



NPHA

SEPTEMBER

2017  
28 & 29

WHITNEY PEAK HOTEL | RENO

THE  
SHIFTING  
LANDSCAPE OF  
PUBLIC HEALTH  
POLICY

NEVADA PUBLIC HEALTH ASSOCIATION ANNUAL CONFERENCE



# CONFERENCE PROGRAM

## SEPTEMBER 28-29

Whitney Peak Hotel Reno, Nevada



NEVADA PUBLIC HEALTH ASSOCIATION

*The Voice of Public Health in Nevada*



NEVADA PUBLIC HEALTH ASSOCIATION  
*The Voice of Public Health in Nevada*

2017 Whitney Peak Hotel Reno, Nevada  
**POLICY LANDSCAPE**  
The Shifting Landscape of Public Health Policy

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## CONFERENCE OVERVIEW

The landscape of public health policy appears to be shifting with the new political climate. Potential changes to the Affordable Care Act, the Prevention and Public Health Fund, climate change policy, and new legislation in Nevada will have an impact on many of our public health programs. The annual NPHA conference provides a great opportunity to examine this changing policy landscape and promote discussion about improving public health outcomes in Nevada.

## CONTINUING EDUCATION CREDIT

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

**CPH:** Approved for 11.5 CPH credits.

**Dental:** Pursuant to NAC 631.173.4E dentists and dental hygienists may claim 11.5 hours of continuing education credit for participation in this educational activity.

**Nurses:** The University of Nevada School of Medicine approves this program for 11.5 hours of nursing continuing education credit.

**Pharmacists:** The University of Nevada, Reno School of Medicine is a provider of continuing education credit through the Nevada State Board of Pharmacy. This program is approved for 11.5 hours of continuing education credit for pharmacists.

**Social Work:** The Nevada State Board of Social Work Examiners approves this program for 11.5 continuing education hours. Approval number A-817-01.

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**John Packham, PhD**

*Director, Health Policy Research, University of Nevada, Reno School of Medicine  
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## CONFERENCE PLANNING COMMITTEE MEMBERS

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*Planning Chair*

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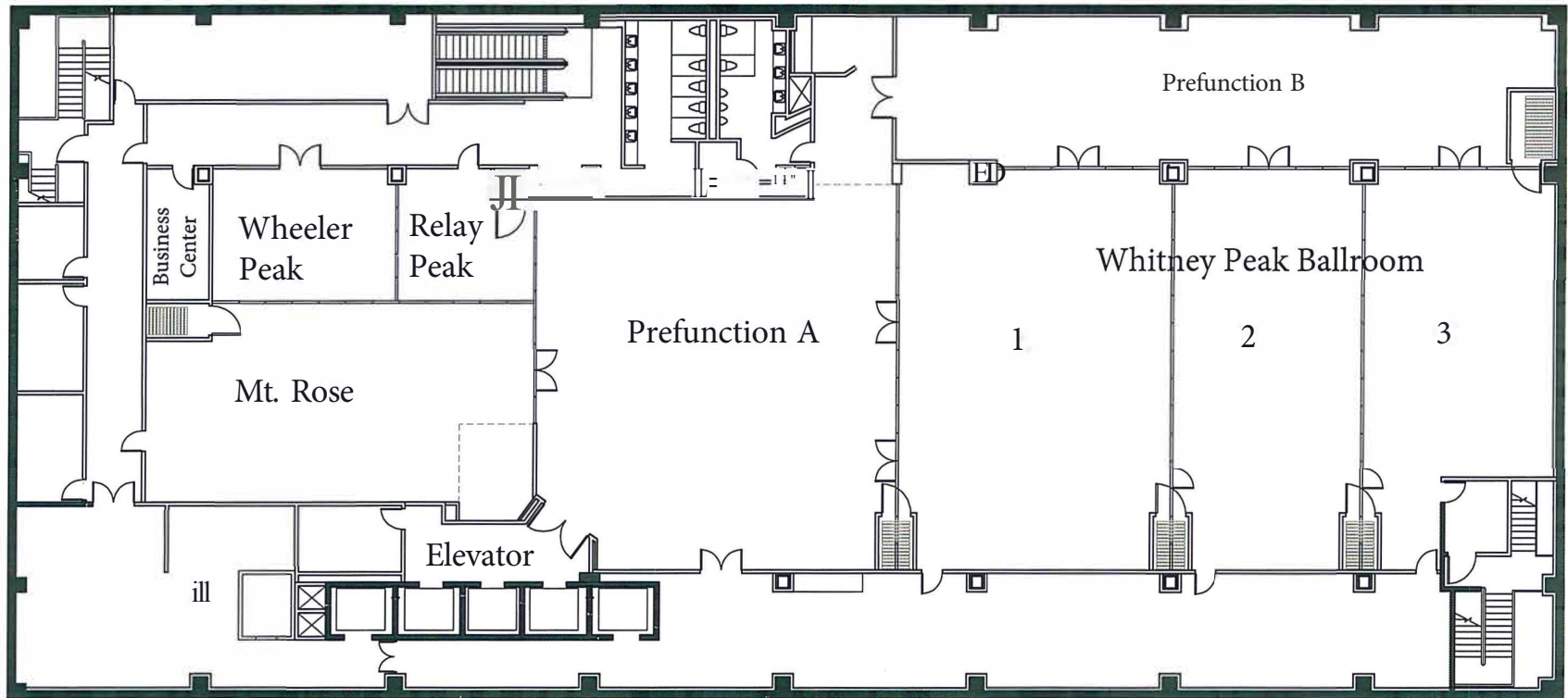
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**AGENDA DAY 1** THURSDAY, SEPTEMBER 28

8:30 AM - 9:00 AM	<b>Registration</b>   Pre-Function A		
9:00 AM - 9:15 AM	<b>Opening Remarks</b>   Mt. Rose <i>Sandra Larson, MPH, NPHA President</i>		
9:15 AM - 10:30 AM	<b>Morning Plenary</b>   Mt. Rose <b>Health Reform in Nevada</b> <i>Julie Kotchevar, MA, Deputy Director, Nevada Department of Health and Human Services</i>		
10:30 AM - 10:45 AM	<b>Break and Exhibits</b>   Whitney Peak 1 & 2		
10:45 AM - 12:15 PM	<b>Morning Keynote</b>   Mt. Rose <b>Yes, Your Genes, Age, and Race Determine Your Health, But So Do Income and Environment: Overcoming the Challenges Where We Still Can</b> <i>Richard Jackson, MD, MPH, Professor, UCLA Fielding School of Public Health</i>		
12:15 PM - 1:30 PM	<b>Lunch (provided), Poster Session and Exhibits</b>   Whitney Peak 1 & 2 and Pre-Function A		
1:30 PM - 3:00 PM	<b>Concurrent Breakout Sessions</b>		
	<b>B-1   Mt. Rose</b>	<b>B-2   Relay Peak</b>	<b>B-3   Whitney Peak 3</b>
	A. Legislative and Executive Branch Policy Implications for the Nevada Marketplace, <i>Heather Korbolic, BS/Certified Public Manager</i> B. Partnerships to Improve Community Health in Clark County – Successes and Lessons Learned, <i>M. Amaris Knight, MEd</i> C. Southern Nevada CHIPs and UNLV Schools of Nursing and Social Work: An Interprofessional Education and Community Practice Partnership, <i>Minnie Wood, MS, APRN, ANP-BCC</i> <i>Moderator: Erika Marquez, PhD, MPH</i>	A. A Comparison of Dietary Quality Using NHANES 2003-2012 Data Between Child Vending Machine Users and Non-users, <i>Aurora Buffington, PhD, RDN, LD</i> B. Adult Immunization Improvement Project, <i>Kristy Zigenis, MA</i> C. Weight, Blood Pressure, BMI and Other Health Risks Common to Women Under Correctional Supervision, <i>Sara C. Velasquez, MPH, CHES</i> <i>Moderator: Mary Karls, MPH</i>	A. Syringe Vending Machines- Using Automation for Public Health and Disease Prevention in Nevada, <i>Chelsi Cheatom, MEd</i> B. PrEP or Not to PrEP That is the Question? Understanding the Expanded Qualifications for the Utilization of HIV Pre-Exposure Prophylaxis and Access to HIV Prevention Resources, <i>Christina Madison, PharmD, BCACP, AAHIVP</i> C. Nevada Rural Opioid Overdose Reversal (NROOR) Program: From Proof-of-Concept to Major Statewide Initiative, <i>Christopher E. Marchand, MPH</i> <i>Moderator: Jennifer Bennett, PhD, MPH</i>
3:00 PM - 3:15 PM	<b>Break and Exhibits</b>   Whitney Peak 1 & 2		

AGENDA DAY 1 THURSDAY, SEPTEMBER 28 | CONTINUED

AGENDA DAY 1	3:15 PM - 4:45 PM		
	Concurrent Breakout Sessions		
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	<p>A. Violence Prevention: A Public Health Approach to Preventing Child Abuse and Neglect, <i>Amanda Haboush-Deloye, PhD</i></p> <p>B. Social Emotional Learning in Nye County Schools for Upstream Suicide Prevention: A Universal Approach for Improving Children's Mental Health, <i>M. Amaris Knight, MEd</i></p> <p>C. Risk and Protective Factors for Attempted Suicide Among High School Students in Nevada, <i>Taylor Lensch, MPH</i></p> <p><i>Moderator: Liliana Wilbert, MPH</i></p>	<p>A. Access to Care for Adults with Special Healthcare Needs, <i>Antonina Capurro, DMD, MPH, MBA</i></p> <p>B. Nevada's Quality and Technical Assistance Center Addresses Chronic Disease Through Community-Clinical Linkages, <i>Marjorie Franzen-Weiss, MPH, CHES</i></p> <p>C. Leverage Existing Services to Address Public Health Needs in an Era of Diminishing Resources, <i>Preston Nguyen Tang, BSW</i></p> <p><i>Moderator: Margie Franzen-Weiss, MPH, CHES</i></p>	<p>A. Cross-Jurisdictional Response During a Pertussis Outbreak: Communication, Community Partner Collaborations, and Investigation/Mitigation Strategies, <i>Dustin Boothe, MPH, REHS</i></p> <p>B. Perspectives on Zika and Other Emerging/ Re-Emerging Infections, <i>Ihsan A. Azzam, PhD, MD, MPH</i></p> <p>C. Disparities in Lung Cancer Survival and Receipt of Surgical Treatment in Nevada, <i>Karen E. Callahan, MPH</i></p> <p><i>Moderator: Brain Parrish, MPH</i></p>
	5:00 PM - 6:30 PM		
	NPHA Social (No host bar)   Craft Wine and Beer, 22 Martin Street		



AGENDA DAY 2 FRIDAY, SEPTEMBER 29

7:15 AM - 7:45 AM	<b>Registration</b>   Pre-function A		
7:45 AM - 8:00 AM	<b>Opening Remarks</b>   Mt. Rose <i>Brian Parrish, MPH, President-Elect</i>		
8:00 AM - 9:15 AM	<b>Morning Plenary I</b>   Mt. Rose <b>Legal Weed in the Silver State: New Challenges for Public Health Policy and Regulation in Nevada</b> <i>Moderator: John Packham, PhD, Director of Health Policy Research, UNR School of Medicine</i> <i>Guest panelists: John DiMuro, DO, State of Nevada Chief Medical Officer, Nevada Division of Public and Behavioral Health</i> <i>Linda Lang, Executive Director, Nevada Statewide Partnership Coalition</i> <i>Deonne Contine, Director, Nevada Department of Taxation</i>		
9:15 AM - 9:30 AM	<b>Break and Exhibits</b>   Whitney Peak 1 & 2		
9:30 AM - 10:45 AM	<b>Morning Plenary II</b>   Mt. Rose <b>Promise and Prospects for Public Health Policy in Nevada: Assessing Public Health Wins, Losses and Draws During the 2017 Legislative Session</b> <i>Moderator: John Packham, PhD, Director of Health Policy Research, UNR School of Medicine</i> <i>Guest panelists: Michael Hackett, Alrus Consulting</i> <i>Assemblywoman Amber Joiner (D), Assembly District 24</i> <i>Assemblywoman Robin Titus, MD (R), Assembly District 38</i>		
10:45 AM - 11:00 AM	<b>Break and Exhibits</b>   Whitney Peak 1 & 2		
11:00 AM - 12:30 PM	<b>Concurrent Breakout Sessions</b>		
	<b>B-7</b>   Mt. Rose	<b>B-8</b>   Relay Peak	<b>B-9</b>   Whitney Peak 3
	A. Panel Presentation: Traffic Safety and the Nevada Legislature, <i>Deborah A. Kuhls, MD, FACS, FCCM; Erin Breen, BA; Laura K. Gryder, MA; Paul J. Chestovich, MD</i> <i>Moderator: TBD</i>	A. Women's Health and Obstetric/ Gynecologic Service Needs in Northern Nevada, <i>Anastasia Gunawan, MPH</i> B. Psychosocial Risk Factors Associated with Preterm Birth: A Systematic Review, <i>Kavita Batra, MPH</i> C. Nurse Practitioner Autonomy Laws and Their Role in Increasing Timely Pap-Smears Among the Underserved, <i>Larissa Lee White, MPH</i> <i>Moderator: Sandra Larson, MPH</i>	A. Measuring Return on Investment of Community Health Workers in a Managed Care Organization, <i>Elizabeth Christiansen, PhD</i> B. Where Does Nevada Rank in Health Care in the US - Ways We Can We Do Better, <i>Joanne Danielson, CPC-ELI, MP</i> C. Requirements to Report Patient Information to Government Entities: A Case Study of Physician Mandatory Reporting Laws in Nevada, <i>Max Gakh, JD, MPH</i> <i>Moderator: Troy Jorgensen</i>

## AGENDA DAY 2 FRIDAY, SEPTEMBER 29 | CONTINUED

12:30 PM - 1:45 PM	<b>Awards Lunch (provided), NPHA Business Meeting and Exhibits   Whitney Peak 1 &amp; 2</b>		
1:45 PM - 3:15 PM	<b>Concurrent Breakout Sessions</b>		
	<b>B-10   Mt. Rose</b>	<b>B-11   Relay Peak</b>	<b>B-12   Whitney Peak 3</b>
	<p>A. Care Transition: Connecting Discharge IP/ED Patients to PCPs at CHA, <i>Amy J. Scott, BS</i></p> <p>B. Trends in US Infant Mortality 2010-2014: Exploring the Role of State-level Characteristics, <i>Daniel M. Cook, PhD</i></p> <p>C. Temporal Trends and Socioeconomic Disparities in Preventable Emergency Department Visits with Non-Traumatic Dental Conditions in Nevada, <i>Wenlian Zhou, PhD, DMD, MPH</i></p> <p><i>Moderator: Laima Etchegoyhen, MPH</i></p>	<p>A. Medical and Pregnancy Related Maternal Factors of Preterm Birth: A Systematic Review, <i>Kavita Batra, MPH</i></p> <p>B. An Overview of Sexual Health Behaviors Among High School Students in Nevada, <i>Taylor Lensch, MPH</i></p> <p>C. Pregnancy Risk Assessment Monitoring System (PRMAS) as the Primary Data Source for MCH Priorities, <i>Wei Yang, PhD, MD</i></p> <p><i>Moderator: Liliana Wilbert, MPH</i></p>	<p>A. Community Level Exposure to the Rural Mining Industry: The Potential Influence on Early Adolescent Alcohol and Tobacco Use, <i>Christopher Gay, MPH</i></p> <p>B. Public Health Infrastructure Development in Elko County, NV, <i>Gerald Ackerman, MS</i></p> <p>C. Utilizing Telehealth to Provide Evidenced-Based Diabetes Self-Management Education Between Rural Communities in Nevada, <i>Marjorie Franzen-Weiss, MPH, CHES</i></p> <p><i>Moderator: John Packham, PhD</i></p>
3:15 PM - 3:30 PM	<b>Closing Remarks   Mt. Rose</b> <i>Brian Parrish, MPH, President-Elect</i>		



NEVADA PUBLIC HEALTH ASSOCIATION  
*The Voice of Public Health in Nevada*

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**POLICY LANDSCAPE**  
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PLENARY | SESSIONS & PRESENTER BIOS

DAY 1 MORNING PLENARY  
**HEALTH REFORM IN NEVADA**

*Mt. Rose | Thursday, September 28, 9:15 am – 10:30 am*

**JULIE KOTCHEVAR, MA**  
**DEPUTY DIRECTOR, NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Julie Kotchevar has extensive experience working within the field of health and human services programs, particularly in the field of children and adults with disabilities. She has worked nationally and internationally for over 15 years to create efficient and agile systems that can skillfully respond to the changing needs of consumers while also ensuring that services are person centered, ethical, appropriate, and evidence-based. Within Nevada and nationally she has worked with state programs to identify and repair broken and inefficient systems. Internationally she worked to develop systems in several countries including primary and maternity care in central China, basic health and assessment services in rural parts of Indonesia, and early intervention systems for children and families in the Southern Sudan.

Ms. Kotchevar has served in the Nevada state system as an Executive Branch Auditor, the Clinical Program Manager of Nevada Early Intervention Services, and as the Deputy Administrator of Aging and Disability Services Division before joining the Director's Office as the Deputy Director.

Ms. Kotchevar is currently completing a Doctorate in Social Services Policy Planning and Analysis, has a Master's degree in Organizational Management and a Bachelor's degree in Elementary and Special Education.

DAY 1 MORNING KEYNOTE  
**YES, YOUR GENES, AGE, AND RACE DETERMINE YOUR HEALTH, BUT SO DO INCOME AND ENVIRONMENT: OVERCOMING THE CHALLENGES WHERE WE STILL CAN**

*Mt. Rose | Thursday, September 28, 10:45 am – 12:15 pm*

**RICHARD JACKSON, MD, MPH**  
**PROFESSOR, UCLA FIELDING SCHOOL OF PUBLIC HEALTH**

Richard Joseph Jackson is a Professor at the Fielding School of Public Health at the University of California, Los Angeles. A pediatrician, he has served in many leadership positions with the California Health Department, including the highest as the State Health Officer.

For nine years he was Director of the CDC's National Center for Environmental Health and received the Presidential Distinguished Service award. In October, 2011 he was elected to the Institute of Medicine of the National Academy of Sciences.

Jackson was instrumental in establishing the California Birth Defects Monitoring Program and in the creation of state and national laws to reduce risks from pesticides, especially to farm workers and to children. While at CDC he established major environmental public health programs and instituted the federal effort to "biomonitor" chemical levels in the US population. He has received its Hero Award from the Breast Cancer Fund, Lifetime Achievement Awards from the Public Health Law Association and the New Partners for Smart Growth, the John Heinz Award for national leadership in the Environment, and the Sedgwick Medal, the highest award of the American Public Health Association. In 2015 he received the Henry Hope Reed Award for his contributions to the field of Architecture.

Dick Jackson lectures and speaks on many issues, particularly those related to built environment and health. He has co-authored the books: Urban Sprawl and Public Health, Making Healthy Places, and Designing Healthy Communities for which he hosted a four-hour PBS series. He has served on many environmental and health boards, as well as the Board of Directors of the American Institute of Architects. He is an elected honorary member of the American Society of Landscape Architects as well as the American Institute of Architects. Richard Jackson is married to Joan Guilford Jackson; they have three grown children and two grandchildren.

DAY 2 MORNING PLENARY I  
**LEGAL WEED IN THE SILVER STATE: NEW CHALLENGES FOR PUBLIC HEALTH POLICY AND REGULATION IN NEVADA**

*Mt. Rose | Friday, September 29, 8:00 am – 9:15 am*

**MODERATOR: JOHN PACKHAM, PHD, DIRECTOR OF HEALTH POLICY RESEARCH, UNR SCHOOL OF MEDICINE**

*GUEST PANELISTS: JOHN DIMURO, DO, STATE OF NEVADA CHIEF MEDICAL OFFICER, NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH; LINDA LANG, EXECUTIVE DIRECTOR, NEVADA STATEWIDE PARTNERSHIP COALITION; DEONNE CONTINE, DIRECTOR, NEVADA DEPARTMENT OF TAXATION*

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

**PANELISTS:**

**John DiMuro, DO**

*State of Nevada Chief Medical Officer, Nevada Division of Public and Behavioral Health*

Dr. DiMuro was named Nevada's chief medical officer July 1, 2016. He is board certified in anesthesiology and pain medicine and prior to joining state service was the medical director of pain services for the Sierra Surgery Hospital in Carson City. Dr. DiMuro obtained his Doctor of Osteopathic Medicine from the Philadelphia College of Osteopathic Medicine. Prior to receiving his DO, he obtained his Master's in Business Administration from St. Joseph's University. He was the Chief Resident at Georgetown University Hospital and the Chief Fellow at Memorial Sloan-Kettering Cancer Center in New York.

As chief medical officer, Dr. DiMuro is directly responsible for enforcing all laws and regulations pertaining to public health throughout Nevada. This includes interpreting, implementing and providing guidelines for the State Board of Health, and public and private entities on federal and state laws and Board of Health regulations. He also investigates causes of disease, epidemics, sources of mortality, and other matters impacting public health.

