionally provided weekly in-classroom health education and screenings to the surrounding county parochial schools in collaboration with the Winneshiek County Public Health Agency. The purpose of this presentation is to report the results of providing school health education
and screening during a school-based health fair. Based on collaborative decision making with school principals and public health nurses, three schools will each run two health fairs during the school year of 2014-2015 with the support of the Love Our Kids Injury Prevention Grant of Iowa. Topics for the health fairs include safety promotion, injury prevention, nutrition, and infection. Screenings will be held at the health fairs. Elementary students will partake in age-appropriate pre- and post-test evaluations of their knowledge on health topics presented at the health fairs. Descriptive statistical analysis will be used to report the effectiveness of the health fairs based on the comparison of pre and post-tests. Additionally, the feasibility, process, and attendance of the school-based health fairs will be reported. Other public health initiatives may use this information to inform future decisions about the format of elementary school health education.

Angela Kueny, Assistant Professor, Luther College

“Assessing Health Literacy: A Review of a Health Literacy Assessment Tool in Action”
Limited health literacy is a growing problem in the United States and is a major influence on individual and community health. Health literacy assessment tools can be valuable resources to identify and address limited health literacy.

Kady Hodges, MPH, Clinical Strategies Coordinator, Iowa Healthcare Collaborative
Shelley Horak, MPH, Executive Director, Dallas County Public Health Nursing Services

“ObesiTV: A Public Health Nursing Perspective on Childhood Obesity and Screen Time”
Average daily screen time in American households has doubled, while childhood obesity has quadrupled—both since 1950. Each additional hour of screen time increases children’s risk of becoming obese by 20 to 30%. The purpose of this presentation is to examine one cause of childhood obesity, screen time, through the lens of Bronfenbrenner’s Bioecological Systems Theory. Using a literature review, evidence-based recommendations for public health nursing at each system level will be discussed.

Jessica Mara, Student Nurse, Luther College

“Perinatal Care in the Amish”
To assess the prevalence of undiagnosed congenital heart defects in the Amish population and current perinatal care practices to determine if an educational intervention/awareness campaign to encourage seeking care would reduce incidence rates and/or improve outcomes of emergent situations.

Joelle Roy, Bachelor of Science in Nursing, University of Iowa College of Public Health

“Healthcare Resource Gap Analysis for the Hispanic Community in Northeast Iowa”
Latinos in Northeast Iowa experience limited access to culturally and language appropriate health resources. Through collaboration with the NE Iowa Peace and Justice Center, a community assessment was conducted to identify potential health resources and the extent of the provisional gap. The purpose is to report the findings of the assessment related to health and other resources, and to make recommendations for improving and advocating for additional options for Latino populations in NE Iowa.

Kara Pedersen, Senior Nursing Student, Completed Community Nursing Course, Luther College
POSTERS, APRIL 14TH AND 15TH, 2015

The following posters will be available BOTH DAYS. Please visit them between Taft and Exhibit Hall A. On Tuesday, poster authors will be available from 12:15-1:00 and 2:00-2:15. On Wednesday, poster authors will be available from 10:15-10:45 and 12:15-1:00

“Mental Health Outreach to International Students: An Innovative Approach”

According to the Admissions Office at the University of Iowa, international students make up 12.9% of the total number of enrolled students in 2013. Research has shown international students face a number of broad challenges, including language and cultural barriers, social isolation, financial hardships, and difficulties finding jobs post-graduation (Hyun, 2007). Despite these stressors, international students seek mental health services and counseling at a low rate: during the year of 2012-2013, only 1.8% of international students at UI have used counseling services (UCS, 2013), compared to 6% of domestic students. Heart Workshop, a student organization at the University of Iowa, focuses on the psychological-cultural well-being of international students. It has taken an innovative approach to reach out to international students in the area of mental health. It aims to: 1) provide preventive care by helping international students adjust to American culture through a series of workshops and activities, including Orientation Welcoming, Living in Iowa, Resource Sharing, Cultural Adjustment, etc; 2) create an inclusive environment for international students by incorporating domestic student groups into the activities, including American Game Night, Mini-Organization Fair, Cultural Differences Sharing Session, etc; 3) promote mental health awareness on campus and offer resources for international students who are in need through events such as Stress Management, Reach In to Reach Out Campaign, and Free Hugs Campaign. This presentation will discuss the process and outcomes of mental health outreach to international students at the University of Iowa, as well to describe ways to promote sustainability of outreach efforts, and to promote mental health outreach to internationals in similar venues.

