

CONFERENCE PROGRAM



8th Annual

State
of the
Public's
Health

conference

Tuesday, October 22, 2019

University of Georgia Center for Continuing Education & Hotel



College of Public Health
Office of Outreach and Engagement
UNIVERSITY OF GEORGIA

WELCOME LETTER

From the College of Public Health



Welcome to the 8th annual Georgia State of the Public's Health Conference! Over the last seven years, we've convened participants from all parts of the state to grow our community of practice. This conference was never designed to be a traditional gathering. Instead, we aim to bring together the public health workforce, policymakers, academia, community-based organizations, the business community and others passionate about improving the public's health to stimulate multi-sector solutions. We celebrate discussion and critical thinking. Today, we encourage you to talk with someone outside of your field and share your expertise and innovative ideas to strengthen Georgia's capacity to create health everywhere.

Today Dr. Marcus Plescia, Chief Medical Officer of the Association of State and Territorial Health Officials (ASTHO) will speak about the growing distrust of science and medicine and how that is impacting public health practice. Later, a special panel of health communicators, moderated by Dr. Glen Nowak, Director of the Center for Health & Risk Communication in UGA's Grady College of Journalism and Mass Communications, who will provide some guidance on how to navigate the issue of health misinformation. Dr. Leslie Kantor, Chair of Urban-Global Public Health at Rutgers School of Public Health will discuss the latest policy changes and growing legal restrictions that impact the health of women in Georgia and through the U.S. To close the conference, Dr. Karen Holbrook will speak about the growth of technology in public health and medicine.

Workshops and poster presentations throughout the day will focus on several key public health issues in the state. Session topics include HIV prevention in Georgia, shaping the future with Census 2020, understanding grief as a public health threat, building better university-community partnerships, building Georgia's mental health network, public health and the law, addressing healthy equity with community health workers, promoting health through environmental design, making the most of community needs assessment data, and the role education has in improving the public's health.

Once again, we welcome you to this important event. Whether you are a student, long-time public health professional, policymaker, funding partner, or new to public health, we invite you to share your best ideas as we work together to improve the public's health across our great state and beyond.

A handwritten signature in black ink that reads "Marsha Davis".

Marsha Davis
Dean, College of Public Health
University of Georgia

AGENDA

WELCOME TO THE 8TH ANNUAL STATE OF THE PUBLIC'S HEALTH CONFERENCE

7:30 - 9:00
HILL ATRIUM

REGISTRATION, REFRESHMENTS, & POSTER VIEWING

9:00 - 10:00
MAHLER HALL

WELCOME ADDRESS

Marsha Davis, PhD
Dean, College of Public Health, University of Georgia

MORNING KEYNOTE PRESENTATION

Marcus Plescia, MD, MPH
Chief Medical Officer, Association of State and Territorial Health Officials

10:10 - 10:50

PLENARY PRESENTATION

Best Practices to Address Health Misinformation

Glen Nowak, *Director of the Center for Health & Risk Communication, UGA Grady College*
Michael Cacciatore, *Associate Professor of Public Relations, UGA Grady College*
Leslie Rodriguez Zeigler, *Health Communications Specialist, Centers for Disease Control & Prevention*
Soroya McFarlane, *Assistant Professor of Communication Studies, UGA Franklin College*

11:00 - 12:15

MORNING BREAKOUT SESSIONS

MAHLER HALL

Approaches to Address HIV in Georgia: Rural & Urban Perspectives

ROOM Q

Census 2020: Shape Your Future

ROOM Y/Z

Building Better University-Community Partnerships

ROOM R

The Culture of Death & Dying: Grief's Threat to Public Health in Georgia

ROOM T/U

Resilient Georgia: Aligning Public & Private Efforts to Address Child Trauma in Georgia

12:15 - 1:30
MAGNOLIA BALLROOM

LUNCH

Public Health Leadership Academy: Building Georgia's Public Health
Marsha Davis, PhD, *Dean, UGA College of Public Health*
Matt Bishop, PhD, *Director, J.W. Fanning Institute for Leadership Development, University of Georgia*

HILL ATRIUM

POSTER VIEWING

1:45 - 2:45
MAHLER HALL

AFTERNOON KEYNOTE PRESENTATION

Leslie Kantor, PhD
Chair, Urban-Global Public Health, Rutgers University

3:00 - 4:00

AFTERNOON BREAKOUT SESSIONS

MAHLER HALL

Public Health Law: Exploring Possible Partnerships and Barriers

ROOM Q

Two-Generation Innovation: Connecting Early Learning & Postsecondary Education to Public Health

ROOM R

Prioritizing Community Health Needs: Determining What's Important When It All Seems Urgent

ROOM T/U

The Role of Community Health Workers in Health Equity and Access

ROOM Y/Z

Promoting Health Through Design

4:30 - 5:00
MAHLER HALL

CLOSING KEYNOTE PRESENTATION

Karen Holbrook, PhD
Regional Chancellor, University of South Florida-Manatee

5:00 - 6:30
MAGNOLIA BALLROOM

RECEPTION



SPEAKERS



MARCUS PLESCIA, MD, MPH

Chief Medical Officer

Association of State and Territorial Health Officials

Marcus Plescia is the Chief Medical Officer at the Association of State and Territorial Health Officials. He provides medical leadership and expertise across the agency and helps coordinate ASTHO's work with the Centers for Disease Control and Prevention, the CDC Foundation and Atlanta-based affiliates. ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. territories, and the District of Columbia, as well as the more than 100,000 public health professionals these agencies employ.

In the last century dramatic improvements have been made in longevity and quality of life as a result of science-based public health interventions like sanitary practices and immunization. Today our focus has switched from communicable to non-communicable diseases and we continue to make progress through evidence-based interventions that target populations. Recently this progress has been undermined as our previous success with practices like immunization and tobacco control has been threatened. Public health must continue to embrace science-based approaches to improve the health of populations. To do this, we must address misinformation and public skepticism about current and emerging health threats.

BEST PRACTICES TO ADDRESS HEALTH MISINFORMATION

In the age of social media, misinformation about health can spread faster than ever before, creating new challenges for public health. To provide some guidance on how to navigate this issue, the conference has organized a plenary panel on health misinformation, its impact on the public's health, and best practices Georgia's public health workforce can adopt to understand and combat misinformation.

