



Iowa Governor's Conference on Public Health  
**Building Health Equity:  
Where We Work, Live, and Play**  
Holiday Inn Des Moines-Airport

**April 11 & 12, 2017**

# 2017 IOWA GOVERNOR'S CONFERENCE ON PUBLIC HEALTH

Holiday Inn Des Moines - Airport  
6111 Fleur Drive • Des Moines, IA 50321  
515.287.2400 or 800.248.4013

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

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

REGISTRATION TYPE	Early Bird Registration Through 3.10.17	Late Registration 3.11.17 – 3.24.17
Full Conference	\$155	\$170
One Day Registration	\$135	\$150
Full Time Student Full Conference	\$80	\$95
Full Time Student One Day Registration	\$60	\$75
Presenter (Speaker/Poster) <b>Full 2-day Registration</b>	\$100	\$115
Presenter (Speaker/Poster) Attending day of session/presentation <b>only</b>	No Cost	No Cost

## REFUNDS

The registration fee (minus a \$25 administrative fee) is refundable for cancellations received in writing by Monday, 4.1.17. No refunds will be allowed after that date. Registration is transferable to another person. All submitted registrations are considered a contract for payment. To cancel or transfer a registration, you must send email notice to the Conference Coordinator at [igcphcoordinator@gmail.com](mailto:igcphcoordinator@gmail.com).

## WHO SHOULD ATTEND

The intended audience for the Iowa Governor's Conference on Public Health includes:

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

## CONTINUING EDUCATION CREDIT

The Iowa Governor's Conference on Public Health can be used towards the following for continuing education credits:

- Dietetics
- Social Work
- Occupational Health
- Veterinary Medicine
- Dental

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

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

Applications for credit approval are being submitted for nursing (Iowa Board of Nursing) and environmental health (National Environmental Health Association). Pharmacists interested in receiving CE credit should contact the Iowa Board of Pharmacy prior to the conference.

## EXHIBITORS, SPONSORS AND ADVERTISERS

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

## WE NEED YOUR PHOTOS

We would like to highlight the work you do in public health! We will be accepting digital photographs for the Celebration of Public Health video to be presented at the conference. Please email photos to the Conference Coordinator at [igcphcoordinator@gmail.com](mailto:igcphcoordinator@gmail.com) no later than 3.15.17 for inclusion in the video. All submissions should have consent from individuals for publications in the video.

## EVENING NETWORKING EVENT

Everyone is invited to participate in a fun and relaxing evening event immediately following conference sessions on Tuesday, 4.11.17. Join your colleagues at the 2017 Welcoming Reception at 5:00 pm. A cash bar along with light hors d'oeuvres will be served. All conference registrants are welcome to attend. Be sure to bring your business cards!

## ATTENTION STUDENTS

Students in public health and related fields are encouraged to attend the Iowa Governor's Conference on Public Health. It is an excellent professional learning and networking opportunity. Please note the special student luncheon on 4.12.17. Students who attend the conference won't want to miss this opportunity to connect with public health professionals.

## LOCATION AND HOTELS

The conference will be held at the Holiday Inn Airport Des Moines - Conference Center. The Holiday Inn is located on the south side of Des Moines, directly across from the Des Moines Airport. Rooms have been reserved at the following Des Moines hotels for 4.10.17 & 4.11.17. Individuals are responsible for making and paying for their own reservations by contacting the hotel directly. Conference rates are based on single occupancy. Rooms will be held until 3.20.17.

Holiday Inn Airport – Des Moines  
6111 Fleur Drive  
Des Moines, IA 50321  
515.287.2400

Ramada Des Moines Airport  
1810 Army Post Rd  
Des Moines, IA 50315  
515.287.6464

Conference rate: \$95 + taxes  
To make a reservation you may call the hotel directly and reference Governor's Conference on Public Health or make a reservation online using the booking code: GOV.

Conference rate: \$79 + taxes  
Guests are to call the hotel directly to make reservations. Please reference the conference block name: Governor's Conference on Public Health.

## **PARKING**

Ample parking is conveniently located adjacent to the Airport Holiday Inn and Convention Center.

## **DOWNLOAD THE CONFERENCE APP**

In 2017 the Iowa Governor's Conference on Public Health has again selected CrowdCompass to provide the official conference app. This resource will serve as a one-stop shop for all of your conference going needs and reduce the carbon footprint of the conference by dramatically reducing printed materials. Take advantage of this app on your mobile device, tablet or laptop computer to:

- Build your personalized schedule by selecting sessions and activities of interest.
- Download session handouts and presentations.
- View details about sessions and speakers.
- Receive important announcements and alerts from conference organizers.
- Learn more about the companies and organizations that sponsor the conference.
- Check out vendor information and websites.
- Network with other conference attendees via private messaging and social media.
- Reference maps of the conference venue.
- And much more!

Instructions to download the conference app will be sent to registered conference attendees in March 2017.

## **TUESDAY (T), APRIL 11, 2017**

**8:30 - 10:00 AM**     **Welcome, Introductions & Keynote: Alonzo Plough, PhD, MPH**

### **10:15 - 11:45 AM (T1-Program #)**

- T1-1** Environmental Health Training in Emergency Response (EHTER): Introduction and Overview
- T1-2** Mental Health Parity Across the Lifespan: A Call to Action
- T1-3** Poverty Simulation's Impact on Pharmacy Student Attitudes Toward Poverty
- T1-4** Gamestorming for Group Engagement
- T1-5** Native American Health Innovations: A Community Based Participatory Approach to Prevent and Manage Diabetes in a Tribal Settlement
- T1-6** A Community-Academic Partnership to Improve Social Cohesion and Health: The Mission and Activities of the West Liberty Coalition/ Coalición de West Liberty
- T1-7** What is Predictable is Preventable: Prenatal Substance Exposure and the Vulnerable Child

**11:45 AM - 1:00 PM**     **Exhibit and Poster Session**  
**IPHA Annual Membership Meeting**

### **1:00 - 2:00 PM (T2-Program #)**

- T2-1** Place, Race, Poverty and Young Children: Imperatives and Opportunities for Health Equity
- T2-2** How Next Generation Sequencing is Revolutionizing Public Health
- T2-3** A Collaborative Approach to Increase HPV Vaccine Rates in the Iowa Medicaid Population
- T2-4** Using Qualitative Data Methods to Understand Health Equity
- T2-5** Health Equity and the Healthy Iowans Improvement Plan 2017-2021
- T2-6** Celebrating Fifty Years of Local Boards of Health in Iowa
- T2-7** Our CHANCE to Live, Work and Play in Cerro Gordo County (Our Community's Health, Activity and Neighborhood Change Exercise)

### **2:15 - 3:15 PM (T3-Program #)**

- T3-1** Lessons Learned in 2008 Flood Applied in 2016
- T3-2** The Importance of Implementing Trauma Informed Practices in Schools in Iowa
- T3-3** Addressing Social Needs in Dallas County
- T3-4** Achieving Mental Health Equity: Rural County Solutions
- T3-5** How PHAB Accreditation Is Making Us Better
- T3-6** Cyanobacteria and Their Impact on Water Quality
- T3-7** To Be Determined: Late Breaking / Emerging Topic

**3:15 - 3:30 PM**     **Afternoon Refreshments**

### **3:30 - 4:30 PM (T4-Program #)**

- T4-1** Iowa Water Quality and Public Health
- T4-2** INVEST Health – Strategies for a Healthier City
- T4-3** How Public Health Professionals Can Build Relationships with Refugee Communities
- T4-4** The Community ID Evaluation Project: Addressing Health Equity Through a Local Policy Linked to the Social Determinants of Health
- T4-5** Dental Wellness Plan: Using Data to Improve Health
- T4-6** Culture-Independent Testing – Benefits and Challenges to Public Health
- T4-7** USDA Rural Development: Improving Social Determinants in Rural Iowa

