

# IGCPH

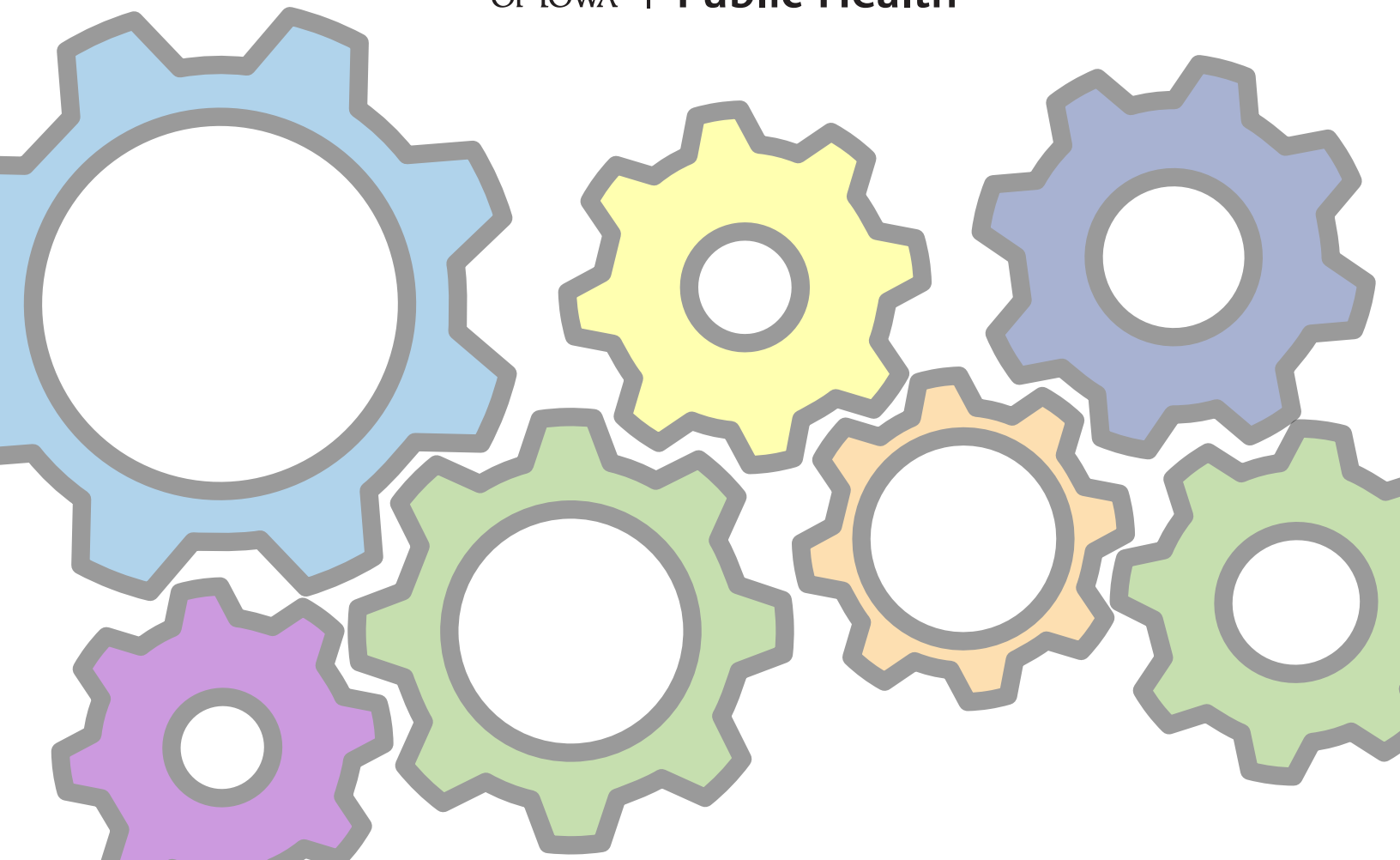
Iowa Governor's Conference on Public Health

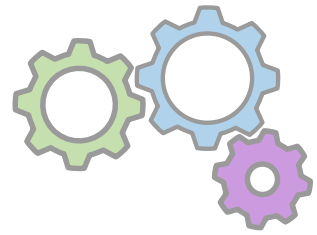
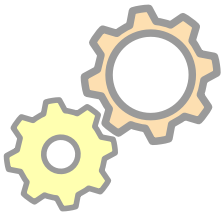
## Stronger Collaborations, Better Health: Bringing Organizations Together to Improve Systems

April 23-24, 2019 | Airport Holiday Inn in Des Moines



College of  
Public Health





# 2019 Iowa Governor’s Conference on Public Health

**Stronger Collaborations, Better Health:  
Bringing Organizations Together to Improve Systems**  
April 23-24, 2019 | Airport Holiday Inn in Des Moines

The Iowa Governor’s Conference on Public Health is a must-attend event for all Iowans who work in public health, environmental health, primary care, health promotion, health education and laboratory sciences. Conference attendees receive profession-specific knowledge, as well as, exposure to other disciplines within public health. You will hear from national, state and local experts in public health, have the chance to network with state and local partners, and reconnect with friends and colleagues as you attend the keynote speakers, concurrent sessions, poster presentations, exhibits and association meetings. Click on the links below for more information!

[Registration Information](#)

[CEU Information](#)

[Sponsors and Exhibitors](#)

[Information for Students](#)

[Accommodations](#)

[Conference App](#)

[Keynote Speaker Bios](#)

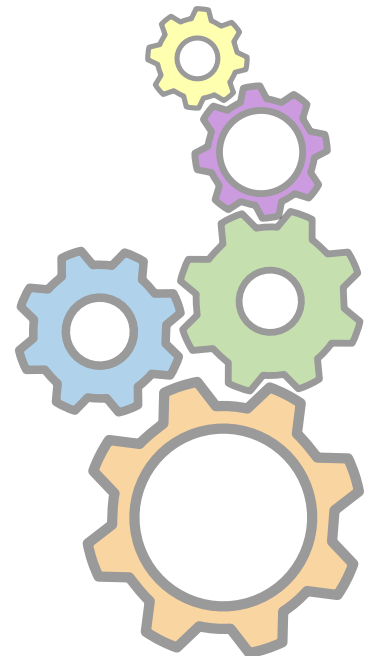
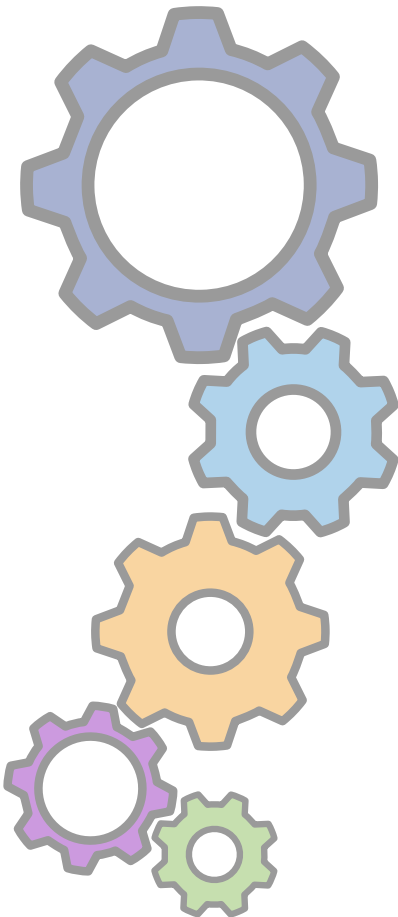
[Tuesday Schedule at a Glance](#)

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[Tuesday Detailed Schedule](#)

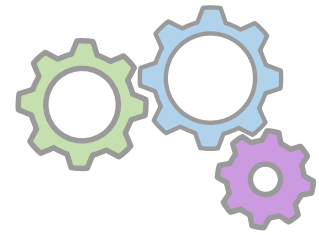
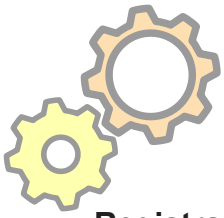
[Wednesday Detailed Schedule](#)

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Click on the logo on any page to return to page 2





## Registration Information

All registrations must be submitted online. Register at [www.iowapha.org/IGCPH](http://www.iowapha.org/IGCPH)

Registration Type	Early Bird Registration through 3.15.19	Regular Conference Registration 3.16.19 through 4.5.19
Full Conference	\$185	\$205
One Day	\$160	\$180
Full-Time Student, Full Conference	\$80	\$95
Full-Time Student, One Day	\$60	\$75
Presenter (Speaker/Poster) Full Conference	\$120	\$140
Presenter (Speaker/Poster) Attending time of session/presentation only	No Cost	No Cost

## Refunds

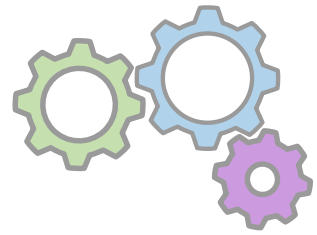
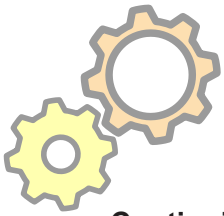
The registration fee (minus a \$25 administrative fee) is refundable for cancellations received in writing by Monday, April 15 (4.15.19). No refunds will be allowed after that date. Registrations are transferable to another person. All submitted registrations are considered a contract for payment.

To cancel or transfer a registration, you must send email notice to Devin Happe at [devin@assoc-mgmt.com](mailto:devin@assoc-mgmt.com).

## Who Should Attend

- Public Health Administrators
- Nurses
- Mental Health Professionals
- Social Workers
- Boards of Health
- Family Physicians
- Dentists
- Statisticians
- Substance Abuse Prevention and Treatment Staff
- Epidemiologists
- Individuals that are interested in assuring the health of individuals, families and communities
- Environmental Health Specialists
- Dietitians
- Laboratory Scientists
- Pediatricians
- Board of Supervisors
- Health Educators
- Dental Hygienists
- Students in Public Health, Health Education/Promotion, Environmental Sciences, Community and Regional Planning
- Other Allied Health Professionals
- Family and Consumer Science Specialists and Community Planners





### **Continuing Education and Contact Hours Credit**

Attendees will receive detailed instructions and necessary paperwork on-site at registration. Applications for credit approval are being submitted for the following:

- Nursing
- Environmental Health
- PACE (Professional Acknowledgement for Continuing Education)
- Entry-level CHES (Certified Health Education Specialists)

The Iowa Governor's Conference on Public Health can be used towards continuing education or contact hours credit for dental, dietetics, occupational health, and/or social work.

Pharmacists interested in receiving CE credit should contact the Iowa Board of Pharmacy prior to the conference.

It is the responsibility of the individual (licensee) to:

- Request a certificate of completion for attending the Iowa Governor's Conference on Public Health. A request may be made to Laura Bade at [laura@assoc-mgmt.com](mailto:laura@assoc-mgmt.com).
- Determine if conference content meets the licensing board's criteria and complies with the board's administrative rules.
- Provide a copy of the conference brochure to the licensing board.
- Contact the licensing board with any questions or concerns.

### **Sponsors and Exhibitors**

You are invited to participate in the conference as a sponsor and/or exhibitor. Information and on-line registration can be found at [www.iowapha.org/IGCPH](http://www.iowapha.org/IGCPH). A limited amount of space is available on a first come, first served basis.

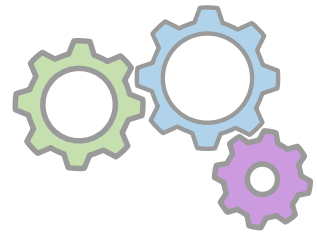
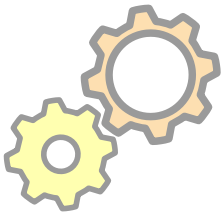
### **We Need Your Photo**

We would like to highlight the work you do in public health! We will be accepting digital photographs for the Celebration of Public Health slideshow presented at the conference. Please email a high-resolution photo to the Laura Bade at [laura@assoc-mgmt.com](mailto:laura@assoc-mgmt.com) no later than Monday, March 18th (3.18.19) for inclusion in the slideshow. All submissions should have consent from individuals for publications in the slideshow.