Dansha Li, Young Community Nurse Clinician, BSN Student, University of Iowa College of Nursing
Yuhao Chen, Student, University of Iowa, Department of Psychology
Susan Lehmann, MSN, RN Assistant Professor (Clinical), University of Iowa College of Nursing

“What’s Up With Breastfeeding?”

This poster presentation will focus on current initiatives in Iowa aimed at improving support for breastfeeding, as called for in the Surgeon General’s Call to Action to Support Breastfeeding. Loving Support: WIC Breastfeeding Peer Counseling - A campaign developed in 1996 with the goal of increasing WIC participants breastfeeding rates including initiation, duration rates, and exclusive breastfeeding. Other goals include increasing referrals to WIC for breastfeeding support and to increase general public acceptance of and support for breastfeeding. Learn the history of Peer Counseling and current program status. WIC Breastfeeding Initiatives - Supporting breastfeeding through initiatives such as an enhanced food package for moms who choose to breastfeeding, and individual and group breastfeeding education and support. Breastfeeding Friendly Hospitals -Beginning in 2010, IDPH initiated a program to reach Birthing Hospitals in IA, providing resources, information, and education promoting breastfeeding policy and practice based on evidence-based best practice. Creating an awareness of Baby-Friendly’s Ten Steps to Successful Breastfeeding and the designation process has been a primary goal. In 2014, Iowa’s first hospital successfully attained Baby-Friendly designation. Iowa Breastfeeding Coalition - Offers opportunities for breastfeeding education and networking for professionals through their website, newsletter, curriculum development, and meetings. Learn how to tap into this valuable resource.

Jane Stockton, RN, CLC, Breastfeeding Coordinator, Iowa Department of Public Health
Holly Szcodronski, R.D., L.D., CBE, Breastfeeding Promotion Coordinator, Iowa Department of Public Health
“Text4baby: An Innovative Free Health Text Messaging Service”

Text4baby, the largest mobile health initiative in the nation, uses the power of cell phone technology to help new mothers and expectant women keep themselves and their babies healthy. Customized health information and safety tips are communicated through text messages at no charge to participants. Text4baby delivers the information mothers and expectant women need most, reaching them directly on cell phones that 89% of young women carry at all times. The service is for pregnant women and moms with infants under age one. Participants sign up by texting BABY (or BEBE for Spanish) to 511411 and receive three free text messages a week containing expert health tips and safety information, timed to their due date or baby's birth date. The service was created to help address the overwhelming infant mortality rate in the U.S., with 1 in every 8 babies born prematurely and 28,000 deaths each year. Some causes for this are lack of access to health information, lack of access to care and poverty. Text4baby addresses lack of health information and access to care. By providing valuable information to women in a convenient, free and easy way, more babies can be given a healthy start. Text4baby sends messages on a variety of topics vital to maternal and child health, including: Prenatal care, Postpartum depression, Labor signs & symptoms, Baby's developmental stages, Immunizations, Car seat safety, Health care resources/hotlines, Breastfeeding, Urgent alerts, Appointment reminders

Kelly Schulte, LMSW, Community Health Consultant, Iowa Department of Public Health

“I-CASH Youth Grant Recipients 2005 – 2014”