**5:00 - 6:00 PM**     **Welcome Reception (Cash bar and Hors d' oeuvres)**

## **WEDNESDAY (W), APRIL 12, 2017**

- 7:15 AM** **IPHA Past Presidents' Breakfast**  
**IEHA Past Presidents' Breakfast**
- 7:30 AM** **Registration, Exhibits, and Continental Breakfast**
- 8:00 - 9:00 AM** **Keynote: Jennifer Lowry, MD**
- 9:15 - 10:15 AM (W1-Program #)**
- W1-1** Double Up Food Bucks
  - W1-2** Building Collaborative Community Impact Strategies
  - W1-3** Value Based Health Care Understanding Where Pharmacy Aligns
  - W1-4** Healthy Homes Des Moines: Community Organizations Address Household Conditions to Minimize Pediatric Asthma
  - W1-5** Working Together to Prevent Off-Road Vehicle (ORV) Related Deaths and Injuries in Iowa's Rural and Urban Communities
  - W1-6** The National Diabetes Prevention Program in Iowa: Working Across Sectors to Increase Access
  - W1-7** Too Small To Be Accredited?
- 10:15 – 10:45 AM** **Poster Presentations and Exhibits**
- 10:45 - 11:45 AM (W2-Program #)**
- W2-1** Improving the Transition to Adulthood for Youth with Special Healthcare Needs in Iowa
  - W2-2** iExplore Laboratory Science: Developing the Future Public Health Workforce
  - W2-3** Health Equity for Iowa's Diverse Families: Culturally Competent and Early Identification of Autism Spectrum Disorder and Other Developmental Disabilities
  - W2-4** Clean Water Protects Public Health
  - W2-5** Healthcare is Community Reinvestment
  - W2-6** Building Active Iowa Communities
  - W2-7** A Snapshot of Rural Iowa
- 11:45 AM - 1:00 PM** **Exhibits and Poster Presentations**  
**IEHA Annual Membership Meeting**  
**Student Career Networking Luncheon**  
**ICPHA Annual Membership Meeting**
- 1:00 - 2:00 PM (W3-Program #)**
- W3-1** An Impossible Reality
  - W3-2** The Effects of Antimicrobial Resistance on Human and Animal Health and the Environment
  - W3-3** The Iowa Drug Donation Repository – Saving Lives and Reducing Waste
  - W3-4** Building Unique Partnerships in Rural Iowa to Increase Access to Diagnostic Services for Autism Spectrum Disorder
  - W3-5** Board of Health Position Papers as a Tool for Policy Change
  - W3-6** Community Health Workers in Iowa: An Untapped Tool for Engaging Patients
  - W3-7** Communicating the Importance of the Well Visit for Adolescents and Young Adults in Iowa
- 2:15 - 3:15 PM** **Closing Keynote: Alyson Beytien, MS, BCBA**

**TUESDAY, APRIL 11, 2017**

## 7:15 – 8:30 AM Continental Breakfast and Registration

### 8:30 - 10:00 AM



#### *Introductions & Welcome*

**Keynote:** Alonzo Plough, PhD, MPH, Chief Science Officer and Vice President, Research-Evaluation-Learning at the Robert Wood Johnson Foundation.

Presentation will highlight the work of the Robert Wood Johnson Foundation to build a culture of health for all America. Focus will be on the Action Framework developed by the Foundation and the RAND Corporation to catalyze action toward improved population health, well-being, and equity.

### 10:15 - 11:45 AM

#### **T1-1 Environmental Health Training in Emergency Response (EHTER): Introduction and Overview**

*Eric Bradley, MPH, REHS, CP-FS, DAAS, Scott County Health Department*

The nation's environmental health workforce faces critical challenges in training and other key issues. Emergency preparedness and response training is particularly urgent, with several assessments identifying the need for such training as a critical gap. To help meet this need, the Centers for Disease Control and Prevention (CDC) collaborated with federal, state, and local health and environmental health partners to develop the Environmental Health Training in Emergency Response (EHTER) course. During emergency responses, state and local environmental health programs perform many critical functions, such as conducting shelter assessments, testing drinking water supplies, conducting food safety inspections, and controlling disease-causing vectors. Many of these functions may fall within the existing role of an environmental health program, but an emergency event presents additional challenges and specific needs. EHTER provides training on how to apply environmental health information in an emergency setting and addresses the following environmental health issues from this perspective: food safety, potable water, wastewater, shelters, vector control, responder safety, disaster management, solid waste and hazardous materials, building assessments, and radiation. This presentation will provide attendees with an overview of this essential course that is offered a few times a year at no cost to local or state governments.

#### **T1-2 Mental Health Parity Across the Lifespan: A Call to Action**

*Chris Espersen, MSPH, Espersen & Associates*

*Mary Nelle Trefz, MPH, Child and Family Policy Center*

*Charles Bruner, PhD, Learning Collaborative on Health Equity and Young Children*

The structures that contribute to or detract from health are built early and continue to evolve throughout the lifespan. Mental health is a particularly complex component of these edifices, and care systems are fraught with inadequacies due to access issues, workforce capacity, and stigma. Further exacerbating the problem are social norms and trends that diminish health-promoting factors--such as positive social networks--and intensify mental health issues. This participatory session will explore barriers and



opportunities around mental health issues facing Iowans across their lifespan, and offer a dialog for positive forward momentum in mental health parity across our state.

**T1-3 Poverty Simulations Impact on Pharmacy Student Attitudes Toward Poverty**

*Cheryl Clark, RPh, FAPhA, Drake University  
Renee Sedlacek, MS, Drake University*

Poverty is a social determinant of health that impacts access to quality care. Discussion of poverty and other SDOH are essential elements of healthcare professional student curriculum including the accreditation standards for colleges of pharmacy. At the Drake University College of Pharmacy and Health Sciences, a poverty simulation exercise was added to the curriculum in Fall 2013. Following the 3-hour Missouri Association for Community Action Poverty Simulation, changes in pharmacy student attitudes toward poverty were measured by the Attitude toward Poverty (ATP) scale. During the simulation, students were randomly assigned to mock family units with various life circumstances. The families simulated typical daily living activities during 4 periods designated as weeks. Volunteers served as the community organizations where families interact to meet needs and obligations such as workplaces, schools, stores, banks, and social service organizations. Following the simulation, students participate in debriefing sessions to discuss their experiences. Drake University pharmacy students have been participating in a poverty simulation exercise since 2013. Learn about the simulation process, discuss data on changes in student attitudes toward poverty, and engage in an abbreviated simulation.

**T1-4 Gamestorming for Group Engagement**

*Abbie Gaffey, Iowa State University Extension and Outreach*

Public health officials work with a variety of groups both internally within the organization and in the communities they serve. Whether working on strategic plans, developing or evaluating programs, assessing needs, or collaborating on projects, public health officials' work with people and an important tool in this work are ways to constructively engage people in dialogue, new ideas, and positive change. In this interactive workshop participants will gain knowledge and skills in five Gamestorming techniques they can use with any type of group, on any type of project that requires a group to form a plan, plan an event, develop a program, or organize the work of multiple people.

**T1-5 Native American Health Innovations: A Community Based Participatory Approach to Prevent and Manage Diabetes in a Tribal Settlement**

*Sean Bear, BA, CADC, National American Indian and Alaska Native ATTC, University of Iowa College of Public Health  
Laurel Tuggle, BA, Student University of Iowa College of Public Health*

The National American Indian and Alaska Native Addiction Technology Transfer Center (National AI/AN ATTC) approached Iowa's only local Native American tribe, the Meskwaki Tribe, about using Meskwaki Tribal and National AI/AN ATTC strengths and interests to learn about diabetes prevention and management on the Meskwaki Settlement. The team conducted a needs assessment based on focus groups and interviews with tribal community members and provided themes and recommendations for the tribe. Presenters will discuss 1) the benefits of using a community-based participatory approach with a Native population, 2) cultural considerations when working with a Native American population, and 3) results from the project and how they will be used moving forward. By using a

community-based participatory approach, the Meskwaki Tribal Community and the National American Indian and Alaska Native ATTC were able to identify some themes that may help the Tribe in understanding the strengths of the community, barriers to healthy eating and practices, and resources within the Tribe that could contribute to preventing and managing diabetes on the Settlement.