### **Students**

Students in public health and related fields are encouraged to attend the Iowa Governor's Conference on Public Health. It is an excellent professional learning and networking opportunity. Please note the special student luncheon on Wednesday, April 24 (4.24.19). Students who attend the conference won't want to miss this opportunity to connect with public health professionals.





## Location and Hotels

The conference will be held at the Holiday Inn Des Moines Airport – Conference Center. The Holiday Inn is located on the south side of Des Moines, Iowa, directly across from the Des Moines Airport. Rooms have been reserved at the following Des Moines hotels for the nights of April 22 and 23 (4.22.19 & 4.23.19). Individuals are responsible for making and paying for their own reservations by contacting the hotel directly. Conference rates are based on single occupancy.

### Holiday Inn Des Moines Airport

6111 Fleur Drive | Des Moines, IA 50321 | 515.287.2400

Conference Rate: \$100 plus taxes. To make a reservation you may call the hotel directly and reference the conference block name: Governor's Conference on Public Health or make a reservation online using the booking code: GCP. Room block will be held until 3.27.19. If cancellation is required, the Holiday Inn Des Moines Airport must be notified by 6:00 PM the day of arrival.

### Ramada Des Moines Airport

1810 Army Post Road | Des Moines, IA 50315 | 515.287.6464

Conference Rate: \$89.99 plus taxes. To make a reservation you may call the hotel directly and reference the conference block name: Iowa Governor's Conference. Room block will be held until 3.15.19

## Parking

Ample parking is conveniently located adjacent to the Holiday Inn Airport – Conference Center.

## Download the App

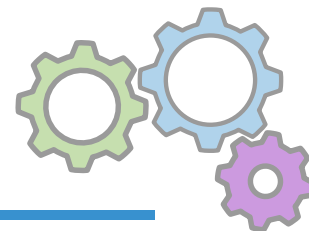
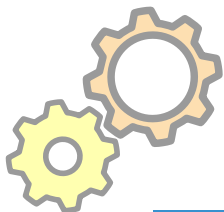
The Iowa Governor's Conference on Public Health has selected Sched to provide the official conference app. This resource will serve as the one-stop shop for all of your conference needs and reduce the carbon footprint of the conference by dramatically reducing printed materials. Take advantage of this app on your mobile device, tablet or laptop computer.

Use the app to:

- Download session handouts and presentations
- View details about sessions and speakers
- Learn more about the companies and organizations that sponsor the conference
- Check out vendor information and websites
- Reference maps of the conference venue
- And so much more!

Instructions to download the conference app will be sent to registered conference attendees in March 2019.





## Keynote and Plenary Speakers

### Pamela Aaltonen, PhD, RN - Tuesday morning keynote



Dr. Aaltonen is professor emerita of the School of Nursing, College of Health and Human Sciences at Purdue University. Her focus on public health and public health nursing has been evident in her teaching, research, and engagement. She collaborated with the Navajo Nation for many years, taking a small group of students to Kayenta, Arizona each May for a clinical experience in public health nursing.

Professor Aaltonen's research centers on use of information technology in the public health system, particularly the implementation of e-government. Dr. Aaltonen has collaborated with Purdue's Homeland Security Institute on issues related to public health systems and preparedness. She is working with several doctoral students studying the efficiency and accuracy of local health departments' point-of-distribution activities. Another is investigating preparedness activities in long term care facilities.

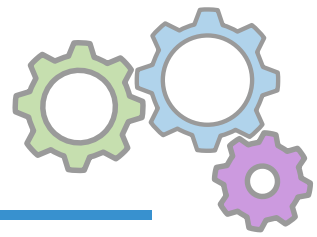
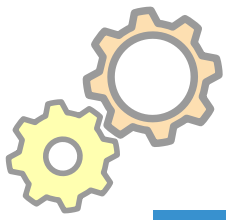
Exposing others to careers in public health, including mentoring students and young professionals, are aspects of her work that she has particularly enjoyed. She has been the recipient of Purdue University's Charles B. Murphy Outstanding Undergraduate Teaching Award and is included in Purdue's Book of Great Teachers.

Dr. Aaltonen has chaired her local board of health, served as IPHA's (Indiana Public Health Association) president, secretary and ARGC, helped found the Indiana Association of Local Boards of Health and served as chair of the Great Lakes Coalition and Region V's representative on APHA's Council of Affiliates (CoA). She was elected to APHA's Executive Board in 2012, chairing the board in 2015. In November 2018 she became the American Public Health Association President.

### Andy Wessel, MPH - Wednesday morning keynote



Andy Wessel is a Community Health Planner with the Douglas County Health Department in Omaha, Nebraska. In 2017, he was one of 40 public health practitioners selected for the Kresge Foundation's Emerging Leaders in Public Health. Since that time, Andy's work has focused on building the capacity of his Health Department to serve in a Chief Health Strategist – "Chamber of Health" – role, which included leading a systems mapping effort on housing affordability. Previously, he coordinated a \$5.7 million Communities Putting Prevention to Work (CPPW) grant and completed multiple Health Impact Assessments on topics ranging from parking in downtown Omaha to redevelopment of a dying shopping mall.



## Keynote and Plenary Speakers

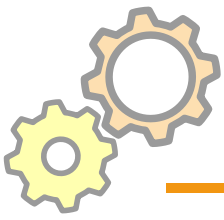
### Richard L. Deming, MD - Wednesday closing keynote



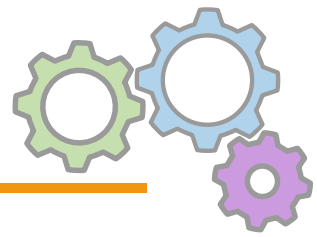
Dr. Richard Deming is medical director of Mercy Cancer Center in Des Moines, Iowa. He received a bachelor's degree from South Dakota State University and his medical degree from Creighton University. Dr. Deming is known in the community for the compassionate care he provides cancer patients and their families. He is involved in many national, state, and community organizations and is the recipient of numerous awards. He was awarded the Lane Adams Award by the American Cancer Society for excellence and compassion in patient care. He is the recipient of "the one hundred" Award by Massachusetts General Hospital for his work with cancer survivors. He was awarded the Iowa Cancer Champion Award for his tireless efforts in the field of advocacy. He received the Iowa Star Award from the Des Moines Register for making a measurable difference within the community and improving the quality of life for Iowans everywhere. He was awarded the St. George National Medal by the American Cancer Society for leadership in reducing the burden of cancer.

Dr. Deming is also the founder of Above + Beyond Cancer, a non-profit organization dedicated to elevating the lives of those touched by cancer. Dr. Deming has led cancer survivors on medical missions and inspirational mind-body-spirit pilgrimages to Mount Everest, Mount Kilimanjaro, and Machu Picchu. He is dedicated to the principals of human dignity, social justice, and compassion. He is inspired by the courage and compassion of his patients and their families. His greatest ambition is to encourage others to pursue lives of meaning, purpose, passion, and compassion.





## Schedule at a Glance: Tuesday, April 23



Click on the breakout session titles to view the detailed description.

### 7:15 – 8:30 AM

<b>Continental Breakfast</b>	Iowa Foyer
<b>Registration</b>	Des Moines Room

### 8:30 – 10:00 AM

<b>Welcome / Introduction / Keynote</b>	Iowa Hall
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### 10:15 – 11:45 AM

<b>T 1-1</b>	Project Catalyst: Statewide Transformation on Health and Intimate Partner Violence	
<b>T 1-2</b>	Community Planning: Bicycle, Pedestrian and Public Transit	
<b>T 1-3</b>	Decreasing Health Disparities Among Individuals with Disabilities: A Public Health Approach	
<b>T 1-4</b>	Health Impact Assessment (HIA) Training Workshop	
<b>T 1-5</b>	Value Based Care Implementing the Environmental Assessment	
<b>T 1-6</b>	Addressing the Opioid Crisis: Iowa's Successes	
<b>T 1-7</b>	LGBTQIA + Healthcare	

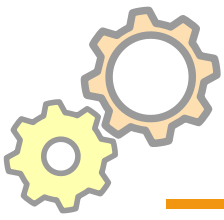
### 11:45 AM – 1:00 PM

<b>Lunch Buffet</b>	Pool Courtyard
<b>Exhibitor Showcase</b>	Iowa Hall & Foyer
<b>Poster Presentations</b>	Iowa B
<b>IPHA Annual Membership Meeting</b>	Ballroom South

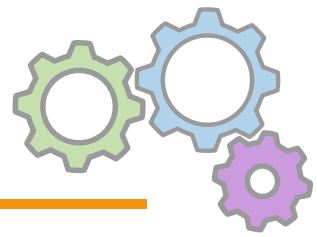
### 1:00 – 2:00 PM

<b>T 2-1</b>	Using the Power of Collaboration to Connect Systems Addressing Social Determinants of Health	
<b>T 2-2</b>	The Challenge of Accountability: A Discussion of Local Efforts to Increase Radon Education and Testing in Black Hawk County	
<b>T 2-3</b>	A Collaborative Approach to Improve Safety In an Amish Community	
<b>T 2-4</b>	The Iowa Cancer Consortium: Creating Collaborative Infrastructure to Reduce the Burden of Cancer in Iowa	
<b>T 2-5</b>	Public Health and Dangerous Dogs - A Case for a Local Ordinance	
<b>T 2-6</b>	Building and Supporting a Community Health Worker Workforce in Iowa	
<b>T 2-7</b>	Building a High-Functioning Partnership: The Experience of Three Counties	





## Schedule at a Glance: Tuesday, April 23



### 2: 15 – 3:15 PM

T 3-1	Private Well Water Program in Action: Partnerships to Reduce Arsenic Exposure	
T 3-2	Designing Curriculum and Fostering Collaborations to Implement a Lay Patient Advocate Training in Tribal Communities	
T 3-3	Implementing Disaster PrepWise, a Program to Help Older Iowans Prepare for Disasters	
T 3-4	Healthy LifeStars - A Child Obesity Prevention Program	
T 3-5	Is the Convenience Worth It? Foodborne Illness Outbreaks in Iowa	
T 3-6	Changing Minds: A Community Coalition Dedicated to Awareness and Education	
T 3-7	Remembering When™ PLUS program: Developing a falls prevention referral	

### 3:15 – 3:45 PM

<b>Afternoon Break / Poster Presentations / Exhibitor Showcase</b>	Iowa Foyer
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### 3:45 – 4:45 PM

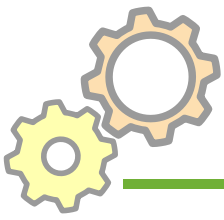
T 4-1	Correlational Study Examining Individual Educational Program (IEP) Numbers and Assessed Toxics Score Risk in the Cedar Valley Regional Area Using GIS as a Supportive Tool	
T 4-2	Person-Centered Care: a 21st Century Model for Transforming Lives, Systems and the Delivery of Care	
T 4-3	Inclusive Recreation Services	
T 4-4	Health Data for Decision Makers: What They Are, Ways to Use Them, and Potential Customization with Your Local Data	
T 4-5	The Use of Community Health Workers in Iowa: Barrier, Solution and Impact	
T 4-6	Building Equitable Food Access Throughout a Community	
T 4-7	The Hunt for CREs: Collaborating Resources Effectively	

### 4:45 PM

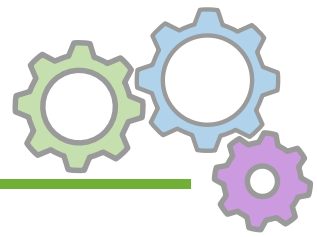
<b>Adjourn</b>	
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### 5:30 – 7:00 PM

<b>IPHA Awards Reception</b>	
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## Schedule at a Glance: Wednesday, April 24



### 6:00 – 6:45 AM

Yoga	Room 298 – 2nd Floor
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### 7:15 AM

IPHA Past Presidents' Breakfast	Westview CS – 2nd Floor
IEHA Past Presidents' Breakfast	Westview North – 2nd Floor

### 7:30 AM

Registration	Des Moines Room
Exhibitor Showcase and Continental Breakfast	Iowa Hall / Foyer

### 8:00 – 9:30 AM

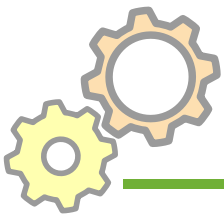
Morning Welcome / Day 2 Keynote	Iowa Hall
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### 9:45 – 10:45 AM

