

CONFERENCE PROGRAM



State of Public Health conference

THE REALITY. THE DIALOGUE. THE FUTURE.

Tuesday, October 6, 2015

Georgia Center for Continuing Education Hotel and Conference Center

The University of Georgia, College of Public Health
Office of Outreach and Engagement

WELCOME LETTER

From the College of Public Health

Welcome to the 4th Annual Georgia State of Public Health Conference!

Since the last State of Public Health Conference, we have seen outbreaks of Ebola and measles, more states legalizing marijuana, finalization of the Clean Power Plan, droughts and wildfires in California, President Obama taking executive action on immigration and delaying deportation of undocumented immigrants, WHO releasing new guidelines on providing antiretrovirals following HIV exposure, major earthquakes in Nepal and Chili, prominent acts of gun violence, removal of the Confederate flag from the grounds of the South Carolina and Alabama state capitols, the advancement of human rights through legalization of same sex marriage in the United States, and human suffering from the growing refugee crisis in the Middle East and Europe.

In Georgia, we have witnessed the power of public policy to advance health by banning tobacco on all University System of Georgia campuses, passage of legislation legalizing medical marijuana, high uninsured rates, closings of rural hospitals, rise in traffic deaths, high rates of maternal mortality, more children living in poverty, increased statewide efforts to reduce childhood obesity, and continued low federal and public health spending per capita.

The resulting impacts on the public's health globally, nationally, and here in Georgia are tremendous. We hope you will join us today with other public health professionals for a relevant, grounded and practical dialogue about advancing the public's health in Georgia while meeting the challenges and opportunities that events around the world, the nation, and our state bring to us.

Jeff Levi, PhD, Executive Director of Trust for America's Health, will discuss opportunities and challenges of integrating population health into the healthcare system with a particular focus on addressing social determinants of health. Kaye Bender, PhD, RN, FAAN, President and CEO, Public Health Accreditation Board, will talk about preparing Georgia for accreditation and the benefits, barriers, and resources for accreditation. Dr. Brenda Fitzgerald, Commissioner of the Georgia Department of Public Health, will present a plan of action for diagnosing, treating, and containing Ebola. José Carlos León Vargas, MSc, International Cooperation and Development- Director of SiKanda - Solidaridad Internacional Kanda, will show us a promising model for engaging with communities to address social and health inequities.

In addition, workshops and poster presentations throughout the day will focus on several key public health issues in the state. Session topics will include tobacco prevention and cessation, incorporating cost collection in program evaluation, building a public health workforce, using the support system of The Community Guide, leveraging implementation of the Affordable Care Act to advance community health in Georgia, health literacy, multi-sector partnerships to promote the public's health, and happenings at the Georgia Department of Public Health.

This conference is funded, in part, by a grant from the Healthcare Georgia Foundation, and we sincerely thank the Foundation for their support. Created in 1999 as an independent, private foundation, the Foundation's mission is to advance the health of all Georgians and to expand access to affordable, quality healthcare for underserved individuals and communities.

Once again, we welcome you to this important event. Whether you are a student, long-time public health professional, policy maker, 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.



Phillip L. Williams

Dean,
College of Public Health,
The University of Georgia



Marsha Davis

Associate Dean for Outreach and Engagement,
College of Public Health,
The University of Georgia

AGENDA

2015 State of Public Health Conference

7:30 – 9:00	Registration	Registration Desk
8:00 – 9:00	Poster viewing	Hill Atrium
9:00 – 9:05	Welcome from Dean Williams	Mahler Hall
9:05 – 9:10	Welcome & Introduction of Jeff Levi (Marsha Davis)	
9:10 – 10:00	Keynote speech (Jeff Levi, PhD - Executive Director of the Trust for America's Health)	
10:00 – 10:15	Networking Break and Poster viewing	Hill Atrium
10:15 – 11:45	Workshops	
	New Directions in Tobacco Prevention and Cessation in Georgia	Room K
	Incorporating Cost Collection into Program Implementation and Evaluation	Room F/G
	Building a Public Health Workforce for a Healthier Georgia	Room R
	Preparing Georgia for Public Health Accreditation (Kaye Bender, PhD, RN, FAAN - President and CEO, Public Health Accreditation Board)	Mahler Hall
	Decision and Implementation Support Systems (DaSS) of the Community Guide- Using Open Data and Open Source as Tools to Improve Population Health	Room L
12:00 – 1:00	Lunch	Magnolia Ballroom
12:30 – 1:00	Lunch Speaker (Dr. Brenda Fitzgerald - Commissioner of the Georgia Department of Public Health and State Health Officer)	
1:15 – 2:15	Afternoon Keynote (José Carlos León Vargas - MSc International Cooperation and Development, Director of SiKanda - Solidaridad Internacional Kanda ngo Oaxaco, Mexico)	Mahler Hall
2:15 – 2:30	Networking Break & Poster viewing	Hill Atrium
2:30 – 4:00	Workshops	
	Leveraging Implementation of the Affordable Care Act to Advance Community Health in Georgia	Room K
	Health Literacy as a Key to Public Health in Georgia	Room F/G
	Multi-Sector Partnerships to Promote the Public's Health	Room L
	Happenings at Georgia Department of Public Health	Room R
	Thinking Strategically, Acting with Flexibility	Mahler Hall
4:15 – 5:00	Forces of Change discussion	Mahler Hall
5:00 – 6:00	Reception/Meet & Greet with the speakers	Hill Atrium



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SPEAKERS



Jeffrey Levi, PhD

Executive Director of the Trust for America's Health

Jeffrey Levi, PhD, is Executive Director of the Trust for America's Health, where he leads the organization's advocacy efforts on behalf of a modernized public health system. He oversees TFAH's work on a range of public health policy issues, including implementation of the public health provisions of the Affordable Care Act and annual reports assessing the nation's public health preparedness, investment in public health infrastructure, and response to chronic diseases such as obesity. TFAH led the public health community's efforts to enact, and now defend, the prevention provisions of the ACA, including the Prevention and Public Health Fund and the new Community Transformation Grants. In January 2011, President Obama appointed Dr. Levi to serve as a member of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, which he chairs. Dr. Levi is also Professor of Health Policy George Washington University's School of Public Health, where his research has focused on HIV/AIDS, Medicaid, and integrating public health with the healthcare delivery system. In the past, he has also served as an associate editor of the American Journal of Public Health and Deputy Director of the White House Office of National AIDS Policy. Beginning in the early 1980s, he held various leadership positions in the LGBT and HIV communities, helping to frame the early response to the HIV epidemic. Dr. Levi received a BA from Oberlin College, an MA from Cornell University, and a PhD from The George Washington University.

WHOSE POPULATION HEALTH: ADVANCING PREVENTION AND PUBLIC HEALTH IN A REFORMING HEALTH CARE SYSTEM

This talk will review the opportunities and challenges of integrating population health into the health care system with a particular focus on how moving upstream and addressing social determinants of health can be incentivized through policy and financing changes in the health care system.



Kaye Bender, PhD, RN, FAAN

President and CEO, Public Health Accreditation Board

Dr. Kaye Bender has served as President and CEO of the Public Health Accreditation Board (PHAB) since 2009. Prior to joining PHAB, she worked in both local and state public health practice in the Mississippi State Department of Health, including serving 12 years as Deputy State Health Officer. Dr. Bender served as Dean of the University of Mississippi Medical School of Nursing in Jackson, Mississippi, for six years. She chaired the Exploring Accreditation Steering Committee, the precursor study for the establishment of the Public Health Accreditation Board, funded by the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention. She has served on three Institute of Medicine (IOM) study committees related to public health, and was recently appointed to an IOM standing committee on credentialing research in nursing. Dr. Bender also serves on the National Board of Public Health Examiners; the STAR Technical Advisory Committee and the National Quality Forum Population Health Framework Committee. She is credited with numerous publications and presentations related to governmental public health infrastructure improvement. An active member of the American Public Health Association, she is also a fellow in the American Academy of Nursing.

PREPARING GEORGIA FOR PUBLIC HEALTH ACCREDITATION

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of these entities. Dr. Bender will present results from studies on the benefits of accreditation; discuss barriers to accreditation, examine accreditation in light of the public health structure in Georgia, including what it means for counties when districts are accredited; and provide resources to help in the accreditation processes.