**T1-6 A Community-Academic Partnership to Improve Social Cohesion and Health: The Mission and Activities of the West Liberty Coalition/Coalición de West Liberty**

*Steve Hanson, MEd, West Liberty Community School District*

*Paul Gilbert, PhD, ScM, University of Iowa College of Public Health*

*Jason Daniel-Ulla, PhD, MPH, University of Iowa College of Public Health*

*Edward Moreno, MS, Gentle Family Dentists*

*Denise Martinez, MD, University of Iowa Carver College of Medicine*

The West Liberty Coalition/Coalición was formed as a community-academic partnership to address social relations and improve health in a majority Latino town. Meeting monthly since November 2014, members include town residents, representatives from key constituencies (such as the school district, service clubs, churches, chamber of commerce), and University of Iowa faculty and students, among others. This session will describe the group's organizational model, present findings from initial activities, and share insights that may be relevant to other cities with diverse demographic communities.

**T1-7 What is Predictable is Preventable: Prenatal Substance Exposure and the Vulnerable Child**

*Gail Barber, Executive Director, Iowa Children's Justice, State Court Administration*

*Elizabeth Moore, RN, Iowa Children's Justice*

The Iowa Children and Family Collaborative, initiated by Iowa Children's Justice, is a consortium of State and community agencies that is working to ensure that Iowa's children can thrive in safe and healthy families. The mission of the Collaborative is to promote early identification and intervention for families affected by substance use, enhance families' ability to ensure the healthiest outcome for their children and reduce involvement in the child welfare system. The use of alcohol and illicit drugs by pregnant women in Iowa is generating crises across multiple systems: health, education, substance abuse, the courts, child welfare, and social services, to name a few. Identification of the pregnant woman early in pregnancy and interventions that help her reach a drug/alcohol-free status by 3<sup>rd</sup> trimester significantly improve outcomes for both mother and child: decreased rates of prematurity, low birth weight, and maternal and infant morbidity and mortality. The subsequent cost savings have been well documented. This session will present Iowa's approach to screening and brief intervention and rates of alcohol, tobacco, marijuana, and illicit drugs in pregnant women. Presenters will discuss the potential effectiveness of this program in improving maternal and child health and behavioral health both in the short- and long-term. The final portion of the session will encourage an interactive discussion of steps Iowa can take to integrate systems of care across the state.

**11:45 AM - 1:00 PM Lunch**  
**Exhibits and Poster Presentations**  
**IPHA Annual Membership Meeting**

## 1:00 - 2:00 PM

### T2-1 **Place, Race, Poverty and Young Children: Imperatives and Opportunities for Health Equity**

*Charles Bruner, PhD, Learning Collaborative on Health Equity and Young Children  
Angelica Cardenas, MSW, Child and Family Policy Center  
Mary Nelle Trefz, MPH, Child and Family Policy Center*

Place, race, and poverty intertwine and impact young children and their development in profound ways. This points to the need and opportunity to promote new approaches to early childhood systems building ones involving both qualitatively and quantitatively different investments within poor neighborhoods, including focused community-building activities directed to young children and their families. This workshop shows how state and communities can identify and describe their neighborhoods and communities in terms of young children and their needs and take action to make changes to produce population-level gains in young children's healthy development.

### T2-2 **How Next Generation Sequencing is Revolutionizing Public Health**

*Travis Henry, PhD, State Hygienic Laboratory at the University of Iowa  
Jeff Benfer, MS, MB (ASCP)cm, State Hygienic Laboratory at the University of Iowa  
Valerie Reeb, PhD, State Hygienic Laboratory at the University of Iowa  
Jing Bai, MS, State Hygienic Laboratory at the University of Iowa*

New innovative testing technologies have the ability to revolutionize public health outbreak investigations and response to emerging disease threats. State Hygienic Laboratory (SHL) scientists perform applied research studies to incorporate new molecular methodologies with the goal of working with our public health partners to improve the health of Iowans. One of the latest research focus areas is Next Generation Sequencing (NGS), which allows for the determination of a microbial pathogen's genetic code (genome) with dramatically increased speed and accuracy while reducing labor and cost. NGS in simplest terms can be described as chopping up the DNA into little pieces, which can all be rapidly sequenced at the same time with results assembled by computer software. Knowing the genome of pathogenic microbes, allows for detailed characterization of virulence genes and antibiotic resistance. Also, NGS strain typing for tracing the origins of outbreaks, such as from contaminated food products, is a valuable tool. Participants will develop a better understanding of what NGS is and how it is being used in public health.

### T2-3 **A Collaborative Approach to Increase HPV Vaccine Rates in the Iowa Medicaid Population**

*Jill Myers Geadelmann, BS, RN, Iowa Department of Public Health  
Sara Comstock, MSW, American Cancer Society, Inc.*

In partnership with the American Cancer Society and Iowa Department of Public Health, members of Iowa's healthcare community launched a prevention campaign with the goal to reduce the cancer burden in Iowa through increased screening and prevention. The initiative focused on the human papilloma virus (HPV) and increasing the vaccination rate throughout the state of Iowa. The HPV vaccine is cancer prevention, however, HPV vaccination rates are far below rates of other routinely recommended vaccines for adolescents across the state. This presentation will demonstrate how targeted provider recommendation and member education influenced recommendations and HPV

vaccination rates. The targeted population for this initiative included Vaccine for Children (VFC) providers and eligible males and females between the ages of 9-13 that were enrolled with one of the three Managed Care Organizations (MCOs). The project launched first with the VFC providers, providing office materials that would assist in cancer prevention efforts by talking to parents or guardians about the importance of the vaccine, reducing the risk of HPV related cancers as well as best practices. The goal of collaboration is to reduce the cancer burden in Iowa through increased screening and prevention that include participation from providers, payers, non-profit stakeholders and state agencies.

#### **T2-4 Using Qualitative Data Methods to Understand Health Equity**

*Betsy Richey, MPH, PhD, Iowa Department of Public Health, Drake University*  
*Andrea Bentzinger, MS, PhD, Iowa Department of Public Health*

Effectively addressing health equity requires understanding community perspectives, social factors that define and influence health, and meaning associated with health and wellness. Qualitative methods can provide robust data to assess health within the context of how Iowans live, work and play. Qualitative data are also essential to contextualizing and operationalizing quantitative data and are an essential step to program planning and evaluation. This session will provide an overview of several qualitative methods, including focus groups and interviews. Question development and data collection strategies will be covered. Qualitative data analysis, including open and closed coding schemes, and free tools to assist in data coding, will also be reviewed. This session is designed for the beginner and intermediate levels. Previous qualitative data experience is not needed.

#### **T2-5 Health Equity and the Healthy Iowans Improvement Plan 2017-2021**

*Louise Lex, PhD, MS, Iowa Department of Public Health*  
*Jann Durbin, MA, CPM, Iowa Department of Public Health*

Iowa has a rich history of civil rights. Ensuring that everyone who lives in the state has an opportunity for optimum health is part of this tradition. Health equity undergirds the goals, objectives, and strategies submitted by partners involved in Iowa's statewide health improvement plan. The principle of health equity requires that social determinants of health assume an integral part of the plan. Major components include economic stability, education, health services access, neighborhood and the built community, and the social and community context such as community awareness of health issues and health literacy. Closely related to the health equity theme are the companion themes of life course approaches and health system improvement and evidence-based decision making. The presentation will cover critical health issues, crosscutting themes, and steps partners are taking so that all Iowans will live longer, healthier, more productive lives and enjoy our rich quality of life.

#### **T2-6 Celebrating Fifty Years of Local Boards of Health in Iowa**

*Ronald Eckhoff, MD, MPH*

The first law establishing local boards of health in Iowa was passed 150 years ago (1867). The law made the city and town councils and township trustees the local boards of health, over 2,000 of them. In general, they were not functioning boards of health. This

presentation will briefly cover the period from 1867 to 1967. The modern era of local boards of health in Iowa began fifty years ago with the passage of Chapter 137 of the Code of Iowa. The majority of this presentation will focus on the progress of local public health in Iowa during the past fifty years. Local boards of health have accomplished much during this time. For example, prior to 1967 the only places with local environmental health services were the larger cities and most of those only covered the city, not the entire county. Only about two-thirds of the counties had any public health nursing or visiting nurse services, frequently only one nurse hired by the board of supervisors. This presentation will be a follow-up to a presentation at the 1969 Iowa Public Health Association Annual Meeting: Implementation of Iowa's Local Health Act.