Each year Iowa’s Center for Agriculture Safety and Health (I-CASH) designates funds for community grants targeted at the prevention of farm-related injury in young people and their families. Up to ten grants of $500 each are available to decrease the risk of illness and injury from agricultural exposures to youth living on Iowa farms or otherwise involved in production agriculture. I-CASH goals include 1) reduce the overall injury and death rates in farm youth by 25%, and 2) reduce the agricultural occupational related youth (19 and under) death rate by 50%. There are many committed and creative communities across Iowa that can truly help make a difference in achieving these important goals. Agriculture is still the most dangerous occupation in the United States. This grant was developed to encourage youth, and their advisors, to discuss safety and health issues with farmers and/or youth groups. -ICASH is encouraging youth to take an active role in preventing injuries and deaths on farms. The recipients of these grants will speak with farmers or other youth about safe and healthy practices on the farm, opening up the discussion about safety.

Ralph Altmaier, M.S University of Iowa, Administrative Services Coordinator, University of Iowa

“Improving Contracting Between State Public Health Partners”

The State Hygienic Laboratory (SHL) and the Iowa Department of Public Health (IDPH) co-sponsored a two-day Kaizen Event to improve the contracting process between our organizations. The goal of this event was to identify and implement efficient and effective approaches to ensure timely development, execution, and invoicing/payment of all contracts through standard processes. The event addressed only those interrelated process steps that impact the timeliness to execute contracts.

Trisha Kreman, MPH, MB (ASCP)CM, University of Iowa State Hygienic Laboratory

“Community-Wide Affordable Care Act Enrollment Assistance efforts in the Linn County Area”

The Linn County Community Partnership was formed to address a need for community wide access to health insurance sign-up assistance. The group quickly grew from a handful of members to 26 member agencies across Linn County. The Partnership worked to reach individuals and offer one on one assistance with Iowa Medicaid and Federal Marketplace insurance sign up.

Cynthia Fiester, RN, BSN, BA, Linn County Public Health
Karen Wielert, LBSW, Planned Parenthood of the Heartland
“Our Journey Toward Public Health Accreditation”
Linn County Public Health applied for PHAB accreditation in 2013. Our evidence submitted May, 2014 and our site visit was December, 2014. Today, we await the PHAB decision on our accreditation status. Events leading up to this included a pilot with the Iowa Public Health Standards. Our poster will highlight key milestones along this journey.

Kaitlin Emrich, Manager, Assessment & Health Promotion, Linn County Public Health
James Hodina, Manager, Environmental Public Health, Linn County Public Health

“Comparison of Models Identifying Adults with Special Health-Related Needs by Service Utilization”
More than 125 million Americans have at least one chronic condition and 60 million have more than one condition. The current health care system excels at responding to immediate medical needs, but is less skilled at providing ongoing care to people with chronic conditions that improves their day-to-day lives. The results of the study will assist in making program- and policy-related decisions.

Marcia Mills, PhD, Walden University, 2009, MSPH, Walden University, 2007

“Chiropractic Care Program for Soldiers, Veterans and their Families”
Addressing the healthcare needs of today’s Soldier requires recognition of dramatic changes to military service over the past 25 years. Musculoskeletal health has a significant impact on each Soldier’s ability to perform. Chiropractic care is a conservative approach that can benefit this population.

Dr. Julie Johnson, Chiropractic Physician, Palmer College of Chiropractic

“Evaluation of multiple factors that influence negative weight control behaviors among adolescents”
Over the past decade, an increased prevalence of disordered eating among adolescents in the United States has been identified. Of specific concern is the increased prevalence of disordered eating behaviors among children as young as 5 years of age. Using the data obtained from the 2005-2006 Health Behavior in School-Aged Children survey, my study sought to identify the relationship between multiple predictor variables in the developmental pathway of disordered eating among U.S. adolescents.