Dr. Brenda Fitzgerald

Commissioner of the Georgia Department of Public Health and State Health Officer

Dr. Brenda Fitzgerald serves as the Commissioner of the Georgia Department of Public Health and State Health Officer. Dr. Fitzgerald, a board-certified Obstetrician-Gynecologist and a Fellow in Anti-Aging Medicine, has practiced medicine for three decades. As Commissioner, Dr. Fitzgerald oversees various state public health programs including Health Promotion and Disease Prevention, Maternal and Child Health, Infectious Disease and Immunization, Environmental Health, Epidemiology, Emergency Preparedness and Response, Emergency Medical Services, Pharmacy, Nursing, Volunteer Health Care, the Office of Health Equity, Vital Records, and the State Public Health Laboratory. Dr. Fitzgerald also directs the state's 18 public health districts and 159 county health departments. Prior to joining the Department of Public Health, Dr. Fitzgerald held numerous leadership positions. Dr. Fitzgerald served on the board and as president of the Georgia OB-GYN Society, and she worked as a health care policy advisor with House Speaker Newt Gingrich and Senator Paul Coverdell. She has served as Chairman of the Board for the Georgia Public Policy Foundation and remains a senior fellow. Additionally, she served on the Military Academy Selection Boards for Senators Paul Coverdell and Saxby Chambliss, and was a founding board member for the Paul Coverdell Leadership Institute. She also contributed to the Georgia State School Board, and held board posts with Voices for Georgia's Children, the Advanced Academy of West Georgia, the University of West Georgia Foundation, and the Carrollton Rotary Club.

THIS IS PUBLIC HEALTH!

One year ago, the Ebola epidemic was raging in West Africa. Ebola Virus Disease is still with us today and another Ebola-like disease is likely already out there, somewhere. Infectious diseases like Ebola threaten the public health and medical welfare of everyone. It is the mission of the Georgia Department of Public Health to prevent disease, promote health and well-being, and to prepare for and respond to disasters. In response to the largest and longest Ebola outbreak in history, the Georgia Department of Public Health has established a plan of action and identified a response network for diagnosing, treating and containing the next possible infectious disease outbreak in Georgia. Dr. Fitzgerald will detail that plan – which has become a model for safeguarding public health throughout the entire country – and describe its role in a regional coordination coalition.



José Carlos León Vargas

MSc International Cooperation and Development

Director of SiKanda - Solidaridad Internacional Kanda ngo Oaxaco, Mexico

José Carlos León Vargas is the director and co-founder of SiKanda ("Transformation" or "change" in indigenous Mixtec language), a non-profit organization that works with highly marginalized communities, particular with slum dwellers and informal waste pickers in southern Mexico. SiKanda benefits over 7,000 people in 12 communities in Oaxaca, Mexico, with programs that focus on food security; economic alternatives for women; social integration and health. Born in Oaxaca, he was the first student from Oaxaca state to graduate from El Colegio de Mexico, one of the top international relations schools in Latin America. He pursued studies in France, Germany and Italy, where he obtained a Master's degree in Sustainable Development and International Cooperation. His work experience was enriched by two organizations: Initiatives of Change, participating in a leadership program in Southeast Asia and working with grassroots organizations, and with Coffee Kids, where he worked as Programme Coordinator, supervising poverty reduction projects from Mexico to Peru. Jose Carlos has been advisor to different international non-profit organizations and local governments in the areas of poverty reduction initiatives, strategic planning and sustainability; he is fluent in 5 languages and has lived and worked in 35 countries.

INEQUITY IN OUR TIME: CREATING INCLUSIVE COMMUNITIES THROUGH A BOTTOM-UP APPROACH

US inequality is at its highest point since 1928. Georgia ranks among the top ten states for income inequality. Inequality, and the associated health disparities, are the biggest threats to the health and wellbeing of our world and state. Many programs addressing these issues fail because they take an approach that does not involve input or involvement of the communities. Empowering communities in need requires fellowship, strategic planning, monitoring and evaluation and mostly mutual learning. We cannot redress inequality if we do not learn from those who experience poverty and exclusion. The presentation will focus on elements that are useful in order to design and implement poverty reduction strategies in collaboration and partnership with the people. The presentation will provide useful, practical tools that can help policy makers, ngo staff, community groups and individuals improve the quality of their programs and enhance their positive, inclusion-driven, impact in the society.

WORKSHOPS

Indoor Air Quality Study: A Study in 5-Cities in Georgia State

Presenters: Oluwayomi Fabayo, Program, Planning Policy Advisor, Kenneth Ray, Deputy Director, Office of Tobacco, Policy, System and Environmental Change, Jean O'Connor, Chronic Disease Prevention Director, Georgia Department of Public Health

Background: Secondhand smoke is a mixture of smoke from the burning cigarette and smoke exhaled by smokers containing over 4,000 chemicals and over 200 of the chemicals are carcinogenic.

Methods: A qualitative study in which the level of cigarette smoke and the number of burning cigarettes were monitored over a period of 30 minutes using TSI SidePak AM510 Personal Aerosol Monitors. Results: The PM2.5 concentration in places with observed cigarette smoking was significantly higher than places with no cigarette smoking.

Conclusion: Individuals at indoor environment with cigarette smoking taking place are exposed to respirable suspended particles

Georgia cAARs Program: Implementing Health Systems Change to Increase Georgia Quit Ratios

Presenters: Kayla Knight Lloyd, MPH, CHES, Tobacco Cessation Coordinator, Shana Scott, JD, MPH, Health Systems Director, Emma Bicego, MPH, Tobacco Program Evaluator, Alina Chung, MPH, Tobacco Epidemiologist, Kenny Ray, MPH, Deputy Director :Office of Tobacco, Policy, System and Environmental Change & Tobacco Program Manager, Jean O'Connor, JD, Georgia Department of Public Health

The Georgia cAARs Program requires a provider to spend 3 minutes or less executing 2 of the 5 A's for treating tobacco use and dependence by asking all patients about tobacco use, advising patients on the benefits of tobacco cessation, and referring tobacco users to the Georgia Tobacco Quit Line(GTQL). GTQL Quit Coaches, will provide the remaining 5 A's by assessing, assisting, and arranging follow ups for quit attempts.

Currently, Georgia has approximately a 12% provider referral rate to the GTQL. The systems change approach for implementing the Georgia cAARs Program will significantly impact call volume and move tobacco users to making a quit attempt across the state.

Partnership Approach to Obtaining Policy, Systems, and Environmental (PSE) Changes in Preventing Youth Tobacco Initiation Including Electronic Cigarettes Use Across the State

Presenters: Anne-Marie L. Coleman, MPH, Emma Bicego, MPH, Alina Chung, MPH, Kenneth Ray, MPH, Rana Bayakly, MPH, Jean O'Connor, JD, DrPH, Georgia Department of Public Health

This session will discuss how partnerships with multi sector groups are needed to achieve policy and environmental changes. The Preventing Youth Tobacco Initiation workgroup recruited members from multiple sectors (e.g. local coalitions, youth groups, and education) to work towards preventing tobacco use and exposure. The CDC's partnership and evaluation guidance document was used to evaluate the workgroup. The partnerships were instrumental with youth groups presenting the CDC's model 100% Tobacco Free School Policy to school boards. As a result, the following school boards adopted the model policy: Lowndes County Schools (Valdosta, GA), Emanuel County Schools and Jenkins County Schools (Augusta, GA).

Incorporating Cost Collection into Program Implementation and Evaluation

Presenters: Phaedra S Corso, Professor, Rebecca Walcott, Research Professional, Heather Padillo, Research Professional, Mark Wilson, Professor and Associate Dean, Justin Ingels, Research Professional, University of Georgia, Donna Looper, Director, Georgia Charitable Care Network

Now, more than ever, implementers are being asked to show positive returns on investments in their programs. To do this, programs need to understand the true value of the resources required to implement their interventions. In this session, the presenters will describe how the assessment of program costs/impacts can be incorporated into typical data collection systems. Examples from two programs in Georgia will be shared. The focus of this workshop is to discuss the process for collecting these important data and to answer questions from participants on how they can collect the same data in their own programs.

Advancing Public Health Through Mentorships

Presenters: Michelle Carvalho, Program Manager/Coordinator, Lisa McCormick, Evaluator, Moose Alperin, Director of Operations, Laura M Lloyd, Director of Programming, Kathy Miner, PI, Region IV Public Health Training Center

The Region IV Public Health Training Center (R-IV PHTC) provides public health students with practice experiences in public health agencies so that they build essential public health competencies and learn the value of working with underserved areas/populations. The R-IV PHTC also seeks to provide support for the practice community and to develop a learning community that fosters future leaders and mentors. This presentation will provide an overview of the R-IV PHTC's field placement program, provide case studies illustrating the learning community created as a result of the program, and provide best practices for mentorship and field placement experiences.