**T2-7 Our CHANCE to Live, Work, Play in Cerro Gordo County (Our Community's Health, Activity and Neighborhood Change Exercise)**

*Kelli Huinker Gerdes, EP-C, Cerro Gordo County Department of Public Health*

The term Built Environment is widely used in public health literature, but an unfamiliar term to most residents who struggle to connect the dots between the unknown Built Environment and their health. The Cerro Gordo County Department of Public Health (CGCDPH) has led several projects to reverse this trend. We've seen great progress in local pedestrian and bicycle plans by working with transportation and conservation officials. Additionally, many community gardens and farmers' markets have gained steam, increasing access to nutritious foods for residents. Most recently, the CGCDPH has started helping small communities craft built environment improvement plans for their towns to ensure current and future residents have a healthy place to live, work and play. Improving dilapidated basketball courts nestled between downtown buildings in Thornton is one example of providing a safe and active place to play. In Plymouth, plans for creating a community apple orchard (and other edible landscaping) are also in the works. Disc golf courses are popping up; new sidewalks link important destinations. Schools are building gardens to feed, teach and help their students grow. As the CGCDPH branches out into more built environment initiatives, we expand our scope of partners. We invite conference participants to learn how residents from the smallest of towns often have the largest of passions for improving their communities and making rural Iowa life the best place to live, work and play.

**2:15 - 3:15 PM**

**T3-1 Lessons Learned in 2008 Flood Applied in 2016**

*Julie Stephens, BA, Linn County Public Health*

The presentation will review Linn County Public Health's lessons learned in Linn County's 2008 historical flooding and related response application in September 2016. Examples will include: public information, external support, response partner connections, environmental health, public health incident command system and use of United Way 2-1-1 as community information and referral. Participants will be able to identify how an after action report can benefit future response of a similar nature. Presentation will identify communication strategies used to coordinate public information in an emergency and mechanisms to gather feedback from staff and the community post large-scale response.

**T3-2 The Importance of Implementing Trauma Informed Practices in Schools in Iowa**

*Armeda Wojciak, PhD, University of Iowa*

*Carol Smith, PhD, University of Iowa*  
*Janis Powers, MA, University of Iowa*

Researchers from the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente first examined the influence of adverse childhood experiences (ACEs) on adult health concerns in 1998. These traumatic events included: exposure to violence; emotional, physical, or sexual abuse; neglect; family dysfunction such as divorce; parental substance abuse and mental health problems; parental death or incarceration. Much of the population, roughly 55%, has experienced at least one such ACE between the ages of 0-18. Researchers are now beginning to evaluate the impact of ACEs upon children's health, behavioral health and educational outcomes. Elementary schools provide an opportunity, as a universal system that serves the majority of children, to offer trauma informed care practices in an effort to improve student success. This mixed methods study examined the influence of trauma informed care trainings, provided to all school personal throughout one academic year, had on classroom settings and the climate and culture of the school. Participants will be able to articulate three ways trauma influences students' social, emotional, and cognitive learning; the benefits of implementing trauma informed care practices at a school-wide level; and implications for school counselors, teachers, and administrators.

### **T3-3 Addressing Social Needs in Dallas County**

*Beth Frailey, MPH, Dallas County Public Health & Nursing Services*  
*Kelly Moomaw, UnityPoint*

Among healthcare providers, there is increased awareness that medical care alone cannot adequately improve health without also addressing social needs that influence where and how people live, work, and play. Residents of Dallas County have identified limited transportation, low income, limited English proficiency, and lack of health insurance as the top barriers to receiving medical care. In order to overcome these barriers, Dallas County Public Health and Nursing Services (DCPHNS) implemented an innovative Health Navigation program that connects residents to health and social services to help them live long, healthy lives. As a recipient of the State Innovation Model (SIM) grant, DCPHNS has also convened a steering committee comprised of hospitals, healthcare providers, public health, and human service professionals in order to address the health and social needs of Dallas County residents. Through collaboration, the Dallas County SIM steering committee has developed processes to identify patients with social needs and connect them to appropriate services. The SIM steering committee also compiled data to inform larger community-wide projects that help address the social needs for the entire community and fill the gap of unavailable services. This presentation will explore the process, challenges, and successes of implementing a care coordination system with multiple clinical and community partners to improve overall well being of Dallas County residents.

### **T3-4 Achieving Mental Health Equity: Rural County Solutions**

*Lori Hoch, BSN, RN, Myrtue Medical Center/Shelby County Public Health*  
*Kim Dorn, BA, MBI, Marion County Public Health Department*

When community health planning groups conducted their latest community health needs assessment and health improvement planning process (CHNA & HIP), 69 counties identified access to mental health services as a top critical need and 70 counties identified mental

health, illness, and suicide. Past improvement efforts included working with hospitals to recruit psychiatrists or to establish telepsychiatry for diagnosing and treating children and adults. Some counties enhanced the expertise of health care providers, organized training for emergency medical personnel and law enforcement, and developed support groups. In different ways, counties made the proverbial stone soup by rallying community resources. Three counties will discuss how they have fashioned initiatives to address critical mental health needs, what successes they have experienced, and how they have overcome roadblocks. Public health data along with a new tool for using it will be presented.

### **T3-5 How PHAB Accreditation is Making Us Better**

*Kaitlin Emrich, MPH, Linn County Public Health*

*Brooke Barnes, MPP, Scott County Health Department*

*Kevin Grieme, MS, Siouxland District Health Department*

*Kara Vogelson, MHA, CPH, Cerro Gordo County Department of Public Health*

Quality services and predictable results are expected both within and outside public health doors. One of the ways that accountability has been demonstrated is through standard setting and recognition of agency capacity through accreditation or certification. Public Health Accreditation helps to drive health equity because the quality of public health services is improved for all, regardless of ethnicity, race or gender. This panel will feature local health departments discussing how the pursuit of Public Health Accreditation has made us better. PHAB Accreditation does take an investment in time and resources, not the least of which are the accreditation application fees. Information will be provided on recently published survey data of accredited public health departments addressing the question of value. Participants will learn the value in public health accreditation to a local public health agency's programs, services, community relations, workforce development, governance, administration and quality improvement. Participants will also be able to identify best practices that may be adopted in pursuit of their own agency's accreditation process.

### **T3-6 Cyanobacteria and Their Impact on Water Quality**

*Dustin May, BS, State Hygienic Laboratory at the University of Iowa*

Microcystins are a potent class of hepatotoxins produced by cyanobacteria, commonly referred to as blue green algae. The presence of these toxins, among others, in the surface waters of Iowa is an issue that has garnered substantial attention recently in the media. This presentation will discuss these toxins and the organisms that produce them, providing an overview of their biology and ecology. Additionally, the causes of increased blue green algae blooms and mitigation and water treatment strategies for cyanobacteria will be discussed. Finally, testing initiatives undertaken by the state of Iowa will be highlighted and national impacts regarding microcystins and recent research regarding these toxins will also be reviewed.

### **T3-7 Late Breaking / Emerging Topic**

**3:30 - 4:30 PM**

#### **T4-1 Iowa Water Quality and Public Health**

*Pete Weyer, PhD, University of Iowa Center for the Health Effects of Environmental Contamination*

Iowa's source water quality has been the subject of much debate over the past two years. This has been driven in part by the Des Moines Water Works lawsuit against three counties upstream on the Raccoon River related to nitrate loading of the river from agricultural fields. While much discussion has taken place on the cause of the nitrate pollution and options to address the problem, the only public health concern discussed has been methemoglobinemia, or blue-baby syndrome. However, blue-baby syndrome has not been diagnosed in Iowa since the 1970s. There has been no discussion of other possible adverse health effects from exposure to nitrate in drinking water. This talk will present results of almost 15 years of Iowa-based research on drinking water nitrate and risk for cancer and birth defects. Results from health effects studies of Iowa populations exposed to atrazine and water disinfection byproducts will also be presented. Emerging drinking water contaminants including arsenic, pharmaceutical compounds and neonicotinoids insecticides will be discussed, as will recreational water exposures to harmful algal blooms, particularly microcystin. The importance of ongoing water quality surveillance (and dedicated funding to support those efforts) include providing data for health effects research, assessing water quality trends, and addressing emerging contaminant issues which may impact Iowans.