**Deonne Contine**

*Director, Nevada Department of Taxation*

Deonne Contine, J.D., is the Director of Nevada's Department of Taxation appointed by Governor Sandoval in November 2014. Prior to her appointment, Ms. Contine served as the chief deputy executive director for the Department since 2012. She began her legal career with a clerkship in the 8th Judicial District Court and later served as a senior deputy attorney general. During Ms. Contine's tenure at the Attorney General's office, she represented several State agencies before the Nevada Supreme Court, including the Department of Taxation. Ms. Contine has two reported tax cases in which she successfully obtained reversals of District Court decisions that had been issued against the Department of Taxation. She is a native Nevadan who worked as a legal secretary in the San Francisco Bay area before returning to college and earning her undergraduate degree from the University of California, Berkeley and her J.D. from the Boyd School of Law, UNLV in 2005.

*Day 2 Morning Plenary I (Continued)*

**Linda Lang**

***Executive Director, Nevada Statewide Partnership Coalition***

Linda Lang has worked in the prevention field for over 30 years with the last 17 years dedicated to working statewide with community coalitions. She directs the Nevada Statewide Coalition Partnership, a collaborative of 12 coalitions serving Nevada's 17 counties. The Partnership addresses substance abuse and wellness issues through advocacy, education, policy development, and changes in practice. She also provides training and technical assistance to various states and communities specific to coalition development and bringing key stakeholders together to affect change. The Partnership has been nationally recognized as a best practice specific to prevention planning and collaboration. Linda sits on the Attorney General's Substance Abuse Working Group; the Service Members, Veterans, and their Families Behavioral Health Committee, and is a part of the Governor's Prescription Drug Abuse Policy Academy. Most recently, she served as a member of the Governor's Marijuana Task Force, Consumer Safety, Education and Health Working Group. She is committed to building partnerships to better serve communities at a grass roots level and bridging the gap between federal, state and local entities.

DAY 2 MORNING PLENARY II

**PROMISE AND PROSPECTS FOR PUBLIC HEALTH POLICY IN NEVADA: ASSESSING PUBLIC HEALTH WINS, LOSSES AND DRAWS DURING THE 2017 LEGISLATIVE SESSION**

*Mt. Rose | Friday, September 29, 9:30 am – 10:45 am*

**MODERATOR: JOHN PACKHAM, PHD**

**DIRECTOR OF HEALTH POLICY RESEARCH, UNR SCHOOL OF MEDICINE**

**GUEST PANELISTS: MICHAEL HACKET, ALRUS CONSULTING; ASSEMBLYWOMAN AMBER JOINER (D), ASSEMBLY DISTRICT 24; ASSEMBLYWOMAN ROBIN TITUS, MD (R), ASSEMBLY DISTRICT 38**

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

**PANELISTS:**

**Michael Hackett**  
**Alrus Consulting**

Michael Hackett is principal of Alrus Consulting, a Reno-based government relations firm. Since joining Alrus in 2000, he has been involved in healthcare-related issues on behalf of physician groups, professional associations and societies, non-profits, coalitions and alliances. He is presently the lobbyist for the Nevada Public Health Association and the Nevada Primary Care Association. Since 2005, Michael has also worked with the Nevada Tobacco Prevention Coalition. He is a member of their board of directors, serves as its Policy Chair, and represents NTPC before the Nevada State Legislature. Michael was campaign manager for the Nevada Clean Indoor Air Act statewide ballot initiative in 2006, also defeating a competing ballot initiative by tobacco industry proponents. In 2004, Michael was part of the campaign team that passed a statewide initiative that enacted medical malpractice reform. In addition to NTPC, he continues to donate his time to work with the Autism Coalition of Nevada and the Nevada Food Allergy and Anaphylaxis Alliance.

Michael is also Vice Chair of the board of directors for Nevada Advocates for Planned Parenthood Affiliates, and is a board member for the Great Basin Outdoor School.

**Assemblywoman Amber Joiner (D)**  
**Assembly District 24**

Amber Joiner is a member of the Nevada State Assembly representing District 24 (part of Reno). She has served on the Assembly Committees on Health and Human Services, Education, and Government Affairs. Ms. Joiner also currently teaches in the School of Social Work and the School of Community Health Sciences at UNR. A native Nevadan, Ms. Joiner's career in public service has included serving as a nonpartisan Senior Research Analyst/Committee Policy Analyst for the Legislative Counsel Bureau, and as a Deputy Director for Nevada's Department of Health and Human Services. She also served as the Director of Government Relations for

*Day 2 Morning Plenary II | Assemblywoman Amber Joiner (D) (Continued)*

the Nevada State Medical Association where she advocated for improvements in state and federal health care laws relating to public health, access to care, and health care quality. Ms. Joiner holds a Master's Degree in Political Communication from the University of Maryland, College Park, and a Bachelor's Degree magna cum laude from the University of Nevada, Reno. She is currently a PhD Candidate in Political Science at UNR, with concentrations in Public Policy and Public Administration.

**Assemblywoman Robin Titus, MD (R)**

***Assembly District 38***

Dr. Robin Titus is an Assemblywoman representing Assembly District 38. First elected in November 2014, she has served in the Nevada State Legislature for two regular sessions and two special sessions. Her committee assignments during the 2017 session included Ways and Means; Health and Human Services; and Natural Resources, Agriculture and Mining. Dr. Titus graduated from the University of Nevada, Reno, where she received a bachelor of science in 1976, and she became a Doctor of Medicine (MD) from the University of Nevada School of Medicine in Reno, Nevada in 1981. Since 1984, she has practiced family medicine in Lyon County and has served as the Lyon County Health Officer. Dr. Titus is the recipient of numerous honors and awards, including Family Physician of the Year from the Nevada Chapter of the American Academy of Family Physicians and the University of Nevada School of Medicine Alumni Association's Outstanding Alumna.

POSTER SESSION 01

**DATA VISUALIZATION – WHY DO IT?**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

Data visualization is the presentation of information in a pictorial or graphical format, which allows the users to translate complex data into meaningful information and answer specific questions. Data visualization can also reveal patterns and trends, compare and rank data, display correlation and distribution, and ultimately help users interpret the meaning of data.

Data visualization also provides researchers with the opportunity to present a variety of data, such as education, health care utilization, and demographic data, in one place and to display that data in a diverse array of formats. Compared to the static presentation of data, in either print or digital format, dynamic data visualization is more effective because it captures users' attention and allows them to control the display of the information through interactive maps, tables, charts and graphs.

Data visualization can be a useful technique for states as they create access to available data that can be used to support more effective community health assessments and primary care capacity analyses, among others, particularly at sub-county levels.

**PRESENTERS:**

**M. Tabor Griswold, PhD, MS**

*Health Services Research Analyst  
University of Nevada, Reno School of Medicine  
[tgriswold@med.unr.edu](mailto:tgriswold@med.unr.edu)*

Dr. Griswold is a Health Services Research Analyst in the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine. She received her PhD degree from the University of Nevada Reno in Educational Leadership as well as her Masters in Economics. Dr. Griswold has been the lead data collector of publicly available county-level data for seven editions of the Nevada Rural and Frontier Health Data Book currently in its Eighth Edition. She is the lead on the Nevada Instant Atlas website, explaining and exploring data in thematic stories.



POSTER SESSION 02

**DRUG OVERDOSE AMONG NEVADA RESIDENTS: ASSOCIATIONS BETWEEN HOSPITAL ENCOUNTERS AND MORTALITY**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

**Introduction:** Drug overdose visits to hospitals and deaths in Nevada have increased over the past five years. Drug overdose inpatient admissions and emergency department encounters indicate an increased likelihood of multiple hospital visits and/or drug related deaths.

**Methods:** Using hospitalization data collected by the Center for Health Information Analysis from October through December of 2015, inpatient hospitalizations and emergency department encounters were linked with preliminary mortality data from October of 2015 through December of 2016 to identify if there were a higher likelihood of repeat visits and/or death.

**Results:** Approximately ten percent (9.9%) of patients hospitalized (N=517) for drug related overdose died within the following year. Nearly forty percent (N=50) of those deaths were due to accidental drug overdose. When analyzing the limited three-month period of hospital data, approximately two percent of both inpatient admissions (N=517) and emergency department encounters (N=1,297) were repeat patients for drug related overdose.

**Discussion:** The preliminary findings from this analysis demonstrated the need for prevention programs and aid in driving policy regarding prevention beginning in the hospital setting. The Nevada State Targeted Response to Opioid Epidemic (Opioid STR) Program are using these data to support providing prevention in hospitals throughout the state, with the goal of preventing future overdose deaths. To improve this study, we intend to analyze a longer timeframe of inpatient admissions and emergency department encounters as data becomes available, in order to better identify trends in the relationship between repeat overdoses and deaths.

**PRESENTERS:**

**Jen Thompson, Bachelor's of Science**

*Biostatistician II*

*State of Nevada, Division of Public and Behavioral Health*

*[jlthompson@health.nv.gov](mailto:jlthompson@health.nv.gov)*

I grew up in a small rural town, Quincy, California where I saw my parents working in rural communities. My father was blinded at birth but never let his disability slow him down. He dedicated his career to working in the public sector and helping others with disabilities find work and become independent community members. Watching my father, I became passionate about helping others in the public arena. I graduated from University of Nevada, Reno with a Bachelor's of Science in Health Ecology. I started working the State of Nevada, as administrative assistant in the Health Administrators Office where I saw firsthand what the Division of Public and Behavioral Health could do for the people of Nevada. I worked in the Office of Public Health Informatics and Epidemiology since 2010, and I have provided data that has assisted many different entities in the public health community that drive decision making. I currently am the biostatistician for the Prescription Drug Monitoring Program in opioid use.

POSTER SESSION 03

**ERRORS ASSOCIATED WITH THE RIGHTS OF MEDICATION ADMINISTRATION: DO HOSPITAL UNIT AND DRUG TYPE MATTER?**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

Introduction. Medication errors are associated with factors such as RIGHTS (e.g., right time, right dose, right patient, and right rout) of medication administration, hospital units, and drug classes, but little has been done to examine those factors simultaneously. This study investigated the combination of potential multiple factors on nurse related medication errors. It examined associations between: (a) RIGHTS of medication administration and hospital units, (b) RIGHTS of medication administration and drug classes, and (c) interactions between hospital units and drug classes in regard to RIGHTS of medication administration.

Methods. 1,273 medication error incident files were extracted from the risk management departments of five acute community hospitals in Nevada. Descriptive statistics and the Chi-square test were used for data analysis.

Results. Wrong Time (measuring Right Time) was the most frequent cause of error in medical surgical unit (54.1%) and intensive care unit (51.7%). Errors related to cardiovascular drugs were commonly due to Wrong Dose (measuring Right Dose) (40.2%) and Wrong Time (40.2%). Errors related to Wrong Dose of antimicrobials were strongly association with errors in both intermediate care units (46.4%) and medical surgical units (52.1%), while those of cardiovascular drugs were highly related to errors in intensive care units (49.0%) and intermediate care units (50.0%).

Conclusion. Hospital unit and drug type are interacted in regard to be associated with the RIGHTS of medication administration, especially with Wrong Time and Wrong Dose.

Acknowledgment. The study was supported by the National Council of State Boards of Nursing (Grant No. R400062).

**PRESENTERS:**

**Pearl Kim, MHA**

*PCORI Project Coordinator*

*University of Nevada at Las Vegas*

*kimp17@unlv.nevada.edu*

Pearl Kim is a project coordinator for Patient-Centered Palliative Care funded by Patient Centered Outcome Research Institute. She is also a PhD student at the School of Community Health Sciences, UNLV. Kim earned her Bachelor of Science degree from University of California, Los Angeles in Microbiology and Molecular Genetics, and completed her Master of Health Care Administration and Policy at University of Nevada, Las Vegas. Her primary research interest involves studying effectiveness of policy and healthcare delivery system. Kim is passionate and committed to improving the healthcare delivery in Nevada.

**Jay J. Shen PhD**

*Professor of Healthcare Administration and Policy Associate Dean, School of Community Health Sciences*

*University of Nevada at Las Vegas*

*jay.shen@unlv.edu*

POSTER SESSION 04

**HIV TESTING IN THE EMERGENCY DEPARTMENT: COST EFFECTIVENESS AND FEASIBILITY**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

Over 1 million individuals live with HIV in the US, and approximately 14-25% are not aware of their infection. The CDC recommends non-targeted, opt-out screening of patients between ages 13-64, in all healthcare settings where HIV prevalence is 0.1% or greater and recommends that all patients seeking STD treatment be screened for HIV. Emergency department providers treat a high volume of patients for other STD's, and are in a unique position to identify HIV infections in high-risk populations. Despite the CDC guidelines, different emergency departments have implemented different screening practices. This literature review will attempt to identify the most cost effective and feasible method to detect HIV in the ED, given the unique barriers posed by this setting.

When the savings from prevention of disease transmission is factored into the total cost of screening, studies have found that it is cost effective to screen for HIV in the ED setting using a physician directed diagnostic screening approach rather than a non-targeted, opt-out approach. Time constraints were identified as the number one barrier to complying with CDC recommendations. We propose that the broad nature of the CDC recommendations leads to under testing of most at-risk populations, who utilize the emergency department as their primary source of healthcare. Therefore, we recommend ED specific screening guidelines be developed. Additionally, we recommend use of registration kiosks over staff-based bedside screening, as kiosks have been shown to reduce costs associated with screening, increase the number of high risk patients identified for testing, and make the screening process more efficient.

**PRESENTERS:**

**Ariel Murtagh, MD Candidate**

*Medical Student*

*University of Nevada, Reno School of Medicine*

*amurtagh@med.unr.edu*

I am from Billings, MT and attended Carroll College in Helena, MT. I graduated from Carroll with a BA in Biology with a minor in Latin American Studies. After college, I worked for a clinic that provides free primary health care services to migrant and seasonal farm workers throughout Montana. I served as a translator and outreach

worker, assessing our patients' needs outside the scope of the clinic and facilitating their access to social services. In 2013, I became trained to enroll individuals in health insurance through the Marketplace Exchange, created by the Affordable Care Act. I also traveled throughout Montana providing educational talks to organizations and individuals regarding the ACA and utilization of insurance. I also worked as an emergency department tech in Billings, MT, before beginning my medical education at the University of Nevada, Reno, School of Medicine. I plan to go into emergency medicine.

**Lauran Evans, MD Candidate**

*Medical Student*

*University of Nevada, Reno School of Medicine*

*Laurane@med.unr.edu*

I am originally from Las Vegas, and attended USC for my undergraduate degree. I graduated with a BS in neuroscience and have been actively working on research regarding chiari malformations. I am a third year medical student at the University of Nevada, Reno School of Medicine and am interested in going into ENT.

**Kerry Moseman, MD Candidate**

*Medical Student*

*University of Nevada, Reno School of Medicine*

*Kmoseman@med.unr.edu*

I am from Las Vegas, NV. I received my undergraduate degree from Northern Arizona University in biology. At NAU, I participated in research regarding pulmonary chemo-receptors. Upon graduation, I worked as a clinical information manager and emergency department scribe at Centinela Hospital in Los Angeles. I currently attend the University of Nevada, Reno School of Medicine and plan to go into Emergency Medicine.

POSTER SESSION 05

**NALOXONE ACCESS FOR EMERGENCY MEDICAL TECHNICIANS: AN EVALUATION OF A TRAINING PROGRAM IN RURAL NEVADA**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

Introduction Opioid-related overdose death rates in rural communities in the United States are much higher than their urban counterparts. However, basic life support (BLS) personnel, who are more common in rural areas, have much lower rates of naloxone administration than other levels of emergency medical services (EMS). Equipping basic level emergency medical technician (EMTs) to administer naloxone for an opioid overdose could yield positive outcomes.

Methods Following a legislative change that allowed EMTs to administer naloxone in Nevada, we evaluated an EMT training program by examining EMTs' opioid overdose knowledge and attitudes before and after the training.

Results One hundred seventeen rural EMTs participated the training. They demonstrated statistically significant improvement on almost all of the knowledge questions after the training ( $p$ 's = 0.0474 to  $<0.0001$ ). The opioid overdose competency and concerns scales showed statistically significant improvement ( $p < 0.0001$ ) and reduction ( $p < 0.0001$ ), respectively. Furthermore, statistically significant changes in knowledge and opinion of state law regarding naloxone administration were observed. Significantly more EMTs supported the idea of expanding naloxone to people at risk for overdose ( $p = 0.0026$ ) after the training.

Discussion At a time when states are passing legislation to expand first responders' access to naloxone, this study provides evidence about authorizing EMTs to administer naloxone.

**PRESENTERS:**

**Xiangjun Zhang, MS**

*Doctoral Student of Social and Behavioral Health  
University of Nevada, Reno School of Community Health Sciences  
zxj@nevada.unr.edu*

**Education:**

MS Psychology, De La Salle University, Philippines

BS/MD, Shandong University, China

**Positions:**

(2009- 2016) Doctor, HIV/AIDS Division, Xicheng Center for Disease Prevention and

Control, Beijing, China

(2003- 2004) Internship, Remedios AIDS Foundation, Inc. Manila, Philippines

(1998- 2001) Physician, Linzi District People's Hospital, Shandong Province, China

**Research Interests:**

My previous research is mainly focus on HIV, STIs prevalence and risk behaviors among high risk population, and also involves in linking and engaging HIV-positive people in care.

**Publications:**

Zhang X, Yu J, Li M, Sun X, Han Q, Li M, Zhou F, Li X, Yang Y, Xiao D, Ruan Y, Jin Q, Gao L. Prevalence and Related Risk Behaviors of HIV, Syphilis, and Anal HPV Infection Among Men who have Sex with Men from Beijing, China. *AIDS and Behavior*. (2013) 17:1129-1136.

Liu Y, Osborn CY, Qian HZ, Yin L, Xiao D, Ruan Y, Simoni JM, Zhang X, Shao Y, Vermund SH, Amico KR. Barriers and Facilitators of Linkage to and Engagement in HIV Care Among HIV-Positive Men Who Have Sex with Men in China: A Qualitative Study. *AIDS Patient Care STDS* 2016; 30(2).

**Christopher Marchand, MPH**

*Program Coordinator/Data Analyst*

*Office of Statewide Initiatives, University of Nevada School of Medicine  
cmarchand@med.unr.edu*

**Karla D. Wagner, PhD**

*Associate Professor*

*University of Nevada, Reno School of Community Health Sciences  
karlawagner@unr.edu*

Dr. Wagner conducts mixed methods research that focuses on the prevention of negative health outcomes associated with injection drug use, especially HIV, viral hepatitis, and fatal overdose. Her current projects use qualitative, quantitative, and social network methods to investigate the social and environmental factors associated with HIV risk among female sex workers and their partners in Tijuana, Mexico. She also provides technical assistance and conducts evaluation research on the effectiveness of naloxone distribution to prevent fatal opioid overdoses.

POSTER SESSION 06

**PALLIATIVE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESS: INFORMAL AND FORMAL CAREGIVERS' EXPERIENCE AND PERSPECTIVES**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

Introduction. Differences in the burdens and experiences of formal and informal caregivers are not well understood, though both are integral to home-based care. This project examined and compared challenges of formal and informal caregivers providing home-based care for patients with life-limiting illnesses.

Methods. Using a qualitative descriptive design, transcripts from 11 formal and 6 informal caregiver interviews were analyzed using thematic coding.

Results. Informal caregivers experienced significant stress due to long hours of providing care, lack of emotional support, and lack of symptom management support from clinical providers. Home-based palliative care mitigated their emotional burden of care through hope, reassurance, and comfort; but needs of respite were still not met. Major challenges for formal caregivers included relational issues with patient families, a sense of being treated without respect, limited pay and benefits from employers. Formal caregivers also described the benefits of caregiving as the "gift of caring" and related a sense of internal happiness and satisfaction that other jobs may not provide. 82% of formal CGs were minorities and 64% of them were an informal caregiver before becoming a formal caregiver.

Conclusion. Formal and informal caregivers experience different burdens when delivering home-based palliative care. Strengthening caregiver support through support groups, symptom management by clinicians, and improved respite may be effective in reducing informal caregiver stress and burden. Our study suggests formal caregivers could benefit from learning communication strategies useful with families and patients in home-based care. Moreover, strong organizational support and enhancement in payment will further improve their job satisfaction.

Acknowledgement. The project was funded by the Patient Center Outcome Research Institute (PCORI).

**PRESENTERS:**

**Pearl Kim, MHA**

*PCORI PCPC Project Coordinator  
The School of Community Health Sciences, UNLV  
kimp17@unlv.nevada.edu*

Pearl Kim is a project coordinator for Patient-Centered Palliative Care funded by Patient Centered Outcome Research Institute. She is also a PhD student at the School of Community Health Sciences, UNLV. Kim earned her Bachelor of Science degree from University of California, Los Angeles in Microbiology and Molecular Genetics, and completed her Master of Health Care Administration and Policy at University of Nevada, Las Vegas. Her primary research interest involves studying effectiveness of policy and healthcare delivery system. Kim is passionate and committed to improving the healthcare system in Nevada.