Panel participants include —



**MICHAEL
CACCIATORE, PHD**

Associate Professor of
Public Relations

*University of Georgia
Grady College*



**SOROYA
MCFARLANE, PHD**

Assistant Professor of
Communication Studies

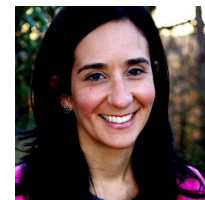
*University of Georgia
Franklin College
of Arts & Sciences*



**GLEN
NOWAK, PHD**

Director of the Center
for Health & Risk
Communication

*University of Georgia
Grady College*



**LESLIE RODRIGUEZ
ZEIGLER, PHD**

Lead Health
Communications
Specialist

*Center for Disease
Control & Prevention*



LESLIE KANTOR, PHD, MPH

Chair & Professor — Urban-Global Public Health
Rutgers School of Public Health

Leslie Kantor's global work has focused on improving women's sexual and reproductive health, including extensive work with the Averting Maternal Death and Disability and Reproductive Health Access Information and Services in Emergencies programs at Columbia

University's Mailman School of Public Health as well as work to improve sexuality education policy and practice in numerous countries.

In 2019 alone, there have been 1,412 provisions related to reproductive health policy introduced in state legislatures in the United States. There have also been significant federal changes to reproductive health policy implementation related to the Title X family planning program. While some states now have extremely restrictive policies related to sex education, contraception and abortion, others have expanded access. This keynote address will provide an overview and updates plus insight about the implications of these disparate approaches to sexual and reproductive health for public health.



KAREN A. HOLBROOK, PHD

Regional Chancellor
University of South Florida Sarasota-Manatee

Karen Holbrook is the regional chancellor at the University of South Florida Sarasota-Manatee, and has previously served as president of The Ohio State University as provost at the University of Georgia. In 2015, Dr. Holbrook and her husband, Jim Holbrook, established the

Karen and Jim Holbrook Distinguished Professorship in Global Health at UGA's College of Public Health to build upon existing strengths in global health research throughout the college, increase international collaborations and expand experiential learning activities for students in international public health.

Tools and methods of health intelligence (AI, ML, data science, robots, blockchain and IOT) provide benefits for in-depth knowledge of an individual's health, estimate incidence and prevalence of various health conditions and related risk factors, present a coherent portrait of population health, and implement population health interventions.

MORNING WORKSHOPS

APPROACHES TO ADDRESS HIV IN GEORGIA: RURAL & URBAN PERSPECTIVES

Shelby Freeman, MPH, LMSW, Wellness Program Manager, Southeast Health District

Regina Renfroe, MPH, Wellness Program Coordinator, Southeast Health District

Amanda Coffee, RN, Wellness Nurse Manager, Southeast Health District

Jeff Cheek, Director, Fulton County, Department for HIV Elimination

Retention and engagement in HIV treatment are often some of the most challenging aspects of HIV care. With the medical advancement of antiretroviral therapy (ART), retention in care yields the result of viral suppression which directly contributes to efforts to end the epidemic. Many Ryan White Clinics are equipped with programs that provide Emergency Financial Assistance, social services, and dental benefits that increases the engagement in care. This session will explore how these services are deployed in urban and rural settings, and practices that decrease barriers and provide person centered care that does not always focus on the individual's HIV status.

CENSUS 2020: SHAPE YOUR FUTURE

Mark Townsell, Partnership Specialist, Field Division, Atlanta Regional Census Center, U.S. Census Bureau

The 2020 Census is Coming. It's a Count of everyone living in the U.S. The Census is important for you and your community. Billions of Federal Funds are allocated each year in Georgia from departments like Health and Human Services and the United States Department of Agriculture, based on Decennial Census derived statistics. These Federal Funds provide assistance to programs like Medicaid, SNAP, S-CHIP and National School Lunch Programs to name a few. Our communities are counting on us, and you can help.

THE CULTURE OF DEATH AND DYING: GRIEF'S THREAT TO PUBLIC HEALTH IN GEORGIA

Justin Ingles, Research Assistant Professor, University of Georgia

Amanda Brown, JD, Dr PH Student, Health Policy and Management, University of Georgia

Tanja Walker, MPH, Epidemiologist, CDC

Toni Miles, MD, PhD, Professor, Epidemiology, CPH, UGA

This session showcases the research indicating that loss of family and friends in Georgia is a growing threat to public health. Presenters will identify the scope of the problem nationally and in Georgia and discuss two approaches to shift behaviors around death and dying among healthcare professionals, caregivers, and families.

BUILDING BETTER UNIVERSITY-COMMUNITY PARTNERSHIPS

Janice T. Nodvin, *Adult Disability Medical Healthcare, Executive Director*

Rowena Elliott, *PhD, RN, CNN, AGNP-C, FAAN, Emory University, Associate Clinical Professor, Georgia CTSA Community Engagement Co-Director*

Tabia Akintobi, *PhD, MPH, Morehouse School of Medicine, Georgia CTSA, Community Engagement Co-Director*

Alison Berg, *PhD, RDN, LD, UGA Extension, Georgia CTSA, Community Engagement Committee*

L. Neicey Johnson, *RN, BSN, Esq. VSNS, Inc., Founder and Executive Director, GeorgiaCTSA Community Steering Board, Chairperson*

Are you a health professional, practitioner, or community member who has ever thought, “I think I may have a research question that would inform my work or community, but I have no idea what to do next,” or, “I’d like to write a grant for my organization, but I need help.” Are you a researcher who is looking to partner with the community to enhance your science or disseminate your findings? The Georgia Clinical & Translational Science Alliance (Georgia CTSA) Community Engagement Program can help! The Georgia CTSA Community Engagement Program (CE) is designed to support community-university research partnerships by connecting academic researchers and community partners, transforming research from a scientist-subject interaction to a more equitable partnership, serving the community through professional development opportunities, and training investigators in principles of community-engaged and community-based participatory research.