Emerging Training Priorities for Public Health Workforce Development

Presenters: Laura M Lloyd, Director of Programming, Moose Alperin, Director of Operations, Michelle Carvalho, Program Manager/Coordinator, Lisa McCormick, Evaluator, Kathy Miner, PI, Region IV Public Health Training Center

To address the current and emerging training needs of the public health workforce in Georgia and the southeast, the Region IV Public Health Training Center (R-IV PHTC) is looking to the current public health workforce to identify emerging priorities and effective approaches. This presentation will describe the R-IV PHTC's comparison of health priorities in the southeast, the assessment of training needs as well as explore the role of the R-IV PHTC in meeting emerging training needs in Georgia. This 90-minute session will have an interactive component to allow participants to identify and discuss emerging training needs relevant to their work.

Academic Health Departments: A Liaison's Perspective on Addressing Public Health Infrastructure

Presenters: Jimmie Smith, Jr., MD, MPH, Assistant Prof. of Practice and Liaison for Academic Health Department, Mercer University

The Public Health Foundation contends that a collaborative such as an Academic Health Department (AHD) can enhance public health education and training, research, and service. Defined as a formal affiliation between an academic institution and a local or state health department, AHDs could promote better delivery of the essential public health services; thus, improving health outcomes. A liaison-based AHD was initiated by Mercer University and the North Central Health District in 2012. This discussion addresses the challenges and opportunities of such an endeavor with respect to graduate level education, applied research opportunities, and increasing community service for students to their work.

WORKSHOPS

State of Public Health Voluntary Accreditation: Barriers, Facilitators, and Impact on Evidence-Based Practices

Presenters: Gulzar H Shah, Associate Dean for Research, Georgia Southern University, Carolyn Leep, Senior Director for Research and Evaluation, NACCHO, Sergey Sotnikov, Deputy director, CDC

This session will provide an overview of state of accreditation, by examining local health departments' (LHDs) and state health agencies' (SHAs) engagement, LHDs' perceived barriers, and factors associated with level of engagement in accreditation. Impact of accreditation engagement on evidence-based decision-making (EBDM) is also analyzed. Using most recent data on accreditation, the session will conclude that national strategies targeting rapid diffusion of accreditation among public health agencies should include elements that address the needs of LHDs with varying degrees of intent to pursue accreditation, as accreditation is likely to result in benefits such as enhanced EBDM in public health.

Presenter: Kaye Bender, PhD, RN, FAAN, President and CEO, Public Health Accreditation Board

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of these entities. Dr. Bender will present results from studies on the benefits of accreditation; discuss barriers to accreditation, examine accreditation in light of the public health structure in Georgia, including what it means for counties when districts are accredited; and provide resources to help in the accreditation processes.

Decision and Implementation Support System (DaISS) of The Community Guide - Using Open Data and Open Source as Tools to Improve Population Health

PLEASE MAKE SURE TO BRING YOUR LAPTOP TO THIS SESSION IN ORDER TO PARTICIPATE

Presenters: Matt Perrine, PMP; Manager, PricewaterhouseCoopers, Public Sector LLP, Katherine Wilson, PhD, MPH, Lead, Dissemination and Implementation Team, Community Guide Branch, CDC, Pavel Zaprudsky, MBA; Director, PricewaterhouseCoopers, Public Sector LLP, Shawna Mercer, MSc, PhD; Chief, Community Guide Branch, CDC

Decision-makers in communities, health departments, nonprofits, government, businesses, and healthcare systems rely on Community Preventive Services Task Force recommendations to better protect and improve population health. The Community Guide's Decision and Implementation Support System (DaISS) is an innovative, new platform designed to connect a broad variety of users (e.g., public health and healthcare practitioners, researchers, and the general public) with credible information on evidence-based approaches to improve the health and well-being of communities. DaISS conveys evidence-based recommendations on programs, services, and policies spanning a diverse array of public health topics.

This interactive demonstration presents DaISS' simple and secure interface, which provides smart search capabilities and decision support resulting in tailored end-user content from The Community Guide. DaISS' customization is based on user needs and characteristics, anticipating user information needs on the fly, and learning from each user encounter to better meet the needs of successive users. Consequently, DaISS establishes an environment where users do not have to dig for the information they need to make informed decisions for population health improvement.

The DaISS platform will also use data exchange tools to incorporate existing open data, from partners within and outside government (e.g., HP2020, AHRQ, County Health Rankings), to incorporate clinical recommendations, and data on health goals, needs, and social determinants of health. DaISS helps public health and healthcare decision-makers efficiently locate and incorporate the best available evidence, thereby bridging the gap between public health and healthcare delivery and strengthening their ability to achieve important public health goals.

A Review of Georgia Nonprofit Hospital Community Health Needs Assessments

Presenter: Beth Stephens, J.D., Health Access Program Director, Georgia Watch

A provision in the ACA requires that nonprofit hospitals conduct a Community Health Needs Assessment (CHNA) and develop a corresponding Implementation Strategy every three years with input from community members and public health professionals. With funding from the Healthcare Georgia Foundation, Georgia Watch reviewed the initial CHNAs and available Implementation Strategies for 38 nonprofit hospital facilities in Georgia. In this session, Georgia Watch will present findings from this research and give audience members ideas for evaluating nonprofit hospital CHNAs within their own communities, engaging with hospitals in the CHNA process, and helping local hospitals develop impactful community benefit programs.

Athens-Clarke County Community Health Assessment (A-CCCHA): Big Data for the Little Guys

Presenters: Fenwick Broyard III, Executive Director, Emily Hui, Information and Office Manager, Community Connection of Northeast Georgia

This session will provide insight into the process and results of the 17 county Community Health Needs Assessment produced by the nonprofit Community Connection of Northeast Georgia (CCNEGA) on behalf of the region's two Athens-based hospitals. CCNEGA's Director and Information Manager, Fenwick Broyard and Emily Hui, will chronicle the evolution of this collaboration as well as provide details regarding the novel data collection strategies employed by Community Connection toward ensuring that the needs assessment both satisfies the hospitals' Affordable Care Act requirement and benefits the community at large, by providing a comprehensive overview of the "State of the Community".

Partnering With Local Hospitals in the Development of Community Health Needs Assessments: How Health Departments Can Help Close the Gap Between Hospital Based Care and Community Based Prevention Services

Presenters: Reinetta T. Waldrop, Dr.PH, MSHS, FACHE, Assistant Professor, Mallory Bemby, MPH(c), Student, Morehouse School of Medicine

Hospitals traditionally provide individual healthcare within the confines of their facilities. This approach involves little engagement in community based health services aimed at improving the health of the whole community. The ACA mandates that hospitals develop community health needs assessments in collaboration with stakeholders traditionally involved in delivering community based services. LHDs are uniquely positioned to partner with hospitals as they carry out this mandate. Experienced in assessing community health needs and understanding how social determinants impact health, LHDs can assist hospitals in the CHNA process by identifying community health issues, and developing community based programs to improve community health.

Unpacking the Affordable Care Act and its Impact in Georgia

Presenters: Elise Blasingame, Director of Community Education, Georgia Watch, Laura Colbert, Community Outreach Manager, Georgians for a Healthy Future

The Patient Protection and Affordable Care Act (ACA) has helped over 11.7 million individuals gain access to healthcare coverage and has changed the way insurance companies and providers must operate. In the latest open enrollment period, 541,080 Georgians enrolled in coverage. How has the law impacted Georgia consumers so far? What are enrollment assistors doing to help consumers? What work still remains? We will provide an overview of ACA implementation in Georgia, share lessons learned and best practices in outreach, education and enrollment, as well as discuss what to expect during the next open-enrollment period (November 1, 2015-January 31, 2016).

WORKSHOPS

Health Literacy as a Key to Public Health in Georgia

Presenters: Don Rubin, Georgia Alliance for Health Literacy,
Cynthia Baur, CDC Office of the Associate Director for Communication (OADC),
Iris Feinberg, Georgia State University Center for the Study of Adult Literacy,
Carol Galbreath, Georgia Dental Association,
Richard Smith, Dentistry@Saint Joseph's Doctors Center

Health literacy means that consumers and patients can use the best information to make their health decisions. Health literacy is linked to public health as well as to clinical outcomes. Promoting health literacy can help reduce health disparities. The Georgia Alliance for Health Literacy, along with its partners, works in a wide range of settings to improve health literacy among consumers and patients, in health information sources, and among healthcare providers.