Amy Lepowsky, PhD, MPH, CHES

“Affordable Healthcare Begins With Breastfeeding And IBCLC’s Make The Difference”
The Surgeon General’s Call to Action to Support Breastfeeding recommends changes to the Health Care System as part of a “society-wide approach to support mothers and babies who are breastfeeding”. Designation of IBCLC (International Board certified Lactation Consultant) as the “standard of care” for breastfeeding families will ensure families have access to high quality practitioners and provide protection for the public.

Madelyn Brunow, RNC, IBCLC, RLC, Harrison County Home and Public Health & Iowa Lactation Consultants Association
Jennifer Pitkin, BS, IBCLC, RLC, Iowa Lactation Consultants Association and Family Friendly Business Initiative
As home to the Midwestern Public Health Training Center and the Upper Midwest Preparedness and Emergency Response Learning Center, the Institute for Public Health Practice provides a wide range of training opportunities for the public health workforce. While some trainings are face-to-face, most courses are available online through our Learning Management System.

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WHO WE ARE

The following organizations work together as partners to plan and implement the Iowa Governor’s Conference on Public Health:

Division of Child and Community Health at the University of Iowa (DCCH)
The Division of Child and Community Health, within the Stead Family Department of Pediatrics at the University of Iowa, Carver College of Medicine administers Iowa’s Title V program for children and youth with special health care needs. The Division’s major programs are Child Health Specialty Clinics (CHSC) and the Center for Child Health Improvement and Innovation (CCHII). CHSC provides clinical services, care coordination, and family to family support to Iowa children and youth with special health care needs 0-21 years of age, with or at increased risk for physical, emotional, behavioral, or developmental conditions. CCHII promotes systems improvement and innovation in pediatric practice by conducting health outcomes research, providing technical assistance and training for families, providers, and agencies, and developing innovative models of care.

Iowa Counties Public Health Association
The Iowa Counties Public Health Association (ICPHA) is a state organization representing local public health agencies working to assure the health of people and communities through an effective local public health system. The goals of the Iowa Counties Public Health Association are to promote and enhance local public health practice and policy in Iowa; strengthen and foster local public health agencies in Iowa; take an active role in the state and local legislative process; improve the communication and cooperation among local public health agencies; define and disseminate information on public health issues; and provide leadership on matters of public health importance. Visit http://www.i-cpha.org

Iowa Department of Public Health
The Iowa Department of Public Health (IDPH) partners with local public health, policymakers, health care providers, business and many others to fulfill our mission of promoting and protecting the health of Iowans. IDPH’s primary role is to support Iowa’s 98 county boards of health, 2 city boards of health, and 1 district board of health in this mission. To do this, IDPH provides technical support, consultation, and funding. IDPH also provides a variety of direct services such as licensing health professionals; regulating emergency medical services and substance abuse treatment providers; regulating radioactive materials; and collecting birth, death, and marriage records. The State Board of Health is the policymaking body for IDPH. Iowa’s governor appoints State Board of Health members and the department’s director.

Iowa Environmental Health Association
The Iowa Environmental Health Association (IEHA) mission is to advance the environmental health professional for the purpose of providing a healthful environment for all. Our members practice their profession in the public, private, and academic sectors, with many employed by state and local county government. We work with air quality, drinking water, private well water, surface water, on-site wastewater, food safety, healthy homes, and nuisance abatement. IEHA provides value to members who want to improve their skills, knowledge, obtain environmental health credentials and professionalism through conferences and training; by being a unified voice to our law makers and administrators; and by keeping members current on our profession and the environmental health of our communities we serve. Visit http://www.ieha.net for more information.
WHO WE ARE

Iowa Public Health Association
Since 1925, the Iowa Public Health Association (IPHA) has been the voice for public health in Iowa. Through advocacy, membership services and partnerships, IPHA is driven to advance public health in Iowa. We create a forum for ongoing professional development and engagement with people in the public health field. Our participation has made a difference in raising awareness about the value of public health and developing policies that strengthen the health of entire communities. By bringing our members' voices to the discussion, demonstrating to policymakers that the public health profession is strong and united, providing expert testimony and training our members to be more engaged in advocacy, IPHA contributes significantly to creating a society that understands, values and supports public health. Visit www.iowapha.org for more information.