**Jay J. Shen, PhD**

*PCORI PCPC Project Lead; Professor of Healthcare Administration and Policy;  
Associate Dean of School of Community Health Sciences  
The School of Community Health Sciences, UNLV  
jay.shen@unlv.edu*

**Catherine Dingley, PhD, RN**

*PCORI PCPC Project Co-Lead; Associate Professor of Nursing; PhD in Nursing  
Program Coordinator  
School of Nursing at University of Nevada, Las Vegas  
catherine.dingley@unlv.edu*

Catherine Dingley PhD, RN is an associate professor and the PhD Program Coordinator at the UNLV School of Nursing. She completed her doctoral studies at University of Colorado and post-doctoral research fellowship in Cancer, Aging, and End of Life Care at the University of Utah College of Nursing. Her areas of research include self-management, quality of life and inner strength in women surviving chronic health conditions such as cancer; health communication and cancer survivorship; and family caregiving in advanced cancer; and hospice and palliative care.

POSTER SESSION 07

**PITTSBURGH OF THE WEST: NEVADA'S LEGACY OF LEAD SMELTING AND ITS IMPACT ON THE HEALTH OF RURAL NEVADANS**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

The link between intellectual deficits and childhood lead exposure is well documented. Acute lead poisoning notwithstanding, numerous studies consistently identify an inverse relationship between a child's blood lead levels and long-term cognitive function. However, an alarming number of children in the United States are still frequently exposed to unsafe levels of lead. Given Nevada's rich history of mining and smelting, exposure to lead and other heavy metals could be an unfortunate way of life for many rural Nevada communities. Eureka, Nevada, once dubbed the "Pittsburgh of the West" due to its status as the foremost lead smelting district in the western United States is a prime example. While no studies have been conducted on this specific issue in Eureka, there are a number of studies that have examined the relationship between lead exposure and blood lead levels in children living in mining towns. Our review of the current literature showed many papers that found a strong correlation between high soil lead levels and increased lead levels in blood. Frequently there were elevated blood lead levels in areas that were below the current standard threshold for testing. In 2012, the EPA conducted an environmental assessment in Eureka. This assessment found that, "lead concentrations exceed background and their respective U.S. EPA SSLs protective of human health throughout much of the Town of Eureka. These findings suggest that all children up to the age of 6, living in Eureka, should have their blood lead levels assayed.

**PRESENTERS:**

**Alastair Moody, BS**

*Medical Student*

*University of Nevada Reno School of Medicine*

*alastairm@med.unr.edu*

Alastair is a 3rd year medical student at the University of Nevada Reno School of Medicine. He was raised in Reno and attended Reno High School graduating in 2011. He has a passion for public health, working with a number of public health research groups throughout college and graduate school. He enjoys learning about the history of Nevada and its relation to public health in our society today.

**Tyler Collins, BS**

*Medical Student*

*University of Nevada Reno School of Medicine*

*tylercollins@med.unr.edu*

Tyler is a 3rd year medical student at the University of Nevada Reno School of Medicine. He was raised in Carson City and attended Carson City High School graduating in 2011. His passion for the outdoors leads him to areas of rural Nevada frequently and he enjoys learning about different areas involved with Nevada's rich history of mining. These passions have culminated in his desire to increase public awareness about issues facing rural Nevada's today.

POSTER SESSION 08

**RESULTS OF THE CCHHS 2017 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

Community Health Needs Assessments (CHNAs) are an integral part of public health practice, as they allow agencies to fully understand the nature and scope of major health-related issues facing their communities. In addition, the completion of CHNAs at regular intervals is a requirement of the Public Health Accreditation Board (PHAB) in order for health departments to achieve or maintain accreditation status. As a PHAB accredited local health department, Carson City Health and Human Services (CCHHS) began its second CHNA process in 2016 in conjunction with Carson Tahoe Health and Carson Valley Medical Center. The comprehensive assessment process was completed in 2017, resulting in ten specific areas identified as community issues needing to be addressed by the local public health system. After the publication of the CHNA, a Community Health Improvement Plan (CHIP) was developed in conjunction with community partners who had either been a part of the standing CHIP workgroup, or had been recruited for participation through the most recent CHNA process. This poster will outline processes used and results for both the CHNA and the CHIP, as well as current plans for future projects to address community health disparities in Carson City, NV.

**PRESENTERS:**

**Valerie Cauhape, MA**

*Public Health Educator*

*Carson City Health and Human Services*

*[vcauhape721@gmail.com](mailto:vcauhape721@gmail.com)*

Originally from California, Valerie completed a BS in Exercise Physiology in 2006 and an MA in Kinesiology (emphasis in exercise physiology) in 2009, both from California State University, Chico. She has been with Carson City Health and Human Services since 2011, working on projects including Influenza epidemiology, human resources, worksite wellness, community health assessment, community health improvement planning, quality improvement, organizational strategic planning, teen pregnancy prevention, and was the organization's designated Accreditation Coordinator from 2013 through January 2017. She is currently pursuing a Master of Public Health at the University of Nevada, Reno.

POSTER SESSION 09

**SUN SMART SCHOOLS- BUILDING A CULTURE OF SUN SAFETY FOR NEVADA'S KIDS**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

More Nevada children and youth are engaging in sun safe behaviors and decreasing their risk of skin cancer thanks to school participation in Nevada Cancer Coalition's Sun Smart Schools (SSS) program. Designed to establish a culture of sun safety while promoting outdoor exercise and activity, SSS helps build healthy habits students can carry through adulthood.

The three pillars of Sun Smart Schools are:

1. Sun safety curriculum and education in preschool, elementary, middle, and high school systems;
2. Access to sunscreen and shade in both the school and community environment;
3. School and school district policies to support sun smart behavior.

SSS was launched in 2015 with seven pilot schools in urban and rural counties. Pre- and post-program survey results for elementary, middle, and high school students showed an increase in sun-protective use of hats, sunglasses, and long sleeve shirts when outside in peak sun hours. Elementary and high school groups showed statistically significant increases in sunscreen use.

In the 2016-17 school year, 8,126 students in 19 urban and rural schools had access to the program. In Douglas County, all 13 schools implemented the program, and students at 12 schools had access to sunscreen from at least two automatic sunscreen dispensers per school. Survey results from the 2016-17 school year are expected by July 31, 2017.

Nearly two dozen more schools have committed to participate in the 2017-18 school year, educating students about sun safety so that they have a better chance of being skin cancer-free into adulthood.

**PRESENTERS:**

**Cari Herington, MBA**

*Executive Director  
Nevada Cancer Coalition  
[cari@nevadacancercoalition.org](mailto:cari@nevadacancercoalition.org)*

Cari joined NCC as its first Executive Director and staff in September 2011. For more than 19 years, she has built and lead organizations and coalitions focused on protecting and improving the health of Nevadans. Cari received her MBA from University of Nevada, Reno. She is an avid runner and marathoner and mom to twin teenage girls.

**Christine Thompson, BS**

*Community Programs Manager  
Nevada Cancer Coalition  
[christine@nevadacancercoalition.org](mailto:christine@nevadacancercoalition.org)*

Christine joined Nevada Cancer Coalition in April 2016. She has a wide range of skills and experiences gained throughout many years as a communications professional, including media and community relations, writing and editing, project management, and more. She is passionate about helping improve the lives of all Nevadans through cancer prevention and early detection, education and advocacy.



POSTER SESSION 10

**TELE-NUTRITION SERVICE: IMPROVING HIGH-RISK NUTRITION CARE FOR RURAL WIC PARTICIPANTS**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

Background: The Supplemental Nutrition Program for Women, Infants and Children (WIC) serves low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk. In 2016, 7.7 million participants were served across the United States, roughly 69 thousand of that number in Nevada. When participants are nutritionally assessed and found to be at high nutritional risk, they are referred to an RD/Nutritionist within 60 days for a high-risk care plan. In January 2017, the Nevada WIC Program implemented the VSee tele-nutrition service to perform the high-risk assessments in rural Nevada usually conducted by State WIC RD/DTRs.

Methods: Comparison analysis was performed on the high-risk assessment no show rates from 2016 and 2017 from six rural WIC clinics to see if the implementation of the VSee tele-nutrition service would decrease the no-show rate. Cost saving analysis was performed for annual travel cost plus staff hourly rate during the high-risk assessments versus the annual cost of the tele-nutrition service.

Results: The overall no-show rate decreased from 35% to 27%.

Conclusion: Implementation of the VSee tele-nutrition service has reduced travel costs, increased access to care in underserved rural Nevada, and decreased the no-show rates. Rural WIC clinic staff reported increased participant satisfaction utilizing the VSee service.

**PRESENTERS:**

**Lara Evans, MPH, RDN**  
*Health Program Specialist  
Nevada State WIC Program  
lcevans@health.nv.gov*

Have worked for the State of Nevada WIC Program since 2012. Manage staff training, manage online eLearning, and manage WIC Website. Helped obtain and set up VSee service. Prior to working for the State, I taught Nutrition courses/labs at TMCC from 2009-2012.

**Tonya Wolf, BS-NDTR, CPM, CLC**  
*Health Program Specialist  
Nevada State WIC Program  
twolf@health.nv.gov*

Tonya has worked for the Nevada Public and Behavioral Health Division for nine years and manage the WIC special formula process and conduct the high risk nutrition assessments utilizing the VSee.

POSTER SESSION 11

**THE EFFECT OF IMMUNIZATION ON INFLUENZA ILLNESS SEVERITY IN WASHOE COUNTY DURING 2016-2017 FLU SEASON**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

Laboratory-confirmed influenza is reportable by law in Nevada, but the flu vaccination status for laboratory-confirmed influenza cases are unknown. Nevada has a relatively low immunization coverage compared with the national level. The purpose of this study is to evaluate the association between flu vaccine and the influenza illness severity in Washoe County during the 2016-2017 flu season. The study will be addressing the research question that whether immunization can reduce the ICU admission rate among hospitalized influenza cases. Two datasets are utilized, Washoe County Influenza Surveillance Report System and Nevada Immunization Registry System (WEBIZ). The two datasets were linked based on first name, last name, gender, and date of birth via Link Plus, a probabilistic record linkage program developed by CDC. A logistic regression was used to analyze the relationship between flu vaccine and ICU admission. 315 hospitalized influenza cases were analyzed. For the immunization coverage, the age groups of 6-23 months, 2-4 years old, and  $\geq 65$  years are among the highest vaccination coverage rates. During the entire flu season, the peak vaccination events occurred in week 41. The age groups 18-49 years old and  $\geq 65$  years contributed to the most flu vaccination events. After this study, WCHD and its stakeholders will obtain the outcome that whether flu vaccine can lower ICU admission rate. The findings of the study can help guide influenza prevention practice and identify health care resource gaps.

**PRESENTERS:**

**Xing Wei**

*Current Master of Public Health  
Student, Graduate Assistant  
University of Nevada, Reno  
xwei@nevada.unr.edu*

I graduated from China Pharmaceutical University with pharmacology major at a degree of bachelor. I had five years working experience in Johnson and Johnson Company as a Key Account Manager and two year working experience in B. Braun Company as a Training Manager. I started my MPH program training at the University of Nevada, Reno in fall 2015. I worked as a Graduate Assistant from 2015-2016 and a Research Assistant for the Nevada Public Health Training Center in 2017. I receive Academic Scholarship two times. I maintain a GPA of 4.0 so far.

POSTER SESSION 12

**THE FIRST STEP TO CREATING A COMPREHENSIVE PRECEPTOR DEVELOPMENT PROGRAM**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

**Background:** The literature indicates that preceptor development decreases burnout, increases retention, and helps ensure job satisfaction. Informal preceptor meetings had indicated a lack of preceptor development at the Southern Nevada Health District (SNHD), however the extent of the need was not known. A needs assessment survey was created to identify specific needs among preceptors.

**Methods:** The needs assessment was sent to 104 preceptors through a Survey Monkey link open for nine days. The response rate was 38% (n=39).

**Results:** Respondents had a wide range of experience working as preceptors. One was working with her first intern and one had 30 years of experience. None of the preceptors had any formal preceptor training. 19 respondents said they had no specific criteria or standards needed to qualify as a preceptor. Additional respondents said having subject-area knowledge, a specific degree, and people skills were needed. Reflecting upon the knowledge/skills/resources respondents wished they had as a new preceptor, 8 said expectations, 2 said evaluation, and 2 said the ability to find out more about the student.

**Discussion:** Consistent with anecdotal evidence, no preceptors had any formal preceptor preparation. There are no formal criteria for choosing a preceptor, and there were differing opinions among the respondents as to why they were chosen to be preceptors. There is great need for a preceptor development program at SNHD as evidenced by the needs assessment. Formal criteria or standards of choosing a preceptor should be implemented and addressing the identified knowledge/skills/resources should be added to the program.

**PRESENTERS:**

**Laura Valentino, MPH, MEd, CHES**  
*Academic Affairs Coordinator*  
*Southern Nevada Health District*  
[valentino@snhdmail.org](mailto:valentino@snhdmail.org)

Laura Valentino is currently the Academic Affairs Coordinator for the Southern Nevada Health District. Formerly, she was an instructor of record in Health Studies at Texas Woman's University. She is a Ph.D. candidate in Health Studies at Texas Woman's University. She served as the 2015 Texas Society for Public

Health Education President and is the current Vice-President of Membership for her local Toastmasters club. Her research interests include depression and health disparities family caregivers of older adults, and academic health departments. Her work duties include intern coordination, preceptor development, and partnership growth. She is leading the effort towards Southern Nevada Health District becoming an Academic Health District. She holds Masters of Public Health and Education degrees. She has presented on topics of family caregiving, health disparities, and agenda-setting at several national conferences. She is a former nonprofit programs manager, emergency services dispatcher, and elementary school teacher.

**Cheryl Radeloff, PhD**  
*Senior Health Educator*  
*Southern Nevada Health District*  
[radeloff@snhdmail.org](mailto:radeloff@snhdmail.org)

Cheryl Radeloff is currently a Senior Health Educator with the Southern Nevada Health District Office of Epidemiology and Disease Surveillance. Formerly she was Disease Investigation and Intervention Specialist II (DIIS II) with SNHD. In addition, she is also an adjunct professor of Sociology as well as Women's Studies at the College of Southern Nevada. She received her Ph.D. in Sociology from the University of Nevada, Las Vegas in 2004. Her dissertation "Vectors, Polluters, and Murderers: HIV Testing Policies toward Prostitutes in Nevada" explored the development of mandatory testing laws for legal and non legal sex workers in the state of Nevada. Her work duties include serving as the public health co-chair for the Southern Nevada HIV/AIDS Prevention Planning Group as well as training SAPTA providers on Rapid HIV Testing. She has co-authored several book chapters including a chapter on mandatory HIV testing and sex offenders as well as written essays on topics such as safer sex, feminist pedagogy, and feminist methodology. She has also presented on topics of sexuality and HIV at a variety of local and national conferences. She is the co-author of both the first and second editions of *Transforming Scholarship: Why Women's and Gender Studies Students are Changing Themselves and the World* with Michele T. Berger for Routledge Press.

POSTER SESSION 13

**THE IMPACT OF NON-NUTRITIVE SUCKING HABITS ON THE RISK FOR SLEEP DISORDERED BREATHING IN CHILDREN**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

Objective: Sleep-disordered breathing (SDB) is not uncommon in children. The aim of the study was to investigate the relationship between non-nutritive sucking (NNS) and the risk of SDB in children, while also examining the risk of previous infant feeding practices.

Materials and methods: A convenience sample of 84 healthy children aged 4 to 12 was recruited for this study and categorized as high or low risk for SDB based on the Pediatric Sleep Questionnaire (PSQ). NNS and feeding practices were determined using a customized caregiver questionnaire.

Results: With respect to history of NNS sucking habits, there was no statistically significant difference ( $p=0.21$ ) between low and high risk children. A statistically significant difference ( $p<0.001$ ) was found for breast fed versus bottle fed children, with breastfeeding having a protective effect for SDB

Conclusions: NNS had no effect on SDB, while breast feeding reduced the risk.

**PRESENTERS:**

**Tanya Al-Talib, DDS, MS**  
*Assistant Professor in Residence*  
*UNLV School of Dental Medicine*  
[tanya.al-talib@unlv.edu](mailto:tanya.al-talib@unlv.edu)

POSTER SESSION 14

**THE NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) NURSING PROGRAM GRADUATING STUDENTS  
EMPLOYMENT PLANNING AND PROSPECTS – 2009 to 2016**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

This poster summarizes survey results of graduating nursing program students during academic years – 2009 to 2016. The survey was conducted and analyzed by the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine in collaboration with seven participating nursing programs within NSHE.

Data analysis focuses on current shortage of Registered Nurses (RNs) in Nevada. Nevada has been chronically experiencing shortages of RNs per 100,000 population (806.4) as compared to the U.S. RNs per 100,000 population (839.0). In Nevada, at the county level, the number of RNs per 100,000 population currently ranges from 0.0 in Eureka County to 1,021.3 in Washoe County and the average for rural and frontier counties is 512.9 RNs, as compared to 839.0 RNs per 100,000 in urban counties. Understanding career planning and employment trends of graduating nursing program students' can improve retention of the incoming RN workforce in Nevada.

**PRESENTERS:**

**Laima Etchegoyhen, MPH**

*Health Services Research Analyst*

*University of Nevada, Reno School of Medicine*

*laimae@med.unr.edu*

Laima Etchegoyhen, is a Health Services Research Analyst in the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine. She received her MPH degree from the School of Community Health Sciences in 2013. Mrs. Etchegoyhen is a co-author of numerous health workforce reports and community health needs assessments produced by the UNR School of Medicine.

POSTER SESSION 15

**UTILIZING PROJECT ECHO NEVADA TO TRAIN COACHES AND OFFICIALS IN CURRENT NIAA HEALTH AND SAFETY STANDARDS**

*Ballroom Pre-function Area | Thursday, September 28, 12:15 pm – 1:30 pm*

**ABSTRACT:**

Nevada's contrast of urban versus rural/frontier areas poses a unique challenge for the delivery of health care services. Currently, 90.3% of the state's population and the majority of specialty health care resources reside in Nevada's three urban counties (Carson City, Clark, and Washoe). However, this leaves over 280,000 Nevadans in rural/frontier areas with limited access to specialty care.

Project ECHO is an innovative health care model focused on leveraging specialty care resources in urban areas to assist rural and medically underserved areas of the state. This is done through case consultations and didactic learning sessions led by teams of specialty care providers via videoconference.

In August 2016, Project ECHO Nevada launched a collaborative education program in partnership with the Nevada Interscholastic Activities Association (NIAA). This program focused on providing current best practices for coaches and referees in rural areas of Northern Nevada. The team of specialists leading this included Carol Scott, MD and Naomi Albertson, MD. They provided education on concussion diagnosis and management, heat illness evaluation and treatment, and common skin infections in wrestling.

Over the two sessions, ECHO Nevada educated over 250 coaches and referees in four counties throughout Nevada. Each attendee was awarded a certificate of completion and competence in the topic areas previously mentioned. This program was able to provide coaches and referees knowledge to evaluate and skills to apply that could potentially save a child's life.

**PRESENTERS:**

**Troy C. Jorgensen, BS**

*Clinic Coordinator/Assistant Data Analyst  
University of Nevada, Reno - Office of Statewide Initiatives  
tjorgensen@med.unr.edu*

Troy Jorgensen earned his Bachelors in Science from the University of Nevada, Reno in December 2015. As a native Nevadan, Troy is passionate about working to improve the health of communities throughout the state. He joined the University of Nevada, Reno - Office of Statewide Initiatives in January of 2016 and is involved in multiple programs. As a Clinic Coordinator for Project ECHO Nevada, he assists with the day-to-day operations for the program including; coordinating with clinic leads, website management, conducting outreach, and providing technical support. As a Data Analyst for the Office of Statewide Initiatives he performs data analysis and reporting on a number of health and workforce measures. He has assisted in creation of the Nevada Instant Atlas, a data mapping program for the state, as well as in the publication of the 2017 Nevada Rural and Frontier Health Data Book.