#### **T4-2 INVEST Health – Strategies for a Healthier City**

*Vickie Miene, MA, MS, LMHC, University of Iowa College of Public Health, Iowa Institute of Public Health Research and Policy*  
*Tracy Hightshoe, BA, City of Iowa City*

A multi-disciplinary team from Iowa City was selected to receive an INVEST Health award, funded through a partnership by the Robert Wood Johnson Foundation and the Reinvestment Fund. INVEST Health is a new initiative, developed in 2016 that brings together diverse leaders from mid-sized cities across the nation to develop strategies that will leverage private and public investments designed to improve neighborhoods that are facing the biggest barriers to health equity. The Iowa City team is focusing efforts on developing comprehensive plan to address asthma and mental health challenges in low-income neighborhoods. The Iowa City project includes forming a broad stakeholder group with members from the health, housing, public health, banking, education, mental health and private sectors. The project is tasked with developing a comprehensive plan including a pipeline of projects to improve the built environment as well as a plan to finance those projects, that will increase affordable housing and decrease health disparities. The team will share data collected from residents and community members through focus groups, surveys and one-on-one interview techniques. Participants will learn strategies for coalition building, community engagement, data collection and network analysis strategies. Lessons learned and community engagement strategies will be presented.

#### **T4-3 How Public Health Professionals Can Build Relationships With Refugee Communities**

*Alyssa Clayden, LSI*  
*Zeljka Krvavica, Iowa Bureau of Refugee Services*  
*Rohey Sallah, U.S. Committee on Refugees and Immigrants*

Iowa has welcomed thousands of individuals fleeing persecution through our state's long history of refugee resettlement. Major population groups have included Vietnamese and Bosnian refugees and currently individuals and families from Burma, Bhutan, Eritrea, Iraq, Somalia and the Democratic Republic of the Congo. Each resettlement group has unique



cultural norms and languages. Many also arrive with a history of trauma that impacts their healthcare needs. Professionals, who work directly with refugee populations, will explain some of the barriers to culturally competent care these populations face. The presentation will outline public health initiatives refugees experience during the resettlement process, specifically focusing on the U.S. Committee for Refugees and Immigrants - Refugee Wellness Program. This program provides vital support to refugees with medical or mental health needs through the work of dedicated case managers who empower refugees to access healthcare. Finally, the workshop will share local resources created to address challenges in system navigation in an interactive activity, with takeaways public health professionals can utilize in practice.

#### **T4-4 The Community ID Evaluation Project: Addressing Health Equity Through a Local Policy Linked to the Social Determinants of Health**

*Roz Smith, MPH, National Resource Center for Family Centered Practice*

*Mayra Elena Martinez, BA, The Signal Center for Health Innovation, University of Iowa Health Ventures*

*Xiomara Santana, University of Iowa College of Public Health, Community and Behavioral Health*

In the U.S., government-issued photo identification (ID) is often needed to access health-promoting resources, including health care, housing, social services, banking services, and police services. Many populations face barriers to getting photo ID; undocumented immigrants cannot obtain state IDs or driver's licenses in most states, and more than 20 million adult U.S. citizens lack ID. Communities that disproportionately lack ID include African Americans, Latinos, senior citizens, low-income, homeless, transgender, and those suffering from mental illness. Disparities in access to ID amplify existing health inequities by preventing vulnerable populations from using health-promoting resources. In 2015, Johnson County, Iowa and Washtenaw County, Michigan, became the 8th and 9th US localities to issue ID cards regardless of immigration status. We designed a multi-site evaluation of these new ID policies, conducting surveys with ID applicants before they received their ID, and following up after 6 months of ID use. Participants will be able to describe multiple links between access to photo identification cards and the social determinants of health and health equity, as well as, strengths and weaknesses of new local identification card programs.

#### **T4-5 Dental Wellness Plan: Using Data to Improve Health**

*Nicole Rayman, MPH, Delta Dental of Iowa*

*Gretchen Hageman, MA, Delta Dental of Iowa*

The Iowa Dental Wellness Plan (DWP) is an innovative, earned-benefits program that provides dental benefits for Iowa's Medicaid expansion plan. DWP is a public-private relationship designed to process and better understand health outcomes using dental science to assess the oral health of DWP member. The earned benefits model works to change member behavior and focuses on the need for consistent preventive services and building a relationship with their dental provider. DWP includes a comprehensive risk assessment that is used to determine the member's risk. Additionally, members will receive targeted local outreach and education to improve their dental and overall health based on their personal dental risk assessment. The data collected from risk assessments is used in conjunction with claims data to aid Delta Dental of Iowa and the State of Iowa in understanding the overall risk and need for dental care within the DWP population.

Findings from data analysis are used to monitor successes of the unique earned benefit design of the DWP. The data also helps identify areas of improvement in regards to benefit decision-making and outreach for the program.

**T4-6 Culture-Independent Testing – Benefits and Challenges to Public Health**

*Gary Moet, State Hygienic Laboratory at the University of Iowa  
Ryan Jepson, State Hygienic Laboratory at the University of Iowa*

A new generation of culture-independent diagnostic testing (CIDT) is changing the way clinical laboratories diagnose enteric illness. By removing the need to grow (culture) bacteria from stool, culture-independent tests can now identify bacteria within hours instead of days. This decrease in turnaround time has come at a cost to public health laboratories and federal surveillance programs such as CDC's PulseNet and FDA's GenomeTrakr that rely on bacterial isolates to monitor and prevent foodborne outbreaks. The State Hygienic Lab (SHL) received its first CIDT positive specimen in June of 2015 and now has 16 clinical laboratories routinely submitting stool specimens instead of bacterial isolates. This revolution in culture-independent diagnostics comes at a significant cost and represents a unique example of technological inequality with both benefits and disadvantages present for patients, hospitals and public health providers.

**T4-7 USDA Rural Development: Improving Social Determinants in Rural Iowa**

*Kate Sand, USDA Rural Development*

The USDA's Rural Development (RD) mission area strives to assist rural communities in increasing economic opportunities and to improve quality of life for rural Americans. As a result, RD has a role in improving social determinants of health in rural Iowa. Through 40 different loan and grant programs, RD assists in the creation of jobs and economic opportunities; increases community development and improves infrastructure; and provides affordable, safe and sanitary housing in rural communities. RD provides financing for health care facilities ranging from critical access hospitals to assisted living facilities to medical clinics to public health offices to mental health facilities. The Agency also provides financing for public safety, educational and cultural facilities, infrastructure to ensure there is healthy water to drink and sanitary and clean water for communities. This presentation will acknowledge the different conditions and social determinants of health that rural Iowans face and the impact that USDA Rural Development can have in improving individual and community health.

**WEDNESDAY, APRIL 12, 2017**

**7:15 AM**      **IPHA Past Presidents' Breakfast**  
**IEHA Past Presidents' Breakfast**

**7:30 AM**      **Registration & Continental Breakfast**

## 8:00 – 9:00 AM



### **Keynote: Pediatric Environmental Health – Revisiting the House Call**

*Jennifer Lowry, MD*

Chief for the Section of Toxicology and Environmental Health at  
Children’s Mercy in Kansas City

Professor of Pediatrics at the University of Missouri Kansas City

With the widespread presence of environmental health hazards in our communities, concern about health risks for children has increased among the general public and the media, as well as among public and private organizations. In a national survey of parents, 41% stated they “worry a lot” about their children’s exposure to environmental poisons. Despite this increased interest and the economic burden, pediatric medical, nursing and ancillary care education currently lacks the environmental health content necessary to appropriately prepare pediatric health care professionals to recognize, manage, and prevent environmental exposure–related diseases. In addition, decrease funding for public health has led to a decrease in environmental health knowledge and programs for local and state health departments preventing optimal response for our children. This program will describe common environmental hazards in the home and vulnerabilities of children to these hazards in order to open a dialogue on how the health of the home and environment can impact the health of the child.