Community Outreach: City of Douglas/Coffee County Breastfeeding Friendly Business Initiative

Presenters: Becky Denetra Carver, RN, IBCLC,
Marla Martin Miller, IBCLC, WIC Peer Counselor,
Pamela B Carter, APRN WHNP BC IBCLC, Southeast Health District

The City of Douglas/ Coffee County Business Breastfeeding Friendly Initiative was started to decrease the stigma of breastfeeding in public. A lactation consultant with the Coffee County Health Department connected with the city's tourism bureau and decided to target downtown businesses. The business would allow mothers to breastfeed with no interruption or negativity. In turn, the initiative would provide the business with a bilingual window cling and free publicity by showcasing them in the newspaper. The initiative currently has 107 participating businesses of all varieties. This is an ongoing process and the initiative will continue to contact more businesses.

BEYOND THE HEALTH FAIR! Live Healthy in Faith, Columbus Georgia: A Collaborative Effort to Reduce Health Disparities Through Creating and Maintaining a Faith-Based Health Network

Presenters: Dr. Joy Thomas, Assistant Professor, Columbus State University,
Carol Hall, Chair, Tenetta Holt, Treasurer,
Erica Willis, Live Healthy in Faith

Health disparities related to chronic disease remains an issue for many people in Georgia. Live Healthy in Faith, Columbus (LHIFC) is a community-academic partnership that brings together 13 congregations to promote health. The coalition has utilized the Centers for Disease Control (CDC) Community CHANGE Tool Assessment as a basis for collaborative work. Liaisons from each faith organization are trained on planning, implementing and evaluating programs. Sustainable outcomes have included the creation of a fitness centers, capacity building trainings and many others. Hear from the community based health liaisons themselves as they talk about what success has looked like for them.

Everybody Eats Fresh FREE Fridays: A Combination Youth Development and Fresh Fruits and Vegetables Access Improvement Opportunity

Presenters: Cristina Gibson, Coastal Health District,
Jonathan Gibson, Co-Founder,
Ilya Snyder-Shvahbeyn, Co-Founder,
Leighel Snyder, Parent Advisor, 8th grade male volunteers, Everybody Eats Fresh FREE Fridays

Everybody Eats Fresh FREE Fridays (E2F3) is a youth-directed, produce-only distribution program that two 7th graders from Savannah co-founded in 2012. E2F3 was designed to solve the problem of pallets of produce going to waste on Fridays at America's Second Harvest Food Bank of Coastal Georgia because the organization was not staffed over the weekend to monitor for food spoilage. E2F3 was established to help end hunger among neighbors and give struggling families healthy food options. Come learn about a program that improves community access to healthy foods AND empowers youth to make positive changes in their respective communities!

Bridging the gap: Using Private and Public Partnerships to Promote Successful Aging in Place for Underserved Older Adults

Presenters: Kay C. Graham, MOT, OTR/L, Assistant Professor,
Wendy Holmes, PhD, MSPH, OTR/L, Associate Professor and Chair Gainesville Day Program,
Susanne Pickering, MPH, OTR/L, Adjunct Faculty,
Nancy L. Fowler, MS, OTR/L, Admissions Counselor & Instructor,
Margie Gill, MS, LPC, Assistant Clinic Director & Academic Fieldwork Coordinator, School of Occupational Therapy, College of Health Sciences, Brenau University,
Debbie A. Gallogly, Chief Operations Officer, Beverly J. Searles Foundation

Collaborators from higher education and housing will present an innovative partnership to promote the health and well-being of community dwelling, older adults. The presenters will explain the process of planning and building under the GA Low Income Housing Tax Credit (LIHTC) program designed to promote aging in place as a public/private venture. Partners will describe their roles and the existing and planned services for health promotion and successful aging. During interactive small group sessions, participants will discuss future possibilities for ongoing collaboration and the population served along with the application of this model to other communities.

Whole Community Inclusion Emergency Preparedness Planning at the State Level

Presenters: Betsy T. Kagey, PhD, Academic and Special Projects Liaison, Georgia Department of Public Health, Emergency Preparedness and Response,
Jennifer Hogan, MSW, Disaster Preparedness Coordinator, Georgia Department of Human Services, Division of Aging Services

The Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults, established in 2008, is comprised of members of state and federally funded agencies and organizations involved in emergency preparedness planning and agencies and CBOs working on behalf of individuals with disabilities or older adults. Our mission is to promote and maintain an active dialogue by serving as a conduit between individuals with disabilities and older adults and Georgia agencies responsible for emergency preparedness and response. At this session, presenters will provide an overview of the Coalition, its network and the development of preparedness resources for the whole community.

WORKSHOPS

From Legislation to Implementation: How Cross-Functional Teaming Enabled the Launch of the Georgia Low THC Oil Card Registry in 60 Days

Presenters: James Howgate, Chief of Staff,
Donna Moore, State Registrar, Georgia Department of Public Health

On April 16, 2015, Governor Deal signed legislation to allow Low THC cannabis oil to be carried in Georgia. The legislation named two entities, Department of Public Health (DPH) & Composite Medical Board (CMB), to make it happen. DPH convened a cross-functional team who succeeded with a Registry launch date on June 16th. This presentation is a story of their 7 key success factors. It is estimated that thousands of individuals in Georgia may benefit from this program. The Department of Public Health has already received accolades from industry experts and Georgia officials and legislators.

Health Impact Assessment in Georgia

Presenters: Jane Perry, Program Director, Faith Flack, Program Coordinator, Georgia Department of Public Health

Providing public health insight to decision makers during community design and transportation planning can lead to improvements that encourage healthy behaviors and improve quality of life. Health Impact Assessment (HIA) is a way to educate policymakers, regulators, planners, community members and other decision-makers and interested stakeholders on the relationships between health and the built environment. HIA provides practical recommendations for decision-makers on ways to avoid adverse health consequences and costs, and reduce environmental injustices by improving the relationships between affected, vulnerable groups and the policy, plan, program, or project.

Thinking Strategically, Acting with Flexibility

Presenter: José Carlos León Vargas

Strategic planning; monitoring and evaluation; goal setting and performance indicators are useful tools that help organization and individuals implement their programs with less risks and better impact. Yet, working in multicultural environments, with people of different social and economic backgrounds, sometimes requires a more intuitive planning and the use of flexible methodologies to retrieve information and make decisions. As development practitioners, community leaders, policy makers, local authorities or persons who want to improve things in our community we find ourselves asking where do we start? how do I –effectively– involve others? How do I create consensus and convert it into meaningful actions?

This 90-minute workshop will explore a sample of tools and participative methodologies that can facilitate effective interactions among diverse groups in changing contexts, while providing a framework to organize our ideas, reach consensus, and translate it into concrete actions for community development.

SAVE THE DATE

2016



October 18, 2016

Georgia Center for Continuing Education Hotel and Conference Center

POSTERS

1 Evidence-Based Health Utilization for Individuals Ages 19—25 After ACA Implementation

AUTHOR: Sharon Y. Polite, MPH (c), Armstrong State University

The goal of Healthy People 2020 is to systematically improve access and to ensure that every individual receives quality health care services in physician offices; clinics, emergency departments, and specialty care centers. Access to health service is important because first, with emphasis on primary care, physicians can provide more preventative care; which decreases the onset of chronic disease. Second, gaps in services not only affect the individuals, but it impacts society as a whole. Third, individuals who encounter limited access to healthcare services tend to have a negative quality of life. Overtime, simple treatable diseases become chronic diseases— which become costly in the long run. Finally, limited access to services produce barriers to the health care system, such as unmet health needs, intervals in receiving treatment, inability to obtain preventive services, and eventual hospitalization.

2 The Control of Blood Pressure Among Hypertensive Male Adults: Evidence Based Support

AUTHOR: Chidinma Okafor, Armstrong State University, Student

Hypertension accounts for nearly 17 million global deaths annually, i.e. about one third of the total global mortality. The risk of hypertension increases with age therefore, this research analyzes the effects of: healthy diet, physical activities, stress management, weight management, use of tobacco, medications, and regular blood pressure checkup on the control of blood pressure in hypertensive male adults.

This exposition explores the key question via a systematic review of credible research and authenticated facts: How can blood pressure be controlled in hypertensive male adults? Moreover, it will offer recommendation for control of hypertension among low income hypertensive adults.