RESILIENT GEORGIA: ALIGNING PUBLIC AND PRIVATE EFFORTS TO ADDRESS CHILD TRAUMA IN GEORGIA

Panelists:

Linda Grabbe, *PhD, FNP-BC, PMHNP-BC, Clinical Assistant Professor, Nell Hodgson Woodruff School of Nursing, Emory University*

Kimberly Loomer, *EDD, Assoc. Dean of Student and Multicultural Affairs/Assoc. Prof. of Psychiatry & Health Behavior, Medical College of Georgia, Augusta University*

Astrid Prudent, *Assistant Project Director, Center of Excellence for Children’s Behavioral Health, Georgia Health Policy Center, Georgia State University*

Jacob C. Warren, *PhD, MBA, CRA, Joint Executive Director, South Georgia Healthy Start, Associate Dean for Diversity, Equity, and Inclusion, Director, Center for Rural Health and Health Disparities, Mercer University School of Medicine*

Moderator:

Brenda Fitzgerald, *MD, Former Georgia Department of Public Health Commissioner and CDC Director, Current Executive Board Chair, Resilient Georgia*

This session will showcase a few of Resilient Georgia’s key partners that are diligently working across sectors, departments and with their communities to build awareness and prevent Adverse Childhood Events (ACEs) and trauma.

AFTERNOON WORKSHOPS

PUBLIC HEALTH LAW: EXPLORING POSSIBLE PARTNERSHIPS AND BARRIERS

Robert Pettignano, MD, FAAP, FCCM, MBA, Medical Director – Health Law Partnership (HeLP), Children’s Healthcare of Atlanta, Professor of Pediatrics, Emory University

Margaret Middleton, Assistant Clinical Professor of Law, Georgia State University College of Law, Co-Director, Health Law Partnership Legal Services Clinic

James E. Mitchell, Adjunct Instructor of Law, Clinical Supervising Attorney, Health Law Partnership Legal Services Clinic

Susan McLaren, MPH, FACHE, Senior Research Associate, Center of Excellence for Children’s Behavioral Health, Georgia Health Policy Center, Georgia State University

Pam Kraidler, JD, Legal Aid Director – Health Law Partnership, Atlanta Legal Aid Society

Medical-legal partnerships (MLPs) address socioeconomic determinants of health (SEDH) through interprofessional collaborations among healthcare providers, legal professionals and academic institutions. MLPs are an innovative healthcare delivery model that integrates legal assistance as a vital component of medical care. This joint presentation by faculty from GSU College of Law, UGA Law School and Emory University School of Medicine Department of Pediatrics will explore how powerful, integrated partnerships between two professions typically thought to be adversarial can improve the care of patients facing legal barriers to better health.

PRIORITIZING COMMUNITY HEALTH NEEDS: DETERMINING WHAT’S IMPORTANT WHEN IT ALL SEEMS URGENT

Megan Bramlett, MPH, UGA College of Public Health

Grace Bagwell Adams, PhD UGA College of Public Health

To build health equity, communities must have the ability to decide what is important and how to prioritize public health action. The Affordable Care Act (ACA) ushered in a new era of mandated accountability for communities and their nonprofit hospitals--requiring them to complete a Community Health Needs Assessments (CHNA) every 3 years. Policy dictates that these hospitals must identify and prioritize health needs, then develop an implementation plan to address them. In the absence of a systematic process for conducting this work, we present a data collection plan and prioritization rubric for communities and hospitals to use.

THE ROLE OF COMMUNITY HEALTH WORKERS IN HEALTH EQUITY AND ACCESS

Berneta L. Haynes, JD, Senior Director of Policy and Access, Georgia Watch

Alejandra Calva, MPH/MSW, Lazos Hispanos

A Community Health Worker (CHW) is a frontline health worker who is a trusted member of and/or has a demonstrated working knowledge of the community and individuals served. CHWs often share life experiences, language, ethnicity, and socioeconomic status with the community in which they serve, increasing their understanding of patient needs and concerns. This session will discuss Community Health Workers (CHWs) and the essential role they play in health equity, and will include insights from Athens-based Lazos Hispanos – an initiative using CHWs to connect Athens’ underserved Latinx population with the local healthcare system.

PROMOTING HEALTH THROUGH DESIGN

Improving Rural Health with Design Interventions

Donnie Longenecker, *Senior Lecturer, College of Environment and Design*

Jennifer Lewis, *Director, Center for Community Design and Preservation, College of Environment and Design*

David Spooner, *College of Environment and Design, Associate Dean of Academic Affairs*

Researchers have identified significant linkages between public health and the design of the built environment, including impacts on physical activity, walkability, social and mental health. While most design research centers on the redesign of cities and other urban places, Georgia is predominantly a rural state. With the 20th highest adult and the 18th highest child obesity rates in the nation, rural Georgia needs design interventions that are sustainable, community supported and cost-effective.

Scooting, Walking, Aging and Hauling: Four Emerging Traffic Safety Emphases in Georgia

Carol P. Cotton, *PhD, Director, Traffic Safety Research and Evaluation Group, UGA College of Public Health*

Lila Ralston, *MPH, Project Coordinator, Traffic Safety Research and Evaluation Group, UGA College of Public Health*

Charles A. Warnock, *Research Assistant, Traffic Safety Research and Evaluation Group, UGA College of Public Health*

Elliot Daimler, *Research Assistant, Traffic Safety Research and Evaluation Group, UGA College of Public Health*

Jim Bason, *PhD, Research Scientist, University of Georgia*

In 2018, around 12,000 people were seriously injured and 1,514 people in Georgia were killed in traffic crashes. This presentation will present and facilitate discussion on four emerging issues in traffic safety – shareable scooters, “complete streets” policies, aging, and seatbelt safety.