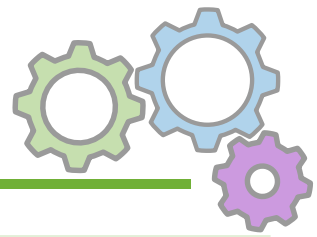
W 1-1	The Well Kids of Central Iowa Coalition: A Multi-Sector Approach to Combating Childhood Obesity	
W 1-2	Community-Based Overdose Prevention and Naloxone Distribution: Results from 18 Months of Free Naloxone Distribution to Opiate Users in Iowa City, Cedar Rapids, Des Moines, & Davenport	
W 1-3	Using Community-Engaged Partnerships to Increase Community Wide Physical Activity in Iowa Communities; Implications of Active Ottumwa	
W 1-4	Mosquito-Borne Disease Surveillance in Iowa: Collaborative Benefits Beyond Human Case Surveillance	
W 1-5	Iowa's Innovative Dental, Medical & Community Integration Initiatives	
W 1-6	Adult Immunization Project Assessment: American Indian Perceptions of an Immunization Education Outreach	
W 1-7	Addressing Unconscious Bias	

### 11:00 AM – 12:00 PM

W 2-1	Closing Crestview - Story County's Approach to Closing a Dilapidated Mobile Home Park	
W 2-2	Addressing Racial Disparities in Stillbirth	
W 2-3	Alzheimer's and Public Health: A Multifaceted Look at Dementia in Our Community	
W 2-4	Food Safety Investigation of the Source of Two Cases of Methemoglobinemia in Iowa from the Laboratory Perspective	



## Schedule at a Glance: Wednesday, April 24



<b>W 2-5</b>	A Strategic Approach to Building an Employee Wellness Program	
<b>W 2-6</b>	It Takes a Whole Community to Reduce Obesity	
<b>W 2-7</b>	Health Information Exchange Strategies Used to Support Population Health	

### 12:00 – 1:15 PM

<b>Lunch</b>		Pool Courtyard
<b>Exhibitor Showcase &amp; Poster Presentations</b>		Iowa Hall & Foyer
<b>IEHA Annual Membership Meeting</b>		Ballroom South
<b>Student Career Networking Luncheon</b>		Westview CS – 2nd Floor
<b>ICPHA Annual Membership Meeting</b>		Westview N – 2nd Floor

### 1:15 – 2:15 PM

<b>W 3-1</b>	Featured Student Posters	
<b>W 3-2</b>	Micropolitan Health: The Case for Promoting Health and Health Equity in Iowa's Midsize Towns	
<b>W 3-3</b>	Enhancing Influenza Surveillance for Real-time Burden of Disease Assessment	
<b>W 3-4</b>	Strategies to Support and Monitor Women's Access to Contraceptive Services in Iowa	
<b>W 3-5</b>	Pesticides and Public Health: Understanding Ecological Solutions	
<b>W 3-6</b>	Iowa Pharmacists: Untapped Resource for Behavioral Health Services	
<b>W 3-7</b>	Improving Health through Information Collaboration: Bringing Libraries and Public Health Together	

### 2:15 – 2:45 PM

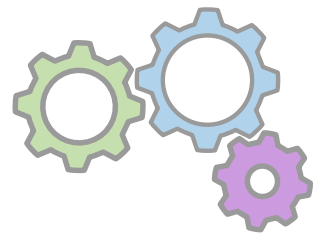
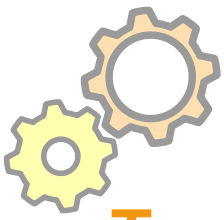
<b>Poster Presentations and Exhibitor Showcase</b>		Iowa Hall & Foyer
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### 2:45 – 3:45 PM

<b>Closing Keynote</b>		Iowa Hall
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### 3:45 PM

<b>Adjourn</b>		
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## Tuesday, April 23rd

**7:15 – 8:30 AM**

**Continental Breakfast**

**8:30 – 9:00 AM**

**Welcome, Introductions**

**9:00 – 10:00 AM**

**Keynote — The Evidence of Collaboration:  
Enhancing the Health of Communities**

*Pamela M. Aaltonen, PhD, RN*

This session will explore best practices/evidence for community collaborations designed to improve the public's health. Creating the Healthiest Nation, APHA's central challenge, requires that we address what facilitates and challenges our ability to achieve this goal through collaborations among organizations, practitioners, researchers, and policy makers.

### **10:15 – 11:45 AM Breakout Sessions**

**T 1-1 Project Catalyst: Statewide Transformation on Health and Intimate Partner Violence**

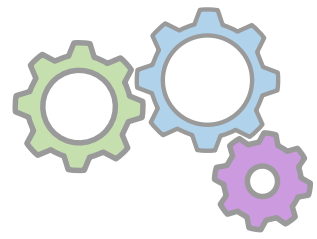
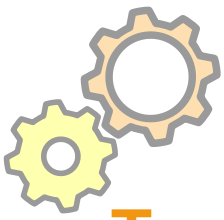
*Tiffany Conroy, MSW, LISW; Julie Baker, MPA; Monica Goedken, MPA*

Iowa was one of four states that participated in Project Catalyst: Statewide Transformation on Health and Intimate Partner Violence (IPV). The project was aimed at state-level system change to support an integrated and improved response to IPV and human trafficking in community health centers and domestic violence programs. Iowa's leadership team from the Iowa Coalition Against Domestic Violence, Primary Care Association, and Department of Public Health conducted trainings at five DV agencies and five health centers across Iowa. Trainings covered the intersection of health and IPV and trafficking, and a universal education model that offers information to clients regardless of a positive disclosure of violence. This model comes from recognition of the pervasiveness of IPV and trafficking. According to the NISVS 2010-2012 State Report, 35.3% of Iowa women over 18 reported a lifetime experience of IPV. National Human Trafficking Hotline data show that between 2012-2016 calls to the hotline from Iowa rose from 63 to 202 respectively. Healthcare providers are in a unique position to identify and support survivors given their increased presence in the healthcare system due to the negative health outcomes associated with these types of violence. In this workshop participants will receive an overview of the training curricula, hear lessons learned and next steps taken to create an integrated response, and learn how they can utilize the information for similar system transformation.

**T 1-2 Community Planning: Bicycle, Pedestrian and Public Transit**

*Milly Ortiz; Jeremy Johnson-Miller*

Walking and biking are proven ways to enhance the quality of life for all Iowans, providing healthy alternatives for people to get where they need to go. The Iowa Department of Transportation has made a commitment—through the development of the Iowa's Bicycle and Pedestrian Long-Range Plan—to expand opportunities and further improve conditions for bicycling and walking across the state.



## Tuesday, April 23rd

### **T 1-3 Decreasing Health Disparities Among Individuals with Disabilities: A Public Health Approach**

*Michael Hoenig, MA; Julie Christensen, LMSW, PhD; Matthew O'Brien, PhD, BCBA-D*

Twenty-two percent of all Americans, including nearly 400,000 Iowans, experience disability. Statistics demonstrate that the presence of disability contributes to a variety of health disparities. For example, individuals with disabilities are more likely to smoke, experience obesity, be sedentary, have limited or no access to health care, and report that they are in fair or poor health.

For over 20 years, the Iowa Department of Public Health and University of Iowa Center for Disabilities and Development have partnered to implement CDC-funded state-based disability and health grants to address these health disparities. This presentation will begin with a description of current grant initiatives including broad-based public health information dissemination with a focus on diabetes management, Medicaid data analysis, local health promotion activities, and health provider training. The remainder of the presentation will highlight the grant's health provider training initiative targeting current and future health care professionals. Following a description of the state of disability-focused health provider training in the US, presenters will offer a brief history of Iowa's work in this field. They will then review the training videos, discussion guides and resources found on the LivingwellIowa health provider training portal. Participants will then watch a video clip and engage in a facilitated discussion of its content. Presenters will close the session by asking participants to brainstorm ideas for product dissemination followed by a Q&A.

### **T 1-4 Health Impact Assessment (HIA) Training Workshop**

*Denise Attard Sacco, MPH, CHES*

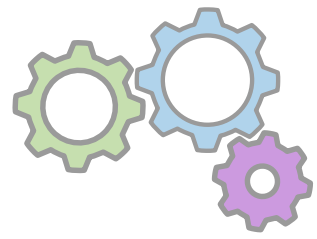
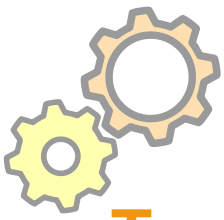
Health Impact Assessment (HIA) can serve as a process/institutional mechanism which can be used to assess the health benefits that can be achieved and the health costs which can be avoided when considering and assessing the links between health, sustainable development and the human/social/ economic dimension.

The aim of this workshop is to inform and raise awareness amongst public health professionals as well as policy makers from other sectors on how HIA can be employed to study and address health concerns at an early stage in planning and decision making processes.

The workshop will be composed of two parts.

1) An informational learning session will provide an introduction to HIA and address the following topics:

- Overview of the HIA framework and process (Screening, Scoping, Assessment, Recommendations, Reporting, Monitoring and Evaluation)
- HIA in Action (An in-depth look at each step of the HIA process, using an actual HIA example)
- Levels of HIA Methodologies (Desk-based/Rapid, In-depth HIA)
- Public Participation and Stakeholder Collaboration in the HIA Process
- Addressing Health Equity through HIA
- HIA getting started and available resources



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2) Hands-on HIA Screening training that will engage participants. Screening is the first step of the HIA process. This step entails determining whether a proposal (be it a policy, program or plan) is likely to have negative and/or positive impacts on health and health equity. Screening is essential in that it helps determine whether the proposal under consideration would benefit from the undertaking of an HIA, since this would allow a more detailed assessment of any identified impacts. Workshop participants will be walked through the HIA screening process using a HIA Training Case Study. Worksheets will also be provided.

### **T 1-5 Value Based Care Implementing the Environmental Assessment**

*Jennifer Lowry, MD; Ryan Allenbrand, CIEH; Luke Gard, CIEH*

Value based care in health care delivery expands the accountability of the medical home to include responsibility for the health outside of the hospital. With the exception of children with asthma, health care professionals infrequently ask about the environment in which children are living, playing and learning. However, even with asthma patients, visualizing the child's environment is rarely done resulting in the parental history for guidance on triggers.

This presentation/program will describe how clinical interventions that include environmental assessments in collaboration with local and state health departments, school districts, neighborhood associations and families can improve the health of children and families, especially those who have multiple social needs. Introduction to regional healthy homes and healthy schools programs in which assessments are done in concert with the medical home will show the participant the impact on children's health. Photos of homes and schools in which children with asthma, elevated blood lead levels and chronic diseases (e.g., cancer, cystic fibrosis, eczema) will be provided to illustrate what is missed in the clinic and how communities can come together to improve the health of children.

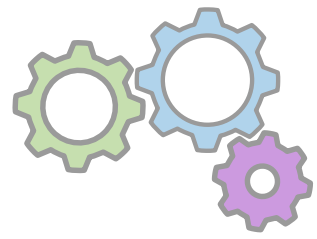
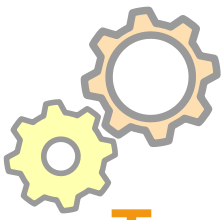
### **T 1-6 Addressing the Opioid Crisis: Iowa's Successes**

*Sarah Derr, PharmD; Erin Foster*

The opioid epidemic continues to be a prominent public health issue across the United States and Iowans are no exception to this crisis. This session will provide an overview of the current epidemic from the national, state, and community level. Two success stories and methodology for implementation will be shared. First, the Iowa Healthcare Collaborative (IHC) will share the success of their Opioid Guardianship Project where two cohorts in the Compass Hospital Improvement Innovation Network, re-framed pain to focus on comfort and functionality. Preliminary results show the impact IHC created Comfort Resources have on prescribing practices, patient perception of pain, and the use of adjunct therapy. Second, Linn County Public Health and The Area Substance Abuse Council (ASAC), along with numerous collaborative partners, have joined together to form the Linn County Opioid Steering Committee. This model, in conjunction with experience among the committee in multiple sectors, works to address the opioid epidemic on a community level. The goal of this session is to provide tangible ways to engage your community to address the opioid epidemic in Iowa.