**Carol L. Scott, MD**

*Assistant Director, Student Health Center  
University of Nevada, Reno - Student Health Center*

**Naomi L. Albertson, MD**

*Reno Orthopaedic Clinic*

**Christopher E. Marchand, MPH**

*Program Coordinator  
University of Nevada, Reno - Project ECHO  
cmarchand@med.unr.edu*

**CONCURRENT BREAKOUT SESSIONS**

THURSDAY, SEPTEMBER 28 | 1:30PM – 3:00PM

B - 1

*Mt. Rose | Moderator: Erika Marquez, PhD*

- A. Legislative and Executive Branch Policy Implications for the Nevada Marketplace, *Heather Korbolic, BS/Certified Public Manager*
- B. Partnerships to Improve Community Health in Clark County – Successes and Lessons Learned, *M. Amaris Knight, MEd*
- C. Southern Nevada CHIPs and UNLV Schools of Nursing and Social Work: An Interprofessional Education and Community Practice Partnership, *Minnie Wood, MS, APRN, ANP-BCC*

B - 2

*Relay Peak | Moderator: Mary Karls, MPH*

- A. A Comparison of Dietary Quality Using NHANES 2003-2012 Data Between Child Vending Machine Users and Non-users, *Aurora Buffington, PhD, RDN, LD*
- B. Adult Immunization Improvement Project, *Kristy Zigenis, MA*
- C. Weight, Blood Pressure, BMI and Other Health Risks Common to Women Under Correctional Supervision, *Sara C. Velasquez, MPH, CHES*

THURSDAY, SEPTEMBER 28 | 3:15PM – 4:45PM

B - 4

*Mt. Rose | Moderator: Liliana Wilbert, MPH*

- A. Violence Prevention: A Public Health Approach to Preventing Child Abuse and Neglect, *Amanda Haboush-Deloye, PhD*
- B. Social Emotional Learning in Nye County Schools for Upstream Suicide Prevention: A Universal Approach for Improving Children's Mental Health, *M. Amaris Knight, MEd*
- C. Risk and Protective Factors for Attempted Suicide Among High School Students in Nevada, *Taylor Lensch, MPH*

B - 5

*Relay Peak | Moderator: Margie Franzen-Weiss, MPH, CHES*

- A. Access to Care for Adults with Special Healthcare Needs, *Antonina Capurro, DMD, MPH, MBA*
- B. Nevada's Quality and Technical Assistance Center Addresses Chronic Disease Through Community-Clinical Linkages, *Marjorie Franzen-Weiss, MPH, CHES*
- C. Leverage Existing Services to Address Public Health Needs in an Era of Diminishing Resources, *Preston Nguyen Tang, BSW*

B - 3

*Whitney Peak 3 | Moderator: Jennifer Bennett, PhD, MPH*

- A. Syringe Vending Machines - Using Automation for Public Health and Disease Prevention in Nevada, *Chelsi Cheatom, MEd*
- B. PrEP or Not to PrEP That is the Question? Understanding the Expanded Qualifications for the Utilization of HIV Pre-Exposure Prophylaxis and Access to HIV Prevention Resources, *Christina Madison, PharmD, BCACP, AAHIVP*
- C. Nevada Rural Opioid Overdose Reversal (NROOR) Program: From Proof-of-Concept to Major Statewide Initiative, *Christopher E. Marchand, MPH*

B - 6

*Whitney Peak 3 | Moderator: Brain Parrish, MPH*

- A. Cross-Jurisdictional Response During a Pertussis Outbreak: Communication, Community Partner Collaborations, and Investigation/Mitigation Strategies, *Dustin Boothe, MPH, REHS*
- B. Perspectives on Zika and Other Emerging/Re-emerging Infections, *Ihsan A. Azzam, PhD, MD, MPH*
- C. Disparities in Lung Cancer Survival and Receipt of Surgical Treatment in Nevada, *Karen E. Callahan, MPH*



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**POLICY LANDSCAPE**  
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CONCURRENT BREAKOUT SESSIONS

**CONCURRENT BREAKOUT SESSIONS**

FRIDAY, SEPTEMBER 29 | 11:00AM - 12:30PM

B - 7

*Mt. Rose | Moderator: TBD*

A. Panel Presentation: Traffic Safety and the Nevada Legislature, *Deborah A. Kuhls, MD, FACS, FCCM; Erin Breen, BA; Laura K. Gryder, MA; Paul J. Chestovich, MD*

B - 8

*Relay Peak | Moderator: Sandra Larson, MPH*

A. Women's Health and Obstetric/Gynecologic Service Needs in Northern Nevada, *Anastasia Gunawan, MPH*

B. Psychosocial Risk Factors Associated with Preterm Birth: A Systematic Review, *Kavita Batra, MPH*

C. Nurse Practitioner Autonomy Laws and Their Role in Increasing Timely Pap-Smears Among the Underserved, *Larissa Lee White, MPH*

B - 9

*Whitney Peak 3 | Moderator: TBD*

A. Measuring Return on Investment of Community Health Workers in a Managed Care Organization, *Elizabeth Christiansen, PhD*

B. Where Does Nevada Rank in Health Care in the US - Ways We Can We Do Better, *Joanne Danielson, CPC-ELI, MP*

C. Requirements to Report Patient Information to Government Entities: A Case Study of Physician Mandatory Reporting Laws in Nevada, *Max Gakh, JD, MPH*

FRIDAY, SEPTEMBER 29 | 1:45PM - 3:15PM

B - 10

*Mt. Rose | Moderator: TBD*

A. Care Transition: Connecting Discharge IP/ED Patients to PCPs at CHA, *Amy J. Scott, BS*

B. Trends in US Infant Mortality 2010-2014: Exploring the Role of State-level Characteristics, *Daniel M. Cook, PhD*

C. Temporal Trends and Socioeconomic Disparities in Preventable Emergency Department Visits with Non-Traumatic Dental Conditions in Nevada, *Wenlian Zhou, PhD, DMD, MPH*

C. Pregnancy Risk Assessment Monitoring System (PRMAS) as the Primary Data Source for MCH Priorities, *Wei Yang, PhD, MD*

B - 12

*Whitney Peak 3 | Moderator: John Packham, PhD*

A. Community Level Exposure to the Rural Mining Industry: The Potential Influence on Early Adolescent Alcohol and Tobacco Use, *Christopher Gay, MPH*

B. Public Health Infrastructure Development in Elko County, NV, *Gerald Ackerman, MS*

C. Utilizing Telehealth to Provide Evidenced-Based Diabetes Self-Management Education Between Rural Communities in Nevada, *Marjorie Franzen-Weiss, MPH, CHES*

B - 11

*Relay Peak | Moderator: Liliana Wilbert, MPH*

A. Medical and Pregnancy Related Maternal Factors of Preterm Birth: A Systematic Review, *Kavita Batra, MPH*

B. An Overview of Sexual Health Behaviors Among High School Students in Nevada, *Taylor Lensch, MPH*



PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-1A  
**LEGISLATIVE AND EXECUTIVE BRANCH POLICY IMPLICATIONS FOR THE NEVADA MARKETPLACE**

*Mt. Rose | Thursday, September 28, 1:30 pm - 3:00 pm*

**ABSTRACT:**

**Introduction:** The Silver State Health Insurance Exchange (Exchange) is a state agency that operates the online marketplace, known as the Nevada Health Link, whereby the Exchange facilitates the purchase of Qualified Health Plans (QHP) through the Affordable Care Act (ACA). The Exchange is uniquely impacted by state and federal healthcare reform and the impacts of those reforms on Nevada's Exchange consumers. The Exchange's hypothesis is that federal legislative and executive branch policies will have a substantial and potential negative impact on community based public health impacting Nevadans statewide if proposed policies are passed and/or implemented through executive administrative action.

**Methods:** It is critical for Nevadans to understand the impacts of proposed legislative and executive policy reforms as they relate to the Nevada Insurance Marketplace in terms of affordability, accessibility, and quality. The Exchange has analyzed proposed changes under federal legislative and executive administrative policy and quantified the significant impacts on Nevada consumers.

**Findings:** Federal legislative and executive branch policy will have a disproportionate impact on low-income older adults who purchase their health insurance through the Exchange. Changes to the tax credit and cost sharing reduction structure will leave many consumers unable to afford individual insurance policies. Changes to the individual mandate will impact the risk-mix in Nevada's marketplace which will impact premiums for Nevada Exchange consumers.

**Conclusion/Implications:** Federal legislative and executive branch policy will impact how Nevadans will be charged for insurance, receive subsidies, and receive healthcare benefits due to changes in age bands, Medicaid coverage, and possible changes to both pre-existing coverage guarantees and essential health benefits.

**PRESENTERS:**

**Heather Korbolic, BS/Certified Public Manager**  
*Executive Director, Silver State Health Insurance Exchange*  
[hkorbolic@exchange.nv.gov](mailto:hkorbolic@exchange.nv.gov)

Heather Korbolic joined the Silver State Health Insurance Exchange as the Chief Operations Officer in August of 2015. Heather joined the Exchange after eight years with Aging and Disability Services Division where she was the State of

Nevada's Long Term Care Ombudsman. She has a background in the legislative process including state and federal budgets. She also has specific expertise with interpretation and application of State and Federal regulations, coordinated project management, complaint resolutions, quality assurance development and strategic planning. Heather has a Bachelor of Science from the University of Oregon and is a Certified Public Manager. She was recently named the Executive Director of the Exchange on September 20, 2016.

**Ryan High, BA/JD/Certified Public Manager**  
*Chief Operations Officer, Silver State Health Insurance Exchange*  
[rhigh@exchange.nv.gov](mailto:rhigh@exchange.nv.gov)

Ryan High joined the Silver State Health Insurance Exchange as Chief Operations Officer in October of 2016. In his role as COO, Ryan oversees internal IT functions, compliance, broker relationships, navigator management, and carrier plan certification and management. Ryan joined the Exchange after 2 years with the City of Reno where he worked on strategic planning and performance measures. Ryan also spent 6 years at the Nevada Secretary of State's office where he oversaw the state's Help America Vote Act (HAVA) federal grant program before being appointed Deputy Secretary of State for Operations. Ryan has a Bachelor of Arts from Loyola University in Maryland, and a Juris Doctor from The University of the District of Columbia School of Law

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-1B  
**PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH IN CLARK COUNTY – SUCCESSES AND LESSONS LEARNED**  
*Mt. Rose | Thursday, September 28, 1:30 pm - 3:00 pm*

**ABSTRACT:**

The Partnerships to Improve Community Health (PICH) project is a 3-year, multi-component project funded by the Centers for Disease Control and Prevention whose mission is to promote clinical and community linkages to improve health outcomes and prevent chronic disease. At the end of this project, a Community Health Assessment was conducted in order to gain greater understanding of people's current knowledge, behaviors, and attitudes about the following health topics: 1) tobacco control through the implementation of smoke-free policies and provider training, 2) improving access to more nutritious food and beverages through the development and implementation of healthy vending policies, 3) improving access to physical activity opportunities through increasing awareness about trails and bike paths, and 4) diabetes self-management through the promotion of online and mobile health (mHealth) programs. As part of this assessment, telephone surveys and focus groups were conducted to better understand the community's awareness and use of available resources and get feedback that will help inform future targeted health education and awareness campaigns. This presentation will provide a brief overview of the PICH project as it was implemented in Clark County by the Southern Nevada Health District over the past three years and provide results of this Community Health Assessment. We will also provide examples of successful strategies that helped to influence health outcomes and review areas for improvement that can be utilized while navigating the shifting public health landscape.

**PRESENTERS:**

**M. Amaris Knight, MEd**

*Assistant Research Analyst, Nevada Institute for Children's Research & Policy - UNLV  
m.amaris.knight@unlv.edu*

Amaris works at the Nevada Institute for Children's Research & Policy as an Assistant Research Analyst. She has earned her Bachelor of Arts degree in Anthropology from Fordham University and her Master of Education degree in Health Promotion from the University of Nevada, Las Vegas. Her research background is on prevention and educational programs for mental health among children and adolescents and is currently working on doctoral research evaluating upstream suicide prevention and social emotional learning.

**Amanda Haboush-Deloye, PhD**

*Associate Director, Nevada Institute for Children's Research & Policy - UNLV  
amanda.haboush@unlv.edu*

Dr. Haboush-Deloye is the Associate Director of the Nevada Institute for Children's Research & Policy. She earned her Ph.D. in Experimental Psychology and her Master of Arts in Clinical Psychology from the University of Nevada Las Vegas. Her research background is on mental health in adolescent, adult, and older adult populations. She also has a particular interest in improving research methods to be more culturally competent. As a researcher at NICRP, she has designed and implemented many research projects regarding children's physical health, mental health, and education, as well as children's advocacy initiatives such as Every Child Matters in Nevada and Prevent Child Abuse Nevada. Being a Las Vegas native, Amanda aims to remain in this city and work with NICRP to create a healthy community where families and children are a priority.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-1C  
**SOUTHERN NEVADA CHIPS AND UNLV SCHOOLS OF NURSING AND SOCIAL WORK: AN INTERPROFESSIONAL EDUCATION AND COMMUNITY PRACTICE PARTNERSHIP**

*Mt. Rose | Thursday, September 28, 1:30 pm - 3:00 pm*

**ABSTRACT:**

Many people in our communities have unmet social needs and utilize the 9-1-1 system for access to basic services. Southern Nevada CHIPs partners with the UNLV Schools of Nursing and Social Work and works with teams of interprofessional students to address this issue. Clients are referred to the program by first responders. Social work students review the referrals, contact the client, complete a needs assessment, identify appropriate resources, educate, and refer. Starting in October 2016, CHIPs also serves as a clinical site for nursing students in their undergraduate community health nursing course. Nursing students learn the importance of the social determinants of health, impact on discharge planning, risks for hospital readmission, and advocacy for vulnerable populations. While providing students with this experience, CHIPs also receives the benefit of a nursing perspective on clients' needs. Guided by an experienced clinical instructor, students visit clients in their homes, conduct nursing assessments, and work collaboratively with social work students to meet clients' needs. As a course requirement, nursing students complete a community assessment based on Healthy People 2020. Last semester, one identified problem was a lack of primary medical care. The nursing students' intervention was to create relationships with Federally Qualified Health Centers (FQHCs) in Las Vegas who have experience working with patients with unmet social needs and chronic medical problems. Each semester, nursing students will continue to evaluate the needs of the population served by CHIPs and suggest and implement an appropriate intervention in collaboration with social work students.

**PRESENTERS:**

**Minnie Wood, MS, APRN, ANP-BC**

*Lecturer/Clinical Instructor, University of Nevada, Las Vegas, School of Nursing  
minnie.wood@unlv.edu*

Minnie Wood is a lecturer and clinical instructor at the University of Nevada, Las Vegas School of Nursing. She teaches in both the undergraduate and graduate programs with a focus on nurse practitioner clinical practice, population health, community health nursing, and the needs of vulnerable populations. As an ANCC

certified Adult Nurse Practitioner, she has worked in Federally Qualified Health Centers in California and Nevada. She currently maintains a primary care clinical practice at First Person Care Clinic in downtown Las Vegas. She earned her master's degree in nursing from the University of California, San Francisco. Through her role at UNLV in community health nursing, she works with a number of community agencies including Helping Hands of Vegas Valley, Southern Nevada CHIPs, Catholic Charities, Nevada Partnership for Homeless Youth, and the Southern Nevada Health District. She serves on the advisory board for Nevada HAND and is a founding member of the Women's Giving Circle of Southern Nevada, a grassroots philanthropic initiative.

**Alexandria E. Anderson, BA, MSW Candidate**

*Executive Director, Southern Nevada CHIPs  
alexandria@snnchips.org*

Alexandria E. Anderson is currently the Executive Director for Southern Nevada CHIPs (Community Health Improvement Program), a private non-profit organization providing social resource and healthcare navigation services by inter-professional care teams to community members identified as high-risk or in-need by local first responders. Southern Nevada CHIPs team members include learning professionals from local universities and schools such as social work, nursing, and pharmacology working together to provide a holistic client assessment and case management service for optimal health and social outcomes at no cost. Ms. Anderson is also the Chaos Diversion Director for Caridad Charity, a Las Vegas agency focused on providing homeless services through customer service based outreach and inter-agency collaboration. With Caridad, she assists homeless individuals with co-occurring disorders to obtaining the Social Security benefits they qualify for, in an effort to get them stably housed via outreach. Ms. Anderson also worked for the Los Angeles County Department of Public and Social Services as a homeless advocate and eligibility worker. Further nonprofit experience includes MOPS, Mothers of Precious Souls, dedicated to assisting young mothers and Genesis, which provided sports programming for at-risk youths. Ms. Anderson holds a bachelor's degree from California State University Dominguez Hills in Education with a Minor in Human Development and has recently completed

courses for her Master's Degree in Social Work from the University of Nevada Las Vegas. She graduated from Valley View High School of Moreno Valley, California.

**Mary B. Jobes, MN, APRN, FNP-BC**

*Clinical Director and Advisory Board Member, Southern Nevada CHIPs  
mary.jobes@unlv.edu*

Mary B. Jobes is board-certified Nurse Practitioner with more than 4 decades of unique clinical experience in emergency, urgent care, occupational-health and academic settings. She recently retired from UNLV School of Nursing where she was a lecturer and clinical instructor. She continues to teach part-time in the MSN program for UNLV School of Nursing. Ms. Jobes is currently serving as a Community Health advisory board member and Clinical Director of Southern Nevada CHIPs (Community Health Improvement Project) a non-profit organization providing information and resources to community members reducing the impact on the 911 Emergency Medical System. She continues to practice as an Advanced Practice Registered Nurse (APRN) in Occupational Health and Community Health.

Ms. Jobes received her Bachelor of Science in Nursing from UNLV and her Masters of Nursing/Family Nurse Practitioner from UCLA. She practiced as an RN at Sunrise Hospital Emergency Department. She helped open an Urgent Care Center at the Hubert H Humphrey Comprehensive Health Center, a Los Angeles County clinic located in South Central Los Angeles, serving the inner city. She also started and operated an onsite Occupational Health Clinic at Pixar Studios in the Bay Area.

She is a graduate of the Metro Chamber of Commerce, Leadership Advance Class 2015. In 2015 she received the Dean's Award for Excellence in Service from the UNLV School of Nursing. Recently, she was awarded Nevada Nurse Practitioner of Year for 2016, by the American Association of Nurse Practitioners (AANP).

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-2A  
**A COMPARISON OF DIETARY QUALITY USING NHANES 2003-2012 DATA BETWEEN CHILD VENDING MACHINE USERS AND NON-USERS**

*Relay Peak | Thursday, September 28, 1:30 pm - 3:00 pm*

**ABSTRACT:**

Dietary intake is related to 4 major causes of death and may be influenced by the food environment, which includes the \$64.3 billion revenue-producing vending machine industry. Most machines contain low nutrient energy dense foods and beverages associated with poor dietary choices, while healthier vending initiatives are seen as a strategy to increase access to healthy foods. Elementary and secondary schools have increasingly adopted healthier vending standards in response to federal child nutrition regulation and student wellness policy implementation, however an association between vending and diet has not been made using a large sample of nationally representative data. The purpose of this cross-sectional study was to compare the overall dietary quality among National Health and Nutrition Examination Survey (NHANES) participants age 6 – 19 years relative to foods and beverages sourced from vending machines. Healthy Eating Index (HEI-2010) scores were derived using ten years of NHANES dietary interview data collected from 2003 – 2012. Quantitative statistical analyses were used to test for significant differences among mean HEI-2010 scores. Kcal consumption decreased and diet quality modestly improved over the years among children who use vending machines, though vending machine use was negatively associated with dietary quality. These findings provide evidence in support of national policy designed to improve dietary intake in children, and should over time, help lead the next generation of children to live healthier lives.

**PRESENTERS:**

**Aurora Buffington, PhD, RDN, LD**

*Faculty Instructor, University of Nevada Cooperative Extension, Clark County  
buffingtona@unce.unr.edu*

Aurora Buffington, PhD, RDN, LD is a Faculty Instructor in the Health and Nutrition section for the Clark County Cooperative Extension. Her work is focused around increasing access to healthy foods and empowering the community through awareness and education about the interrelationships among diet, health and the environment. She received her BS in Nutrition Science, MS in Exercise Physiology, and a PhD in Public Health from UNLV. Prior to coming to the Cooperative Extension, Aurora worked at the Southern Nevada Health District where she was

able to help bring the first farmers' market SNAP/EBT redemption program to Nevada. She is the past president of the Nevada Dietetic Association, the state's professional association for nutrition professionals, is a member of the Governor's Council on Food Security, and she facilitates the Southern Nevada Food Council.

**Timothy Bungum, DrPH**

*Associate Professor, SCHS, UNLV, School of Community Health Sciences  
tim.bungum@unlv.edu*

Tim Bungum, DrPH, is an associate professor in the School of Community Health Sciences. His research is focused on physical activity behavior. He has collaborated on projects with the Clark County School District, Southern Nevada Health District, City of Las Vegas and community organizations.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-2B  
**ADULT IMMUNIZATION IMPROVEMENT PROJECT**  
*Relay Peak | Thursday, September 28, 1:30 pm - 3:00 pm*

**ABSTRACT:**

Adult vaccination rates in the United States are well below national Healthy People 2020 goals. Racial, ethnic, and socioeconomic disparities in vaccination coverage among adults are substantial and persist across communities statewide. The economic and social burden of not vaccinating is immense and far reaching. Barriers to improving adult immunization rates include limited patient awareness of the need for vaccines as an adult, financial burden to both the provider and the patient, limited incorporation of vaccination into routine patient care by adult providers and limited use of the Statewide Immunization Information System, NV WebIZ, by adult providers. The Prevention and Public Health Fund grant has facilitated progress towards boosting coverage rates through the implementation of the Standards for Adult Immunization Practice. The four project areas of the grant work include the assembly of an adult task force, a consumer awareness campaign, provider education, and strategizing the use of 317 funded vaccine. Project work is currently underway and it is too early to infer preliminary findings. By the conclusion of this project we hope to see an increase in adult immunization rates statewide through education and the formation of strategic and sustainable partnerships among adult health care practitioners and stakeholders.