State Hygienic Laboratory at the University of Iowa
The State Hygienic Laboratory at the University of Iowa (SHL) has served Iowa since 1904 as the state’s public health laboratory. The Hygienic Laboratory provides consultative and analytical support for state and federal agencies, health professionals, and private citizens through three primary divisions: Disease Control, Environmental Health, and Newborn and Maternal Screening. The SHL provides rapid laboratory support services in terrorism preparedness and disease outbreaks. It provides confirmatory testing for more than 142 sentinel laboratories located in hospitals and physician clinics across the state. Laboratory testing for the Iowa Newborn Screening Program operates seven days a week/365 days a year to ensure that the life-saving screening is available every day for babies born in Iowa, North Dakota and South Dakota. As an Environmental Protection Agency-certified laboratory, the SHL conducts testing of drinking water as mandated by the Safe Drinking Water Act, and works with the Iowa Department of Natural Resources to provide real-time air quality monitoring and monitoring of Iowa's rivers, lakes and groundwater. The SHL facilities are located in Coralville, Ankeny and Milford, Iowa.

University of Iowa College of Public Health
The University of Iowa College of Public Health is guided by its vision: “To serve Iowa and the Midwest as one of the nation’s premier state-assisted schools of public health and lead the global community in rural public health education and training, research, and practice.” The college includes the Departments of Biostatistics, Community and Behavioral Health, Epidemiology, Health Management and Policy, and Occupational and Environmental Health. There are also opportunities for distance learning and certificate programs in public health. More than 25 centers and institutes based in the college provide focused research on critical public health topics and deliver outreach, service, and policy activities. The college is accredited by the Council on Education for Public Health (CEPH). For additional information, please visit the College of Public Health website at www.publichealth.uiowa.edu.
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# TUESDAY, APRIL 14 AT A GLANCE

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<tr>
<th>Time</th>
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<tr>
<td>7:30</td>
<td><strong>REGISTRATION &amp; CONTINENTAL BREAKFAST</strong></td>
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<td>8:30 – 9:00</td>
<td><strong>WELCOME</strong>&lt;br&gt;Pamila Deichmann, Bonnie Rubin, Michael Wichman,&lt;br&gt;Conference Co-Chairs&lt;br&gt;Pramod Dwivedi, Director Linn County Health&lt;br&gt;Ron Corbett, Mayor of Cedar Rapids</td>
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<td>9:00 - 10:00</td>
<td><strong>PLENARY PRESENTATION</strong>&lt;br&gt;VADM Vivek H. Murthy, U.S. Surgeon General</td>
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<td>10:00 - 10:15</td>
<td><strong>NETWORKING BREAK AND EXHIBITS</strong></td>
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<td><strong>FEATURED SESSIONS</strong></td>
<td>Exhibit Hall B &amp; Exhibit Hall C</td>
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<td><strong>LUNCH</strong>&lt;br&gt;IPHA ANNUAL MEETING</td>
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<td><strong>POSTER SESSIONS</strong></td>
<td>Between Taft &amp; Exhibit Hall A</td>
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<td><strong>CONCURRENT SESSION II</strong></td>
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<td><strong>CONCURRENT SESSION III</strong></td>
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<td>IPHA PAST PRESIDENTS BREAKFAST</td>
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<td>IEHA PAST PRESIDENTS BREAKFAST</td>
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<td>7:30</td>
<td>REGISTRATION &amp; CONTINENTAL BREAKFAST</td>
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<td>PLENARY PRESENTATION</td>
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<td>Michael Kutcher, <em>Overcoming Obstacles</em></td>
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