### **T 1-7 LGBTQIA + Healthcare**

*Caroline Woods; Buffy Jamison, MA; Daniel Hoffman-Zinnell, EdD*



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### Part 1: Affirmative Care: Working With People Who Are Transgender, Intersex, & Gender Non-Conforming

Health inequities occur due to stigma & discrimination. In this workshop, you will learn how to create an affirming environment for clients who are transgender, intersex, or gender non-conforming. We will also define cultural humility and delve into how providing a more respectful environment improves client outcomes. This workshop includes discussion on how to avoid defining people according to sex or gender & how to eliminate health inequities at both the individual & systems levels. Role plays will be done – come get out of your comfort zone and have fun.

### Part 2: LGBTQIA + Healthcare: Addressing Inequities through an Intersectional Framework

Despite the advancements made towards LGBTQ equity in the U.S. – most notably the 2015 decision that made same-sex marriage a reality in all 50 states – there is still a long way to go before the rights of the LGBTQ community are fully realized. Specifically, health inequities stemming from policy and procedures that create health disparities still persist. These include over 1/3 of transgender lowans having a negative experience with a healthcare provider in the last year and more than 1/5 of transgender individuals being denied healthcare. Additional disparities faced by the LGBTQ community include LGBTQ youth being 2-3 times more likely to attempt suicide, a higher risk for HIV and other STIs among gay and bi men, and LGBT elders going back into the closet in order to access adequate care – just to name a few. In this session, participants will learn how intersectionality can be used as a framework to create a more inclusive environment for LGBTQ clients. Participants will leave this session with improved self-efficacy on how to incorporate this work in the healthcare setting, knowledge about intersectionality, the importance of its application in healthcare settings, basic LGBTQ terminology, and knowledge about the unique challenges faced by LGBTQ folks seeking healthcare.

## 1:00 – 2:00 PM Breakout Sessions

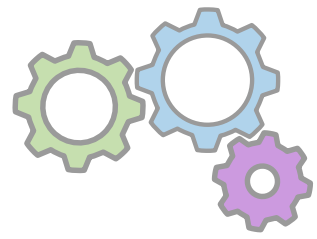
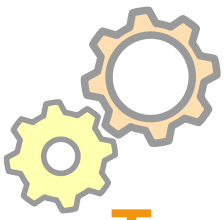
### T 2-1 Using the Power of Collaboration to Connect Systems Addressing Social Determinants of Health

*Shelley Horak, MPH, CHES*

As part of Iowa's State Innovation Model, a Social Determinants of Health Stakeholder Workgroup met regularly as a group of committed, multi-sector stakeholders with an interest in improving health care in Iowa. Their purpose was to identify barriers to better health outcomes while decreasing costs through standardized measurement of the social determinants of health. The group believed their work was not only the right thing to do, but felt the products of their collaboration would inform policy makers while providing supports to empower individuals, families, communities, and providers to improve quality of life.

Ultimately, the group completed the following tasks:

- Standardized measures of social determinants and piloted them using Medicaid's AssessMyHealth health risk assessment.
- Produced operational guidance to support acting on 'positive' responses to individual determinants.



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- Built the capacity of the operational guidance to support action on aggregated measures of determinants at the community level.
- Piloted a “Basic Needs” Environmental Scan for Income Security, Housing Stability, and Food Security.
- Completed a crosswalk of 5 Screening Tools being used in Iowa.
- Developed measures and resources to be used to identify a baseline for social needs in Iowa.

This presentation will review the collaborative efforts of the group members and the outcomes of their work. The impact of this work on Iowa’s health care delivery system and how it compares to other state efforts will be revealed. Participants will be engaged during the session to explore how this work applies to and can augment their practice and how they can replicate the activities for their use.

### **T 2-2 The Challenge of Accountability: A Discussion of Local Efforts to Increase Radon Education and Testing in Black Hawk County**

*Jared Parmater, M.Sm REHS-RS*

The verdict is in and long-term, consistent radon exposure above the recommended maximum level can lead to an increase in lung disease and lung cancer. Educational efforts to bring the negative health effects of radon to the attention of the public have long been a role of the Environmental Health professional and this role is still a critical function that they can provide.

Recently, Black Hawk County efforts to collect data on local radon levels and to promote education regarding radon, radon testing and mitigation have presented us with findings that we did not anticipate. What we initially began in effort to make education and low cost radon test kits available to the public has presented us with an additional challenge. A disproportionate number of people who had received education and instructional materials from our program and purchased test kits from Black Hawk County were not following through with testing.

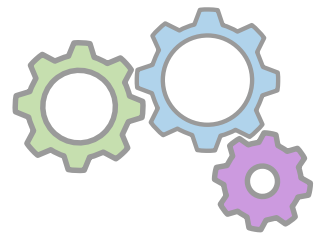
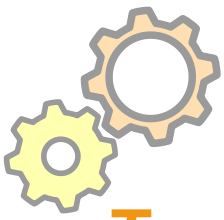
In this presentation, we will discuss the initial intent behind our radon program, the expanding program model and data from collection efforts, local trends in radon levels and difficulties in follow-up with people that obtained radon test kits through Black Hawk County. We will also address past media campaigns, program partners, approaches towards addressing the problem of radon, its mitigation and constraints encountered while working on this program. This presentation will conclude with a presenter-facilitated discussion regarding effective methods and best practices from the various professionals in attendance in an effort to motivate the adoption of workable solutions to the problems inherent in a local radon program.

### **T 2-3 A Collaborative Approach to Improve Safety In an Amish Community**

*Tai Burkhardt, MPH, BSN, RN; John Shaw, MUP PE (WI); Cory Hartmann, EMT*

Buchanan County, Iowa is home to a large Amish population. This group is at risk for disease and injury due to cultural beliefs. After a severe accident in May of 2017 a cross-sector collaboration was developed in Buchanan County to address road safety concerns. This group included Amish leaders, transportation experts, Board of Supervisors, school administrators, law enforcement, emergency medical services and public health. This presentation will provide a brief overview of Amish history and culture to provide a better understanding of why outreach





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can be challenging and how benefits of collaborating are shining through for all involved. Details of the ongoing work to improve safety on a road used by mixed motor vehicles, animal-drawn vehicles and pedestrians on a high speed rural highway will be provided including: what work has been accomplished, and what projects are in progress, and what is planned for the future.

### **T 2-4 The Iowa Cancer Consortium: Creating Collaborative Infrastructure to Reduce the Burden of Cancer in Iowa**

*Tessa Allred, BS; Sloane Henry, MA; Lindsay Heck, BS*

Cancer is a costly and burdensome disease. According to the 2018 Cancer in Iowa Report, cancer claimed the lives of an estimated 6,300 Iowans last year, more than 18 times the number of people killed in automobile accidents. The Iowa Cancer Consortium is the statewide coalition of health care providers, public health professionals, caregivers, researchers, cancer survivors, volunteers and advocates working together to reduce the burden of cancer. Every five years, the Consortium revises the Iowa Cancer Plan; an evidence-based guide that provides direction for cancer control and prevention efforts. The plan outlines goals and actions to address prevention, screening, treatment, quality of life and health equity. Coordinated and collaborative efforts of many individuals and organizations are necessary to achieve these goals. The Iowa Cancer Consortium provides collaborative infrastructure by facilitating workgroups, utilizing Zoom Conferencing, offering capacity-building webinars and providing networking opportunities at meetings that enhance our partner's abilities to implement the Iowa Cancer Plan. This infrastructure sustains momentum for cancer control and prevention work in Iowa. Other public health organizations may consider utilizing similar strategies to enhance the reach and impact of their work.

### **T 2-5 Public Health and Dangerous Dogs - A Case for a Local Ordinance**

*Brian Hanft, MPA, REHS*

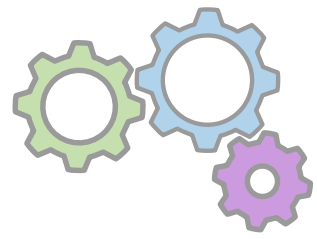
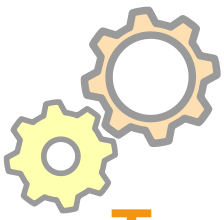
Animal bites are a common occurrence that often involve multiple county agencies and handling bite cases can be confusing and emotional. This presentation will offer attendees an overview of the Cerro Gordo County Dangerous Dog Ordinance, how the ordinance came to be, recent updates to the ordinance, and how participants might implement a similar rule in their community.

### **T 2-6 Building and Supporting a Community Health Worker Workforce in Iowa**

*Deb Kazmerzak, BASW; Chris McCarthy; Bery Engebretsen, MD*

This presentation will address the evolving role of the Community Health Worker (CHW) workforce in Iowa. CHW activity in Iowa and the US will be discussed, and an overview of an Iowa-based 3-year CHW Implementation and Apprenticeship will be discussed. Participants will learn about examples of CHWs working in Iowa; and hear from two partners currently incorporating CHWs into their organizations.

With the belief that CHWs are an important strategy to address health disparities, Social Determinants of Health and, ultimately, health equity, the Iowa Chronic Care Consortium (ICCC) has embarked on an effort to create infrastructure and support for early adopters that are incorporating CHWs into their teams. Three Central Iowa organizations - Primary Health Care, Inc., UnityPoint Health - Des Moines, and One Iowa - are embracing CHWs, each with a



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different target audience and unique strategies. Participants will learn about early findings and experiences from two of these partners during this presentation, Primary Health Care, Inc., and UnityPoint Health - Des Moines.

Alongside the demonstration, ICCC is working with Iowa Workforce Development to establish a Community Health Worker Registered Apprenticeship. Apprentices completing this course will obtain a national CHW credential and gain valuable skills to be effective in their work. Participants will also learn more about the content, structure, and availability of the CHW Registered Apprenticeship Program during this session.

### **T 2-7 Building a High-Functioning Partnership: The Experience of Two Counties**

*Colette Rossiter, BSN, RN; Kristin Schmidt, BA; Michele Cullen, RN, BS*

Community Health Needs Assessment and Health Improvement Planning is a democratic process that involves the entire community. Success hinges on establishing and maintaining a partnership group committed to improving the health of the community. This group assumes a key role in conducting a needs assessment and planning improvements. To accomplish these tasks, attention needs to be paid to undercurrents of the group process. Undercurrents cover concerns about membership inclusion, mutual trust, relationships with other participating members, and support from the organizations they represent. Successful partnerships can bridge these undercurrents so members can accomplish their goals and objectives.

Representatives from three counties will discuss how they have built effective partnership groups. In Clay County, the Community Care Coalition-Clay County has increased behavioral health services and enhanced care coordination among community partners by coordinating prevention and early intervention. In Jackson County, partners grappled with the need to increase physical activity. Their successful efforts were measured by usage and participation in campgrounds, a fitness center, and the YMCA. The partners supported a new trail, opening of a conservation park, an outdoor pavilion, and securing \$55 million for a Parks to People grant.

## **2:15 – 3:15 PM Breakout Sessions**

### **T 3-1 Private Well Water Program in Action: Partnerships to Reduce Arsenic Exposure**

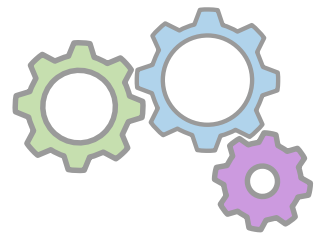
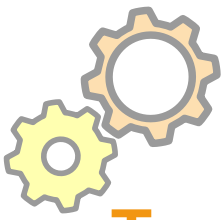
*Alyssa Mattson, BAS; Maya Hayslett, MS; Laura Liechty*

The State Hygienic Laboratory (SHL) at the University of Iowa, in partnership with Iowa State University Outreach and Extension 4-H Youth Development, launched an educational outreach program in fall 2018 to enhance awareness about the possible presence of arsenic in private well water.

This program was developed in conjunction with SHL's Iowa Well Survey (IWS), an ongoing private well monitoring program intended to characterize water quality in private wells. Enhancing awareness about private well water quality is an important facet of the IWS.

ISU 4-H Youth Development is a well-established leader in youth education. This collaboration adds a significant and relevant scientific component to 4-H STEM and Healthy Living curriculum and provides youth with an opportunity to engage their community.