**PRESENTERS:**

**Kristy Zigenis, MA**

*Adult Immunization Coordinator, Nevada Department of Health and Human Services*  
[kzigenis@health.nv.gov](mailto:kzigenis@health.nv.gov)

Kristy grew up in California where she received a BA in psychology from Sonoma State University. She went on to graduate with a Master's Degree in counseling prior to starting a family. Kristy reentered the workforce as a Home Visitation Coordinator. In this position, she was doing one on one parent education classes in the homes of families with young children. Kristy left that position to work with the State of Nevada for about a year as a Welfare Eligibility Worker. Learning the ins and outs of the Nevada Welfare System greatly prepared her for her next career move which was running a Domestic Violence Women's Shelter for a small non-profit. Due to the small nature of the agency Kristy was tasked with wearing many hats. This included everything from grant management to writing policies and procedures to the hands-on work with clients in crisis. Kristy have been warmly

received into the Healthcare field beginning in February of this year as the Adult Immunization Coordinator for the State of Nevada.

**Amanda (Mandy) Harris**

*NV WebIZ (IIS) Manager, NV WebIZ/Nevada State Immunization Program*  
[asharris@health.nv.gov](mailto:asharris@health.nv.gov)

Mandy was born, raised and currently resides in (and loves!) Carson City, NV. She has worked for the Division of Public and Behavioral Health (formerly the Health Division) for over 19 years, and has enjoyed being a part of the Nevada State Immunization Program (NSIP) team for over 11 of those years. As the Manager of NV WebIZ, the statewide immunization information system (IIS), she is a member of the Nevada Public Health Association, and actively participates in IIS and immunization activities at the local and national level, including Immunize Nevada, the American Immunization Registry Association (AIRA) and the National Center for Immunization and Respiratory Diseases (NCIRD) IIS Executive Board. In her time with NSIP, she has seen NV WebIZ (and IIS in general) mature into a foundational piece of public health, and is pleased to serve in her role, and to participate in the NPHA annual conference.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-2C  
**WEIGHT, BLOOD PRESSURE, BMI AND OTHER HEALTH RISKS COMMON TO WOMEN UNDER CORRECTIONAL SUPERVISION**

*Relay Peak | Thursday, September 28, 1:30 pm - 3:00 pm*

**ABSTRACT:**

Incarceration and substance abuse are two concerning public health issues in Nevada. Substance abuse is prevalent (80%) among women under correctional supervision, particularly stimulants (e.g., methamphetamine) due to feelings of increased energy and weight loss. Newly abstinent from stimulant-type drugs, metabolic activity and appetite suppression are removed and women may experience significant amounts of unwanted weight and possible heart problems.

**PURPOSE:** To determine the general health status of incarcerated women and those in substance abuse recovery.

**METHODS:** Prior to participation in a health and body image program, 1,457 females in southern Nevada completed questionnaires to assess drug history and weight concerns/behaviors. Height, weight, blood pressure and body fat were assessed.

**RESULTS:** Participants' average age was 34.3±10y; 71.4% were overweight or obese (BMI=28.8±6.3 kg/m<sup>2</sup>; body fat=29.8±5.9%); and 47.5% were categorized prehypertension, stage 1 high BP or stage 2 high BP. Participants were inactive (56.6% reported engaging in at least 15 minutes of physical activity never or only 1-2 days/week). Use of unhealthy weight loss methods was high – participants reported 'sometimes', 'often' or 'very-often' using: methamphetamine (42.5%), smoking (36.5%), energy supplements (32.4%), energy drinks (32.2%), diet pills (27.5%) and starvation (19.5%).

**CONCLUSION:** Women under correctional supervision or in treatment for substance abuse were typically overweight or obese and used risky behaviors to manage weight, which is not as prevalent in the male population. Health risks, poor weight management behaviors, combined with a lack of physical activity in this population may lead to health problems, continued drug use and other compensatory behaviors.

**PRESENTERS:**

**Sara C. Velasquez, MPH, CHES**

*HSF Program Manager, University of Nevada Cooperative Extension  
velasquez@unce.unr.edu*

Sara works for the University of Nevada Cooperative Extension in the area of Health and Nutrition. She earned her MPH from the University of Nevada, Reno where she worked on projects to increase physical activity on campus as well as determining faculty and administrators' perceived barriers to being physically active. Currently, she is the program manager for the Healthy Steps to Freedom program, a health and body image program for incarcerated women, women in substance abuse treatment and girls in juvenile detention. Over the past two years, Sara has served as on the American Cancer Society's Relay For Life Area Leadership Team, where she has trained other volunteers in leadership, team building and event planning. Sara is a Certified Health Education Specialist and has served as Statewide Treasurer for the Nevada Public Health Association since 2007.

**Anne R. Lindsay, PhD**

*Associate Professor; Extension Specialist, University of Nevada Cooperative Extension  
lindsaya@unce.unr.edu*

Dr. Lindsay is an associate professor of public health and physical activity with the University of Nevada Cooperative Extension in Las Vegas. Earlier in her career, Annie served as a physical director at several YMCA locations in California. She was the health promotion director at the Nevada National Security Site for eight years and owned her own wellness consulting business for almost a decade. She received her undergraduate degree at the University of California, Santa Barbara, a Master of Science in exercise physiology, and a PhD in public health from UNLV. Annie has published research and numerous educational programs in worksite health promotion for government, hospitals, non-profit agencies, multi-employer corporations, firefighters and security forces. Since 2006, her research and programming efforts have focused on childhood obesity, particularly health and physical literacy in preschool children; and women and girls in correctional settings including eating pathologies, body image issues and obesity prevention. Over the years, she has received numerous awards for her work and has served on several national committees related to preschool health and adult energy balance issues, including the National Institute of Food and Agriculture (NIFA, USDA) and ACSM's Exercise is Medicine.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-3A  
**SYRINGE VENDING MACHINES- USING AUTOMATION FOR PUBLIC HEALTH AND DISEASE PREVENTION IN NEVADA**

*Whitney Peak 3 | Thursday, September 28, 1:30 pm - 3:00 pm*

**ABSTRACT:**

Vending machines are used to quickly and easily deliver products to people for various purposes. Vending machines have been used in public health and harm reduction organizations for the same purpose. Vending has been used to automate public health in the US through various means such as providing easy access to HIV test kits, condoms etc. Machines are used to provide clients with various products and they can be tailored to fit the needs of the agency and the needs of the population that will utilize the machine. Trac-B Exchange, the first storefront syringe exchange program in Southern Nevada, wanted to explore ways to distribute clean syringes via vending machine. Trac-B recently introduced the first syringe vending machines in three locations in Las Vegas, Nevada. Syringe vending machines have been utilized in Europe, Australia and Puerto Rico in the past, but these were the first machines in the continental United States. We will be presenting information on the creation of the Southern Nevada syringe exchange and the development of the syringe vending machine program. We will also discuss other ways vending machines plan to be utilized in the future to automate public health and harm reduction in Southern Nevada.

The idea of providing some public health and harm reduction services via vending may be something to explore for more public health agencies and this presentation will help public health professionals begin to consider ideas on how to design and incorporate vending programs into their services.

**PRESENTERS:**

**Chelsi Cheatom, MEd**

*Program Manager, Trac-B Exchange  
Cheatom.tracbexchange@gmail.com*

Chelsi Cheatom is a graduate of the University of Nevada- Las Vegas with a Masters Degree in Health Promotion. She has been working in public health in Nevada for over 10 years, beginning her career as a Disease Investigator for the Southern Nevada Health District as well as a Health Program Specialist for the State of Nevada's Division of Public and Behavioral Health - Office of Public Health Informatics and Epidemiology. She currently manages the only syringe exchange in Southern Nevada, the Trac-B Exchange.

**Rick Reich, BA**

*Program Director, Trac-B Exchange  
Tracbexchange@gmail.com*

Rick Reich graduated from the California State College at Dominguez Hills with a Bachelor of Arts degree in Behavioral Science. Rick has spent over 40 years working in public health in California and in Nevada. He started his career working for the Centers for Disease Control and Prevention in Southern California before moving to Las Vegas where he started the HIV program at the Southern Nevada Health District in 1984. After retiring from the Southern Nevada Health District, he began developing the Trac-B Exchange, the first store front syringe exchange to open in Southern Nevada.



PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-3B  
**PREP OR NOT TO PREP THAT IS THE QUESTION? UNDERSTANDING THE EXPANDED QUALIFICATIONS FOR THE UTILIZATION OF HIV PRE-EXPOSURE PROPHYLAXIS AND ACCESS TO HIV PREVENTION RESOURCES**

*Whitney Peak 3 | Thursday, September 28, 1:30 pm - 3:00 pm*

**ABSTRACT:**

The HIV epidemic has been a public health concern since the virus was first identified in the early 1990's. Since then the HIV research community has been aggressively developing new antiretroviral (ART) medication that are more potent and less toxic to tackle this problem head on. The goal is to extend the life and improve the lives of those living with the virus as well as preventing new infections. From 2008 – 2014 an estimated decline of 18% was seen in the number of annual HIV infections. But despite this strides 1.1 million people in the US are living with the virus (1 in 7) and don't know that they are infected and therefore can't adequately protect others from becoming infected. Disproportionately, gay and bisexual men particular African American gay and bisexual men are most affected. The increase efficacy of optimal ART regimens has decreased the risk of transmission to less than 1% in those with an undetectable viral load. In 2012, Truvada® was approved for Pre-Exposure Prophylaxis (PrEP) to help decrease the rate of new infections for those estimated half of people infected who get the virus from those who don't know their positive status. Unfortunately, this life changing drug is not being utilized to its full potential. Barriers to access to information and initiation of PrEP treatment with Truvada® are directly impacting our ability to significantly decrease new HIV transmissions and to ultimately have an AIDS free generation. The purpose of this presentation is to educate the audience about the eligibility criteria for PrEP and to talk about the possible barriers to accessing PrEP and best practices for overcoming these barriers to care.

**PRESENTERS:**

**Christina M. Madison, PharmD, BCACP, AAHIVP**

*Associate Professor of Pharmacy Practice, Roseman University of Health Sciences - College of Pharmacy  
cmadison@roseman.edu*

Dr. Madison is an Associate Professor of Pharmacy Practice with Roseman University of Health Sciences (RU) formerly the University of Southern Nevada (USN) College of Pharmacy, Associate Professor of Internal Medicine with the University of Nevada Reno, School of Medicine, and an Adjunct Associate Professor of Internal Medicine with Roseman University College of Medicine. She received her

Doctor of Pharmacy from USN - College of Pharmacy and completed a pharmacy practice residency at the New Mexico VA Health Care System. She maintains an active practice site with the Southern Nevada Health District (SNHD) where she focuses on patients in the following clinic settings; TB Infection and Control, Sexually Transmitted Infections (STI), HIV Infection and Prevention, Immunization, Women's Health, and Disaster Preparedness policies and procedures including mass prophylaxis and vaccination. Dr. Madison is an immunizing pharmacist that has been training student pharmacists, hospital pharmacists, and community pharmacists since 2008 in both Nevada and Utah. Dr. Madison is the past president of the Nevada Public Health Association and actively participates in both state and national pharmacy organizations to facilitate awareness of public health policy, education, and advocacy. She is passionately involved in the development of educational programming for pharmacies and pharmacists in relation to addressing the public health needs of the state of Nevada and Utah. Her research interests include HIV prevention, education, and treatment, Pharmacy Based Immunization Delivery, Sexually Transmitted Infections, Tuberculosis Infection and Control, and Women's Health including (contraception, emergency contraception, fertility awareness, and lactation).

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-3C  
**NEVADA RURAL OPIOID OVERDOSE REVERSAL (NROOR) PROGRAM: FROM PROOF-OF-CONCEPT TO MAJOR STATEWIDE INITIATIVE**

*Whitney Peak 3 | Thursday, September 28, 1:30 pm - 3:00 pm*

**ABSTRACT:**

The opioid epidemic in America has continued to grow despite tighter regulations and an increased public awareness of the issue. In 2015, Nevada Governor Brian Sandoval signed the Good Samaritan Drug Overdose Act (SB459) into law - paving the way for opioid initiatives such as the Nevada Rural Opioid Overdose Reversal (NROOR) Program. The NROOR Program was initially funded through HRSA to increase the availability of naloxone in 9 rural counties through providing it to Basic Life Sustaining EMT services as well as five rural hospitals in Nevada. The NROOR Program has provided over 650 doses of naloxone in rural Nevada and collaborated with organizations around the state to help provide education and awareness about Nevada's efforts to combat opioid abuse. With the establishment of the Cures Act, the NROOR Program was selected as a part of the State's multi-pronged approach in the Opioid State Targeted Response (STR) Grant and will expand its services to Carson City, Elko, Washoe, and Clark Counties with an expected naloxone purchase of 6,000-10,000 doses. Distribution points will expand to include community based organizations, urban hospitals, and tribes across the state. Combined with other key initiatives, Nevada is positioned to make a major impact on the opioid crisis and the NROOR Program is proud to be a part of that effort.

**PRESENTERS:**

**Christopher E. Marchand, MPH**

*Director, University of Nevada, Reno School of Medicine/ Project ECHO Nevada/  
Nevada Rural Opioid Overdose Reversal Program  
cmarchand@med.unr.edu*

**Education:**

University of Nevada, Reno  
2014 MPH, Social and Behavioral Health  
University of Nevada, Reno  
2007 - BS, Geography

**Current Positions and Affiliations:**

2012-Present Member, Nevada Public Health Association

2015-Present Member, National Pathfinder Association

**Professional Experience**

2012-2014 Graduate Research Assistant, Nevada Office of Rural Health, Reno NV

2013-2014 Public Health GIS Specialist, Nevada Department of Public and Behavioral Health, Carson City NV

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-4A  
**VIOLENCE PREVENTION: A PUBLIC HEALTH APPROACH TO PREVENTING CHILD ABUSE AND NEGLECT**

*Mt. Rose | Thursday, September 28, 3:15 pm - 4:45 pm*

**ABSTRACT:**

In 2014 it is estimated that over 700,000 children were victim of child abuse and neglect and approximately 1,600 children died as results of abuse or neglect. Research indicates that experiences of child abuse and neglect, for those that survive, can negatively impact an individual's physical and mental health throughout their life. These consequences often leave them vulnerable to both short term and long term health problems. For example, young children and adolescents may present with cognitive impairment, conduct disorders, and might participate in unhealthy behaviors earlier than their peers. These behaviors may include smoking, drugs, or risky sexual encounters. Behaviors typically extend into adulthood. As a result, individuals who have experienced maltreatment are more likely to have poor physical (e.g. heart disease, diabetes, sexually transmitted diseases) and mental (e.g. anxiety, depression, substance addiction, suicidal ideation, youth violence, intimate partner violence) health outcomes as adults. The CDC has provided a framework for establishing commitment, resources, and cross-sector collaboration as necessary components for effective primary prevention strategies that address this public health issue. This presentation will review the definitions of child abuse and neglect, and immediate and long term outcomes of child abuse and neglect. It will also discuss why child abuse and neglect is a public health problem and present a variety of public health approaches that can reduce and work toward eliminating child maltreatment. Child abuse and neglect is 100% preventable and public health workers and organizations can play a key role in ensuring children are safe.

**PRESENTERS:**

**Amanda Haboush-Deloye, PhD**

*Associate Director, Nevada Institute for Children's Research & Policy - UNLV  
amanda.haboush@unlv.edu*

Dr. Haboush-Deloye is the Associate Director of the Nevada Institute for Children's Research & Policy. She earned her Ph.D. in Experimental Psychology and her Master of Arts in Clinical Psychology from the University of Nevada Las Vegas. Her research background is on mental health in adolescent, adult, and older adult populations. She also has a particular interest in improving research methods to be more culturally competent. As a researcher at NICRP, she has designed and

implemented many research projects regarding children's physical health, mental health, and education, as well as children's advocacy initiatives such as Every Child Matters in Nevada and Prevent Child Abuse Nevada. Being a Las Vegas native, Amanda aims to remain in this city and work with NICRP to create a healthy community where families and children are a priority.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-4B  
**SOCIAL EMOTIONAL LEARNING IN NYE COUNTY SCHOOLS FOR UPSTREAM SUICIDE PREVENTION: A UNIVERSAL APPROACH FOR IMPROVING CHILDREN'S MENTAL HEALTH**

*Mt. Rose | Thursday, September 28, 3:15 pm - 4:45 pm*

**ABSTRACT:**

Background: Camp MakeBelieve Kids (CMB Kids) is a comprehensive social and emotional learning (SEL) curriculum designed for elementary school students to promote universal prevention strategies. Research has identified outcomes of SEL programs linked with increasing protective factors and decreasing risk factors for mental illness, substance abuse, and suicide. This study evaluated the effectiveness of the CMB Kids program, fidelity of implementation, and feasibility of future implementation in classroom settings.

Methods: The CMB Kids 8-hour program was implemented with 5th grade students from three elementary schools in rural Nevada during the 2016-17 school year. Qualitative data was collected through lesson observations, fidelity checklists, and interviews with program instructors and classroom teachers.

Results: Differences were recorded in teaching style between program instructors which affected student engagement with the program, and teachers' opinions of the relevance and effectiveness of the program for their students. Interviews yielded recommendations for improving the program's training procedures, revisions to make it more classroom and grade compatible, and feedback regarding how teaching style and program content influenced teachers' opinions of the program. Overall, teachers did approve of teaching SEL in school curricula, but were hesitant to recommend the CMB Kids program without further revision to some lesson activities and implementation procedures.

Discussion: Ultimately, the CMB Kids program is an innovative strategy for bringing SEL into the classroom; with continued improvement, implementation, and evaluation, it may prove to be an effective, universal upstream strategy for suicide prevention in schools.

**PRESENTERS:**

**M. Amaris Knight, MEd**

*Assistant Research Analyst, Nevada Institute for Children's Research & Policy - UNLV  
m.amaris.knight@unlv.edu*

Amaris works at the Nevada Institute for Children's Research & Policy as an Assistant Research Analyst. She has earned her Bachelor of Arts degree in

Anthropology from Fordham University and her Master of Education degree in Health Promotion from the University of Nevada, Las Vegas. Her research background is on prevention and educational programs for mental health among children and adolescents and is currently working on doctoral research evaluating upstream suicide prevention and social emotional learning.

**Amanda Haboush-Deloye, PhD**

*Associate Director, Nevada Institute for Children's Research & Policy - UNLV  
amanda.haboush@unlv.edu*

Dr. Haboush-Deloye is the Associate Director of the Nevada Institute for Children's Research & Policy. She earned her Ph.D. in Experimental Psychology and her Master of Arts in Clinical Psychology from the University of Nevada Las Vegas. Her research background is on mental health in adolescent, adult, and older adult populations. She also has a particular interest in improving research methods to be more culturally competent. As a researcher at NICRP, she has designed and implemented many research projects regarding children's physical health, mental health, and education, as well as children's advocacy initiatives such as Every Child Matters in Nevada and Prevent Child Abuse Nevada. Being a Las Vegas native, Amanda aims to remain in this city and work with NICRP to create a healthy community where families and children are a priority.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-4C  
**RISK AND PROTECTIVE FACTORS FOR ATTEMPTED SUICIDE AMONG HIGH SCHOOL STUDENTS IN NEVADA**  
*Mt. Rose | Thursday, September 28, 3:15 pm - 4:45 pm*

**ABSTRACT:**

**Background:** Suicide is the second leading cause of death among youth and young adults aged 10-24. Understanding the risk and protective factors for suicide attempts among Nevada youth is critical for developing successful suicide prevention efforts.

**Methods:** Students from regular public, charter, and alternative high schools were randomly sampled using a two-stage (region and classroom) cluster sampling design. 5,108 students from 97 schools participated in the 2015 Nevada Youth Risk Behavior Survey (YRBS). Weighted logistic regression was used to assess risk and protective factors for attempted suicide (past 12 months).

**Results:** 9.8% of youth in Nevada reported attempting suicide one or more times in the past 12 months. Younger students and those living in rural counties had higher odds of attempted suicide. In addition, students who self-identified as lesbian, gay, or bisexual [AOR: 2.48, (95% CI: 1.79-3.45)] and reported depressive symptoms [AOR: 4.50, (95% CI: 3.19-6.35)] and current marijuana use [AOR: 1.94, (95% CI: 1.27-2.97)] had significantly higher odds of attempting suicide. Youth who reported 2 ACEs [AOR: 2.29, (95% CI: 1.39-3.76)], 3 ACEs [AOR: 3.19, (95% CI: 1.83-5.55)], or 4+ ACEs [AOR: 4.36, (95% CI: 2.56-7.42)] had a significantly higher odds of attempting suicide. Parental monitoring had a strong protective effect on suicide attempts [AOR: 0.64, (95% CI: 0.46-0.89)].