## 9:00 – 9:15 AM **Poster Presentations and Exhibits**

### 9:15 - 10:15 AM

#### **W1-1 Double Up Food Bucks**

*Aryn McLaren, MPH, Iowa Healthiest State Initiative*

In 2016, the Iowa Healthiest State Initiative launched the first, centrally coordinated, nutrition incentive program in Iowa. Double Up Food Bucks (DUFB) is designed to make it as easy as possible for low-income families to buy and eat local fresh produce. For every dollar in Supplemental Nutrition Assistance Program (SNAP) benefits a family spends at a participating farmers' market in Iowa, they receive an additional dollar (up to \$10 per market day) to buy fresh fruits and vegetables. This the first nutrition incentive program in Iowa to be rolled out with a uniform design, central administration, and local implementation. Double Up Food Buck's incentives address the financial and geographic barriers to healthy eating for low-income families, but the program's benefits run deeper, farmers get a financial boost, and local economies thrive. Double Up Food Bucks stimulates demand for local produce providing Iowa farmers the economic safety net they need to locate markets near these communities. DUFB simultaneously creates both a demand and a supply for healthy produce, supporting the sustainability of the program at the local level. Creating a market connection between farmers and consumers deepens the impact by injecting food dollars into the local economy and fostering a strong and resilient local civic culture.

#### **W1-2 Building Collaborative Community Impact Strategies**

*Elizabeth Murphy, BFA, Emspace*

*Sara Schram, MS, RD, Douglas County (NE) Health Department*

A communications firm focusing on public health and a public health department will demonstrate how work can be leveraged across communities and build collaborative community impact strategies as shown through an existing project, Healthy Neighborhood Stores (HNS). Benefits of the model include: building community partnerships, maximizing resources, establishing community rapport, evaluating conversations around health, creating community demand for outcomes, and transitioning to community leadership. Participants will understand the community impact model and be able to apply the model and identify needs/opportunities to implement actionable steps in their own communities.

### **W1-3 Value Based Health Care Understanding Where Pharmacy Aligns**

*Sarah Derr, PharmD, Iowa Pharmacy Association*

The United States is currently facing a health epidemic that is driven largely by chronic disease, which will require preventive care rather than reactive care. As the healthcare system shifts to a more value-based payment model, it will be key to utilize all members of the healthcare team to reduce total cost of care with better health outcomes. Pharmacists are the most accessible healthcare providers and well positioned to impact patient health. Many pharmacists in Iowa routinely provide enhanced patient care services that focus on improving quality of care, and demonstrate value to healthcare payers, providers and consumers. To align with statewide initiatives and demonstrate consistent delivery of services, two value-based pharmacy networks have been developed. The Community Pharmacy Enhanced Services Network is practitioner-driven requiring all pharmacies in the network to provide specific required base services. The second enhanced services network is payer-driven and known as the High Performing Pharmacy Network where pharmacies will be compensated based on achievement of quality metrics for attributable patients in four disease states, total cost of care and hospital admission/readmission. This presentation will highlight how pharmacist-delivered services impact and align with quality metrics that are targeted to ACOs, physicians, clinics and health systems while at the same time improve patient health outcomes and satisfaction.

### **W1-4 Healthy Homes Des Moines: Community Organizations Address Household Conditions to Minimize Pediatric Asthma**

*Claire Richmond, MS, MPH, Healthy Homes Des Moines*

*Kiersten Cooley, MA, Visiting Nurse Services of Iowa*

*Carolyn Schaefer, BSN, RN, Polk County Health Department*

Healthy Homes Des Moines (HHDSM) is a collaborative effort that gets to the source of asthma triggers in Des Moines homes. Medical providers identify children at highest risk for emergency department readmission and make a referral into HHDSM. The program uses an empirically proven home-based intervention model to address both lifestyle and environmental factors that increase asthma rates in children. Through a series of six home visits, families receive asthma education, home repairs and cleaning supplies. Families complete an asthma control test before and after the intervention is complete to measure improvement, and the families are tracked by medical providers to determine a decrease in health outcomes. Participants will learn about the establishment of the referral process and launch of an online tool to facilitate efficient handoffs between agencies involved.

### **W1-5 Working Together to Prevent Off-Road Vehicle (ORV) Related Deaths and Injuries in Iowa's Rural and Urban Communities**

*Gerene Denning, PhD, Emergency Medicine – University of Iowa*

*Charles Jennissen, MD, University of Iowa Hospitals and Clinics*

*Pamela Hoojerwerf, University of Iowa Children's Hospital*

Crashes of all-terrain vehicles (ATVs) claim the lives and health of Iowans every year, including our children and teens. In addition, there is a rapidly growing problem of deaths and injuries from off-road vehicles generically referred to as side-by-sides (SxSs). As part of our inter-disciplinary ORV injury prevention program, we study crashes of these vehicles in Iowa. The goal of our studies is to determine the 'who, what, when, where and why' of these crashes and resulting injuries. This knowledge in turn will help us to develop strategies for preventing ORV-related deaths and injuries in our state. From 2002-2013, the number of injured persons in our Iowa database was similar from year to year for ATVs but increased dramatically for SxSs. ORV crashes occurred in both rural and urban communities, but injury rates varied considerably from county to county. Fatal crashes more commonly occurred on the road than off and were more often in rural than in urban areas. Helmet use by ATV riders was low throughout the state, but particularly so in isolated rural communities. Children under 16 years of age were twice as likely to be a victim of SxS crashes as compared to ATV crashes and this appeared to be due in part to these children being allowed to operate these large, powerful motor vehicles. Participants will have an increased awareness of the broad impact of ATV and SxS crashes in Iowa, as well as, the identity of particularly vulnerable populations.

#### **W1-6 The National Diabetes Prevention Program in Iowa: Working Across Sectors to Increase Access**

*Katie Jones, MPH, CHES, Iowa Department of Public Health*

*Karen Crimmings, RN, CIC, Cerro Gordo County Department of Public Health*

In January 2015, there were only two National Diabetes Prevention Program (NDPP) sites in Iowa, but by August 2016, there were thirteen sites, with additional organizations planning to join by the end of 2016. NDPP is an evidence-based and cost-effective yearlong program that has been proven effective at preventing or delaying type 2 diabetes. This innovative program is being implemented in a wide variety of different settings, including community organizations. This presentation will provide an overview of the problem of prediabetes, the benefits of and evidence supporting NDPP, and how the number of NDPP sites increased in Iowa. The presentation will describe the results of a gap analysis survey completed in 2016 of potential and current NDPP sites; the collaborative work taking place to address prediabetes, increase referrals to NDPP, and establish more NDPP sites in Iowa; and the future of NDPP sites in Iowa, especially with Medicare coverage of NDPP beginning in 2018. In addition, this presentation will describe how various stakeholders can address prediabetes, including by increasing awareness of prediabetes, increasing screening and testing for prediabetes, referring people with prediabetes or at high risk for type 2 diabetes to NDPP, and working to establish new NDPP sites in areas that do not have one.

#### **W1-7 Too Small to Be Accredited?**

*Laurie Walkner, MA, University of Iowa College of Public Health*

*Patricia Sallee, MSN, Louisa County Public Health*

*Shirley Orr, MHS, APRN, NEA-BC, SOCO Consulting*

The Public Health Accreditation Board (PHAB) is exploring challenges and opportunities related to the accreditation of health departments that serve populations of fewer than 50,000 people or have fewer than 10 non-clinical FTEs. Although several health departments

of this size have attained PHAB accreditation, PHAB has heard from other health departments that there is a need to hold some discussions about the barriers they face. Data from the NACCHO Profile and Forces of Change surveys reinforce this feedback and provide further detail about commonly cited barriers. PHAB is committed to exploring potential avenues to address these accreditation barriers. PHAB has received great input already from public health departments attending the COPPHI Open Forums, as well as those who are members of PHAB's Think Tank on this topic. This interactive session will provide an update on the status of the Think Tank work to date and solicit feedback from participants on selected components.

## **10:15 – 10:45 AM Exhibits and Poster Presentations**

### **10:45 - 11:45 AM**

#### **W2-1 Improving the Transition to Adulthood for Youth With Special Healthcare Needs in Iowa**

*Anne Bye, BSN, RN, CPN, University of Iowa*  
*Anne Crotty, MPH, University of Iowa*

Transitioning to adulthood is an exciting life milestone for all teens. Imagine how this transition may be more complex for youth with a chronic and complex health condition and how social determinants of health may influence this process. Over 150,000 Iowa children and youth have chronic physical, developmental, behavioral, or emotional concerns. Adolescence is a critical window in time, where youth are enthusiastic about trying new things and learning the skills that will allow them to be independent adults. Consistent transition planning for youth with special healthcare needs addresses all aspects of transition to adulthood, including healthcare, education, housing, employment and self-advocacy. This can help catalyze youth, families, and communities to strive for their full potential. Iowa's Title V Program for Children and Youth with Special Health Care Needs, known as Child Health Specialty Clinics, developed and implemented tools to guide youth and families in this planning. This presentation will highlight lessons learned from the development, pilot implementation, and evaluation of a Transition Readiness Assessment Form for Youth and for Parents/Caregivers at three CHSC regional centers.