Through this program, SHL and 4-H work to increase awareness and engagement with citizens who use private well water by connecting them with resources to better understand the



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problem and take action to mitigate risks. Furthermore, this program connects the 4-H program members with their local Environmental Health Specialists, providing further opportunity for outreach and understanding of private well water quality at the county level. The program launched as a pilot project with 4-H Clubs in three Iowa counties. This presentation will discuss the development of this program as a multi-agency partnership, particularly as it unfolds in the fall of 2018 and spring of 2019.

### **T 3-2 Designing Curriculum and Fostering Collaborations to Implement a Lay Patient Advocate Training in Tribal Communities**

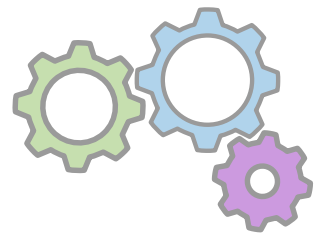
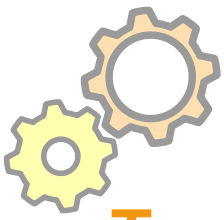
*Cassity Gutierrez, PhD*

This presentation will outline the creation, implementation, and evaluation of a health literacy/self-advocacy training curriculum for laypersons in American Indian (AI) communities utilizing a Community Based Participatory Research (CBPR) approach; specifically, the presentation will address the collaborations that were necessary and lessons learned from this process. Health literacy is critical to enable individuals the capacity to obtain, process, and understand information to make informed health decisions, advocate for themselves and family members, and to activate patients to collaborate in sharing responsibility for health decisions. This is a particular challenge in disadvantaged groups such as the AI population. The purpose of this pilot study was to develop a health literacy/self-advocacy training curriculum for laypersons in an AI community, deliver training curriculum via classroom integration in adult education programs, and deploy an evaluation model to assess the impact on patient activation. Our study population was adult learners in an AI tribal community. A committee consisting of representatives from the community and health science content experts developed a four-module curriculum. The curriculum was modified following feedback from the local adult educators who, following training, then implemented it into their programs. Data was collected at three points in time to study our primary research question that laypersons who participated in the program would demonstrate increased patient activation. Patient activation was measured using the validated Patient Activation Measure (PAM). AI PAM scores varied significantly at baseline, and on average, AI patient activation changed over time. Findings signal our heuristic health education approach to promote positive health behaviors among American Indians may be viable.

### **T 3-3 Implementing Disaster PrepWise, a Program to Help Older Iowans Prepare for Disasters**

*Lena Thompson, MPH; Lauri Mitchell, LBSW, CAHM; Travis Beckman, CHEC*

Older adults are among the most vulnerable to the negative impacts of disaster situations. Compared with younger adults, they are less prepared for disasters due to expense, preparation processes, and lack of support. Older adults in rural areas face additional challenges such as social isolation and distance to resources. Previously, our team developed a disaster preparedness program for older community residents called PrepWise. Pilot testing showed its efficacy in improving preparedness behaviors and emergency support networks among older adults in Johnson County. Participants suggested that we 1) provide support by case managers or outreach specialists to help older adults complete their disaster plans, and 2) develop an electronic tool to streamline the process and store plans. To engage in these recommended steps, we established a Stakeholder Advisory Board (SAB) consisting of seven organizations



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involved in emergency management and/or serving older adults in Linn and Johnson Counties. Through this collaboration, we finalized an online tool and are developing protocols to implement PrepWise in community-based settings. We will present achievements and progress. Preliminary results from a pilot study evaluating program implementation and impacts program will also be discussed.

### **T 3-4 Healthy LifeStars - A Child Obesity Prevention Program**

*Vickie Miene, MS, MA, LMHC; Hailey Boudreau, RD*

The University of Iowa Institute of Public Health Research and Policy College has implemented a new childhood obesity education program. The program, which collaborates with after-school programs, parks and recreation departments and other child serving organizations, is taught by college students. The mission of the program is “to motivate and educate kids to live active, healthy lives now and in the future.” through the Healthy LifeStars curriculum. The program began in one after-school program targeting underserved and low income areas. The goal of the program is to expand across the state within the next few years. The curriculum focuses on three core principals, eating right, being active and setting goals. The program is provided free of charge through a generous private donation and will grow to expand to the entire state over the next several years. The program is an example of collective impact where the strengths of the University (researchers and students) and the strengths of the community (neighborhoods and organizations) and the generous donation of a private citizen come together to improve health of the community.

### **T 3-5 Is the Convenience Worth It? Foodborne Illness Outbreaks in Iowa**

*Oluwakemi Oni, MPH; Melanie Harris, MPH*

Foodborne illness is caused by the consumption of contaminated foods or beverages. According to the Centers for Disease Control and Prevention (CDC), foodborne illness affects 48 million Americans, causes 128, 000 hospitalizations and 3,000 deaths annually. Based on the CDC’s foodborne disease outbreaks annual report, in 2015, there were 902-foodborne disease outbreaks reported, resulting in 15,202 illnesses, 950 hospitalizations, 15 deaths, and 20 food product recalls.

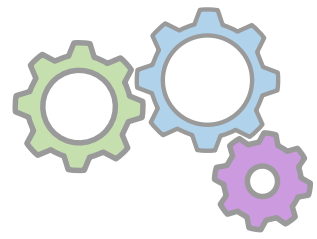
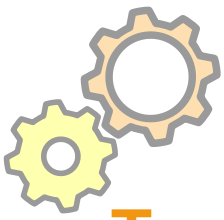
In 2018, The Iowa Department of Public Health (IDPH), in collaboration with the Iowa Department of Inspections and Appeals (DIA), Local Public Health Agencies (LPHA), the CDC, the Food and Drug Agency, and food industry partners investigated outbreaks of Salmonella linked to mayo-based salads sold at major grocery chains and Cyclospora linked to leafy greens and vegetables.

In this presentation, IDPH and DIA will discuss the investigation methods that led to the identification of these outbreaks and the importance of coordination and collaboration among entities (federal, state, local, and retail) involved in a multi-agency and multi-jurisdictional outbreak.

### **T 3-6 Changing Minds: A Community Coalition Dedicated to Awareness and Education**

*Tara Velez, MSW; James Guentherman, LMHC; Sherry Leeser, MBA*

The Changing Minds committee, established in 2014, holds an annual community mental health resource fair called Changing Minds. Members strive to build better lives by eliminating



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mental health stigma in the greater Dubuque community through public awareness and education, access to resources, and meaningful collaboration. They envision a community that understands mental health conditions and sees the person, not the illness. The committee has representatives from the nonprofit, K-12 education, higher education, mental health/health care, and corporate sectors, as well as community members.

In this session, representatives from the Changing Minds committee will discuss the mental health needs in Dubuque and Iowa, give an overview of the history of the committee's formation, highlight the efforts of the committee including the annual conference, and share lessons learned. The session will provide useful tips and tools regarding how to build a community-based collaborative including: identifying committee members and a sponsoring agency, creating a budget, securing funding, establishing a meeting schedule, developing marketing materials, promoting the event, securing volunteers, and encouraging community involvement. Participants will brainstorm how a similar coalition might exist in their community. Participants will receive worksheets and resources to assist in the brainstorming and initial stages of the planning process. The session will allow for a brief Q & A.

### **T 3-7 Remembering When™ PLUS Program: Developing a Falls Prevention Referral Infrastructure for Older Adults in Iowa Communities**

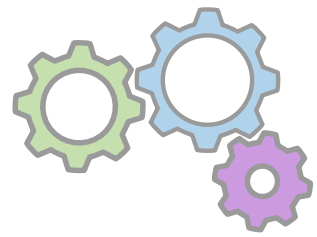
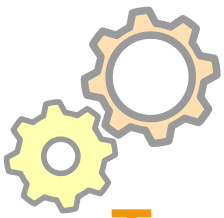
*Rebecca Bucklin, MPH, BS; Julie Popelka, Fire fighter, Paramedic; Carrie Casteel, PhD, MPH, BS*

Falls are the leading cause of unintentional fatal and nonfatal injury among older adults (OAs) in the United States. Through previous pilot work in Iowa, OAs indicated interest in fall prevention activities, but were unsure how to access these services. The Remembering When: Partners Linking U to Services (RWPLUS) program works to develop an infrastructure to maximize the reach and adoption of existing evidence-based falls prevention programs to the OAs in selected Iowa communities by expanding the Remembering When fire and fall prevention program for OAs and partnering with trusted fire service personnel. In a successful Stakeholder Advisory Board (SAB) collaboration consisting of aging networks organizations within the state (e.g. Iowa Department of Public Health, Area Agencies on Aging (AAA), Iowa Department on Aging, National Fire Protection Agency, Age-u-cate Training Institute, Cedar Rapids Fire Department, and Johnson County Social Services), we identified pilot communities and are currently developing strategies to implement a referral program. Through SAB member input, interviews with local AAA directors, and community surveys, key community partners in each pilot community emerged, and community meetings with identified partners are underway to develop community-specific referral infrastructures that best utilize each communities' assets for the RWPLUS program. We additionally conducted a SAB evaluation that assessed our collaboration and project's progress.

### **3:45 – 4:45 PM Breakout Sessions**

#### **T 4-1 Correlational Study Examining Individual Educational Program (IEP) Numbers and Assessed Toxics Score Risk in the Cedar Valley Regional Area Using GIS as a Supportive Tool**

*Catherine Zeman, PhD, MS Envs., RN; Shane McClintock, BA, MA; Junu Shrestha, EdD, MS*



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We are all aware of the fact that we daily encounter toxic compounds found in our food, water, and the air we breathe. And, that our body resists these toxic compounds by identifying and eliminating them. However, most of our regulations and our scientific and informal thinking about toxins involves considering one exposure at a time. This is not how real-life exposures are experienced. We live in an environment where multiple exposures are occurring in air, water, food.

Our research group (Dr. Catherine Zeman, Ph.D., Mr. Shane McClintock, MA and Dr. Junu Shrestha, Ed.D.) have worked to put together a collection of data and a computer model in GIS to look at correlations between multiple environmental exposures and an outcome that concerned us, high rates of ADHD (via individual education program, IEP as proxy) in one community area in Iowa (Cedar Valley area). This correlational analysis illustrated that for school districts with many toxics (CERCLIS) sites containing known neurotoxic agents, a relationship could be statistically illustrated between higher toxics scores in our model and the probability of having an IEP (Individual Education Program assigned to those with learning difficulties, attention problems, etc.). We were particularly concerned in our model about heavy metal exposures, as they are strongly correlated to learning and behavioral difficulties.

This work will illustrate how we constructed our model and applied it to this specific community and educational health and well-being issue. We will illustrate the strengths and weaknesses of such modeling. We will also illustrate the intersectionality of our findings including income, years of education, and race. This will underscore the need to develop more complex exposure assessment and community/environmental health modeling efforts to guide the actions of public health departments.

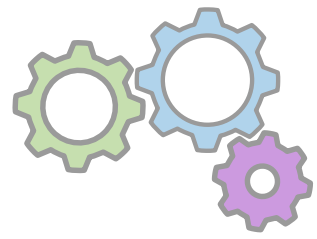
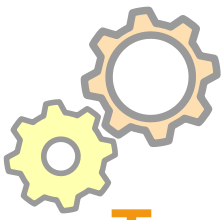
### **T 4-2 Person-Centered Care: A 21st Century Model for Transforming Lives, Systems and the Delivery of Care**

*Julie Solomon, LSCSW, MBA; Cheryl True, MD; Melissa Sharer, PhD, MSW, MPH; Nicole Carkner, MBA; Colleen Doak, PhD*

The Institute for Person-Centered Care (IPCC) was launched in 2017 under the College of Health and Human Services at St. Ambrose University. This innovative Institute is focused on bringing together local, regional, national and international stakeholders to promote strategic initiatives supporting The Quadruple AIM and Person-Centered Care (PCC).