**Discussion:** Programs and policies designed to reduce suicidal behaviors among high school students in Nevada should focus on screening for ACEs, increasing knowledge and education related to drug and alcohol use, and promote supportive environments for sexual minority youth.

**PRESENTERS:**

**Taylor Lensch, MPH**

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

Taylor Lensch, MPH, is a second year Public Health Ph.D. student at the University of Nevada, Reno, School of Community Health Sciences. He served as the Coordinator of the 2015 and 2017 Youth Risk Behavior Survey (YRBS) and 2016 School Health Profiles Survey for the state of Nevada. He is interested in research

that focuses on risk and protective factors that influence adolescent health.

**Kristen Clements-Nolle PhD, MPH**

*Associate Professor, University of Nevada, Reno  
clements@unr.edu*

**Christopher Gay, MPH**

*Graduate Research Assistant, University of Nevada, Reno  
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*STD/Hepatitis/YRBS Program Manager, Nevada Division of Public and Behavioral Health  
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**Sandra Larson, MPH**

*State Epidemiologist, Nevada Division of Public and Behavioral Health  
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**Wei Yang, PhD**

*Professor, University of Nevada, Reno  
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PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-5A  
**ACCESS TO CARE FOR ADULTS WITH SPECIAL HEALTHCARE NEEDS**

*Relay Peak | Thursday, September 28, 3:15 pm - 4:45 pm*

**ABSTRACT:**

According to Disability Rights and Resources in Nevada, "In the last ten years, Nevada has posted a 157% increase in the number of people with disabilities, compared to a 2% decrease in the nation as a whole.... In 2000, the total number of Nevadans with disabilities was estimated at 375,000." (Disability Rights and Resources in Nevada [cdclv.unlv.edu/healthnv/disabilities.html](http://cdclv.unlv.edu/healthnv/disabilities.html)). As the special need population grows, medical and dental providers must find avenues to reach this population. However, not all dental providers feel comfortable treating this population. Special need patients provide specific challenges during treatment including behavioral modifications, issues of guardianship and documentation, Medicaid reimbursement limitations, complex medication regimens, and may require sedation/hospital care to provide dental services in a timely manner.

Access to dental providers is limited and the problem is growing. Community Health Alliance's Reno hospital dental program closed on October 31st 2016 and the UNLV General Practice Residency's hospital dental program is at capacity and losing \$50,000 a year. The UNLV SDM's Adult Special Care Dentistry Clinic was founded May 2015 with the goal of becoming the dental home for adults living with developmental or intellectual disabilities, but funding and clinical capacity are limited.

Currently, Nevada does not have information on the number of dentists indicated to treat special need patients. To better address this issue the Nevada Oral Health Program partnered with the Medical Council of Nevada and UNLV School of Dental Medicine's Special Care Dental Clinic to design and mail a survey to all licensed Nevada dentists and hygienists. This survey will provide information on dental provider's attitudes and comfort levels when treating this population. With a clear understanding of the dental providers in the State and barriers providers face to offer care, policy changes, continuing education courses, and lobbying efforts can be made to increase dental coverage provided for adults with special healthcare needs.

**PRESENTERS:**

**Antonina Capurro, DMD, MPH, MBA**

*Nevada State Dental Health Officer for the Division of Public and Behavioral Health, State of Nevada  
[acapurro@health.nv.gov](mailto:acapurro@health.nv.gov)*

**Civon Gewelber, DMD**

*Director of the UNLV SDM Special Care Dental Clinic, UNLV SDM  
[civon.gewelber@unlv.edu](mailto:civon.gewelber@unlv.edu)*

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-5B  
**NEVADA'S QUALITY AND TECHNICAL ASSISTANCE CENTER ADDRESSES CHRONIC DISEASE THROUGH COMMUNITY-CLINICAL LINKAGES**

*Relay Peak | Thursday, September 28, 3:15 pm - 4:45 pm*

**ABSTRACT:**

The Nevada Quality and Technical Assistance Center (NV-QTAC) was developed as a way to build community-clinical linkages based on the chronic care model. The mission of NV-QTAC is to decrease the prevalence of chronic disease within Nevada by creating awareness and providing education to physicians and their care team to screen and refer, community organizations to partner and for those at greatest risks of chronic disease to take action. Through funding from the Nevada Division of Public Health, Diabetes Prevention and Control Program, the NV-QTAC continues to address the growing prevalence of diabetes and prediabetes in the State of Nevada. The development, implementation and integration of evidence-based programs offered has been an accomplishment in moving toward decreasing the burden of diabetes and other chronic disease in our community. Based on research, these evidence-based programs can reduce hospital readmission rates by 73%; reduce Emergency Room visits by 67%; and reduce unscheduled physician visits by 52%. NV-QTAC has attained this by fostering the adoption of evidence-based self-management programs originally developed at Stanford University School of Medicine and evidenced-based lifestyle change programs such as the National Diabetes Prevention Program (DPP) established at the Centers for Disease Control and Prevention. As the state's master trainers for these programs, the NV-QTAC's workshops offering are more accessible and economical for those Nevada organizations wishing to be trained and qualified to provide these educational interventions. Over 120 lay leaders have trained in self-management programs originally developed at Stanford University with another 47 receiving lifestyle coach training.

**PRESENTERS:**

**Marjorie Franzen-Weiss, MPH, CHES**

*Diabetes Prevention and Control Program Coordinator (Retired 9.13.17), Nevada Division of Public and Behavioral Health  
mberger@health.nv.gov*

Marjorie "Margie" Franzen-Weiss, MPH, CHES was the Diabetes Prevention and Control Program Coordinator for Nevada Division of Public and Behavioral Health from 2009 until September 2017. Margie's work focused on bringing Diabetes

Self-Management Education (DSME) to the under-served rural communities and to the Spanish speaking populations of Nevada, as well as, building a robust Diabetes Prevention Program statewide. She served on the National Association of Chronic Disease Directors (NACDD) Diabetes Leadership Council as the Professional Development Liaison 2015-16. She also has served as the NACDD representative for the State Diabetes Programs on the National Diabetes Advocacy Alliance (DAA). In 2016 she was recognized as a "Diabetes Change Champion" by the American Association of Diabetes Educators. She currently is the Nevada Public Health Association Vice-President serving as the Chapter Chair for the Northern Nevada Chapter.

Originally from Riverside, CA, she completed a Masters of Public Health (MPH) in Community Health Education from Loma Linda University, School of Health and PRSA (Public Relations Society of American) Certificate in Public Relations at University of California Riverside. She has worked at several Southern California county health depts.: San Bernardino, Riverside, and Los Angeles over a 15 year span. She served as the Director of Health Education and Communications for Riverside Community Health Foundation where she focused her time on diabetes prevention and childhood obesity. She was instrumental in starting the "Get Mov'n Riverside" campaign focused on African-American and Latino tweens. She also worked for Health Fitness Corporation, as the Workplace Wellness Program Manager establishing the employee wellness program with Renown Medical Center.

**Mark Domingo, BS**

*NV-QTAC Project Assistant, Dignity Health - St. Rose Dominican Hospital  
markdomingo@DignityHealth.org*

Mark has recently graduated at the University of Nevada Las Vegas with a Bachelor's of Science in Healthcare Administration and Policy. His passion is to educate and empower anyone who is in pursuit to be his or her best self. Community Health Education and outreach are an integral part of his role at St. Rose Dominican Hospital and has provided him with the opportunity to work directly with patients in our community, educate the public on various disease states, and promote healthy lifestyles and behaviors. His efforts with the Nevada



2017 Whitney Peak Hotel Reno, Nevada  
**POLICY LANDSCAPE**  
The Shifting Landscape of Public Health Policy

**CONCURRENT BREAKOUT ABSTRACTS** QTAC include outreach and marketing initiatives, program coordination and implementation, partnership development and collaboration, health education, and community health resource assistance. Mark is also a trained Community Health Worker as well a trained leader in the programs originally developed at Stanford University, the CDC's National Diabetes Prevention Program, and Enhance Fitness.



PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-5C  
**LEVERAGE EXISTING SERVICES TO ADDRESS PUBLIC HEALTH NEEDS IN AN ERA OF DIMINISHING RESOURCES**  
*Relay Peak | Thursday, September 28, 3:15 pm - 4:45 pm*

**ABSTRACT:**

In 2015, six percent (2,392) of the 39,513 diagnoses of HIV in the United States were attributed to Intravenous Drug User (IDU). Eight percent (41) of Nevada's HIV diagnoses were attributed to IDU. According to the CDC, people with substance use disorders are at greater risk of contracting or transmitting an HIV infection because the misuse of drugs can impair judgment. The Office of HIV/AIDS partnered with the Substance Abuse Prevention and Treatment Agency (SAPTA) to offer rapid HIV testing in nine SAPTA funded residential and transitional treatment facilities in Nevada. The program noticed an increase in the uptake of rapid HIV testing, improvement in community partnerships, and a stronger rapport with clients. Each treatment facility was required to attend a 5-day class on rapid HIV testing, data collection, client-centered counseling, and linkages to HIV treatment and ancillary services. During the initial 8-months of the pilot project, the SAPTA treatment facilities have conducted 796 rapid HIV tests, and have identified six new HIV cases, for an overall 0.75% seropositivity rate. Findings from this pilot project indicate that offering point of care rapid HIV testing in substance use treatment facilities is a feasible approach for reaching clients at highest risk for acquiring HIV. This project identifies ways other agencies or programs can leverage existing services to address public health needs in an era of diminishing resources.

**PRESENTERS:**

**Preston Nguyen Tang, BSW**  
*Health Program Specialist, State of Nevada*  
[ptang@health.nv.gov](mailto:ptang@health.nv.gov)

Preston Tang received his Bachelor's degree in Social Work from San Diego State University (San Diego, CA) and is working on his Master's degree in Public Health from University of Nevada, Reno. He began his career in San Diego as a volunteer at a non-profit agency in 2007, working with young men who have sex with men of color. During his tenure, he expanded his work to include several more target populations: sex workers, IDUs, incarcerated and probationers/parolees, and transgender individuals, and High Impact Prevention (HIP) interventions. A test counselor, case manager, needle exchange mobile unit supervisor, and specialized clinical supervisor, Preston has had his hand in both prevention and care/treatment services. Currently, he serves as the Health Program Specialist I of the Substance

Abuse Prevention and Treatment Agency (SAPTA) HIV Prevention Program with the State of Nevada, Division of Public and Behavioral Health. On the side he is also a Group Fitness Instructor, Fitness Presenter, and Life Long Learner. When he is not out making the world a brighter place, Preston enjoys physical fitness, reading, and spending time with family and friends.

**Lyells S. Collins, MBA**  
*HIV Prevention Program Manager, State of Nevada*  
[lscollins@health.nv.gov](mailto:lscollins@health.nv.gov)

Lyell Collins, MBA, HIV Prevention Program Manager at the Nevada State Health Division has served as programmatic lead in coordinating HIV prevention activities in Nevada since 2003. Prior to HIV prevention, Lyell worked for the Nevada State Health Division's Bureau of Alcohol and Drug Abuse, now known as the Substance Abuse Prevention and Treatment Agency. Lyell has a Bachelor of Science Degree in Criminology and a Master of Business Administration. Lyell has been a contractor for the Centers for Disease Control and Prevention and National Institutes of Health having served on several special emphasis panels and served as the State Secretary of the Nevada Public Health Association for 6 years.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-6A  
**CROSS-JURISDICTIONAL RESPONSE DURING A PERTUSSIS OUTBREAK: COMMUNICATION, COMMUNITY PARTNER COLLABORATIONS, AND INVESTIGATION/MITIGATION STRATEGIES**

*Whitney Peak 3 | Thursday, September 28, 3:15 pm - 4:45 pm*

**ABSTRACT:**

1) Motivation/problem statement: Carson City Health and Human Services lead public health efforts during a recent Pertussis outbreak. The outbreak was centered in Carson City daycares, but involved monitoring and education throughout three adjoining counties.

2) Methods/procedure/approach: Nine laboratory-confirmed cases of pertussis and one epidemiological-linked case were identified. Ages ranged from 3 months to 30 years. No hospitalizations occurred. The outbreak involved five daycare facilities and individual families. From initial case identification to the finalization of the investigation, an incubation cough watch was instituted. The outbreak period lasted from March – May 2017. Vaccination histories of persons identified with pertussis were evaluated. Mitigation efforts involved partnership collaborations, provider/community education, epidemiological surveillance, contact investigation and treatment, cough watches, vaccination audits of local daycares and vaccination provision.

3) Results/findings/product: In the shifting landscape of public health, community partnerships are essential to outbreak management. A variance in perceived versus actual vaccination rates was identified during audits and follow-up education and audits may be recommended. Jurisdictional authority which crosses multiple agencies was bridged during the outbreak, but also identified as needing further clarification. Although external communications was improved throughout the outbreak, CCHHS identified a need to improve internal communications and develop a master dissemination list for all communication chains.

4) Conclusion/implications: Although outbreaks of disease are not common, CCHHS was able to demonstrate an effective outbreak response. The success of our outbreak control is credited to communications, collaboration with community partners, and mitigation and investigative efforts. Further analysis of the outbreak is ongoing.

**PRESENTERS:**

**Dustin Boothe, MPH, REHS**

*Epidemiologist, Carson City Health and Human Services  
dboothe@carson.org*

Dustin Boothe received his undergraduate degree through the University of Idaho in microbiology and a Masters of Public Health with emphasis on epidemiology from the University of Nevada Reno. Dustin is the manager for the Disease Control and Prevention Division at Carson City Health and Human Services where he has worked for the agency for over 20 years. He has also worked in communicable disease surveillance for over 10 years.

**Taylor Radtke**

*Healthcare Preparedness Planner/PIO, Carson City Health and Human Services  
tradtke@carson.org*

In July 2017, Taylor Radtke joined Partnership of Community Resources, a nonprofit community coalition in Douglas County, as the next Executive Director. She has over seven years of experience in public health programming and grant writing. Taylor has extensive knowledge in public health emergency response planning and has served as Western Nevada's healthcare system preparedness subject matter expert. Taylor was instrumental in the development of healthcare coalitions in Carson City, Douglas, Lyon, and Storey Counties. These coalitions are geared towards taking a "whole community" approach to tackle barriers to quality healthcare system delivery prior to and during emergency disasters. Prior to working in public health, she worked in marketing, website development, and the delivery of social marketing principles. Taylor has a Bachelor of Science in Marketing Management from Western Governor's University

**Veronica Galas, BSN**

*Clinical Services Manager, Carson City Health and Human Services  
vgalas@carson.org*

Veronica Galas received a Bachelor of Science in Nursing from Creighton University in 1990. She has been engaged in public health activities in Nevada since 2001. She has served as the Clinical Services Manager at Carson City Health and

Human Services since 2010. Clinical Services focuses on the promotion of healthy behaviors, the provision of personal health services and the enhancement of the well-being of individuals and families in our community. This is accomplished through disease prevention and health promotion activities such as immunization, sexually transmitted infection testing and treatment, well child check, tuberculosis testing and treatment and family planning services as well as the establishment of partnerships with community organizations, businesses, consumers and health care providers.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-6B  
**PERSPECTIVES ON ZIKA AND OTHER EMERGING/RE-EMERGING INFECTIONS**

*Whitney Peak 3 | Thursday, September 28, 3:15 pm - 4:45 pm*

**ABSTRACT:**

During the past two years, back-to-back epidemics of Ebola and Zika have stunned even the most experienced public health professionals, with unprecedented levels of illness and death. Both viruses previously thought to cause only limited outbreaks, shocked the world with a seemingly sudden ability to spread across multiple countries and continents causing severe diseases in new, previously unimaginable ways. Over the past three decades, the world frequently encountered outbreaks, epidemics and pandemics caused by newly emerging and re-emerging biological agents. And, few years ago while the world was struggling to control the Ebola outbreak in West Africa, a Corona Virus similar to the one that triggered the Severe Acute Respiratory Syndrome (SARS) pandemic early in this century, emerged in the Arabian Peninsula causing the Middle Eastern Respiratory Syndrome (MERS-CoV). Furthermore, the world is currently dealing with an unprecedented outbreak of Zika Virus infections that may lead to serious health consequences which can persist for decades.

Today, infectious diseases are causing about sixteen percent of all deaths around the world, accounting for approximately 8.4 million victims in 2015. It is not only expected that such pandemics will continue to occur. But, it also seems that they are becoming more extensive; frequent, and severe.

As the struggle to assess the magnitude, determinants and impacts of Zika and Ebola crises continues, public health systems around the nation and worldwide are forced to ask why and how did this continue to happen? And, what can be done to prevent future pandemics.

**PRESENTERS:**

**Ihsan A. Azzam, PhD, MD, MPH**

*Medical Epidemiologist, Nevada Division of Public and Behavioral Health*

[iazzam@health.nv.gov](mailto:iazzam@health.nv.gov)

**RESPONSIBILITIES**

- Oversees public health/healthcare surveillance, epidemiology, disease control and prevention;
- Provides consultations to the Department of Health, local health authorities, healthcare providers, Nevada Legislature, regulatory boards and commissions;

- Develops proposals for state and federal legislations;
- Communicates with the public and media on public health events ;
- Coordinates investigation activities among state, local and federal agencies;
- Evaluates data from epidemiological studies;
- Assesses effectiveness of service delivery;
- Foreign medical graduate - completed OBGYN Residency in 1986;
- Formal gynecological oncology training at the University of Medicine, CLUJ and MD Anderson Cancer Center 1997;
- CDC Graduate Certificate in Public Health from Seattle School of Public Health and Community Medicine 1999;
- Chronic Disease Epidemiology training at Penn-State College of Medicine 2001;
- MPH 2002 and PhD. 2010 from the University of Nevada, Reno

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-6C  
**DISPARITIES IN LUNG CANCER SURVIVAL AND RECEIPT OF SURGICAL TREATMENT IN NEVADA**

*Whitney Peak 3 | Thursday, September 28, 3:15 pm - 4:45 pm*

**ABSTRACT:**

**Background:** Lung cancer accounts for the greatest proportion of cancer deaths in the United States. This study aims to characterize lung cancer survival by racial/ethnic group and ascertain any modifiable determinants of identified disparities in Nevada.

**Materials and Methods:** 12,964 first primary lung cancer cases diagnosed between 2003-2010 were identified from the Nevada Central Cancer Registry. Standardized age-adjusted five-year survival stratified by race/ethnicity was computed using life table methods. Hazard ratios adjusted for covariates were estimated using Cox proportional hazards regression modeling. Adjusted odds of receiving surgical treatment for localized non-small cell lung cancer by region of Nevada were calculated using logistic regression.

**Results:** By the end of the follow-up period, 86% of lung cancer cases in Nevada were deceased. Five-year overall survival was 12.3% (95%CI: 11.5-13.1) for males and 18.9% (95%CI: 17.9-19.9) for females. Compared to cases in Northwestern Nevada, patients in Southern and Rural Nevada had 9% (HR:1.09; 95% CI:1.04-1.14) and 10% (HR:1.10; 95% CI:1.02-1.19) higher risk of dying from lung cancer, respectively. For localized non-small cell lung cancer (NSCLC), which is potentially curable, Southern Nevadans had 67% higher odds of not receiving surgical treatment than Northwestern Nevadans (OR 1.67; 95%CI: 1.30-2.13).

**Conclusions:** While the prognosis for lung cancer survival in Nevada is poor for all populations, there is no racial/ethnic disparity. However, there is a considerable survival disparity by geographic region, with Southern Nevadans disproportionately impacted. Potential modifiable factors include treatment differences. Further studies are required to identify barriers to receipt of surgery in Southern Nevada.

**PRESENTERS:**

**Karen E. Callahan, MPH**

*Student and Graduate Assistant, UNLV  
callah13@unlv.nevada.edu*

Karen Callahan is currently enrolled in the PHD program in Epidemiology and Biostatistics at UNLV in the School of Community Health Sciences, having

completed the MPH in 2016. She works as a Graduate Assistant with her Advisor, Dr. Paulo Pinheiro, and has served as a Part-time Instructor for UNLV's undergraduate Multicultural Health course. She is co-author of 5 peer-reviewed publications, including "Worse Breast Cancer Outcomes for Southern Nevadans, Filipina, and Black Women", published in 2016. Karen has presented at scientific conferences locally, nationally, and internationally. She is interested in all aspects of public health, especially healthy equity and justice, both domestically and globally. Current research areas focus on disparities in cancer and cardiovascular disease outcomes among US minority populations.