TWO-GENERATION INNOVATION: CONNECTING EARLY LEARNING AND POSTSECONDARY EDUCATION TO PUBLIC HEALTH IN GEORGIA

Brett Copeland, *Assistant Director, Child Development Centers, Central Georgia Technical College*

Suzanne Harbin, *Director of Early Childhood Initiative, Community Foundation Northwest Georgia*

Clayton Adams, *Early Education Community Partnership Lead Coordinator, Georgia Department of Early Care and Learning*

A Two-Generation approach brings together the adult-serving and child-serving worlds to focus on the needs of the family as a whole. This approach includes examining outcome measures for both parents and children. Over the last several years, the State of Georgia’s Department of Early Care and Learning (DECAL) has been at the forefront of this movement and has been investing in local communities to build the Two-Generation framework into the fabric of their social services and education sectors. This session will look at how the State of Georgia is using a Two-Generation lens to improve educational attainment and economic stability for entire families--thus improving population health over the long term. Primarily, DECAL has invested in communities by providing Two Generation Innovation Grants (TGIG). Two local recipients of the TGIG, will give an overview on their planning and implementation phases, respectively, and discussion will be facilitated on how the Two-Generation approach and state funding can be used to impact families at the local and state level.

1 **A COMPREHENSIVE APPROACH TO INFORM THE PLANNING AND DELIVERY OF SERVICES FOR OLDER ADULTS IN GEORGIA**

Primary Author: Alice Prendergast, MPH, Georgia Health Policy Center

The older adult population in Georgia is anticipated to experience unprecedented growth in the coming decades, particularly among the oldest old with the highest care needs. As increased demand will strain the already overburdened service delivery system, innovative approaches to service planning processes are warranted. Quantitative and qualitative data on priority issue areas and service needs were collected from diverse stakeholders. Both methods asked participants to identify their top issue areas and provide information about facilitators, barriers, and ideas to strengthen services in each area. The stakeholder input process provided substantial data on Georgians' priorities with regard to aging and disability, facilitators of and barriers to accessing services and supports, and suggestions for improving outcomes. Collectively, these data present a picture of aging issues across the state and can be used to meaningfully inform the planning process.

2 **ALCOHOL USE, PHYSICAL ACTIVITY AND SCREEN TIME AMONG MIDDLE AND HIGH SCHOOL STUDENTS IN GEORGIA PUBLIC SCHOOLS**

Primary Author: Kiran Thapa, MPH, University of Georgia

Several studies have reported the relationship between physical activity and alcohol use. This study examines the association of alcohol use with physical activity and screen time among students of Georgia public schools. The Georgia Student Health Survey (2017) was collected by the Georgia Department of Education from students in grades 6 to 12. Students self-reported the frequency of alcohol use, physical activity, and screen time (N=670,199). Students who reported being physically active for 2-3 days/week and 4-5 days/week had a lower incidence of alcohol use. Similarly, those who reported screen time of 4-5 hours per day had 21% higher incidence rate of alcohol use than those who didn't have any screen time; however, those having less than 4 hours of screen time had lower incidence rate of alcohol use than those who didn't have any screen time. The results challenge previous reports suggesting a positive association between physical activity and alcohol consumption but conform to the idea of clustering of healthy behaviors.

3 **CHILD OCCUPANT SAFETY PROJECT - A STATEWIDE APPROACH TO ADDRESSING CHILD PASSENGER SAFETY**

Primary Author: Amanda Jackson, MPH, Georgia Department of Public Health

The Child Occupant Safety Project (COSP) is a component of the Injury Prevention Program at the Georgia Department of Public Health. The COSP is funded by the Governor's

Office of Highway Safety (GOHS) and brings together the safety culture and experience of that office with the practices and approach of the Georgia Department of Public Health. To ensure that all 159 Georgia counties are equitably covered by COSP, a regional approach was implemented. This consists of 8 regional coordinators who focus activities within their region and assist the other coordinators as needed. By using this approach the COSP seeks to avoid focusing solely on the metro counties which have more resources available to address child passenger safety issues and to reach the more rural portions of the state which often have little to no resources.

4 **COMPARATIVE ANALYSIS OF FAMILY ENGAGEMENT IN GEORGIA'S MATERNAL AND CHILD HEALTH SECTION PROGRAMS**

Primary Author: Linda Tran, MPH, Georgia Department of Public Health

In accordance with the MCH Transformation 3.0 strategic plan, the Georgia Department of Public Health (GDPH) Maternal and Child Health (MCH) section consolidated a framework to evaluate family engagement at the state, district and community levels. The Title V: Family Engagement Survey (FES) was drafted to assess family engagement across all state MCH programs. Results for the 2018 annual FES demonstrated that staff respondents (n=194) believed the highest level of family-engagement occurred at the direct care level. Similarly, preliminary results from the 2019 FES demonstrate that family respondents (n=919) perceive greater engagement in the direct care levels as opposed to the organizational, governance, and policy levels. Pending comparative results for the 2018-2019 years will further identify strengths and weaknesses in current family engagement endeavors practiced by the GDPH.

5 **DEFINING SUCCESS: DEVELOPING AN EVALUATION PLAN FOR A FAMILY HOMELESS SHELTER**

Primary Author: Michael Brandon Bien, UGA College of Public Health

Homeless shelters typically rely on a single measure to evaluate their programs, the proportion of clients who exit into permanent stable housing. This measure is ill-defined, and does not describe the complex network of activities and services offered. Innovative approaches triangulating qualitative and quantitative analyses of primary and secondary data guided the creation of an evaluation strategy for a small family shelter in Georgia. The resulting plan considers client goal attainment, engagement with service providers, and client satisfaction survey and focus group data to describe a more nuanced, robust narrative of the organization's activities and outcomes.

6 **DUI RECIDIVISM BY DRUG PREFERENCE: THE CASE OF GEORGIA**

Primary Author: Elliott Daimler, MA, UGA Traffic Safety Research and Evaluation Group

Alcohol and other drugs have varied perceptions among the population with regard to their potential for impairment. While many drivers understand the risks of driving under the influence of alcohol, there remain biases surrounding other drugs and their impairing effects. The varied risk assessments of these drugs may affect a convicted driver's propensity for reoffense. This study observes whether driving under the influence (DUI) recidivism varies by drug preference. Using data from 2015 to 2017, we compare the recidivism rates among seven categories of drug preference: alcohol, marijuana, stimulants, opiates, depressants, other drugs, and no drugs. Based on these recidivism rates, we discuss measures for effectively addressing risk perception for non-alcohol related DUIs.