This panel presentation will focus on:

- Julie Solomon, LSCSW, MBA, Executive Director, Institute for Person-Centered Care will present an overview of Person-Centered Care and the new Institute: What is Person-Centered Care? Why is it important? How is it relevant to many fields both in and outside of health care?
- Cheryl True, MD: Board certified in Family Medicine & Lifestyle Medicine. “The Doctor, The Patient & the Herd of Elephants” Dr. True will discuss medical practice as a team effort, and why Person-Centered Care is as important for the providers as it is for the patients.
- Nicole Carkner, MBA, Executive Director, Quad City Health Initiative will discuss the importance of cross-sector collaboration in creating a healthy community and how elements of PCC align with community efforts to assess health status and implement health projects.



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- Melissa Sharer, PhD, MSW, MPH- Director of the Master in Public Health Program at St. Ambrose will discuss how PCC can be used as a frame for Public Health, a multidisciplinary profession. The presentation will focus on how PCC can lead to empowering clients, reducing health system fragmentation, and fostering greater coordination and collaboration with organizations and providers.

### **T 4-3 Inclusive Recreation Services**

*Derrick Willis, BA, MA; Tammie Amsbaugh, BA*

This presentation will cover strategies for developing inclusive recreation programs. Our goal is to help organizations develop policies and guidelines for developing and sustaining programs inclusive of individuals with disabilities and other diverse groups.

At the time of this conference webinars on this topic will have been presented (11-1 and 11-7, 2018) to Parks and Recreation Departments, Public Health Departments and other related entities. Participant will have had the opportunity to Participate in Community of Practice Technical Assistance activities, and Mini- Grant will be in place supporting the local implementation of inclusive recreation programs. Information and lessons learned from these activities will be incorporated into this presentation.

### **T 4-4 Health Data for Decision Makers: What They Are, Ways to Use Them, and Potential Customization with Your Local Data**

*Sandra Burke, MS; Bailey Hanson, M.HCI, GISP; Christopher Seeger, PLA, GISP, Professor*

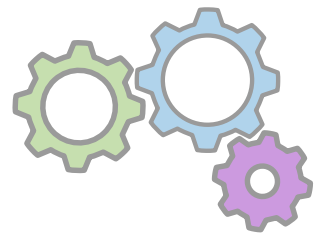
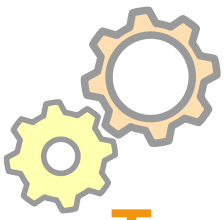
Health Data for Decision Makers, a recently developed health data resource for health practitioners and professionals, provides health profiles for Iowa and the counties. This session addresses the need for health professionals, practitioners, and stakeholders to be able to access, understand, and use health data for a wide range of audiences. This session will provide:

- Health Data for Decision Makers and “hands-on” review of the content
- Activities for comparing and contrasting among Iowa’s counties
- Activities to design ways to apply and use them in realistic settings
- The potential to customize to your county’s local data and needs
- How to access them and other data from ISU’s Extension Indicators Portal
- For participants with laptops or tablets, real-time access to Decision Makers
- An overview of ISU’s Translational Research Network (U-TuRN)

The Health Data for Decision Makers are a joint project of Iowa State University’s Extension to Communities and Economic Development and ISU’s Translational Research Network (U-TuRN). U-TuRN facilitates the adoption, implementation, and sustainability of evidence-based programming in community settings. U-TuRN’s network and research promote more effective, team-based approaches to community health issues and needs.

### **T 4-5 The Use of Community Health Workers in Iowa: Barrier, Solution and Impact**

*Halkeno Tura, MA, MPH, PhD Student; Maegn Tyrrell; Moriah Morgan, MA, EMBARC  
Suzie Stroud, MSW; Julia Woodhams, RN, BSN; Irene Maun*



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Although we, as a nation, spend more on healthcare per capita than any other nation in the world, health outcomes across populations within the U.S. vary dramatically across groups by income, race, and geography. Services are not reaching immigrant and refugee families, which leads to increased disparities and out-of-pocket cost.

Community Health Workers (CHWs), frontline public health workers, have been shown to improve community health and generate cost savings. However, these crucial frontline health workers are underutilized, especially among the immigrant and refugee communities in Iowa.

In response to this need, Ethnic Minorities of Burma Resource and Advocacy Center (EMBARC) created a novel refugee CHW training curriculum, including regularly scheduled training and individualized intensive mentorship. On the other hand, Dubuque Pacific Islander Health Project (DPIHP) is applying strength-based approaches to working with Pacific Islanders using CHWs. This conference paper will present a thorough literature review regarding the challenges and gaps in the use of community health workers among immigrant and refugee communities, strategies used by EMBARC to bridge the gaps and better utilize CHWs among refugees from Burma, and the DPIHP's data, program, and program adjustments to meet the cultural needs of Pacific Islanders using CHWs.

#### **T 4-6 Building Equitable Food Access Throughout a Community**

*Aubrey Alvarez, MPA; Rev. Sarai Rice; Julie Towne, RN; Rocky Reents, BSN*

Learn how various community partners across the state are working to battle food insecurity in their community through collaboration and conversations. Learn about the systemic barriers keeping individuals hungry and resolutions to overcome.

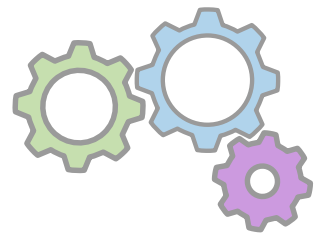
#### **T 4-7 The Hunt for CREs: Collaborating Resources Effectively**

*Wade Aldous, PhD, D(ABMM); Ryan Jepson, BS, M(ASCP); Nancy Wilde, BS, HCM*

Carbapenem-resistant enterobacteriaceae (CRE) can cause deadly infections and are becoming resistant to all or nearly all available antibiotics. After these were first detected, CREs rapidly spread across the country with cases reported in all 50 states. CRE infections are difficult to treat because carbapenems are often used as the last line of treatment for these infections. They are dubbed “nightmare bacteria” because they can easily spread throughout health care facilities and are often associated with high mortality rates. The CDC designated CREs at the urgent hazard level, meaning they are high-consequence antibiotic resistance threats that require urgent public health attention to identify infections quickly and limit transmission. This threat can be mitigated through effective collaboration between laboratorians, epidemiologists, infection prevention and control practitioners, and caregivers to quickly identify infected patients and implement aggressive strategies to prevent further spread.

As part of the CDC's Antibiotic Resistance Laboratory Network (ARLN), the State Hygienic Laboratory began CRE surveillance in 2017 throughout Iowa. Working with the Iowa Department of Public Health, personnel at health care facilities were trained via webinars and direct contact to submit suspected CREs to SHL for testing and confirmation. To date, nearly 400 suspected CRE isolates have been tested and approximately 50 CREs confirmed. This process identified specific outbreaks which were then rapidly addressed by infection prevention and control staff to minimize spread.





## Wednesday, April 24th

7:15 – 8:30 AM

**Continental Breakfast**

8:30 – 9:00 AM

**Welcome, Introductions**

9:00 – 10:00 AM

**Keynote — What the Heck is Systems Thinking? [And Better Yet – How Do We Use It?]**

*Andy Wessel, MPH*

To improve health outcomes and strengthen the well-being of their communities, public health professionals are frequently called upon to address difficult challenges and engage across multiple sectors. In these situations, systems thinking is increasingly promoted as a key tool for solving complex problems and creating shared understanding between diverse stakeholders.

But what is systems thinking, really? And how can public health learn to apply it effectively?

To address these questions, Andy Wessel will share lessons learned from 10 years of working to apply systems thinking at the Douglas County Health Department in Omaha, Nebraska. In particular, he will highlight their recent use of a participatory systems approach to address housing affordability, which is a key part of their effort to serve as a Chief Health Strategist – a “Chamber of Health” – for their community.

### 9:45 – 10:45 AM Breakout Sessions

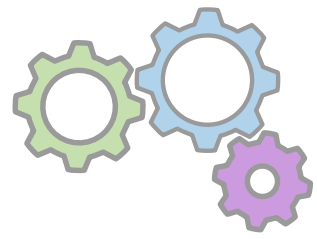
**W 1-1 The Well Kids of Central Iowa Coalition: A Multi-Sector Approach to Combating Childhood Obesity**

*Erin Drinnin; Jennifer Groos, MD, FAAP; Nola Aigner*

The Well Kids of Central Iowa Coalition is a network of partners working to advance child well-being through awareness, technical assistance, and advocacy. The Coalition was originally convened in 2016 as “Central Iowa Healthy Kids” by the United Way of Central Iowa to provide an opportunity for organizations from the public, non-profit, and private sectors supporting healthy eating and physical activity for children and families to share missions, goals, and strategies. With input from multi-disciplinary partners, the Well Kids of Central Iowa Coalition was formed from this group to focus and prioritize their multi-sector work on improving health outcomes for children (prenatal through age 18) most specifically around childhood obesity.

This presentation will highlight the coalition’s work in impacting childhood obesity through this social-ecological model and its list of priorities:

- Address gaps in the health and wellness sectors (programs, organizations, and policies);
- Develop supporting policy and advocacy strategies;
- Create cohesive and common messaging to promote mission;



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- Expand member knowledge through professional development;
- Provide resources and tools to promote mission and priorities; and
- Determine common outcome measures and explore how such coalition work may be replicated elsewhere.

Representatives from other coalition sectors (schools, healthcare, public health, and community organizations) will also be present.

### **W 1-2 Community-Based Overdose Prevention and Naloxone Distribution: Results From 18 months of Free Naloxone Distribution to Opiate Users in Iowa City, Cedar Rapids, Des Moines, & Davenport**

*Sarah Ziegenhorn, MD Candidate; Dan Runde, MD*

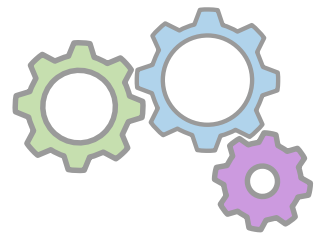
The current US drug crisis of opioid overdose deaths has been slow to reach Iowa, but 2017 data indicate that overdose deaths are rising in the state. However, in past years several states have reported decreases in overdose death rates, including Arizona, Missouri, and Wisconsin. Emerging data from these states finds that their success is in part attributable to widespread dissemination of the overdose reversal drug, naloxone, to lay persons. Known as overdose education and naloxone distribution programs (OENDP), community-based organizations that serve people who use drugs have implemented approaches to obtaining low cost naloxone and distributing it for free. In June 2016, two community-based organizations that serve people who use drugs began large scale distribution of intra-muscular naloxone throughout Eastern and Central Iowa. This presentation will describe the design of this OENDP, implementation strategies, evaluation methods, and the results of the first 18 months of the program, including amount of naloxone distributed by geographic location and reported lives saved. Building on these results, attendees will explore opportunities to reduce opiate overdose fatalities in the state of Iowa.

### **W 1-3 Using Community-Engaged Partnerships to Increase Community Wide Physical Activity in Iowa Communities; Implications of Active Ottumwa**

*Heidi Haines, MS; Rebecca Bucklin, MPH*

Residents living in rural areas face health disparities in obesity and lack access to opportunities that promote physical activity (PA) (1,2). Effective interventions to increase PA are 1) based in urban communities, and 2) focus on segments of a community and are not communitywide. To address the gaps in the evidence, the Ottumwa Community Advisory Board, designed Active Ottumwa (AO), an evidence-based communitywide, community engaged, lay health advisor (LHA) intervention (3). We evaluated the reach, effectiveness, adaptation, implementation and maintenance of the intervention.

We collected PA data from a cohort of community residents over 24-months and maintained records of all AO activities. During the 24-month intervention, on average, we offered 12 PA opportunities weekly for about 940 hours of activity. Forty-three LHAs offered programs in 16 community settings. We used six outreach channels (ex: movie theater) with our messages reaching residents over 200,000 times. Forty-two percent (n=293) of residents had heard about AO. PA data gathered from a random cohort of Ottumwa residents followed over 12-months showed increased minutes of activity.



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We will discuss processes for setting up necessary partnerships, recruiting and training LHAs and the adaptation strategies we employed. AO was developed through a multi-sector partnership with local organizations (4) and has the potential to be used by communities throughout Iowa and Midwest to increase PA in small and medium size towns.