**Chime A. Osuoha, MD, MPH**

*Hospitalist, Desert Springs Hospital  
studyworm2015@gmail.com*

**Carmen P. Ponce**

*Biostatistician, Nevada Central Cancer Registry  
cponce@health.nevada.gov*

**Paulo S. Pinheiro, MD, PHD**

*Associate Professor, UNLV  
paulo.pinheiro@unlv.edu*

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-7A  
**PANEL PRESENTATION - TRAFFIC SAFETY AND THE NEVADA LEGISLATURE: LESSONS LEARNED FROM THE 2017 LEGISLATIVE SESSION**

*Mt. Rose | Friday, September 29, 11:00 am - 12:30 pm*

**ABSTRACT:**

During the 2017 Nevada Legislative Session, sixteen bills related to traffic safety were introduced with the goal of making Nevada's roads safer for all travelers. This panel will focus on four bills, highlighting data presentation and advocacy:

- SB156 – Child Restraint System (CRS), proposing to increase the minimum age which children must be restrained in a CRS to age 7, and height less than 57 inches. In addition, children under age 13 would be required to ride in the rear seat when practicable.
- SB259 – proposed instituting mandatory Ignition Interlock Devices (IIDs) for all DUI offenders. Existing Nevada law left this option up to the discretion of the judge in cases of high BAC and multiple offenses.
- SB288 – proposed moving Nevada from secondary enforcement of seat belt laws, to a primary enforcement state.
- SB426 – proposed requiring helmets for all moped, scooter, and trimobile riders in Nevada.

The only bill to successfully pass into law was SB259.

The panel will discuss how we can best utilize data, economic impacts, and the testimony of medical experts, as well as advocacy groups' knowledge of the legislative process, including possible objections, to increase our effectiveness in future legislative sessions. Additionally, examining the success and failure of similar bills in other states may aide this effort. By critically examining the 2017 Legislative Session, members of the Nevada Traffic Safety community may develop best practices for the 2019 Legislative Session to successfully support bills that will foster a safer environment on Nevada's roadways.

**PRESENTERS:**

**Erin Breen, BA**

*Coordinator, Traffic Safety Coalition, University of Nevada, Las Vegas  
erin.breen@unlv.edu*

Erin Breen has over two decades of experience in the Nevada traffic safety community. Ms. Breen is the Coordinator for the Traffic Safety Coalition at UNLV's Transportation Research Center within the College of Engineering. She is deeply

involved in safety community groups, and regularly works with law enforcement and legislators to help make Nevada safer for all road users.

**Laura K. Gryder, MA**

*Project Director, University of Nevada, Las Vegas School of Medicine  
laura.gryder@unlv.edu*

Laura Gryder is the Project Director for the Office of Traffic Safety grant-funded Center for Traffic Safety Research within the Department of Surgery at the UNLV School of Medicine. Ms. Gryder received her Masters in biomedical anthropology from the University of Nevada Las Vegas in 2015 and is currently pursuing an MPH at her alma mater.

**Paul J. Chestovich, MD**

*Assistant Professor of Surgery, UNLV School of Medicine, and University Medical Center  
Paul.Chestovich@unlv.edu*

Dr. Paul J. Chestovich is a trauma and critical care surgeon in Las Vegas, Nevada. He is an assistant professor of surgery and is currently the chief of the research and outcomes group in the division of Acute Care Surgery. He is board certified in general surgery and surgical critical care. His current practice includes trauma, critical care, burns, emergency general surgery and abdominal wall reconstruction.

Dr. Chestovich is the associate program director for the surgical critical care fellowship and manages the annual educational curriculum for the critical care fellows. He is an ATLS instructor and is actively involved in the instruction of residents and medical students. He also sits on the Nevada Donor Network Advisory Board. He is a member of the American College of Surgeons, the Eastern Association for the Surgery of Trauma, the Society of Critical Care Medicine, the American Medical Association and the Longmire Surgical Society.

**John J. Fildes, MD, FACS, FCCM**

*Department of Surgery Chair; Chief, Division of Acute Care Surgery; Program Director,  
Acute Care Surgery Fellowship, UNLV SOM, UMC  
jffildes@unlv.edu*

John Fildes, M.D., FACS, FCCM, FPCS (Hon) is the Chair of the Department of Surgery at the University of Nevada, Las Vegas School of Medicine. He is also Chief of the Division of Acute Care Surgery. Dr. Fildes established the first AAST approved fellowship.

**Deborah A. Kuhls, MD, FACS, FCCM**

*Professor of Surgery, Chief, Critical Care; Principal Investigator, Center for Traffic Safety Research, UNLV SOM, UMC  
dkuhls@unlv.eduDr.*

Dr. Deborah Kuhls is a trauma and general surgeon in Las Vegas. She is a professor of surgery at the University of Nevada, Las Vegas School of Medicine. Dr. Kuhls is attending surgeon in general surgery, trauma surgery and critical care at University Medical center.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-8A  
**WOMEN'S HEALTH AND OBSTETRIC/GYNECOLOGIC SERVICE NEEDS IN NORTHERN NEVADA**

*Relay Peak | Friday, September 29, 11:00 am - 12:30 pm*

**ABSTRACT:**

This presentation summarizes the results of a comprehensive assessment of obstetric/gynecologic (ob/gyn) service needs and other women's health needs in a thirteen-county region of northern Nevada, including two urban counties, two rural counties, and nine frontier counties. The assessment was undertaken by the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine in conjunction with planning efforts associated with creation of a Department of Obstetrics and Gynecology at the School of Medicine. Original data analysis focuses on current and projected demand for inpatient and outpatient ob/gyn services, current and projected ob/gyn workforce (physicians and nurse practitioners), and the current capacity of health care and human service to address the health care of women in the project service area. A five-year projected model of visits to office-based ob/gyn physicians in northern Nevada shows a significant increase in ob/gyn services demand in northern Nevada compared to the overall U.S. (4.4% vs. 2.7%). In contrast, Nevada is experiencing a shortage of ob/gyn physicians (18.5 physicians per 100,000 female population), as compared to the U.S. (23.5 physicians per 100,000 female population).

**PRESENTERS:**

**Anastasia Gunawan, MPH**

*Health Services Research Analyst, University of Nevada, Reno School of Medicine  
agunawan@med.unr.edu*

Ms. Gunawan is a Health Services Research Analyst in the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine. She received her MPH degree from the School of Community Health Sciences in Epidemiology.

Ms. Gunawan is a co-author of numerous reports produced by the UNR School of Medicine, including the 2017 Edition of the Nevada Rural and Frontier Health Data Book (Eighth Edition).

**John Packham, PhD**

*Director of Health Policy Research, University of Nevada, Reno School of Medicine  
jpackham@med.unr.edu*

Dr. John Packham is Director of Health Policy Research in the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine. Dr. Packham is co-author of numerous health workforce reports and community health needs assessments produced by the UNR School of Medicine, including Health Workforce Supply in Nevada (March 2017). He received his PhD in Sociology from the Johns Hopkins University.



PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-8B  
**PSYCHOSOCIAL RISK FACTORS ASSOCIATED WITH PRETERM BIRTH: A SYSTEMATIC REVIEW**

*Relay Peak | Friday, September 29, 11:00 am - 12:30 pm*

**ABSTRACT:**

**Introduction:** Infant and neonatal mortality is the major public health concern in the United States. Approximately one third of infant mortality is due to preterm related risk factors. The objective of this systematic review was to examine the psychosocial maternal risk factors associated with preterm birth.

**Methods:** We systematically searched PubMed, CINAHL, Scopus, and Medline, and Cochrane Database of Systematic Reviews. Studies published in the U.S since 2001 and written in English were included. Two review authors independently screened and assessed full texts of included articles and extracted data from eligible studies. Effective Public Health Practice Project assessment tool was used for quality assessment.

**Results:** Among 47 studies, 6 met the eligibility criteria, and were included in the final review. The included publications addressed the psychosocial factors including racial disparity, marital status, educational/social inequities, maternal anxiety/depression, and homelessness on the birth outcomes, especially preterm birth or small for gestational age. Within the 6 eligible records, 3 cross-sectional studies and 3 longitudinal studies were identified. Preterm birth was the outcome of interest in all these studies. Out of all psychosocial factors, antenatal stress and depression was the most important contributor.

**Conclusions:** This review abridges the gap in the preexisting scientific literature by providing extensive information pertaining to psychosocial maternal risk factors associated with preterm birth.

It also highlights the need for controlling the possible risk factors of maternal anxiety /depression by improving prenatal care, providing proper housing, and establishing conducive social environments for pregnant women, especially the minority groups.

**PRESENTERS:**

**Kavita Batra, MPH**

*Part-time Instructor, University of Nevada, Las Vegas  
batra@unlv.nevada.edu*

My name is Kavita Batra. I have earned bachelor degree in dental surgery from India. I got my MPH degree in 2015 and currently pursuing doctoral degree in Public

Health from the University of Nevada, Las Vegas.

I teach variety of courses such as epidemiology, statistics, anatomy and physiology.

**Dr. Jennifer Pharr, PhD**

*Assistant professor of Public Health, University of Nevada, Las Vegas  
jennifer.pharr@unlv.edu*

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-8C  
**NURSE PRACTITIONER AUTONOMY LAWS AND THEIR ROLE IN INCREASING TIMELY PAP-SMEARS AMONG THE UNDERSERVED**

*Relay Peak | Friday, September 29, 11:00 am - 12:30 pm*

**ABSTRACT:**

**Introduction:** Although disadvantaged women are 76% more likely to die of cervical cancer than other women, current interventions to improve cervical cancer screening utilization among minority populations have mixed outcomes. The efficacy of advanced practice registered nurses (APRN) to facilitate a wide range of health care utilization, especially among minority populations, is well established, but APRN practice is limited in some U.S. states by legislation. This research investigates if state legislation expanding APRN practice is associated with a well-established proxy measure for cervical cancer screening, stage at diagnosis.

**Methods:** We examined patients who were diagnosed with cervical cancer between 2008-2013 and identified in the Surveillance, Epidemiology, and End Results (SEER)-Medicare database. We linked APRN expanded scope of practice legislation by state. We used hierarchical logistic regression models to model late stage of diagnosis by APRN expanded scope of practice legislation while examining effect modification by the medically underserved status of patients.

**Results:** Our main finding is that medically underserved women in states that restrict NP autonomy are 118% more likely to be diagnosed with late stage cancer, adjusted Odds Ratio and 95% Confidence Interval: 2.18 (1.0,4.7).

**Discussion:** This finding supports the hypothesis that legislation providing APRN autonomy reduces timely cervical cancer screening disparities among medically underserved women and could provide a cost-effective and health provider shortage solution to screening disparities.

**PRESENTERS:**

**Larissa Lee White, MPH**

*Doctoral Student, University of Nevada, Reno  
lleewhite@nevada.unr.edu*

Larissa White is a doctoral student of epidemiology at the University of Nevada, Reno. Her public health work is primarily focused on health services research. She presented at last year's NPHA conference on the growing issue of HIV and chronic disease comorbidities in Nevada.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-9A  
**MEASURING RETURN ON INVESTMENT OF COMMUNITY HEALTH WORKERS IN A MANAGED CARE ORGANIZATION**

*Whitney Peak 3 | Friday, September 29, 11:00 am - 12:30 pm*

**ABSTRACT:**

Introduction: Previous studies have shown positive return on investment (ROI) for community health worker (CHW) programs in a variety of programs and populations. However, no such studies have been conducted in Nevada. The purpose of this study was to determine the financial impact of embedding CHWs within a managed care organization.

Methods: Health care utilization and medical and prescription cost data were collected for 1,437 members of a managed care organization who were super-utilizers (three or more emergency room visits in six months) for 90 days prior to and 90 days after enrollment in the CHW program. A ROI was conducted by dividing the cost savings from pre- to post-intervention by the cost of the CHW program.

Results: A positive ROI of 1.81:1 was found, indicating for every \$1 spent on the program, \$1.81 was saved in medical and prescription costs. Additionally, reductions were found from pre- to post-intervention in the number of acute admissions and re-admissions, emergency room visits, and urgent care visits. Primary care visits were similar at pre- and post-intervention.

Conclusions: The positive results of this ROI should encourage other organizations to embed CHWs within their organizations in order to improve health outcomes and reduce medical costs. Given this CHW program's success in reducing medical costs, even with a relatively short intervention period, expanding Medicaid reimbursement to include more services provided by CHWs seems warranted.

**PRESENTERS:**

**Elizabeth Christiansen, PhD**

*Director, Center for Program Evaluation, School of Community Health Sciences, University of Nevada, Reno  
elizabethc@unr.edu*

Elizabeth Christiansen, Ph.D. is the Director of the Center for Program Evaluation in the School of Community Health Sciences, University of Nevada, Reno. In that capacity, she works on a variety of program evaluation and technical assistance projects in the areas of health and wellness, education and youth development,

and community and family services. Dr. Christiansen also assists the School of Community Health Sciences with program assessment and accreditation reporting and advises MPH students.

**Masako Horino, RD, MPH**

*Health Systems Manager, Division of Public and Behavioral Health  
mberger@health.nv.gov*

**Amanda Santos, MPH**

*Community Health Worker Program, Division of Public and Behavioral Health  
asantos@health.nv.gov*

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-9B  
**WHERE DOES NEVADA RANK IN HEALTH CARE IN THE US - WAYS WE CAN WE DO BETTER**

*Whitney Peak 3 | Friday, September 29, 11:00 am - 12:30 pm*

**ABSTRACT:**

With so much at stake in our nation's healthcare legislation and much unknown on how that may impact the landscape of our public health policies and state funding, it is time to evaluate, plan and implement programs to elevate Nevada's standing in the nation on health care.

Nevada ranked 48 overall out of 51 in a study of the 2016 states with best and worst Healthcare. Nevada ranked 45 in health care access, 41 in health care costs, and 39 in health care outcomes.

Managing Nevada's health means more than helping people when they're ill. It requires proactive programs to educate and drive behaviors that will create a healthier population. One that is well informed on the choices they have and ways to elect them.

Patient satisfaction is one of the most significant ways to measure how well the healthcare systems are providing services. Based on Medicare's evaluation criteria, the largest systems in NV are below the national average. This measurement affects money, public perception and healthcare outcomes.

Addressing critical quality measures like Medicare's Annual Wellness Visits, colonoscopy and mammography screenings and flu vaccines can help healthcare organizations improve patient health and build relationships outside the clinical setting, but a crucial area that is being overlooked is communication from Primary Providers to their terminally ill patients.

Medical professionals are not trained how to deliver bad news and where to direct their patients for resources and support.

Good end-of-life care involves Providers eliciting patient's values, hopes and fears and making treatment decisions that align. We can do this better and become a leader in health care quality, cost control, access to solutions, and better healthcare outcomes.

**PRESENTERS:**

**Joanne Danielson, CPC-ELI, MP**

*Founder -GTC and Executive Director Organization Partnerships and Community Outreach, GTC and TheROYL, LLC  
jmdanielson712@gmail.com*

Joanne initially built a successful career in the telecom and technology sectors where she created strategic partnerships for long-term business growth, negotiated government and private industry contracts, and was instrumental in establishing new FCC guidelines for satellite services in the US.

In 2007 Joanne relocated to Northern California, where she found her passion to help others to begin and continue the conversation about Advance Care Planning (ACP), End Of Life (EOL) planning and Hospice education.

Ms. Danielson established Graceful Transitions Coaching and created PeaceSign™, a secure, accessible process for Advance Directives and POLST documents. Utilizing DocuSign. These documents are accepted by Health Information Management (HIM) systems and Medicare approved.

As Executive Director of Organization Partnerships and Community Outreach for TheROYL, LLC, Ms Danielson educates the community and assist health organizations to incorporate these discussions while being able to take advantage of Medicare reimbursements.

Ms. Danielson also provides support for Employee Assistance Programs (EAP) to help organizations reduce Family Medical Leave Act (FMLA) costs and create a more balanced work-life for employees.

Ms. Danielson serves as co-Chair on the Board of Plumas County Community Hospice, and is a Certified Professional Coach with Energy Leadership Index Master Practitioner qualifications.

Member of NPHA, NHDD, CCCC, and NHF

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-9C  
**REQUIREMENTS TO REPORT PATIENT INFORMATION TO GOVERNMENT ENTITIES: A CASE STUDY OF PHYSICIAN MANDATORY REPORTING LAWS IN NEVADA**

*Whitney Peak 3 | Friday, September 29, 11:00 am - 12:30 pm*

**ABSTRACT:**

Globally, laws mandate that healthcare providers disclose patient health information to public health entities for surveillance and intervention purposes. Physicians play a unique role in mandatory reporting regimes. However, research reveals consistent under-reporting and points to limited knowledge of mandates, perceived burdens of reporting, misaligned incentives and penalties, and a lack of streamlined processes as significant reporting barriers. These barriers suggest that how legal mandates are structured may impact compliance; yet, to date, little research systematically examines the characteristics of these laws. Law-based reporting requirements differ across jurisdictions. Thus, we conducted a case study in the U.S. State of Nevada to characterize its physician mandatory reporting laws using legal mapping methodology because these requirements apply relatively similarly throughout the state. First, we searched key terms to find relevant state mandates and screened them using inclusion criteria. We then scanned near included provisions for additional requirements and incorporated requirements known a priori. We also searched relevant local regulations. Next, we analyzed all included provisions. Our findings indicate wide, intra-jurisdictional variation in reporting requirements across reportable conditions. Variability extends to physician discretion, information reported, timing, recipient agencies, reporting processes, and implications of non-compliance. Local-level variation adds further complexity. Some relevant state requirements apply only to physicians and nearly one-third were absent from our searches. Our findings support the hypothesis that the structures of reporting requirements may impact compliance barriers. They also support empirically testing these relationships in order to enhance compliance and improve public health surveillance and interventions.

**PRESENTERS:**

**Max Gakh, JD MPH**

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Max Gakh, JD, MPH, is an Assistant Professor at the UNLV School of Community Health Sciences and the Associate Director of the UNLV Health Law Program. His research centers on the intersection of law, policy, and public health and investigates how legal mechanisms and policies can improve (or hinder) the health of communities. It includes exploring the government's legal authority to promote public health, laws relevant to public health emergencies, and laws and policies outside the health sector that impact health. He is especially interested in interdisciplinary research and education. Prior to joining the faculty, he worked with public health professionals to address real-world public health issues through law and policy and also worked as a non-partisan legislative attorney. He received his AB from Washington University in St. Louis, JD from The Ohio State University Moritz College of Law, and MPH from the Johns Hopkins University Bloomberg School of Public Health. He is an admitted member of the State of Ohio Bar, Certified in Public Health, and has held leadership roles in the Law Section of the American Public Health Association.

**Brian Labus, PhD**

*University of Nevada, Las Vegas*

**Brittany Walker, JD**

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-10A  
**CARE TRANSITION: CONNECTING DISCHARGE IP/ED PATIENTS TO PCPS AT CHA**

*Mt. Rose | Friday, September 29, 1:45 pm - 3:15 pm*

**ABSTRACT:**

**Introduction:** For quality improvement, Community Health Alliance (CHA) undertook an examination of the referral process from area hospitals to identify opportunities that might result in more engaged patients and fewer no-show rates. The healthcare system barriers and gaps were the focus of improving patients arriving at post-discharge appointments or to cancel 24-hours prior. In Washoe County, there are established interagency agreements to connect patients without an established PCP to CHA providers. Unfortunately, many patients never make this connection. Data analyzed from January to May 2017 provided an average of 52% of patients directly referred from area hospitals did not arrive or cancel scheduled appointments at CHA. The no-show rate indicates that procedures of connecting a patient from the hospital emergency department (ED) or inpatient (IP) discharge to arriving at CHA needs to be more effectively and efficiently managed.

**Method:** Discharge referral processes were examined using observations, pre-patient discharge surveys, and standardized key-informant interviews.

**Results:** 1) Stakeholders identified limited 30-minute appointment slots and no written interagency procedures. 2) Patients identified that personal health literacy, lack of a cell phone, low social support, and inadequate transportation impacted their post-discharge follow-up at CHA. 3) Community Health Alliance identified lack of a written workflow coupled with external direct scheduling mutually agreed plans of action barriers. Data was used to create workflow patterns from each referral site.

**Outcome:** Using this data, stakeholders plan to create an aligned set of written policies and procedures that address barriers and gaps in patient discharge scheduling to PCPs at CHA.

**PRESENTERS:**

**Amy J. Scott, BS**

*MPH Student, University of Nevada, Reno  
amyscott@nevada.unr.edu*

My name is Amy J. Scott. I am a woman. I am a wife. I am a mother. I am a grandmother. I am a Nevadan. I have a Bachelor's of Science in Community Health Sciences and I am currently a University of Nevada, Reno Masters of Public Health (MPH) student. I advocate for health equality and equal access to healthcare services for all Nevadans. I have lived in poverty. I have been unemployed. I have gone without health insurance. And, I have been unable to afford healthcare. Today, in a political climate of uncertainty, I am hopeful that the healthcare systems and agencies that are in place in Nevada will be able to function and provide healthcare services in every county. I believe that the way we deliver healthcare must change. I recognize the need for intra-county and healthcare organizations to work together to increase access with healthcare delivery changes. The healthcare workforce is understaffed. Telehealth and Community Health Workers will improve Nevada community healthcare. I will be part of the healthcare delivery change within both urban, rural, and frontier Nevada.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-10B  
**TRENDS IN US INFANT MORTALITY 2010-2014: EXPLORING THE ROLE OF STATE-LEVEL CHARACTERISTICS**  
*Mt. Rose | Friday, September 29, 1:45 pm - 3:15 pm*

**ABSTRACT:**

Background: Infant mortality rate (IMR), the number of infant deaths before age 1 for every 1,000 live births, is a powerful measure of life expectancy in a population. IMR reflects the social and economic conditions of mothers and newborns. In the US, the IMR has declined slower than in other nations. We examine the relationship between state-level socio-economic conditions and state IMR from 2010-2014.