7 **ENABLING AND DETERRENT FACTORS REGARDING PROSTATE CANCER SCREENING AMONG AFRICAN IMMIGRANT MEN IN THE UNITED STATES**

Primary Author: Abbigale Thompson, Georgia College & State University

Prostate cancer is the second most commonly diagnosed cancer among American men and disproportionately affect men of African descent. The growing number of African immigrants in America and Georgia represent an increase in the number of men at higher risk for this disease. To inform cancer prevention and control efforts, this cross-sectional study aimed to identify factors that influence screening among African Immigrant men. Based on our findings, we recommend that cancer control and prevention interventions aimed at African immigrants should target newer immigrants to the US and use information channels like health care providers to deliver targeted messages on screening and early detection.

8 **EVALUATING THE NEED FOR A COMMUNITY NAVIGATOR PROGRAM AND ITS EFFECTIVENESS IN MITIGATING THE EFFECTS OF CANCER IN GEORGIA WITHIN ASIAN POPULATIONS**

Primary Author: Smitha Ahamed, MA, NPO, MPH, East Georgia Cancer Coalition

Cancer is the leading cause of death among Asians in the U.S. The cancer incidence rate among Asian/Pacific Islanders (API) in Georgia is 258.1 per 100,000. Screening rates in Asians have lagged despite increases in health insurance coverage. This is attributed to language and cultural barriers faced when accessing and utilizing care and a lack of knowledge of available resources. This presentation provides a results of a community navigator program to address this need. Community navigators reported cultural differences, language barriers in understanding health information, financial burdens, false beliefs about screenings and difficulty navigating the health system contributed to screening avoidance, thus supporting

the need for a community navigator program in Georgia. The program can be adapted to engage other cultural and ethnic groups.

9 **EVALUATION OF A SAFE INFANT SLEEP EDUCATION AND CRIB DISTRIBUTION PROGRAM IN GEORGIA TO REDUCE RISK OF SLEEP-RELATED INFANT DEATH**

Primary Author: Trina C. Salm Ward, PhD, MSW, Helen Bader School of Social Welfare, University of Wisconsin-Milwaukee

The American Academy of Pediatrics (AAP) recommends infant sleep practices to reduce risk of sleep-related infant deaths. The Georgia Department of Public Health implemented a group safe sleep education program paired with distribution of portable cribs across multiple sites in Georgia. The program is based on AAP recommendations and developed with community partners. The program lasts 20-30 minutes and uses a PowerPoint presentation that includes pictures and information for participants and a discussion guide for the educator, and is delivered by local educators who received specialized training by the state safe infant sleep program manager. Evaluation results from a pilot program in Fulton County with 132 participants were used to improve program delivery. The purpose of this study is to compare participant knowledge and practices related to infant sleep before and after receipt of the program.

10 **EXAMINING THE IMPLEMENTATION OF EMPLOYEE WELLNESS POLICIES IN A LOCAL GOVERNMENT AGENCY WITH MULTIPLE HEALTH DISTRICTS LOCATED THROUGHOUT THE STATE**

Primary Author: Rachel McCardel, UGA's Workplace Health Group

Employee wellness policies related to physical activity, healthy eating, and breastfeeding often influence employees' behaviors and shape an organization's health climate. However, few studies have assessed how employee wellness policies are adopted and implemented in a complex organization with multiple worksites in different locations. The purpose of this study is to examine how these policies are shared from a state health department and implemented across 18 health districts. Frequently reported facilitators to implementing an employee wellness policy were collaborations with other health districts, the formation of employee wellness committees, and leadership support. Frequently reported barriers to implementation were limited space to provide exercise equipment and breastfeeding accommodations, and concerns of fairness for employees in every location to use the policies. Future studies are needed to determine the best strategies to implement workplace policies in complex organizations.

POSTERS

11 EXAMINING THE ROLE OF GESTATIONAL HYPERTENSION AND ECLAMPSIA ON BIRTH OUTCOMES IN GEORGIA

Primary Author: Rushan Momin, University of Georgia

This study investigates the association between gestational hypertension (GH) and hypertension eclampsia (HE) on preterm birth (PTB) and low birth weight (LBW) in Georgia. In 2018, GA's PTB rate remained higher than the national rate (9.9%) at 11.4% as well as the rate of LBW babies close to 10%. Babies who survive PTB and/or are born with LBW often face serious and lifelong problems. Data from 2014 to 2015 GA Birth Certificates were used to assess the association between GH and HE on PTB and LBW. Mothers with GH were 3.6 times more likely to have a PTB. Those with HE were 7 times more likely to have a PTB. Our results suggest that women with GH and HE may be at increased odds of a PTB and LBW baby compared to women without.

12 FEASIBILITY OF COGNITIVE TRAINING IN THE FORM OF ROBOT-LED PIANO LESSONS FOR OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT

Primary Author: Bailey Collette, University of Georgia Institute of Gerontology

In the United States, there are at least 5 million people currently living with age related dementias. Cognitive training has been shown to improve neural plasticity, increase cognitive reserve, and reduce the risk of dementia. This study explored the feasibility of using a socially assistive robot (SAR) to provide a piano learning cognitive training intervention to older adults with mild cognitive impairment. A SAR was used to deliver a four-week piano lesson intervention to mildly cognitively impaired older adults. Cognitive function improved after the SAR-led intervention in the verbal memory, executive function, reaction time, and cognitive flexibility domains, and in the computed neurocognitive index score. These feasibility results will inform public health interventions aimed at improving cognitive function, especially among older adults who cannot access traditional services and may benefit from a SAR.

13 GEORGIA MIDDLE SCHOOL PHYSICAL EDUCATION PARTICIPATION AND ITS ASSOCIATION WITH MEASURES OF PHYSICAL FITNESS

Primary Author: Hilary R. Carruthers, MSW, University of Georgia

The objectives of this study are (1) to determine if an association exists between Georgia middle school physical education (PE) participation rates and Fitness Gram healthy fitness zone outcomes for body mass index (BMI) and aerobic capacity, and (2) to examine the magnitude and direction of said association. We used PE participation rates for Georgia middle schools and Fitness Gram healthy fitness zone rates for BMI and aerobic capacity data from the Georgia Department of Education for the 2012-13 through 2017-18 school years. The study will indicate how PE participation

may influence middle school student health based on BMI and aerobic capacity. Georgia middle school students are not required to take PE providing it is available, thus this study may also present policy implications.