3 Timeliness of Reporting of Notifiable Diseases in the North Central Health District

AUTHORS: Amber Erickson, MPH, North Central Health District, Ifeoluwa Olayemi, Mercer University

Notifiable diseases are required to be reported immediately or within seven days according to the Official Code of Georgia. These requirements have been developed by the Council of State and Territorial Epidemiologists and adopted by the Georgia Department of Public Health. Timely notification of diseases is necessary in order for proper public health activities to occur (i.e., recommending prophylaxis, additional testing, management of contacts, etc.). The North Central Health District preselected six diseases on the notifiable disease list to identify possible gaps in disease reporting timeframes and will use the information to further educate healthcare providers.

4 Continuous Quality Improvement Project: Decreasing Patient Wait Times at Bibb County Health Department

AUTHOR: Gurleen Roberts, North Central Health District

North Central Health District conducted a continuous quality improvement (CQI) project to decrease patient wait times in the Bibb County Health Department. The QI project team started meeting in January 2015, the first improvement was implemented in March and adopted in April. This project has undergone two different improvement implementation periods and has decreased patient wait time, on average, from 83 minutes to 72 minutes during the first improvement, and to 60 minutes with the second improvement. This reflects a 28% decrease in patient wait time. This project is still continuously undergoing improvements to reduce patient wait time even further.

5 Evidenced Based Strategies Increase Access to Oral Health Services for Promotion of Healthier Lifestyles

AUTHOR: Breyana Davis, Armstrong State University, Student

Healthy People 2020 includes oral health as a leading health indicator (LHI) because it plays an essential role in helping people stay healthy. The number of children, adolescents, and adults who visited the dentist in the past year has decreased within the U.S., therefore, oral health continues to be a LHI. Evidenced based literature shows that economic, educational, and personal barriers prevent access to oral services. Declining attendance rates in dental offices can lead to oral diseases and other chronic illnesses, however, these conditions can be prevented with routine visits and regular dental care.

6 International Medical Intervention: A “Local” Perspective on the Impact in Nicaragua’s Health.

AUTHORS: Mario Rivas Castillo and Rydder Hernandez, C-IT, Harry B. (Jeff) Jeffries, Jr, GA Department of Public Health

International medical aid responding to a disaster in a developing country, is important and has positive psycho-social and economic impact. Conversely, it is our opinion some medical mission work, may have negative impact. It is our experience, cultural immersion trips incorporating in-country networks offering medical coordination, research, and training will provide more effective and efficient impact in the health of Nicaraguans.

Through a Community Behavioral Analyses and Contrast based on follow-up (after foreign medical intervention in urban/rural communities) is intended to present potential issues of medical work, harmful foreign/local behavior and alternatives that could be incorporated in activities in Nicaragua.

7 Bridging the Setting to Setting Gap: A New Direction for Research and Practice in the Health Care Delivery System.

AUTHORS: Mari-Amanda Dyal, Postdoctoral Research Associate, University of Georgia, Lyric Hayden-Lanier, Research Assistant, Kennesaw State University

Workplace health promotion (WHP) has responded to changes in the workplace, workforce, and society at large. The current response involves the incorporation of a health care setting priority area: improving health literacy. Health literacy improvement is related to the health care delivery system: access, cultural sensitivity, and educational materials. There are no steps that describe improvements in the development or reception of health literacy, which may explain the 10 year struggle. The current research employs a settings approach whereby WHP delivers health literacy knowledge, skills, and application opportunities that employees use to receive and apply health-related information in any setting.

8 Racial Disparities of Pancreatic Cancer in Georgia: A County Wide Comparison of Incidence and Mortality across the State, 2000-2011

AUTHOR: Michael Welton, PhD Candidate, University of Georgia, College of Public Health

This study examined the geographic trends of pancreatic cancer incidence, mortality, and mortality-to-incidence ratios (MIRs) in Georgia, with a special focus on racial disparities of disease from 2000-2011. A disproportion burden of pancreatic cancer incidence and mortality was exhibited among African Americans in Georgia. Cluster analysis identified significant clusters among Georgia’s overall population and among specific racial subgroups. Disease intervention efforts should be implemented in high-risk areas, such as the southwest and central region of the state.

9 Georgia Department of Public Health, Division of Health Promotion, Office of Health Equity: Using Key Informant Interviews to Understand Current Programmatic Activities Related to Addressing Health Disparities and Achieving Health Equity.

AUTHORS: Wykinia Hamblin, Director of Health Promotion and Education, Yvette Daniels, Director, Division of Health Promotion, LaToya Osmani, Division Deputy Director, Division of Health Promotion, Georgia Department of Public Health

In a renewed climate for change to address health equity and the elimination of health disparities (Koh, Graham, & Glied, 2011), the Georgia Department of Public Health, Division of Health Promotion, Office of Health Equity is focusing its efforts to align program activities to achieve similar goals and outcomes to advance health equity. The purpose of this endeavor is to raise the awareness of current and ongoing programmatic activities associated with health equity across DPH, and while doing so, glean best practices and lesson learned from external departments' of health, which are working to address health disparities and advance health equity, elevating it to a cross-functional priority within the department's strategic plan.

10 Efforts with Diabetes Self-Management Education in Georgia Through the 1305 State Public Health Actions Initiative

AUTHORS: Allison Smith, Diabetes and Vision Program Manager, Gayathri Kumar, Medical Officer, Georgia Department of Public Health

Diabetes Self-Management Education (DSME) provides patients with the abilities, skills, and knowledge necessary to maintain and self-manage their diabetes. DSME is a critical component of successful diabetes management. Through the American Association of Diabetes Educators (AADE) and American Diabetes Association (ADA), DSME sites can become accredited and recognized nationally. Accredited sites can get reimbursed for the DSME services they provide to the patients. According to the American Diabetes Association's guidelines for diabetes care, people with diabetes should receive DSME once diagnosed and as needed thereafter. However, in Georgia, only 56% of Georgia diabetic adults ever took a DSME class, 45% monitor their insulin at least 3 times a day, and 69% check their feet daily.

11 Measles in DeKalb County Georgia, 2015

AUTHORS: Jessica Grippo, District Epidemiologist, DeKalb County Board of Health, Jessica Tuttle, Medical Epidemiologist, Georgia Department of Public Health

Although measles is no longer endemic in the U.S., importation of a single case can become a challenge for public health systems. In February 2015, the DeKalb County Board of Health and the Georgia Department of Public Health were notified of suspect measles in a 9 month old refugee who recently traveled from Krygyzstan. Contact tracing revealed exposures at a local emergency department, county clinic for Women, Infants, and Children, refugee agency, and commercial airline. A total of 332 potential exposures to this single case of measles were identified, with 7 percent susceptible to measles and required active monitoring.

12 Georgia Shape Unifying Statewide School Wellness Efforts: Plan, Implement, and Reward

AUTHORS: Kelly Cornett and Bradley Chester, Physical Activity Coordinator - Georgia Shape, Emily Anne Vall, Obesity Project Manager - Georgia Shape, Reginald Tooley, School Physical Activity & Nutrition Program Coordinator-Office of Adolescent and School Health, Georgia Department of Public Health

Georgia Shape is the Governor's statewide, multi-agency initiative bringing governmental, philanthropic, academic, and business communities together to address childhood obesity. Shape's initiatives synergistically support planning, implementation, and recognition of physical activity (PA) best practices. This poster illustrates the unique framework for a statewide PA program (Power Up for 30), a technical assistance mini-grant program (Georgia Shape Grantees), and a recognition program for rewarding schools that demonstrate excellence in PA efforts (Governor's Shape Honor Roll). Collectively, these three programs allow schools to implement PA best practices in a way that fits their needs and wants while being recognized for their efforts.

13 Building a Culture of Health within in the University Setting to Foster Student Success

AUTHORS: Sara Plasphohl, Asst. Prof. of Health Sciences & MPH Program Coordinator, Nandi Marshall, Asst. Prof. of Health Sciences & MPH Practicum Coordinator, Armstrong State University

Scientific literature provides evidence of the positive relationship between good health and student success. The university setting can provide an array of programs and services to optimize the health of its student body. This presentation will profile the process used by one university within the USG system to conduct an initial health needs assessment of its student body, followed by utilization of results to plan a coordinated evidence-based network of campus services to optimize student health. The results may be considered by other universities in efforts to address existing student health needs, thus contributing to their overall success in life.