Methods: State IMRs were obtained from the CDC WONDER website, while the state-level characteristics were obtained from the 2010 US Census. State-level characteristics included Gini Coefficient, median income, proportion African-American, proportion living under the poverty line, population size, and census division. Multilevel regression was used to determine any associations.

Results: For every year from 2010-2014, there was a significant decline in IMR ( $\beta = -0.06$ ,  $SE = 0.02$ ). The crude relationship between socio-economic characteristics in 2010 and IMR from 2010-2014 indicated that a standard deviation increase in median income ( $\beta = -0.65$ ,  $SE = 0.15$ ) was associated with a decrease in IMR over time. An increase in standard deviation of Gini coefficient ( $\beta = 0.33$ ,  $SE = 0.16$ ), proportion poor ( $\beta = 0.71$ ,  $SE = 0.13$ ) and proportion black ( $\beta = 0.72$ ,  $SE = 0.14$ ) were associated with an increase in IMR over time. When adjusting for all state-level characteristics, an increase in median income and proportion black were significantly related with an increase in IMR over time, while a standard deviation increase in population size ( $\beta = -0.20$ ,  $SE = 0.08$ ) was associated with a significant decrease in IMR over time.

Conclusion: We observed state-level characteristics associated with trends in state IMR from 2010-2014. Further investigation may determine whether state-level policies can further explain IMR changes.

**PRESENTERS:**

**Daniel M. Cook, PhD**

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Dr. Cook is Associate Professor of Health Policy at the University of Nevada Reno School of Community Health Sciences. His PhD is in political science from the City University of New York. He was NPHA president in 2014.

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Anastasia has an MPH in Epidemiology from the University of Nevada Reno.

**Natalie Reavy, MPH**

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Natalie is a 2017 MPH from the University of Nevada Reno. She is a student in the doctoral program in public health (Epidemiology) at UNR.

**Roman Pabayo, PhD**

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Dr. Pabayo is Assistant Professor of Epidemiology at the University of Nevada Reno School of Community Health Sciences. His PhD is in public health from the University of Montreal. He has a funded project to study state and county level income inequality.

PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-10C  
**TEMPORAL TRENDS AND SOCIOECONOMIC DISPARITIES IN PREVENTABLE EMERGENCY DEPARTMENT VISITS WITH NON-TRAUMATIC DENTAL CONDITIONS IN NEVADA**

*Mt. Rose | Friday, September 29, 1:45 pm - 3:15 pm*

**ABSTRACT:**

**Introduction:** The continuous increase in hospital emergency department (ED) visits for non-traumatic dental conditions (NTDCs) creates challenges for healthcare delivery. This study examined trends of preventable dental ED visits and socioeconomic disparities in Nevada.

**Methods:** This was a pooled cross-sectional design. Data were extracted from the 2009 - 2015 Nevada Emergency Department Databases. The four independent variables included year, health insurance status, race/ethnicity and the median zip code income.

**Results:** The odds of ED visits with NTDCs increased 16% annually from 2009 to 2015 (OR= 1.16; 95% CI= [1.13, 1.19]). Compared to privately insured patients, both Medicaid patients and uninsured patients were more likely to go to ED with NTDCs (OR = 2.16, CI = [1.96, 2.39] for Medicaid patients; OR = 2.75 [CI = [2.52, 3.00] for uninsured patients). The median zip code income was negatively associated with the NTDC ED visit. As compared with white patients, African Americans were more likely to go to ED (OR = 1.13, CI = [1.02, 1.24]) whereas Hispanics/Latinos and Asians/Pacific Islanders were less likely to go to ED.

**Discussion:** Emergency Department visits for NTDCs have been steadily increasing in recent years. The situation is aggravated as the socioeconomic disparities persist. It is critical to address these disparities in the context of public health and policy including increasing the number of primary dental care providers in Health Professional Shortage Areas.

**PRESENTERS:**

**Wenlian Zhou, PhD, DMD, MPH**

*Associate Professor in Residence, UNLV School of Dental Medicine*

*wenlian.zhou@unlv.edu*

Dr. Wenlian Zhou is a unique dental educator and practicing dentist, who received her degrees in this profession from both China and the United States. She is a graduate of University of Nevada Las Vegas (UNLV) School of Dental Medicine with Thomas Nowlin Award. Prior to this, Dr. Zhou earned a D.D.S. degree in general dentistry and a Ph.D. degree in orthodontics from Beijing Medical University and

Peking University Health Science Center, respectively, followed by more than 10 years of practice in general dentistry and orthodontics. In 1998, she was invited to work on a project "The Morphology and Structure of the Craniofacial Bone of Human Beings Using Advanced Moiré's Topography and Anthropometry" as the principal researcher by the Chinese Academy of Sciences for 18 months. All these opportunities and experiences have exposed her to both oriental and western cultural backgrounds in her approach to dental education, research and clinical practice.

Dr. Zhou actively attends seminars and continuing education courses to keep abreast of the latest techniques and advances in dentistry. She is an active member of the dental communities at large and is a member of the following professional organizations: American Dental Association, American Dental Education Association, Nevada Dental Association, Southern Nevada Dental Society; and the member of Omicron Kappa Upsilon (OKU), National Dental Honor Society.

Dr. Zhou's research interests include: Obstructive Sleep Apnea's Oral Intervention; Oral Maxillofacial Growth and Development; the Comparison of Dental Education and Licensure System between US and China; and Clinical Dentistry related areas.



PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-11A  
**MEDICAL AND PREGNANCY RELATED MATERNAL FACTORS OF PRETERM BIRTH: A SYSTEMATIC REVIEW**  
*Relay Peak | Friday, September 29, 1:45 pm - 3:15 pm*

**ABSTRACT:**

Introduction: Preterm birth contributes to 75% of all perinatal mortality and more than 50% of long-term morbidity in survivors. Approximately one third of infant mortality is due to preterm related risk factors. The objective of this systematic review was to examine the medical and pregnancy related maternal risk factors for preterm birth.

Methods: We systematically searched PubMed, CINAHL, Scopus, and Medline, and Cochrane Database of Systematic Reviews. Studies published in the United States since 2006 and in English were included. Two review authors independently screened and assessed full texts of included articles and extracted data from eligible studies. Effective Public Health Practice Project assessment tool was used for quality assessment.

Results: Among the 47 studies, 15 met the inclusion criteria. Of 15 studies, six reported maternal medical or physical factors. Nine studies identified pregnancy related factors. The relationship between pre-pregnancy body mass index (BMI) and risk of spontaneous preterm birth have been inconsistent, although some studies illustrate low BMI pre-pregnancy is a risk factor. Preterm birth was the primary outcome in all these studies. Maternal medical conditions are associated with preterm birth. Teenagers are more likely to have a preterm birth and this risk increases with second delivery. In-vitro fertilization among older women is not associated with preterm birth but is associated with preterm birth in women under 30.

Conclusions: This review highlights the importance of controlling modifiable risk factors and extensive health monitoring of pregnant women.

**PRESENTERS:**

**Kavita Batra, MPH**

*Part-time Instructor, University of Nevada, Las Vegas  
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My name is Kavita Batra. I have earned bachelor degree in dental surgery from India. I got my MPH degree in 2015 and currently pursuing doctoral degree in Public Health from the University of Nevada, Las Vegas.

I teach variety of courses such as epidemiology, statistics, anatomy and physiology.

**Dr. Jennifer Pharr, PhD**

*Assistant professor of Public Health, University of Nevada, Las Vegas  
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PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-11B  
**AN OVERVIEW OF SEXUAL HEALTH BEHAVIORS AMONG HIGH SCHOOL STUDENTS IN NEVADA**  
*Relay Peak | Friday, September 29, 1:45 pm - 3:15 pm*

**ABSTRACT:**

Background: Over the past decade, the proportion of youth reporting lifetime, current, or early initiation of sexual intercourse has decreased. However, among sexually active youth, the use of alcohol or drugs before sex has remained unchanged and the use of condoms at last sex has decreased significantly. To inform the development of effective sexual health programming, there is a need to assess the identify factors associated with sexual risk-taking.

Methods: 5,108 students from 97 public, charter, and alternative high schools participated in the 2015 Nevada Youth Risk Behavior Survey. A two-stage random sampling design (region and classroom) was used to sample students. Weighted logistic regression was used to assess factors associated with early sexual initiation, having multiple sexual partners, and condom use and use of alcohol or drugs at last sex.

Results: Black youth had higher odds of reporting early sexual initiation (before age 13) [AOR: 2.80 (95% CI: 1.42-5.57)] and multiple sexual partners [2.03 (1.35-3.04)] compared to white youth, after controlling for potential confounders. Similarly, LGB youth had higher odds of reporting early sexual initiation [3.21 (1.90-5.41)], multiple sexual partners [2.62 (1.76-3.89)], and use of alcohol or drugs during last sex [2.62 (1.64-4.18)] compared to heterosexual youth after controlling for potential confounders. Additionally, sexually active LGB youth had significantly lower odds of condom use at last sex [0.37 (0.22-0.63)].

Discussion: These findings highlight the need to develop and implement comprehensive sexual education programs in Nevada that address the needs of sexual minority youth.

**PRESENTERS:**

**Taylor Lensch, MPH**

*Youth Risk Behavior Survey (YRBS) Coordinator, University of Nevada, Reno School of Community Health Sciences*  
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Taylor Lensch, MPH, is a second-year Public Health Ph.D. student at the University of Nevada, Reno, School of Community Health Sciences. He served as the Coordinator of the 2015 and 2017 Youth Risk Behavior Survey (YRBS) and 2016 School Health Profiles Survey for the state of Nevada. He is interested in research that focuses on risk and protective factors that influence adolescent health.

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PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-11C  
**PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRMAS) AS THE PRIMARY DATA SOURCE FOR MCH PRIORITIES**

*Relay Peak | Friday, September 29, 1:45 pm - 3:15 pm*

**ABSTRACT:**

**BACKGROUND:** Nevada Maternal and Child Health (MCH) Programs have been lacking of core health indicators including those indicators for MCH priorities. During 2015 to 2017, Nevada Birth Evaluation and Assessment of Risk Survey (BEARS), the Nevada version of PRAMS, was conducted to collect population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.

**METHODS:** The sample of women who have had a recent live birth was randomly drawn from the Nevada birth certificate file. Selected women were first contacted by mail. If there is no response to repeated mailings, women are contacted and interviewed by telephone. Completed survey data were weighted by such factors as birth weight and maternal race/ethnicity. Selected indicators for Nevada MCH priorities were calculated as weighted prevalence. SAS 9.4 were utilized for data analysis.

**RESULTS:** Among total 3,579 completed surveys, weighted prevalences for women without any form of health insurance during pregnancy was 11.5%; Smoke during the last three month of pregnancy: 5.0%; At least one drink per week during the last three month of pregnancy: 27.9%; Used Marijuana during pregnancy: 6.5%; Never breast fed the new baby: 7.6%; And often or sometimes felt down, depressed or hopeless since new baby was born: 24.6%.

**CONCLUSIONS:** Nevada BEARS/PRAMS plays important roles as a surveillance system and as part of the initiatives to reduce infant morbidity and mortality, and maternal morbidity.

**PRESENTERS:**

**Wei Yang, PhD, MD**

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Dr. Yang is a Professor of Epidemiology and Biostatistics with University of Nevada, Reno, School of Community Health Sciences. He is also serving as the Executive Director of the Nevada Center for Surveys, Evaluation and Statistics. Before joining UNR as a professor, Dr. Yang served as the Chief Biostatistician with the Nevada State Health Division.

**Ingrid Mburia, PhD, MPH**

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PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-12A  
**COMMUNITY LEVEL EXPOSURE TO THE RURAL MINING INDUSTRY: THE POTENTIAL INFLUENCE ON EARLY ADOLESCENT ALCOHOL AND TOBACCO USE**

*Whitney Peak 3 | Friday, September 29, 1:45 pm - 3:15 pm*

**ABSTRACT:**

Background: Rural youth have higher rates of alcohol and tobacco use compared to their urban counterparts. However, different aspects of living in a rural community such as economic dependence may differentially influence risk behaviors. While research has shown that adults working in mining have elevated substance use rates, the influence of living in a mining community on substance use among young adolescents is unknown.

Methods: Using data from a representative sample of 4,535 Nevada middle school students we used weighted logistic regression to investigate: 1) rural-urban differences in 8 measures of alcohol and tobacco use; and 2) whether mining economic dependence influences any of the observed differences. All models adjusted for sociodemographics, parental monitoring, and length of residence.

Results: Over one quarter (26%) of the sampled students lived in rural counties and approximately half of these counties met the USDA mining economic typology. Compared to urban students, rural students had higher odds of engaging in 5 of the 8 measures of substance use. After stratifying rural counties by mining and non-mining economic dependence, students in rural mining counties had higher odds of all measures of alcohol use (AORs ranged from 1.83 to 3.99) and tobacco use (AORs ranged from 1.61 to 5.05) compared to students in urban counties. For students in rural non-mining counties, only smokeless tobacco use was higher.

Conclusions: Counties with economic dependence on mining appear to be driving the rural-urban disparities in adolescent alcohol and tobacco use in Nevada.

**PRESENTERS:**

**Christopher Gay, MPH**  
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Chris is a lifetime Nevada resident, a UNR undergraduate alumnus, and received his Masters of Public Health degree in epidemiology from UNR's School of Community Health Sciences. During the master's program, he worked closely with Dr. Kristen Clement-Nolle and Dr. Wei Yang on the Nevada Youth Risk Behavior Survey project. His primary interest is in rural health and addressing the disparities that exist between rural and urban populations as well as among different rural populations.

He is currently attending his first year of medical school at Rocky Vista University College of Osteopathic Medicine in St. George, Utah.

**Kristen Clements-Nolle, PhD, MPH**  
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PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-12B  
**PUBLIC HEALTH INFRASTRUCTURE DEVELOPMENT IN ELKO COUNTY, NV**  
*Whitney Peak 3 | Friday, September 29, 1:45 pm - 3:15 pm*

**ABSTRACT:**

Introduction: Although current Nevada Revised Statutes dictates that every county in the State of Nevada is to establish a county-level board of health, many rural and frontier counties have not done so, including Elko County. In December 2015, the Elko County Health Board (ECHB) was formed to remedy this issue. However, it was soon discovered that further resources and guidance were needed to help the ECHB define its role in the local public health system, as well as to identify public health issues to be addressed by the Board. Approaches: A toolkit was developed to provide training and other resources to the ECHB in a manner that could be archived and accessed by Board members as needed. In addition, the ECHB contracted Impact Evaluations who completed a meta-analysis of previous community health needs assessments in order to fully understand the public health needs facing Elko County. Results: The toolkit was developed and disseminated to the ECHB, with evaluation results forthcoming. From the meta-analysis, nine areas were identified as being of highest priority to both community members and stakeholders within the local public health system. Current work focuses to help partners within that system come through a community health improvement planning process. Discussion: It is possible that the activities and tools developed through these projects may be replicated or be of use to other rural communities who are in the process of developing a local board of health.

**PRESENTERS:**

**Gerald Ackerman, MS**

*Assistant Dean, Rural Programs; Director, Office of Rural Health, University of Nevada, Reno School of Medicine, Office of Statewide Initiatives*  
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Gerald J. Ackerman earned his Bachelor of Science degree in Behavioral Science and Health, Master of Science Degree in Health Education and a Certificate in Gerontology for the University of Utah. He has been active in the area of Rural Health, Education and Health Services since 1989. Gerald currently serves as the Associate Director for the University of Nevada, Reno School of Medicine Office of Statewide Initiatives, Director of the Nevada State Office of Rural Health and Program Director for the Nevada Area Health Education Center. Gerald has worked in many areas of health care education, access, delivery and development. Gerald

has extensive grant writing and management experience and has worked with many partners and in innovative programs that have been developed in Nevada.

**Delmo Andreozzi**

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PRESENTATION ABSTRACTS | CONCURRENT BREAKOUT SESSION B-12C  
**UTILIZING TELEHEALTH TO PROVIDE EVIDENCED-BASED DIABETES SELF-MANAGEMENT EDUCATION BETWEEN RURAL COMMUNITIES IN NEVADA**

*Whitney Peak 3 | Friday, September 29, 1:45 pm - 3:15 pm*

**ABSTRACT:**

In 2015, the Nevada Legislature passed Assembly Bill 292, declaring it the public policy of the State to encourage and facilitate the provision of health care services through telehealth to improve public health and the quality of health care. One telehealth modality is the use of synchronous (live video) services. This involves real-time, two-way interaction, similar to an office visit but with the patient and provider communicating through a live stream from different locations. Telehealth presents an opportunity for patients—especially those in rural and under-served areas to receive services at or closer to home, reducing the amount of lost work and travel time as well as the associated costs of traveling to and from traditional health care appointments in distant locations.

Nye County is the second largest county geographically in the US and has the highest prevalence of diabetes in Nevada. With a population of 36,000, the Town of Pahrump in southern Nye County is more than an hour drive to Las Vegas, the closest site for American Association of Diabetes Educators or American Diabetes Association Diabetes Self-Management Education (DSME) Programs. Town of Tonopah in Nye County, population of almost 2,500, is 167 miles or 2 ½ hours north of Pahrump and has limited access to healthcare, especially since its hospital closed in 2015.

With these great distances and small populations, it is difficult to offer a facilitator-lead, group DSME program with fidelity. Thus, a pilot project sanctioned by Dr. Kate Lorig (creator of the Stanford model) is testing the cost savings, program effectiveness and patient self-efficacy when the program is provided between two rural communities via live streaming with two facilitators co-leading from the two classrooms.

**PRESENTERS:**

**Marjorie Franzen-Weiss, MPH, CHES**

*Diabetes Prevention and Control Program Coordinator (Retired), Nevada Division of Public and Behavioral Health*  
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Marjorie “Margie” Franzen-Weiss, MPH, CHES (retired) was the Diabetes

Prevention and Control Program Coordinator for Nevada Division of Public and Behavioral Health since 2009 until two-weeks ago. Her program has been focusing on bringing Diabetes Self-Management Education (DSME) to the under-served rural communities and to the Spanish speaking populations of Nevada, as well as, building a robust Diabetes Prevention Program statewide. She served on the National Association of Chronic Disease Directors - Diabetes Leadership Council as the Professional Development Liaison 2015-16. She also has served as the NACDD representative for the State Diabetes Programs on the National Diabetes Advocacy Alliance (DAA). In 2016 she was recognized as a “Diabetes Change Champion” by the American Association of Diabetes Educators. She currently is the Nevada Public Health Association Vice President serving as the Chapter Chair for the Northern Nevada Chapter.

Originally from Riverside, CA, she completed a Masters of Public Health (MPH) in Community Health Education from Loma Linda University, School of Public Health and PRSA (Public Relations Society of American) Certificate in Public Relations at University of California Riverside. She has worked at several Southern California county health depts.: San Bernardino, Riverside, and Los Angeles over a 15 year span. She served as the Director of Health Education and Communications for Riverside Community Health Foundation where she focused her time on diabetes prevention and childhood obesity. She was instrumental in starting the “Get Mov’n Riverside” campaign focused on African-American and Latino tweens. She also worked for Health Fitness Corporation, as the Workplace Wellness Program Manager establishing the employee wellness program with Renown Medical Center.

**Stacy Smith**

*Executive Director, NyE Communities Coalition*  
[stacy@nyecc.org](mailto:stacy@nyecc.org)

Stacy Smith has been the Executive Director of NyE Communities Coalition since 2002. As a social worker and the director of a local nonprofit she has worked on securing the resources necessary to fill the prevention and wellness needs in rural Nevada. Program development and systems development have been key components of her work as the Director of the coalition. Overcoming the barriers

that rural frontier Nevada creates for program delivery has been one of the more interesting and enjoyable parts of her job as innovation and creation are exciting to her.

**Jess D. Rosner, MPPA**

*Tonopah Programs Coordinator, NyE Communities Coalition  
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Jess Rosner moved to Tonopah, NV from Saint Louis, Missouri in February 2014 to become the Tonopah Program Coordinator for NyE Communities Coalition. He earned a Masters of Public Policy Administration at the University of Missouri - St. Louis, specializing in policy research, analysis, and survey research. Jess is also an Eagle Scout.