### **W 1-4 Mosquito-Borne Disease Surveillance in Iowa: Collaborative Benefits Beyond Human Case Surveillance**

*Julie Coughlin, MPH; Ryan Smith, PhD; Jeff Benfer, MS, MB (ASCP)cm*

West Nile virus (WNV) is the most prevalent mosquito-borne disease in the continental United States and creates an annual public health threat every year to the state of Iowa. Since WNV was first detected in Iowa in 2002, 507 human cases of WNV have been recorded. In 2018, the state experienced increased levels of WNV activity, resulting in the highest number of human WNV cases since 2003, when 147 cases were identified.

The surveillance of mosquitoes that spread diseases, such as WNV, is an important part of the overall mosquito-borne disease surveillance program in Iowa. This program is a collaborative effort between the Iowa Department of Public Health, Iowa State University, the State Hygienic Laboratory, as well as local public health, environmental health, and mosquito control programs throughout Iowa. This collaboration between agencies enables the timely sharing of knowledge regarding mosquito species abundance and the potential for human health risks in the state. Active monitoring of mosquitoes testing positive for West Nile virus provides information on the infection rate for mosquitoes currently spreading the virus in Iowa and is another piece of surveillance data that is relayed back to the public about West Nile activity in Iowa. This information is valuable for an endemic virus like WNV, but also in preparation for any potential mosquito-borne disease outbreaks in the future.

### **W 1-5 Iowa's Innovative Dental, Medical & Community Integration Initiatives**

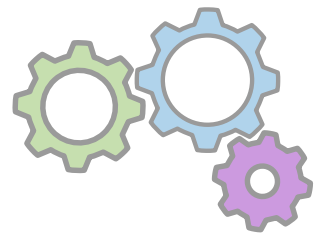
*Kathryn McBurney, RDH, BSHM; Kate La Follette, RN; Joy Laudick, RN*

Health care transformation is changing the patient/client care landscape in Iowa. State and federal agencies, and public and private payers point to elements that guide providers from volume to value-based practices. Better care, better outcomes, and affordable cost is the goal and expectation. Iowa is becoming a leader in integrated oral and clinical care. Public health, community service organizations and clinicians are thoughtfully integrating and coordinating care practice. Evidence shows oral and dental care as preventing serious illnesses, containing costs and improving overall health. Partners in the LIFELONG SMILES Coalition are executing innovative programs. Their experiences and stories can provide your organization directions needed for integrated sustainable community health.

### **W 1-6 Adult Immunization Project Assessment: American Indian Perceptions of an Immunization Education Outreach**

*Captain Shary Jones, Pharm D., MPH, BCPS*

The National Adult Immunization Plan (NAIP) proposes four key goal areas to address low vaccination rates: 1) strengthen the adult immunization infrastructure, 2) improve access to adult vaccines, 3) increase community demand for adult immunization, and 4) foster innovation in adult vaccine development and vaccination related technology. In response to goal three of



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the NAIP, the Community Health Representative Adult Vaccination Project aimed to promote adult immunization among tribal communities residing in the Great Plains and Oklahoma City Indian Health Service (IHS) Areas.

This presentation will review the results of a multi-regional and interagency project to promote adult immunization among American Indians utilizing culturally appropriate educational materials. This presentation will highlight the results from the evaluation assessment which looked at the following: a) the effectiveness of the culturally relevant educational materials developed to increase knowledge and awareness of adult immunization among Native American communities, and b) the effectiveness of the radio and video PSAs developed to increase knowledge and awareness of adult immunization among Native American communities. The evaluation methodology included one-on-one structured interviews and focus groups with Community Health Representatives (CHRs) who participated in the original project. The key findings and lessons learned from this project highlight the importance of CHRs in increasing community demand for adult immunization, and the impact of culturally and linguistically appropriate materials in promoting adult immunization among Native American communities.

### **W 1-7 Addressing Unconscious Bias**

*Katie Jones, MPH; Justyn Lewis*

Everyone has unconscious biases. Bias is a prejudice in favor of or against one thing, person, or group, usually in a way that is considered to be unfair. Bias can be unconscious, activated involuntarily without awareness or intentional control, and affect our understanding, actions, and decisions. Bias, including unconscious bias, contributes to real-world problems, like discrimination, fear, violence, racism, sexism, xenophobia, and more. It impacts employment, education, criminal justice, and health. It significantly affects the lives of many people.

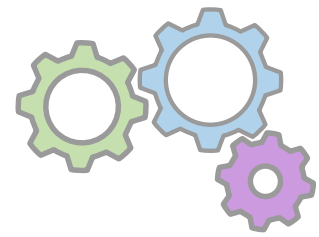
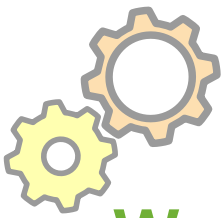
Fortunately, biases, including unconscious biases, can be “unlearned.” This interactive training will define bias, with a focus on unconscious bias. This training will provide examples of bias based on race, ethnicity, age, sex, gender identity, sexual orientation, physical ability, religion, and weight. This training will describe strategies to address unconscious bias at individual and organizational levels, and strategies specific for public health professionals and healthcare providers. Attendees will be encouraged to participate in interactive and reflective discussions on how unconscious bias impacts individuals, public health practice, and our society. Attendees will be given a worksheet to complete during the presentation, and the worksheet will also include additional resources.

This training will also include discussion of stigma (including weight stigma), stereotype, micro-behaviors (also called micro-aggressions), and affinity bias. There is no quick fix to addressing bias, but there are many steps individuals and organizations can take to tackle this complex problem.

### **11:00 AM – 12:00 PM Breakout Sessions**

#### **W 2-1 Closing Crestview - Story County's Approach to Closing a Dilapidated Mobile Home Park**

*Margaret Jaynes, BS, RS; John Paschen, MD; Karla Webb*



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After years of repeated public and environmental health violations, it became clear to the Story County Environmental Health Department that residents of Crestview were being exposed to environmental hazards as a result of living at the mobile home park. Environmental Health worked with the Department of Natural Resources to address problems with untreated sewage, an insufficient water well, a neglected water distribution system, solid waste, and illegal burning of asbestos materials. The park owner did little to abate violations, and there was a constant stream of complaints from Crestview residents. The turning point occurred when the park's potable water quality could not be guaranteed. There were fluctuating chlorine levels, questionable water sources, and recurring broken water lines. There were no certified water operators willing to work for Crestview. It was apparent that drastic improvements or closure of the park was imminent. Under direction of the Board of Health, Environmental Health collaborated with several County Departments: the Attorney's office for legal advice, Planning & Development for zoning and code enforcement, the Treasurer for delinquent taxes and tracking trailer VINs, the Sheriff for safety, the Board of Supervisors for funding residents' relocation assistance, and Community Services for organizing the relocation. Because of collaboration between County and State departments, the residents of Crestview are now in better living conditions. Learn about the park history, the enforcement actions, and tenant relocation that resulted in Story County's decision to close Crestview Mobile Home Park.

### **W 2-2 Addressing Racial Disparities in Stillbirth**

*Tinka Roland*

In Iowa, one in every 121 pregnancies end in stillbirth. Like so many health issues, however, racial disparities persist. The most dramatic inequity in Iowa is between African American and Caucasian mothers. While our rates are far better than the national average, we still lose one baby for every 121 pregnant black women, while for white women it's one per 234.

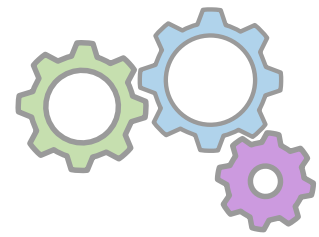
The Count the Kicks stillbirth prevention campaign is approaching its 10th year of teaching moms about the importance of monitoring fetal movement. In that time, Iowa's stillbirth rate has decreased 26%. As we look toward the future, we are committed to achieving racial equity in stillbirth. Our goal is to reach the point where race is no longer a predictor of stillbirth. To achieve equity in stillbirth, we are striving to reduce stillbirth among African American moms by 48% across Iowa.

This is an ambitious goal, so we know we must be intentional in all our efforts to reach the moms at greatest risk of losing their babies to stillbirth. Therefore, we are conducting broad outreach to ensure that our messages of prevention reach and resonate with moms where they are. During this presentation, we will describe our current and planned community outreach efforts, including cross-sector coalition building, a data-driven social media campaign, a community health outreach worker model, low/no literacy educational materials, and new partnerships with faith-based organizations.

### **W 2-3 Alzheimer's and Public Health: A Multifaceted Look at Dementia in Our Community**

*Greg Woods, MPH*

Alzheimer's disease is the sixth-leading cause of death in the United States, and only four states have a higher death rate from the disease than Iowa. As both incidence and prevalence of this form of dementia are rising, we inspect how Alzheimer's and public health are linked. No



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longer considered to be an inevitability of old age, Alzheimer's affects more than 64,000 Iowans, but adding in the number of caregivers, family members and friends who surround those diagnosed, that number rises dramatically.

Advances in research, early detection and quality of care have meant that persons living with early-stage Alzheimer's can still lead productive lives. However, as the disease progresses, the world around them becomes a more complicated place, even for once-basic tasks like getting around or buying goods and services.

In this program, we discuss how a community can be affected by Alzheimer's disease and how different public entities can work together to make a difference. We will highlight the disease's effects on the healthcare industry, families, public works departments and rural Iowans. Attendees will learn how to find existing resources and collaborate to make new ones. They will learn about why this disease affects people the way it does and about the latest research on finding a cure. Nearly every community in Iowa is touched by this disease, and as our population ages, we need to be prepared. Learn what you can do to help.

### **W 2-4 Food Safety Investigation of the Source of Two Cases of Methemoglobinemia in Iowa from the Laboratory Perspective**

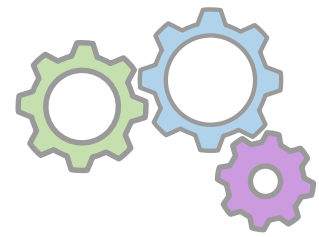
*Michele Yacopucci, PhD; Nancy Hall; Susie Dai*

The public is often made aware of pathogen-related foodborne outbreaks, however chemical contamination of food can also cause illness. Elevated nitrate in drinking water can lead to methemoglobinemia: a condition that may cause cyanosis (blue-baby syndrome) in infants. Routine monitoring of nitrate in drinking water is required for public water supplies and is common practice for private well monitoring in the US. On Aug 27, 2018, Johnson County reported two cases of infant methemoglobinemia. Iowa Department of Public Health (IDPH) collaborated with the State Hygienic Laboratory (SHL) to investigate the source of high nitrate for these infants. The family's water source was tested immediately, and was negative. The investigation turned to other products being fed to the babies: Goat milk, molasses, and herbal colic supplements. The molasses was actually sorghum syrup, and had a very high nitrate level: 18.7 mg NO<sub>3</sub>/g syrup (18,700 ppm). IDPH, SHL and other state, local and federal agencies worked together to coordinate further testing of sorghum syrup from this manufacturer and others. The nitrate levels were confirmed in unopened bottles for sale from the same manufacturer. On Sept 4, a consumer advisory was issued to inform the public of the possible adverse health effects of consumption of this product, and to discard it.

### **W 2-5 A Strategic Approach to Building an Employee Wellness Program**

*Mara Cheney, MPH; Nalo Johnson, PhD*

This session seeks to provide a blueprint for implementing a comprehensive employee wellness program at a medium-sized organization as well as offer recommendations for individual, organizational and fiscal assessment of program efforts. Johnson County Public Health (JCPH) is responsible for implementing the Johnson County Employee Wellness program, which serves roughly 580 employees. The program was established in 1981 and is advised by a committee of representatives from each department. Program offerings include lunch and learns, biometric/fitness screening, chair massage, flu vaccine clinics, and wellness challenges. In its previous state, there was little to no evaluation of program effects on employee health. In an effort to



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provide comprehensive, evidence-based programming, JCPH staff implemented an eight-point strategy to engage employees, tailor wellness programming, and evaluate program efforts. A key component was implementation of a Personal Health Assessment survey, the results of which helped prioritize program offerings over the next fiscal year. Other strategies included policy updates to clarify wellness activities eligible for work time; utilization of health plan data to determine specific health needs as well as drive program offerings; and innovative partnerships to provide targeted programming. The results of this strategic approach has better defined program impact as well as informed future program and budgetary plans.