14 Treatment Adherence among Minorities with Multiple Chronic Conditions (MCC)

AUTHORS: Cesar Ignacio Fernandez Lazaro, Student, Armstrong State University, David P. Adams, Clinical Associate Professor, Georgia Regents Medical University

Disparities in health status represent a higher risk of morbidity and mortality of chronic diseases among minorities. Although effective drug therapies are available, non-adherence to medication regimens still represents a problem. The purpose of this study is to analyze treatment adherence, according to the five dimensions proposed by the WHO, among minorities with ≥ 1 chronic conditions who require a multiple drug therapy regimens. The study will help us: 1) to identify patients most likely to present non-adherence, 2) provide them with support and treatment recommendations, and 3) reduce non-adherence rates by designing optimal interventions for these patients.

15 A Systematic Literature Review of Workplace Health Interventions

AUTHORS: Lu Meng, Kelly Mattick, Heather Padilla, Heather Zuercher, David M. DeJoy, Mark G. Wilson, Matthew Lee Smith, UGA College of Public Health

Workplace health interventions are recognized as effective strategies to reduce chronic disease progression, absenteeism, and healthcare costs. This session will present findings from a systematic literature review of workplace health interventions. Using predetermined search terms and a content rubric, we examined 68 peer-reviewed articles published from 1995 to 2014 that met inclusion criteria. The most common diseases targeted included obesity (58%), cardiovascular disease (29%), and diabetes (15%). The most popular intervention strategies included face-to-face education or counseling (74%), computer/Internet technology (41%), and environmental change (29%). This session has potential to inform current and future workplace health interventions in Georgia.

16 Prevalence and Characteristics of Bed-Sharing Among Black and White Infants in Georgia

AUTHORS: Trina Salm Ward, Assistant Professor, Sara Wagner Robb, Assistant Professor, Florence Kanu, PhD Student, UGA College of Public Health,

Infants should sleep alone, in a crib, on their backs. We examined the prevalence and characteristics of bed-sharing among Black and White infants in Georgia and differences in bed-sharing and sleep position rates prior to and after recommendations against bed-sharing utilizing the Georgia Pregnancy Risk Assessment Monitoring System (PRAMS). Significantly more Black mothers reported bed-sharing compared to White mothers, and risk factors associated with bed-sharing differed between Black and White mothers. Bed-sharing rates decreased significantly but still remained high; non-supine sleep rates decreased significantly among Blacks but not Whites. Findings suggest the need for tailored safe infant sleep messaging

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17 Factors Associated with Missing Work among Employed Adults with Chronic Conditions

AUTHORS: Lu Meng, Matthew Lee Smith, Heather Padilla, Heather Zuercher, Kayin Robinson, David M. DeJoy, Mark G. Wilson, UGA College of Public Health

The growing prevalence of chronic diseases among the aging workforce can negatively impact working Americans in terms of work performance, absenteeism, and healthcare costs. This study examines factors associated with employed adults missing work because of their chronic conditions (n=250). Employees who reported poorer general health, more physician visits, not having enough money for their health, and a lower reliance on their co-workers for help and support were significantly more likely to report missing work because of their chronic condition. Workplace-related solutions to mitigate the relationship between chronic disease and work absenteeism will be discussed.

18 Smoke-free Ordinance Movement in Columbus Georgia

AUTHORS: Joy Thomas, Assistant Professor, Tara Underwood, Department Chair, Columbus State University, Oluwayomi Fabayo, Program Planning Policy Advisor, Georgia Department of Public Health

Tobacco use is the leading cause of preventable deaths in tobacco users and non-users. Secondhand smoke is a mixture of smoke exhaled by smokers and the smoke from the burning end of the combustible tobacco product. Secondhand smoke exposure causes diseases and death in adults and children, the population is exposed to secondhand smoke in public places such as bars, restaurants and workplaces; adopting a comprehensive smoke-free ordinance is an effective evidenced-based strategy to eliminate exposure to secondhand smoke.

19 Tobacco Free Schools Policy and E-Cigarettes use among Georgia's Youth

AUTHOR: Anne-Marie L. Coleman, MPH, Alina Chung, MPH, Rana Bayakly, Jean O'Connor, JD, DrPH, Georgia Department of Public Health

This poster will provide surveillance data on E-Cigarettes use among youth. The session will provide participants with data of middle and high school age youth from across the state. The session will end with a discussion on how getting schools to adopt the 100% Tobacco Free Schools Policy; is one of many tools supported by the Centers for Disease Control and Prevention to tackle decreasing E-Cigarette use among youth across the state.

20 Georgia 2013 Reported Secondhand Smoke Exposure

AUTHORS: Oluwayomi Fabayo, Policy Program, Planning Advisor, Kenneth Ray, Deputy Director, Office of Tobacco, Policy, System and Environmental Change, Emma Bicego, Program Evaluator, Jean O'Connor, Chronic Disease Prevention Director, Georgia Department of Public Health

Background: Secondhand smoke is a class A carcinogen that is a mixture of smoke exhaled by the smoker and burning end of combustible tobacco product. It causes cancer, respiratory problems, cardiovascular diseases, heart attack and sudden infant death syndrome.

Methodology: The Adult Tobacco Survey (ATS) was used to collect data. A stratified random-digit dialed telephone survey for non-institutionalized adult ages 18 years and older.

Results: Approximately 43% of adults in Georgia are exposed to secondhand in their homes, vehicle, work and/or public places.

Conclusion: Exposure to secondhand smoke is harmful to the population.

21 Assessing Young Adults' Attitudes on Anti-Second Smoke Policies in a Georgian Community

AUTHORS: Huey Chen, Student, Nannette Turner, Associate Professor, Chair, Department of Public Health, Mercer University, Tara Underwood, Chair, Department of Health, Physical Education and Exercise Science, Joy Thomas, Assistant Professor, Columbus State University

Background: Public Health practitioners want to improve the health of the citizens of Columbus by promoting tobacco prevention and reducing exposure to second hand smoke

Methods: Researchers assessed whether there are differences between the young adult age group (18-24) and other adult groups for smoking prevalence and attitudes toward secondhand smoke prevention policies.

Results: The adult smoking prevalence is 19.7%. However, young adults (18-24) had the highest smoking prevalence of 32.6%. Furthermore, the data indicated young adults are less likely to support secondhand smoke control policies than older age groups. Conclusion: This is useful for formulating intervention strategies.

22 Clean Air Ordinance Movement in Georgia: The Five City Project

AUTHOR: Oluwayomi Fabayo, Policy Program, Planning Advisor, Kenneth Ray, Deputy Director, Office of Tobacco, Policy, System and Environmental Change, Jean O'Connor, Chronic Disease Prevention Director, Georgia Department of Public Health

Background: Tobacco use is the leading cause of preventable deaths in tobacco users and non-users. The population is exposed to secondhand smoke in public places such as bars, restaurants and workplaces.

Methods: The cities were selected based on the prevalence of tobacco related disease and disparities, economic burden from tobacco use and the burden of chronic disease.

Results: An education campaign protocol has been developed and implemented in each of the five cities.

Conclusion: Comprehensive smoke-free ordinance is an effective evidenced-based strategy to eliminate exposure to secondhand smoke.

23 Innovative Approaches to Public Health Education: The MSW/MPH Dual Degree

AUTHORS: Trina Salm Ward, Assistant Professor, MSW/MPH Current Students- L. M. Cruz, M.W. Flanagan, L.E. Reed, E.P. Franchot, A. Flanagan, A.G. Fitzsimmons, UGA College of Public Health

In the United States, there is a growing interest in dual MSW/MPH educational programs; the number of programs almost doubled between 2006 and 2013, growing from 20 to almost 40. The University of Georgia (UGA) launched the only MSW/MPH program in the state in 2011. Along with current students, the program coordinator will describe the program and the knowledge, skills, and values that an MSW/MPH professional provides in the workplace. Using specific examples taken from their integrated field practicums, students will describe how they are uniquely equipped to address public health challenges. Employment data on graduates will also be presented.

24 Utilization of the Emergency Departments for Non-Emergent Conditions via Emergency Medical Transport Services in a Georgia County

AUTHOR: Mary W. Mathis, Assistant Professor, Mercer University

Utilization of the emergency department (ED) for health conditions that are non-emergent has contributed unnecessarily to rising healthcare costs. One Georgia County was assessed to determine utilization of the ED via emergency medical services (EMS) transport for non-emergent medical conditions. Non-emergent care transportation to EDs throughout the state was examined in conjunction with information gathering about residents' perceptions of primary care access and provider perceptions of residents' utilization of primary care in the area. Recommendations for increasing primary care use and reducing the use of EMS were offered to the leaders of the community at the completion of the assessment.