#### **W2-2 iExplore Laboratory Science: Developing the Future Public Health Workforce**

*Beth Hochstedler, State Hygienic Laboratory, University of Iowa*  
*Erica Larson, Center for Advancement of Laboratory Science, State Hygienic Laboratory, University of Iowa*

The State Hygienic Laboratory is recognized as a national leader in the development and delivery of public and environmental health laboratory science education for both the current and future workforce. This session will provide a brief overview of the iExplore Laboratory Science initiative, a project funded by the Telligen Community Initiative Foundation. The focus of iExplore Laboratory Science is to provide public health career exposure to underserved, rural middle school students across Iowa through real-world, hands-on science experiences. You will learn how the iExplore Laboratory Science goals align with the Telligen Community Initiative mission and priorities. Participants will be able to determine how to develop partnerships that will help find funding sources that match your needs.

### **W2-3 Health Equity for Iowa's Diverse Families: Culturally Competent and Early Identification of Autism Spectrum Disorder and Other Developmental Disabilities**

*Rachell Swanson-Holm, BS, Child Health Specialty Clinics*

*Jessica Gallegos, BA, MSW Student at the University of Iowa*

Although health care providers can diagnose Autism Spectrum Disorder (ASD) as young as 18 months, the national average age of diagnosis is about four and half years. This delay is often several months greater in low-income and minority communities. Early screening, diagnosis, and intervention services are critical to assuring all children with ASD reach their full potential. Early intervention results in significant developmental progress and cost savings for families and health care systems. To assist with increasing access, the Iowa Regional Autism Assistance Program has implemented two training programs to address health disparities: 1) Cultural Sensitivity in Autism Screening, and 2) Learn the Signs. Act Early. (LTSAE). This session shares components of the Cultural Sensitivity training and Iowa's LTSAE program. Participants will learn how these initiatives joined together to make meaningful changes to Iowa's system of care for children and youth with ASD and their families. These programs address gaps in early identification and early diagnosis for underserved populations, while encouraging culturally competent practice with diverse communities in Iowa.

### **W2-4 Clean Water Protects Public Health**

*Ann Robinson, Iowa Environmental Council*

*Mary Skopec PhD, Iowa Department of Natural Resources*

Clean water is a basic need and essential to our overall health and well-being. One of the most critical public health issues is the quality of our drinking water. Safe, affordable drinking water should not only be available to those who can afford expensive home water treatment systems. This presentation by the Iowa Environmental Council (IEC) focuses on the white paper Nitrate in Drinking Water: A Public Health Concern for All Iowans, released in September 2016. IEC's white paper summarizes research conducted in Iowa and beyond that shows potential associations between nitrate in drinking water and certain birth defects and bladder and thyroid cancers. IEC will review some of the reasons Iowans are uniquely at risk, whether they depend on public water supplies or private wells and policy proposals that can address Iowa's nitrate pollution problems and bring multiple benefits for citizens physical and mental health and the economic vitality of our communities. Water quality and health issues related to the growing incidence of cyanobacteria in Iowa waters will also be discussed. This presentation will focus on results obtained from 10-years of cyanotoxin monitoring at Iowa's state-owned beaches and will highlight challenges for public health with respect to addressing cyanotoxins in the future.

### **W2-5 Healthcare is Community Reinvestment**

*Marva Williams, PhD, Economic Development Director*

The Community Reinvestment Act (CRA) requires banks to provide investments, loans and services in their entire market, including lower-income communities. As a bank regulator, core interests of the Federal Reserve Bank of Chicago are how investments by financial institutions fulfill CRA requirements and bring about meaningful change in neighborhoods. A promising new development is that bank regulators are providing CRA credit for bank activities that support health services for lower-income people. This paper will provide

background on CRA as well as profiles of three mental health clinics, one in Iowa, which serve lower-income individuals. These clinics supported debt through a combination of funding, and in one case, the bank invested in the clinic in partnership with a nonprofit financial organization. Participants will review the Community Reinvestment Act; learn how financial institutions have partnered with mental health clinics, and recommendations on ways to build relationships with financial institutions.

#### **W2-6 Building Active Iowa Communities**

*Sarah Taylor Watts, MPA, PAPHS, Iowa Department of Public Health*  
*Mike Armstrong, Des Moines Metropolitan Planning Organization*  
*Angela Drent, MS, Siouxland District Health Department*

The Surgeon General's call to action on walking and walkability directs Americans to get walking and make walking/walkability a national priority. Public health professionals are essential to ensuring our communities are designed for people to walk. In Iowa, unique collaborations have been formed between health professionals, planners, advocates, and transportation officials and as a result complete streets policies have become an increasingly popular answer to making our communities more walkable so all Iowans regardless of age, disability or income are able to comfortably walk. Twenty-seven policies have been passed to date in Iowa and during this presentation participants will learn why these policies are the perfect tool to address community health priorities. In an interactive forum, this session will bring to light the frequently unseen barriers to active transportation in the built environment. You'll learn more about the specific environmental aspects that make a space safer, friendlier, and more convenient for walking, rolling, and bicycling. In addition, participants will see practical examples of policies being implemented in large, medium and small Iowa communities.

#### **W2-7 A Snapshot of Rural Iowa**

*Timothy Borich, PhD, Iowa State University*

This presentation will focus on demographic trends in Iowa based upon the USDA Rural-Urban Code, changes in farm employment, changes in manufacturing employment, and changes in Latino population. In addition, an analysis of the aging of Iowa's rural population will be made within the context of the World Health Organization's Age-Friendly Community Guidelines and the American Association of Retired Persons/the American Planning Association's Livability Index. A discussion of the implications of Iowa's aging population for community support systems and rural development opportunities will be facilitated. Participants will be able to identify basic economic and demographic trends affecting Iowa's rural communities.

### **11:45 AM - 1:00 PM Exhibit and Poster Program**

**IEHA Annual Membership Meeting**  
**Student Career Networking Luncheon**  
**ICPHA Annual Membership Meeting**

### **1:00 - 2:00 PM**

#### **W3-1 An Impossible Reality**

*Tracy Keninger, MS, Easter Seals of Iowa*  
*Joe Hogan, Certified Personal Trainer, Train to Inspire*



Iowans with disabilities experience a lower rate of addressing health and wellness concerns compared to those without disabilities; it will require an approach that is both collaborative and individualized to positively impact this disparity. This presentation will review the national and state level data demonstrating the disparity. Statistics compiled by various organizations including the Centers for Disease Control and Prevention (CDC) and Behavioral Risk Factor Surveillance System (BRFSS) will be discussed. The presenters will share results of the Community Health Inclusion Index (CHII), conducted by Easter Seals Iowa in collaboration with National Center for Health and Physical Activity for People with Disabilities (NCHPAD) and the Center on Health and Promotion Research for Persons with Disabilities. This pilot project was conducted in 2016 to measure the involvement of individuals with disabilities and barriers to access health and wellness activities including transportation, healthy food, and fitness facilities. In response to the barriers, two organizations will share their collaborative efforts to impact the existing disparity.

### **W3-2 The Effects of Antimicrobial Resistance on Human and Animal Health and the Environment**

*Ryan Jepson, State Hygienic Laboratory at the University of Iowa*

Antibiotics are essential to modern medicine and are used to treat a wide range of bacterial infections, from strep throat to tuberculosis. They are used to successfully treat and prevent disease in both human and animal populations and in our crops, but now their efficacy is waning. Bacteria have developed resistance against almost all antibiotic classes through natural selection and genetic adaptation. Our fear of superbug infections in humans that are untreatable is rapidly becoming reality. Antimicrobial resistance (AMR) is considered one of the biggest threats to global health and several organizations are developing or implementing action plans to combat antibiotic resistance. How did all of this happen and what can we do about it? There are several contributing factors, but basically our misuse of antibiotics in humans, animals and agriculture over time along with our growing population and increasing international trade and travel; we've accelerated the transfer and spread of resistant organisms across the globe. We will have to make dramatic changes in all areas to overcome this global threat. Participants will learn the connections between resistant infections in humans and food-producing animals.