### **W 2-6 It Takes a Whole Community to Reduce Obesity**

*Jessica Wegner, RN; Sheryl Darling-Mooney, RN; Sara Wester, MPA*

Despite the efforts of nearly every county in Iowa, obesity, one of the biggest drivers of preventable chronic disease and health care costs, continues to be an intractable problem. According to recent data in the Behavioral Risk Factor Surveillance System, overweight has increased and obesity rates have not budged; taken together, Iowa's 68.7% rate is the highest it has been in the last 6 years. Three counties have demonstrated that reversing the trend requires engaging partners to untangle factors leading to a healthy community. In Allamakee County, community partners are placing emphasis on healthy living and promoting opportunities for free or inexpensive ways to increase physical activity. Fayette County has fostered a culture of health by taking strides to impact adult and childhood obesity through local, regional, state, and national stakeholders to improve and sustain public health policy, health education, and environmental change. In Cherokee County, the adult obesity rate has decreased for the first time in several years. Although the county has not come close to meeting its reduction goal, the decrease shows positive progress. Initiatives in moving the dial include engaging residents in a 5k run/walk with 300 residents, successfully marketing a "Maintain, Don't Gain" challenge, and promotion of websites to link individuals with disabilities to connect with resources for physical activity and healthy living. County representatives will discuss how they rallied the community in a collective effort to invest in healthy living.

### **W 2-7 Health Information Exchange Strategies Used to Support Population Health**

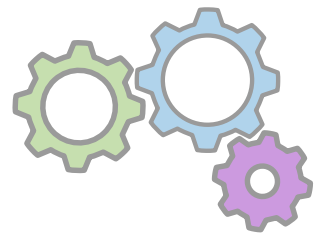
*John Satre, BS; Chad Peterson, BS*

Public Health 3.0 and its goal to support population-level health improvements poses new challenges for many state and local public health departments. New strategies have been developed, funded and implemented to support population health through the use of health information exchanges. Sharing ideas, successes, barriers, and lessons learned will help foster innovation and create new ideas to meet the challenges of Public Health 3.0, population health, and improved population health outcomes.

## **1:15 – 2:15 PM Breakout Sessions**

### **W 3-1 Featured Student Posters**

Experience a lightning round of student research and projects as presented by the future workforce of public health. This is a great opportunity to network with the students in attendance and see student posters not featured elsewhere at the conference.



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### **W 3-2 Micropolitan Health: The Case for Promoting Health and Health Equity in Iowa's Midsize Towns**

*Nicole Novak, PhD, MSC; Lynelle Diers, RN, BSN, BSW*

Members of a community-based participatory research partnership in Ottumwa (population 24,500) will describe: A) the social determinants of health in Iowa's midsize rural communities, and B) the unique challenges and strengths these communities may face in efforts to promote health and reduce health disparities. Micropolitan communities (nonmetropolitan areas centered around a population cluster of 2,500-50,000 people) are home to the majority of rural residents nationwide. In Iowa, there are 17 micropolitan areas, containing 17% of the state's population.

Iowa's micropolitan communities face unique challenges with regard to social determinants of health, such as a slower recovery from the 2008 recession and growing need for attention to racial/ethnic health disparities. Iowa's micropolitan communities also have important strengths that can build capacity for public health, such as existing health promotion efforts and active local foundations.

In this presentation, we will describe and discuss how the challenges and strengths of micropolitan communities can be leveraged for the implementation of health promotion and prevention programs by local health departments and other community actors. Using physical activity promotion as an example, we will discuss strategies that have succeeded in a micropolitan community in Iowa, and ways that others can replicate these efforts.

### **W 3-3 Enhancing Influenza Surveillance for Real-time Burden of Disease Assessment**

*Andy Weigel, LMSW; Jeff Benfer, MS, MB (ASCP)cm*

The 2017-2018 influenza was a severe season in Iowa and most of the United States, but current influenza surveillance methods leave some questions unanswered. This presentation seeks to describe what we know about recent influenza seasons and current efforts to improve our accuracy when measuring influenza activity.

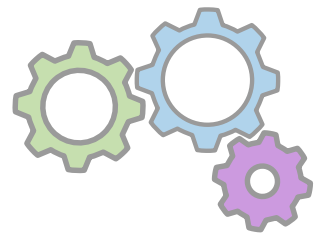
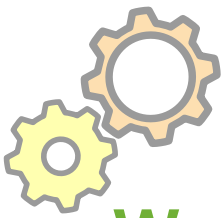
The Iowa Department of Public Health (IDPH) and State Hygienic Laboratory (SHL) received funding from the Council of State and Territorial Epidemiologist (CSTE) and the Centers for Disease Control and Prevention (CDC) to enhance influenza surveillance for the 2018-2019 season. The project has three main objectives: 1) determine the proportion of influenza-like illness (ILI) caused by influenza versus symptoms caused by other respiratory pathogens, 2) identify if the level of care (i.e. inpatient or outpatient) received by persons testing positive for influenza at SHL corresponds with sequence differences identified by the National Influenza Regional Center (NIRC), and 3) better estimate rates of influenza by age group. These enhancements are designed to more rapidly identify a change in influenza severity during the current season, rather than post season. This will allow clinicians, laboratorians, and epidemiologists to better respond understand and respond to changes in the currently circulating strains of influenza. We will present initial findings from this new project.

### **W 3-4 Strategies to Support and Monitor Women's Access to Contraceptive Services in Iowa**

*Debra Kane, PhD, RN; Stephanie Trusty, RNC, BSN; Julie Baker, MPA, CHCEF*

Iowan women seeking reproductive health care and contraception have experienced a sea of change over the past several years. Programs like the Iowa Family Planning Waiver





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implemented in 2006 and the Iowa Initiative to Reduce Unintended Pregnancies implemented in 2007 worked to increase women's access to reproductive health care and contraception. The Affordable Care Act, implemented in 2010 also increased women's access to reproductive health care and contraception. In 2014, Iowa's Medicaid was one of the first state programs to allow reimbursement for inpatient insertion of long-acting reversible contraceptive (LARC) devices in the immediate post-partum period.

More recently (2017), the State of Iowa replaced the Iowa Family Planning Waiver with a Family Planning Program. This program along with Title X have made strides to include Federally Qualified Health Care Centers in the provision of women's reproductive health care and contraception. At the same time, it appears that fewer women may have obtained reproductive health care and contraceptive services since Iowa implemented the new Family Planning Program. The Iowa Department of Public Health has used several data sources to monitor women's access to reproductive health care and contraception. These data sources include Title X data, Medicaid paid claims, and data from the Pregnancy Risk Assessment Monitoring System (PRAMS).

During this session, Iowa's Title V maternal health consultant, a representative from the Iowa Primary Health Care Association, and an MCH epidemiologist will discuss their work to support and monitor women's access to reproductive health care and contraception.

### **W 3-5 Pesticides and Public Health: Understanding Ecological Solutions**

*David Cwiertny, PhD; Matt Liebman, PhD; Ron Rosmann*

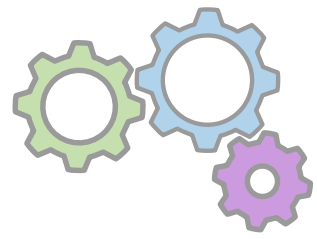
Approximately 50 million pounds of pesticides are applied to corn and beans in Iowa annually. As troubles of escalating pesticide use in Iowa and the Midwest are becoming more visible (weed resistance, pesticide drift, crop damage, etc.), it is important for public health professionals to know that ecologically sound and effective alternatives to weed and pest management exist and are practiced by innovative farmers and researchers in the state.

This session features an expert panel to help public health officials better understand 1) the nature of the current pattern of pesticide use in Iowa, 2) long term studies of cropping systems that take away the need for the vast majority of pesticides and other inputs, and 3) how farmers have implemented strategies that require no pesticides. Learning objectives include building a more complete understanding among statewide healthcare providers and public health professionals about ramifications of excessive pesticide use in Iowa, as well as agricultural strategies that can lead to a pattern of soil health, clean water, biodiversity conservation, healthy food, rural economic vitality, and a healthier public.

### **W 3-6 Iowa Pharmacists: Untapped Resource for Behavioral Health Services**

*Anthony Pudlo, PharmD, MBA, BCACP*

The Iowa Pharmacy Association developed a white paper on the role of pharmacists in behavioral health services, which showcases the opportunities for pharmacists across all practice settings to address the gaps in access and quality of behavioral health care in Iowa. This session will review components of this white paper and opportunities for partnership with pharmacists.



## Wednesday, April 24th

### **W 3-7 Improving Health through Information Collaboration: Bringing Libraries and Public Health Together**

*Derek Johnson, MLIS*

Recent articles in Preventing Chronic Disease and The Nation's Health have chronicled how public libraries can complement the efforts of public health workers in community outreach and engagement. Americans not only visit public libraries more frequently than health care professionals, but often do so to find health information. The frequency of visits and need for health information has prompted many public health and public library partnerships across the country. Installing health kiosks and blood pressure monitors, training librarians to administer Naloxone, and partnering with libraries to enhance information dissemination during local emergencies are just a few examples of how public libraries and public health have worked together to better community health. At the same time, it's not just public libraries that can support public health. The National Library of Medicine (NLM) provides the public health workforce with free access to a range of online resources covering topics such as community health, evidence-based public health, toxicology, environmental health, and disaster and emergency preparedness. This session will provide attendees with practical examples of how public libraries and public health have partnered to improve community health and review how free resources from NLM, such as MedlinePlus, PubMed, TOXNET, and the Disaster Information Management Research Center can support the public health workforce in improving the health of all Iowans.

### **2:45 – 3:45 PM: Closing - Above + Beyond Cancer**

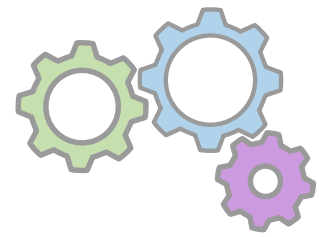
*Richard L. Deming, MD*

Climbing a mountain is a metaphor that many cancer survivors use to describe their cancer experience. Only cancer survivors, themselves, can articulate the overwhelming sense of accomplishment they feel when they succeed in reaching the "summit" of their cancer journey. But what every survivor will tell you is that, during the ascent, his or her perspective on life is forever changed. Through the adversity along the way, survivors have had to apply personal strengths, often illusive before their journey. On the other hand, they've also had to acquire an appreciation for the talents of others, those who are there for their support. At the end of the journey, they are forever changed. In straightforward terms: Adversity Leads to Personal Growth. Dr. Deming will share the experiences of 4 Above + Beyond Cancer journeys that he has led to dramatic locations in Africa, Asia and North America. These journeys take cancer survivors on life-transforming adventures.

These experiences will resonate with cancer survivors and the general public. The journeys ultimately are less about getting to the tops of mountains, and are more about the self-knowledge and wisdom one learns along the way. When all is said and done, when the backpacks and hiking boots are put away, life begins again, with a dramatically altered perspective. Priorities are re-ordered. Life is a gift and not a single minute should be "un-lived".



# Who We Are



*The following organizations work together as partners to plan the Iowa Governor's Conference on Public Health:*

## **Iowa Counties Public Health Association (ICPHA)**

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 (IDPH)**

IDPH partners with local public health, policymakers, health care providers, business and many others to fulfill our mission of protecting and improving the health of Iowans. IDPH's primary role is to support Iowa's 98 county 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. For more information about IDPH, visit <http://idph.iowa.gov/>.

## **The Iowa Environmental Health Association (IEHA)**

IEHA's 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.

## **Iowa Public Health Association (IPHA)**

IPHA has been the voice for public health in Iowa since 1925. 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 <http://www.iowapha.org> for more information.

## **University of Iowa College of Public Health**

U of I CPH 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 <http://www.publichealth.uiowa.edu>.

## **University of Iowa Division of Child and Community Health (DCCH)**

The Division of Child and Community Health is part of the University of Iowa Carver College of Medicine and the Stead Family Department of Pediatrics. DHCC has a network of 14 regional centers and 4 satellite locations across Iowa employing over 100 public health professionals, clinic providers, and Family Navigators. DCCH administers Iowa's Maternal and Child Health Title V Program for Children and Youth with Special Health Care Needs, partnering with families, service providers, and policymakers along with the Iowa Departments of Human Services, Public Health, and Education.