25 District of Columbia HPV Ambassador Program and #VaxN8 Campaign

AUTHORS: Nicole N. Offer, Student, Romico Davis, Student, Chidozie Onyima, Student, Bowie State University, Dr. Amari Pearson-Fields, Chief, Cancer Programs Division, District of Columbia Department of Health

The District has one of the highest rates of HPV associated cancers. As of 2013 the current baseline for the 3rd dosage of the HPV vaccine is 30.2% among girls and 24.5% among boys. The project's purpose is to increase the 3rd dosage of the vaccine via peer-peer training and social media. We adapted an STD curriculum to focus on cancer prevention. Methods included identification of a health disparity plaguing the community; selection of curriculum based on specialized criteria; design and implementation of training program and materials; and systematic data synthesis and appraisal from pilot testers to diminish bias.

26 Cost of Sexually Transmitted Infection Services in the Coastal Health District of Georgia: A Case Study

AUTHORS: Alesha Renae Wright, Research Associate, Gulzar H. Shah, Ph.D., Associate Dean for Research and Associate Professor, Angie Peden, Coordinator, Karmen Williams, Research Assistant, Aaron Jackson, Graduate Assistant, Georgia Public Health Practice-Based Research Network, Jiann-Ping Hsu College of Public Health, Georgia Southern University

Sexually transmitted infections (STIs) are a significant public health concern. Our objective was to identify and validate appropriate cost components for a STI program and examine variation in health delivery system characteristics from eight county health departments in a Georgia Health District. Utilizing a case study approach, district and county staff (n=16) were interviewed. Data were coded and analyzed using NVivo. Staff time, travel, and labs were common cost components cited by participants. The components identified, provided a fundamental step in improving the efficiency in cost delivery and developing an adoptable protocol for cost estimation of STI services in Georgia.

27 Everyone's Doing It: An Assessment of Self-Reported Sexual Health Knowledge among College Students--- Assessing Gaps and Creating Opportunities for Education

AUTHORS: Nho Lisa Dinh, Student, Kathrin Stanger-Hall, Associate Professor, University of Georgia

In 31 states, Georgia included, sexual health education is not legally required to be "medically accurate or culturally relevant [sic]." Among developed nations, the United States has the highest teen pregnancy and STD contraction rates. Furthermore, the Centers for Disease Control reports nationally 1 in 5 women has experienced rape-- 37.4% of these victims between ages 18-24. We propose an open-access, peer-influenced approach to health education as the key to change. Through an anonymous survey, we examined the behaviors, norms, fact-based understandings, and ultimately resolutions to sexual health education self-reported by students at the University of Georgia (n < 30,000).

28 Evaluation of Chlamydia and Gonorrhea Screening and Testing in Georgia to Drive Program Improvement and Policy Activities

AUTHORS: Melanie Durley, MPH, Program Evaluator, Michelle Allen, Program Manager, Georgia Department of Public Health

According to CDC data, in 2013, Georgia ranked 8th among 50 states in chlamydia infections and 5th among 50 states in gonorrhea infections. (CDC, 2014) This data is significant as both chlamydia and gonorrhea can contribute to pelvic inflammatory disease (PID), infertility and chronic pelvic pain. More alarming, as evidenced through biologic and epidemiologic studies, both might facilitate the transmission of the transmission of human immunodeficiency virus (HIV) infection. (Fleming et al, 1999). Understanding the epidemic and spread of disease in Georgia is critical to appropriately focusing funding and resources to efforts to reduce the burden of disease. The Georgia Department of Public Health (DPH) directs financial and in-kind resources (including test kits and laboratory services) to sites comprising of STD clinical sites, women's health settings, non-clinical sites, colleges/universities, and regional youth detention centers, to continue the facilitation of screening and treatment of chlamydia and gonorrhea throughout the state.

This presentation will review the positivity rates of gonorrhea and chlamydia in the testing sites including data of affected populations by age, race, gender and geographical regions. Additionally, implications for program and policy activities will be discussed such as methods to increase screening efforts in areas and populations with high positivity rates, as well as implications for the potential implementation of expedited partner therapy (EPT) to treat partners of infected patients without clinical examination.

29 The Pharmacist's Role in Addressing the Public Health Crisis of Prescription Drug Abuse

AUTHOR: Leah A. Stowers, Pharmacy Manager, CVS Pharmacy, Trina von Waldner, Sr. Public Service Associate, UGA College of Pharmacy

In 2013, drug overdose was the leading cause of death from injury in the US, resulting in over 44,000 deaths and about half of those were from prescription drugs. Addiction and abuse of prescription drugs leads to increased healthcare costs and often to untimely death. Pharmacists can play a unique role in this public health issue with appropriate knowledge and training. The majority of states have implemented prescription drug monitoring programs allowing pharmacists and physicians access to pain medication records. Defining the roles of pharmacy and public health in developing programs to prevent deaths from prescription drug overdose is crucial.

30 An Examination of Substance Use Rates and Contextual Influences in Rural Georgia Adolescents

AUTHOR: Reva Downey, Teaching Assistant, PhD student, Robert Coffman, Teaching Assistant, and Christina Proctor, Instructor, University of Georgia,

Early use of alcohol and other drugs is related to increased problem behaviors including risky sexual activity, unintentional accidents, and violence. Alcohol and drug use has increased in rural areas during the past decade. Alcohol and drug use was examined in a large sample of rural adolescents and compared to national rates. In addition, contextual factors were examined using structural equation modeling.

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31 Georgia SHAPE School Nutrition and Physical Activity Grants: An Overview and Lessons Learned

AUTHORS: Reginald Tooley, School Physical Activity and Nutrition Program Coordinator, Emily Anne Vall, Obesity Project Manager (Georgia Shape), Jean O'Connor, Chronic Disease Prevention Section Director, Georgia Department of Public Health, Debra Kibbe, Senior Research Associate, Rachel Campos, Research Associate II, Georgia Health Policy Center

The Georgia Department of Public Health (DPH) launched the Georgia Shape Nutrition and Physical Activity School Grants program in spring 2012 to help combat childhood inactivity, poor nutrition, overweight and obesity. Funded schools are provided expert technical assistance (TA) and focus on improving adherence to their school wellness policy, and implementing evidence-based efforts, policies, systems and environmental changes related to nutrition and physical activity (PA). Across four rounds of funding, \$334,000 has been distributed to public elementary, middle and high schools impacting nearly 75,000 students. Key lessons were documented over the four funding rounds to increase nutrition and PA capacity amongst grantees.

32 Demographic Variables Affecting Food Access at Various Scales in Georgia

AUTHORS: Alyson Haslam, Sara Wagner Robb, Jerry Shannon, Students, University of Georgia

The association between store count (from InfoUSA) and demographic characteristics (from the 2010 census) in Georgia, adjusted for total population, was assessed using negative binomial regression modeling. Food store classification includes grocery stores (including supermarkets), dollar stores, and convenience stores. Grid overlays (1000m², 2000m², and 5000m²) were used instead of arbitrary political boundaries.

Generally, higher percentages of blacks or younger people were associated with a higher number of all store types. Alternatively, results for both dollar stores and convenience stores at the various spatial scales were mixed for both percent old and percent young.

33 Strong and Ready: Is Georgia's Quality Rated System Connected to Young Children's School Readiness?

AUTHORS: Nancy Webb, Professor and Division Chief, Catherine (Katie) Davis, Professor, Eduardo Bustamante, Post-Doctoral Research Fellow, Jacob Looney, Research Assistant, Dena Phillips, Summer Scholar, Sehrish Viqar, Brittany Truitt, Joseph Coppiano, Mary Ellen Fain, & Robert Hawes, Summer Scholars, Georgia Regents University

In an effort to improve the quality of childcare centers, DECAL has implemented a quality rated system to rank center quality. For this study, investigators examined school readiness in three to five year old children in one- two- and three-star Quality Rated (QR) centers in Georgia. Measures of school readiness (Bracken School Readiness Assessment-3) along with BMI were calculated on children in one- two- and three-star centers to assess the effect of quality on children's school readiness. Findings show data informing QR were significantly related to school readiness outcomes. Children in higher quality centers are significantly better prepared for kindergarten.

34 Promoting Advance Directive Completion through Student Community Engagement

AUTHOR: Susan Steele, Associate Professor, Georgia College-along with 1 to 2 students

Recognition of health disparities and need for social justice in public health is an important learning goal for future nursing professionals. Although federal and state laws exist to promote self-determination regarding end-of-life care, overall completion rates of advance directive documents are low. Additionally, there are ethnic, socioeconomic and educational disparities in completion. Students enrolled in an undergraduate community health nursing course participate in a service learning project to educate citizens regarding advance directives and to facilitate the process of completion of these documents, while learning about barriers to completion.