### **W3-3 The Iowa Drug Donation Repository – Saving Lives and Reducing Waste**

*Laura Sands, MS, MBA, SafeNetRx*

*Jon-Michael Rosmann, BBA, BA, SafeNetRx*

*Bernard Sorofman, PhD, University of Iowa College of Pharmacy*

Across the nation an estimated \$5 billion in medications are wasted annually. Much of this medication waste consists of unopened, unexpired medications that could be redistributed to patients in need of assistance. Iowa has developed the largest state drug donation program in the country that serves as a model for other states to emulate. The Iowa Drug Donation Repository receives medication and medical supplies from long-term care dispensing pharmacies, retail pharmacies, health providers, and individuals. The medications and supplies are inspected by a pharmacist, distributed to medical providers or pharmacies, and dispensed to Iowans in need. Learn how this innovative model can be leveraged by public health professional to serve the needs of vulnerable patients, eliminate pharmaceutical waste and address medication coverage gaps in the health care safety net.

### **W3-4 Building Unique Partnerships in Rural Iowa to Increase Access to Diagnostic Services for Autism Spectrum Disorder**

*Lori Morrell, PNP, BSN University of Iowa Division of Child and Community Health  
Kris Smith, FNP-C, MSN, BSN University of Iowa Division of Child and Community Health*

Iowa is a rural state with a shortage of clinicians, specialists, and service providers. Seventy-nine of Iowa's 99 counties are rural and 72 counties have at least one medically underserved area. Over 150,000 children and youth in Iowa have special health care needs, including an estimated 10,670 children with Autism Spectrum Disorder (ASD) (1 in 68). These needs impact the entire family and the communities they live in. In an effort to provide gap-filling services and increase access to services for rural families, the University of Iowa Child Health Specialty Clinics and an Area Education Agency formed an innovative partnership in 2015 to develop the Regional Autism Clinic of Iowa (RAC-I). The RAC-I is a multidisciplinary team trained in developmental screening and diagnostics. All children at risk for ASD and their families should have access to a comprehensive system leading to early diagnosis, timely entry into services, and transition experiences across the lifespan. This approach through RAC-I offers families a connection to local resources, including family-to-family support and navigation services offered by a Family Navigator with the Iowa Regional Autism Assistance Program. During this session, attendees will learn about the relationship-building process between two systems and the role of the RAC-I team members. The attendees will be asked to provide feedback on this process and discuss the potential to model this collaboration in other areas of the state.

### **W3-5 Board of Health Position Papers as a Tool For Policy Change**

*Douglas Beardsley, MPH, Johnson County Public Health  
Michael McLaughlin, PhD, Kirkwood Community College*

Policy Development is one of the major responsibilities of a Board of Health. In Iowa, Local Boards of Health are empowered to address public health issues within their jurisdiction. Issues that clearly originate in or affect the Board's jurisdiction are generally straightforward. However, state or federal bodies set many policies that directly and substantially affect the health of populations within a Board's jurisdiction. Local Boards, therefore, must wrestle with how to address those issues while operating within their scope of responsibility. The Johnson County Board of Health has adopted a number of position statements on various issues of public health concern over the past several years, as a way to guide local action while at the same time advocating for policy development at higher levels of government. Well-researched statements, making use of best practices and sound science, can be powerful tools to empower staff action, educate and support the efforts of other policy makers, and act as a template for other Boards of Health and public health advocates. This presentation will review the Board's history and process for adoption of position statements and examples of how statements addressing issues such as raw milk, electronic cigarettes, HUD policies and fluoridation, to name a few, have helped shape local, state and national policies.

### **W3-6 Community Health Workers in Iowa: An Untapped Tool for Engaging Patients**

*William Appelgate, PhD, CPC, Iowa Chronic Care Consortium  
Shelley Horak, MPH, Independent Contractor*

*Debra Kazmerzak, BASW, Independent Contractor*

The American Public Health Association defines community health workers as a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. Though there are pockets of activity, Iowa is one of only a few states without a coordinated effort to establish and support community health workers, despite a growing body of evidence in support of utilizing community health workers to improve access, engagement, and chronic disease management. Community health workers can be an important tool in addressing issues related to health equity and social determinants, and the Affordable Care Act and other payment reform initiatives have created impetus to think differently about the care team and consider alternative approaches to patient engagement. This presentation will provide an overview of how Community Health Workers are utilized around the country as well as explore opportunities to expand their utilization in Iowa.

### **W3-7 Communicating the Importance of the Well Visit for Adolescents and Young Adults in Iowa**

*Sarah Mauch, MPH, Iowa Department of Public Health*

*Addie Rasmusson, MA, Iowa Department of Public Health*

*Mary Greene, BA, Iowa Department of Public Health*

Adolescence is a period of significant physical, behavioral, and emotional growth. Therefore, it is a crucial time for preventive interventions in both public health and clinical contexts. Unfortunately, adolescents have historically been the least likely age group to participate in preventive well visits. Examination of their knowledge, understanding, awareness, and value of these services is an important step to increasing participation in preventive services. Due to their status as minors, it is also beneficial to understand parents' views. In the spring of 2016, focus groups were held with adolescents and parents of adolescents to identify levels of awareness about adolescent well visits, their knowledge about the content, as well as barriers and motivators to receiving a well-visit. Following the completion of the groups, broad themes were identified. Those themes have been used to develop a campaign aimed at increasing the number of adolescents and young adults who utilize the annual well visit. Three health care centers have been working to implement practice-level improvements to enhance the services and care provided to their adolescent patients. Attendees will learn strategies that these health centers have implemented to improve on such as adolescent involvement and empowerment, confidentiality, adolescent appropriate environment and other areas such as best practices and standards of care, staff attitude and respectful treatment.

**2:15 - 3:15 PM**



***Closing Keynote:*** Alyson Beytien, MS, BCBA  
Autism Consultant; Board Certified Behavior Analyst for Hills and  
Dales in Dubuque, IA; Author of “Autism Everyday”

## WHO WE ARE

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

**University of Iowa Division of Child and Community Health (DCCH)** The Division of Child and Community Health is part of the University of Iowa Carver College of Medicine and the Stead Family Department of Pediatrics. Child Health Specialty Clinics (CHSC) is overseen by the Division and administers Iowa's Maternal and Child Health Title V Program for children and youth with special health care needs. CHSC partners with families, service providers, communities, and policy makers along with the Iowa Departments of Human Services, Public Health, and Education. CHSC has a network of regional centers and satellite locations across Iowa employing over 120 public health professionals, clinical providers, and family navigators. The Division's programs operate under a System of Care approach to services that recognizes the importance of family, school, and community and seeks to promote the full potential of all children and youth with special health care needs.

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

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

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

## WHO WE ARE *CONTINUED*

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

[State Hygienic Laboratory at the University of Iowa](#) has served Iowa since 1904 as the state's public health laboratory. The State Hygienic Laboratory provides consultative and analytical support for state and federal agencies, health professionals, and private citizens through three primary divisions: Disease Control, Environmental Health, and Newborn and Maternal Screening. The Hygienic Laboratory provides rapid laboratory support services in terrorism preparedness and disease outbreaks. It provides confirmatory testing for more than 126 sentinel laboratories located in hospitals and physician clinics across the state. Laboratory testing for the Iowa Newborn Screening Program operates seven days a week/365 days a year to ensure that the life-saving screening is available every day for babies born in Iowa, North Dakota and South Dakota. As an Environmental Protection Agency certified laboratory, the Hygienic Laboratory conducts testing of drinking water as mandated by the Safe Drinking Water Act, and works with the Iowa Department of Natural Resources to provide real-time air quality monitoring and monitoring of Iowa's rivers, lakes and groundwater. The Hygienic Laboratory facilities are located in Coralville, Ankeny and Milford, Iowa.

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