14 IMPROVING THE COMMUNITY HEALTH ASSESSMENT PROCESS - A MODEL FOR PUBLIC HEALTH COMMUNITY ENGAGEMENT

Primary Author: Jack Lockwood, West Central Health District

Community health assessments (CHA) provide a framework to identify community needs, population health risks, leading causes of mortality and morbidity, and general demographics. Although the community health assessment process is intended to engage community members, it is often challenging to ensure the accessibility and understanding of the data. The West Central Health District (WCHD) implemented process improvements to overcome these challenges. The CHA data was categorized into 4 sections: demographics, health behaviors, leading causes of morbidity/mortality, and areas of concern. The CHA data was then organized and displayed on one-page infographics. These infographics were made available online and presented at 12 community meetings. The discussion questions asked during the community meetings were also available online in survey format for people unable to attend in person. Over 320 community members attended the 12 community meetings conducted across the WCHD and forty-five online.

15 IN HOT PURSUIT: GEORGIA'S POLICE PURSUIT CRASHES AND CRASH FATALITIES

Primary Author: Charles A. Warnock, UGA Traffic Safety Research and Evaluation Group

Vehicular pursuit is a common method of apprehension of suspected criminals utilized by law enforcement officers in Georgia. Vehicular pursuit is a high-risk policing activity that puts the lives of the police officer, suspected criminal, and general public at risk. The purpose of this poster is to determine the number of fatal injuries in 2018 related to vehicular pursuit by law enforcement officers in the state of Georgia and the involvement of the individual in the pursuit to whom the fatal injury occurred (i.e. suspected criminal, law enforcement officer, or bystander). Data was gathered through the National Highway Safety Administration's Fatality Analysis Reporting System (FARS) and the Georgia Electronic Accident Reporting System (GEARS). Policy recommendations and technological innovations to decrease police pursuit-related fatalities are then discussed.

16 INCREASING SUICIDE PREVENTION PROGRAMS IN HIGH-NEED COUNTIES IN GEORGIA

Primary Author: Amy V. Szoka, Medical College of Georgia

Suicide rates for both the nation and the state of Georgia have continued to rise since the mid-2000s, and rural communities continue to have higher rates of suicide deaths than urban communities, mostly due to the lack of suicide prevention efforts, resource availability, and awareness of behavioral health care providers. Two high-need communities were identified in Region 2: Jones County and Richmond County. Key partnerships and coalitions were developed that represented different facets of the community. Using the Strategic Prevention Framework (SPF), coalitions worked collaboratively to increase availability to gatekeeper trainings, complete the Community Readiness Assessment, identify risk and protective factors, and select evidence-based interventions. Findings from the community needs assessment has resulted in building and strengthening Suicide Prevention Coalitions in these high-need counties.

17 INNOVATIVE PARTNERSHIPS FOR PREVENTION: A LOCAL IMPLEMENTATION OF THE CARDIFF VIOLENCE PREVENTION MODEL

Primary Author: Jasmine C Moore, MPH, MCHES, Grady Memorial Hospital

The Cardiff Violence Prevention Model (CM) is an evidence-based, cross-sectoral violence prevention model that brings together the community, hospitals, law enforcement, and public health agencies in partnership to prevent violence by identifying previously undetected geospatial patterns of interpersonal violence. The Atlanta replication of the CM is reviewed as a case study in implementation, adaptation, and best practices. Guided by real-time injury data, the CM brings together different sectors and fosters proactive involvement in community safety planning to prevent violence. Key findings and lessons learned are discussed including recruiting hospital stakeholders, setting up an electronic medical record data collection system, navigating data sharing especially with regard to the applicable federal (i.e., Health Insurance Portability and Accountability Act of 1996) and state policies, establishing and building relationships between different sectors, CM's impact on collaboration and trust between participating partners, and importance of the CM in providing additional, real-time injury data.

18 LAUNCH OF GEORGIA'S FIRST BABY AND ME TOBACCO FREE PROGRAM

Primary Author: Karye Rayborn, IBCLC, West Central Health District, Georgia Public Health

Research has proven that tobacco use remains the most common cause of pregnancy complications and death among infants. Babies born to women who smoke are more likely to be premature and underweight. The West Central Health District (WCHD) WIC program implemented the evidence-informed BABY & ME – Tobacco Free Program (BMTFP) to help pregnant women quit smoking. After enrolling, each participant received four, individualized prenatal sessions where tobacco cessation

techniques tailored to each person's unique situation were discussed. As of June 2019, fourteen women and 4 significant support partners have enrolled in the BMTFP. Three elements of the BMTFP have been implemented: face-to-face counseling, bio-chemical testing, and contingency management (incentives). The public health impact will be the reduction in the risk of delivering a low birthweight infant, reduction in the number of cigarettes smoked per day by pregnant women, and the reduction of hospital charges for the care of newborns.

19 LIVE HEALTHY CHATTOOGA COUNTY: CREATING CHANGE THROUGH COMMUNITY HEALTH PARTNERSHIP

Primary Author: Erin Hernandez, MPA, Northwest Georgia Regional Cancer Coalition

The Northwest Georgia Regional Cancer Coalition was awarded a grant from the Healthcare Georgia Foundation as part of its Two Georgias Initiative to create a Community Health Partnership, conduct a Community Health Needs Assessment, and develop a Community Health Improvement Plan to guide work and efforts to create a healthier Chattooga County. In August of 2017, the NWGRCC, the Chattooga County Chamber of Commerce, and local healthcare partners, kicked off the first Live Healthy Chattooga County Partnership Meeting. 87 member and over 40 organizational partners worked together to identify and prioritize the health needs of the community and develop strategies to address them – particularly with an emphasis on addressing the access to care and health disparities. In July 2018, the Chattooga County Community Health Improvement Plan was finalized and published. Currently, Live Healthy Chattooga County boasts over 150 individual members, and over 60 member organizations all working together to create a healthier Chattooga County. In year 1 of the 5-year plan, 12 PSEs (Policy, Systems, or Environmental Changes) have occurred due to the collaborative efforts of residents and organizational members of the coalition.