35 Eating Disorders and Body Dysmorphia: An Emerging Epidemic Among East Asian Females in Georgia

AUTHOR: Hannah Jackson, Postdoctoral Research Associate, University of Nebraska Medical Center

Background: Populations of Asian ethnicity are the fastest growing racial group in the United States and although generally classified as a homogeneous category, is a group that is uniquely diverse. Despite these facts, Asians continue to be largely understudied in the literature on disordered eating behaviors.

Objective: This pilot study (n=63) addresses gap in the literature by examining and comparing the prevalence of disordered eating behaviors of East Asian females born in the United States to foreign born East Asian females and the impact of acculturation on the development of eating pathology.

Results: Results from this study indicate a prominent difference between U.S. native-born Asians and foreign-born Asians in disordered eating behaviors despite similar BMI status. The extent of Asian identification yielded differences between categories where lower Asian cultural identification demonstrated higher eating pathology results compared to higher Asian cultural. Additionally, Asian subgroups differ from each other on disordered eating behavior pathology. **Conclusions:** This is one of the earliest studies to exclusively examine body image, acculturation and disordered eating behaviors in an East Asian female population, with implications for both prevention and clinical treatment.

36 Addressing the Childhood Obesity and Childhood Hunger Paradox in Georgia

AUTHORS: Amanda Marable, Extension 4-H Specialist, Georgia 4-H, Michele Chivore, Campaign Director, Georgia Food Bank Association, Wendy Palmer, Manager, Child Wellness, Children's Healthcare of Atlanta

Childhood hunger and childhood obesity are complex issues nationwide, but intersect in the same geographic areas in the state of Georgia. Georgia 4-H, the Georgia Food Bank Association, and Children's Healthcare of Atlanta are working together in an innovative partnership to find creative solutions using youth engagement and leadership programming. This session will describe the 4-H H.O.P.E. (Helping Other People Eat Healthy) program and its impact to date. We will discuss how this innovative partnership is working across sectors to make and impact on Georgia's communities.

37 Public-Private Partnerships: Forging Ahead with Today's Land-Grant Mission

AUTHORS: Maria Bowie, Walk Georgia Program Coordinator, Debbie Murray, Associate Dean for Outreach and Extension, University of Georgia, Shannon Hennessy, Director, Public Affairs and Communications - East Region, The Coca-Cola Company

The University of Georgia captured the attention of The Coca-Cola Foundation with UGA Extension's Walk Georgia program. Developed as a community intervention to help combat obesity, a partnership was forged to help leverage both public and private resources, relations and innovation. Hear how this opportunity has open doors, hearts and minds to collaboration on a whole new level. Join the discussion as we explore what this opportunity has brought UGA, Extension and Coca-Cola.

38 Partnerships for Implementing a Mobile Farmers Market in DeKalb County, Georgia

AUTHORS: Erikka Gilliam, MS, MPH, REACH Program Specialist, DeKalb County Board of Health, Jessica Hill, CFCS, County Extension Coordinator & Public Service Associate, UGA Cooperative Extension DeKalb County, Additional co-authors (not presenting): April Hermstad, MPH; REACH Program Evaluator; Latresh Davenport, MPH; REACH Health Promotion Specialist, Nutrition; Sharee Ashford, MPH; Community Outreach Specialist, Vonsuela Baker, County Extension Agent, Lynwood Blackmon II, County Extension Agent, Edda Cotto-Rivera, County Extension Agent, Zipatly Mendoza, MPH; Health Assessment and Promotion Manager

In 2014, the DeKalb County Board of Health (DCBOH) received a three-year, CDC-funded REACH (Racial and Ethnic Approaches to Community Health) grant. Through REACH, DCBOH is implementing community-based policy, systems, and environmental change interventions, including a mobile market which will bring fresh, affordable produce directly to residents living in food deserts countywide. Using a community-based participatory approach, DCBOH's REACH program partnered with the DeKalb County Extension to operate the mobile market and conduct educational activities at the markets. This presentation will describe the REACH mobile market and how this partnership will facilitate program implementation and ultimately reduce nutrition-related health disparities.

39 P.A.T.H.ways: Partnerships for Activity, Transportation and Health. Promoting Safety and Physical Activity in Minority Communities

AUTHOR: Stephanie Irvin, MPH, Public Health Educator, Brandi Whitney, MPH, MCHES, Health Promotion and Prevention Coordinator, DeKalb County Board of Health

Physical inactivity and unintentional injuries are recognized as the primary factors underlying many hospital admissions, chronic diseases, and years of potential lives lost. Furthermore, they are both related to the increased risk of adolescent and adult obesity in residents in low income communities. The commonalities among their respective outcomes and the identified population exposed to the aforementioned morbidities and preventable mortalities reveal a mutual solution to these prevailing issues. A collaborative effort among community organizations and local government agencies can greatly improve the built environment.

These efforts provide prevention based approaches for healthy living and safe and secure pedestrian activities.

40 Building Partnerships for Minority Youth Violence Prevention: DeKalb County's Approach to Implementing and Evaluating Partnerships that Integrate Public Health and Community Policing Strategies

AUTHORS: Juanita Brunson, Program Specialist, Minority Youth Violence Prevention, Elizabeth Burkhardt, Evaluator, Minority Youth Violence Prevention, The following are co-authors, but will not be presenting: Zipatly Mendoza, Health Assessment and Promotion Program Manager, Brandi Whitney, Health Promotion & Prevention Coordinator DeKalb County Board of Health

Minority youth, who are currently a focus of concern about policing practices, are disproportionately exposed to violence. One goal of the U.S. DHHS Office of Minority Health's Minority Youth Violence Prevention Program is to reduce minority youth violence by establishing formal partnerships between law enforcement, social services and public health entities. These collaborative efforts have engaged youth, parents, police, public health, municipal government, and community based organizations. Evaluating partnership processes involves monitoring collaboration, program implementation/reach, and knowledge/attitudes relating to police and interpersonal violence. Stakeholder feedback thus far shows a shared recognition of the need for coordinated prevention activities.

41 Venomous Spiders of the Southeastern US: An Unexpected Threat

AUTHORS: Alex Collins, Environmental Health Specialist, GA Dept. of Public Health - South District, Oreta Samples, BS, MPH, DHSc, Program Coordinator - MPH Program, Fort Valley State University

Spiders, a common sight in rural and urban areas of Georgia are often disregarded as being potentially dangerous. Three common spider species are found in Georgia are in fact extremely venomous. The ability to identify venomous spiders indigenous to the Southeastern US and Georgia is of key importance to environmental health specialists especially when dealing with food service workers, tourist accommodation employees and hobbyists who may invade spider habitats. While it is vital to recognize the Black Widow, Brown Widow and Brown Recluse, one should also be familiar with signs and symptoms of bites and likely habitats of these insects.

42 Safety Practices and Law Knowledge among Bicyclists and Nonbicyclists: An Evaluation of Bicycle Safety in a University Town

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Since 2011, bicycle-related fatalities on US roadways is the only category that has steadily shown an increase (9%). With this significant increase in bicycle fatalities, the importance of focusing on bicycle safety is imperative. This study compares results from a survey and an observational study assessing multiple factors related to bicycle safety. The survey was administered to bicyclists and nonbicyclists and included inquiries about bicycle law knowledge, behavior, and perceptions. The observational study observed helmet utilization, visibility devices, and compliance with roadway laws on public roadways.



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The College of Public Health was established in 2005 in response to the compelling need to address important health concerns in Georgia. During its first decade, the College has experienced the establishment of a highly productive research culture with significant extramural funding, the continuous creation of new academic programs, and a dramatic increase in enrollment and credit hour production. Originally housed in seven separate buildings on and off the main UGA campus, the College is now the largest program located at the new UGA Health Sciences Campus (HSC) in terms of enrollment, funding for research and actual space occupied by its faculty and students. In addition to the Dean's Office at Rhodes Hall, the Department of Epidemiology and Biostatistics was the first program at the HSC in Miller Hall and the Center for Global Health is in the Wright Hall Annex. The Department of Health Promotion and Behavior and the Department of Health Policy and Management are both located in the completely renovated Wright Hall. The Gerontology Institute and the Institute for Disaster Management occupy two newly renovated buildings. A new facility planned for the future will house the laboratory-based programs of the Department of Environmental Health Science.