20 MAP TO HAPPINESS: PROMOTING HEALTH AND WELL-BEING FOR CHILDREN

Primary Author: M. Louise Dunn, ScD, OTR/L, Brenau University

Researchers found that social-emotional development, social competence, and positive engagement in everyday activities promote quality of life (QOL) and well-being for children. Programs that promote health and well-being are needed given the increasing rates of anxiety and depression for children. This poster presentation will illustrate the Map to Happiness program. The presenters designed the Map to Happiness program to promote QOL and well-being for children in the RISE Program (Real Interactive Summer-learning Experience). Most of the children in the RISE program are from lower SES strata. Many are Hispanic. Social and cultural disparities put these children at risk for poorer educational outcomes and poorer health and well-being. At the end of the Map to Happiness program, the children reported

significantly more enjoyment in leisure and social activities that they did outside the program. Observational analyses showed gains in the children's willingness to do activities, their behavioral regulation, their ability to problem solve in group activities, and their engagement in group activities.

21 **NARCAN (NALOXONE NASAL SPRAY) AVAILABILITY IN GEORGIA RETAIL PHARMACIES AND COUNTY OPIOID OVERDOSE RATES**

Primary Author: Ester Bhebhe, Augusta University

Opioid-related overdose deaths in Georgia have continued to rise and currently account for more deaths annually than motor vehicle accidents. Naloxone, an opioid antagonist medication, reverses the effects of an opioid overdose and is available through pharmacies as NARCAN® nasal spray. This study examines the availability of NARCAN® in Georgia's pharmacies, and its potential relationship with county-level opioid overdose data. A representative sample of 224 retail pharmacies in Georgia (100 corporations/chains; 124 independent pharmacies) were contacted by telephone to conduct a 2-minute survey. Pharmacists were asked if NARCAN® was in stock and about recent sales. Results suggest that NARCAN® may not be sufficiently stocked in Georgia pharmacies, particularly in independent pharmacies. Further research should examine barriers to stocking NARCAN® in Georgia's independent pharmacies to increase availability of NARCAN® in those areas that may be hardest hit by the opioid crisis.

22 **PREVALENCE OF OBESITY AND ELEVATED BLOOD PRESSURE AMONG UNDERGRADUATE AND GRADUATE STUDENTS AT A RURAL HBCU: A BETA STUDY**

Primary Author: Kingsley Kalu, MD, MPH, Fort Valley State University

Prevalence of elevated blood pressure amongst students has increased by 23% in the last decade with 1.33% amongst athletic students. There is no single explanation for cases of obesity and elevated blood pressure in students, however most studies implicate imbalance in the amounts of calories consumed and expended. A prospective beta study will be conducted to ascertain the prevalence of obesity and elevated blood pressure amongst undergraduate and graduate students at a rural HBCU through one-time measurements of weight and blood pressure. Certain risk factors such as age, sex, race, and student classification will be evaluated as relates to blood pressure and weight of individual students through measurement of blood pressure, weight and height. The risk factors will then be compared to the blood pressure, weight and height to evaluate its significance. The data collected will be used to propose preventive strategies to reduce the prevalence of the condition.

23 **PUBLIC HEALTH AND HOMELESS NETWORK COLLABORATION TO ADDRESS GEORGIA'S HEPATITIS A OUTBREAK**

Primary Author: Joie Gosa, MSN, RN, West Central Health District, Georgia Public Health

Hepatitis A virus is spread most commonly through close person-to-person transmission through fecal-oral exposure, sexual transmission, and contaminated food or water. Since June 2018, the Georgia Department of Public Health (DPH) has seen increasing numbers of cases of hepatitis A. The West Central Health District addressed this increase by partnering with the Homeless Resource Network to target individuals with unstable housing or experiencing homelessness and lacking easy access to Hepatitis A. West Central Health District staff conducted outreach to the homeless population to provide the Hepatitis A at 4 sites serving those experiencing homelessness in Columbus, GA. Approximately 100 people were vaccinated over 2 weeks during this outreach.

24 **PUBLIC HEALTH RESPONSE TO INCREASED HEPATITIS A CASES IN THE NORTH GEORGIA HEALTH DISTRICT**

Primary Author: Ashley Deverell, BSN, RN, North Georgia Health District

In December 2018, the North Georgia Health District (NGHD) initiated an aggressive vaccination campaign to avoid a worsening of the recent increase in hepatitis A cases. The campaign was not limited to those at higher risk for infection (i.e. intravenous drug users, men who have sex with men, homeless, or those incarcerated). The NGHD made no-cost hepatitis A containing vaccines immediately available to any client desiring to be vaccinated. Additionally, the NGHD actively developed partnerships with jails, substance abuse facilities, transient housing, and homeless shelters to provide off-site vaccination clinics. Environmental Health assisted efforts by promoting and advertising the vaccination campaign at every restaurant inspection. From December 1, 2018 to July 1, 2019, a total of 4,257 adult hepatitis A containing vaccines were administered with over 1,400 of those vaccinations occurring off-site. By comparison, only 578 adult hepatitis A containing vaccines were administered in the same time span the previous year.

25 **SCHOOL-BASED MENTAL HEALTH, SCHOOL CLIMATE, AND TIER I INTERVENTIONS**

Primary Author: Dimple Desai, MSW, Georgia Health Policy Center

Providing therapeutic support in schools is one avenue to address mental health needs in a setting familiar to youth. School-based mental health services provide an opportunity to increase access to care, provide preventive care, and provide for early detection of mental health needs. The Georgia Apex Program, a partnership between the Georgia Department of Behavioral Health and Developmental Disabilities, community-based mental

health providers, and local schools/school districts is helping to address the mental health needs of Georgia's students. Schools that implemented the identified Tier I strategies experienced larger gains in school climate scores between the two time points than those schools which did not implement such a program.

26 **TELEMEDICINE SIMPLIFIED: A NOVEL APPROACH FOR PROVIDING PRIMARY CARE TO RURAL COMMUNITIES**

Primary Author: Sarah Schanck, M.Ed., Georgia Rural Health Innovation Center, Mercer University School of Medicine

The Georgia Rural Health Innovation Center at Mercer University School of Medicine (GRHC) has embarked on an ambitious plan to develop a new model for primary healthcare delivery in underserved, rural communities. Through a partnership with the Georgia Department of Public Health-District 5-2, the program aims to primary care services via telemedicine to rural counties in the Southwest Georgia Health District through the volunteer services of retired and semi-retired physicians. By utilizing pre-existing but underutilized telehealth equipment and the volunteer labor of passionate local physicians, our model seeks to provide healthcare at low or no cost to those most in need.

27 **THE CARE INITIATIVE TRANSITIONAL CARE FOR HEPATITIS C PATIENTS IN SAVANNAH GA**

Primary Author: Chidinma B. Okafor, MPH, Memorial Health University Medical Center

The CARE Initiative is an opt-out Hepatitis C screening program in the Memorial Health University Medical Center Emergency Department, that serves 35 counties in southeast Georgia and southern South Carolina. Our automated EMR algorithm utilizes a screening criteria to identify both new and known positive HCV patients, and notifies the CARE Initiative Linkage Specialists through in basket messaging. Linkage Specialists follow up with patients, provide result notifications, counseling, and linkage to care. Since the inception of our program, we have identified 737 positive Hepatitis C test results, and 376 known hepatitis C patients.

28 **THE RELATION BETWEEN HEALTH LITERACY AND NUTRITION IN A COMMUNITY SAMPLE**

Primary Author: Kasey Smith, MPH, University of Georgia

Diet accounts for one in every five deaths globally, yet only 30% of physicians in the United States recommend diet change to their patients. Nutrition counseling rarely includes planned care based on personal factors, such as health literacy, or the abilities and knowledge to acquire and process health information and make decisions. In this study we determined the relation between diet and health literacy. Pilot scales were used to collect information on health literacy and dietary habits, including attitudes towards nutrition. On average the sample consumed less than the recommended fruit and vegetable intake.

29 **UPSTREAM LIVING: PROMOTING THE HEALTH AND WELLNESS OF COMMUNITY-DWELLING OLDER ADULTS**

Primary Author: Nancy L. Fowler, OTD, OTR/L, Brenau University

Older adults benefit from effective and efficient health promotion programs to assist them in maintaining their participation in meaningful occupations. Occupational therapists offer programming that helps older adults to maintain participation in the community and at home. Upstream Living helps older adults to "look upstream" in their lives to make healthful occupational changes for a better future. Results from pre- and post-intervention assessment indicated that participants recognized a positive change in their perception of their general health and quality of life after participating in the Upstream Living program. The program is manualized and replicable in other settings for older adults.

30 **USING GRINDR FOR HIV PREVENTION PURPOSES**

Primary Author: Bobby Ray Hall JR, MPH, North Central Health District

Using CDC recommendations on internet partner services, North Central Health District HIV prevention staff created a fake profile on the hookup application Grindr to encourage more young men who have sex with men (YMSM) to get tested for HIV and other sexually transmitted diseases (STD) as well as offer information regarding Pre-exposure prophylaxis availability and other risk reduction information and referrals. Over a period of just a few months, NCHD staff have tested 26 individuals that had been contacted through the hookup application and given information to an additional 45 individuals regarding risk reduction. The efforts have enabled NCHD to reach people who are unaware of the many services we offer at our health departments.

PUBLIC HEALTH LEADERSHIP ACADEMY

CALL FOR 2020 COHORT

Applications due
November 27, 2019

The College of Public Health, with support from Georgia Power, has partnered with the J.W. Fanning Institute for Leadership Development at the University of Georgia, to offer the annual Public Health Leadership Academy (PHLA). PHLA provides training for individuals from across the state with the goal of advancing leadership skills to foster a culture of health in their communities.

The mission of the Public Health Leadership Academy is to improve the health of Georgians by increasing the capacity of leaders to transcend boundaries and work collaboratively, while transforming the health of their communities.

Program Design: This program offers an array of experiential learning activities that include five face-to-face two day sessions, discussions with subject matter experts and national public health leaders, as well as support and peer networking.

The five sessions will focus on leadership themes that have been identified as critical to building a culture of health in community based partnerships. A strong emphasis on collaborative leadership will guide the program content. A collaborative leader is able to assist in building a culture of health by 1) clarifying roles, responsibilities, and relationships in the community; (2) designing mechanisms for ensuring community accountability; (3) increasing community involvement and ownership; and (4) creating and sustaining collaborations.

Sessions: Sessions will be held in Athens on the University of Georgia campus. Each session will begin at 1:00 pm on the first day and conclude by 3:00 pm on the second day. Sessions are February 12-13, April 2-3, June 4-5, August 20-21, October 16-17 (concluding with recognition and examples presented at the 2019 State of the Public's Health Conference).

Participants: The participant pool may include, but is not limited to, business, non-profit, and public leaders; professionals from multiple sectors including health, social work, psychology, ministry, and education; as well as other community-based entities that have an impact on factors that affect public health.

Tuition: Tuition for the program is \$500 per participant. Participants will be responsible for their travel expenses including lodging and meals.

Application Process: Twenty participants will be chosen for the 2019 cohort. Applications are due November 27. Participants will be notified of their acceptance by December 15.

Find applications at <https://fanning.uga.edu/programs/public-health-leadership-academy/> Please contact Dr. Marsha Davis at davism@uga.edu with any questions.

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THE COLLEGE OF PUBLIC HEALTH (CPH)

The University of Georgia College of Public Health (CPH) is working to address some of the most prominent public health concerns in Georgia, the U.S. and around the globe. Founded in 2005, CPH is comprised of four academic units and four research institutes. We offer degree programs in biostatistics, disaster management, environmental health, epidemiology, gerontology, global health, health promotion and behavior and health policy and management. In our home state, our research and outreach have contributed to positive health outcomes for all Georgians.

The College of Public Health is now the cornerstone of UGA's Health Sciences Campus (HSC). The 58-acre campus located near downtown Athens, Georgia, has a rich legacy in the Athens community. For more than 120 years, it has served students of various ages, levels and disciplines.

The Office of Outreach and Engagement supports the UGA College of Public Health's mission by conducting activities to improve the health of Georgia's citizens and their communities by partnering with academics, organizations and stakeholders to provide educational, research and training opportunities to individuals and communities throughout the state.